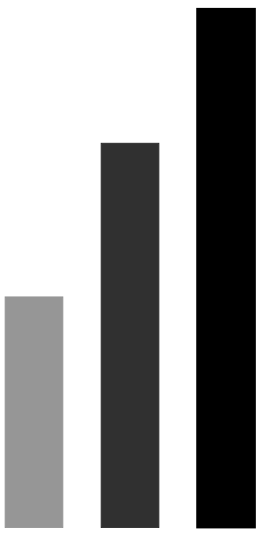
INVERCLYDE HSCP
Health and Social Care Partnership

Agenda 2016

Inverclyde Integration Joint Board

For meeting on:

8	November	2016



PLEASE NOTE VENUE OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 26 August 2016

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 8 November 2016 at 3pm within the Scott Walker Room, Holiday Inn Express, Cartsburn West, Greenock PA15 1AE.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
2.	**Update on Prescribing and Medicines Management 2016** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB There will also be a presentation on this item**	**p**
3.	**Minute of Meeting of Inverclyde Integration Joint Board of 18 August 2016**	**p**
4.	**Minute of Meeting of Inverclyde Integration Joint Board of 16 September 2016**	**p**
5.	**Voting Membership of the Inverclyde Integration Joint Board** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6.	**Financial Monitoring Report 2016/17 – Period to 31 August 2016, Period 5** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7.	**Staff Partnership Agreement** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8.	**Report on Progress of the Strategic Planning Group** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
9.	**Accounts Commission Report: Changing Models of Health & Social Care** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

10.	**Inverclyde Community Justice Transition Group Progress Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
11.	**Historic Child Abuse** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
12.	**Update on Delayed Discharges, Unscheduled Care and Winter Planning** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
13.	**Composition of Recruitment Panels for Senior HSCP Management Appointments** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
14.	**Chief Officer's Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
15.	**Immunisations and Screening Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
The documentation relative to the following item 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 paragraph 6 of Part I of Schedule 7(A) of the Act.		
16.	**Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 18 August 2016**	**p**

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

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/61/2016/MM**
Contact Officer:	**Margaret Maskrey Lead Clinical Pharmacist**	**Contact No:**	**01475 506142**
Subject:	**Update on Prescribing and Medicines Management 2016**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on prescribing and medicines management within Inverclyde Health and Social Care Partnership (HSCP).

2.0 SUMMARY

2.1 Prescribing and medicines management that is safe, clinically effective, cost efficient and patient-centred is essential for health and social care organisations.

2.2 From a financial perspective, prescribing is a complex and unpredictable activity. Development and implementation of initiatives to address current challenges in prescribing and medicines management, support cost efficiency on prescribing budget, while continuing to prioritise safe use of medicines and patient-centred care.

2.3 Inverclyde HSCP has been identified to pilot the new GMS contract model for New Ways of Working. For this pilot, the existing team and additional prescribing support resource have been allocated to all 16 GP practices to test new models of care.

2.4 Additionally, Inverclyde HSCP has been identified as a pilot site for testing community pharmacy New Ways of Working. There is an opportunity for community pharmacy to extend input to treatment of minor ailments and some common clinical conditions.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note and endorse this paper with respect to: -

- Prescribing and medicines management support
- New Ways of Working Prescribing Support
- New Ways of Working Community Pharmacy
- Prescribing expenditure position

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Safe, clinically effective, cost efficient and patient-centred prescribing and medicines management are essential for health and social care organisations. Prescribing decisions are made within a complex environment of national and local guidelines and formularies, clinical autonomy, local established practice, new therapies, cost pressures and patient expectation, and from a financial perspective, is a complex and unpredictable activity. Medicines management encompasses the wider use of medicines including community pharmacy activities and medicines use in care homes and social care settings.

4.2 The challenge is delivery of safe, clinically effective prescribing and management of medicines, with patient-centred care and cost minimisation, despite the volatility and complexities, by provision of support via medication review, input to staff training, and implementation and monitoring of initiatives such as prescribing indicators.

4.3 In 2015, the Scottish Government announced details of funding to recruit pharmacists to work directly with GP practices to support the care of patients with long-term conditions and free up GP time to spend with other patients. Alongside this, Inverclyde HSCP was identified to pilot the new GMS contract model for New Ways of Working. For this pilot, the existing team and additional prescribing support resource have been allocated to all 16 GP practices to test new models of care.

4.4 The NHS Community Pharmacy Contract requires all pharmacies in Scotland to provide four core pharmaceutical care services: Minor Ailment Service (MAS), Public Health Service (PHS), Acute Medication Service (AMS) and Chronic Medication Service (CMS). A range of national and locally negotiated additional services are also provided. As part of New Ways of Working, there is an opportunity for community pharmacies in Inverclyde to pilot an extended MAS and provision of treatment for some common clinical conditions.

5.0 PROPOSALS

Prescribing and Medicines Management Support

5.1 GP prescribing indicators and measures use prescription data to assess prescribing activity in specified therapeutic areas and provide a comparison across GP practices. These focus the work of prescribing team members supporting improvements in safe, quality and cost effective prescribing via medication review and clinics. This year each GP practice has indicators relating to formulary preferred list blood glucose test strips, preferred list respiratory inhalers, number of patients prescribed > 14 corticosteroid inhalers per year, plus another agreed practice specific indicator. NHSGGC Prescribing Indicators and Measures 2016/17 are shown in Appendix 1.

5.2 Cost minimisation is supported by improving formulary compliance, reducing use of unlicensed medicines, identifying and working on specific therapeutic areas of current cost and volume pressure, improving repeat prescribing processes and reducing waste. Current cost pressures include short supply of commonly prescribed drugs leading to price increases; non drug prescribing increases e.g. oral nutritional supplements, and stoma appliances; uptake of new medicines e.g. Novel Oral Anticoagulants (NOACs); and prescribing volume and cost growth, including drugs used in pain management, respiratory disease, and diabetes. Cost per weighted patient comparisons for HSCPs/Localities in NHSGGC and GP practices within Inverclyde HSCP are shown Appendices 2 and 3.

5.3 April to July 2016 figures compared to April to July 2015 for prescribing volume and volume growth show the following:

Inverclyde 6,422 items per 1000 weighted patients, growth +0.38%.
NHSGGC 5,832 items per 1000 weighted patients, growth +0.01%.
Scotland 6,091 items per 1000 weighted patients, growth +0.56%.

5.4 Training on safe and efficient medicines management and input to processes to minimise waste continues for local Care Homes.

5.5 Social care referrals for medication compliance review continue, and social care medicines management is supported via development of a draft HSCP Adult Medication Administration Support Policy with associated training.

New Ways of Working Prescribing Support

5.6 Inverclyde HSCP is a pilot site for testing of transformational change to develop a model of efficient, effective, sustainable multidisciplinary team working in primary care. One of the tests of change involves provision of additional prescribing support resource to relieve workload pressures on general practices by using clinical and independent prescribing skills to work directly with GPs to support care of patients with LTCs, and free up GP time. Primary Care Transformation Fund 50% / Prescription for Excellence Fund 50% has funded an additional 8wte Prescribing Support Pharmacists Band 7 and 2wte Prescribing Support Technicians Band 5 to be integrated into GP practices. For this pilot, the existing team and additional prescribing support resource have been allocated to all 16 GP practices to test new models of care.

5.7 All 16 GP practices applied for additional prescribing support and their objectives were agreed. Prescribing team resource, including existing and new staff, and GP practice priority objectives, including new ways of working initiatives and general prescribing support, are shown in Appendix 4.

5.8 To date, development of objectives are as follows:

- Input to acute requests in 13 practices.
- Input to medicines reconciliation in 12 practices.
- Input to management and monitoring of Disease-Modifying Anti-rheumatic Drugs (DMARDs) in 7 practices.
- Input to management and monitoring of Novel Oral Anticoagulants (NOACs) in 2 practices.
- Pharmacist run clinics in 10 practices – focus on respiratory, pain and polypharmacy.
- General Prescribing Support – prescribing indicators, audits, medication queries in 16 practices.

5.9 Evaluation of the pilot will be via GP and Prescribing Team audit, GP, staff and patient questionnaires, and an IT extract of Pharmacy Activity. A report is due in March 2017 to inform the new GMS contract model.

5.10 A national pilot of electronic prescribing by Pharmacist Independent Prescribers working in GP practices is currently under development, and due to commence in November 2016. Inverclyde Prescribing Support Pharmacists will be closely involved in this work.

New Ways of Working Community Pharmacy

5.11 As part of the Scottish Government and HSCP transformational change work for delivery of primary care services, there is an opportunity for community pharmacies in Inverclyde to pilot an extended MAS to all patients registered with an Inverclyde GP practice (except for care home patients) and provide treatment for some common clinical conditions such as uncomplicated urinary tract infection and impetigo. As such, Inverclyde HSCP has been identified as a pilot site for tests of change for community pharmacy New Ways of Working.

5.12 Initial engagement with local community pharmacists has been positive and the pilot in now being developed. This will include an update of the local MAS Formulary, and development of Patient Group Directions for some common clinical conditions with associated referral pathways.

5.13 This pilot is due to run from January 2017 for a period of 12 months, with an evaluation and production of a report.

Prescribing Expenditure Position

5.14 Inverclyde prescribing drug budget expenditure for 2015/16 was £17,397,304 (GIC), which was + £410,471, + 2.42% overspent on budget allocation. The NHSGGC expenditure was £233,064,316 (GIC), which was + £3,592,071, + 1.57% overspent on prescribing budget allocation.

5.15 Inverclyde prescribing drug budget allocation for 2016/17 is £17,982,689 (GIC). Prescribing expenditure at July 2016 is £5,992,527, which is + £95,816, + 1.62% overspent on budget allocation. The NHSGGC position at July 2016 is - £168,760, -0.21% within prescribing budget allocation. A prescribing budget risk sharing agreement across all HSCP/Localities within NHSGGC is in place for 2016/17.

