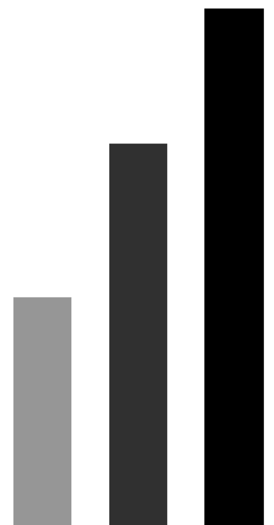
INVERCLYDE HSCP Health and Social Care Partnership

Agenda 2016

Inverclyde Integration Joint Board

For meeting on:

10	May	2016



INVERCLYDE HSCP Health and Social Care Partnership

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 28 April 2016

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 10 May 2016 at 3pm within the Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS

1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
2.	**Minute of Meeting of Inverclyde Integration Joint Board of 15 March 2016**	**p**
3.	**Appointment of Chief Finance Officer** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
4.	**Amendment to Standing Orders** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5.	**Inverclyde Integration Joint Board – Proposed Dates of Future Meetings** Report by Head of Legal & Property Services	**p**
6.	**Code of Conduct** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7.	**Appointment of Standards Officer** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8.	**Clinical and Care Governance Proposals** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
9.	**Health & Social Care Partnership – Reserves Strategy** Report by Chief Financial Officer, Inverclyde Health & Social Care Partnership	**p**

10.	**Health & Social Care Partnership – Financial Report 2015/16 as at Period 11 to 29 February 2016** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
11.	**Business Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
12.	**Health Improvement and Inequalities Team Annual Report 2015** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
13.	**Advice Services Team Annual Report 2015** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
14.	**HSCP Equality Duty Requirements** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item		
15.	**Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 15 March 2016** **Paras 6, 8 & 9**	**p**
16.	**Governance of HSCP Commissioned External Organisations** **Para 6** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services	**p**

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

Inverclyde Integration Joint Board

Tuesday 15 March 2016 at 3pm

Present: Councillors V Jones, S McCabe, J McIlwee and L Rebecchi, Dr D Lyons, Mr A Macleod, Mr R Finnie, Dr H MacDonald, Ms C Roarty, Mr B Moore, Ms R Garcha, Ms D McCrone, Ms M Telfer, Mr I Bruce, Ms C Boyd and Ms S McLeod.

Chair: Councillor McIlwee presided.

In attendance: Mr J Mundell, Chief Executive, Inverclyde Council, Ms H Watson, Head of Planning, Health Improvement & Commissioning, Ms B Culshaw, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms A Glendinning, Service Manager, Specialist Children's Services, Ms A Edmiston (for Chief Financial Officer), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

16 Apologies, Substitutions and Declarations of Interest 16

An apology for absence was intimated on behalf of Mr S Carr.

Councillors McCabe and McIlwee and Ms S McLeod declared an interest in Agenda Item 15 (Governance of HSCP Commissioned External Organisations).

17 Minute of Meeting of Inverclyde Integration Joint Board of 26 January 2016 17

There was submitted minute of the Inverclyde Integration Joint Board of 26 January 2016.
Decided: that the minute be agreed.

18 Membership of the Inverclyde Integration Joint Board 18

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of a change in its non-voting membership arrangements.
Decided:
(1) that the Board note the resignation of Mr Alistair Black as the carer representative non-voting member of the Inverclyde Integration Joint Board; and
(2) that the Board agree the appointment of Ms Christina Boyd as the carer representative non-voting member.

19 Strategic Plan 2016-2019 19

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Strategic Plan 2016-2019 for approval.
(Dr Lyons left the meeting during consideration of this item of business).
At the start of discussion on this item, Mr Moore stated that at present, the Board after factoring in the uplift and applying cost pressures, projects that there is an accumulated budget gap of £69m across the whole of the Board area for the coming year. This figure is indicative and as yet the Board does not have an assessment on the sources of the savings required in 16/17 to achieve a balanced budget.

The Partnership share of this projected funding gap is £20.08m and the Inverclyde share of this figure is £1.36m. Again, this is based on the allocation of uplift to existing base budgets but also applying cost pressures.
Discussion to date regarding delivery of the savings has concentrated on a whole system approach which reflects viable cost reductions.
Across the six Partnerships, savings of £6.5m have been identified though as stated earlier, the projected gap is £20.08m and activity to identify additional savings continues.
The above position has been confirmed in communication from the NHS Greater Glasgow & Clyde Chief Executive to Chief Officers and Non-Executive Board Members received on 14 March 2016.
The application of the £1.36m to the current 15/16 budget would require a 1.87% reduction. However certain budget lines, Prescribing £17m and Family Health Services £20.4m, will not be in scope, thereby requiring that the reduction be applied to £35m. This would require a budget reduction of 3.88%.
The finance framework at this stage does not include set aside budgets from the Acute Sector.
Mr Moore indicated that it was important to state that Inverclyde HSCP's Strategic Plan is for a 3 year period with an initial one year financial plan.
Based on the above, the combined Council budget and Board indicative budget do not destabilise or derail the Strategic Plan; the financial framework in its current form does introduce risks that will be reported to future meetings of the Integration Joint Board.
Decided: that the Board approve the HSCP Strategic Plan 2016-2019 subject to the delivery of a Financial Assurance Statement from the Chief Financial Officer, once in post.

20 Health & Social Care Partnership – Financial Report 2015/16 as at Period 9 to 31 December 2015 20

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budget current year position as at Period 9 to 31 December 2015.
(Dr Lyons returned to the meeting during consideration of this item of business).
Decided:
(1) that the Board note the current year Revenue Budget projected overspend of £179,000 (0.15%) for 2015/16 as at 31 December 2015;
(2) that the Board note the current projected Social Work Capital slippage of £515,000 (76.75%) in the current year;
(3) that the Board note the current Earmarked Reserves position; and
(4) that the Board note the position on Prescribing.

21 Proposed Use of Inverclyde IJB's Share of £250m Funding 21

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising of the recent announcement that the Integration Joint Board will receive a share of the £250m funding announced by the Scottish Government as part of the 2016/17 grant settlement and (2) seeking approval for the initial proposed allocations.
Decided:
(1) that the Board note and welcome the allocation of £4.45m from the Scottish Government for Social Care in 2016/17;
(2) that the Board note the risks associated with the payment of the Living Wage to

all Social Care workers;
(3) that the Board approve the use of £1.269m of the £4.45m in 2016/17 to alleviate pressures in the Council's Social Care Budget;
(4) that the Board agree that further updates be provided as proposals are developed and information on the impact of the Living Wage becomes clearer; and
(5) that it be agreed that any unspent sums as at 31 March 2017 be held by the Council but earmarked for use by the Integration Joint Board and that it be noted that a future report will outline proposals on potential uses for the Board to consider.

22 Child Protection Committee Annual Report 22

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the work of Inverclyde Child Protection Committee for the year 2014/15 and the ongoing priority areas of focus for 2015/16.
Decided: that the Board note the contents of the report and acknowledge that Inverclyde Child Protection Committee has continued to pursue its functions to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to strive for excellence in the protection of children.

Ms McLeod left the meeting at this point.

23 Inverclyde Community Justice Communication and Engagement Strategy 23

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the draft Inverclyde Community Justice Communication and Engagement Strategy.
Decided: that the Board note the draft Inverclyde Community Justice Communication and Engagement Strategy.

24 Children and Young People (Scotland) Act 2014 24

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the duties and responsibilities outlined within the Children and Young People (Scotland) Act 2014 and the progress of implementation in respect of Parts 3, 4, 5, 9, 10, 11, 13 and 14 of the Act.
Decided:
(1) that the Board note the scale and significance of the duties and responsibilities outlined within the Children and Young People (Scotland) Act 2014 in terms of the delivery, development and implementation of the processes and systems that facilitate compliance with the legislation;
(2) that an annual report be submitted to the Board; and
(3) that a report be submitted on the proposed Named Person pilot project and the proposals for implementation.

25 Child Sexual Exploitation 25

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress in relation to the work of the Child Sexual Exploitation Strategic Group.
Decided:

(1) that the Board note the ongoing work of the Child Protection Committee and the Child Sexual Exploitation Strategic Working Group, the success of the local delivery of the local action plan and the range of ongoing work across a wide range of organisations; and
(2) that regular update reports be submitted to the Board on progress of the work to tackle child sexual exploitation by the Child Protection Committee and Child Sexual Exploitation Strategic Working Group.

26 Delayed Discharge Performance **26**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on Inverclyde's performance in relation to delayed discharges.
Decided: that the Board note the current performance in relation to delayed discharges.

27 HSCP Capital Developments **27**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress of the new Greenock Health and Care Centre and the Adult and Older People Continuing Care Beds for Health (Orchard Grove).
Decided: that the Board note the progress of the proposed developments to date.

28 Inverclyde Dementia Strategy Update **28**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made with the implementation of the Inverclyde Dementia Strategy.
Decided:
(1) that the Board acknowledge the progress made to date with the implementation of the Inverclyde Dementia Strategy;
(2) that the Board approve the use of monies from the £4.45m allocation from the Scottish Government for Social Care in 2016/17 for the proposals contained in the report; and
(3) that the Board endorse the remainder of the report.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting during consideration of the following items on the grounds that the business involved the likely disclosure of exempt information as defined in the respective paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.

Item	**Paragraph(s)**
Reprovision of Caladh House	**6, 8 and 9**
Governance of HSCP Commissioned External Organisations	**6**

29 Reprovision of Caladh House 29

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of recommendations relative to the reprovision of the services provided at Caladh House in Bank Street, Greenock which were agreed, all as detailed in the appendix.

30 Governance of HSCP Commissioned External Organisations 30

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on performance and progress relating to the HSCP governance process for externally commissioned Social Care Services, covering the period 1 December 2015 to 31 January 2016.
Councillors McCabe and McIlwee declared a non-financial interest in this item as Members of the Board of River Clyde Homes. They also formed the view that the nature of their interest and of the item of business did not preclude their continued presence in the Chamber or their participation in the decision making process.
(Mr Finnie left the meeting during consideration of this item of business).
Decided:
(1) that the Board note the governance report for the period 1 December 2015 to 31 January 2016 as set out in appendix 1 to the report; and
(2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/ LP/060/16**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Appointment of Chief Finance Officer**		

1.0 PURPOSE

1.1 The purpose of this report is to confirm the appointment of the Inverclyde Integration Joint Board's ("IJB") new Chief Finance Officer.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

2.2 The IJB is required to appoint a "proper officer" who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973.

2.3 At its meeting on 10 August 2015, the IJB noted the short term appointment of its original Chief Finance Officer and that a process for recruiting a replacement was planned. Following this recruitment process, Lesley Aird was appointed as Chief Finance Officer.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

(1) confirms the appointment of Lesley Aird as the Chief Finance Officer of the Inverclyde Integration Joint Board; and
(2) designates Lesley Aird as the Inverclyde Integration Joint Board's Section 95 Officer.

Vicky Pollock
Legal & Property Services

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards.

4.2 The IJB is required to appoint a "proper officer" who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973.

4.3 At its meeting on 10 August 2015, the IJB noted the short term appointment of its original Chief Finance Officer and that a process for recruiting a replacement was planned. Following this recruitment process, Lesley Aird was appointed as Chief Finance Officer.

4.4 It is appropriate that the "proper officer" role is performed by the Chief Finance Officer of the IJB.

5.0 ROLE OF CHIEF FINANCE OFFICER

5.1 The Chief Finance Officer is accountable to the IJB for the planning, development and delivery of the IJB's financial strategy; is responsible for the provision of strategic financial advice and support to the IJB and Chief Officer, and for the financial administration and financial governance of the IJB.

5.2 The Chief Finance Officer is the accountable officer for financial management and administration of the IJB. The Chief Finance Officer's responsibility includes assuring probity and sound corporate governance and has responsibility for achieving Best Value.

5.3 The Chief Finance Officer as the IJB's designated Section 95 Officer will be a member of the IJB in terms of the Order (see Appendix 1) and is a key member of the Senior Management Team, helping it to plan, develop and implement business strategy and to resource and deliver the IJB's strategic objectives sustainably and in the public interest.

5.4 The Chief Finance Officer is responsible for developing the financial strategy of the IJB and must be actively involved in, and able to bring influence to bear on all material business decisions to ensure immediate and longer term financial implications, opportunities and risks are fully considered, and aligned with the IJB's financial strategy. The Chief Finance Officer must lead the promotion and delivery by the IJB of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively. The Chief Finance Officer is responsible for creating, in conjunction with the Council's Section 95 Officer and Health Board Director of Finance, collaborative arrangements.

6.0 PROPOSALS

6.1 It is proposed that the IJB confirms the appointment of Lesley Aird as Chief Finance Officer and her designation as the IJB's Section 95 Officer.

7.0 IMPLICATIONS

Finance

7.1 None.

<u>Financial Implications:</u>

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 The recommendations in this report meet the requirement to appoint a Section 95 Officer in terms of the Local Government (Scotland) Act 1973.

Human Resources

7.3 None.

Equalities

7.4 None.

Repopulation

7.5 There are no direct implications in respect of repopulation.

8.0 CONSULTATIONS

8.1 The Chief Officer of the Inverclyde Health & Social Care Partnership has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 N/A

Inverclyde Integration Joint Board Membership

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Joe McIlwee (Chair) Councillor Stephen McCabe Councillor Ciano Rebecchi Councillor Vaughan Jones	Councillor Gerry Dorrian Councillor Jim Clocherty Councillor Kenny Shepherd Councillor Ronnie Ahlfeld
Greater Glasgow and Clyde NHS Board	Mr Ross Finnie (Vice Chair) Dr Donald Lyons Mr Allan MacLeod Mr Simon Carr	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Brian Moore	
Chief Social Worker of Inverclyde Council	Brian Moore	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Ms Cathy Roarty	
Registered Medical Practitioner who is not a registered GP	Chief Medical Officer Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	
A service user	Ms Margaret Telfer Chair Inverclyde Health and Social Care Partnership Advisory Group	

A carer representative	Ms Christina Boyd	
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Ms Sandra McLeod, Director of Housing & Customer Services, River Clyde Homes	

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/ LP/061/16**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Amendment to Standing Orders**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Inverclyde Integration Joint Board (IJB) to adopt amended Standing Orders.

2.0 SUMMARY

2.1 At its meeting on 10 August 2015, the IJB approved its Standing Orders to govern the conduct of its meetings.

2.2 As a result of amended legislation affecting IJB members declaring interests and withdrawing from meetings, Standing Order 19 - Codes of Conduct and Conflicts of Interest requires to be changed.

2.3 This report sets out the proposed change for the IJB's approval.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board adopts the amended Standing Orders as detailed in Appendix 1 of this report.

Vicky Pollock
Legal & Property Services

4.0 BACKGROUND

4.1 At its meeting on 10 August 2015, the IJB approved its Standing Orders to govern the conduct of its meetings. Standing Order 19 relates to Codes of Conduct and conflicts of interest. In particular, Standing Order 19.4 sets out the process to be followed in the event a member of the IJB declares an interest, whereby having declared an interest, it is for the other IJB members to decide whether or not that member should continue to participate in the meeting. In terms of the regulations governing the IJB's Standing Orders (Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014), this was a mandatory provision which had to be included in all IJB Standing Orders.

4.2 It was noted that this was a discrepancy in that the Codes of Conduct with which most members will be familiar state that in certain circumstances where a member declares a conflict of interest they can still participate in the meeting and, where applicable, vote – which decision is a matter for the member in question.

4.3 After representations were made to the Scottish Government, they accepted that the provision went against the provisions of existing Codes of Conduct for public bodies which left it as an issue of personal responsibility for the member declaring an interest. The relevant regulations have been duly amended and IJBs are now required to amend their Standing Orders to reflect that change.

4.4 The proposed changes to Standing Order 19 are shown in the copy of the Standing Orders attached at Appendix 1. Additions are in bold italics and underlined. Deletions are in bold italics with strikethrough.

6.0 PROPOSALS

6.1 It is proposed that the IJB adopts the amended Standing Orders.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 The IJB is required to adopt Standing Orders for meetings under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The Standing Orders at Appendix 1 are drafted to comply with this obligation.

Human Resources

7.3 None.

Equalities

7.4 None.

Repopulation

7.5 There are no direct implications in respect of repopulation.

8.0 CONSULTATIONS

8.1 The Chief Officer of the Inverclyde Health & Social Care Partnership and the Head of Board Administration of Greater Glasgow and Clyde NHS Board have been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 N/A

INVERCLYDE HSCP
Health and Social Care Partnership

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP

INVERCLYDE INTEGRATION JOINT BOARD

STANDING ORDERS FOR MEETINGS

1 General

1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall regulate the procedure and business of the Integration Joint Board (IJB) and all meetings of the IJB or of a Committee or Sub-Committee of the IJB must be conducted in accordance with these Standing Orders.

1.2 In these Standing Orders "the Integration Joint Board" or "the IJB" shall means the Inverclyde Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015, as amended by the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment Order 2015.

1.3 In these Standing Orders, "the Chairperson" means the Chairperson of the IJB, and in relation to the proceedings of any Committee or Sub-Committee of the IJB, means the Chairperson of that Committee or Sub-Committee.

1.4 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2 Membership

2.1 The IJB shall have two categories of members:

i. Voting Members from Inverclyde Council ("the Council") and Greater Glasgow and Clyde NHS Board ("the Health Board") as set out in Standing Order 2.2; and
ii. Non-Voting Members as set out in Standing Order 2.3

For the avoidance of doubt, any reference to "Member" or "Members" throughout these Standing Orders, unless otherwise stated includes both Voting Members and Non-Voting Members.

2.2 Voting membership of the IJB shall comprise four persons appointed by the Council and four persons nominated by the Health Board. If the Health Board is unable to fill its places with Non-Executive Directors it can nominate other appropriate people, who must be members of the Health Board to fill their spaces, but at least two must be Non-Executive Directors.

2.3 Non-voting membership of the IJB shall comprise:

a) the Chief Social Work Officer of the Council;
b) the Chief Officer of the IJB;
c) the Proper Officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973;
d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
f) a registered medical practitioner employed by the Health Board and not providing primary medical services.
g) One member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
h) One member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
i) One member in respect of service users residing in the area of the local authority;
j) One member in respect of persons providing unpaid care in the area of the local authority; and
k) Such additional members as the Integration Board sees fit. Such additional members may not be a councillor or a non-executive director of the Health Board.

2.4 The Members appointed under Standing Order 2.3 (d) to (f) must be determined by the Health Board.

2.5 The acts, meetings or proceedings of the IJB shall not be invalidated by any defect in the appointment of any Member.

3 Term of Office of Members

3.1 A Member of the IJB in terms of Standing Order 2.3 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the IJB shall be for two years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.

3.2 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

3.3 At the expiry of a Member's term of office, the Member may be reappointed for a further term of office provided that he/she remains eligible and is not otherwise disqualified from appointment.

3.4 A Voting Member ceases to be a Member of the IJB if they cease to be either a Councillor or a non-executive Director of the Health Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

4 Proxies

4.1 Named Proxy Members for Voting Members of the IJB may be appointed by the constituent authority which nominated the Voting Member. The appointment of such Proxies will be subject to the same rules and procedures for Members. Proxies shall receive papers for meetings of the IJB but shall be entitled to attend or vote at a meeting only in the absence of the principal Voting Member they represent.

4.2 If the Chairperson or Vice-Chairperson is unable to attend a meeting of the IJB, any Proxy Member attending the meeting may not preside over that meeting.

4.3 If a Non-Voting Member is unable to attend a meeting of the IJB that Non-Voting Member may arrange for a suitably experienced Proxy to attend the meeting.

5 Temporary Vacancies in Voting Membership.

5.1 Where there is a temporary Voting Member vacancy, the vote which would be exercisable by a Voting Member appointed to that vacancy may be exercised jointly by the other Voting Members nominated by the relevant constituent authority.

5.2 In the event that due to two or more temporary vacancies, a constituent authority is consequently able to nominate only one or no Voting Members and where that constituent authority also appointed the Chairperson, the Chairperson of the IJB must be temporarily appointed by the other constituent authority.

5.3 Where a temporary vacancy, or the circumstances in which Standing Order 5.2 applies, persist for longer than six months the Chairperson of the IJB must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.

6 Effect of Vacancy in Membership

6.1 A vacancy in the membership of the IJB will not invalidate anything done or any decision made by the IJB.

7 Resignation of Members

7.1 A Member may resign their membership of the IJB at any time during their term of office by giving notice in writing to the IJB. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.

7.2 If a Voting Member gives notice under Standing Order 7.1 the IJB must inform the constituent authority which nominated that Voting Member.

7.3 Standing Order 7.1 does not apply to a Member appointed under Standing Order 2.3 (a) to (c).

8 Removal of Members

8.1 If a Member has not attended three consecutive ordinary meetings of the IJB, and their absence was not due to illness or other reasonable cause as determined by the IJB, the IJB may remove the Member from office by providing the Member with one month’s notice in writing.

8.2 If a Member acts in a way which brings the IJB into disrepute or in a way which is inconsistent with the proper performance of the functions of the IJB, the IJB may remove the Member from office with effect from such date as the IJB may specify in writing.

8.3 If a Member is disqualified under Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.

8.4 If a Voting Member who is a Councillor appointed on the nomination of the local authority ceases, for any reason, to be a Councillor during a term of office they are to be removed from office with effect from the day that they cease to be a Councillor.

8.5 Subject to paragraphs 8.1 to 8.4, a constituent authority may remove a Member which it nominated by providing one month's notice in writing to the Member and the IJB.

8.6 Where the Health Board or the Council remove an IJB Member, they should nominate a new Member at the earliest opportunity. The ability of the Health Board and Council to remove Members includes all Members nominated by them including the Chairperson and the Vice-Chairperson. The Health Board and the Council are not required to provide reasons for removing a Member nominated by them and can do so at any time but must provide the Member with one month's notice of the decision.

8.7 The Health Board and the Council may not remove IJB Members that are drawn from each other's organisations, so the Health Board may not remove a Councillor who has been chosen to serve as a Member by the Council and the Council may not remove a non-executive director who has been chosen to serve as a Member by the Health Board.

9 Chairperson and Vice-Chairperson

9.1 The Chairperson and Vice-Chairperson will be drawn from the Health Board and the Council Voting Members of the IJB. If a Voting Member appointed by the Council is to serve as Chairperson then the Vice-Chairperson will be a Voting Member nominated by the Health Board and vice versa. The first Chair of the IJB will be appointed on the nomination of the Council.

9.2 The Council may appoint as Chairperson or Vice-Chairperson only a Councillor nominated by it as a Voting Member of the IJB.

9.3 The Health Board may appoint as Chairperson or Vice-Chairperson only a non-executive director nominated by it as a Voting Member of the IJB.

9.4 The appointment to Chairperson and Vice-Chairperson is time limited to a period not exceeding two years, with the roles carried out on a rotational basis between the Council and the Health Board. The term of office of the first Chairperson will be for the period to the next local government elections in 2017, thereafter the term of office of the Chairperson will be for a period of two years. The Council or Health Board may change their appointee as Chairperson or Vice-Chairperson during an appointing period.

9.4 At each meeting of the IJB, the Chairperson, if present, shall preside.

9.5 If the Chairperson is absent from any meeting of the IJB the Vice-Chairperson, if present, shall preside.

9.6 If both the Chairperson and Vice-Chairperson are absent from any meeting of the IJB, a Voting Member chosen at the meeting by the other Voting Members attending the meeting is to preside. In the event of a Proxy Member attending a meeting in place of a Voting Member, Standing Order 4.2 will apply.

9.7 Powers, Authority and Duties of Chairperson and Vice-Chairperson

The Chairperson shall amongst other things:-

a) Preserve order and ensure that every member has a fair hearing;

b) Decide on matters of relevancy, competency and order, and whether to have a recess during the meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the meeting;

c) Determine the order in which speakers can be heard;

d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;

f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved.

9.8 The decision of the Chairperson on all matters within his/her jurisdiction shall be final. However, on all matters on which a vote may be taken, Standing Order 17.4 applies. This means that where there is an equality of voting, the Chairperson does not have a second or casting vote.

9.9 Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption and members shall address the Chairperson while speaking.

10 Meetings

10.1 The first meeting of the IJB is to be convened at a time and place determined by the Chairperson. Thereafter, the IJB shall meet at such place and such frequency as may be agreed by the IJB.

10.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such meetings will be held at a time, date and venue as determined by the Chairperson. If the office of Chairperson is vacant or if the Chairperson is unable to act for any reason, the Vice-Chairperson may at any time call such a meeting.

10.3 A request for a special meeting of the IJB to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the Voting Members, presented to the Chairperson.

10.4 If a request is made under Standing Order 10.3 and the Chairperson refuses to call a meeting, or does not call a meeting within 7 days after the making of the request, the Voting Members who signed the requisition may call a meeting.

10.5 The business which may be transacted at a meeting called under Standing Order 10.4 is limited to the business specified in the requisition.

10.6 Adequate provision will be made to allow for Members to attend a meeting of the IJB either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place.

11 Notice of Meeting

11.1 Before each meeting of the IJB, a notice of the meeting specifying the time, place and business to be transacted at it and approved by the Chairperson, shall be sent electronically to every Member or sent to the usual place of residence of every Member so as to be available to them at least five clear days before the meeting.

11.2 Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing.

11.3 A failure to serve notice of a meeting on a Member in accordance with Standing Orders 11.1 and 11.2 shall not affect the validity of anything done at that meeting.

11.4 In the case of a meeting of the IJB called by Members the notice is to be signed by the Members who requisitioned the meeting in accordance with Standing Order 10.3.

11.5 At all meetings of the IJB, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

12 Quorum

12.1 No business shall be transacted at a meeting of the IJB unless there are present, and entitled to vote both Council and Health Board Voting Members and at least one half of the Voting Members are present.

12.2 If within ten minutes after the time appointed for the commencement of a meeting of the IJB a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the reason for the adjournment.

13 Committees

13.1 The IJB may establish committees and sub-committees of its Members for the purpose of carrying out such of its functions as the IJB may determine. When the IJB establishes such a committee or sub-committee, it must determine the membership, Chairperson, remit, powers and quorum of that committee or sub-committee.

13.2 A committee established under Standing Order 13.1 must include Voting Members, and must include an equal number of the Voting Members appointed by the Health Board and the Council.

13.3 Any decision of a committee or sub-committee established under Standing Order 13.1 must be agreed by a majority of the votes of the Voting Members who are members of the committee or sub-committee.

13.4 The IJB may establish working groups but any working group shall have a limited time span determined by the IJB.

13.5 The IJB must determine the membership, Chairperson, remit, powers and quorum of any working group it establishes.

14 Alteration, Deletion and Rescission of Decisions of the Integration Board

14.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the IJB will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 15.

15 Suspension, Deletion or Amendment of Standing Orders

15.1 Any one or more of the Standing Orders in the case of an emergency as determined by the Chairperson upon motion may be suspended, amended or deleted at any meeting so far as regards any business at such a meeting provided that two thirds of the Voting Members of the IJB present and entitled to vote shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

16 Motions, Amendment and Debate

16.1 It will be competent for any Member of the IJB at a meeting of the IJB to move a motion directly arising out of the business before the meeting.

16.2 The mover of a motion or an amendment will not speak for more than ten minutes, except with the consent of the IJB. Each succeeding speaker will not speak for more than five minutes. When the mover of a motion or amendment has spoken for the allotted time he/she will be obliged to finalise speaking, otherwise the Chairperson will direct the Member to cease speaking and to resume his or her seat.

16.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the IJB except:-

- On a question of Order
- With the permission of the Chairperson
- In explanation, or to clear up a misunderstanding in some material part of his/her speech.

16.4 In all of the above cases no new matter will be introduced.

16.5 The mover of an amendment and thereafter the mover of the original motion will have a right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate except as provided for in Standing Order 16.3. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.

16.6 Amendments must be relevant to the motions to which they relate and no Member will be permitted to move more than one amendment to any motion, unless the mover of the proposed amendment receives no votes in support of the proposed amendment.

16.7 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. A vote will be taken, and if a majority of the Voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

16.8 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.

16.9 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate in terms of Standing Order 18; or
- to close the debate in terms of Standing Order 16.7.

16.10 A motion or amendment once moved cannot be altered or withdrawn unless with the consent of the majority of those Voting Members present at the meeting.

17 Voting

17.1 Every effort shall be made by Voting Members of the IJB to ensure that as many decisions as possible are made by consensus.

17.2 Only the four Members nominated by the Health Board, and the four Members appointed by the Council shall be entitled to vote.

17.3 Each question put to a meeting of an IJB is to be decided by a majority of the votes of the Voting Members attending and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.

17.4 Where there is an equality of votes, if the Members still wish to pursue the issue voted on the Chairperson may either adjourn consideration of the matter to the next meeting of the IJB or to a special meeting of the IJB to consider the matter further or refer the matter to dispute resolution as provided for in the Integration Scheme. Otherwise, the matter shall fall.

18 Adjournment of Meetings

18.1 If it is necessary or expedient to do so a meeting of the IJB may be adjourned to another date, time or place.

18.2 A meeting of the IJB may be adjourned by a motion. Such a motion shall be put to the meeting without discussion. If such a motion is carried by a simple majority of those Voting Members present and entitled to vote, the meeting shall be adjourned to another day, time and place specified in the motion.

19 Codes of Conduct and Conflicts of Interest

19.1 All Members of the IJB shall subscribe to and comply with the terms of the Model Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct, both of which are deemed to be incorporated into these Standing Orders. All Members who are not already bound by its terms shall be obliged, before taking up membership, to agree in writing to be bound by the terms of the Model Code of Conduct for Members of Devolved Public Bodies.

19.2 The Chief Officer shall keep a Register in which all Members shall record their interests and hospitality offered by virtue of their membership of the IJB.

19.3 A Member must disclose any direct or indirect pecuniary or other interest ***which the Member considers should be disclosed*** in relation to an item of business to be transacted at a meeting of the IJB, before taking part in any discussion on that item.

19.4 Where an interest is disclosed under Standing Order 19.3 the ~~***other Members present at the meeting in question must decide whether the Member declaring the interest is to be prohibited from taking***~~ ***the Member disclosing the interest is to decide whether, in the circumstances, it is appropriate for that Member to take*** part in discussion of, or voting on, the item of business.

20 Disclosure of Information

20.1 No Member or officer shall disclose to any person any information which falls into the following categories:-

a) Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
b) The full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

c) Any information regarding proceedings of the IJB from which the public have been excluded unless or until disclosure has been authorised by the Council or the Health Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

20.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the IJB, the Council or the Health Board.

21 Recording of Proceedings

21..1 No sound, film, video tape, digital or photographic recording of the proceedings of any meeting shall be made without the prior written approval of the IJB.

22 Minutes

22.1 The names of the Members and others present at a meeting of the IJB shall be recorded in the minutes of the meeting.

22.2 Minutes of the proceedings of each meeting of the IJB, including any decision made at that meeting, shall be drawn up and submitted to the next ensuing meeting of the IJB for agreement after which they must be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

23 Admission of Press and Public

23.1 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the IJB shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the IJB by posting on the websites of constituent bodies not less than five clear days before the date of each meeting.

23.2 The IJB may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

23.3 Every meeting of the IJB shall be open to the public but these provisions shall be without prejudice to the IJB's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The IJB may exclude or eject from a meeting a member or members of the Public and Press whose presence or conduct is impeding the work or proceedings of the IJB.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Head of Legal & Property Services**	**Report No:**	**SL/LP/052/16**
Contact Officer:	**Sharon Lang**	**Contact No:**	**01475 712112**
Subject:	**Inverclyde Integration Joint Board – Proposed Dates of Future Meetings**		

1.0 PURPOSE

1.1 The purpose of this report is to request the Integration Joint Board to consider its timetable of future dates based on five meetings per year.

