
Report To: Inverclyde Integration Joint Board **Date:** 8 November 2016

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Partnership (HSCP) **Report No:**
IJB/63/2016/HW

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Subject: STAFF PARTNERSHIP AGREEMENT

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board of the Inverclyde Health and Social Care Staff Partnership Agreement.

2.0 SUMMARY

- 2.1 The Staff Partnership Agreement has been developed to provide a framework for partnership working between the Health and Social Care Partnership (HSCP) Senior Officers, the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff

3.0 RECOMMENDATION

- 3.1 That the Integration Joint Board notes the Staff Partnership Agreement and recognises it as a constructive framework to ensure that officers work with all staff to deliver the principles of the Staff Governance Standard.

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

4.0 BACKGROUND

- 4.1 The joint Staff Partnership Forum (SPF) was established as part of the set-up arrangements for the former CHCP in 2010. It built on the requirements of both the Health Board and Inverclyde Council to engage with staff representatives on matters that could have an effect on staff. The SPF includes senior managers from the four key HSCP service areas and the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council
- 4.2 As we moved into our HSCP arrangements it was a timely opportunity to develop a formal Staff Partnership Agreement to provide a clearer framework for partnership working between HSCP Senior Officers and the staff-side.

5.0 KEY DIMENSIONS OF THE AGREEMENT

- 5.1 The Agreement sets out the partnership values upon which relationships should be based. These values will govern the behaviour of meetings, based on mutual respect, trust and honesty.
- 5.2 It goes on to detail the roles and responsibilities of the members of the Forum, as well as being explicit about the purpose of the Forum. This is important to avoid assumptions that a common understanding exists, without such assumptions being tested or challenged.
- 5.3 The Agreement highlights the membership, ensuring a balance between senior managers and staff-side representatives. It also clarifies the position with regard to substitutes, vacancies, chairmanship and meetings set-up.
- 5.4 Other important aspects are covered such as the Forum's relationship to health and safety and communication.

6.0 PROPOSAL

- 6.1 The Staff Partnership Agreement should be welcomed as a useful document that clarifies how the staff-side should be kept fully involved in the business of the HSCP, and how all members of the Staff Partnership Forum should understand and fulfil their roles within the Partnership.

7.0 IMPLICATIONS

Finance:

7.1 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

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

Human Resources

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

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO - 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.

7.4.1 How does this report address our Equality Outcomes.

The Staff Partnership Agreement provides a framework to ensure that the rights of staff with protected characteristics are held in equal esteem to the rights of all other staff members.

7.4.1.1 People, including individuals from the protected characteristic groups, can access HSCP services.

The content of this report does not directly contribute to this equality outcome.

7.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

The content of this report does not directly contribute to this equality outcome.

7.4.1.3 People with protected characteristics feel safe within their communities.

The content of this report does not directly contribute to this equality outcome.

7.4.1.4 People with protected characteristics feel included in the planning and developing of services.

The content of this report does not directly contribute to this equality outcome.

7.4.1.5 HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.

All members of the Staff Partnership Forum are fully signed up to the Inverclyde HSCP Equalities Outcomes, ensuring that the day to day work of staff is underpinned by the values of promoting equality and diversity.

7.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

The content of this report does not directly contribute to this equality outcome.

7.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

The content of this report does not directly contribute to this equality outcome.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no clinical or care governance issues within this report.

7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

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

The content of this report does not directly contribute to this outcome.

7.6.2 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.

The content of this report does not directly contribute to this outcome.

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

The content of this report does not directly contribute to this outcome.

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

The content of this report does not directly contribute to this outcome.

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

By supporting our workforce to promote equality and diversity each staff member will have a contribution to reducing health inequalities.

7.6.6 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.

The content of this report does not directly contribute to this outcome.

7.6.7 People using health and social care services are safe from harm.

The content of this report does not directly contribute to this outcome.

7.6.8 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.

All staff members have the opportunity to have a link into the Staff Partnership Forum, so can influence change and improvement.

8.0 CONSULTATION

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers and staff-side representatives in the HSCP.