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
N/A	Prescribing	2016/17	At July 2016, 2016/17 Inverclyde prescribing expenditure is £5,992,527, which is +£95,816, +1.62% overspent on budget allocation	N/A	At July 2016, 2016/17 NHSGGC prescribing expenditure is -£168,760, -0.21% within prescribing budget allocation

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 issues within this report. Prescribing is undertaken within a complex environment of legal framework, national and Health Board guidance, and professional standards.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.
Medicines are prescribed according to patient need.

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.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

6.6 This report supports delivery of the National Wellbeing Outcomes. Safe, accessible and clinically effective prescribing and medicines management supports people to be able to look after and improve their own health and wellbeing and live in good health for longer, and supports 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.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Lead Clinical Pharmacist.

8.0 LIST OF BACKGROUND PAPERS

8.1 Appendix 1:
NHSGGC Prescribing Indicators and Measures for 2016/17

8.2 Appendix 2:
NHSGGC HSCPs/Localities Annualised cost per weighted list size

8.3 Appendix 3:
GP Practices in Inverclyde HSCP Cost per weighted patient per quarter (April – June 2016)

8.4 Appendix 4:
Prescribing team resource allocation and GP practice priority objectives

Appendix 1

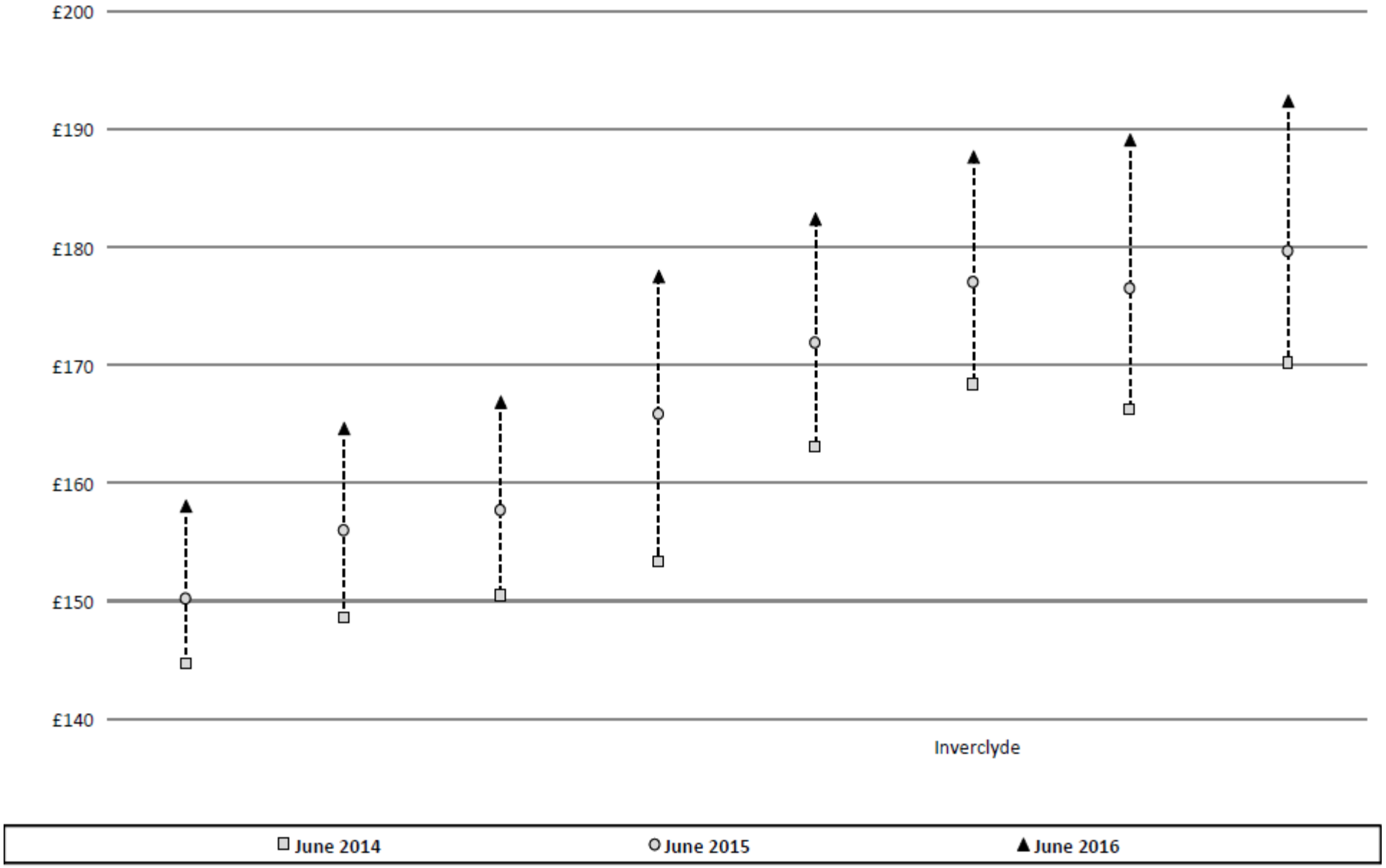
NHSGGC Prescribing Indicators and Measures for 2016/17

	Indicators	Measures
Gastrointestinal	**Proton Pump Inhibitors**: DDDs per 1,000 weighted LS per day	
Cardiovascular		**Oral anticoagulant**: number of patients prescribed an antiplatelet also prescribed an oral anticoagulant but without gastroprotection as percentage of all patients prescribed an oral anticoagulant (EFIPPS)
Respiratory	**Preferred list Inhalers**: Preferred list respiratory inhalers as a percentage of all respiratory inhalers (items)	**High Strength Corticosteroid Inhalers**: High Strength Corticosteroid Inhalers as a percentage of all corticosteroid inhalers (items)
	Corticosteroid Inhalers (including combination inhalers): number of patients prescribed more than 14 ICS inhalers in a year as a percentage of all patients prescribed ICS inhalers	Under 12 years prescribed **high strength corticosteroid inhalers** as a percentage of all children prescribed inhaled corticosteroids
	Mucolytics: DDDs per 100 weighted LS per day	**Short Acting Beta-Agonist (SABA) Inhalers**: number of patients prescribed more than 12 SABA inhalers in a year as a percentage of all patients prescribed SABAs
CNS - psychotropic	**Hypnotics and Anxiolytics**: DDDs per 1,000 weighted LS per day	**Hypnotics and Anxiolytics** diazepam 2mg tablets as a percentage of all diazepam tablets (items)
		Antipsychotic: number of patients aged ≥75 years prescribed antipsychotics (EFIPPS) as percentage of all people aged ≥75 years
	Antidepressants: DDDs per 1,000 weighted LS per day	**Antidepressants**: number of patients prescribed the same antidepressant long-term (>2 years) as a % of all patients prescribed antidepressants (excluding amitriptyline)
CNS - analgesic	**Opioid analgesics**: Strong opioids (including tramadol products) DDDs per 1,000 weighted LS per day	**Opioid analgesics**: number of patients prescribed strong opioids long term (>2 years) as a percentage of all patients prescribed strong opioids
	Opioid analgesics: Step 2 Opioids (other than strong opioids) DDDs per 1,000 weighted LS per day	**Opioid analgesics**: number of patients prescribed average daily dose of opioid equivalent to ≥ 120mg per day of morphine as a percentage of all patients prescribed step 2 and strong opioids
		Opioid analgesics: Morphine as a percentage of all morphine, oxycodone, fentanyl, tapentadol, and hydromorphine prescribed (DDDs)
	Gabapentanoids: pregabalin and gabapentin DDDs per 1,000 weighted LS per day	**Gabapentanoids**: number of patients prescribed > 1 DDD per day of gabapentanoid as a percentage of all patients prescribed a gabapentanoids (6 months)

Antimuscarinics/ Anticholinergics	**Antimuscarinics**: Drugs for urinary frequency, enuresis, and incontinence(BNF 4.7.2 excluding duloxetine and mirabegron) DDDs per 1,000 weighted LS per day	**Anticholinergics**: number of patients aged ≥75 dispensed > 10 items of strong or very strong anticholinergics (mARS 3&2) in 12 months as a percentage of people aged ≥75 years
Antibiotics	**Antibiotics**: Total antibiotic script items per 1,000 LS per day	**Antibiotics**: number of patients >4 antibiotics per 1,000 LS per 100 days
	Antibiotics: 4C antibiotics script items per 1,000 LS per 100 days	**Antibiotics**: number of adult women prescribed a 3-day course of acute UTI antibiotics as a percentage of all adult women prescribed acute UTI antibiotics
Drugs for Diabetes	**Antidiabetic Drugs**: Metformin as percentage of all anti-diabetic drugs (DDDs)	**SMBG**: average cost per 50 blood glucose test strips (quantity)
		SMBG: number of patients prescribed insulin not prescribed blood glucose test strips as a percentage of patients prescribed insulin
	SMBG: Preferred list blood glucose test strips as a percentage of all blood glucose test strips (items)	**SMBG**: number of patients prescribed blood glucose test strips who are not prescribed treatments for diabetes (insulins and/or antidiabetic drugs) or are only prescribed metformin as a percentage of all patients prescribed blood glucose test strips
Musculoskeletal	**NSAIDs including Cox-2 inhibitors**: DDDs per 1,000 weighted LS per day	**NSAID** prescribing to patients aged ≥65 years prescribed an ACE inhibitor/angiotensin receptor blocker and a diuretic (EFIPPS) as a percentage of people aged ≥65 years
		NSAID prescribing to patients aged ≥75 years without gastroprotection (EFIPPS) as a percentage of people aged ≥75 years
	NSAIDs including Cox-2 inhibitors: Ibuprofen and naproxen as a percentage of all NSAIDs (DDDs)	**NSAID** prescribing to patients aged ≥65 years prescribed an antiplatelet without gastroprotection (EFIPPS) as a percentage of people aged ≥65 years
		NSAID prescription to patients prescribed an oral anticoagulant without gastroprotection (EFIPPS) as a percentage of patients prescribed an oral anticoagulant
Wound Management	**Antimicrobial Wound Products**: Antimicrobial wound products as percentage of total wound products (items)	
New Medicines		**Black triangle meds** as a percentage of all meds from BNF chapters 1-7 & 9-13 (items)
LS – List Size		EFIPPS - Effective Feedback to Improve Primary care Prescribing Safety Tx – Treated