1.2 The suggested dates are set out below, with meetings commencing at 3pm.

Thursday 18 August 2016
Tuesday 8 November 2016
Tuesday 24 January 2017
Tuesday 14 March 2017
Tuesday 6 June 2017

2.0 RECOMMENDATION

2.1 It is recommended that the Inverclyde Integration Joint Board consider and agree its timetable of future meeting dates.

Gerard Malone
Head of Legal & Property Services

3.0 BACKGROUND

3.1 The Standing Orders of the Inverclyde Integration Joint Board provide for meetings to be held at such place and such frequency as may be agreed by the Board.

3.2 The proposal in this report is for 5 meetings to be arranged for the period September 2016 to June 2017.

4.0 FINANCIAL IMPLICATIONS

4.1 **Financial**

One off Costs:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
n/a	n/a	n/a	n/a	n/a	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	n/a	n/a	n/a	n/a	n/a

There is no direct financial implication in respect of the proposals.

Legal

4.2 There are no legal implications arising from the report.

Human Resources

4.3 There are no HR implications arising from the report.

Equalities

4.4 There are no equalities implications arising from the report.

5.0 CONSULTATIONS

5.1 The proposed dates have been included in the annual report on the cycle of Council, Committee, Sub-Committee and Board meetings to be submitted to the Inverclyde Council on 2 June 2016.

6.0 BACKGROUND PAPERS

6.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/ LP/066/16**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Code of Conduct**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Inverclyde Integration Joint Board (IJB) to adopt a revised Code of Conduct.

2.0 SUMMARY

2.1 At its meeting on 10 August 2015, the IJB noted the requirement for its members to subscribe to and comply with the Model Code of Conduct for Members of Devolved Public Bodies and noted the terms of the said Code of Conduct and associated guidance.

2.2 Since then, a revised Code of Conduct, drafted specifically to cover Integration Joint Boards, has been prepared by the Scottish Ministers.

2.3 This report sets out the revised Code of Conduct for adoption by the IJB

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

(1) adopts the revised Model Code of Conduct for Members of Devolved Public Bodies as detailed in Appendix 1 of this report; and

(2) agrees to the submission of the adopted Model Code of Conduct to the Scottish Ministers for approval.

Vicky Pollock
Legal & Property Services

4.0 BACKGROUND

4.1 The IJB is a devolved body in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the 2000 Act"). The 2000 Act sets out a framework for securing high standards by persons holding public appointments. It also provides for Codes of Conduct for members of relevant public bodies and imposes on those bodies a duty to help their members comply with the relevant code.

4.2 IJB Standing Order 19 describes that members of the IJB shall subscribe to and comply with the terms of the Model Code of Conduct for Members of Devolved Public Bodies and at the IJB meeting of 10 August 2015, members noted this requirement together with the terms of the said Code of Conduct.

4.3 Since that meeting, the Scottish Government has been working with the Commissioner for Ethical Standards and the Standards Commission to prepare a template Code of Conduct which is to be adopted by all IJBs. A copy of this revised Code of Conduct is attached at Appendix 1. The Scottish Government has advised that IJBs are required to submit their Code of Conduct to the Scottish Government for approval by 21 June 2016.

4.4 It should be noted that there is a requirement for the IJB to appoint a Standards Officer to fulfil its duty to support members to comply with the Code of Conduct. This appointment will be the subject of a separate report to the IJB.

5.0 PROPOSALS

5.1 It is proposed that the IJB adopts the revised Model Code of Conduct and agrees to the submission of the Model Code of Conduct to the Scottish Ministers for approval.

6.0 IMPLICATIONS

Finance

6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 The Model Code of Conduct for Members of Devolved Public Bodies offers clarity as to the standards of conduct which are expected of members of the IJB in the important role which they exercise.

Human Resources

6.3 None.

Equalities

6.4 None.

Repopulation

6.5 There are no direct implications in respect of repopulation.

7.0 CONSULTATIONS

7.1 The Chief Officer of the Inverclyde Health & Social Care Partnership and the Head of Board Administration of Greater Glasgow and Clyde NHS Board have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

9.1 N/A

INVERCLYDE HSCP Health and Social Care Partnership

CODE of CONDUCT

for

MEMBERS

of

INVERCLYDE INTEGRATION JOINT BOARD

MAY 2016

CODE OF CONDUCT for MEMBERS of INVERCLYDE INTEGRATION JOINT BOARD

CONTENTS

Section 1: Introduction to the Code of Conduct

Appointments to the Boards of Public Bodies

Guidance on the Code of Conduct

Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Conduct at Meetings

Relationship with Integration Joint Board Members and Employees of Related Organisations

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality Requirements

Use of Health Board or Local Authority Facilities by Members of the Integration Joint Board

Appointment to Partner Organisations

Section 4: Registration of Interests

Category One: Remuneration

Category Two: Related Undertakings

Category Three: Contracts

Category Four: Houses, Land and Buildings

Category Five: Interest in Shares and Securities

Category Six: Gifts and Hospitality

Category Seven: Non-Financial Interests

Section 5: Declaration of Interests

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons

Making a Declaration

Frequent Declaration of Interests

Dispensations

Section 6: Lobbying and Access to Members of Public Bodies

Introduction

Rules and Guidance

Annexes

Annex A: Sanctions Available to the Standards Commission for Breach of Code

Annex B: Definitions and Explanatory Notes

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of Inverclyde Integration Joint Board, “the IJB”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of the Inverclyde Integration Joint Board and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at http://www.appointed-for-scotland.org/.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the Inverclyde Integration Joint Board policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the Inverclyde Integration Joint Board and in accordance with the core functions and duties of the IJB.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of the Inverclyde Integration Joint Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the Inverclyde Integration Joint Board uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Inverclyde Integration Joint Board and its members in conducting public business.

Respect

You must respect fellow members of the Inverclyde Integration Joint Board and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of the Inverclyde Integration Joint Board.

2.2 You should apply the principles of this Code to your dealings with fellow members of the Inverclyde Integration Joint Board, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the Inverclyde Integration Joint Board.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for the Inverclyde Integration Joint Board, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of the Inverclyde Integration Joint Board you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character, the value of which must not exceed £50;

(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or

(c) gifts received on behalf of the IJB.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that the Inverclyde Integration Joint Board may be involved in determining, or who is seeking to do business with your IJB, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of the Inverclyde Integration Joint Board then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the Inverclyde Integration Joint Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring the Inverclyde Integration Joint Board into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

3.13 Members of the Inverclyde Integration Joint Board must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the Inverclyde Integration Joint Board.

Appointment to Partner Organisations

3.14 In the unlikely circumstances that you may be appointed, or nominated by the Inverclyde Integration Joint Board, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations[1] as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the

[1] SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a

subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or

(ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non–Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of the Inverclyde Integration Joint Board, you can refer to the IJB's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the Inverclyde Integration Joint Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the Inverclyde Integration Joint Board. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair in the first instance.

5.5 As a member of the Inverclyde Integration Joint Board you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is

the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or

(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by

virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for the Inverclyde Integration Joint Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the Inverclyde Integration Joint Board conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the "Roles, Responsibilities and Membership" guidance for members of an Integration Joint Board.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the Inverclyde Integration Joint Board or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the Inverclyde Integration Joint Board.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded

to any other person or organisation, might be forthcoming from another member of the Inverclyde Integration Joint Board.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of the Inverclyde Integration Joint Board in the first instance.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:

i) all meetings of the public body;

ii) all meetings of one or more committees or sub-committees of the public body;

(iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 262(1) of the Companies Act 1985. A "group", within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking**.**

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

"**Public body"** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore, Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership**	**Report No:**	**VP/LP/068/16**
Contact Officer:	**Brian Moore**	**Contact No:**	**01475 712143**
Subject:	**Appointment of Standards Officer**		

1.0 PURPOSE

1.1 The purpose of this report is to agree the appointment of a Standards Officer as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000.

2.0 SUMMARY

2.1 The IJB is a devolved public body for the purposes of the Ethical Standards in Public Life etc. (Scotland) Act 2000 (“the 2000 Act”). It is a requirement in terms of the ethical standards legislative framework for the IJB to appoint a Standards Officer with responsibility for advising and guiding members of the IJB on issues of conduct and propriety.

2.2 Given the IJB is a separate legal entity with no employees, the appointment of a Standards Officer, once approved by the IJB, thereafter requires to be endorsed by the Standards Commission.

3.0 RECOMMENDATION

3.1 It is recommended that the Inverclyde Integration Joint Board:-

(1) agrees to appoint, subject to the approval of the Standards Commission for Scotland, the Legal Services Manager (Procurement/Conveyancing), Inverclyde Council as Standards Officer for the Inverclyde Integration Joint Board; and
(2) agrees to remit to the Chief Officer to seek the Standards Commission’s approval of the appointment.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Inverclyde Integration Joint Board ("IJB") is a devolved public body for the purposes of the Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the 2000 Act"). The requirements of the 2000 Act and the Codes of Conduct which form part of the ethical standards framework apply to members of the IJB as they do to other members of devolved public bodies. In particular, the IJB's Standing Orders oblige IJB members to comply with the Model Code of Conduct for Members of Devolved Public Bodies.

4.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 require the IJB to appoint a Standards Officer whose role is to keep the Register of Interests and provide advice and support in connection with Code of Conduct issues at a local level.

4.3 An advice note has been prepared by the Standards Commission on the role of a Standards Officer and this is attached at Appendix 1.

5.0 APPOINTMENT OF STANDARDS OFFICER

5.1 As a separate legal entity with no employees, the IJB is proposing to appoint an employee of Inverclyde Council as its Standards Officer.

5.2 There is no specific requirement as to who should be appointed as the IJB's Standards Officer. However, it has been noted that other IJBs are appointing either the relevant head of the Council service responsible for committees or the Council solicitor who is clerking meetings of the IJB. It is not considered appropriate, for reasons of potential conflict of interest, for the Council's Monitoring Officer to be appointed as the IJB's Standards Officer and so a separate appointment is necessary.

5.3 The proposed appointment requires to be approved by the Standards Commission. They have agreed an approval process with the Scottish Government's Directorate for Health and Social Care Integration under which the Chief Officer of the IJB is requested to provide the following information:

- A summary of the Standards Officers' key responsibilities;
- The name of the nominated individual;
- Whether the nominated individual is an existing Monitoring or Standards Officer; and
- The steps the Chief Officer has taken to assure themselves of the individual's suitability.

5.4 It is proposed to appoint the Legal Services Manager (Procurement/Conveyancing) to the role of IJB Standards Officer. The post holder, Vicky Pollock, has been heavily involved in setting up the IJB and is providing ongoing advice and support to the IJB in connection with governance matters. It is considered that Vicky Pollock, in her capacity as Legal Services Manager and Clerk to the IJB is a suitable and appropriate person to be appointed to this role by the IJB.

6.0 IMPLICATIONS

Finance

6.1 There are no specific financial implications arising from this report.

One Off Costs

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

Annually Recurring Costs/(Savings)

Cost Centre	Budget Heading	With Effect From	Annual Net Impact	Virement From (if Applicable)	Other Comments
N/A					

Legal

6.2 The IJB is required to appoint a Standards Officer in terms of The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003.

Human Resources

6.3 There are no HR implications arising from this report.

Equalities

6.4 There are no Equalities implications arising from this report

Repopulation

6.5 There are no repopulation implications arising from this report.

7.0 CONSULTATIONS

7.1 The Corporate Director (Chief Officer) of the Inverclyde Health & Social Care Partnership, the Council's Corporate Management Team and the Head of Board Administration of Greater Glasgow and Clyde NHS Board have been consulted in the preparation of this report.

8.0 CONCLUSIONS

8.1 The IJB requires to appoint a Standards Officer to fulfil the IJB's duty to comply with the Members Code of Conduct. The IJB proposes to appoint an employee of Inverclyde Council to this role.

INTEGRITY IN PUBLIC LIFE

ADVICE ON THE ROLE OF A STANDARDS OFFICER

1. Introduction

1.1 The Standards Commission for Scotland (Standards Commission) acknowledges that, unlike the role of a Council's Monitoring Officer, the Standards Officer of a devolved public body has limited responsibilities as specified within The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment Regulations 2003 (Scottish Statutory Instrument 2003/135). It may be that there is not an individual within a devolved public body who has the specific job title of 'Standards Officer'. This Advice Note is, therefore, aimed at any individual who is either solely or jointly responsible for undertaking the duties and responsibilities outlined below, regardless of whether or not they have the formal title of Standards Officer.

1.2 This Advice Note aims to assist Standards Officers by providing an outline of the role and responsibilities, within the ethical standards framework, of a Standards Officer operating within a Schedule 3 devolved public body and the duties they may be expected to discharge. However, it is not intended to be prescriptive as the Standards Commission recognises that governance and staffing arrangements are entirely a matter for each devolved public body to determine.

2. Background

2.1 The Standards Commission's functions are provided for by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the 2000 Act) as amended by the Scottish Parliamentary Commissions and Commissioners etc. Act 2010. The 2000 Act created an ethical standards framework whereby councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by Scottish Ministers, together with Guidance issued by the Standards Commission.

2.2 The role of the Standards Commission is to:

- Encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies.
- Adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.

2.3 Complaints about potential breaches of the Codes of Conduct are investigated by the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS). Following the investigation, and where the CESPLS determines that a contravention of a Code of Conduct is established, the CESPLS will then submit a Report to the Standards Commission.

2.4 The Standards Commission will review the Report and determine whether to:

- direct the CESPLS to carry out further investigations;
- hold a hearing; or
- do neither.

2.5 If the decision of the Standards Commission is to hold a hearing, this process will be used to determine whether a councillor or member of a devolved public body has contravened either the Councillors' Code or the Members' Code. If the evidence presented to the Standards Commission's Hearing Panel supports, on the balance of probabilities, that a breach of the Code had occurred the Hearing Panel will then determine the level of sanction to be applied in accordance with the 2000 Act.

2.6 Individual Codes of Conduct have been created and approved for all devolved public bodies described within Schedule 3 of the 2000 Act. Codes of Conduct currently apply to the following categories of public bodies:

- National Bodies e.g. Scottish Legal Aid Board
- Regional Bodies e.g. Highlands and Islands Enterprise
- National Health Service Boards
- Health & Social Care Integrated Joint Boards
- Further Education Colleges
- National Parks
- Regional Transport Partnerships
- Community Justice Authorities

There are approximately 1400 Board Members appointed to Devolved Public Bodies.

3. Members of the Devolved Public Body

3.1 The Standards Officer is responsible for ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the guidance issued by the Standards Commission on the Model Code of Conduct. This includes ensuring training is provided on induction and also on a regular basis thereafter.

3.2 The Standards Officer should contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members on the interpretation and application of the Code of Conduct.

3.3 Under Scottish Statutory Instrument 2003/135, the Standards Officer is responsible for ensuring the body keeps a Register of Interests. The Standards Officer should ensure

the Members' Register of Interests in maintained and that a reminder to update entries on the Register of Interests is issued to Members at least once a year.

3.4 The Standards Officer should be responsible for ensuring the Members' Register of Gifts and Hospitality is maintained. The Standards Officer should ensure that a reminder to update entries on the Register of Gifts and Hospitality is issued to Members at least once a year and that Members are aware of the duty to report any change in their circumstances within one month.

3.5 The Standards Officer should ensure the body has in place a consistent approach to obtaining and recording declarations of interest at the start of its meetings.

3.6 The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a Member's conduct.

3.7 The Standards Officer should also ensure that officers are aware of / familiar with the requirements of the Member's Code of Conduct.

3.8 The Standards Officer may be required report to the Board from time to time on matters relating to the Ethical Standards Framework that may require review. The Standards Officer should report any concerns about compliance with the Code of Conduct to the Chief Executive.

3.9 The Standards Officer should provide support to the body's Governance or Standards Committee, if such a committee has been established.

4. The Standards Commission

4.1 The Standards Officer will be the principal liaison officer between the body and the Standards Commission and may assist the Standards Commission whenever necessary in connection with any complaints against a Member of the body and in all matters relevant to the Ethical Standards Framework.

4.2 The Standards Officer should be the point of contact for the Standards Commission and should advise the Standards Commission if they are leaving their post.

4.3 The Standards Officer should try to attend any events arranged by the Standards Commission in order to be kept up to date with all relevant developments in respect of the Ethical Standards Framework and to help keep the Standards Commission abreast of any issues or tends that emerge.

4.4 The Standards Officer should familiarise themselves with the content of the Standards Commission's professional briefings and should ensure these are circulated to Members. The Standards Officer should also regularly review the Standards Commission's decisions and advise Members of any relevant learning points that have arisen at recent Hearings.

4.5 The Standards Officer should respond to any relevant Standards Commission's consultations including any consultations in respect of proposed revisions to its guidance.

5. The CESPLS

5.1 The Standards Officer will be the principal liaison officer between the body and the CESPLS and should assist the CESPLS whenever necessary in connection with the investigation of complaints against a Member of the body. This includes providing information and evidence as requested and making arrangements for interviewing of any officers or other Members if CESPLS requires them as witnesses

5.2 If local resolution in respect of complaints or concerns made about a Member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer may be responsible for reporting any alleged breach of the Code of Conduct to the CESPLS.

6. Other Standards Officers

6.1 The Standards Officer should try to develop relationships with other Standards Officers to share knowledge, experience and information about best practice and to see whether any joint training sessions for Members can be arranged.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/28/2016/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**CLINICAL AND CARE GOVERNANCE PROPOSALS**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board of proposals to meet the range of requirements from legislation and policy in relation to Clinical and Care Governance.

2.0 SUMMARY

2.1 Since the formation of the Community Health Partnership in 2010, a range of structures have developed to assure both the Local Authority and the Health Board of effective Clinical and Care Governance arrangements. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires not only services but also governance arrangements to move to a greater level of integration.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board agree the proposed structure for Clinical and Care Governance in Inverclyde Health and Social Care Partnership, and the timescale for implementation.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Integration Scheme of the Inverclyde Integration Joint Board details the requirements in relation to clinical and care governance, as outlined below.

4.2 The Health Board's Chief Executive is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. This responsibility is delegated to the Chief Officer. The Chief Officer, as part of the Health Board's senior management team, will establish appropriate arrangements to discharge and scrutinise those responsibilities. These arrangements will link to the Health Board-wide support and reporting arrangements, including the systems for reporting of serious clinical incidents.

4.3 The Parties are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties are also accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act.

4.4 The Parties are responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such services are delivered in accordance with the Strategic Plan. This responsibility is delegated to the Chief Officer as part of both the Health Board's and Council's senior management team.

4.5 The quality of service delivery, including for the Third and Independent Sector, will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual clinical or care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met.

4.6 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

4.7 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

4.8 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

4.9 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance Group will be established, chaired by the Chief Officer, and will report to and advise the Integration Joint Board. The Clinical and Care Governance Group will contain representatives from the Parties and others including:-

- The Senior Management Team of the Partnership;
- Clinical Director;
- Lead Nurse;
- Lead Allied Health Professional;
- Chief Social Work Officer;
- Mental Health Officer
- Staff Partnership Representative

4.10 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include representatives of the Health Board professional committees, managed care networks and Adult and Child Protection Committees.

4.11 The role of the Clinical and Care Governance Group will be to consider matters relating to the Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

4.12 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals, the Chief Social Work Officer and the Clinical Director.

4.13 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer and Clinical Director with respect to quality of integrated services within the Partnership in order to then provide assurance to the Integration Joint Board. Further assurance is provided through:-

(a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Clinical Director and Health Leads to report directly to the Health Board Medical Director and Nurse Director who in turn report to the Health Board on professional matters; and

(b) the role of the Clinical Governance Committee of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health will be shared across the health care system. The Clinical Governance Committee will also provide professional guidance to the local Clinical and Care Governance Group as required.

4.14 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.

4.15 The Health Board Clinical Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

5.0 PROPOSALS

5.1 The requirements of clinical and care governance arise from a plethora of legislation, codes of practice and strategies. To date the Health and Social Care Partnership has developed a range of mechanisms to satisfy these requirements, as illustrated at Appendix A. This stage of integration provides an opportunity to review existing systems and processes and revise them to reflect the new system in which we are operating.

5.2 Whilst clinical governance and care governance have evolved through different organisational structures, the underlying aims have clear commonality with principles of effectiveness, consistency and diligence, underpinned by core values of:-

- Person-centred care

- Assurance, Regulation and Improvement
- Effectiveness
- Safety
- Outcome Focused
- Collaborative and Transparent
- Developing Improvements in a Learning Organisation
- Assurance orientated, complemented by strong ideals of natural justice and human rights

5.3 Clinical governance arrangements will operate in the revised Board-wide governance structure.

The Partnership Clinical Governance Forum is an NHS body which relates to the NHS GG&C Board Clinical Governance Forum, recognising that the local HSCP clinical and care governance will involve both Health and Social Care. The existing Partnership Clinical Governance Forum will continue with a revised remit proposed as:-

- Provide assurance to the Board about clinical governance arrangements within HSCPs
- Act as a central co-ordinating role for clinical governance in Partnerships across NHS GG&C, linking into Board clinical governance structures
- Priority setting for clinical governance agenda linking into Board Clinical Governance Support Unit
- Ensure that learning is shared across all of NHS GG&C
- Review and approve clinical policies/guidelines for use throughout the Partnerships within the Board area
- Provide assurance to the Board that quality and safety of care are maintained for those services which an HSCP hosts on behalf of other HSCPs or for directly managed service by the HSCPs, for example, sexual health services.
- Provide direct reports through the relevant arrangements to the Board for the services the Board is directly responsible for.

5.4 The national context within which Social Work services deliver care and support is defined in a wide range of legislation, including but not exclusively:-

The Social Work Scotland Act 1968 as amended
The NHS and Community Care Act 1990
Children (Scotland) Act 1995
Carers (Recognition and Services) Act 1995
The Adults with Incapacity (Scotland) Act 2000
The Mental Health Care and Treatment (Scotland) Act 2003
The Adult Support and Protection (Scotland) Act 2007
Adoption (Scotland) Act 2007
Children's Hearing Act 2011
Social Care (Self Directed Support) (Scotland) Act 2013
Children and Young Peoples Act 2014

Many aspects of the overarching legislative framework are incorporated into the statutory functions of the Chief Social Work Officer. Strong engagement with external regulatory bodies is of critical importance to effective delivery of care governance. Bodies concerned with external regulation and scrutiny of functions include the Care Inspectorate, the Mental Welfare Commission and the Scottish Social Services Council.

In addition, the Convention of Scottish Local Authorities (COSLA) and Social Work Scotland are key forums which contribute to policy-making pertinent to care governance.

5.5 Clinical and care governance arrangements are a critical component of the complex integrated environment in which our services operate, encompassing both individual and

organisational responsibilities. The core structure of accountability for quality of care sits in the primary line of general management for services, consolidated by professional lines of accountability through extended arrangements.

Whilst our arrangements link to Board and national accountabilities, with a desire for a level of consistency, they should also reflect local arrangements and needs. In particular, whilst collaborating with specialist services there needs to be clarity and agreement of responsibilities for Mental Health Services, Specialist Children's Services and Learning Disability Services. Hosted services operate from a clinical and care governance perspective and, indeed, overall management perspective, contained within their host area.

5.6 Given the scale and complexity of the clinical and care governance agenda, it is proposed that the Executive Group is underpinned by the development of service groups, as well as the standing committees of Adult Protection, Child Protection and Health and Safety, outlined at Appendix B. It is proposed that membership of each group, terms of reference and clarity of responsibility are established, with groups to run for 3 months in shadow format with the full implementation of changes from 1 October 2016. This period of time will also facilitate the identification of any gaps or overlaps in arrangements, including the identification of need for any additional groups or short-term working.

It is proposed that the objectives of the Executive Group and each service group are detailed in an annual work plan agreed with the Integration Joint Board, with reporting supported by:-

An annual Clinical and Care Governance Group report;
An annual Chief Social Work Officer's report;
An annual Complaints report;
An annual Clinical and Care Governance Symposium; and
An annual Health and Safety report.

5.7 Currently within the Health system, infection control is an integral element of the clinical governance agenda whilst within the Local Authority it is managed via the Health and Safety Committee. It is proposed that infection control clearly sits within the Clinical and Care Governance arena, that it should be a standing item on the Executive Group's agenda and a regular item on service groups' agendas, providing clarity of reporting and escalation of any infection control matters.

5.8 To maximise the effectiveness of both the Executive and Service Groups, careful consideration needs to be given to the best way to engage with service users and carers.

5.9 As part of the preparations for including a Lead Allied Health Professional in arrangements, scoping work is underway to detail all existing Allied Health Professionals and Professional Leadership arrangements currently in place within the HSCP.

5.10 It is proposed that clinical and care governance arrangements are subject to annual review to ensure that arrangements remain current, robust and effective with comment on this included in the Clinical and Care Governance annual report.

6.0 FINANCE

6.1 Financial Implications:

One off Costs

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

			£000		

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

REPOPULATION

6.5 There are no repopulation issues within this report.

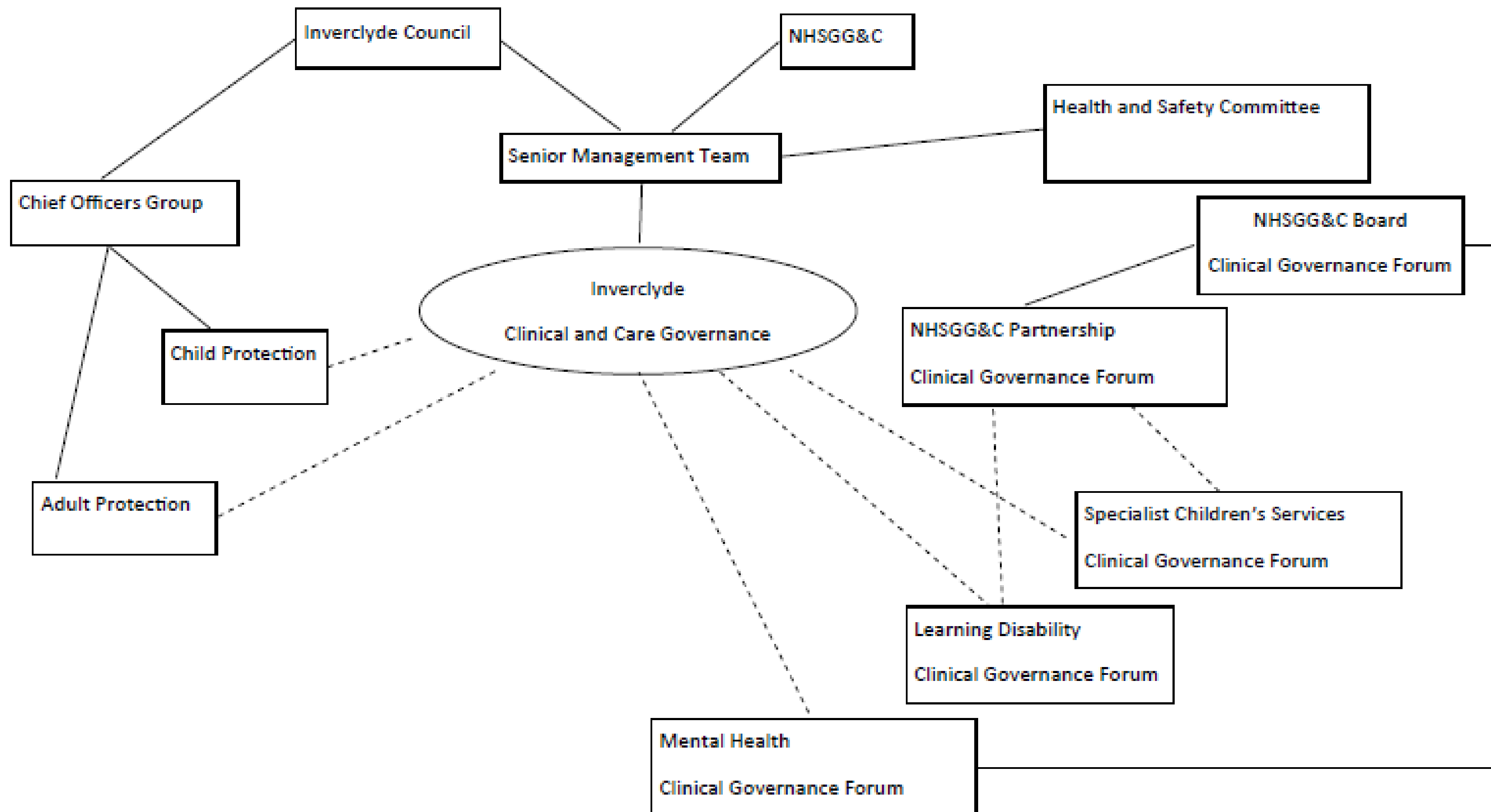
7.0 CONSULTATION

7.1 None.

Appendix A

Current Arrangements

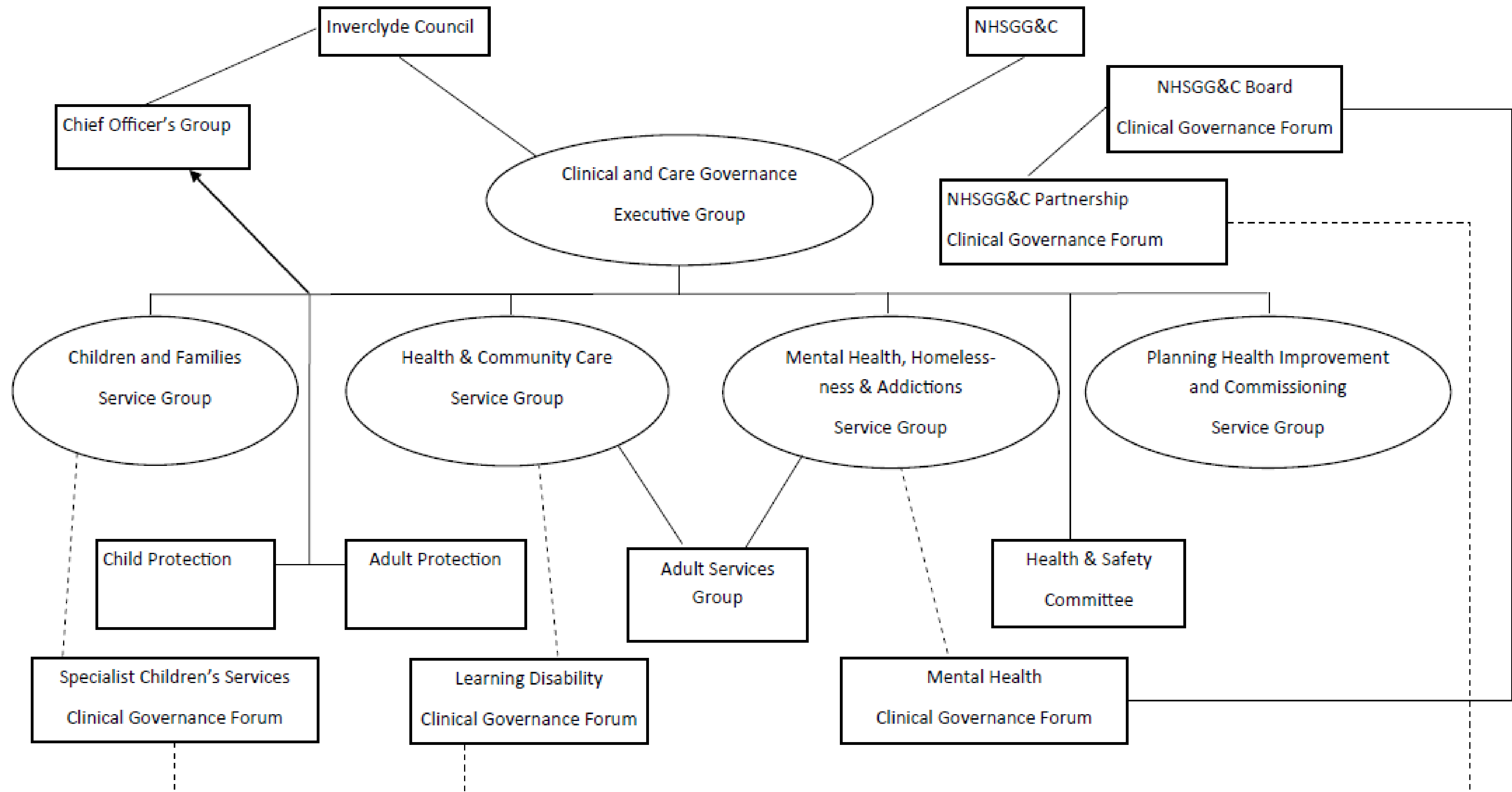
Inverclyde HSCP



Appendix C

Proposed Arrangements

Inverclyde HSCP



INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 May 2016**
Report By:	**Lesley Aird** **Chief Financial Officer** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/32/2016/BM**
Contact Officer:	**Lesley Aird**	**Contact No: 01475 712744**
Subject:	**Health & Social Care Partnership – Reserves Strategy**	

1.0 PURPOSE

1.1 The purpose of this report is to seek Board approval of a Reserves Strategy for the Inverclyde Integration Joint Board (IJB).