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde Health and Social Care Partnership Staff Partnership Agreement.

Inverclyde Health and Social Care Partnership Staff Partnership Agreement

1. Introduction

It is recognised that staff, through their recognised Trade Unions and Professional Organisations, and Management are major stakeholders within Inverclyde Health and Social Care Partnership and it is therefore in the interests of all stakeholders that these groups work closely together within a partnership process.

The purpose of this Agreement is to provide a framework for partnership working between the Health and Social Care Partnership (HSCP) Senior Officers, the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff.

It is not the intention of this agreement to cut across existing joint trade union and management structures that belong to staff as a result of being an employee of either the Council or the Health Board.

2. Partnership values

All parties to this Agreement are committed to ensuring that the following values, jointly agreed, are demonstrated in their day-to-day work and integrated into their partnership arrangements:

- Mutual trust, honesty and respect.
- Openness and transparency in communication.
- Consensus, co-operation and inclusion as the “best way”.
- Recognising and valuing the contribution of all parties.
- Recognising and valuing diversity within the workforce and the wider community.
- Recognising the right of stakeholders to be involved, informed and consulted.
- Recognising and respecting the responsibility of individuals to represent their constituency.
- Recognising the value in keeping language as simple as possible and avoiding the use of acronyms, foul or abusive language.
- The timely access and sharing of information.

3. Roles and responsibilities

Trade Unions/Professional Organisations recognise the HSCP responsibility to take action to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The HSCP recognises the Trade Unions/Professional Organisations’ role in representing the interests of their members within society and the wider community; and in improving terms/conditions of service, promoting health and safety at work, and employment security. Trade Unions have two formal seats on the IJB, reflecting this role and commitment.

The success of partnership working must be measured against the improvements in decision making to produce enhanced outcomes. The signatories to this Agreement will demonstrate commitment to partnership working by ensuring early involvement in all processes regarding change such as for example services review or redesign, and the formulation and delivery of the Strategic Plan of the IJB.

4. **Staff partnership forum remit**

The Staff Partnership Forum will be the forum where the HSCP and the recognised trade unions and professional organisations work together to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Staff Partnership Forum will be a powerful enabling force to:

- Inform thinking around priorities on health and social care issues,
 - Inform and test delivery and the implementation in relation to strategic plans,
 - Advise on workforce planning and development,
- Provide strategic oversight and guidance around Healthy Working Lives and other associated workstreams aimed at improving the health and wellbeing of the workforce,
- Advise on the delivery of workforce governance, and
 - Promote equality and diversity.

The Staff Partnership Forum will therefore participate in the wider strategic organisational objectives of the HSCP and the three key areas of accountability (i.e. corporate governance, clinical governance, and workforce governance).

The Forum will provide formal reports to the IJB, and be empowered to initiate and sponsor work, in addition to receiving reports from work initiated elsewhere.

The Forum will not, in conduct of its business, seek to cut across existing joint trade union and management structures that belong to staff as a result of them being an employee of either the Council or Health Board. The Forum must ensure that nothing it does will impinge on the terms and conditions of staff as employees of either the Council or the Health Board.

5. **Membership**

The Forum will be a tripartite body composed of HSCP Management, the recognised trade unions of the Council, and the recognised trade unions and professional organisations of the Health Board.

HSCP Management – HSCP Chief Officer, Heads of Service; Human Resources representatives X 2 – NHS GG&C and Inverclyde Council

Council Trade Unions – UNISON [4 Seats], GMB [2 seats], Unite [1 seat]

Health Trade Unions - UNISON (4 seats), Royal College of Nursing (3 seats), Unite (3 seats), British Medical Association (2 seats) and one seat per other organisation recognised by the NHS at a United Kingdom level (e.g. NHS Staff Council) whose members work within the HSCP.

Staff Side Delegates

Delegates of the staff side will be appropriate accredited lay representatives of a recognised trade union or professional organisation within either the Council or the Health

Board. Time off with pay shall be granted to lay representatives for attendance at Forum and associated meetings. (If a representative ceases to be a member of his/her trade union/professional organisation, then he/she will immediately cease to be a member of the forum, and an appropriate replacement will be appointed by the relevant organisation.)