NHS GG&C HSCP/Sectors

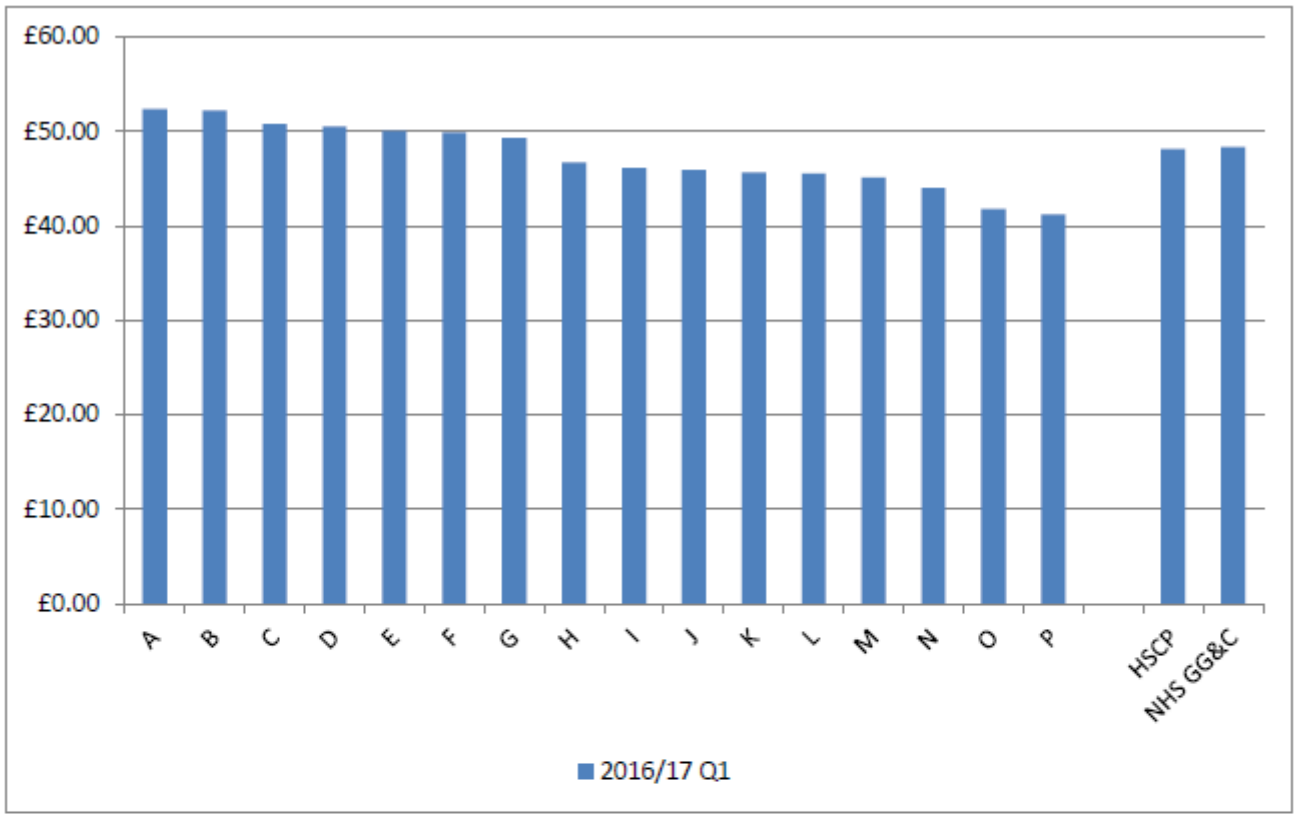
Annualised cost per weighted list size



Appendix 3

GP Practices in Inverclyde HSCP

Cost per weighted patient per quarter (April - June 2016)



	2016/17 Q1
A	£52.34
B	£52.20
C	£50.77
D	£50.48
E	£50.01
F	£49.88
G	£49.27
H	£46.67
I	£46.11
J	£45.88
K	£45.63
L	£45.52
M	£45.12
N	£44.01
O	£41.77
P	£41.20
HSCP	£48.11
NHS GG&C	£48.36

Appendix 4

Prescribing Team Resource Allocation and GP Practice Priority Objectives

Prescribing Team Resource Allocation and GP Practice Priority Objectives

Practice	PSP 8a	PSP 7	PST	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
1	0.2	0.4 0.3	0.2	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Respiratory	Community Pharmacy liaison re Waste, Rx Management and Minor Ailments	Prescribing Support Indicators / Audits / Queries
2	0.2	0.5	0.3	Input to Medicines Reconciliation	Input to Acute / Special Requests focus on Analgesics and Benzodiazepines	Pharmacist Clinic (with IP if possible) Analgesics and Benzodiazepines	Pharmacist Clinic (with IP if possible) COPD/Respiratory	Prescribing Support Indicators / Audits / Queries
3	0.32	0.5 0.3	0.5	Input to Acute / Special Requests	Management and monitoring of DMARDS and NOACs	Input to Medicines Reconciliation (initial focus on Medical IDLs)	Pharmacist Polypharmacy Clinic (with IP if possible) (incorporating Pain and Respiratory)	Prescribing Support Indicators / Audits / Queries
4	0.2	0.3	0.2	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Pain	Pharmacist Clinic (with IP if possible) Respiratory	Prescribing Support Indicators / Audits / Queries
5	0.24	0.7	0.5	Input to Acute / Special Requests	Input to Medicines Reconciliation	Medication review of new patients with nurse	Pharmacist Polypharmacy Clinic with IP	Prescribing Support Indicators / Audits / Queries
6	0.21	0.5	0.2	Pharmacist Polypharmacy Clinic with IP	Input to Acute / Special Request	Input to Medicines Reconciliation		Prescribing Support Indicators / Audits / Queries
7	0.2	0.5	0.2	Input to Acute / Special Requests	Management and Monitoring of DMARDs	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Polypharmacy / Respiratory	Prescribing Support Indicators / Audits / Queries
8	0.2	0.5	0.2	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) COPD	Pharmacist Clinic (with IP if possible) Learning Disability	Prescribing Support Indicators / Audits / Queries
9	0.2	0.2	0.1	Pharmacist Polypharmacy Clinic with IP	Input to Medicines Reconciliation	Input to Acute/Special Requests		Prescribing Support Indicators / Audits / Queries
10	0.2	0.3	0.1	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic Analgesics / DMARDS		Prescribing Support Indicators / Audits / Queries
11	0.2	0.3	0.1	Input to Acute / Special Requests	Pharmacist Clinic (with IP if possible) Follow up to acute req /high risk meds/analgesics	Input to Medicines Reconciliation e.g. queries on Medical IDLs	Input to Polypharmacy medication reviews	Prescribing Support Indicators / Audits / Queries
12	0.2	0.2	0.1	Input to Medicines Reconciliation	Input to Acute / Special Requests	Pharmacist Clinic (with IP if possible) Polypharmacy/Respiratory poss joint PN clinic		Prescribing Support Indicators / Audits / Queries
13	0.2	0.5 0.2	0.2	Input to Acute / Special Requests focus on DMARDS and Step 2 Opioids	Input to Medicines Reconciliation	Pharmacist Clinic with IP Respiratory	Technician Patient Education	Prescribing Support Indicators / Audits / Queries
14	0.2	0.5	0.2	Input to Medicines Reconciliation	Input to Acute / Special Requests	Pharmacist Polypharmacy Clinic with IP	Pharmacist Medication Advice Clinic	Prescribing Support Indicators / Audits / Queries
15	0.2	0.3 0.4	0.2	Management and Monitoring of DMARDS and other NPT LES meds	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Respiratory	Pharmacist Clinic (with IP if possible) Polypharmacy / Pain	Prescribing Support Indicators / Audits / Queries
16	0.63	0.6	0.6	Input to Acute / Special Requests	Management and monitoring of DMARDS	Input to Medicines Reconciliation	Pharmacist Clinics (with IP if possible) Pain and Respiratory	Prescribing Support Indicators / Audits / Queries
	3.8	8	3.9					
PSP 8a Post MI LVSD	0.2							
PST 6 Admin/Training			0.1					
	4	8	4					

Inverclyde Integration Joint Board

Thursday 18 August 2016 at 3 pm

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

Chair: Councillor McIlwee presided.

In attendance: Ms B Culshaw, Head of Health & Community Care, Ms H Watson, Head of Planning, Health Improvement & Commissioning, Ms D Gillespie, Head of Mental Health, Addictions and Homelessness, Ms F Houlihan, Service Manager Specialist Children's Services, Ms V Pollock (for Head of Legal & Property Services) and N Duffy (Legal & Property Services).

The following paragraphs are submitted for information only having been dealt with under the powers delegated to the Board.

55 Apologies, Substitutions and Declarations of Interest **55**

Apologies for absence were intimated on behalf of Ms S McLeod, with Ms C Low substituting, and Dr C Jones, with Ms J McGeough substituting.

No declarations of interest were intimated.

56 Inverclyde New Ways of Working **56**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership advising of the range of works underway across Inverclyde in relation to the New Ways of Working pilot.
The Board heard a presentation on the subject by Ms Culshaw and Dr McDonald, and following the presentation, both answered questions from members.
Decided: that the Board note the range of work in progress, the potential future delivery of Primary Care and consequential resource implications.

57 Minute of Meeting of Inverclyde Integration Joint Board of 20 June 2016 **57**

There was submitted minute of the Inverclyde Integration Joint Board of 20 June 2016.
Decided: that the minute be agreed.

58 Financial Monitoring Report 2016/17 – Period 3 to 30 June 2016 **58**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership advising of the Revenue and Capital Budget for the current year as at period 3 to 30 June 2016 and providing a summary of the 2015/16 outturn.