2.0 SUMMARY

2.1 Reserves Funds are established as part of good financial management. The purposes of reserve funds are as follows:

a) As a working balance to help cushion the impact of uneven cash flows
b) As a contingency to cushion the impact of unexpected events or emergencies and
c) As a mean of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.0 RECOMMENDATIONS

3.1 That the IJB approve the enclosed Reserves Strategy.

Lesley Aird
Chief Financial Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 The Integration Scheme paragraph 8.8 states that

"*Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. Any windfall underspend will be returned to the Parties in the same proportion as individual Parties contribute to joint pressures in that area of spend, as the default position unless otherwise agreed between the Parties."*

4.2 The enclosed Reserves Strategy outlines the process for creating and using IJB Reserves. In line with CIPFA recommended practice the Strategy recommends that the IJB free reserves should be around 2% of revenue expenditure. This would equate to around £2.4m.

4.3 Inverclyde Council currently holds some reserves on behalf of Social Services and the Community Health and Care Partnership. The Council will determine what element of these transfer to the new IJB during 2016/17.

5.0 IMPLICATIONS

5.1 **Finance**

There are no specific financial implications arising from this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

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

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

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

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Financial Officer, Inverclyde Health & Social Care Partnership.The Council's Chief Financial Officer and Heath Board Director of Finance have been consulted.

7.0 BACKGROUND PAPERS

7.1 There are no background papers for this report.

INVERCLYDE INTEGRATION JOINT BOARD

RESERVES STRATEGY

1.	**Introduction**
1.1	Reserve Funds are established as part of good financial management. The purposes of reserve funds are as follows: a) As a working balance to help cushion the impact of uneven cash flows b) As a contingency to cushion the impact of unexpected events or emergencies and c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities
1.2	Inverclyde Integration Joint Board (IJB) is a legal entity in its own right created by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements. The revenue budget for the day to day running costs of the Partnership is delegated by Inverclyde Council and NHS Greater Glasgow and Clyde (the Parties) and the Partnership subsequently commissions services from these two partner organisations.
1.3	The Inverclyde Integration Scheme was approved by Scottish Ministers to come into force on 27 June 2015. This includes a section on reserves and balances which states that *“Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board’s Reserves Strategy. Any windfall underspend will be returned to the Parties in the same proportion as individual Parties contribute to joint pressures in that area of spend, as the default position unless otherwise agreed between the Parties.”*
1.4	Financial Regulations for Inverclyde Health and Social Care Partnership were formally approved by the IJB on 10th May 2016. This Reserves Strategy should be read in conjunction with the Financial Regulations for the IJB.
2.	**Categorisation of Reserve Funds** There are two categories of reserve fund which are: • Committed Balances/Carry forwards • Financial Planning Balances
2.1	**Committed Balances/Carry Forwards**
2.1.1	Balances which are essential to the IJB to enable it to meet definite commitments, these will include:

	• Funding received from external organisations with spending conditions attached and where expenditure has yet to be incurred or conditions satisfied • Policy decisions of the IJB / Council / NHS Board, i.e. approval to commit the Health and Social Care Partnership to future spend on specific initiatives
2.2	**Financial Planning Balances**
2.2.1	Financial planning balances may be held by the IJB to plan ahead to meet the cost of potential commitments which may occur in the short to medium term. Such balances can be held to fund capacity within service priorities as set out in the Strategic Plan.
2.2.2	These balances may be generated through specific management action during the financial year or at the financial year-end following a review of the Partnership's final outturn position by the Chief Officer in conjunction with the Chief Financial Officer (CFO).
2.2.3	Where additional expenditure / reduced income offset against financial planning balances is of a recurring nature the Chief Officer and CFO should ensure a plan is established to enable the commitment to be financed in subsequent financial years.
2.2.4	Such balances need to be agreed in advance with the Director of Finance (NHS Greater Glasgow and Clyde) and the Chief Finance Officer (section 95) of Inverclyde Council to confirm that they should not be considered as windfall, therefore, uncommitted balances, see section below.
2.3	**Lead Partnership Services Reserves**
2.3.1	Reserves generated in respect of underspends in Lead Services must be ringfenced to be used for that Lead Service. In the event that it is not required for use within the Lead Service the reserve must be disbursed between the Greater Glasgow and Clyde IJBs on the same basis as the budget share for the Lead Service for that year.
3.	**Level of Balances Held**
3.1	CIPFA recommend that unallocated reserves balances should be between 2 and 4% of revenue expenditure. The IJB should, therefore, in total, hold no more than 2% of revenue expenditure as desirable balances. Where unallocated balances are significantly in excess of this or not identified for future anticipated liabilities or projects, the IJB may consider transfer of the excess to fund specific projects. In the event that the IJB is unable to identify appropriate projects excess balances may, with IJB approval, transfer to partners in the same proportion as individual parties contribute to joint pressures unless it can be clearly demonstrated that the reserve is directly attributable to an individual party's contribution.

4.	**Review of Balances**
4.1	Inverclyde IJB's Reserves Strategy requires the Board to review balances on an annual basis following the external audit of the Statement of Accounts to allow board members to examine the level and detail of balances held. The Reserves Strategy will be reviewed annually as part of the closure of accounts process for the IJB.
4.2	The annual report will provide details of and the reason for retaining existing balances.
5.	**Utilisation of Balances**
5.1	Where a balance has been committed for a specific purpose and expenditure has been incurred or grant conditions met a request should be made to the CFO in order that the balance is drawn down and matched against expenditure incurred. The subsequent Financial Management Report to the IJB will note that a budget transfer has taken place.
5.2	In order to demonstrate movement in specific balances it is important that draw downs are requested even on occasions where the IJB is reporting an in year underspend.
5.3	Where the balance exceeds the expenditure incurred then the remaining balance will be reclassified as an uncommitted balance and treated accordingly.
5.4	**Financial Management and Financial Reporting Arrangements**
5.4.1	The Integration Scheme outlines that recording of all financial information in respect of the IJB will be in the financial ledger of the Party which is delivering financial services on behalf of the IJB. The two key factors influencing this are: • NHS Boards are not permitted to earmark revenue funding allocations for carry-forward as a matter of course • IJBs have been classified as local authority bodies for the purposes of their annual accounts and committed balances and financial planning balances require to be transferred to Inverclyde Council for earmarking as part of the closure of accounts process for the IJB.
	Date Approved: 10 March 2016
	Review Timeframe: Every year

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 May 2016**
Report By:	**Brian Moore** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/31/2016/BM**
Contact Officer:	**Brian Moore**	**Contact No: 01475 712143**
Subject:	**Health & Social Care Partnership – Financial Report 2015/16 as at Period 11 to 29 February 2016.**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the Revenue and Capital Budget current year position as at Period 11 to 29 February 2016.

2.0 SUMMARY

REVENUE PROJECTION 2015/16

2.1 The total Health and Social Care Partnership revenue budget for 2015/16 is £122,359,000 with a projected underspend of £145,000 being 0.12% of the revised budget.

2.2 The Social Work revised budget is £49,774,000 and is projected to underspend by £145,000 (0.29%), this is a reduction in spend reported to the last Integrated Joint Board of £324,000. The projected underspend is mainly due to:

- an underspend in new funding provided under the Children & Young People Act due to delays in establishing projects,
- a release of the balance of pressure funding within Learning Disability client costs due to delays in moving clients from hospital to a community care setting
- additional turnover savings achieved across the Directorate.

This has been partly offset by an overspend on current package costs of external homecare offset in part by vacancies within internal homecare, a projected overspend within residential & nursing and a projected overspend within the homelessness service due to the under occupancy of temporary furnished flats and the Inverclyde Centre.

2.3 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,919,000 with a current projected under recovery of £29,000 due to delays against original plans.

2.4 The Health revenue budget is £72,585,000 and spend is projected in line with budget.

2.5 The Health budget for 2015/16 includes £370,000 local savings, currently projected to be achieved in full.

2.6 Prescribing is projected to budget, and given the volatility of prescribing forecasts, a

cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols. Inverclyde HSCP is £96,000 (1.8%) overspent on the year to date. HSCP variances are currently being investigated by the relevant HSCP Prescribing Advisors.

CAPITAL 2015/16

2.7 The Social Work capital budget is £3,627,000. Neil Street Children's Home replacement unit is now scheduled for completion March 2017 resulting in slippage of 76.75% in line with previous report to Integrated Joint Board.

2.8 The reprofiled budget for 2015/16 is £156,000 and spend to date equates to 73.07%. Tenders for the replacement for Neil Street Childrens Home were returned on the 14th March 2016. Tenders were checked and evaluated and the tender return amounts were £133k or 7.16% in excess of the approved budget. The IJB is asked to approve utilisation of the overall Residential School Earmarked Reserves to cover the additional £133k project cost.

2.9 The Health capital budget is currently held centrally by Capital Planning.

EARMARKED RESERVES 2015/16

2.10 The Social Work Earmarked Reserves for 2015/16 total £2,966,000 with £1,821,000 projected to be spent in the current financial year. To date £1,537,000 spend has been incurred which is 84.4% of the projected 2015/16 spend. The spend to date per profiling was expected to be £1,730,000 therefore slippage of 11.15% has been incurred.

2.11 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely: Deferred Income and Children's Residential Care, Adoption & Fostering.

3.0 RECOMMENDATIONS

3.1 That the IJB note the current year revenue budget projected underspend of £145,000 (0.12%) for 2015/16 as at 29 February 2016.

3.2 That the IJB note the current projected capital position:

- Social Work capital projected slippage of £515,000 (76.75%) in the current year.

3.3 That the IJB note the current Earmarked Reserves position and agree to allocate £133k of the overall Residential School Earmarked Reserves to cover the additional cost of the Neil Street Children's Home replacement.

3.4 That the IJB note the position on Prescribing.

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

4.0 BACKGROUND

4.1 The purpose of the report is to advise the IJB of the current position of the 2015/16 HSCP revenue and capital budget and to highlight the main issues contributing to the 2015/16 budget projected underspend of £145,000 (0.12%) and the current capital programme position of £515,000 (76.75%) slippage.

4.2 The current year consolidated revenue summary position is detailed in Appendix 1, with the individual elements of the Partnership detailed in Appendices 2 and 3, Social Work and Health respectively. Appendix 4 shows the year to date position for both elements of the Partnership. Appendix 5 provides the capital position. Appendix 6 provides detail of earmarked reserves.

5.0 2015/16 CURRENT REVENUE POSITION: £145,000 PROJECTED UNDERSPEND

5.1 SOCIAL WORK £145,000 PROJECTED UNDERSPEND

The projected underspend of £145,000 (0.12%) for the current financial year is mainly due to an underspend within new funding for Children & Young People Act, release of balance of pressure funding within Learning Disability client costs partly offset by current package costs within External Homecare. This is a reduction in the spend of £324,000 since the last report to the Integrated Joint Board. The material projected variances and reasons for the movement since last reported are identified, per service, below:

a. **Strategy: Projected £104,000 (5.51%) underspend**

The projected underspend is £41,000 more than previously reported. It is mostly due to turnover from vacancies of £60,000. There are costs being incurred in this area for the Afghan Resettlement Scheme which are being fully funded by Central Government.

b. **Older People: Projected £390,000 (1.77%) overspend**

The projected overspend is £390,000 which is an increase of £92,000 since period 9. The projected overspend comprises:

- additional external provider costs in Homecare of £484,000 (an increase of £47,000 due to changes in client packages),
- savings arising from vacancies within internal Homecare of £168,000 (a decrease of £3,000),
- a projected overspend of £50,000 within Residential and Nursing purchased places, per the current number of clients receiving care. This was previously reported as an underspend but changes in client numbers have increased the costs by £109,000,
- a projected overspend of £75,000 on respite within Residential & Nursing and domiciliary respite within Homecare (a decrease of £6,000),
- a projected over-recovery of charges within Residential & Nursing of £106,000 offsets a projected under-recovery of charges in Homecare of £53,000.

c. **Learning Disabilities: Projected £47,000 (0.71%) underspend**

The projected underspend is £47,000 which is reduction in spend of £171,000 since reported at period 9. The projected underspend comprises:

- £210,000 underspend on payments to other bodies (an increase of £135,000 due to changes in care packages and the release of pressure funding),
- £55,000 overspend on transport costs due to external hires and non-routine vehicle costs (a reduction of £2,000),
- £46,000 shortfall in income received from other local authorities (as previously

reported),

- £23,000 shortfall in income from internal and external service users (as previously reported),
- £27,000 overspend in employee costs due to additional support costs (a reduction of £1,000),
- £15,000 overspend on catering in day centres (as previously reported),
- £27,000 overspend on property and administration costs.

The transport and employee costs relate to client packages and a review of budgets will be undertaken to align these to reflect current activity and package costs.

The current year budget includes £360,000 pressure funding (£200,000 from the 2013/15 budget and £160,000 2015/17 budget). The previous projection included an assumption that costs would be incurred for new clients and clients moving from a hospital to a community care setting, the timings of which were not known. These costs have not been incurred in 2015/16; therefore the full funding has been released.

In addition to the revenue budget a further £40,000 pressure funding was added to earmarked reserves for equipment.

d. **Mental Health: Projected £80,000 (7.47%) underspend**

The projected underspend is £26,000 more than in period 9 and is primarily due to

- turnover of £24,000,
- client commitment underspend of £112,000 based on current vacancies and client package costs
- overspend on property costs of £51,000.

e. **Children & Families: Projected £312,000 (2.97%) underspend**

The projected underspend is £192,000 more than projected at period 9. The underspend comprises

- turnover of £92,000 (an increase of £6,000 due to delays in filling vacancies),
- a projected overspend of £20,000 for rents for care leavers (as previously reported),
- an overspend of £20,000 for dilapidation costs for previous premises,
- a projected underspend on kinship care of £54,000 due to additional funding being received for parity of payment with foster carers (as previously reported),
- a projected underspend of £140,000 on new funding for Children & Young Peoples Act due to delays in establishing projects,
- a projected underspend on respite of £44,000 due to reduced demand.

f. **Physical & Sensory: Projected £71,000 (3.27%) underspend**

The projected underspend is £9,000 less than previously reported and is due to

- Turnover of £10,000,
- £12,000 overspend on transport costs,
- a projected underspend in client package costs of £43,000,
- additional income from service users of £32,000.

g. **Addictions / Substance Misuse: Projected £41,000 (3.79%) underspend**

The projected underspend is £15,000 more than projected at period 9. The projected underspend mainly comprises

- a projected £31,000 underspend on employee costs,
- a projected overspend of £13,000 on void costs for Auchendarroch Street,
- a projected underspend on payments to other bodies and supplies & services of £18,000.

h. **Support & Management: Projected £33,000 (1.58%) underspend**

The projected underspend is £8,000 less than previously reported due to further turnover. The underspend is due to turnover of £57,000 partially offset by a projected overspend on administration costs and payments to other bodies of £23,000.

i. **Assessment & Care Management: Projected £60,000 (3.65%) underspend**

The projected underspend is £12,000 more than previously reported and is due to turnover from vacancies of £90,000 and a projected under recovery of income recharges of £21,000.

j. **Homelessness: Projected £213,000 (31.56%) overspend**

The projected overspend of £213,000 is £34,000 more than previously projected. The projected overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a continuing trend from 2014/15. Work has been undertaken to realign the budget for Homelessness for 2016/17 to reflect actual spend. The budget adjustment to accommodate this was agreed as part of the 2016/17 budget setting process.

5.2 HEALTH PROJECTED ON BUDGET

The Health budget is £72,585,000 and is currently projected to outturn on budget. The significant projected variances, along with reasons for any significant movements, per service, are identified below.

a. **Children & Families: Projected £122,000 (4.43%) underspend**

Community underspend due to school nurses on health visiting courses being funded centrally and nurse vacancies, most of which have now been filled. There has been a reduction in bank nurse use.

b. **Health & Community Care: Projected £153,000 (3.58%) underspend**

Vacancy within District Nursing was not filled, budget moved to cover the Early Bird Service within OOH nursing. Team Lead Band 7 nursing vacancy within Other Nursing, 2 nursing vacancies within OOH nursing. Also, Carers Strategy code re-parented from PHI to H&CC, was previously forecast as break even now estimated to be £60k underspent at the end of the year. Recurring underspends within both RES and Diabetes budgets. Pharmacy costs have also reduced in the last month.

c. **Management & Administration: £171,000 (6.46%) underspend**

Rates non-recurring surplus due to re-banding of Health Centre's. Funding has been received to cover an unfunded receptionist and cleaning income has increased. Vacancies within admin are being held as funding will be required next year to cover backfill for manager's secondment, may also be used towards savings. Rates and depreciation budget surpluses will be used to offset the overspend within MH Inpatients.

d. **Learning Disabilities: Projected £29,000 (5.23%) underspend**

The projected underspend remains due to vacancies which will not be filled pending redesign of the service. Some of the underspend has been used to fund one off pieces of work/equipment.

e. **Addictions: Projected £57,000 (3.01%) underspend**

The projected underspend remains due to turnover within nursing and psychology, psychology post now recruited to centrally and session costs being recharged. One off contributions towards training etc. being funded from slippage. Workforce savings were also achieved from Addictions.

f. **Mental Health Communities: Projected £286,000 (8.62%) underspend**

Underspend due to nursing vacancies which have not yet been recruited to, there are also two domestic vacancies which are in the process of being recruited to. There is a further underspend due to an advocacy order for £108,000 raised last year in error and reversed in this financial year. Drug costs overall have decreased but this is just due to the type of drugs required dependent on patient needs.

g. **Mental Health Inpatients: Projected £912,000 (11.36%) overspend**

Overspend partly due to increased special observations, in particular earlier in the year IPCU had 2 eating disorder patients due to vacant consultant post at Stobhill, 2 IPCU patients on constant 2:1 observation and boarding in a number of patients from Glasgow also on 2:1. There are also high levels of sickness and unfunded protection costs.
Special observations cost to M11 – £396,000
Unfunded protection cost to M11 - £145,200
Adult Medical budget is forecast to overspend by £270,000 due to new consultant posts costing substantially more than budget and Locum cover for vacant Staff Grade post.

h. **Prescribing: Nil Variance**

Prescribing is projected to budget, and given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols. Inverclyde HSCP is £96,000 (1.8%) overspent on the year to date. HSCP variances are currently being investigated by the relevant HSCP Prescribing Advisors.

i. **Planning & Health Improvement: Projected £95,000 (10.30%) underspend**

The underspend is all within discretionary/non-recurring funding.

6.0 INTEGRATED CARE FUND (CHANGE FUND)

6.1 The original allocation over service areas for 2015/16 was:

Service Area Budget 2015/16	£'000	
Acute – Health	95	6%
HSCP – Health	318	27%
HSCP – Council	960	62%
Community Capacity - Health		
Community Capacity - Council	226	5%
Grand Total	**1,599**	100%
Funded By:		
Change Fund Allocation	1,760	
Top slice savings	-161	
Total Funding	**1,599**	

6.2 The Change Fund Executive Group meet on a regular basis and review all projects in detail. The latest current year position is:

Service Area Budget 2015/16	Current Budget £'000	Projected Outturn £000	Projected Variance £000
Acute – Health	95	95	0
HSCP – Health	318	171	(147)
HSCP – Council	960	1,007	47

Community Capacity - Health			0
Community Capacity - Council	226	27	(199)
Grand Total	**1,599**	**1,494**	**(299)**
Projected Over Commitment / (Slippage) at 29 February 2016			**(299)**

The costs will continue to be managed within the available resources and to ensure nil slippage or overspend.

7.0 2015/16 CURRENT CAPITAL POSITION – £515,000 Slippage

7.1 The Social Work capital budget is £3,627,000 over the life of the projects with £156,000 reprofiled 2015/16, comprising:

- £146,000 for the replacement of Neil Street Children's Home
- £10,000 to finalise the expansion of Hillend respite unit.

7.2 There is slippage in the 2015/16 budget of £515,000 (77.9%) against the original budget for the Neil St Children's Home Replacement project which is now scheduled to be complete by March 2017. Tenders for the replacement for Neil Street Childrens Home were returned on the 14th March 2016. Tenders were checked and evaluated and the tender return amounts were in excess of the available budget. The result of this is subject to a report elsewhere on the agenda.

7.3 Capital budgets for Health are now held by the Board's Capital Planning.

7.4 Appendix 5 details capital budgets and progress by individual project.

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2015/16 total £2,966,000 with £1,821,000 projected to be spent in the current financial year. To date £1,537,000 spend has been incurred which is 84.4% of the projected 2015/16 spend. The spend to date per profiling was expected to be £1,730,000 therefore slippage of 11.15% has been incurred.

8.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely: Deferred Income and Children's Residential Care, Adoption & Fostering.

9.0 IMPLICATIONS

9.1 Finance

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

N/A					

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

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

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

10.0 CONSULTATION

10.1 This report has been prepared by the Chief Officer, Inverclyde Health & Social Care Partnership and relevant officers within Partnership Finance and the Council's Chief Financial Officer have been consulted.

11.0 BACKGROUND PAPERS

11.1 There are no background papers for this report.

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET PROJECTED POSITION

PERIOD 11: 1 April 2015 -29 February 2016

SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	46,773	47,395	47,030	(365)	(0.77%)
Property Costs	1,877	1,893	1,781	(112)	(5.92%)
Supplies & Services	61,965	62,491	62,632	141	0.23%
Prescribing	17,001	17,001	17,001	0	0.00%
Resource Transfer (Health)	9,203	9,203	9,203	0	0.00%
Income	(15,493)	(15,624)	(15,433)	191	(1.22%)
Contribution to Reserves	0	0	0	0	0.00%
	121,326	**122,359**	**122,214**	**(145)**	**(0.12%)**

OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy / Planning & Health Improvement	2,978	2,812	2,613	(199)	(7.08%)
Older Persons	21,346	21,996	22,386	390	1.77%
Learning Disabilities	6,969	7,193	7,117	(76)	(1.06%)
Mental Health - Communities	4,412	4,385	4,020	(366)	(8.34%)
Mental Health - Inpatient Services	8,035	8,035	8,947	912	11.36%
Children & Families	13,085	13,257	12,823	(434)	(3.27%)
Physical & Sensory	2,156	2,174	2,103	(71)	(3.27%)
Addiction / Substance Misuse	2,942	2,983	2,885	(98)	(3.29%)
Assessment & Care Management / Health & Community	5,867	5,917	5,704	(213)	(3.60%)
Support / Management / Admin	4,615	4,747	4,543	(204)	(4.30%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	732	675	888	213	31.56%
Family Health Services	20,477	20,477	20,477	0	0.00%
Prescribing	17,001	17,001	17,001	0	0.00%
Resource Transfer	9,203	9,203	9,203	0	0.00%
Change Fund	1,507	1,504	1,504	0	0.00%
Contribution to Reserves	0	0	0	0	0.00%
HSCP NET EXPENDITURE	**121,326**	**122,359**	**122,214**	**(145)**	**(0.12%)**

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS	72,559	72,585	72,585	(0)	(0.00%)
Council	48,767	49,774	49,629	(145)	(0.29%)
HSCP NET EXPENDITURE	**121,326**	**122,359**	**122,214**	**(145)**	**(0.12%)**

( ) denotes an underspend per Council reporting conventions

** £2.3 million externally funded

APPENDIX 2

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 11: 1 April 2015 - 29 February 2016

	2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
		SOCIAL WORK					
6	25,242	Employee Costs	25,236	25,794	25,267	(527)	(2.04%)
	1,441	Property costs	1,361	1,394	1,282	(112)	(8.03%)
	951	Supplies and Services	740	753	861	108	14.34%
	479	Transport and Plant	371	380	470	90	23.68%
	1,024	Administration Costs	735	765	878	113	14.77%
6	33,967	Payments to Other Bodies	34,612	35,078	35,070	(8)	(0.02%)
	(14,349)	Income	(14,288)	(14,390)	(14,199)	191	(1.33%)
7	0	Contribution to Earmarked Reserves	0	0	0	0	0.00%
	48,755	**SOCIAL WORK NET EXPENDITURE**	**48,767**	**49,774**	**49,629**	**(145)**	**(0.29%)**

	2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over / (Under) Spend £000	Percentage Variance
		SOCIAL WORK					
	2,037	Strategy	2,065	1,888	1,784	(104)	(5.51%)
	21,716	Older Persons	21,346	21,996	22,386	390	1.77%
	6,395	Learning Disabilities	6,414	6,638	6,591	(47)	(0.71%)
	1,020	Mental Health	1,106	1,071	991	(80)	(7.47%)
	9,793	Children & Families	10,344	10,513	10,201	(312)	(2.97%)
	2,128	Physical & Sensory	2,156	2,174	2,103	(71)	(3.27%)
	1,097	Addiction / Substance Misuse	1,040	1,081	1,040	(41)	(3.79%)
	2,219	Support / Management	1,980	2,094	2,061	(33)	(1.58%)
	1,477	Assessment & Care Management	1,584	1,644	1,584	(60)	(3.65%)
1	0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0	Change Fund	0	0	0	0	0.00%
	873	Homelessness	732	675	888	213	31.56%
	0	Contribution to Earmarked Reserves	0	0	0	0	0.00%
	48,755	**SOCIAL WORK NET EXPENDITURE**	**48,767**	**49,774**	**49,629**	**(145)**	**(0.29%)**

( ) denotes an underspend per Council reporting conventions

1 £1.6m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.
2 Change Fund Expenditure of £1.3 million fully funded from income.
3 £9 million Resource Transfer / Delayed Discharge expenditure and income included above.

4	Original Budget 2015/16	48,767
	Pay & Inflation etc.	908
	Kinship Parity Funding	92
	Transport virement	1
	Virement Starter Packs	6
	Revised Budget 2015/16	49,774

5 There are currently 760 clients receiving Self Directed Support care packages.
6 Within Older Peoples Services £383k of vacancies have been offset by purchased Homecare costs.
7 Council contribution to Self Directed Support earmarked reserve

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION

PERIOD 11: 1 April 2015 - 29 February 2016

2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,816	Employee Costs	21,537	21,601	21,763	162	0.75%
698	Property	516	499	499	0	0.00%
4,310	Supplies & Services	5,030	5,038	4,876	(162)	(3.22%)
21,224	Family Health Services (net)	20,477	20,477	20,477	0	0.00%
16,225	Prescribing (net)	17,001	17,001	17,001	0	0.00%
9,042	Resource Transfer	9,203	9,203	9,203	0	0.00%
(1,677)	Income	(1,205)	(1,234)	(1,234)	0	0.00%
71,638	**HEALTH NET EXPENDITURE**	**72,559**	**72,585**	**72,585**	**0**	**0.00%**

2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
3,017	Children & Families	2,741	2,744	2,622	(122)	(4.43%)
3,707	Health & Community Care	4,283	4,273	4,120	(153)	(3.58%)
2,652	Management & Admin	2,635	2,653	2,482	(171)	(6.46%)
573	Learning Disabilities	555	555	526	(29)	(5.23%)
1,829	Addictions	1,902	1,902	1,845	(57)	(3.01%)
2,126	Mental Health - Communities	3,306	3,314	3,029	(286)	(8.62%)
9,238	Mental Health - Inpatient Services	8,035	8,035	8,947	912	11.36%
851	Planning & Health Improvement	913	924	829	(95)	(10.30%)
1,156	Change Fund	1,507	1,504	1,504	0	0.00%
21,224	Family Health Services	20,477	20,477	20,477	0	0.00%
16,225	Prescribing	17,001	17,001	17,001	0	0.00%
9,040	Resource Transfer	9,203	9,203	9,203	0	0.00%
71,638	**HEALTH NET EXPENDITURE**	**72,559**	**72,585**	**72,585**	**(0)**	**(0.00%)**

( ) denotes an underspend per Council reporting conventions

APPENDIX 4

REVENUE BUDGET YEAR TO DATE

PERIOD 11:   1 April 2015 - 29 February 2016

	SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
	SOCIAL WORK				
	Employee Costs	22,253	21,525	(728)	(3.27%)
	Property costs	1,258	1,053	(205)	(16.30%)
	Supplies and Services	690	861	171	24.78%
	Transport and Plant	337	409	72	21.36%
	Administration Costs	581	575	(6)	(1.03%)
1	Payments to Other Bodies	31,941	30,225	(1,716)	(5.37%)
	Income	(13,012)	(12,469)	543	(4.17%)
	SOCIAL WORK NET EXPENDITURE	**44,048**	**42,179**	**(1,869)**	**(4.24%)**

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	19,852	20,002	149	0.75%
Property Costs	474	474	0	0.00%
Supplies	2,809	2,670	(139)	(4.94%)
Family Health Services (net)	18,501	18,501	0	0.00%
Prescribing (net)	15,897	15,897	0	0.00%
Resource Transfer	8,436	8,436	0	0.00%
Income	(986)	(986)	0	0.00%
HEALTH NET EXPENDITURE	**64,984**	**64,994**	**10**	**0.02%**

( ) denotes an underspend per Council reporting conventions

1 Timing differences between profiled budget and actual spend.

APPENDIX 5

INVERCLYDE HSCP - CAPITAL BUDGET 2015/16

Period 11: 1 April 2015 to 29 February 2016

Project Name	Est Total Cost £000	Actual to 31/3/15 £000	Approved Budget 2015/16 £000	Revised Est 2015/16 £000	Actual to 31/12/15 £000	Est 2016/17 £000	Est 2017/18 £000	Future Years £000
SOCIAL WORK								
Hillend Respite Unit	87	77	10	10	0	0	0	0
Neil Street Children's Home Replacement	1,858	114	661	146	114	1,569	29	0
Crosshill Children's Home Replacement	1,682	0	0	0	0	157	1,435	90
Social Work Total	**3,627**	**191**	**671**	**156**	**114**	**1,726**	**1,464**	**90**
HEALTH								
Health Total	0	0	0	0	0	0	0	0
Grand Total HSCP	**3,627**	**191**	**671**	**156**	**114**	**1,726**	**1,464**	**90**

Note:

EARMARKED RESERVES POSITION STATEMENT **APPENDIX 6**

INVERCLYDE HSCP

Project	Lead Officer/ Responsible Manager	Total Funding 2015/16 £000	Phased Budget To Period 11 2015/16 £000	Actual To Period 11 2015/16 £000	Projected Spend 2015/16 £000	Amount to be Earmarked for 2016/17 & Beyond £000	Lead Officer Update
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Alan Brown	132	121	76	90	42	SWIFT (£9k) & SDS (£123k). Work is continuing on the implementation of SDS & the SWIFT financial module.
Growth Fund - Loan Default Write Off	Helen Watson	27	2	0	1	26	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any bad debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund/ Delayed Discharge	Brian Moore	1,332	859	903	1,028	304	The Integrated Care Fund is new funding received. Funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. The total funding has increased as projects move between health & council.
Delayed Discharge	Brian Moore	478	308	239	258	220	Delayed Discharge funding has been received and has been allocated to specific projects, including overnight home support and out of hours support.
Support all Aspects of Independent Living	Brian Moore	231	192	60	170	61	This reserve includes the Dementia Strategy of £70k and a contribution of £150k from NHS for equipment which will be purchased in the latter part of 2015/16 & early 2016/17.
Support for Young Carers	Sharon McAlees	36	30	32	36	0	This reserve is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families.
Caladh House Renovations	Beth Culshaw	449	5	23	23	426	On 15/3/16 the Integrated Joint Board agreed to finance the shortfall to allow the John Street project to proceed.
Welfare Reform - HSCP	Andrina Hunter	158	151	147	153	5	This reserve is to fund Welfare Reform within the CHCP. New Funding of £118k was allocated from P&RCommittee. The funding is being used for staff costs and projects, including Grand Central Savings, Inverclyde Connexions, starter packs and financial fitness.