Substitutes

In the event of a member of the Forum being unable to attend any meeting, the constituency represented by the member will be entitled to appoint a substitute to attend the meeting. As a matter of principle, any substitute attending the Forum should be fully briefed by their constituency before attending the meeting.

Vacancies

If a vacancy arises, a new member will be appointed by the organisation who the previous member represented.

Full Time Officers

Full time officers of the recognised organisations shall be able to attend as 'ex-officio' members of the Forum.

Joint Chairs

In accordance with the principles of partnership working the Forum will appoint three Joint Chairs: one being the HSCP Chief Officer, one being a lay delegate of the Council Trade Unions, and one being a lay delegate of the Health Trade Unions and Professional Organisations.

The trade unions will have staff representation respectively from the Council and the Health Board on the Integration Joint Board, as per Inverclyde IJB Scheme of Establishment.

The trade union chairs will attend meetings of the HSCP management team where appropriate.

Joint Secretaries

The three Joint Chairs will be provided secretarial support from the Health and Social Care Partnership for the business of the Forum.

Staff side elections

The election of staff side officers of the Forum (Chairs) will be the sole responsibility of lay delegates, or their substitutes, directly appointed to the Forum to represent their trade union/professional organisation.

Invitees

With the agreement of the Joint Chairs, the Forum may invite any persons whose special knowledge would be of assistance to attend and speak at its meetings.

6. Frequency of Meetings, Notice, and Papers

The Forum will meet at least 6 weekly.

Notice will be given at least seven working days prior to any meeting with an agenda of the meeting and any supporting papers being circulated with the notice.

The Forum will be supported by a secretariat, comprising the Joint Chairs and the secretarial support, which will be responsible for agreeing meeting agendas and ensuring the production of any appropriate supporting papers.

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It is recognised that discussions are best conducted in an environment where there is a full and timely exchange of information relevant to the matter discussed. The HSCP agrees to adopt an open policy towards the early release of information necessary for the conduct of discussions.

The Forum may form issue-specific short-life working groups to discuss and analyse evidence, and/or issues with significant implications for staff or a particular group of staff within the Integrated Joint Partnership.

7. **Quorum**

The quorum for the Forum will be two management and four staff side representatives. The four staff side representatives should at a minimum have at least one being from the Council and one from the Health Board. In circumstances where the Partnership Forum is inquorate the option will be given to proceed or defer the whole agenda or specific items on the basis that any decision would be subject to ratification at the next quorate meeting.

8. **Reaching agreement**

Decisions of the Forum will be reached by agreement between Management of the HSCP, the Trade Unions and Professional Organisations representing Health Staff, and the Trade Unions representing Council Staff. The Forum should reach such an agreement based on consensus through a process of discussion, exchange of information, and consultation.

9 **Reporting relationships**

The Forum will provide formal reports to the Integration Joint Board on at least an annual basis. In addition, the Forum will link with the recognised trade union forums of both the Health Board and the Council.

10 **Health and safety**

It is recognised that health and safety at work is governed by specific laws and regulations that place a duty on both the Health Board and the Council as employers. Therefore the Health and Safety Committee of the HSCP will be responsible for the development of a comprehensive system to meet the regulatory requirements in compliance within the Health and Safety Policies of both the Health Board and the Council.

The Health and Safety Committee will report to both the Staff Partnership Forum and the Clinical Governance Forum., as well as the Health and Safety Forums of the Health Board and the Council.

11. **Communication**

The issue of communication in securing participation in partnership working and of its outcomes achieved is crucial. In addition to the joint development of a communication strategy around partnership, the Forum, through the Secretariat, will be responsible for communications on all issues considered in partnership to be conveyed jointly on a partnership basis.

12. **Review**

The Agreement will be subject to review **annually** on 1st April of each year, or at the instigation of members of the Staff Partnership Forum.