Decided:
(1) that the period 3 position for 2016/17 be noted;
(2) that the proposed budget realignments and virement outlined in Appendix 4 be approved and that Officers be authorised to issue revised directions to the Council and/or Health Board, as required, on the basis of the revised figures contained within the report;
(3) that the current capital position be noted;
(4) that the current Earmarked Reserves position be noted; and
(5) that the 2015/16 final outturn position be noted.

59 Directions from Integration Joint Board to Inverclyde Council and NHS Greater Glasgow and Clyde **59**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership seeking approval from the Board to issue directions to Inverclyde Council and Greater Glasgow and Clyde NHS Board in respect of the delivery of the functions delegated to the Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014.

Decided:
(1) that the Directions to Inverclyde Council and Greater Glasgow and Clyde NHS Board in respect of delivery of the functions delegated to the Inverclyde Integration Joint Board, as set out in Appendix 1 of the report, be approved;
(2) that authority be delegated to the Chief Officer to issue the Directions to the Chief Executives of Inverclyde Council and Greater Glasgow and Clyde NHS Board; and
(3) that it be agreed that both sets of Directions are renewed by the Inverclyde Integration Joint Board as and when updates are required and at a minimum on an annual basis in respect of the following financial year.

60 Freedom of Information Arrangements **60**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership seeking approval for the adoption of a draft Publication Scheme for the Inverclyde Integration Joint Board, as required by the Freedom of Information (Scotland) Act 2002.

Decided:
(1) that adoption of the Publication Scheme, as detailed in Appendix 1 of the report, be approved and its submission to the Scottish Information Commissioner for approval be agreed;
(2) that authority be delegated to the Chief Officer to complete the preparation of the Guide to Information as detailed in appendix 2 of the report;
(3) that authority be delegated to the Chief Officer to prepare, complete and publish policies and procedures, an internal review/appeals process and leaflet to staff and the public detailing the Inverclyde Integration Joint Board as arrangements for dealing with requests for information in terms of the Freedom of Information (Scotland) Act; and
(4) that authority be delegated to the Chief Officer to review and amend as necessary the Publication Scheme Guide to Information, policies and procedures, internal review/appeals process and draft leaflet to staff and the public in response to legislative changes, best practice and all basic requirements.

61 Freedom of Information 61

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership informing members of the number, themes and sources of Freedom of Information requests from July 2015 to June 2016 and performance with regard to response timescales.
Noted

62 Health Board Financial Allocation 2016/17 62

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership providing the Board with an update on the financial allocation agreed for the Inverclyde Integration Joint Board by the Health Board for 2016/17.
Noted

63 Performance Exceptions Report 63

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership presenting a sample of key performance exceptions data to the Integration Joint Board which reflects a balanced view of performance across the four Heads of Service areas of the HSCP as well as providing a picture of how people in Inverclyde experience Health and Social Care Services.
Noted

64 HSCP Complaints Annual Report 2015/16 64

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership informing the Board of the annual performance of the Inverclyde Health & Social Care Partnership following implementation of the new Integrated Complaints Handling Procedure.
Decided:
(1) that the annual performance of the Inverclyde HSCP Integrated Complaints Handling Procedure be noted; and
(2) that the changes to legislation which will require amendments to the local procedure in due course be noted.

65 Delayed Discharge Performance 65

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership advising the Board on Inverclyde's performance towards achieving the national targets for Delayed Discharge.
Noted

66 Risk Management Policy and Strategy 66

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership seeking the approval of the risk management policy and strategy and providing an update on the development of the Inverclyde Integration Joint Board Strategic Risk Register.

Decided:
(1) that the contents of the report be noted;
(2) that the risk management policy and strategy be approved; and
(3) that it be agreed that the IJB risk register be discussed at the future IJB development session in 2016.

67 iMatter Update **67**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership advising on the implementation of the staff experience employee engagement tool iMatter across Inverclyde Health & Social Care Partnership.
Noted

68 GP Health and Care Experience Survey 2015/16 **68**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership providing the Board with an overview analysis of the results of the GP Health and Care Experience Survey 2015/16.
Decided: that the Inverclyde results of the survey be noted, with a view to being considered a baseline against which future survey results can be compared.

69 Strategic Service Planning **69**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership making recommendations in relation to strategic service planning.
Decided: that the Board note:
(1) the process proposed by NHS Greater Glasgow and Clyde to develop a strategic plan for acute services; and
(2) the local arrangements established by the HSCP for engaging with the acute sector.

70 Chief Officer's Report **70**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership updating the Board on a number of work streams that are currently underway.
Decided:
(1) that the Chief Officer's report be noted; and
(2) that the revised template for IJB reports be approved.

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 each item.

Item	Paragraph(s)
Living Wage	9 and 12
Governance of HSCP Commissioned External Organisations	6
Report on Care Home, Greenock	6

71 Living Wage **71**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (1) on the implications for the Council and the Integration Joint Board of implementing the Living Wage in relation to supporting adult care providers to pay their staff the National Living Wage and sleepovers payment from 1 April 2016 and the Scottish Living Wage from 1 October 2016 and (2) seeking the approval of the Board to implement new provider contact rates in order to deliver the Council's commitment in relation to these new requirements.

Decided:

(1) that the progress over recent months by the Council and Partnership to ensure fair rates of pay for these groups of Providers be noted;

(2) that the increase in National Care Home Contract rates applied at 1 April 2016 through to 1 October 2016 be confirmed;

(3) that option 1 to deliver the Scottish Living Wage from 1 October 2016 be adopted; and

(4) that approval be given for the funding for the implementation costs to be met from the Social Care Fund.

72 Governance of HSCP Commissioned External Organisations **72**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership updating the Board on matters linked to the HSCP governance process for externally commissioned Social Care Services.

Noted

73 Report on Care Home, Greenock **73**

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership providing the Board with a comprehensive report further to issues raised in respect of a Care Home, which was noted, all as detailed in the Appendix.

74 Ms Cathy Roarty **74**

The Chair referred to Ms Cathy Roarty, Professional Nurse Adviser, who would shortly be retiring and, on behalf of the Board, extended best wishes to Ms Roarty for the future.

Inverclyde Integration Joint Board

Friday 16 September 2016 at 9.30 am

Present: Councillors S McCabe, J McIlwee and L Rebecchi, Mr S Carr, Mr A MacLeod (for Mr A Cowan), Ms S O'Rourke, Ms J McGeough (for Dr C Jones), Mr B Moore, Ms L Aird, 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: Ms S McAlees, Head of Children's Services & Criminal Justice, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms B Culshaw, Head of Health & Community Care, Ms J Hawthorn (for Head of Planning, Health Improvement & Commissioning), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang, Legal & Property Services.

In attendance also: Mr Mike Thomas, Grant Thornton, Auditors.

75 Apologies, Substitutions and Declarations of Interest **75**

Apologies for absence were intimated on behalf of Ms D McErlean, Mr A Cowan, with Mr A MacLeod substituting, Dr D Lyons, Dr H MacDonald and Dr C Jones, with Ms J McGeough substituting.

No declarations of interest were intimated.

The Chair, being of the opinion that the undernoted report by the Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership was relevant, competent and urgent, moved its consideration in terms of the relevant Standing Order to allow the Board to consider changes to its membership arrangements at the earliest opportunity. This was agreed unanimously.

76 Membership of the Inverclyde Integration Joint Board **76**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership advising the Integration Joint Board (IJB) of a change in its membership arrangements.

Decided:

(1) that the appointment by Greater Glasgow and Clyde NHS Board of Mr Alan Cowan and Ms Dorothy McErlean as voting members of the Inverclyde Integration Joint Board be noted;

(2) that the appointment by Greater Glasgow and Clyde NHS Board of Mr Simon Carr as Vice Chair of the Inverclyde Integration Joint Board be noted;

(3) that the appointment by Inverclyde Council of the Head of Children's Services & Criminal Justice as Chief Social Work Officer from 1 October 2016 be noted;

(4) that the appointment on an interim basis by Greater Glasgow and Clyde NHS Board of Ms Susan O'Rourke as Professional Nurse Adviser be noted;

(5) that the Integration Joint Board agree to submit nominations to the Chief Officer for the two Greater Glasgow and Clyde NHS Board voting members, including the

Chair, to serve on the IJB Audit Committee, having due regard to the requirements set out in paragraph 6.3 of the report; and

(6) that it be noted that a further report with recommendations on the appointment of two Greater Glasgow and Clyde NHS Board voting members, including the Chair, will be submitted to the next meeting of the Integration Joint Board.

77 Annual Report to the Integration Joint Board (IJB) and the Controller of Audit for the Financial Year ended 31 March 2016 **77**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership appending the Annual Report and Auditors' Letter to Integration Joint Board Members for the financial year ended 31 March 2016 which had been prepared by the IJB's External Auditors, Grant Thornton.

Decided:

(1) that the contents of the Annual Report to the IJB and Controller of Audit for the financial year ended 31 March 2016 be noted;

(2) that the achievement of a qualification-free first set of IJB Accounts be welcomed;

(3) that the issues raised in the appendices to the report relating to the 2015/16 audited Annual Accounts be noted; and

(4) that the Chair, Chief Officer and Chief Financial Officer be authorised to accept the final 2015/16 Accounts on behalf of the IJB.

78 Inverclyde IJB Budget 2016/17 and Due Diligence Report **78**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership (1) proposing the setting a formal budget for the Inverclyde Integration Joint Board for 2016/17, to be spent in line with the Strategic Plan and (2) requesting agreement of the Annual Financial Statement for the IJB.

Decided:

(1) that the Integration Joint Board note the contents of the report and the due diligence work undertaken;

(2) that the Integration Joint Board agree net revenue budgets of £51.375m to Inverclyde Council and £72.878m, excluding the "set aside" budget, to NHS Greater Glasgow and Clyde and direct that this funding is spent in line with the Strategic Plan;

(3) that officers be authorised to issue the revised Directions to the Health Board and the Council;

(4) that agreement be given to the proposed use of the £4.449m Social Care Funding for 2016/17;

(5) that agreement be given to a "set aside" budget of £16.439m;

(6) that the Capital budget of £1.658m in 2016/17 be noted;

(7) that the position on Earmarked Reserves be noted; and

(8) that approval be given to the Annual Financial Statement covering the three years of the Strategic Plan 2016/17 to 2018/19, set out in the appendix to the report.