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 6

INVERCLYDE HSCP

Project	Lead Officer/ Responsible Manager	Total Funding 2015/16 £000	Phased Budget To Period 11 2015/16 £000	Actual To Period 11 2015/16 £000	Projected Spend 2015/16 £000	Amount to be Earmarked for 2016/17 & Beyond £000	Lead Officer Update
Funding for Equipment - Adults with Learning Disabilities		40	30	20	20	20	This reserve is for the purchase of disabilty aids within Learning Disabilities and it is estimated that £20k will be spent in 15/16 on the replacement of equipment that is no longer fit for purpose, with the remaining £20k spent at the start of 16/17.
Information Governance Policy Officer	Helen Watson	83	32	37	42	41	The spend relates to the Council's Information Governance Officer.
Total		**2,966**	**1,730**	**1,537**	**1,821**	**1,145**	

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10th May 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)**	**Report No:**	**IJB/29/2016/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**BUSINESS UPDATE**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on a number of workstreams that are currently underway.

2.0 SUMMARY

2.1 The integration landscape and requirements of Integration Joint Boards are still evolving. As Scottish Government Policy is shaped around this agenda, it is important the IJB members are advised of emerging policies, issues or HSCP workstreams that are responding to specific situations. This paper provides a brief summary of such workstreams that are currently or soon to be live.

3.0 RECOMMENDATION

3.1 That the Integration Joint Board note the business update report and advise the Chief Officer if any further information is required.

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

4.0 BACKGROUND

4.1 This report highlights workstreams that IJB Members should be alert to.

Delayed Discharge Performance

4.2 We continue to maintain positive performance in relation to the 14 day Delayed Discharge target.

We have consistently achieved zero delays of more than 4 weeks since February 2015 and zero delays over 2 weeks since April 2015. In March 2016 the census data showed that we again had zero service users staying longer than 14 days.

The whole social and health care system comes under increasing pressure during the winter months. Despite an increase in delays and bed days lost during the winter period we are achieving the GGC Health Board overall target of reducing bed days so far this financial year. The performance report projects that we will have reduced bed days lost by 50% over the previous financial year, a marked reduction.

This performance is set against a background of increasing referrals for social care and community supports following discharge. During February 2016, 171 individuals were referred for social care support of which 57 people required a single shared assessment indicating complex support needs.

The overall performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

Scottish Parliament Cross Party Group on Tobacco and Health

4.3 Health Improvement and Inequalities Team staff gave evidence at the Scottish Parliament Cross Party Group on Tobacco and Health, highlighting our work with service users from Alcohol and Drugs Services, a client group that has traditionally been less likely to engage with smoking cessation services. Using an approach designed to be set at the pace of the individual, the team supported service-users to quit over an eight-week period. There are particular benefits to supporting problem drug and/or alcohol users to quit smoking, as the harmful effects of tobacco are compounded when they sit alongside other harmful substance use. The work of the team was commended by the Parliamentary Group.

Staff Partnership Forum – Partnership Agreement

4.4 The Staff Partnership Forum (SPF) has agreed that there should be a formal agreement between HSCP Management and staff-side representatives. This is currently under development and a draft will be presented to the next SPF meeting for consideration.

A National Clinical Strategy for Scotland

4.5 The Scottish Government has published its national clinical strategy in February 2016. The strategy is broadly in line with the NHS Greater Glasgow and Clyde Clinical Services Strategy, and echoes some of the themes within the HSCP Strategic Plan. It highlights the need for change, based on evidenced changes in demography, illness and disability patterns, and persistent health inequalities. Another important aspect is the need to balance health and social care according to need, and this will be a key feature in Inverclyde over the next few years as we implement our Strategic Plan. The first annual review of our own Plan will consider the extent to which we are delivering the nine national outcomes, but also how we are progressing as an HSCP in the context of the National Clinical Strategy.

4.6 <u>Self Neglect Event – 22 April 2016</u>

The risks associated with vulnerable adults who self neglect are often high but the scope for professionals to assist can be limited, particularly where the person concerned has mental capacity and rejects intervention. In response to this challenging issue this event was organised and funded by Inverclyde, Argyll & Bute, West Dunbartonshire, Renfrewshire and East Renfrewshire Adult Protection Committees (APC). Inverclyde was asked to host given accessible to delegates from all areas and due to the suitability of the Beacon for this type of event.

The event was attended by 130 professionals representing the 5 HSCP/APC areas involved. Delegates included HSCP staff from a range of professional backgrounds, Scottish Fire & Rescue, Housing and independent chairs of APCs. Demand for places out stripped availability.

There were two keynote speakers. Michael Preston-Shoot ,Professor of Social Work and Executive Dean of the Faculty of Health and Social Sciences at the University of Bedfordshire, England and Andrew Lowe, former Director of Social Work for Scottish Borders Council and former President of the Association of Directors of Social Work, who is currently the independent Chair of Renfrewshire Child Protection and Adult Committees.

The event has evaluated very well and fulfilled the aims of providing;

- an overview of the research findings on the definitions and causes of self-neglect and on the effectiveness of intervention strategies,
- an opportunity for delegates to engage in debate about the challenges of self-neglect encountered in practice, the approaches taken and outcomes achieved.
- a forum for considering how the research findings might impact upon approaches to assessment, decision making and intervention in situations of self-neglect.
- an opportunity to consider the learning from Significant Case Reviews.
- an opportunity to consider the impact of the Borders case.

4.7 <u>New Ways Update</u>

Two main workstreams for new ways focusing on the role of the wider team and home visits. A great deal of preparatory work is underway to progress tests of change around these two work streams. Locally we have started to encourage Practices to work together in clusters to progress tests of change.

Tests of change are as follows:

- To develop a reliable and responsive community phlebotomy service. Implementation of a pre-bookable service that would run in parallel with the existing service. 6 local GP practice will be involved in this pilot to evaluate the impact on GPs and Pns in terms of releasing capacity. The impact would also be measured for existing community phlebotomy, treatment rooms and district nursing services.

- Addressing early intervention and prevention options for people with long term conditions. Implementation of ADL smartcare system to increase self management of non acute conditions, direct patient access to some items of aids to daily living, timely access to OT for those patients at high risk, and reduce dependents on gp practice services. We envisage that 4 local Practices will be involved in this test of change.

- To provide first point of contact for assessment, diagnosis and initial management of MSK conditions in a GP Practice setting. This test will take

place in 3 GP practices in the hope that patients requiring early interventions/new acute MSK conditions will access the right person at the right time. It is envisaged that this model will reduce the patient journey, reduce GP referrals to MSK, reduce the need for longer course of physio treatment, use secondary care services effectively (i.e. ortho, pain clinic).

- Exploring opportunities for working differently to maximise the nursing potential within Practice and community setting. Test the role of Advanced Nurse Practitioner (ANP) based on learning from other areas. This test is in preparatory stages, working with local Practice Nurses and Community Nurses to determine current roles and opportunities for working at an advanced level. Work is also underway to develop local Health Care Assistants and determine the way forward with this role in Practices.

- Manage home visits more effectively by testing implementation of telephone triage. 2 GP Practices will be involved in this test, with support from one of our experienced Practice Nurses as will other key professionals including SAS. This test will then focus on responses to home visits requests to determine which patients could be safely managed by other members of the primary care team.

We have 2 facilitated sessions (Greenock Health Centre and Port Glasgow Clusters) to allow representatives from Practice clusters the opportunity to get together with Dr Richard Lendon in order for us to identify common themes that we could move forward as tests of change. Richard is an experienced GP by background, with recognised expertise in healthcare improvement; he is enthusiastic and passionate about improving all facets of quality care for patients and staff. Richard has worked for the NHS Modernisation Agency for 3 years and has been involved in improvement work both in primary and secondary care.

Other areas

- Pharmacy - Each Practice have been allocated additional support to shift the balance of pharmacy workload from GPs to Pharmacists. This will take shape in various formats depending on Practice need, examples are - acute/special prescriptions, clinics, medication advice, medication reviews.

- Older People - Developing how older people are assessed and supported both within acute and the community is underway including the introduction of early Comprehensive Geriatric Assessment in IRH and consideration of how Community Geriatrician support can enhance care for older people in the community. This supports New Ways by providing access to the right person/support at the right time in the right place.

5.0 PROPOSALS

5.1 The content of this report is for noting only, and to ensure that IJB Members are informed about the business of the HSCP.

6.0 IMPLICATIONS

Finance:

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

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal:

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

Human Resources:

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

Equalities:

6.4 Has an Equality Impact Assessment been carried out?

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

7.0 LIST OF BACKGROUND PAPERS

7.1 Scottish Parliament Cross Party Group on Tobacco and Health, Report on tackling tobacco, addressing inequality: January 2016.
A National Clinical Strategy for Scotland, February 2016.

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/27/2016/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**HEALTH IMPROVEMENT AND INEQUALITIES TEAM ANNUAL REPORT 2015**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board about the role and activities of the Inverclyde HSCP Health Improvement and Inequalities Team.

2.0 SUMMARY

2.1 The Health Improvement and Inequalities Team is an integral team within the Planning, Health Improvement and Commissioning Service area of Inverclyde Health and Social Care Partnership.

2.2 The Health Improvement and Inequalities Team leads Inverclyde Health and Social Care Partnership's effort to improve health and mitigate worsening health inequalities by working in partnership across the HSCP and wider community planning partners.

2.3 The team work across a range of portfolios and have achievements recorded within each of the topic areas.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the Annual Report for 2015/16 for the Health Improvement & Inequalities Team.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde's Health Improvement and Inequalities Team lead the HSCP's efforts to improve health, and reduce inequalities in Inverclyde. This is done through supporting and delivering strategic and operational activities across the HSCP and Inverclyde Community Planning Partnership.

4.2 The work of the Health Improvement and Inequalities Team cuts across the whole life course of communities, families, workplaces and partners and is underpinned using the specialist knowledge base and experience in public health skills of every one of the team members

4.3 The Inverclyde Health Improvement and Inequalities Team's workplans and priorities are aligned to the Inverclyde HSCP, Inverclyde Alliance and NHSGGC priorities and are all underpinned by the National Wellbeing Outcomes, the five HSCP Strategic commissioning themes and local need identified within the HSCP Strategic Needs Assessment.

4.4 The team deliver across a range of portfolios which cover a wide range of topic areas

Portfolio 1	**Portfolio 2**	**Portfolio 3**
Community Assets & Engagement Financial Inclusion Employability Obesity including Physical Activity & Nutrition Vulnerable groups Addictions Homelessness Offenders Equalities (across entire team)	Tobacco Anticipatory Care Supported Self Care Primary Care/Acute Long Term Conditions Cancers Carers Dementia Older people Communications/Health & Safety (across entire team)	Parenting Children & Maternal Health Early Years Collaborative Education & Life-Long Learning Mental Well-Being Sexual Health Oral Health Learning & Workforce Development (across entire team)

4.5 The report outlines the areas of work undertaken within each portfolio and highlights the achievements to date.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications: One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 Tackling inequalities is one of the key drivers for the health Improvement and Inequalities team, so we target our services to have a positive impact for those groups that tend to be excluded.

Has an Equality Impact Assessment been carried out?

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

6.0 CONSULTATION

6.1 This report has been prepared by the Health Improvement and Inequalities Team, Inverclyde Health and Social Care Partnership (HSCP).

7.0 BACKGROUND PAPERS

7.1 None.

INVERCLYDE
HSCP
Health and Social Care Partnership

Inverclyde Health and Social Care Partnership (HSCP)

Health Improvement and Inequalities Team

Annual Report 2015

1. Foreword

It is with great pleasure that I present the 2015 Annual Report of the Inverclyde Health and Social Care Partnership (HSCP) – Health Improvement and Inequalities Team. Not only does this document highlight our continued commitment to tackling inequalities and improving health and wellbeing, it outlines the work we deliver and our key achievements associated with dedicated partnership working.

This report will showcase just some of the work of the Health Improvement and Inequalities Team in 2015. It would not be possible to list everything. 2015 has been a challenging but interesting year with changes in staffing; funding constraints; and the move towards full integration across health and social care, however the team has continued to deliver a high quality, effective and professional approach to working towards the Inverclyde HSCP vision of Improving Lives.

I hope you enjoy reading this report and finding out more about the work of the Heath Improvement and Inequalities team.

Brian Moore
Chief Officer
Inverclyde Health and Social Care Partnership **April 2016**

2. Introduction

Inverclyde's Health Improvement and Inequalities Team lead the HSCP's efforts to improve health, and reduce inequalities in Inverclyde. This is done through supporting and delivering strategic and operational activities across the HSCP and Inverclyde Community Planning Partnership, which incorporate a broad set of activities to create the circumstances for better health and more equitable outcomes within populations. The work of the Health Improvement and Inequalities Team cuts across the whole life course of communities, families, workplaces and partners and is underpinned using the specialist knowledge base and experience in public health skills of every one of the team members.

The Inverclyde Health Improvement and Inequalities team's work plans and priorities are aligned to the Inverclyde HSCP, Inverclyde Alliance and NHSGGC priorities and are all underpinned by the National Wellbeing Outcomes, the five HSCP Strategic commissioning themes and local need identified within the HSCP Strategic Needs Assessment.

3. Inverclyde Context

3.1 The Health of the Population

For many years, Inverclyde has been characterised by significant unequal health and socio-economic outcomes and these inequalities are recognised as our biggest challenge, however we are starting to see improvement. Over the last six years there is evidence of a rise in the proportion of people that have a positive perception of their general health, who have a positive perception of their quality of life, and who feel they belong to their local area. There is a drop in the proportion of people who smoke. Over the last three years there has been a reduction in the proportion of people that are exposed to secondhand smoke. There has been a rise in the proportion who feel valued as a member of their community, a drop in the proportion who said they have no qualifications and a drop in the proportion who receive all household income from state benefits (NHS Greater Glasgow and Clyde Health and Wellbeing Survey, 2008, 2011 & 2014).

While this is all very positive there are still challenges. The increase in life expectancy for men and women and the decrease in overall death rate and premature deaths from Coronary Heart Disease are welcome, however there are significant challenges with an increase in premature deaths due to cancer. Uptake of immunisation in children continues to be high. However, uptake of breast and particularly bowel screening is more challenging. Alcohol consumption is declining in Inverclyde. This is demonstrated in survey information, as well as data pertaining to alcohol related deaths and alcohol related hospital admissions. That said there is still substantial concern in communities that the number of alcohol outlets is too high. Further, when placed in a broader local context Inverclyde has higher levels of problem alcohol use compared to NHSGGC and in an international context, Inverclyde (as well as NHSGGC and Scotland), still have a higher level of alcohol related deaths and hospital admissions than many European countries.

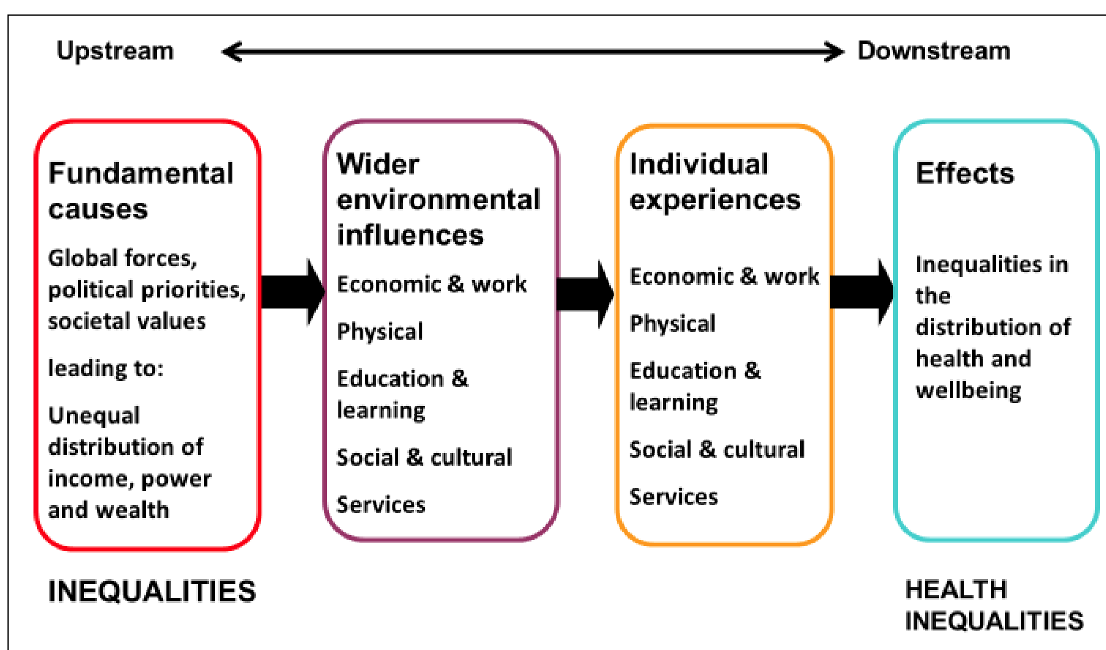
There has been little change in the proportion of adults that meet the physical activity target. The proportion of the population with a positive view of their mental wellbeing has not changed, however, there is evidence of poorer mental health outcomes with an increase in prescriptions for anxiety, depression and psychosis and an increase in deaths from suicide. The reduction in hospitalisation due to psychiatric condition may demonstrate alternative community based care provision rather than an improvement in mental health.

So whilst there are some promising improvements, Inverclyde is still characterised by some notably poor health and socio-economic outcomes and there is a continued need to focus on this in the future.

3.2 Inequalities and health inequalities

General inequalities and inequalities in health in particular, remain a significant challenge for Inverclyde. In Inverclyde one in three residents live in areas considered to be within the most deprived 15% in Scotland. Although focused work on specific risk factors is important, e.g. smoking, mental health and wellbeing, there is evidence that this alone will not reduce inequalities in health. The Ministerial Task Force on Reducing Health Inequalities reconvened to consider the latest evidence on health inequalities in Scotland. From this a summarised theoretical account of upstream and downstream causes of inequalities and their effect on health inequalities was presented, see figure 1.

Figure 1 Health Inequalities: Theory of Causation *(reproduced with permission from NHS Health Scotland: this info is © NHS Health Scotland.*



In addressing inequalities and the challenges we have within Inverclyde, action is required at all three levels; fundamental, wider and individual level. Inverclyde's Single Outcome Agreement (SOA), delivered through the Inverclyde Alliance, aims to address these determinants, by improving quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

The Health Improvement and Inequalities team takes account of these determinants of health. Each member of the team has specialist knowledge and expertise in a variety of topic-based interventions, and utilises this to ensure health improving activities and programmes are evidence-based, relevant and reflect the health needs of the population of Inverclyde. To achieve this we work in partnership with a range of organisations including the wider HSCP, Council colleagues; public sector agencies; third sector

organisations and local communities.

4. Making it happen

4.1 Policy drivers

Since our last report a lot of changes have happened, both the Public Bodies (Joint Working) (Scotland) Act, 2014 and the Community Empowerment (Scotland) Act, 2015 have come into statute. These have helped us refocus our approach to reflect important changes in social policy direction.

The Community Empowerment (Scotland) Act, 2015 is designed to strengthen and nurture community participation and encourage enterprising community development from the grass-roots level. As a Health Improvement and Inequalities Team we support asset based approaches, that is, we use skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits. In addition we promote co-production within the communities of Inverclyde by working jointly with them in a shared approach. This is carried out with service users and their families, groups, communities, neighbourhoods and partners to achieve change, better outcomes and improvement of health and lives for our population. In co-production, all partners are equal, and agreement is reached by mutual consent. The Act gives weight to this approach and in the planning and delivery of the Health Improvement and Inequalities Team's work.

In summary, new ways of working; a focus on inequality; a demonstrable shift to preventative approaches; and community empowerment are all prominent features of the language of public services and Government in Scotland, seeking innovative and effective ways to respond to increasingly constrained resources and growing demands and expectations. All of these offer opportunities for improving population health, and also require a more equally healthy population for their delivery.

4.2 Integration Legislation

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

The nine National Health and Wellbeing Outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for

longer.

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

4.3 Inverclyde Local Strategic Plan

The Inverclyde Strategic Plan 2016 -19 has been developed by the HSCP's Strategic Planning Group, including representatives of local people, users of services and carers, third and independent sector partners and acute services. The Strategic Plan will deliver against the five commissioning themes:

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

Going forward, Inverclyde Health Improvement and Inequalities Team's workplans and priorities will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes.

5. Health Improvement and Inequalities Team

5.1 Partnership approach

The Health Improvement and Inequalities team is a Public Health resource that is formally devolved to Inverclyde HSCP through the HSCP Integration Scheme. The position of Health Improvement in the HSCP allows a high level of engagement with other partners including education and other council

services, and the voluntary sector. The recent formal move to full integration brings about further opportunities to engage with and influence the wider partnerships. The team is engaged in Community Planning structures and involved in delivering on the Single Outcome Agreement. A significant component of improving public health, and therefore the Health Improvement and Inequalities Team's role is 'influencing' policy makers and service providers. This is crucial in order to ensure we facilitate and influence the aspects of preventative interventions, resulting in the reduction of future pressures in such areas as primary and secondary healthcare. Whilst influencing is largely unquantifiable, this aspect of the public health role is widely established at this local level and the length of time and commitment already invested in the development of these relationships is a core strength of current arrangements.

5.2 Our Structure

In response to the increasing cost efficiency demands and to ensure a team structure that is fit for purpose for the future, a review of the Health Improvement Team was carried out in 2014. In developing the new structure, a matrix management approach was required for cross portfolio working, (see appendix 1 for overall team structure).

Any changes to areas of work were supported by appropriate training and development. At the time of redesign current work plans and future priority areas of work were considered. It was agreed that the way forward was to move away from smaller teams to one Health Improvement and Inequalities Team and within that sub-divided into three portfolios, see figure 2. A Health Improvement Lead was assigned to each portfolio, Health Improvement and Inequalities staff can work within a single portfolio or across all.

Figure 2: Health Improvement Team Portfolios

Portfolio 1	**Portfolio 2**	**Portfolio 3**
Community Assets & Engagement Financial Inclusion Employability Obesity including Physical Activity & Nutrition Vulnerable groups Addictions Homelessness Offenders Equalities (across entire team)	Tobacco Anticipatory Care Supported Self Care Primary Care/Acute Long Term Conditions Cancers Carers Dementia Older people Communications/Health & Safety (across entire team)	Parenting Children & Maternal Health Early Years Collaborative Education & Life-Long Learning Mental Well-Being Sexual Health Oral Health Learning & Workforce Development (across entire team)

5.3 Key Skills and Competencies

In order to support the overall aim, each member of the team works to the professional standards detailed in the Public Health Skills and Knowledge Framework (PHSKF), along with the governing principles of

‘The Health Care Support Workers (HCSWs): A Guide to HCSW Education and Role Development’ and ‘The Code of Conduct for Healthcare Support Workers’. With particular regard to the PHSKF, this has been developed to focus on the core aspects of:

- Surveillance and assessment of the population's health and wellbeing;
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services;
- Policy and strategy development and implementation;
- Strategic leadership and collaborative working for health;
- Health Improvement.

Each member of the team has specialist knowledge and expertise in a variety of topic-based interventions, and utilises this to ensure health improving activities and programmes are evidence-based, relevant and reflect the health needs of the population of Inverclyde. In addition, the key skills are regularly reviewed as part of the NHS Knowledge and Skills Framework (KSF), which supports team members Personal Development Planning and Review (PDP&R). These measures ensure that staff are keeping up with the latest knowledge and evidence, and are continually developing and improving their own approaches, resulting in members of the team being more than equipped to undertake their roles and remit. In addition, significant efforts and investment has been made with the team, especially to support the redesign process.

5.4 Health Improvement Team Learning and Development

To support the team to undertake their roles, ongoing learning and development is crucial. In addition to what is identified by each staff member via the current E-KSF/PDP processes, the team has been provided with the following opportunities:

- Policy and strategy development and implementation;
- Planning work deliverables as a whole team;
- Dedicated practitioner time in terms of peer support and to review cross-working components;
- A team approach through the Myers Briggs Type Indicator processes;
- Consulting and responding to how the Health Improvement Team sessions are delivered;
- Team development sessions dedicated to improving knowledge of skills and competencies, in line with UK Public Health Skills and Career Framework and the UK Public Health Register;
- A team approach to development sessions and engaging with different ways of working in the elements of asset mapping and co-production, mental health awareness, hate crime and developing specific pieces of work with other local agencies.

5.5 Health Improvement and Inequalities Team achievements

Since the last report in 2013, there have been a number of achievements within the Health Improvement and Inequalities Team, either directly or in supporting our partners. This includes academic achievements, representing the HSCP at national conferences and local awards.

Academic achievements

Brian Young has successfully completed MSc in Public Health, Alison King is working towards an MSc in Public Health, Carol Boag successfully completed the requirements to be assigned to the UK Public Health Register and Shona McGougan is working towards an Open University Degree in Working Together for Children.

Representing the HSCP at national conferences

The Health Improvement and Inequalities team has presented at the ASH Scotland Conference, Scottish Smoking Cessation Conference, the Alliance Scotland and information provision at the Community Food and Health Conference. We also presented to the Scottish Government's Cross Party on Tobacco.

Local awards

Maureen O'Neill Craig and the Healthy Working Lives Task Group supported Inverclyde HSCP in maintaining their Healthy Working Lives Gold award. This is valid for the next three years.

6. Portfolios

The following provides further information about the Health Improvement team's areas of work and key achievements over the last year.

6.1 Portfolio One

Community Assets & Engagement

A key objective for Health Improvement is to support local communities in building assets that contribute to their health and wellbeing. Meaningful social change will only occur when people and communities have the opportunities and facility to control and manage their own futures. In community development terms, assets based approaches recognise and build on a combination of the human, social and physical capital that exists within local communities. Community development interventions are based on the fundamental principle of equality. There are two main areas of work that have continued over the last year. They are the Health Improvement Fund (HIF) and Youth Engagement.

Firstly, the HIF, which is a fund that is available to community groups and organisations in Inverclyde for amounts up to £1,000.The purpose of the fund is to support local community groups and organisations to take forward their innovative ideas and activities that will improve and increase skills and knowledge, develop the ability to making more informed choices to living a healthier lifestyle, and build community capacity and sustainability of lifestyle changes within the local community, supported by the Health Improvement Team.

The Fund is financed by the Health Improvement Team within the Health and Social Care Partnership (HSCP) in partnership with the Community Voluntary Service (CVS). On completion applicants are asked to evaluate their project. At the end of every quarter the Health Improvement Practitioner provides an end of month report to analyse trends in applications and number of applications within each quarter over a financial year.

The health and wellbeing of young people is a priority area for the HSCP. Young people repeatedly tell us that they don't want to have to negotiate complex systems to access services – they need services that understand what it is like to be young, services which can either give them help directly, or to refer them to a service that can.

As a result of wanting to engage with young people around their health a survey was planned and implemented. The purpose of the survey was to learn from service user feedback, and to improve access and quality of services provided for Young People within Inverclyde. The survey was carried out in two parts over a period of twelve months. The first survey was carried out between June-August 2014 and captured responses from 92 young people. A full analysis and report was completed in November 2014, highlighting the key findings from the survey at that time.

This second survey took place over a period of 3 weeks in March 2015 and captured responses from a further 324 young people which included young people from 9 High schools across Inverclyde, and also West Scotland College. The researcher was able to access this large sample group as a spinoff of ongoing work being conducted by a joint initiative project known as 'Wasted Project' which involves a collaboration of various stakeholder organisations. The findings of the report are being disseminated to the participants and relevant agencies.

Financial Inclusion

The Health Improvement and Inequalities Team supports work that targets those most at risk of financial hardship and ensuring the health and living circumstances of people living in Inverclyde is improved. The team recognise the importance of addressing food poverty and facilitate appropriate learning to support poverty action work and work with existing programmes and projects within the remit of the financial

inclusion strategy to ensure they are focused and timely. The Health Improvement Lead is a member of the NHS Greater Glasgow & Clyde Board group and the Inverclyde Financial Inclusion Partnership groups, which provide strategic direction.

Healthier Wealthier Children (HWC) was a project that aimed to help families at risk of poverty. The project worked closely with antenatal and community child health, early years education and other community based services working with families at risk of poverty. It aimed to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child. Following the cessation of funding there was agreement for Inverclyde Advice First to provide income maximisation services and collate numbers of people benefiting and report on the financial gains received. Quarterly reports capture the number of people given support and the financial gain that has been made.

Employability

Unemployment is associated with a higher risk of death and increased mental health issues. Job insecurity is also damaging to health. For most people being in work is good for their long term health, therefore it is important to work with employers to encourage them to understand the importance of fair employment and good work for all in order to reduce health inequalities.

The team works in partnership to ensure people are better prepared for employment by improving access to employability services. We provide effective health information to employers through Healthy Working Lives. In addition, we support the provision of service development training for frontline services on employability as well as supporting Modern Apprenticeships to gain experience in health improvement skills within the team.

NHS Greater Glasgow and Clyde's Healthy Working Lives team restructured and are now called the Employment and Health Team. As a result of this Inverclyde has a Health Improvement Senior to support this agenda two days per week starting from October 2015. This post will look to follow up on some of the good work that had previously been started with the post at the Employability Trust. Work has already begun to continue to embed an employability pathway within HSCP services. In addition to this, to further support staff on employability and vocational rehabilitation, a training/information pack and e-modules have been developed.

Working in partnership is crucial to making progress. A presentation to the Employability Practitioners Forum took place in December 2015 that looked at "What makes a good employer". In addition to the above the role supported the Health Improvement Lead to increase awareness of health as an

underpinning factor in employability.

Obesity - Physical Activity

Inverclyde has an Active Living Strategy which takes a partnership approach to achieving the vision of Inverclyde having the most active population in Scotland by 2022. It is a partnership approach to reducing the inactivity levels of Inverclyde residents who are not physically active. The Active Living Strategy group is chaired by the Health Improvement Lead, and this group feeds into The Single Outcome Agreement through the Environment and Physical Activity Group. Health Improvement is just one of the strategic leads tasked with contributing to the overall outcomes. One of the key programmes is:

ACES: A healthy eating and activity club for children and young people aged between 5 - 15 years old to attend with parents or carers. It is fully funded so free of charge to the public and runs over a 12 week period; it takes place in various local leisure and community venues.
The Programme consists of: Increasing knowledge and skills in The Balance of Good Health, which explores what a healthy plate looks like (The Eatwell Plate). It also looks at how to record what you eat in a food diary, how to increase levels of physical activity to improve health, and build confidence and self-esteem. Participants can enjoy hands on cooking sessions, with the added benefit of losing weight and a discounted pass to Inverclyde Leisure facilities. It is overseen by the Health Improvement and Inequalities Team and is delivered by an Inverclyde Leisure Lifestyle Coach.

Obesity – Nutrition

Across the UK a significant rise in people being overweight or obese has been in evidence for a number of years. Obesity in turn correlates closely with the key index of most health inequalities, namely socio-economic status. In short, people who have lower incomes and reduced life opportunities are more likely to experience poor nutrition and long-term conditions associated with obesity, such as coronary heart disease, stroke or type 2 diabetes.

In Inverclyde there is an understanding across the partners of the importance of tackling this issue. The Positive Inverclyde Nutrition Group (PING) brings together key partners to look at implementing change. This is chaired by the Health Improvement Lead. As one of the partners, health improvement leads on a number of programmes. There is a brief overview of each below.

Eat Better/Feel Better

Eat Better Feel Better is a National Campaign that was launched in Inverclyde early in 2015 to inspire and support families to make healthy changes to how they, shop, cook and eat, with the aim of improving their health. The Council's Community Learning and Development Team (CLD) has continued to work in partnership with us to deliver community programmes throughout Inverclyde http://www.eatbetterfeelbetter.co.uk/. Let's Get Cooking was the name of the programme prior to

rebranding. This was delivered with our CLD partners and others, delivering to local people within community venues across Inverclyde. Through Let's Get Cooking we were able to raise awareness on how to cook healthy meals on a budget through 6 weekly practical sessions. The courses were free for all participants and each week they went home with a meal for the family to eat. We have also worked in partnership with The HSCP Learning Disability Team and one of the community chefs to deliver community cooking groups to adults with learning disabilities at the Fitzgerald Centre.

The courses were delivered in lots of community venues across Inverclyde. CLD also offered participants the option of completing a REHIS, (Royal Environmental Health Institute for Scotland), course and Love Food Hate Waste. Some of the comments from participants were...

> "*Learning new things from scratch. As I always used food from packets, tins and jars and a lot of frozen meals. I shall hopefully get my boys involved in making meals".*
>
> *"The course has helped me to understand portion control".*

Waist Winners

This is an eight week weight management programme, delivered in a variety of venues across Greenock and Port Glasgow. The HSCP Health Improvement and Inequalities Team works in partnership with Inverclyde Leisure, Your Voice and The Trust to deliver these groups.

Weigh in @Work

The Weigh in @Work is a free resource that Inverclyde HSCP and wider Council staff can use to help achieve and maintain a healthy weight.

Breastfeeding

The HSCP wants to encourage more women to breast feed their baby and to create an environment that will support women to continue breastfeeding.

Training has been delivered that will encourage nurseries to be breastfeeding friendly as well as Breastfeeding Welcome training for workplaces. In addition, Health Improvement has provided a breastfeeding information pack for schools. Nurseries have received breastfeeding friendly books and jigsaws appropriate to age and stage of their children but there is always a benefit to ensuring that these are being utilised as part of the children's learning and that subliminal messaging is restricted in keeping with the Breast Feeding Friendly National Standards.

The Health Improvement and Inequalities Team took part in a Breastfeeding event within Funworld Leisure in June 2015. This was the second event in partnership with the Breastfeeding Network Inverclyde and forms part of National Breastfeeding Week campaign.

The board-wide public acceptability group has been researching and developing a new managers' guide called "Breastfeeding Guidance for NHS Managers". This resource is in its final draft and the aim to be published soon

There were two Breastfeeding Staff Attitudinal Survey's completed by Inverclyde Council and Inverclyde NHS staff. These surveys will inform future activities with staff.

Vulnerable groups - Addictions, Homelessness and Offenders

The Health Improvement and Inequalities Team works with others in the HSCP to ensure that all staff have a greater awareness of the needs of groups with protected characteristics and services are improved accordingly. These groups include, for example, people who are experiencing: homelessness; have a learning disability; who are lesbian, gay, bi-sexual or transgender; and those who have a caring role as well as offenders. The role is mainly strategic, linking with the NHS Board and local forums in relation to these vulnerable groups.

Addictions

The Health Improvement and Inequalities Team is a member of the Inverclyde Licensing Forum. We contribute to the delivery of Alcohol Brief Intervention training and deliver Tier 1 and Tier 2 alcohol awareness training. In addition, we are one of the partners of the Alcohol and Drug Partnership.

Homelessness

The Health Improvement and Inequalities Team takes part in the Health and Homelessness Action Group (HHAG). Health Improvement has funded relevant small projects to help people experiencing homelessness link in better with health services. For example the Inverclyde Homeless Forum received some funding to do some pilot work to allow a range of organisations to engage with the group on a weekly basis.

Offenders

The Health Improvement Lead attends NHS Greater Glasgow and Clyde's Prison and Health Improvement Strategic Group and the Inverclyde Women Offenders Group. Links have been made with the Health Improvement Lead for Prisons to look at linking those people nearing release with meaningful activity in their local communities.

Equalities

The Health Improvement and Inequalities Team is an active partner within the HSCP in promoting equalities and meeting legislative requirements. Laws are now in place which are designed to protect people from unfair discrimination due to their personal characteristics. Referred to as 'protected characteristics', these include:

- age
- disability
- gender reassignment
- marriage & civil partnership
- pregnancy & maternity
- sex
- race
- religion & belief
- sexual orientation

This means, for example, making sure that services are working well for everyone and that people are getting information in a way they can understand.

Inverclyde Community Health Care Partnership became Inverclyde Health and Social Care Partnership on 1st April 2016. Its governing body, the Integration Joint Board, is required to produce a report for the Equality and Human Rights Commission to detail how the HSCP will mainstream the equality duty and develop a set of equality outcomes by 30th April 2016. .

Portfolio One Key Achievements

Community Assets and Engagement

- HIF received a total of 17 applications and funded a total of 13 at a total cost of £11,447.70. The main trend in the final quarter was Improving Mental Wellbeing and Active Living.
- A Youth Health Survey was completed in October 2015. A total of 416 young people took part.

Financial Inclusion

- Inverclyde Advice First Team has worked with more than 100 individuals who have been provided with information, advice and assistance on benefits and other money matters in 2015 that would have been eligible under the Healthier Wealthier Children Project.

Employability

- The distribution of the Quarterly Health e-Bulletin for Employers: the distribution currently sits at approximately 300+ but this is expected to increase to between 400-450 copies.

Physical Activity and Nutrition

- ACES delivered 3 programmes between January and December 2015. The total number of people participating was 18. One of the programmes was delivered for those young people that had additional support needs.
- Eat Better, Feel Better - 5 community chefs were trained and are now able to deliver Eat Better, Feel Better groups in Inverclyde.
- CLD delivered the Eat Better Feel Better programme - they had a target of delivering 16 courses to an

audience of 160 people. They delivered 20 courses and trained over 200 local people to cook healthy meals on a budget.

- Inverclyde has been successful in delivering a total of 7 Waist Winner groups with an overall engagement of 54 people; the total weight loss has been 22 stones and 11 pounds.
- A weigh in option for those participants who want to stay motivated and continue losing weight is offered; this has been well received with a total of 7 regular attendees on a weekly basis at all venues. New groups commenced in January 2016.

Healthy Working Lives

- There were 8 members of staff attending a weigh in option Greenock Health Centre (GHC). This number can vary according to staff motivation to lose or maintain their weight. A further 3 sessions across the HSCP will be running in 2016.
- A jointly planned Public Health Event took place, as part of the Healthy Working Lives with Inverclyde Council, on the 8th October 2015.

Equalities

- The Health Improvement and Inequalities Team have taken part in a Hate Crime Awareness session delivered by the HI Lead who has the overall lead remit for Equalities within the team.

6.2 Portfolio Two

Tobacco Control

Addressing tobacco issues is a public health priority for Inverclyde. Smoking continues to be a leading cause of preventable ill health and premature death. Smoking prevalence is highest within Inverclyde's most deprived communities and contributes towards inequalities in health and healthy life expectancy.

A Tobacco Control Strategy for Inverclyde, in partnership with our Inverclyde Alliance partners, was ratified in January 2016. Inverclyde's Tobacco Strategy will support the Scottish Government's National 5 year Strategy, (Creating a Tobacco Free Generation; A Tobacco Control Strategy for Scotland). The overarching aim is to create a tobacco-free generation by 2034, defined as a smoking prevalence of 5% or less. The Inverclyde Tobacco Strategy and action plan are agreed under the following high level themes:

- Prevention: creating an environment where young people choose not to smoke.
- Protection: protecting people from the harmful effects of secondhand smoke.
- Cessation: providing help for those who want to stop smoking.

Only by addressing these high level themes at a local level and in partnership can we have a meaningful

impact in reducing tobacco related harm within the Inverclyde area. This will be progressed through the local Tobacco Implementation Group.

There has been considerable progress in addressing tobacco use within Inverclyde. Smoking prevalence has reduced by 11% over the last six years; fewer young people have tried smoking; there has been a reduction in adult exposure to secondhand smoke; smoking in pregnancy (at antenatal booking) has reduced by 3% and maternal smoking prevalence (10 days post natal) has reduced by 2.8% over the last two years.

Smoking is a leading cause of inequalities in health, therefore we need to meet the requirements of the inequalities focused *Local Delivery Plan Standard: NHS Scotland,* to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived areas.

Inverclyde Health Improvement and Inequalities Team has delivered services and programmes to address all high level themes. This includes prevention activities within Inverclyde schools and other youth organisations; stop smoking services within various locations across Inverclyde, and activities that aim to reduce exposure to secondhand smoke.

Long Term Conditions and Supported Self Care

There are increasing numbers of people in Inverclyde with a single or multiple long term conditions (LTCs). We want to put systems in place to prevent LTCs from developing, early intervention if they do develop and to support people to self manage their LTCs. We also want to ensure the wider social determinants of health are included. For example, education, money advice, social activities and connections to support services. Currently partnership working is underway to implement a Supported Self Care (SSC) Framework within Inverclyde.

The Health Improvement and Inequalities Team, along with the SSC Network partners and local people, developed a Chronic Obstructive Pulmonary Disease (COPD) Self Care booklet for people living with COPD. A small evaluation of the pack was carried out, and information from this will assist in future pack development, e.g. for diabetes. Feedback included ...

‘Very simple to understand and informative”

“Didn’t realise until read booklet that Pulmonary Rehab is good to improve breathing techniques”

“No fancy words”

“My wife now understands my condition”

“Answered all the questions I didn’t have time to ask my practice nurse”

Primary Care and Acute Care

The Team has worked to support local connections between acute health and primary care services and to ensure pathways to Health Improvement Services are in place. Examples include stop smoking services, support for carers, management of long term conditions and support to self manage long term conditions. Connections have been made with Chronic Obstructive Pulmonary Disease (COPD) services, Pulmonary Rehabilitation and Diabetes services.

Cancers

The Health Improvement and Inequalities Team support and deliver local cancer health improvement activities. This supports the National Detect Cancer Early Programme. The aim of this is to increase the proportion of people who are diagnosed and treated in the early stages of cancer. This is achieved through national and local campaigns, focused activity at GP practices and community engagement activity. There are screening targets in place (60% to undertake bowel, 70% breast and 80% for cervical screening). A local Cancer Health Improvement Group was established and a short life working group has been established to implement local activities to increase uptake of breast screening in 2016.

Carers

Inverclyde Carers Strategy was developed by Inverclyde CHCP (now HSCP) to acknowledge the important role played by carers in providing unpaid care in our community for loved ones, friends and relatives. It promotes the need to recognise carers, as equal partners, in the delivery and planning of care. It contains the key messages identified by carers, as being important in assisting them to carry on with their caring role, whilst maintaining a life of their own.

The Health Improvement and Inequalities Team supports the implementation of the Inverclyde Carer's Strategy and works closely with the Inverclyde Carers Centre. We support the health improvement needs of carers within Inverclyde by providing training and information for Carer's Centre staff and carers. We also increase awareness with staff across Inverclyde of the support needs of carers, increase awareness of the Carers self-assessment and the support carers can receive from the Inverclyde Carers Centre.

Dementia

A Dementia Strategy, Action Plan and Working Group for Inverclyde have been developed. The overarching aims of the strategy are to ensure:

- a Dementia Friendly Community that supports people with dementia;
- that services are developed which have direct relevance to people with dementia;
- and services and staff working with people with dementia ensure a good quality of life for people with dementia, their families and carers.

The Health Improvement and Inequalities Team has supported the implementation of the Inverclyde Dementia Strategy and contributes towards the Dementia Strategy Working Group. We want to ensure the health improvement needs of people with Dementia and their carers are supported. We have also

assisted in delivering the Dementia Informed Practice to HSCP staff within Inverclyde.

Portfolio Two Key Achievements

Tobacco Control

Prevention activities: creating an environment where young people choose not to smoke

- Trade Winds: Learning About Tobacco programme is targeted at Primary 5 - 7 pupils (Level 2, Curriculum for Excellence) and is designed to enable children to extend their learning beyond the health impact of tobacco to a consideration of broader tobacco issues. The Health Improvement Team delivered CPD sessions to 12 primary schools teachers. This equips the teachers to deliver the sessions.
- Working in partnership with West College Scotland, we delivered weekly awareness raising sessions and 34 people have received smoking cessation support.
- We delivered 13 smoking prevention and education sessions in I Youth Zone Port Glasgow and Greenock.

Protection activities: protecting people from the harmful effects of secondhand smoke

- Three NHS GGC Smokefree Policy information sessions has been delivered to 70 staff within Inverclyde, e.g. within health centres, mental health and addition services.
- 3 secondhand smoke information sessions delivered in Barnardo's to 10 families.
- Two families have participated in a new intervention using a Dylos machine. The machine will measure fine particulates in the home where smoking occurs. By measuring fine particulates and providing feedback to the family, it is anticipated that this will result in families stopping smoking within their home. Further roll out is planned in 2016.
- Six people participated in a 'Welly Walk.' In partnership with Clyde Muirshield, this activity promoted fresh air and exercise in a smokefree environment. Those who participated really enjoyed the walk and got a lot out of it.
- 17 primary schools participated in the Name the Teddy Competition. The competition aimed to increase awareness of the effects of secondhand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects.

Cessation: providing help for those who want to stop smoking

- We are on target to achieve Inverclyde's Local Delivery Plan target, in the number of people from the 40% most deprived, who have stopped smoking for 12 weeks.
- We deliver specialist smoking cessation services by trained smoking cessation practitioners within various community venues across Inverclyde. In 2015 we had 224 referrals, 125 set a quit date, 97

quit 4 weeks after their quit date (75% quit rate), and 74 quit 12 weeks (59% quit rate).

- Further focussed work was carried out with the Salvation Army, Addiction Services, Family Centres and Community Centres. In 2015, 4 people have engaged from the Rainbow nursery, 9 from the Bluebird nursery and 6 have engaged from the Salvation Army Lunch Club.
- 54 patients set a quit date while in Inverclyde Royal Hospital.
- Close connections with workplaces across Inverclyde, and the HSCP and wider Council to offer staff support to stop smoking. 30 HSCP staff have engaged with Smokefree Services.
- Communication and promotion of Smokefree Services through local Inverclyde newsletters, through housing associations, education and local media channels.
- We delivered community engagement activities, including No Smoking day in shopping centres, supermarkets, Family Centres, bingo hall and West College Scotland. We also promoted our services at HSCP staff engagement events.

Long Term Conditions (LTCs) and Supported Self Care (SSC)

- Health Improvement staff have continued to work alongside Inverclyde GP practices in implementing the Anticipatory Care Toolkit self-assessment.
- We obtained the views of 101 people about their experiences of their LTCs review at their GP practice. This was requested by the GP practice and supported by the Inverclyde SSC Network. A research report was produced and learning from this has been disseminated to assist in service improvement.
- Inverclyde SSC Network is now established with over 30 members. Plans are underway to agree and implement a SSC Delivery Plan for Inverclyde.
- 20 Workshops for 5 LTCs have been delivered to carers
- Over 1,000 COPD Self Care packs have been distributed to GP practices and other professions who support people with COPD.
- Connections have been made with COPD services, pulmonary rehabilitation and diabetes services.

Dementia

The Health Improvement and Inequalities Team supported the roll out of Dementia Informed Practice Training and co-delivered three Dementia Informed Practice Training sessions to over 50 people.

Carers

We work in partnership with Inverclyde Carers Centre to deliver long term condition workshops for carers by facilitating access to condition management specialists and services. 20 Workshops for 5 LTCs have been delivered to carers.

6.3 Portfolio Three

Parenting

The Inverclyde Alliance Parenting and Family Support Strategy has the overall aim of ensuring that all our children and young people have the best start in life, recognising that parents and carers are the most influential people in a child's life. It also reflects the importance of providing services for parents to ensure that they can successfully support their child's journey from early years to adulthood.

The Health Improvement and Inequalities Team provided strategic planning support to Children and Families colleagues in the writing of the local Parenting Strategy and also undertaking a number of requests for literature reviews, to inform planning and delivery.

Children & Maternal Health

Children & Maternal Health is an overarching term used to cover mainly the health improvement components of the Early Years Collaborative; weaning fayres and child safety and unintended injury.

There is strategic input provided by the Health Improvement and Inequalities Team, principally to support this agenda. This has focussed on supporting the local implementation of the Early Years Collaborative, the perinatal mental health agenda and facilitating workshops to bring together midwifery, health visiting and health improvement staff. The latter was to hold a series of development sessions on the common agendas of the National Practice Model, Smoking in Pregnancy and Perinatal Mental Health. Over the two sessions, 42 delegates attended and the conclusion from this was that information sharing and networking sessions should be organised on a regular basis, to support joint working and collaboratively working towards better outcomes for clients.

In addition to the above, members of the Health Improvement and Inequalities Team attend the Early Years Collaborative Implementation group and National Learning Sessions and conduct small tests of change within existing and new health improvement programmes as appropriate.

In this work stream, the Health Improvement and Inequalities Team has responsibility for the co-ordination of the monthly multi-agency weaning fayres, including delivery of oral health information sessions.

The Health Improvement and Inequalities Team has an established role in supporting health visiting colleagues in the distribution and awareness raising of preventative child injury materials and resources.

Education & Life-Long Learning

The Health Improvement and Inequalities Team undertakes a crucial role in supporting Education and

Community Learning & Development colleagues in the delivery of programmes aligned to the education and life-long learning agenda. This is both at strategic and operational levels.

Team members regularly attend the Health and Wellbeing Steering group and Health and Wellbeing Co-ordinators group (chaired by Education) to provide relevant information on health improvement programmes and Continuous Professional Development (CPD) training for staff.

The Health Improvement Senior attends the Youth Work sub group chaired by Community Learning and Development, as Health Improvement and Inequalities Team representative, and co-ordinates Health Improvement input to Youth Work programmes and events.

The main focus for Health and Wellbeing has been the actions arising from the #Clyde Conversations conference, many of which were voiced by young people. A number of CPD training sessions have subsequently been arranged for staff groups in various Secondary Schools (see also Mental Health Improvement section).

There was also an input to the 'Wasted' (Alcohol and Risk Taking Behaviours) programme for all S2 pupils. The input content covered the links between alcohol and mental health.

Mental Wellbeing

A number of staff have been involved in delivering Mental Health Awareness sessions to community groups and CPD training to education staff. The sessions encourage individuals to consider what mental health and wellbeing means to them, how they can achieve and maintain a good level of mental wellbeing, and where to find support for themselves and others.

The Mental Health Awareness CPD training has been revised and updated, to allow flexibility of 2 hour CPD sessions and shorter taster sessions for community groups. Sessions have been delivered to parents group and staff at The Beacon Arts Centre in Greenock.

The Health Improvement and Inequalities Team takes the lead responsibility for the Inverclyde Mental Health Awareness Planning Group and the local delivery of the Scottish Mental Health Arts & Film Festival.

In addition, workshops are delivered on a regular basis for suicide prevention and self-harm awareness skills training. Since commencement of these programmes in 2004, over 2,000 people have been trained. This is a significant achievement, particularly in the areas of capacity building and up-skilling.

Sexual Health

It is evident that sexual and reproductive health and wellbeing are essential if people are to have responsible, safe, and satisfying sexual lives. Moreover, sexual health requires a positive approach to human sexuality and an understanding of the complex factors that shape human sexual behaviour. These factors affect whether the expression of sexuality leads to sexual health and well-being or to sexual behaviours that put people at risk or make them vulnerable to sexual and reproductive ill-health.

Sexual Health deliverables are achieved via a number of programmes. The work is overseen by the local Sexual Health Local Implementation group. Work in schools involves delivery of sexual health education sessions to young people and is coordinated through the Sexual Health and Relationships Education group (SHRE). Sessions are also delivered to young people in further education and community settings. In addition, some work has been on-going with early years' staff around work with parents to encourage early communication between parents and children around the topic of relationships in the broadest sense.

Sexual health sessions (sexually transmitted infections and contraception), have been delivered to all S3 pupils in non-denominational secondary schools and to students in West College Scotland. This was requested by Waterfront Campus as part fulfilment of their Prevention of Infection unit. A further session was delivered at Greenock Campus as part of a programme for young people not regularly at school. Sessions have been delivered to young people in community settings such as Barnardo's, Street League and Action for Children.

Glenbrae Nursery staff have participated in CPD training to encourage parents to make use of the 'Happy 2 Chat' book collection at the parents' drop-in, supported by the Family Support Worker and Health Improvement staff. Feedback from staff and parent representative was very positive. The project will progress at a rate which is comfortable for parents. Another nursery is waiting to start the programme. This work links with the Early Years Collaborative.

Oral Health

The World Health Organisation suggests that oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Risk factors for oral diseases include unhealthy diet, tobacco use, harmful alcohol use, and poor oral hygiene. The supporting and sustaining of good oral health is a key priority for the HSCP.

The Health Improvement and Inequalities Team co-ordinates and delivers the Childsmile National Toothbrushing Programme in all local pre-5 education establishments. This includes staff training; resource ordering; and monitoring and delivery of oral health education sessions for parents, children and

staff. We also provide support for the Oral Health Directorate with the fluoride varnishing consent process. Oral Health Training is delivered to Childcare students at West College Scotland and for Early Years staff.

During the reporting period, team members contributed to a multi-agency input to a Market Place stall at the Community Food and Health (Scotland) national conference including staff from Speech and Language Therapy, Health Improvement, Child and Family Team, Dietetics and Red Cross.

Portfolio Three Key Achievements

Children & Maternal Health

- 11 weaning fayres sessions have been held, 194 adults and 149 babies attended and 52 weaning packs were sold.
- Two development sessions have been arranged and 42 nursing and midwifery staff have attended.
- All 31 local nurseries were supplied with resources and information on the 'First Aid for Burns and Scalds Campaign' and the safe use, by everyone, of liquid laundry and dishwasher capsules.

Education & Life-Long Learning

- Health improvement input to the 'Wasted' programme for all S2 pupils over 6 days by 3 members of staff during March 2015.

Mental Well-Being

- Mental Health Awareness delivered to S5 and S6 pupils at St Stephen's High School; at St Columba's High School; 37 Cluster Support staff at Inverclyde Academy, parents groups and Barnardo's parent group.
- Self Harm Training for staff and awareness sessions for S5 and S6 pupils at St Stephen's High School.
- 51 staff attended Mental Health Awareness CPD training at St Columba's High School.
- 283 people attended 16 Scottish Mental Health Arts & Film Festival events.
- 216 people attended 9 suicide prevention and self-harm awareness skills training workshops.

Sexual health

- 36 school sessions delivered in partnership with CLD staff.
- 2 college sessions delivered to over 40 students.
- 4 community sessions delivered.
- 1 half day Sexual Health Work with Parents CPD training session for staff at Glenbrae Nursery.
- Input to 1 Parents' Evening on this topic and other health improvement topics at Glenbrae Nursery.

Oral health

- Delivery of Oral Health training to 59 HNC/NC Childcare Students at West College Scotland.
- Delivery of Oral Health training to 16 early years' staff over 4 sessions.

- Delivery of the oral health and fluoride varnish programmes in all 29 local nurseries.

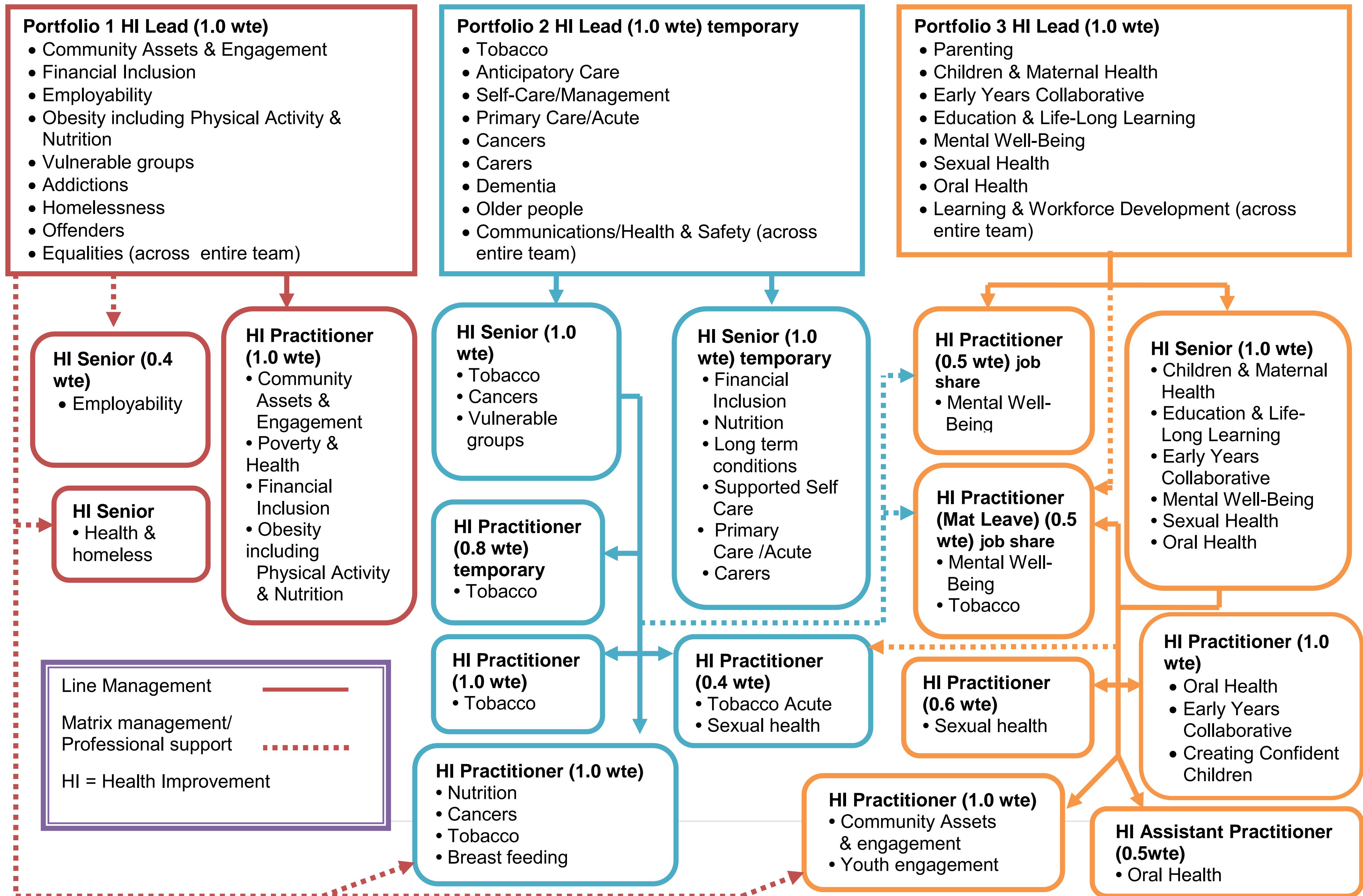
7. Conclusion

From 1st April 2016, the Integration Joint Board (IJB) has formal delegated responsibility from NHS Glasgow and Clyde and Inverclyde Council for the services and functions specified in the Health and Social Care Partnership (HSCP) Strategic Plan. The Strategic Plan 2016-19, which was developed with local partners, outlines the proposals for taking forward a more joined up approach to delivering Health and Social Care services in Inverclyde in partnership with other agencies and the people who use our services and their families.

Inverclyde Health Improvement and Inequalities team's future planning will need to take account of the changing climate and the challenges this may bring. We will require redesigning our team to move from three Health Improvement Leads to two. Our future priorities and workplans will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes. In addition, information and evidence from the Inverclyde Strategic needs assessment, community profiles, health and wellbeing survey and public health intelligence will assist in ensuring future priorities meet the needs of our community.

The team is committed to continuing the professional and essential work we do to support Inverclyde HSCP in its vision of Improving Lives.

Appendix 1: Health Improvement Structure January to October 2015



INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 May 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/26/2016/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement & Commissioning**	**Contact No: 01475 715285**
Subject:	**ADVICE SERVICES TEAM ANNUAL REPORT 2015**	

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board about the role and activities of the Inverclyde HSCP Advice Services Team.

2.0 SUMMARY

2.1 The Advice Services Team is an integral team within the Planning, Health Improvement and Commissioning Service area of Inverclyde Health and Social Care Partnership.

2.2 The Advice Services Team provides welfare benefits and money/debt information, advice and support and representation to many of Inverclyde's most vulnerable members of the community.

2.3 The team has supported many clients to successfully navigate the welfare benefit system and achieve the financial support they require.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the Annual Report for 2015/16 for the Advice Services Team, and comment to the Chief Officer as appropriate.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde HSCP Advice Services Team was established in 2013 following an amalgamation of the three teams that provided welfare benefits advice, money advice and welfare rights representation and appeals.

4.2 The vision of Inverclyde HSCP Advice Services is to provide an accessible and free, fit for purpose advice service at point of need for the people of Inverclyde. This vision is underpinned by the values of accessibility, accountability, confidentiality, effectiveness, impartiality, independence and quality. The services provided cover a range of interventions from advice and information through to debt advisory schemes and representation at appeal tribunals.

4.3 The Inverclyde Advice Services Team's workplans and priorities are aligned to the Inverclyde HSCP priorities and are all underpinned by the National Wellbeing Outcomes, the five HSCP strategic commissioning themes and local need identified within the HSCP Strategic Needs Assessment.

4.4 The team are supported by the recent development of an integrated case management system. The system mirrors the model of a single point of access and has allowed the Advice Services Team to refresh and revitalise the way in which it delivers the service and to help mitigate the impacts of the welfare reform agenda.

4.5 Key outcomes for April 2015 to March 2016:

- 10,945 Advice First telephone calls were handled with approximately 68% of calls resolved over the telephone;
- Information and Advice Workers confirmed financial gains of £901,790 for Inverclyde Residents;
- 698 Welfare Rights appeals scheduled;
- 74% of appeal cases with a final outcome decision were found in favour of the appellant;
- Confirmed financial gains of £1,216,160.86 achieved for Inverclyde Residents from successful appeals;
- 258 interventions carried out with clients requiring money/debt advice and £1,393,712 of multiple debt managed.

4.6 In addition, a range of specialist services for clients with addictions and homelessness issues, those with a cancer diagnosis and specialist support for children and families are all delivered by the Advice Services team.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications: One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 This service deals with vulnerable clients, the majority of which will be covered by protected characteristics including socio economic status. Therefore the service is likely to have a positive impact on these client groups.
Has an Equality Impact Assessment been carried out?