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/129/16**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Voting Membership of the Inverclyde Integration Joint Board**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in its voting membership arrangements.

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 Councillor Stephen McCabe has recently intimated his resignation from the IJB. Inverclyde Council has taken steps to fill this vacancy by appointing a new voting member.

2.3 This report sets out the revised voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

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

(1) notes the resignation of Councillor Stephen McCabe as a voting member of the Inverclyde Integration Joint Board; and

(2) notes the appointment by Inverclyde Council of Councillor Jim Clocherty as a voting member of the Inverclyde Integration Joint Board

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

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. As a minimum this must comprise:

- voting members appointed by the NHS Board and Inverclyde Council;
- non-voting members who are holders of key posts within either the NHS Board or Inverclyde Council; and
- representatives of groups who have an interest in the IJB.

5.0 VOTING MEMBERSHIP

5.1 In terms of the Integration Scheme, Inverclyde Council is required to appoint four elected members as voting members of the IJB.

5.2 Councillor Stephen McCabe has recently intimated his resignation from the IJB with effect from 29 September 2016. As a result, Inverclyde Council has nominated a new voting member, Councillor Jim Clocherty. Councillor Stephen McCabe has been nominated as Councillor Clocherty's named proxy in the event that he is unable to attend a meeting of the IJB.

5.3 The impact of this change in voting membership on the membership of the Audit Committee will be the subject of a report to the next meeting of the IJB.

6.0 PROPOSALS

6.1 It is proposed that the IJB agree the revised IJB voting membership arrangements as set out in Appendix 1 Section A.

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 membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

Clinical or Care Governance

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

National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None

Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

8.0 CONSULTATIONS

8.1 The Corporate Director (Chief Officer) 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 Jim Clocherty Councillor Ciano Rebecchi Councillor Vaughan Jones	Councillor Gerry Dorrian Councillor Stephen McCabe Councillor Kenny Shepherd Councillor Ronnie Ahlfeld
Greater Glasgow and Clyde NHS Board	Mr Simon Carr (Vice Chair) Dr Donald Lyons Mr Alan Cowan Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Brian Moore	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
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 Susan O'Rourke	
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	

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/60/2016/LA**
Contact Officer:	**Lesley Aird**	**Contact No:**	**01475 715381**
Subject:	**FINANCIAL MONITORING REPORT 2016/17 – PERIOD TO 31 AUGUST 2016, PERIOD 5**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 5 to 31 August 2016.

2.0 SUMMARY

2.1 This report outlines the financial position at Period 5 to the end of August 2016. The current year end projection for the Partnership is an overspend of £0.129m against the approved expenditure budget of £126.142m. This is made up of a forecast £0.129m overspend on Social Work and a forecast breakeven on Health Services, assuming £0.668m of non-recurring funding from the Health Board linked to the delayed delivery of in year savings.

2.2 The Social Work revised budget is £53.265m with £1.536m of unallocated funds linked to the Social Care Fund and a projected overspend of £0.129m, which is an increase in projected spend of £0.135m since the last report. The main elements of the overspend are:

- Residential & Nursing overspend of £0.220m reflecting the increased numbers of beds in use. This is partially offset by the additional income below,
- Homecare overspend of £0.056m on external homecare reflecting the increased hours of care provided. This is offset by vacancies on internal homecare below,
- A projected overspend of £0.090m on domiciliary respite due to increased usage,
- A projected overspend of £0.054m in Learning Disabilities on client care packages. This is linked to the move to Redholm,
- Children and Families net overspend of £0.020m,
- Overspends in other areas of £0.052m due to increased turnover targets.

Offset in part by:

- Underspend on Employee Costs within Older People £0.140m, mainly due to vacancies in internal homecare,
- One off income in Residential & Nursing of £0.077m,
- Projected underspends on client packages of £0.155m across Physical &

Sensory, Mental Health and Addictions.

2.3 While Health services are currently projected to be in line with budget there are some issues to note:

- Savings Delivery
  The part year effect of the 2016/17 savings means that £0.668m of the proposed savings to deliver the targeted full year savings will require to be funded on a non-recurring basis by the Health Board.

- Mental Health Inpatients
  As per previous reports, there is still an ongoing budget pressure related to mental health inpatient services due to the high levels of special observations required. Work is ongoing to address this for the current and future years.

2.4 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as opportunities arise. Any overspend would require to be funded from the Social Care Fund Balance or IJB reserves.

2.5 The report outlines the current projected spend for the Social Care Fund, Integrated Care Fund and Delayed Discharges money.

2.6 The IJB has no capital budget. The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.414m for 2016/17 with an actual spend to the end of August of £0.023m.

2.7 The Council previously held earmarked reserves which related to IJB activity. In September 2016 the Council agreed to transfer these reserves to the IJB during to be managed in line with the IJB Reserves Policy. The total funding for 2016/17 is £2.624m, actual spend at Period 5 is £0.326m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the Period 5 position for 2016/17 (Appendices 1-3);
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. Agrees the proposed use of the Social Care Fund in 2016/17 and 2017/18 (Appendix 6);
4. Notes the current position for the Integrated Care Fund and Delayed Discharge monies (Appendix 7);
5. Notes the current capital position (Appendix 8),
6. Notes the current Earmarked Reserves position (Appendix 9).

Brian Moore
Corporate Director, (Chief Officer)
Inverclvde HSCP

Lesley Aird
Chief Financial Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also "set aside" an amount in respect of large hospital functions covered by the integration scheme.

4.2 The IJB budget for 2016/17 was formally agreed on 16 September 2016. The table below summarises the agreed budget and funding for 2016/17:

	Approved Budget 2016/17 £000
Social Work Services	53,264
Health Services	72,878
HSCP NET EXPENDITURE	**126,142**
FUNDED BY	
Social Care Fund	4,449
NHS Contribution to the IJB	72,878
Council Contribution to the IJB	48,815
HSCP NET INCOME	**126,142**
HSCP SURPLUS/(DEFICIT)	**(0)**

5.0 SOCIAL WORK SERVICES

5.1 The Social Work services approved budget is £53.264m, of which £1.536m of the Social Care Fund is still unallocated. The projected outturn at 31 August 2016 is a £0.129m overspend (0.2%). The notes below provide the detail of the various over and under spends which make up the current projected outturn.

5.2 The Social Work budget includes an in year savings target of £1.043m, of which the majority has already been delivered. It is anticipated that this will be delivered in full during the year.

Appendix 2 contains details of the outturn position. The material variances are identified by service are detailed below.

5.3a **Children & Families: Projected £0.020m (0.18%) overspend**

The projected overspend is £0.047m less than reported previously and comprises:

- A projected overspend on employee costs of £0.113m mainly relating to residential accommodation where there is a requirement for certain staffing levels. This is a continuing pressure area which was offset in 2015/16 by a number of vacancies within Children & Families. This is a reduction of £0.098m since period 3 due to additional turnover,

- A projected underspend on Children & Young People Act funding due to delays in projects starting this year,

- Respite is now projected to outturn on budget, a movement of £0.065m following a

review of the rates used for commitments,

- A projected underspend in kinship of £0.043m due to additional funding received for parity with foster carers.

Any over/ underspends on adoption, fostering and children's external residential accommodation are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above overspend. The reserve had a balance of £0.682m carried forward from 2015/16 and £0.133m of that was set aside to contribute to the additional costs for the replacement of the Neil Street Children's Home.

Overall at Period 5 there was a projected net underspend on fostering, adoption and children's external residential accommodation of £0.227m which would be added to the Earmarked Reserve at the end of the year if it continues.

5.3b **Older People: Projected £0.222m (0.95%) overspend**

The projected overspend is £0.264m more than previously reported and comprises:

- A projected underspend on employee costs of £0.140m, an increase of £0.037m. £0.181m relates to vacancies in Homecare and this is offsetting a projected overspend on external homecare costs,

- A projected overspend on domiciliary respite of £0.090m (an increase of £0.019m) reflecting the continued increase in demand,

- A projected overspend of £0.056m on external homecare costs. This is an increase of £0.073m due to changes in packages and an increase in hours of care provided,

- A projected overspend in Residential & Nursing on care home beds of £0.220m (an increase of £0.231m since period 3). This movement is due to the increased numbers of care home beds in use. There are currently 643 beds required (628 at the end of 2015/16) and the projection assumes that this will fall to 637 by November 2016,

- Residential & Nursing also has additional one off income received for charges of £0.077m, an increase of £0.040m,

- Various minor net overspends totalling £0.030m

- A projected under-recovery of Homecare charging income of £0.043m due to a reduction in the services that can be charged for.

5.3c **Learning Disabilities: Projected £0.046m (0.70%) overspend**

This is an increase of £0.078m in the projected position and is due to additional costs incurred related to the move of clients to Redholm and changes to client packages.

5.3d **Physical & Sensory: Projected £0.069m (3.31%) underspend**

The projected underspend mainly relates to client package costs and is an increase in the underspend of £0.061m since period 3. There is additional spend on disability aids which is offset by additional income from Health.

5.3e **Assessment & Care Management: Projected £0.013m (0.83%) underspend**

This relates to a projected underspend on employee costs.

5.3f **Mental Health: Projected £0.047m (3.80%) underspend**

This relates to a projected underspend on client package costs of £0.07m partially offset by

a projected overspend of £0.023m on agency staff. There is additional spend relating to the Neil Street project which is fully funded by Health.

5.3g **Addictions: Projected £0.039m (3.76%) underspend**

The projected underspend consists of £0.027m projected underspend on employee costs due to vacancies and a projected underspend of £0.024m on client package costs due to changes in packages partially offset by minor overspends on other budgets.

5.3h **Homelessness: Projected £0.033m (4.09%) overspend**

The projected overspend consists of a projected underspend on employee costs due to vacancies offset by a projected overspend on property costs. There is a projected overspend of £0.040m on bad debt provision. The bad debt provision is currently under review in light of changes in the number of properties and the impact of Welfare Reform.