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

6.0 CONSULTATION

6.1 This report has been prepared by the Advice Services Team, Inverclyde Health and Social Care Partnership (HSCP)

7.0 BACKGROUND PAPERS

7.1 None.

INVERCLYDE
HSCP
Health and Social Care Partnership

Inverclyde Health and Social Care Partnership (HSCP)

Advice Services

Annual Report 2015

Foreword

It is with great pleasure that I present the 2015 Annual Report of the Inverclyde Health and Social Care Partnership (HSCP) – Advice Services Team. This 2015/16 report is the first of its kind produced by the HSCP Advice Services Team. This report outlines the services we deliver and our key achievements in supporting many of the vulnerable members of the Inverclyde community.

It has been a challenging but interesting year with changes in staffing; development of the triage advice line, underpinned with the introduction of a new caseload management system; funding constraints; welfare reforms and the move towards full integration across health and social care, however the team has continued to deliver a high quality, effective and professional approach to working towards the Inverclyde HSCP vision of Improving Lives.

I hope you enjoy reading this report and finding out more about the work of the Advice Services team.

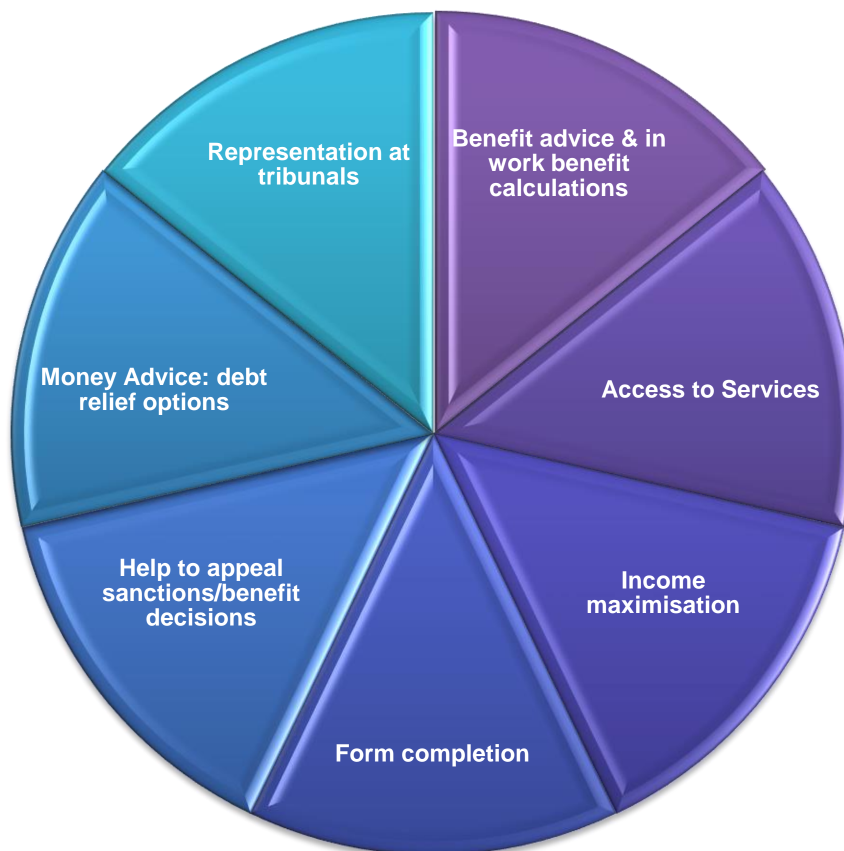
Brian Moore
Chief Officer
Inverclyde Health and Social Care Partnership April 2016

Introduction

Inverclyde HSCP Advice Services team was established in 2013 following an amalgamation of the three teams that provided welfare benefits advice; money advice and welfare rights representation and appeals.

The Advice Service is predicated on a rights-based approach that contributes to the alleviation of poverty and effects of debt in the Inverclyde community, making a positive difference to the lives of many. It is imperative for the well-being of vulnerable claimants and also for the wider Inverclyde economy to ensure that people receive the support they require during a period of change and uncertainty as a result of continuing austerity, devolution of aspects of the social security system and wider welfare reform. The provision of an effective advice service is directly relevant to the duty of the HSCP to provide social welfare and the wider efforts to improve health and well-being.

The vision of Inverclyde HSCP Advice Services is to provide an accessible and free, fit for purpose, advice service at point of need for the people of Inverclyde. This vision is underpinned by the values of accessibility, accountability, confidentiality, effectiveness, impartiality, independence and quality. The services provided cover a range of interventions from advice and information through to debt advisory schemes and representation at appeal tribunals.



Context

Integration Legislation
From 1st April 2016 Inverclyde became a fully integrated Health and Social Care Partnership laid down in statute by the integration legislation and its associated guidance. That guidance highlights that every HSCP must produce a Strategic Plan, outlining what services will be included, noting key objectives and how partnerships will deliver improvements. These improvements will be gauged on the nine national wellbeing outcomes, designed to help partnerships demonstrate the difference that joined up services make to the lives of the people who use those services.

The nine National Wellbeing Outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

7. People using health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively in the provision of health and social care services.

Inverclyde HSCP Strategic Plan
The Inverclyde Strategic Plan 2016 -19 has been developed by the HSCP's Strategic Planning Group, including representatives of local people, users of services and carers, third and independent sector partners and acute services. The Strategic Plan will deliver against the five commissioning themes:

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

Going forward, Inverclyde Advice Services work-plans and priorities will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes.

Impacts of Welfare Reforms

Inverclyde continues to rank in the top 5 of local authorities in Scotland with the highest levels of income deprivation, with 40% of Inverclyde's data zones in the 15% most deprived data zones in Scotland (SIMD, 2012).

The range of welfare reforms introduced over the last few years is significant. The increase in conditionality and sanction regimes; introduction of benefit cap and universal credit will all impact on the local community. However the introduction of, and migration to, Personal Independence Payments (PIP) is likely to be the biggest challenge presented by on-going welfare reform changes in 2016.

The latest update from Sheffield Hallam University, March 2016, highlights that the Inverclyde community is significantly affected by the latest welfare reform changes:

- Increase in non-dependent deductions: Inverclyde in UK 20 worst affected local authorities, 3rd highest in Scotland
- Introduction of PIP: Inverclyde in UK 20 worst affected local authorities, 3rd highest in Scotland
- Current ESA reforms: Inverclyde in UK 20 worst affected local authorities, 3rd highest in Scotland
- ESA new reforms: Inverclyde in UK 20 worst affected local authorities, 5th highest in Scotland

Fundamental Causes of Inequalities

The links between poverty and health are well documented and for many years now Inverclyde has been characterised by some notably unequal health and socio-economic outcomes. The causes of inequality are well-evidenced in terms of economic and work-related opportunities; levels of education; access to services and societal or cultural norms. Health inequalities are therefore inextricably linked to the unequal distribution of a range of opportunities.

In addressing inequalities and the challenges we have within Inverclyde, action is required at all three levels, fundamental, wider and individual level. Inverclyde's Single Outcome Agreement (SOA), delivered through the Inverclyde Alliance, aims to address these determinants, by improving quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

The Advice Services team have a clear role by improving the quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

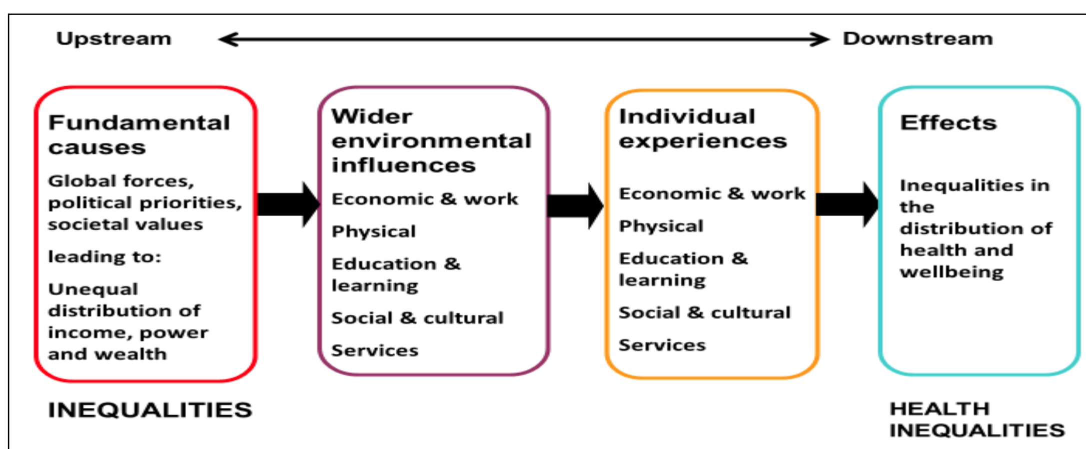


Figure 1 Health Inequalities: Theory of Causation (reproduced with permission from NHS Health Scotland: this info is © NHS Health Scotland).

The HSCP commitment to integration should in addition help translate into an operational reality one of the key policy drivers identified in 'The Impact of Welfare Reform – Tracking Study 3' produced for the Scottish Government. That report says:

"*There should be more joined-up practice between health, social care and welfare services. Health and social care professionals need not be experts, but should at least be aware of the kind of support that people might be entitled to, and referral mechanisms between health and social care, and advice services should be established.*"

This in turn compliments the findings of a Report from the Low Commission, 'The Role of Advice Services in Health Outcomes' published in the Summer of 2015. Although produced with a focus on the English legislative requirements of the Health and Social Care Act 2012 and the Care Act 2014, it nevertheless merits close consideration in terms of the Scottish Health and Social Care Integration agenda predicated on the Public Bodies (Joint Working) (Scotland) Act 2014.

"*Improving the financial, material and social circumstances of people presenting at primary care can underpin sustainable improvements in health relating to poverty and deprivation, providing a means by which primary care organisations can address the social, economic and environmental influences on the health of their population.*

Stronger partnership between advice services and health care partners has the potential to affect system change in order to challenge and change policies that are exacerbating health inequalities and creating demand for health provision."

Service Activity Analysis

The Service

Whilst Advice Services is one integrated service it provides three distinct areas of work:

- Advice and Information
- Welfare Representation
- Debt Support

All 3 teams are supported by the recent development of an integrated case management system. The system mirrors the model of a single point of access and has allowed Advice Services to refresh and revitalise the way in which we deliver the service and to help mitigate the impacts of the welfare reform agenda.

As well as supporting the provision of an efficient, quality service to users - the system ensures that our service keeps clear, concise records of advice given and actions taken, and we are able to generate data that will allow the monitoring of the types of work undertaken by advisers and the time taken on each case. The system provides an immediate view of current case numbers to ensure work is fully represented, that advisers work within their capacity, and reports fully on financial gain achieved by the service on behalf of clients. The system has time bound triggers to allow the service to follow up on the outcome of a benefit application or if a client has challenged an adverse decision, ensuring we are providing an efficient wraparound service.

Advice First Telephone Triage Service
The Advice First telephone line is the single point of access to Advice Services and the range of services that are predicated on Advice First. Many of the clients who are contacting the service often have multiple issues, many of which could be resolved over the telephone, thus either negating the need for an appointment or addressing some of the issues prior to attending an appointment. To ensure the service is as accessible as possible, there is a monitored email address where referrals are received from other agencies, clients and other HSCP services.

10,945 Advice First telephone calls were handled from April 2015 to March 2016

Approximately 68% of calls presented to Advice First were resolved over the telephone

Advice and Information Service
The single biggest role for Advice/Information Workers is related to assistance given in the completion of benefit applications. Given the complexity of the benefit system, claimants often fail to include all the necessary information required by the Department of Work and Pensions (DWP). Advice and Information workers are familiar with the claims and decision making process and are aware of what is relevant to an application. The nature of the support provided by Advice/Information workers to claimants has changed over the past couple of years, becoming more intensive with increasing numbers of claimants requiring enhanced levels of ongoing support over many months. The one-off advice intervention is being replaced with the need to remind claimants of the continuing obligations to furnish DWP with information and certificates such as sick lines; of the two stage process of challenging decisions, and the strict statutory time limits involved and assistance with the long term management of claims in general. The Advice and Information Service is committed to assisting Inverclyde residents to navigate the welfare benefits system successfully.

For the period April 2015 to March 2016 Information and Advice Workers confirmed financial gains of £901,790 for Inverclyde Residents*

2776 appointments scheduled between Greenock and Port Glasgow HSCP Offices

214 home visits

1443 follow-ups completed

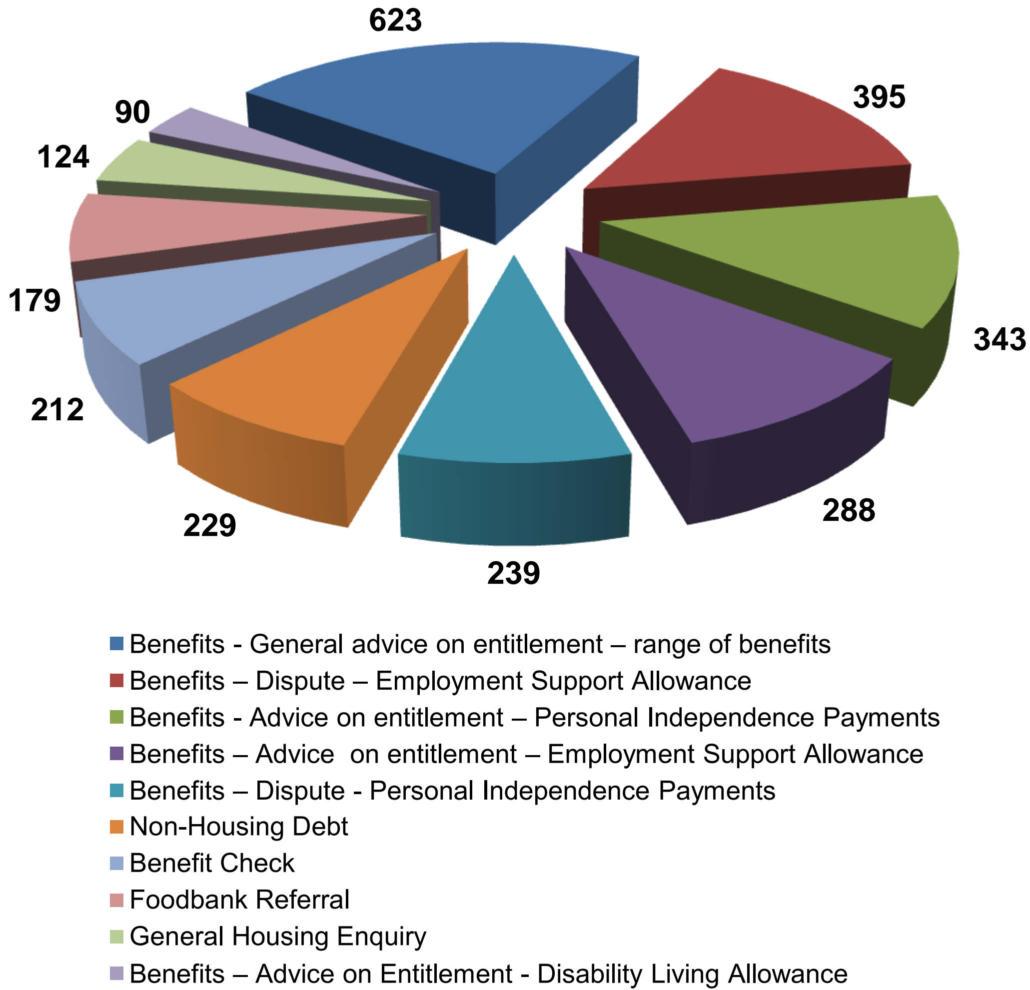
Access to Service
Another key aspect of the Advice and Information Service is providing a single point of access for people who need assistance with daily living tasks and activities to support them to live as independently as possible at home. Service is available to people living within the community whether alone or as a member of a family. Services include: homecare; reablement; community alarm; telehealthcare and respite at home.

194 Access to Service referrals completed

An average of 31 queries per month have been handled and referred to the appropriate Homecare/Community Care Services

*Unlike the specialist advisors, who carry out intensive casework, the advice/information workers operate on a duty rota basis and once clients have received support it can prove more difficult to capture actual financial gains due to disengagement with the service. For this reason the gains are probably under-represented.

This chart demonstrates the top 10 most common enquiries to Advice Services for the period April 2015 to March 2016.



The most common query was on a range of benefits, with 17% of clients contacting for this reason. Almost 40% of all enquiries were in relation to sickness and disability related benefits such as Personal Independence Payments/Disability Living Allowance which is in line with expectations.

Welfare Rights

The core task of Welfare Rights is to help claimants prepare for appeal by:

- Gathering evidence and researching relevant case law
- Preparing submissions and providing representation for claimants at oral hearings
- Finding errors of law in the statement of reasons
- Preparing submissions to and attending hearings before the UT

The driver of demand for representation is DWP policy and practice. Changes in DWP inflows and outflows from benefit caseloads have a clear correlation to the demand for Tribunal representation.

Where appropriate, Welfare Rights Officers also provide representation at the Upper Tribunal (Administrative Appeals Chamber). This is a superior court of record whose decisions are binding so we often contribute to changing the law generally in favour of claimants.

Two examples of this were: in case *CSE/17/2014* the UT accepted our argument that attendance at a psychiatric day-care centre was medical treatment and not work-related activity so that such individuals were no longer to be treated as capable of work-related activity. In case *CSE/430/2012,* the UT accepted our argument that in considering whether a claimant could reasonably be expected to use a wheelchair, consideration had to be given to where they lived.

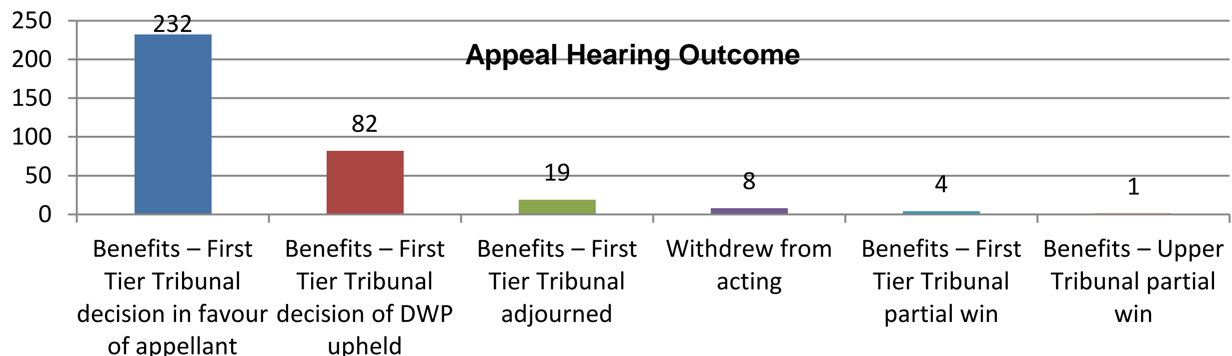
Appeals to the UT are based on legal argument alone and the respondent is ordinarily represented by an Advocate instructed by the Office of the Solicitor to the Advocate General. The appellant is represented by a Welfare Rights Officer.

The appeal hearing outcomes are always lower than the amount of Welfare Rights appeals scheduled. Due to the complexity of the casework there may be more than one appeal hearing required per client. Part of the ongoing development of the caseload management system is the ability to capture and quantify the level of work involved in Welfare Rights, and a focus will be on data capture of the amount of hearings, both First-tier and Upper, required before there is an outcome.

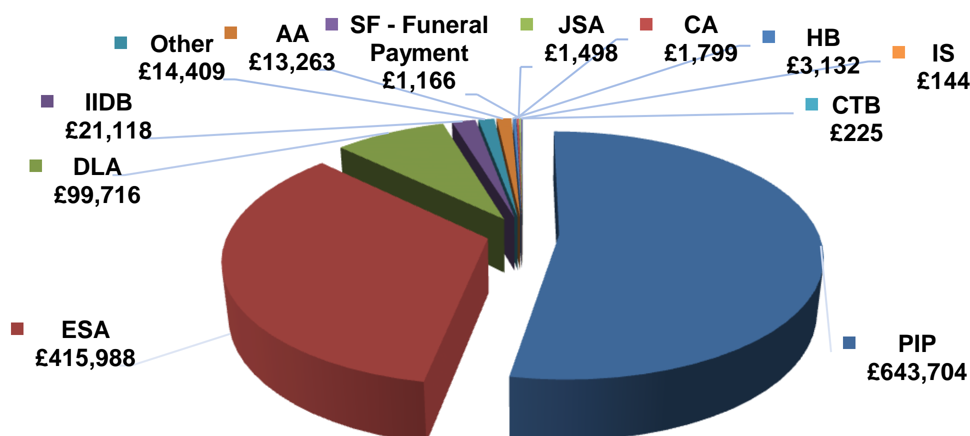
From 1 April 2015 to 31 March 2016 confirmed financial gains of £1,216,160.86 achieved for Inverclyde Residents from successful appeals

698 Welfare Rights appeals scheduled

74% of cases with a final outcome decision were found in favour of the appellant



As seen below the chart demonstrates the financial gain generated from Welfare Rights appeals based on benefit type:



Perhaps one of the largest pieces of work will be the continued roll out of the Personal Independence Payment (PIP) and in in particular the migration of Disability Living Allowance (DLA) claimants to PIP. PIP has replaced DLA for working age claimants. DLA was introduced in recognition of the additional costs incurred by claimants with disabilities or health conditions, who as a result required additional heating, special diet, increased cost of travel etc. PIP like DLA is neither means tested nor based on national insurance contributions but awarded on the basis of need. All new claims are now for PIP, while existing DLA claimants in Inverclyde were invited to apply for PIP from October 2015. If a claimant fails to respond to their invitation to claim PIP they will lose their DLA. It is important to note that PIP does not directly replace DLA but is a completely different benefit. This means existing DLA claimants have to apply for PIP and their current receipt of DLA, even of the highest level of an indefinite or life time award does not automatically entitle them to PIP. One of the stated aims of Government when PIP was introduced was to reduce the numbers receiving disability benefits. There are approximately 4,000 working age DLA claimants in Inverclyde who will be subject to the migration process. DWP produced the first set of DLA to PIP reassessment statistics in December 2015. The figures for Inverclyde showed over a third (32%) of those reassessed had lost all entitlement to disability benefit. Of the 68% who secured an award of PIP there is no guarantee the award was similar to that received by way of DLA. Successful but reduced awards of PIP can still result in substantial financial loss, loss of benefit to carers and loss of Motability vehicles. Challenges to PIP decisions made by DWP is the single biggest appeal jurisdiction for the Ministry of Justice at 38%. Early indications are that this will be reflected at an Inverclyde level. Of the 101 Tribunal Hearings scheduled with Welfare Representation in the first two months of 2016, 48 are PIP appeals.

Benefit Key

AA	Attendance Allowance	HB	Housing Benefit
DLA	Disability Living Allowance	CA	Carers Allowance
IIDB	Industrial Injuries Disablement Benefit	IS	Income Support
JSA	Jobseekers Allowance	CTB	Child Tax Benefit
PIP	Personal Independence Payment	SF	Social Fund

Money/Debt Advice

People in poverty pay more for goods and services, for example in accessing fuel or arranging credit. This is often termed the 'poverty premium'. Money/Debt Advice seeks to address this by helping clients make informed decisions in relation to accessing financial services and making arrangements for best payment options in relation to utilities. Clients requiring a specialist and ongoing debt/money advice service are provided with timely and appropriate advice and case work intervention. People trying to manage debt while living on a low income experience stress and depression. Money/Debt Advice, however, works and the earlier people access the help on offer the better their chances of reaching good outcomes for themselves and their families.

Inverclyde HSCP Advice Services Money Advice is the only licensed local operator/provider of the Debt Arrangement Scheme (DAS). The Debt Arrangement Scheme Scotland is a Debt Management Plan set up by the Scottish Government and administered by The Accountant in Bankruptcy (AIB). It was set up in 2004 for people who had multiple debts and have some disposable income to repay the debts. It has had many changes since then, beneficial for both the creditors and debtors and now includes one or multiple debts with all interest and charges frozen from the outset. The DAS has been very successful in Inverclyde with 257 live cases currently maintained on DASH (Debt Arrangement Scheme Hub) with 23 new live cases from April 2015 to March 2016. The total amount of debt for those 23 cases is approximately £400,000 averaging £17,391 per person. This is money being paid back to creditors and gives the debtors more financial capability and enables them to get back in control of their finances. The debtor is supported throughout the process by the money advisor until the debts have been repaid. Specialist approved and accredited money advisors oversee the DASH system, applying variations and payment breaks should the debtor require this over the term of the DAS.

It offers debtors protection from diligence from creditors whilst in the scheme, and ensures the debts are repaid in full.

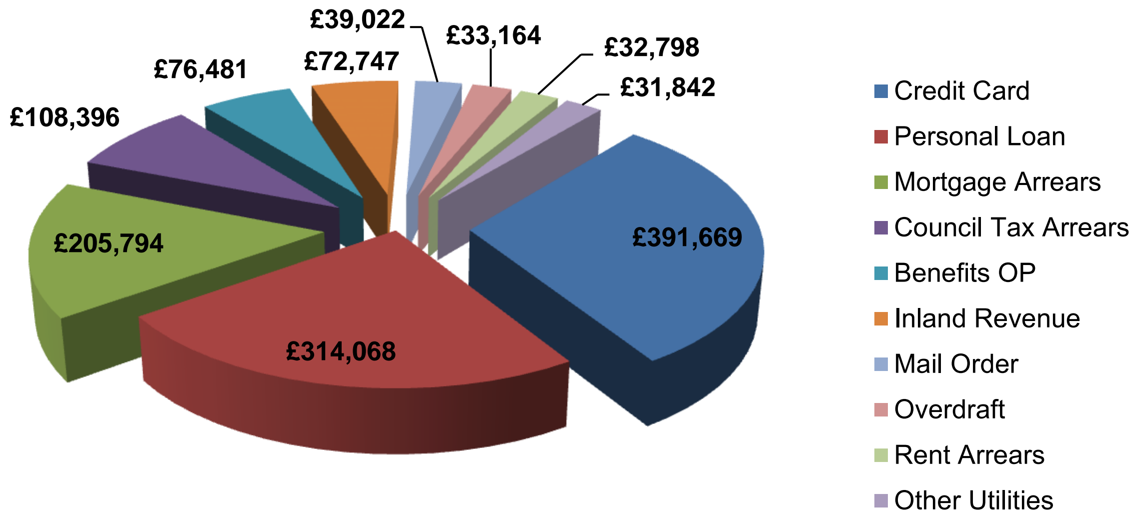
At a national level statistics indicate non-priority debt (credit card debt and other unsecured credit such as pay day loans) is decreasing. Below are statistics based on the reporting period of August 2015 to 31 March 2016, that show the type of debt Inverclyde residents are presenting with.

Amount of multiple debt managed from August 2015 to March 2016: £1,393,712

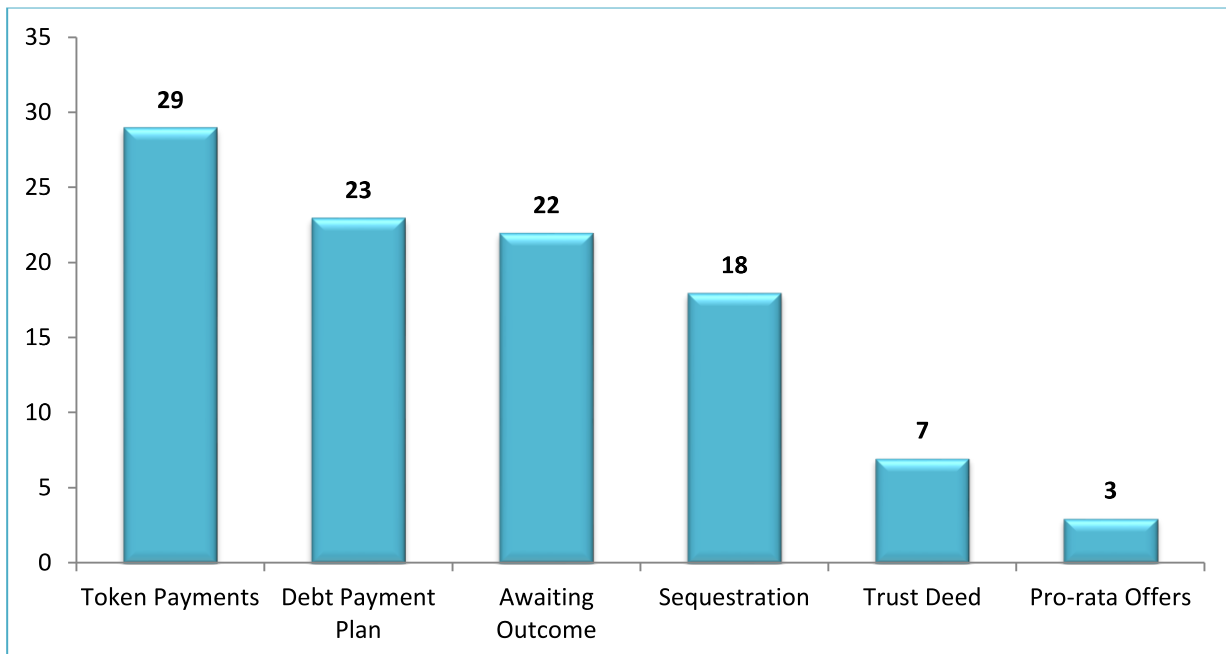
63 cases currently being progressed

258 interventions carried out with clients

Shown are the top 10 types of debt clients have presented with from August 2015 to March 2016.



This chart demonstrates some of the debt relief options clients have opted for over the same period.



Specialist Work

Advice Outreach for Hard to Reach Groups

Funding from the Big Lottery allowed for the employment of an Advice Worker with a locus of working with hard to reach client groups. The funding from the Big Lottery came to an end in August 2015, however Inverclyde Council Welfare Reform money has allowed for the continuation of the post on a temporary basis. As indicated the service delivery focus is on hard to reach client groups, specifically vulnerable clients with chaotic lifestyles (Drugs/Alcohol/Homelessness). The post has proved particularly effective with the establishment of strong links with the Community Drugs Team, Alcohol and Homelessness Teams.

315 clients provided with assistance

Financial gains of £1,436,350 achieved from April 2015 to March 2016

Kinship

The involvement of a Welfare Rights Officer has been an integral feature of the operation of Kinship Care Allowances in Inverclyde since 2009. On receipt of a referral from the Family Placement Team, the WRO contacts the carer to arrange for an income maximisation check. This is not a one off intervention but is followed by regular reviews to ensure full benefit entitlement remains in place. This income maximisation intervention was held up as a model of good practice by the Scottish Government for other Local Authorities to consider implementing. On the downside Inverclyde Advice Service has flagged the possible detrimental operation of the legislative provisions of Universal Credit on Kinship Carers and their entitlement to benefit.

Inverclyde HSCP/Macmillan Welfare Rights Officer

This initiative continues to provide a pathway for cancer patients which maximises income for vulnerable clients, improving access to essential goods and services and reducing the financial burden of cancer. The service is firmly embedded as an integral part of IRH Oncology with strong ties maintained with Ardgowan Hospice. The service model is invaluable both in terms of direct net financial gain for patients and their families as well as the supplementary gains of improved quality of life, well-being and empowerment.

370 clients provided with assistance

Financial gains of £1,189,829 achieved from April 2015 to March 2016

Healthier Wealthier Children

As part of Inverclyde's strategy to tackle child poverty and improve lives, Advice Services have continued to deliver the Healthier Wealthier Children project. The main focus is to maximise the income of pregnant women and families with children under the age of five years. Referrals are received from community and hospital midwives; health visitors and GPs.

107 referrals received and 61 clients engaged

Financial gains of £38,534 from April 2015 to March 2016

Partnership Working

Inverclyde residents are facing many challenges which may affect their ability to become financially included. As the UK recovers from the recession and international banking crisis, there are still existing issues with employment, debt and sustainability of housing. This coupled with the reforms to the welfare system already highlighted have resulted in profound effects for the Inverclyde population. All of these challenges have brought about a higher demand on financial inclusion services.

It is therefore essential that to give the Inverclyde community the best possible support, Advice Services work in partnership with a range of organisations to explore areas where joined up working can maximise the much needed advice and support.

Many of these initiatives have developed through being a key member of Inverclyde's Financial Inclusion Partnership. This partnership is made up of a range of public and 3rd sector organisation who work towards:

"Ensuring that everyone's incoming money is maximised; that they have access to appropriate financial services and products which enable them to manage their money on a day to day basis; and that they can plan for the future and deal effectively with unexpected financial pressures".

The following highlights some of Advice Services' achievements through working with others.

HMP Greenock

In August contact was established with HMP Greenock to explore the feasibility of offering a Money Advice outreach programme within the prison. A meeting with the prison's Education Manager was followed by a further meeting with prisoners in October. Feedback from the meeting was positive and a final meeting with prison staff is scheduled to discuss the operational practicalities. The aim of the initiative is to help stabilise family finance, resolve debt crisis matters and provide an input on financial education and advice on financial planning.

Glenbrae Family Centre

Inverclyde has one of the highest Child Poverty rates in Scotland at 25.6%. The highest concentration of child poverty in Inverclyde is found in Greenock East/Central at 31%. Advice Services are working with Education Services to consider specific action to tackle child poverty by way of income maximisation coupled with money/debt advice. A programme of activity has been agreed, focused on the Glenbrae Family Centre serving Greenock East/Central. The first part of the programme was the delivery of benefits awareness training for staff at Glenbrae Family Centre followed by the establishment of weekly advice drop in sessions. The initiative has allowed the development of a direct online referral process between Glenbrae Family Centre and Advice Services that can be replicated for use in other establishments.

Universal Credit Inverclyde Roll Out

Universal Credit was introduced to Inverclyde in October 2015 and although small numbers are affected at present, it will bring about more changes to the way benefits are processed and issued and will most certainly have further significant impacts on our residents. In order to support the roll out, HSCP Advice Services co-delivered training and awareness sessions with DWP staff covering the local arrangements, aimed at making the operation of the mechanics run as smoothly as possible in Inverclyde. In excess of 400 individuals representing 20 different services or organisations attended the training which was acknowledged by DWP as an exemplar of good practice for other areas to follow.

"It was very useful having an experienced JCP member of staff to explain the reality of the introduction of UC. HSCP: very useful hearing about the support services and avoiding difficulties."

Development of Referral pathways
Discussion with the Council's Revenue and Benefits service revealed through their housing benefits data systems that they were able to identify clients known to them who had been sanctioned for noncompliance with the DWP conditionality arrangements and also those clients who had been negatively affected by the migration from Disability Living Allowance (DLA) to Personal Independence Payments (PIP). This information is now passed through a secure email, with the client's consent, to Advice Services who then contact the client to offer support with financial issues and offer advice with challenging adverse decisions if applicable. This is all underpinned by a robust data sharing agreement between the services.

Benefits for Migrants
Inverclyde is currently involved with two central government initiatives to bring individuals and families who have already been given refugee status into the UK. The rules on eligibility for benefits for people coming to the UK from abroad are one of the most complex areas of welfare rights law. Whether or not a person can claim benefits and, if so, which benefits, may depend on a number of factors. These include: nationality, immigration status (and any conditions attached to it), the circumstances under which a person arrived in the UK, whether they are deemed "habitually resident", whether they are in work or looking for work; and whether they arrived alone or with other family members. Many other factors may be relevant. This has been an increasing feature of advice services work in 2015 and is likely to increase further in 2016 as we work to integrate more families into Inverclyde.

Scottish National Standards

The Scottish Government has re-launched the Scottish National Standards for Information and Advice Providers (SNSIAP), placing responsibility for the development of a new accreditation and audit model in the hands of the Scottish Legal Aid Board. A priority task for Advice Services in 2016 will be to work towards implementing the standards and seeking accreditation. This will act as a guarantee for clients using the service that the information they can expect to receive is appropriate, accurate, timely and fit for purpose. The SNSIAP provides a benchmark that is clear, consistent and capable of facilitating continuous improvement and, importantly, is auditable. In seeking accreditation there is the necessity to ensure effective arrangements are in place to support service delivery. This will encompass the provision of training, consistency and competency in case work and case work management along with clear and comprehensive recording of case work activity. We will therefore look to ensure the necessary IT systems are in place to support a successful audit for accreditation. Digital and telephony services offer innovative methods of service delivery providing clients with speed and ease of access to advice, whilst at the same time both preserve and free up appointment times for vulnerable clients and/or those with complex advice needs who require face to face assistance. We will therefore continue to increase and promote the use of digital and telephony services in 2016.

Case Studies

Advice Services assists clients on a daily basis with multiple issues. Below are just a few examples of some of the assistance we have provided:

Client A had previously accessed Advice Services and was having issues with their benefits. They contacted Advice First telephone triage and advised that their ESA had stopped, having failed to attend a medical. An appointment was made with an Advice Worker who identified that the client should be in receipt of Pension Credits due to their age. Client made an application over the telephone for Pension Credits, which will be backdated to the day after the ESA had stopped. The Advice Worker also contacted Customer Service for Housing and Council Tax benefits to advise of this change. Client A will receive an annual financial gain of almost £8,000 and was very happy with the assistance given.

Client B met with a Money Advisor on the day of their hearing. They were self-employed and were about to be sequestrated for non-payment of a significant amount of tax to HMRC. The client was advised that the service may be able to assist via the Debt Arrangement Scheme which would stop action from creditors and allow the debt to be paid over a reasonable period of time. The Sheriff extended the hearing to allow the client to seek support from the Money Advice team and a follow up appointment was made.

Money Advice lodged a Moratorium which formally gives notice of your intention to apply for a statutory debt relief option and gives six weeks protection from diligence. A full review of Income and Expenditure was carried out and the DAS application submitted. The client had a small amount of council tax arrears outstanding and the council tax office agreed to the DAS on the condition that a direct debit was set up for the current liability. HMRC rejected the DAS proposal stating the balance submitted on the application was incorrect. They claimed they had not received the client's SE tax returns and therefore could not accept this offer of repayment when the total amount of money due to them could not be fully determined and the client had been uncompliant.

The case at the Sheriff Court called again and was extended for another two weeks, by which time the client had submitted their Self-Employment Tax returns to HMRC and balances were confirmed, however HMRC still wanted to pursue sequestration and maintained their decision to reject the DAS payment offer.

A Fair and Reasonable assessment was then carried out by the DAS Administrator, Accountant In Bankruptcy (AIB), as HMRC (the majority creditor in this application) refused to partake in the proposal offered. The AIB requested detailed information which the service provided. The AIB ruled in favour of client as they felt the offer was fair and reasonable and would be repaid over 5 years, this is the time limit for business debts. The decision allowed the client to continue with the business. It also safeguards the business, assets and their property and during the term of the DAS whilst they maintains payments.

The Sheriff was informed of the DAS outcome and the case was dismissed.

Service User Feedback

Questionnaires were sent to a cross section of service users to gain feedback on their experience of the service they received. Below are examples of some of the comments we received:

"I was referred to HSCP and I was grateful for the help and support I got. As stated, everything that was done on my behalf was very helpful. Filling in forms, letting me know what I should and shouldn't do. I couldn't have got to where I'm now without their help"

"I received good, sound advice from what is clearly dedicated and professional people and caring people.

HSCP services are excellent. The officers are very helpful and understanding. They do not judge. I am very grateful to this team and know they are there to assist me, thank goodness."

"My advisor was outstanding and very knowledgeable and made me feel supported and put me at ease from the day I met him. First class."

"I think the services are excellent and very helpful and make you understand things in a different way of thinking yourself."

"I am extremely grateful for the help and care I received by my Money Advisor. At a time I felt really ashamed of myself, she was able to put my mind at rest by giving me options available."

Testimonial:

"I have found the Money/Debt Advice to be a real lifeline to me in what has been one of the most difficult times of my life. I never felt judged by the level of debt I had accumulated and the professional, honest advice I received was second to none. Nothing was ever too much trouble and just having someone to talk to and to help me to deal with my creditors made all the difference and helped me keep my sanity!! Dealing with the pressures of debt and the constant juggling to make ends meet can take its toll on your health and having been through it personally, I would advise anyone going through financial issues to take that first step and contact Money/Debt Advice. I couldn't have managed without them."

Conclusion

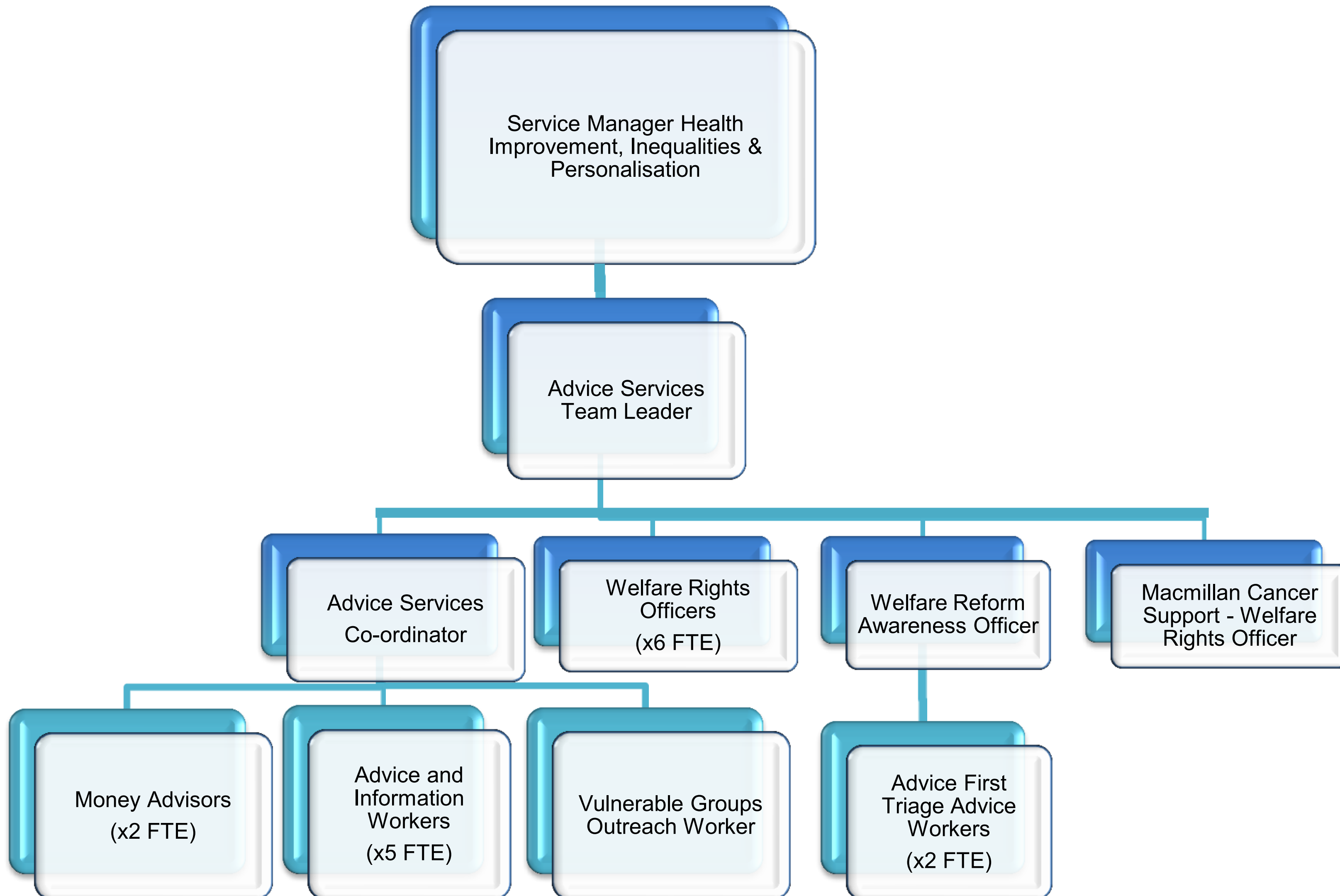
From 1st April 2016, the Integration Joint Board (IJB) has formal delegated responsibility from NHS Glasgow and Clyde and Inverclyde Council for the services and functions specified in the Health and Social Care Partnership (HSCP) Strategic Plan. The Strategic Plan 2016-19, which was developed with local partners, outlines the proposals for taking forward a more joined up approach to delivering Health and Social Care services in Inverclyde in partnership with other agencies and the people who use our services and their families.

Inverclyde Advice Services' future planning will need to take account of the changing climate and further welfare reforms and the challenges and opportunities this may bring, but without losing sight of the major contribution that Advice Services make to better health and reduced inequalities. Our future priorities and work plans will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes. In addition, information and evidence from the Inverclyde Strategic Needs Assessment and local and national data intelligence will assist in ensuring future priorities meet the needs of our community.

The introduction of a Scottish Social Security system will undoubtedly have an impact on how Advice Services will require to operate in the future. We await further information as to how it will deal with the devolved benefits including Disability Living Allowance, Personal Independence Payments and the housing element of Universal Credit, including the Social Sector Size Criteria, and also the new powers to make discretionary payments in any area of welfare without the need to obtain prior permission from the Department of Work & Pensions.

The service is committed to continuing the professional and essential work we do to support Inverclyde HSCP in its vision of Improving Lives.

HSCP Advice Services Organisation Chart



INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date: 10 May 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership**	**Report No: IJB/25/2016/AH**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement and Commissioning**	**Contact No: 01475 715285**
Subject:	**HSCP Equality Duty Requirements**	

1.0 PURPOSE

1.1 This paper details the legal requirements of Inverclyde Health and Social Care Integration Joint Board's reporting responsibilities as per the Equality Act 2010 and aligned Specific Duties.

2.0 SUMMARY

2.1 On 5 April 2011, the public sector equality duty (the Equality duty) created under the Equality Act 2010 came into force. The equality duty was developed in order to harmonise the equality duties and to extend it across the protected characteristics.

2.2 In April 2015 the Scottish Government added Integration Joint Boards (IJBs) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015.

2.3 Inverclyde Health and Social Care Partnership Integration Joint Board is required to publish a report for the Equality and Human Rights Commission to detail how we are meeting the requirements of the Equality Act 2010 and Amendment Regulations.

2.4 In order to meet these requirements, Inverclyde Health and Social Care Partnership has mainstreamed the equality duty through the Strategic Plan, developed a set of equality outcomes and undertaken an Equality Impact Assessment of the Strategic Plan.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the legal requirements of Inverclyde HSCP in relation to reporting responsibilities set out by the Equality and Human

INVERCLYDE HSCP Health and Social Care Partnership

Rights Commission. (EHRC)

3.2 The Integration Joint Board is asked to note the process to date and approve the Equality Outcomes and Equality Impact Assessment which meet the requirements set out by the Equality and Human Rights Commission.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

INVERCLYDE
HSCP
Health and Social Care Partnership

4.0 BACKGROUND

4.1 On 5 April 2011, the public sector equality duty (the Equality duty) created under the Equality Act 2010 came into force. The equality duty was developed in order to harmonise the public sector response to equality and to extend the duty across the protected characteristics. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation.

4.2 In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

4.3 In April 2015 the Scottish Government added Integration Joint Boards (IJBs) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015. Subsequently, IJBs are now legally held to account for implementation of the equalities legislation. This legal obligation was previously met by territorial health boards and local authorities

4.4 Inverclyde HSCP is required to meet the requirements of the nine protected characteristics as defined by the Equality Act 2010 :

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation

4.5 The extent of the HSCP's legal obligation is limited as the workforce remains employed by the local authority and health board, meaning those aspects of the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012 relating to employees will remain the responsibility of the respective employing bodies. Should the HSCP directly employee more than 150 people at any point in the future these responsibilities would transfer to the HSCP.

5.0 EQUALITY REQUIREMENTS

5.1 In order to meet the requirements set out within The Equality Act 2010 (Specific Duties)(Scotland) Amendment Regulations 2015, the Integrated Joint Board (IJB) is required to produce, and publish in accessible formats, the following by the 30th April 2016:

- An Equalities Mainstreaming report
- An Equality Outcomes report
- An Equality Impact Assessment (EQIA) of the HSCP Strategic Plan

INVERCLYDE HSCP Health and Social Care Partnership

5.2 Mainstreaming Report

The mainstreaming report requires to evidence how the intent of the Equality Act 2010 is integrated into all aspects of service design and delivery. Inverclyde HSCP has produced the Strategic Plan as its overarching integration document therefore the equalities legislation has been integrated into this and included as a specific standalone section (Section 1.5) It outlines the commitment to ensuring the equalities legislation is integrated into leadership and accountability; service delivery and listening to service users.(Appendix 1)

5.3 Equality Outcomes

The HSCP is required to develop a set of equality outcomes which clearly link to the General Duty as defined by the Equality Act 2010:

- the need to eliminate unlawful discrimination, harassment and victimisation
- to advance equality of opportunity
- to foster good relations between people who share a protected characteristic and those who do not.

5.4 Where a protected characteristic is omitted from a complete set of outcomes, the HSCP is required to objectively justify why this is the case. The Equality Outcomes require to be developed through the inclusion and involvement of people with protected characteristic and need to be measurable and specific in order to make meaningful changes to people's experience of health and social care services.

5.5 Seven overarching equality outcomes with associated action and measures have been developed by the HSCP and finalised following discussion with services and consultation with the community at the HSCP Engaging our Localities event held on the 15th February 2016. (Appendix 2)

5.6 The seven equality outcomes :

- People, including individuals from the above protected characteristic groups, can access HSCP services
- Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated
- People with protected characteristics feel safe within their communities
- People with protected characteristics feel included in the planning and developing of services
- HSCP staff understand the needs of people with different protected characteristic and promotes diversity in the work that they do
- Maximise opportunities to support Learning Disability service users experiencing gender based violence
- Promote positive attitudes towards the resettled refugee community in Inverclyde

5.7 These outcomes will be subject to further refinement over the coming year and will be monitored through existing HSCP performance monitoring structures and progress reported yearly to the Integration Joint Board

INVERCLYDE
HSCP
Health and Social Care Partnership

5.8 Strategic Plan Equality Impact Assessment (EQIA)

The Equality and Human Rights Commission has advised that an Equality Impact Assessment (EQIA) should be carried out on all HSCP Strategic Plans within the timescale of 30th April 2016.

5.9 A full EQIA has been undertaken with information gathered against each of the protected characteristics. Actions have been developed which the HSCP will require to acknowledge and ensure they are progressed.(Appendix 3)

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 Inverclyde HSCP Integration Joint Board has a legal responsibility to meet the requirements set out by the EHRC.

HUMAN RESOURCES

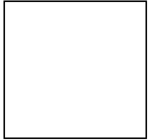
6.3 There are no human resources issues within this report.

EQUALITIES

6.4 This report highlights the HSCP's role and planned approach to tackling equalities therefore should positively impact.

Has an Equality Impact Assessment been carried out?

X	YES (see attached appendix)



NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

REPOPULATION

6.5 There are no repopulation issues within this report.

7.0 CONSULTATION

7.1 None

8.0 BACKGROUND PAPERS

8.1 Equalities Mainstreaming report (appendix 1)
Equality Outcomes report (appendix 2)
Equality Impact Assessment (EQIA) of the HSCP Strategic Plan (appendix 3)

Equalities Mainstream Report

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

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage or civil partnership status

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

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

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

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

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

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

Leadership and Accountability

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

Listening to Service Users

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

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

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

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

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

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

Fair Service Delivery

Ease of access to HSCP services will be dependent on a number of factors including communication support needs, physical access needs, understanding of how the HSCP operates and the complexity of the health and social care issues experienced. Inverclyde HSCP will adopt a range of policies to help in the provision of services that are effective, equitable and continuously improving to meet the changing demands of our service users.

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

- Accessible Information Policy
- Interpreting Procedure

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

Inverclyde Health and Social Care Partnership (HSCP)

Equality Outcomes, Actions and Measures

The Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012, brings together all legislation and policy in relation to addressing inequalities and discrimination and places an equality duty on the HSCP, to ensure that the nine protected characteristic groups outlined in the legislation are protected from discrimination. In particular the HSCP has responsibility to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The nine protected characteristic groups, which are listed below, are individuals and groups, who are disadvantaged, by their particular circumstances. Our equality outcomes set out below require us to show how we will prevent these particular groups of individuals from being discriminated against or disadvantaged by our services.

The nine protected characteristic groups are:-

1. age;
2. pregnancy and maternity;
3. disability;
4. marriage and civil partnership;
5. race;
6. religion and belief;
7. sex ;
8. sexual orientation;
9. Gender reassignment;

Our aim is to deliver services and support in a culture, which is committed to promoting the value of equality and diversity. This requires our staff, colleagues and partners to be trained, equipped and supported to understand the needs of different groups of people and be able to offer support in a sensitive and empowering way to enable people to live without discrimination.

PUBLIC SECTOR DUTY OUTCOME: ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE ACT			
Inverclyde HSCP Equality Outcome 1: People, including individuals from the above protected characteristic groups, can access HSCP services			
What needs to change	**Action**	**Measure**	**Who is responsible**
1.1Individuals, including people from protected characteristic groups, are able to access health and social care services easily.	Ensure that all services record all relevant information relating to individuals with protected characteristics in order that any additional support needs can be identified and provided Create a baseline by collating and analysing use of services by different protected characteristic groups, across all health and social care services to be able to ascertain who is using our services and identify any access barriers.	Yearly Information audit to evidence that all services record all information relating to protected characteristics. Year 1-One service area within Planning, health Improvement and Commissioning Service and Mental Health, Addictions and Homelessness Services Year 2-One service area within Primary and Community Care Services and Children, Families and Criminal Justice services Year-3 All service areas Each Head of Service area to provide 2 case studies of clients with protected characteristics for which support needs have been identified and met.	Heads of Service for allocating service areas Service managers Recorded by Quality and Development Team through Quarterly Service Reviews format.

What needs to change	Action	Measure	Who is Responsible
1.2 Service users and carers, particularly those with a disability are able to physically access services within the HSCP	Complete 3 environmental access audits within HSCP sites per year. Collect feedback from individuals and groups regarding improvements resulting from access audits.	Agreed number of access audits completed and action plans implemented. Number of groups e.g. Inverclyde Council on Disability (ICOD) involved in access audits.	Head of Administration Your Voice-Public Involvement Network
1.3 Ensure information is provided in accessible formats so that local people can easily access and engage with HSCP services.	Develop an inclusive communications strategy which includes a variety of methods to communicate with all sections of the community. Develop an accessible information policy for staff to adopt in their practice and communications with the public.	Communications Strategy and Action Plan developed Accessible Information Policy Number of requests to HSCP for information to be provided in alternative formats. E.g. document translation into different languages; large print etc.	Communications Group Head of Administration

Inverclyde HSCP Equality Outcome 2: Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated			
What needs to change	**Action**	**Measure**	**Who is Responsible**
2.1All staff need to be aware of the equalities legislation on how that impacts on their role and service they provide	Identify all staff who have undertaken Equality and Diversity training in last year 20% of workforce who have not undertaken training in last year to complete Equality and Diversity e-learning module in year one Equality Impact Assessments (EQIA) require to be undertaken where there is a change to service or new policy/procedure	Number of staff trained in 15/16 Number of staff training in 16/17 Number of EQIAs undertaken	Recorded by Quality and Development Service through Quarterly Service Reviews Service Managers
2.2 People from protected characteristic groups have their needs recognised and are able to access the range of choices as people who are not affected	Services will produce evidence through individual support plans that will identify people with protected characteristics have been involved in choosing and planning of support plans.	See 1.1 Numbers of clients accessing self-directed support	Service Managers through Quarterly Service reviews process Health and Community Care

Inverclyde HSCP Equality Outcome 3: People with protected characteristics feel safe within their communities			
What needs to change	**Action**	**Measure**	**Who is Responsible**
3.1 Staff need to understand hate crime, how to report it and the impact on those with protected characteristics	Police Scotland to provide hate crime training to relevant HSCP staff around all protected characteristic groups.	Number of training sessions delivered by Police Scotland Number of staff attending training Number of incidences reported to Police Scotland by HSCP staff	Quality and Development Service Service Managers Police Scotland
3.2 Enable people to feel safe through the use of technological and community based resources where appropriate	Gather feedback from services and theirs users about how this equipment has enabled them to feel safe living at home and has made a difference in their life.	Appropriate services provide 3 case studies each showing how technology has enabled people.	Health and Community Care Specialist children's services through technology returns

Inverclyde HSCP Equality Outcome 4: People with protected characteristics feel included in the planning and developing of services			
What needs to change	**Action**	**Measure**	**Who is Responsible**
4.1 Services require to evidence that they are involving individuals with protected characteristics in the planning and delivery of services	All services to identify examples where service users with protected characteristics are involved in planning services	One Case study from each Head of Service area showing involvement in service planning	Heads of Service Service Managers Your Voice -Public Involvement Network
4.2 People Involvement Network requires to increase representation of people from across all protected characteristic groups	People Involvement Network to undertake a review of members with regard to protected characteristics Increase in the number of individuals with protected characteristics involved with the People Involvement Network and in planning with services Collect feedback from service users from protected characteristic groups through Your voice Public Involvement Network, to ask them how they accessed services and what barriers they identified.	Number of people involved in Network with a protected characteristic Number of new member's representative across the 9 protected characteristic groups. Production of yearly report from Your Voice Public Involvement Network Production of public information based on. "You said-We did"	Your Voice Quality and Development

PUBLIC SECTOR DUTY OUTCOME: ADVANCE EQUAL OPPORTUNITY BETWEEN PEOPLE			
Inverclyde HSCP Equality Outcome 5: HSCP staff understand the needs of people with different protected characteristic and promotes diversity in the work that they do			
What needs to change	**Action**	**Measure**	**Who is Responsible**
5.1 HSCP Policies and procedures need to be equality impact assessed	Equality Impact Assessments (EQIAs) are required to be developed and reviews undertaken of any new or reviewed policies/strategies and service redesign.	Number of Equality Impact Assessments (EQIAs) agreed to be undertaken and completed	Service Managers Recorded by Quality and Development through Quarterly Service Review
5.3 HSCP staff named lead reviewers require to be fully conversant with undertaking EQIA's	Training is required for all managers and lead reviewers to ensure equality and diversity is embedded in all policy and practice of the HSCP Equality Impact Assessment is further developed, as an online tool, with training delivered to managers/lead reviewers and process is embedded in practice	Number of Lead Reviewers identified and trained. Number of Equality related training sessions delivered to appropriate staff	Service Manager-Health Improvement and Inequalities

Inverclyde HSCP Equality Outcome 6: Maximise opportunities to support Learning Disability service users experiencing gender based violence			
What needs to change	**Action**	**Measure**	**Who is Responsible**
6.1 HSCP needs to be effective in identifying and responding to survivors of gender-based violence amongst people with learning disabilities.	Awareness sessions are developed to ensure all Learning Disability staff understand their role in relation to Gender Based Violence Relevant employees across care sectors are trained and supported to carry out routine sensitive enquiry Develop the Learning disability/Gender based violence pilot work with partners and use the learning within other service areas	Number of Learning disability team staff completed at risk training and are aware of their responsibilities Number of Learning disability staff trained around routine sensitive enquiry and gender based violence Clear pathway for how service users access support developed and shared with Adult Protection Committee	Service Manager-Rehabilitation Adult Protection Coordinator

PUBLIC SECTOR DUTY OUTCOME: FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT			
Inverclyde HSCP Equality Outcome 7: Promote positive attitudes towards the resettled refugee community in Inverclyde			
What needs to change	**Action**	**Measure**	**Who is responsible**
7.1 Refugees need to be supported to integrate and settle within Inverclyde	Ensure HSCP staff and partners understand their role in supporting refugees locally. Develop briefings for all newly arrived refugees on the role and responsibilities of the Refugee Integration Team Ensure all refugees know how to access HSCP and other relevant services. Support the refugees to know how to access services and are supported to participate in community life	Establishment of multi agency group and number of partners actively involved in resettlement programme Number of refugee families allocated to Inverclyde who chose to stay within the area Number of Refugee Personal Integration Plans initiated outlining each individual's aspirations and goals	Service Manager HIIP

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Inverclyde HSCP Strategic Plan

Please tick box to indicate if this is: Current Policy, Strategy or Plan ☐ **New Policy, Strategy or Plan x**☐

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

Inverclyde HSCP is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation. The HSCP Strategic Plan is a 3 year plan which sets out the vision and future direction of Health and Social Care in Inverclyde. It is based on delegated functions from both Inverclyde Council and NHSGGC; national and local outcomes; and the HSCP vision of Improving Lives which is underpinned by the values that:

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

This Plan aims to set out the improvements we hope to make, based on these key values through a commissioning approach with a range of key partners and stakeholders.

3 Lead Reviewer

Andrina Hunter HSCP Service Manager Inequalities

4. Please list all participants in carrying out this EQIA:

INVERCLYDE HSCP Health and Social Care Partnership

Alastair Low; Maureen Hamill; Maureen O'Neil Craig; Martin McGarrity

INVERCLYDE HSCP Health and Social Care Partnership

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality
Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. We take these responsibilities seriously and over the next three years will seek to identify and deliver improvements in our integrated services to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups of people and work in a way that fosters good relations within the communities of Inverclyde. The Strategic Plan has an overall vision of Improving Lives across and within Inverclyde and in order to help deliver on this vision the HSCP have identified key themes that run through all of our planning. There are five of these themes, which we term as our strategic commissioning themes: · Employability and meaningful activity · Recovery and support to live independently · Early intervention, prevention and reablement · Support for families · Inclusion and empowerment These themes have been brought to life through an inclusive approach to shaping our priorities. Inverclyde HSCP's integrated workforce brings together staff from two public sector organisations, with a range of health and social care backgrounds. Staff understand that working together in a single organisation is far more effective in responding to the causes of poor health and social care. However, Inverclyde HSCP sits in a rich landscape of local statutory, independent, voluntary and third sector organisations, all of whom make a significant contribution to making Inverclyde a safe, secure healthy and equitable place to live.