5.3i **Business Support: Projected £0.025m (1.23%) underspend**

This consists of a projected underspend on employee costs of £0.022m due to additional turnover, an overspend on telephone charges of £0.025m and a projected underspend on payments to other local authorities of £0.029m based on changes in service.

6.0 HEALTH SERVICES

6.1 The Health services budget is £72.878m and the projected outturn as at Period 5 is in line with that budget.

6.2 The total savings target for Health services for 2016/17 was originally £0.911m but has since been reduced to £0.890m due to the removal of a System Wide saving linked to Health Visitors. Of the £0.890m target, it is estimated that only £0.222m of this will be delivered in cash terms in year due to the timing of implementation of the savings, leaving a balance of £0.668m not delivered in year. It has been confirmed that the Health Board will fund the balance of savings not delivered on a non recurring basis. The detailed proposals which make up the above will be brought to the IJB development session in November for further discussion.

6.3 <u>Mental Health Inpatients</u>

As per previous reports, there is still an ongoing budget pressure related to mental health inpatient services due to the high levels of special observations required.

6.4 In 2015/16 planned reductions were made in other budgets to offset the inpatient overspend. This is continuing on a non recurring basis for 2016/17 to offset any balance of cost pressure not resolved in year.

6.5 At Period 5 the in year overspend on this service is £0.595m, which is currently offset by £0.450m of underspends on other budgets leaving a current year to date overspend of £0.145m (this figure is excluding the deferred savings delivery to be funded on a non recurring basis).

6.6 The service has developed and is implementing an action plan to address elements of these historic overspends. This budget will be closely monitored throughout the year and any residual budget pressure will be reflected in the 2017/18 budget proposals of either the IJB or the Health Board to ensure that the underlying budget is sufficient for core service delivery going forward.

6.7 Looking ahead it has been proposed that the Health Board include this budget pressure within the overall Health Board budget pressures as part of the 2017/18 budget setting process. In that way the three Partnerships which deliver Mental Health inpatient services will not have to fund these historic costs alone and the cost will be spread across the six

partnerships. This would be beneficial for Inverclyde as proportionally the current funding gap for this service sitting within the Inverclyde budget is significantly higher than the Inverclyde share of the Board wide gap would be. The main element of the Inverclyde overspend relates to IPCU special observations. The majority of IPCU patients are residents of other IJB areas.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5.

8.0 SOCIAL CARE FUND, INTEGRATED CARE FUND, DELAYED DISCHARGE FUNDING

8.1 Social Care Fund

Appendix 6 details the current proposals for use of the £4.449m Social Care Fund (SCF) in 2016/17 and 2017/18. Additional proposals for the use of the funding are detailed within the appendix for discussion and approval. Appendices 6A to 6E contain the detail of each proposal which are summarised below. It is anticipated that any local Social Care budget pressures emerging for 2017/18 would also require to be funded from these monies.

Social Care Fund - New Spend Proposals	**PROPOSED SPEND**	
	2016/17 £m	**2017/18 £m**
Mental Health Officer new post	0.008	0.048
Patient/Client Transport Coordinator Role (Fixed Term 2 years)	0.035	0.035
Legal Fees Relating to Adoption and Fostering and Adult Services	0.100	0.100
Equipment Investment (one off)	0.070	0.000
Anticipated Living Wage increase and NCHC inflation costs in 2017/18	0.000	0.970
TOTAL	**0.213**	**1.153**

The most significant additional cost above relates to the anticipated costs in 2017/18 around the National Care Home Contract (NHCH) and Scottish Living Wage (SLW) increases which are estimated to be around £0.970m based on the expectation that the NCHC increase will be in line with the full year cost of the 2016/17 increase and an assumed £0.40 increase in SLW applicable from 1 April 2017. These assumptions will be updated once confirmation is received regarding these national arrangements later in the year.

8.2 With the above factored in there is £1.323m of funding available in 2016/17 but only £0.140m of funding for 2017/18. It is not known at this stage what, if any, uplift will be applied to the SCF in 2017/18. For the purpose of this report it is assumed that there is no uplift. Further proposals on the use of this funding in 2016/17 and 2017/18 will be brought to the IJB for approval as they are developed. Any underspend would be taken into IJB Earmarked Reserves for use in the following year.

8.3 Integrated Care Fund (ICF) and Delayed Discharge Funding (DD)

Appendix 7 details the current budget, projected outturn and actual spend to date for these funds. Both funds are have some funds still to be allocated at this stage in the year, ICF has £0.093m funding still available to be allocated and DD has £0.124m.

9.0 CURRENT CAPITAL POSITION - £nil Variance

9.1 The Social Work capital budget is £3.898m over the life of the projects with £1.414m for 2016/17, comprising:

- £1.132m for the replacement of Neil Street Children's Home,
- £0.057m for the replacement of Crosshill Children's Home,
- £0.225m for the conversion costs associated with John Street, Gourock.

The costs of £0.225m associated with John St, Gourock are being met by funding from the IJB through the SCF and the additional costs for Neil Street Children's Home replacement of £0.133m are being met from the Children's Residential Care, Adoption & Fostering EMR.

9.2 There is no projected slippage in the 2016/17 budget and expenditure to 31 August is £0.023m. Appendix 8 details capital budgets. Work is continuing on site for the Neil Street Children's Home replacement. The design stage of the replacement of Crosshill Children's Home will be undertaken during 2016/17 with an anticipated start date on site of October 2017.

10.0 EARMARKED RESERVES

10.1 At the Council's Policy & Resources Committee on 20 September 2016 it was agreed that the Social Work Earmarked Reserves for 2016/17 total £2.584m be transferred to the IJB. Of the total, £2.469m is projected to be spent in the current financial year. To date £0.449m spend has been incurred which is 18.2% of the projected 2016/17 spend. This is £0.122m (4.9%) behind the phased budget. Appendix 9 details the individual Earmarked Reserves.

10.2 Within the Earmarked Reserves for 2016/17 is £1.308m relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1.700m, with the balance funding a number of NHS projects. The funding has been allocated as follows:

Project	**£000**
Reablement	700
Carers	150
Telecare	100
Community connectors	95
Additional posts to support various projects	93
Third sector integration & commissioning	65
Children & Families transitions	40
Independent sector integration partner	29
Housing	25
Strategic needs analysis admin support	11
Total funding	**1,308**

It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income

11.0 IMPLICATIONS

FINANCE

11.1 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					

LEGAL

11.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

11.3 There are no specific human resources implications arising from this report.

EQUALITIES

11.4 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.

11.5 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None

People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

11.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

11.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

12.0 CONSULTATION

12.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the

Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

13.0 BACKGROUND PAPERS

13.1 None.

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2016/17 PROJECTED POSITION

PERIOD 5: 1 April 2016 - 31 August 2016

SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	47,576	47,561	47,432	(129)	-0.3%
Property Costs	1,609	1,607	1,625	17	1.1%
Supplies & Services	64,363	64,216	64,206	(10)	-0.0%
Prescribing	17,989	17,983	17,983	0	0.0%
Resource Transfer (Health)	9,360	9,360	9,360	0	0.0%
Income	(15,704)	(15,315)	(15,063)	251	-1.6%
Unidentified Savings	(587)	(587)	(587)	0	0.0%
Unallocated Funds	1,536	1,536	1,536	0	0.0%
	126,142	**126,361**	**126,490**	**129**	**-0.9%**

OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
Planning, Health Improvement & Commissioning	2,379	2,439	2,441	2	0.1%
Older Persons	23,243	23,391	23,613	222	0.9%
Learning Disabilities	7,564	7,571	7,617	46	0.6%
Mental Health - Communities	4,565	4,341	4,294	(47)	-1.1%
Mental Health - Inpatient Services	8,230	8,426	8,426	0	0.0%
Children & Families	13,406	13,421	13,440	20	0.1%
Physical & Sensory	2,227	2,082	2,013	(69)	-3.3%
Addiction / Substance Misuse	2,841	2,841	2,802	(39)	-1.4%
Assessment & Care Management / Health & Community Care	5,822	6,240	6,226	(13)	-0.2%
Support / Management / Admin	4,235	3,984	3,959	(25)	-0.6%
Criminal Justice / Prison Service **	0	0	0	0	0.0%
Homelessness	806	806	839	33	4.1%
Family Health Services	21,060	21,060	21,060	0	0.0%
Prescribing	17,989	17,983	17,983	0	0.0%
Resource Transfer	9,360	9,360	9,360	0	0.0%
Change Fund	1,467	1,467	1,467	0	0.0%
Unidentified Savings	(587)	(587)	(587)	0	0.0%
Unallocated Funds	1,536	1,536	1,536	0	0.0%
HSCP NET EXPENDITURE	**126,142**	**126,361**	**126,490**	**129**	**0.1%**
FUNDED BY					
Social Care Fund	4,449	4,449	4,449	0	0.0%
NHS Contribution to the IJB	72,878	73,096	73,096	0	0.0%
Council Contribution to the IJB	48,815	48,816	48,816	0	0.0%
Transfer from / (to) Reserves	0	0	129	129	0.0%
HSCP NET INCOME	**126,142**	**126,361**	**126,490**	**129**	**0.1%**
HSCP SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0**	**0.0%**

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

APPENDIX 2

SOCIAL WORK

DRAFT REVENUE BUDGET 2016/17

PERIOD 5: 1 April 2016 - 31 August 2016

2015/16 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,148	Employee Costs	25,865	26,025	25,896	(129)	-0.5%
1,356	Property costs	1,170	1,169	1,186	17	1.5%
875	Supplies and Services	729	741	772	32	4.3%
473	Transport and Plant	380	380	385	5	1.3%
911	Administration Costs	659	651	698	48	7.3%
35,061	Payments to Other Bodies	37,459	36,902	36,808	(95)	-0.3%
(14,488)	Income	(14,533)	(14,138)	(13,887)	251	-1.8%
	Unallocated Funds	1,536	1,536	1,536	0	0.0%
49,336	**SOCIAL WORK NET EXPENDITURE**	**53,264**	**53,265**	**53,394**	**129**	**0.2%**