B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?		
		Source
All	According to the latest official statistics from the Census 2011 the population of Inverclyde is 81,485 people. Inverclyde's population is an increasingly older population as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland. There are more women than men in every age group except for those aged 0-15. Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population are judged to be. In 2014 there were 385 deaths under the age of 75 across Inverclyde, 41.1% of the total deaths. This is higher than the Scottish figure in 2014, which was 36.8%.	**Census 2011** **SNA 2016**
Sex	Discrimination based on the physical characteristics of men and women are arguably rarer than in previous decades though there is significant evidence to suggest that the gender socialisation is still value-laden and leads to disproportionately poorer health and social outcomes for women. Women remain underpaid when employed in comparable jobs with men and continue to experience a disproportionate allocation of caring responsibilities. Women represent 90% of all single parent families and are more likely to experience poverty as a single parent compared to male single parents. Women are more likely to experience in-work poverty and are less likely to have access to private savings. Women continue to represent 80% of all cases of domestic violence with at least	ONS 2015

	one in five women in Scotland experiencing domestic violence in their lifetime. A 2005 study of young men's attitudes (Burman and Cartmel) found 20% of young men felt women's behaviour often provoked violence. A 2007 Scottish survey by the Scottish Government found 27% of Scots felt a woman bore some responsibility for being raped if they wore 'revealing' clothing. The collective cost of responding to domestic violence in the UK is £23 billion (S Walby – the Cost of Domestic Violence). Only 35% of domestic violence incidents are reported to the Police (Stanko 2000, Home Office 2002). Against this backdrop, women are more than twice as likely to be treated for depression and anxiety, are more likely to self-harm in younger years and more likely to have an eating disorder. Two thirds of people with dementia are women (due to the relationship between longer life expectancy and sex and increasing age and dementia). (Mental Health Foundation 2015).	
Gender Reassignment	Although there is no definitive figure for the number of transgender people living in Inverclyde anecdotal evidence suggests that a greater percentage of trans people in NHSGGC will live in Glasgow, being drawn by better access to general services, better trans-specific services, greater anonymity, less stigma & discrimination etc. Although limited research is available, trans support groups and aligned organisations offer compelling evidence that trans people will have significantly poorer health outcomes primarily as a result of: • Inconsistent funding and access to gender reassignment services throughout Scotland • Lack of access to essential medical treatment for gender identity issues, i.e. electrolysis for trans women • Lack of awareness and understanding of care providers so that transgender people are inappropriately treated in single gender out-patient and in-patient services • Lack of social work service to support children, young people, adults and	

	families with gender identity issues • Mental health problems including suicide, self harm anxiety and depression. • Experiences of social exclusion, violence and abuse and the resulting negative impact on health and well-being. Findings from the Scottish Social Attitudes survey support the disclosed experiences of social isolation and bullying and harassment of trans people. The Survey found that 49% of respondents would be unhappy if a family member formed an attachment to someone who was transgender. The same report stated that though discriminatory attitudes within society seem to be lessening two specific groups (Gypsy Travellers and Trans people) continue to experience widespread discrimination. 39% of respondents thought it would be inappropriate to have a trans person teaching in a primary school. A 2012 transgender mental health study found that 90% of trans people had been told they were not normal, with over 80% experiencing silent harassment. The responses showed that for some, being trans was something to be occasionally hidden, or which might be embarrassing for others. There were fears around isolation and aging, with many people losing family and friends or employment opportunities. Importantly, many individuals who experienced hate crime and discrimination had experienced these on multiple occasions. All of these societal issues would be expected to have a significant impact upon health and wellbeing in any group of individuals. Rates of current and previously diagnosed mental ill health were high, with many participants feeling that they experience particular issues which remained undiagnosed. Depression was the most prevalent issue with 88% feeling that they either currently or previously experienced it. Stress was the next most prevalent issue at 80%, followed by anxiety at 75%. Over half of the respondents (58%) felt that they had been so distressed at some	Scottish Social Attitudes Study 2011 Scottish Transgender Alliance 2012

	point that they had needed to seek help or support urgently. When asked for more information about their experiences, 35% of those individuals had avoided seeking urgent help due to being trans or having a trans history. When participants did need urgent support they were most likely to contact their friends, followed by their GP or partner. Relatively few chose to use other NHS support, choosing helplines or online groups over these. 18% also stated that they did nothing when in need of crisis support. 53% of the participants had self-harmed at some point, with 11% currently self-harming. The majority of participants, 84%, had thought about ending their lives at some point. 35% of participants overall had attempted suicide at least once and 25% had attempted suicide more than once. High rates of homelessness were evident in the sample, with 19% reported having been homeless at some point, and 11% having been homeless more than once. Of 188 participants who were parents, 19% reported seeing their child(ren) less, 18% lost contact with their children, and 8% had custody issues. Only 17% found telling their children to be a positive experience. 51% felt that the way trans people were represented in the media had a negative effect on their emotional wellbeing.	
Race	Inverclyde has one of the lowest ethnic populations in Scotland. Recent Census results (2011) indicate that only 3.2% of the total population (81,485) considers itself to be of an ethnic origin, other than White British. The breakdown consists of 0.9% Irish, 0.9% Asian, 0.1% Polish, 0.8% other white and 0.4 other ethnic groups. In terms of identifying their nationality only 1.1% of the population considers itself to have a nationality, other than an UK identity.	Census 2011

	92.9% of the Inverclyde population was born in Scotland, 0.8% born in other European Union countries and1.8% born in other countries outwith of the EU. In the 2011 Census results, 1.3% of the population reported using a language, other than English at home, with 0.7% stating that they do not use English well and 0.1% of the population that they do not speak English at all. Research indicates that people from ethnic groups and in particular, South Asia are more likely to be at risk of cardiovascular disease and Diabetes type 2 (MECOPP, Briefing Sheet) Evidence from NHS Scotland 2008 suggests that there is a strong link between socio economic status and health inequalities experienced by people from ethnic minority backgrounds stemming from poor housing conditions, low paid employment, social isolation and barriers to services through language difficulties. It is important that we acknowledge barriers around accessing services, particularly in respect of women from different minority ethnic backgrounds and religions who have a lower uptake of cancer screening services.e.g. breast cancer and bowel cancer screening. Women from ethnic minority groups also can have a distinct and isolated experience of domestic violence, influenced by their tradition and culture and more unlikely to seek support due to language barriers and lack of informal support. The Disability Rights Commission 2006 reported that people from Ethnic Minority Groups often experience higher rates of mental health issues as a result of feeling more vulnerable, at risk of hate crime or experienced some form of discrimination and isolation. This can also be linked to the issue of stigma, facing individuals from different ethnic groups within their own community, which stops them from seeking support. In many ethnic and religious traditions it is not acceptable for individuals to seek support out with of the family network. Support is often expected to be provided by female members of the family and issues around Mental Health,	NHS Scotland 2008 Gryffe Womans Aid

	dementia in older people, learning disabilities (Disabilities Rights Commission 2006) and levels of domestic abuse can often go unreported with a huge burden being placed on family carers.	
Disability	Long term conditions (LTCs) are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. LTCs can have a serious impact upon a person's personal life but can also have a serious economic impact on health and social care services. 60 per cent of all deaths are attributable to long term conditions and they account for 80 per cent of all GP consultations. Multiple morbidities bring both person-centred as well as financial challenges (Christie, 2011). Patients with multiple complex long term conditions are currently making multiple trips to hospital clinics to see a range of uncoordinated specialist services. From the national Census 2011, there were 6,537 people who identified themselves as having a physical disability in Inverclyde. This is 8% of the whole population. The majority of people who have a physical disability in Inverclyde are over the age of 50, and in addition the proportion of those with a physical disability increases as people age. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over.	**Census 2011**
	People with a learning disability- Figures from Learning Disabilities Statistics Scotland, demonstrate that the number of people known to local authorities per 1,000 of population 2010 – 2014 in Inverclyde is significantly higher (8.7 – 9.4%) than the Scottish average (6.0 - 6.4%) There were 624 adults with a learning disability in Inverclyde in 2014. Half of them lived in areas with high levels of multiple deprivation and the largest single group	**Learning Disabilities Statistics Scotland**

was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect their quality of life

People who experience mental health issues or illness –

Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. The average scores for Inverclyde and Scotland for 2014 and 2015 shows that on average people in Inverclyde have slightly poorer mental health wellbeing compared to the Scottish average.

In the 2011 Census there were 5205 people who identified themselves as having a mental health issue. This is 6.4% of the total population in Inverclyde compared with the Scottish average figure of 4.4%.

Research evidence indicates the prevalence rate of people with a new diagnosis of depression is slightly higher than the Scottish average. Inverclyde 8.36% as compared with Scotland 6.28%.

There is increasing research that demonstrates the strong links between mental health and material deprivation. The poorest fifth of adults are at double the risk of experiencing a mental health problem as those on average incomes. The impact of welfare reform has compounded this further where 98% of respondents in a recent report Worried Sick: Experience of Poverty and Mental Health Across Scotland (2014) indicated their mental health had suffered.

Dementia presents a significant challenge to individuals, their carers and health and social care services across Scotland. Data from the Quality Outcomes Framework demonstrates that the rate of individuals in Inverclyde with dementia has fallen slightly from 0.9 in 2010/11 to 0.7 in 2014/15. This estimated prevalence is

	marginally less than the Scottish figure of 0.8 people per 100 of the population. The Census 2011 estimated that 34,492 people in Scotland were living with sight loss. Over half are registered as blind, with 2 in 5 male, and the remainder female. 74% over 65, a third have additional disabilities. However, it must be noted that the report suggests there is a significant number of people who are not represented within the statistics, yet if tested would be classified as blind or partially sighted. Looked after and accommodated children figures for March 2016 indicated that there were 238 children who had an additional support need. This was an increase from 190 children in November 2014 (the earliest available figures).	
Sexual Orientation	Confirming an accurate figure for the LGB population has proved difficult particularly given that the national census and other large scale population surveys do not include categories allowing LGB people to identify. Without a more robust measure it is estimated that between 5% - 7% of the UK population identify as Lesbian, Gay or Bi-Sexual. By applying this estimate to Inverclyde it can be assumed that there are approximately 4,700 LGB people living in Inverclyde. Research suggests that many LGB people will move to larger towns and cities in order to access peer social networks and services. Given this it is likely that many LGB people will move to Glasgow which is seen as a relatively LGB friendly centre. The Scottish Health Survey, (2010) found that LGB health & well-being outcomes have been shown to be notably poorer than in the heterosexual community. LGB people are more likely to have higher alcohol use, smoke and have poorer psychological well being with less LGB people reporting Good / Very good health	Scottish health Survey 2010

	A Call to Action: A Report on the Health of the Population of NHS Greater Glasgow and Clyde (2007-2008) suggested that lesbian, gay, bisexual and transgender (LGBT) people are concerned that there is an added dimension of discrimination which can make the difference between good and bad health. Problems associated with homophobia in early life such as bullying and low self-esteem can continue into adulthood and have serious long term negative effects on health. This is reflected in higher suicides rates amongst gay men than in the heterosexual population and higher rates of anxiety, depression, self-harm and attempted suicide have been linked with experiences of prejudice and discrimination.	
Religion and Belief	From the Census results (2011) we know that 33% of the Inverclyde population consider themselves to be members of the Church of Scotland,37% Roman Catholic church members and 4.1% of population belonging to other Christian denominations. 0.2% identified themselves as being of the Muslim faith and 0.5 of another faith. 19.2% stated that that they had no religion and a further 5.9% did not state anything. Evidence has been found that discrimination based on religion in the past, may be a contributing factor in ill health amongst the catholic community in the West of Scotland, due to increased stress levels, limited employment opportunities and leaving the labour market at an early age due to ill health. (Gordon et al.,2010) Concerns around services being culturally sensitive, respecting people's faith and religion, facing language difficulties have been expressed by carers in the past and may be a barrier to individuals from different backgrounds accessing services. Positive messages around Person centred care and self directed support may help to overcome this and efforts made to recruit carers, who have an understanding of the individual's first language and religious needs. Evidence exists to show that religion and spirituality can have a positive effect on people's health and wellbeing particularly in later lifeIt will be essential for the Strategic plan to reflect a partnership approach to working with people from minority groups in order to meet their individual needs in a holistic way and pull resources to	.(Gordon et al, 2010; Holloway et al 2011)

	meet their needs.	
Age	The Inverclyde Joint Strategic Needs Assessment (2016) recognises that Inverclyde's population is an increasingly elderly one as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland. In addition, there are more women than men in every age group except for those aged 0-15 as stated above. The projections show that the percentage of the population in older age groups is due to rise, with those aged 75 and above going from about one in ten in 2012 to nearly one in five of the population by 2037. There will be more people in older age groups than in younger age groups for both men and women. Inverclyde is one of the few council areas where the population numbers are falling meaning that it is estimated there will be just over 65,000 people in Inverclyde in 2037. This is a challenge for Inverclyde as it will have a large proportion of the population seen as economically 'dependant' upon the working age population. It is also recognised that disabilities and long term health conditions are more common among older people. Older people quite often experience more than one condition for which they require support from health or social care services The majority of people who have a physical disability in Inverclyde are over the age of 50. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over. This has implications for budgets and future planning which is recognised by the commissioning themes in the HSCP Strategic Plan. By commissioning against our five themes, we will be in a stronger position to ensure that our commissioning is based on person-centred outcomes, particularly in those cases where individuals have characteristics relating to more than one care category or need. There is also the issue of social isolation and loneliness in relation to age. The	**Census 2011** **Inverclyde Joint Strategic Needs Assessment (2016)** **Age and**

	recent Age and Social Isolation report by the Equal Opportunities Committee (EOC) recommends that these issues are built into the plans and strategies of HSCPs across Scotland. Older and younger people particularly experience stigma when experiencing loneliness linked to social isolation. If there are other protected characteristics in addition to being young or old then the potential impact is greater	**Social Isolation (EOC 2015)**
Pregnancy and Maternity	There were 725 births in Inverclyde in 2015. Although this was the fewest births since 1998, the actual rate of births per 1,000 women aged 15-44 has not changed significantly over that 18 year period. The 2015 rate, 50.7, was slightly under the Scottish figure of 52.0. The birth rate in Inverclyde has been lower than the Scottish average since 2006. One of the major challenges affecting Inverclyde is depopulation which is being addressed by the SOA 1 Repopulation group the outcome of which is to have a stable population with a balance of socio economic groups. At a national level there is a focus on Pregnancy and Parenthood in Young People which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in many young people under 18. In addition the strategy aims to provide extra support for young parents, particularly those who are looked-after up to age 26 in line with the Children and Young Peoples (Scotland) Act 2014. In terms of the age of the mother, the percentage of maternities for women under 20 was marginally lower in Inverclyde than Scotland in 2015. Although this is a marginal difference it is important to acknowledge that reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next. Partnership working to reduce teenage pregnancy has been in place for many years in Inverclyde as it was recognized that teenage mothers:	**Inverclyde Strategic Joint Needs Assessment (2016)** **Pregnancy and Parenthood in Young People Strategy**

	• Are less likely to finish their education • Are more likely to bring their child up alone and in poverty • Are three times more likely to smoke during their pregnancy • Are 50% less likely to breastfeed • Have 3 times the rate of post natal depression of older mothers • Have a higher risk of poor mental health for 3 years after the birth. There is good evidence demonstrating the short and long term health benefits of breastfeeding for both mothers and infants, including a reduced risk of infection and childhood obesity. The percentage of breast fed babies (both mixed and exclusively breastfed) is lower in Inverclyde than the Scotland average. Breastfeeding in Inverclyde has fallen slightly from the 2005/06 levels, but has been rising in the last few years from lows in 20012/13.	**Health Scotland** **ISD**
Marriage and Civil Partnership	**Not applicable as related to workforce**	
Social and Economic Status	Inverclyde is considered one of the most deprived local authorities in Scotland. Just over 40% of the population of Inverclyde (33,501 people) are in the top 20% most deprived data zones in Scotland. The rest of the population is relatively evenly spread across the other deciles, except in the least deprived decile where there is one data zone in Inverclyde in the top 10% least deprived in Scotland. Both male and female life expectancy at birth is lower in Inverclyde than the Scottish average and within Inverclyde a 14 year difference in life expectancy can be seen across our most deprived to least deprived areas. In terms of healthy life expectancy there is 23 years difference between those living in most and least deprived areas.	**SIMD 2012** **National Records for Scotland 2012** **Long Term Monitoring of Health**

	People within deprived communities also have higher rates of corony heart disease; some cancers; mental health problems and alcohol and drug problems**.** In Inverclyde between 2012/13 and 2014/15 2.6% of all babies had a low birth weight. This was a reduction in the percentage from the previous year but was higher than the Scottish figure of 2.0%. The percentage of people who are economically active is about 64% of the population in Inverclyde. The percentage of the population who are economically inactive in Inverclyde is lower than the Scottish average. However nearly 9% of those who are inactive are those who are long-term sick or disabled, and this is greater than the figure for the whole of Scotland. One in five of the working age population (aged 16-64) made a benefit claim, or were receiving benefit, in August 2015, the majority were for out of work benefits. Main out-of-work benefits include the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. The Institute for Fiscal Studies research indicated the cost of benefit claims in Scotland in 2011 – 2013 was £17.2bn with £1.9bn attributed to disability allowance and attendance allowance. Within Scotland, disability benefits per person equates to £593, 22% higher than GB average (£485). The data suggests that the percentage of Scots claiming health benefits is, proportionally speaking, higher than the rest of the UK Financial issues and concerns can cause health and social problems. Job insecurity, redundancy, debt and financial problems can all cause emotional distress, affect a person's mental health and contribute to other health issues. Information from the survey has shown that over 70% of respondents had a positive	**Inequalities SG 2013** **Census 2011** **DWP 2015** **NHS GG&C Health and Wellbeing survey**

	view of the adequacy of household income; however this has steadily declined in Inverclyde since the survey began. The Health and Wellbeing survey also reported that 9% of respondents in Inverclyde said they were affected by welfare reform. The majority of those who had been affected (87%) said that they had been affected adversely by reforms in welfare. The group who responded the most that they were affected were those aged between 35 and 44. Those in the bottom 15% deprivation areas were more likely to have difficulties meeting costs (29%) than other less deprived areas. This includes costs associated with rent/mortgage payments, fuel bills, phone bills, council tax/insurance, food or clothes/shoes. Additionally, those in the younger age groups were more likely than older age groups to have difficulty with household costs. Child Poverty rates are high with more than 1 in 4 children in Inverclyde are living in poverty. The ward with the highest percentage of children living in poverty is Inverclyde East Central (29.3%) whilst the ward with the lowest percentage is Inverclyde West (15.47%). There were 624 adults with a learning disability in Inverclyde in 2014. Half of them lived in areas with high levels of multiple deprivation and the largest single group was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect quality of life This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. It is therefore imperative that the HSCP through it's Strategic Plan has a clear remit to work towards reducing inequalities arising from social and economic deprivation. The strategic plan requires to take a localities approach to ensure targeted universalism to ensure these inequalities are reduced.	**End Child Poverty: Children in poverty Oct-Dec 2013 estimates** **Learning Disabilities Statistics Scotland,**

Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	**Alcohol and Drugs** Alcohol and drug related harm is a significant issue in Inverclyde. In 2012/13 it was estimated that it had the highest prevalence rates and incidents of substance misuse and related harm in Scotland (3.20%); a higher prevalence than the largest city populations. In 2012/2013 in Inverclyde there were an estimated 1,700 people aged 15-64 with a problem drug use. Problem drug use can lead to a number of health and social problems; in Inverclyde in 2013 the rate of drug related hospital admissions was 240 per 100,000 people, almost double the rate for Scotland as a whole which was 125 per 100,000 people. Over the intervening two year period, drug related deaths have reduced in Inverclyde. This remains an area of high priority for the ADP. Comparing with national data in 2013 there were 16.01 drug related deaths per 100.000 population in Inverclyde for Scotland the figure was a rate of 10.26 and for the NHS Greater Glasgow and Clyde Board Area the rate was 15.2. Alcohol related health issues are a major concern for public health in Scotland. Excessive consumption of alcohol can cause both short-term and long-term health and social problems. This includes liver and brain damage, as well as mental health issues, and it is also a contributing factor in cancer, stroke and heart disease. The rate of alcohol related hospital stays in Inverclyde has fallen slightly in the five years between 2010/11 and 2014/15 from 1192.2 to 1072.5. The number of hospital stays has also fallen in the same time period, in 2010/11 there were 954 stays related to alcohol and this had fallen to 849 by 2014/15 The rate (per 100K pop) of Alcohol Related Hospital Admissions in Inverclyde has	**Inverclyde ADP– Strategic Commissionin g Intentions 2015- 2018** **ISD Scotland** **Inverclyde HSCP Strategic Needs Assessment 2016**

	continued to fall steadily from 2008/9 to-date. The rate for Inverclyde was 693 per 100K per population compared to 693 for Scotland. Since 2010 the prevalence of alcohol related mortality has fallen per 100K of population in Inverclyde. However compared with Scotland wide rates, Inverclyde remains higher than that for the rest of the country with a rate of 28 deaths per 100K of population compared to a rate of 21 per 100K of population for Scotland as a whole Although significant advances have been made in tackling alcohol and drug related harm in Inverclyde there is considerable progress to be made in supporting the realisation of an environment where alcohol and drug misuse issues impact less on the achievement of better outcomes for individuals and our communities. **Homelessness** Shelter Scotland states In 2014-15, 35,764 homeless applications were made. The number of homeless applications is in decline which shelter advises is due to the renewed preventative approach adopted by local authorities in the form of housing options, rather than a change in the underlying drivers of homelessness. Around half of all homeless households are headed by someone aged under 30. Female homeless applications are typically younger, with more female applications than male in the under 25s 13.3%/per1000 of population. Under25s are homeless, much higher than the rate of homelessness for 25-65s, which is 5.7%/per 1000 population. In Inverclyde in the financial year ending March 2015, 1028 households approached us for housing options advice, of this 264 households made a homeless application.	**Inverclyde ADP– Strategic Commissioning Intentions 2015- 2018** **Shelter Scotland 2014 Housing and Homelessness statistics**

	The Local Housing Strategy includes themes addressing homelessness and housing for particular needs which are informed by a significant body of policy, legislation and research. Therefore, the strategic outcomes already reflect and align across the published National Health and Wellbeing Outcomes framework. The Health and Social Care Partnership and local housing providers will work together with care leavers to promote independence and enable tenancy sustainment. This will include working in partnership to investigate the options for providing a supported housing development for vulnerable young people. This will allow young people who have been in care or have experienced homelessness to gain the skills required for independent living in a safe and supported environment reducing the recurrence of repeated homelessness presentations. Inverclyde has developed an online Housing Options Guide and a Housing Advice Hub (one-stop-shop). The increased use of housing options for waiting list applicants, in particular those who are potentially homeless, has helped to ensure that people are aware of all the housing options available to them. This enables them to make informed decisions regarding their housing options. **Criminal and community Justice** Inverclyde HSCP Strategic Plan 2016-2019 incorporates the HSCP's Transition plan for a new model Community / Criminal Justice service development programme. It is recognised Offenders are marginalised and face long term discrimination and stigma due to passed and spent convictions. Inverclyde has a prison based population at HMP Greenock that includes both male	**Source: Scottish Government, Operation of the Homeless Persons Legislation in Scotland: 2014-15** **Inverclyde Housing Contribution Statement 2016-2019** **The Scottish Government's Future Model for Community Justice in**

	and female prisoners.	**Scotland consultation paper (2014)**
	Two thirds of young offenders were under the influence of alcohol at the time of committing their offence and a significant number of prisoners report having problems with alcohol and drugs outside prison. All of these criminogenic conditions impact on community justice and highlight the multi-layered and complex nature of issues facing our community. Importantly the profile also speaks to the variety of community assets that may be utilised in developing community capacity to facilitate the desistance of offenders. Studies have found that mental health problems are much more common in prisoners than in the general population. As much as 9 out of 10 prisoners report some kind of mental health problem and the most commonly reported symptoms in prisoners are sleep problems.	**Alcohol and Inverclyde: Impact, Services and Strategy, Report prepared for the Inverclyde Alliance Board, 2007.**
	Traveller communities Roma communities are the most deprived and vulnerable ethnic group within Europe as highlighted in the report by Poole and Adamson (2007). Many of the problems of the Roma community stem from their deliberate exclusion from citizenship in the EU countries from which they originate. It is recognised that This exclusion is a result of deep-rooted racism at all levels of society, which impacts on their health, access to service, unemployment, housing issues, poverty etc. Roma communities are particularly vulnerable to private sector dependency, given their high levels of unemployment, temporary or low paid employment. As a result, they experience high rents, sub-standard conditions and non-existent tenancy agreements. These factors also force Roma families to move frequently from one tenancy to another. It has been difficult to estimate how many families are	**RCN website:https://www.rcn.org.uk/development/practice/social_inclusion/gypsy_and_traveller_communitiessuggested** **Poole and Adamson**

	living locally, due to the transient nature of the population (both via inward and outward migration). The July 2009 Gypsy and Traveller count in Scotland found a population of around 2,120 (Scottish Government Social Research 2010) and in Wales it is around 2,000 (Equality and Human Rights Commission 2009). A research study, published by the Equality and Human Rights Commission in 2009, presents evidence of Gypsies' and Travellers' experiences of inequalities in a wide range of areas and has highlighted "the extent to which many of their experiences remain invisible and ignored within wider agendas" (Cemlyn et al 2009, p.252). The report covers the experiences of Gypsies and Travellers in England, Scotland and Wales. Gypsies and Travellers were highlighted as the minority group about which people felt least positively in a survey profiling the nature of prejudice in England (Stonewall 2003). Media reporting of stories about Gypsies and Travellers have usually reinforced negative stereotypes, a situation exacerbated by figures of authority (Power 2004, Commission for Racial Equality 2006). In their media analysis, Amnesty International in Scotland found a disproportionate amount of scrutiny of Scottish Gypsy Travellers in the Scottish media (Amnesty International 2012b). The culture of travelling present challenges in providing services to these communities that may be overcome with flexibility and person central approaches. **People seeking asylum and refugees**	**(2007).** **Equality and Human Rights Commission in 2009** **Stonewall 2003).** **Power 2004, Commission for Racial Equality 2006**

	Inverclyde is participating in 2 refugee resettlement schemes and now has an increasing population of Afghan and Syrian nationals. Inverclyde at present does not have any asylum seekers dispersed through the national dispersal scheme. Supporting new communities, NHS GGC (2005) suggested that language and communication have been identified as key findings in this research. This is despite a massive investment in and development of translation services in the NHSGGC area. There is evidence to suggest that health status of new entrants may worsen in two or three years after entry to the UK because of a complexity of pre-migration and post-migration factors. Mental health appears to be the biggest health issue affecting asylum seekers and refugees once in this country. Many studies have documented the high prevalence of trauma, post-traumatic stress disorder (PTSD) and depression within this community. There is very little information on the health needs of disabled asylum seekers and refugees. There is very little known about drugs and alcohol issues within the asylum seeker and refugee community; inaccurate figures from drug services and relatively low numbers of asylum seekers and refuges accessing addiction services prevents an accurate assessment of these issues. However, research suggests that this community is at risk of developing addiction problems because of unemployment, poverty and exposure to drugs and alcohol in the areas where they live. A number of studies have demonstrated that asylum seekers and refugees experience particular problems in accessing and using health services because of language and a lack of information.	**Glasgow Caledonian University, 2012**

	Asylum seekers and refugees are not a homogenous group, coming from different countries, cultures, religions and experiences. They have different health needs as a result. Asylum seeker and refugee women and children are particularly vulnerable to developing poor physical and psychological health. Women may have a specific range of health problems related to their experience of migration and possible rape or torture experienced in their home country. Children are at risk of undergoing physical and psychological disturbances due to malnutrition, exposure to violence, forced displacement and multiple familial losses. There are a number of key methodological issues which may arise when researching the health needs of asylum seekers and refugees related to the diversity of this community, trust and confidentiality.	

C Do you expect the policy to have any positive impact on equalities or on different equalities groups?

	Highly Likely	Probable	Possible
General	Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act		

	(Specific Duties) (Scotland) Regulations 2012.		
Sex	The strategic sets out it focus in terms of ensuring it delivers services that are fair to all. No services are delivered that are likely to impact upon gender.		
Gender Reassignment		The strategic plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers to access experiences by trans people. Our equality outcomes will ensure that trans people will not be discriminated against because of their protected characteristic.	
Race		The Equality outcomes highlighted in the Strategic Plan may raise the importance of our organisation's need to	

		engage more directly with individuals from different ethnic backgrounds. Although Inverclyde has a low ethnic population, it is all the more important that our services and plans are sensitive to the needs of minority groups and staff know how to access additional support such as interpreters.	
Disability		Inverclyde HSCP Strategic Plan 2016-2019, Strategic Needs Assessment and Housing Contribution statement demonstrates that it has taken cognizance of inequalities and needs of people with disabilities. The overarching Strategic Plan links to 26 existing strategic plans which in the main have been the subject of an independent EQIA review. This ultimately ensures positive outcomes for Service users, carers, and employees with protected characteristics.	
Sexual		The strategic plan sets out an	

Orientation		organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers to access experiences LGB people. Our mainstreaming aspirations and evolving equality outcomes will ensure that LGB people will not be discriminated against because of their protected characteristic.	
Religion and Belief			As the focus of our services should be on a person centred approach and self- directed care, this could have a positive impact on the take up of services with people of different faiths and beliefs. We need to promote this in a positive way and increase the understanding of staff around respecting the needs of individuals in relation to their spiritual, cultural and dietary needs.

Age		The Strategic Plan highlights opportunities to work with our partners to commission related services across care groups. It does not always make sense for us to commission services to support recovery on behalf of older people, people with mental ill-health etc. separately. As it is the older population who often require most access to more than one service this is highly likely to benefit them. However outcomes based commissioning is an aspirational approach at the moment so remains to be further evidenced	
Marriage and Civil Partnership		The strategic plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers.	
Pregnancy and Maternity		The Strategic Plan highlights various plans targeted at	

		young people in particular and their health and wellbeing as a priority. This includes a Looked After Children's strategy currently being developed. There is a focus on the early years and getting it right. Traditionally planning for hospital services has been separate from community-based health and social care planning, but the logic for having them integrated is apparent. To support a move to developing more sophisticated whole-system planning that helps reduce unequal outcomes for those accessing maternity services.	
Social and Economic Status		The Strategic Plan has identified 3 localities within Inverclyde which have differing characteristics related to deprivation. If services are planned and delivered on a locality basis this should have a positive impact.	
Other			

marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)		The HSCP Strategic plan outlines its commitment to reducing inequalities within the strategic plan mainstreaming statement which includes all marginalised groups.	

D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	**Probable**	**Possible**
General			If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect. Staff require to be fully conversant with the equalities legislation and

			understand their role in tis
Sex			If the HSCP services don't take the monitoring seriously and we are unable to see progress across the Equality Outcomes then there may be a detrimental effect.
Gender Reassignment			If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect.
Race			It is essential that the delivery of the actions outlined in the Equality Outcomes section are implemented and monitored. Staff in all sectors need to be more aware of the need to engage with the ethnic minority groups in Inverclyde and involve them in the shaping and planning of services to make sure we get it right.
Disability			Inverclyde HSCP has equality at the heart of its commitments as stated in the mainstreaming equalities section within the strategic plan. Significant priority has been given to the needs of service users, carers and paid and

			voluntary staff evidenced through the workforce development planning (referred to as the people plan) and the anticipatory strategic needs assessment process. These processes together with wider locality engagement provide opportunities for feedback, review and change as necessary or on the implementation and renewal the 26 existing plans which interface with the overarching planning arrangements in Inverclyde.
Sexual Orientation			If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect.
Religion and Belief			If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect.
Age			There is a focus in the plan on the older and younger populations. This may be to the detriment of those age groups in neither category. However by taking a “bottom-up approach”– the HSCP will work with

			individual and local people, groups, communities, neighbourhoods and partners to identify need, outcomes and to influence commissioning priorities within available resources.
Marriage and Civil Partnership			
Pregnancy and Maternity			Whist a focus on young people and teenage pregnancy is important there are other socio economic factors affecting outcomes for people and they need to be addressed otherwise there may not be evidence of improvements in outcomes for this group.
Social and Economic Status			Tackling inequalities and improving social economic status requires a community planning partnership rather than in the singular structure of the HSCP. If this CPP approach is not taken then there may not be improvements in outcomes.

Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)			If the HSCP services don't take the monitoring seriously and we are unable to see progress across the Equality Outcomes then there may be a detrimental effect.

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy		
E2 action to compensate for identified negative impact	Undertake a robust Staff training programme to raise awareness of equalities for all staff.	**Quality and Development.** **Service managers to ensure staff release.**

E3 Further monitoring – potential positive or negative impact	Ensure every HSCP strategy, plan and procedure that is new or reviewed is assessed to identify whether a full EQIA is required.is	**Quality and Development to identify strategies/plans /procedures.** **Service Managers re undertaking the reviews.**
E4 Further information required		

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

A monitoring framework will be agreed and implemented in place this will include protected characteristics. Agreed quarterly/annual reports are planned.

Lead Reviewer: **Name: Andrina Hunter**
Sign Off: **Job Title Service Manager**
Signature
Date: 19/4/16

Please email copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk

All other enquiries please to:

Alastair Low, Planning & Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital Tel: 0141-201-4817.