2015/16 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
1,755	Planning, Health Improvement & Commissioning	1,730	1,735	1,737	2	0.1%
22,193	Older Persons	23,243	23,391	23,613	222	0.9%
6,709	Learning Disabilities	6,996	7,003	7,049	46	0.7%
961	Mental Health	1,254	1,250	1,203	(47)	-3.8%
10,102	Children & Families	10,691	10,685	10,704	20	0.2%
2,033	Physical & Sensory	2,227	2,082	2,013	(69)	-3.3%
1,028	Addiction / Substance Misuse	1,040	1,038	999	(39)	-3.8%
2,097	Business Support	2,180	2,156	2,131	(25)	-1.2%
1,574	Assessment & Care Management	1,562	1,582	1,569	(13)	-0.8%
0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.0%
	Unallocated Funds	1,536	1,536	1,536	0	0.0%
884	Homelessness	806	806	839	33	4.1%
49,336	**SOCIAL WORK NET EXPENDITURE**	**53,264**	**53,265**	**53,394**	**129**	**0.2%**

2015/16 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
49,336	**Council Contribution to the IJB**	**48,815**	**48,816**	**48,816**	**0**	**0.0%**
	Transfer from / (to) Reserves			**129**	**129**	
	Balance to be funded by the SCF	**4,449**	**4,449**	**4,449**	**0**	**0.0%**

APPENDIX 3

HEALTH

DRAFT REVENUE BUDGET 2016/17

PERIOD 5: 1 April 2016 - 31 August 2016

2015/16 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,852	Employee Costs	21,711	21,537	21,537	0	0.0%
499	Property	439	439	439	0	0.0%
4,806	Supplies & Services	4,077	4,483	4,483	0	0.0%
20,865	Family Health Services (net)	21,060	21,060	21,060	0	0.0%
17,422	Prescribing (net)	17,989	17,983	17,983	0	0.0%
9,203	Resource Transfer	9,360	9,360	9,360	0	0.0%
	Unidentified Savings	(587)	(587)	(587)	0	0.0%
(1,240)	Income	(1,171)	(1,177)	(1,177)	0	0.0%
73,406	**HEALTH NET EXPENDITURE**	**72,878**	**73,096**	**73,096**	**0**	**0.0%**

2015/16 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,625	Children & Families	2,715	2,736	2,736	0	0.0%
4,115	Health & Community Care	4,260	4,657	4,657	0	0.0%
2,447	Management & Admin	2,055	1,828	1,828	0	0.0%
518	Learning Disabilities	568	568	568	0	0.0%
1,858	Addictions	1,801	1,803	1,803	0	0.0%
2,994	Mental Health - Communities	3,311	3,091	3,091	0	0.0%
9,035	Mental Health - Inpatient Services	8,230	8,426	8,426	0	0.0%
821	Planning & Health Improvement	649	704	704	0	0.0%
1,503	Change Fund	1,467	1,467	1,467	0	0.0%
20,865	Family Health Services	21,060	21,060	21,060	0	0.0%
17,422	Prescribing	17,989	17,983	17,983	0	0.0%
0	Unidentified savings	(587)	(587)	(587)	0	0.0%
9,203	Resource Transfer	9,360	9,360	9,360	0	0.0%
73,406	**HEALTH NET EXPENDITURE**	**72,878**	**73,096**	**73,096**	**0**	**0.0%**

2015/16 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
0	**Social Care Fund**	**4,449**	**4,449**	**4,449**	**0**	**0.0%**
73,406	**NHS Contribution to the IJB**	**72,878**	**73,096**	**73,096**	**0**	**0.0%**

Budget Movements 2016/17

Appendix 4

Inverclyde HSCP	Approved Budget	Movements				Revised Budget
Service	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	13,406	0	(6)	21	0	13,421
Criminal Justice	0	0	0	0	0	0
Older Persons	23,243	0	148	0	0	23,391
Learning Disabilities	7,564	0	7	0	0	7,571
Physical & Sensory	2,227	0	(144)	0	0	2,082
Assessment & Care Management/ Health & Community Care	5,822	0	20	398	0	6,240
Mental Health - Communities	4,565	0	(102)	(122)	0	4,341
Mental Health - In Patient Services	8,230	0	98	98	0	8,426
Addiction / Substance Misuse	2,841	2	(2)	0	0	2,841
Homelessness	806	0	0	0	0	806
Planning, HI & Commissioning	2,379	0	4	56	0	2,439
Management, Admin & Business Support	4,235	4	(23)	(231)	0	3,984
Family Health Services	21,060	0	0	0	0	21,060
Prescribing	17,989	0	0	(6)	0	17,983
Change Fund	1,467	0	0	0	0	1,467
Resource Transfer	9,360	0	0	0	0	9,360
Unidentified Savings	(587)	0	0	0	0	(587)
Unallocated Funds	1,536	0	0	0	0	1,536
Totals	126,142	6	0	213	0	126,361

Social Work Budgets	Approved Budget	Movements				Revised Budget
Service	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	10,691	0	(6)	0	0	10,685
Criminal Justice	0	0	0	0	0	0
Older Persons	23,243	0	148	0	0	23,391
Learning Disabilities	6,996	0	7	0	0	7,003
Physical & Sensory	2,227	0	(144)	0	0	2,082
Assessment & Care Management	1,562	0	20	0	0	1,582
Mental Health - Community	1,254	0	(4)	0	0	1,250
Addiction / Substance Misuse	1,040	0	(2)	0	0	1,038
Homelessness	806	0	0	0	0	806
Planning, HI & Commissioning	1,730	0	4	1	0	1,735
Business Support	2,180	0	(23)	0	0	2,156
Unallocated Funds	1,536	0	0	0	0	1,536
Totals	53,264	0	0	1	0	53,265

Health Budgets	Approved Budget	Movements				Revised Budget
Service	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	2,715	0	0	21	0	2,736
Learning Disabilities	568	0	0	0	0	568
Health & Community Care	4,260	0	0	398	0	4,657
Mental Health - Communities	3,311	0	(98)	(122)	0	3,091
Mental Health - Inpatient Services	8,230	0	98	98	0	8,426
Addiction / Substance Misuse	1,801	2	0	0	0	1,803
Planning, HI & Commissioning	649		0	55	0	704
Management, Admin & Business Support	2,055	4	0	(231)	0	1,828
Family Health Services	21,060	0	0	0	0	21,060
Prescribing	17,989	0	0	(6)	0	17,983
Change Fund	1,467	0	0	0	0	1,467
Resource Transfer	9,360	0	0	0	0	9,360
Unidentified Savings	(587)					(587)
Totals	72,878	6	0	212	0	73,096

Virement Analysis

	Increase Budget £000	(Decrease) Budget £000
Criminal Justice - Realignment of Various budgets	0	0
PHIC - creation of budgets for externally funded staff - Employee Costs	174	
PHIC - creation of budgets for externally funded staff - Income		(174)
Various budget realignments	6	(6)
Budget for Crisis (CRS) staff transferred to Mental Health Adult Inpatients	98	
Budget for Crisis (CRS) staff transferred from Mental Health Communities		(98)
	278	(278)

Supplementary Budget Movement Detail	£000	£000
Children & Families		**21**
Central Health Visiting savings proposal deferred to future year	21	
Health & Community Care (Adult Comm Services)		**398**
Non Recurring Funding - Carers Information Strategy	74	
Non Recurring Funding - Primary Care Transformation	300	
Non Recurring Funding - Primary Care Transformation "Cluster Work"	24	
Management & Admin (Other Services)		**(231)**
Centralisation of budgets to Facilities - Domestics & Heat, Light & Power	(231)	
Mental Health Communities		**(24)**
Centralisation of budgets to Facilities - Domestics & Heat, Light & Power	(54)	
Budget for Acute Hospital Liaison Nurse from End Point funding	30	
Planning & Health Improvement		**55**
Non Recurring Funding - Smoking Prevention	44	
Non Recurring Funding - Tobacco Post	11	
Prescribing		**(6)**
Minor adjustment to overall budget per Schedule 4 update	(6)	
		212

APPENDIX 5

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

THE INVERCLYDE COUNCIL is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2016/17 £000
SOCIAL WORK	
Employee Costs	26,025
Property costs	1,169
Supplies and Services	741
Transport and Plant	380
Administration Costs	651
Payments to Other Bodies	36,902
Income	(14,138)
Contribution to Earmarked Reserves	0
SOCIAL WORK NET EXPENDITURE	**51,729**

OBJECTIVE ANALYSIS	Budget 2016/17 £000
SOCIAL WORK	
Planning, Health Improvement & Commissioning	1,735
Older Persons	23,391
Learning Disabilities	7,003
Mental Health	1,250
Children & Families	10,685
Physical & Sensory	2,082
Addiction / Substance Misuse	1,038
Business Support	2,156
Assessment & Care Management	1,582
Criminal Justice / Scottish Prison	0
Change Fund	0
Homelessness	806
SOCIAL WORK NET EXPENDITURE	**51,729**

This direction is effective from 8 November 2016.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2016/17 £000
HEALTH	
Employee Costs	21,537
Property costs	439
Supplies and Services	4,483
Family Health Services (net)	21,060
Prescribing (net)	17,983
Resources Transfer	9,360
Unidentified Savings	(587)
Income	(1,177)
HEALTH NET EXPENDITURE	**73,096**
Social Care Fund (SCF)	4,449
NET EXPENDITURE INCLUDING SCF	**77,545**

OBJECTIVE ANALYSIS	Budget 2016/17 £000
HEALTH	
Children & Families	2,736
Health & Community Care	4,657
Management & Admin	1,828
Learning Disabilities	568
Addictions	1,803
Mental Health - Communities	3,091
Mental Health - Inpatient Services	8,426
Planning & Health Improvement	704
Change Fund	1,467
Family Health Services	21,060
Prescribing	17,983
Unidentified savings	(587)
Resource Transfer	9,360
HEALTH NET EXPENDITURE	**73,096**
Social Care Fund (SCF)	4,449
NET EXPENDITURE INCLUDING SCF	**77,545**

The set aside budget is: £16.439m

This direction is effective from 8 November 2016.

APPENDIX 6

Social Care Fund - Planned Spend

Proposed use of the Social Care Fund	PROPOSED SPEND 2016/17 £m	2017/18 £m
Demand Growth/Charging/Additionality		
Social Care demand growth and other pressures the Council agreed would funded through SCF	1.269	1.269
Charging Thresholds on non residential services	0.110	0.110
Dementia Strategy	0.115	0.115
TOTAL Demand Growth/Charging/Additionality	**1.494**	**1.494**
Living Wage/Other Cost Pressures		
Living Wage, including NCHC inflation and sleepover rate changes	1.065	1.611
IJB Specific costs eg SLA for Audit and Legal Services and External Audit Fee	0.051	0.051
John Street costs (one off 2016/17 only)	0.303	0.000
TOTAL Living Wage/Other Cost Pressures	**1.419**	**1.662**
TOTAL PROPOSED SCF SPEND	**2.913**	**3.156**
TOTAL SCF FUNDING	**4.449**	**4.449**
TOTAL Balance of funds after agreed projects	**1.536**	**1.293**
Aditional Projects - Not Yet Approved		
Mental Health Officer new post	0.008	0.048
Patient/Client Transport Coordinator Role (Fixed Term 2 years)	0.035	0.035
Legal Fees Relating to Adoption and Fostering and Adult Services	0.100	0.100
Equipment Investment (one off)	0.070	0.000
Anticipated Living Wage increase and NCHC inflation costs in 2017/18	0.000	0.970
TOTAL Living Wage/Other Cost Pressures	**0.213**	**1.153**
TOTAL Balance of funds currently proposed to c/fwd to Earmarked Reserves	**1.323**	**0.140**

APPENDIX 6A

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Deborah Gillespie	Service Area	Mental Health Officer Service
Describe the Proposed Use of Funds			
Mental Health Officer To increase capacity within full time MHO complement of staff to meet requirements of statutory work. Recruit one wte MHO Officer at J grade [senior practitioner]. Grade will enable recruitment at basic grade with opportunity to progress to senior practitioner, and will support recruitment in competitive external environment, and is consistent with current grades of MHO full time team. Part year recruitment in Feb 2017 anticipated			

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17	8,000	Future Years	48,000
Type of Spend		2016/17		Future Years
Employee Costs		8,000		48,000
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies				
Capital				
TOTAL		8,000		48,000

Note:
These funds are ringfenced for Social Care purposes only. Any bids which relate to Health spend will be rejected. Please make it clear in your application how this relates to Social Care spend

APPENDIX 6B

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Helen Watson	Service Area	
Describe the Proposed Use of Funds			

Funding for a Community Transport Network Co-ordinator/Development Officer. 3 x ½ day sessions with Community Transport Providers were held in March/April 2016, with a view to improving and consolidating the position of Community Transport in Inverclyde. The sessions were facilitated by Strathclyde Passenger Transport (SPT) and Partners for Change. At the conclusion of these sessions an Action Plan was agreed which highlighted the need for a Community Transport Network Co-ordinator/Development Officer. This post would be placed within a third sector organisation. This post would be responsible for setting up and facilitating a Communtiy Transport Network with Providers locally in Inverclyde. Through the work of the Co-ordinator/Development Officer the Community Transport sector in Inverclyde would be able to work closer together, assisting Inverclyde to meet the changing demands for transport provision, and will also assist in the long-term sustainability of local Community Transport Providers.

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17		Future Years	£70k over 2 years
Type of Spend		2016/17		Future Years
Employee Costs		35,000		35,000
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies				
Capital				
TOTAL		35,000		35,000

Note:
These funds are ringfenced for Social Care purposes only. Any bids which relate to Health spend will be rejected. Please make it clear in your application how this relates to Social Care spend

APPENDIX 6C

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Sharon McAlees	Service Area	Children & Families

Describe the Proposed Use of Funds

Legal Fees relating to Adoption, Fostering and Adult Services

Legal expenses in adoption services have been a pressure areas in the past few years and the number and complexity of cases are increasing.

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17	100,000	Future Years	100,000

Type of Spend	2016/17		Future Years
Employee Costs			
Property Costs			
Supplies & Services			
Administration	100,000		100,000
Payments to Other Bodies			
Capital			
TOTAL	100,000		100,000

Note:

These funds are ringfenced for Social Care purposes only. Any bids which relate to Health spend will be rejected. Please make it clear in your application how this relates to Social Care spend

APPENDIX 6D

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Beth Culshaw	Service Area	Joint Equipment Store

Describe the Proposed Use of Funds

Equipment

Purchase of equipment, servicing and decontamination of community equipment, LOLER testing of lifting equipment and minor adaptations. Commited spend as at 30/9/16 was £188,074. Projected commitments for 16/17 are £360,000 for full year. Balance of budget at 31/9/16 was £91,975. There is an identified cost pressure based on anticipated commitments

Spend Analysis				
One Off Spend in current year		70,000		
Recurring Spend	2016/17	0	Future Years	
Type of Spend		2016/17		Future Years
Employee Costs		0		
Property Costs		0		
Supplies & Services		70,000		
Administration		0		
Payments to Other Bodies				
Capital				
TOTAL		70,000		0

Note:
These funds are ringfenced for Social Care purposes only. Any bids which relate to Health spend will be rejected. Please make it clear in your application how this relates to Social Care spend

APPENDIX 6E

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Lesley Aird	Service Area	All

Describe the Proposed Use of Funds

Funding for anticipated increase in Living Wage for 2017/18 - £0.223m

Anticipated increase in Living Wage for 2017/18 has been estimated at £0.40 which, based on current activity levels, equates to an aditional £0.223m cost for Inverclyde for 2017/18. This is a nationally set rate which is £8.25 from 1st October 2016 but expected to be increased again from 1st April 2017 by a further £0.40.

Funding for anticipated increase in National Care Home Contract Rates for 2017/18 - £0.747m

Anticipated increase in the National Care Home Contract Rate - again this is a nationally set rate. For budgeting purposes it has been assumed that the 17/18 increase will be in line with the full year impact costs of the 16/17 increase, ie for Inverclyde a further £0.747m.

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17		Future Years	970,000
Type of Spend		2016/17		Future Years
Employee Costs				
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies				970,000
Capital				
TOTAL		0		970,000

Note:
These funds are ringfenced for Social Care purposes only. Any bids which relate to Health spend will be rejected. Please make it clear in your application how this relates to Social Care spend

APPENDIX 7

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET 2016/17
PERIOD 5: 1 April 2016 - 31 August 2016

Integrated Care Fund (ICF)

By Organisation	Revised Budget	Projected outturn	Variance	Actuals to 31/8/16
HSCP Council	1,096,330	1,096,330	0	160,942
HSCP Council Third Sector	259,370	254,370	(5,000)	134,374
HSCP Health	405,830	407,930	2,100	63,490
Acute	95,000	95,000	0	0
	1,856,530	**1,853,630**	**(2,900)**	**358,806**

Funding	
Original funding	1,760,000
Saving applied 15/16	(161,200)
Carry forward from 15/16	348,260
Funding available	**1,947,060**
Funding remaining/ (over committed) on revised budget	**93,430**

Delayed Discharge (DD)

Summary of allocations	Revised Budget	Projected outturn	Variance	Actuals to 31/8/16
Council	703,230	703,230	0	104,518
Health	80,000	80,000	0	0
Acute	50,000	50,000	0	0
	833,230	**833,230**	**0**	**104,518**

Funding	
Brought forward from 2015/16	429,510
New funding 16/17	528,000
Funding available	**957,510**
Funding remaining/ (over committed)	**124,280**

APPENDIX 8

INVERCLYDE HSCP - CAPITAL BUDGET 2015/16

PERIOD 5: 1 April 2016 - 31 August 2016

Project Name	Est Total Cost	Actual to 31/3/16	Approved Budget 2016/17	Revised Est 2016/17	Actual YTD	Est 2017/18	Est 2018/19	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Neil Street Children's Home Replacement	1,991	228	1,132	1,132	10	631	0	0
Crosshill Children's Home Replacement	1,682	0	57	57	1	1,535	90	0
John Street, Gourock	225	0	0	225	12	0	0	0
Social Work Total	**3,898**	**228**	**1,189**	**1,414**	**23**	**2,166**	**90**	**0**
HEALTH								
Health Total	0	0	0	0	0	0	0	0
Grand Total HSCP	**3,898**	**228**	**1,189**	**1,414**	**23**	**2,166**	**90**	**0**

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 9

INVERCLYDE HSCP

PERIOD 5: 1 April 2016 - 31 August 2016

Project	Lead Officer/ Responsible Manager	Total Estimated Funding £000	Phased Budget YTD £000	Actual YTD £000	Projected Spend to Yearend £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS
Growth Fund - Loan Default Write Off	Helen Watson	27	0	1	2	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund/ Delayed Discharge	Brian Moore	1,992	392	348	1,992	0	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. The total funding will change as projects move between health & council. Delayed Discharge funding has also 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	50	0	0	50	0	This is the balance of one off NHS funding for equipment which was not fully spent in 2015/16
Veterans Offcer Funding	Helen Watson	37	0	0	12	25	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils.
CJA Preparatory Work	Sharon McAleese	120	24	22	55	65	This reserve is for two years to cover the preparatory work required for the changes due in Criminal Justice.
Welfare Reform - HSCP	Andrina Hunter	315	155	78	315	0	New Funding of £306k was allocated from P&R Committee. The funding is being used for staff costs and projects, including IHeat, Starter Packs, ICOD and Financial Fitness.
Total		**2,584**	**571**	**449**	**2,469**	**115**	

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)**	**Report No:**	**IJB/63/2016/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
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 [I 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.

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.

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/59/2016/HW**
Contact Officer:	**Helen Watson, Head of Planning, Health Improvement and Commissioning**	**Contact No:**	**01475715285**
Subject:	**REPORT ON PROGRESS OF THE STRATEGIC PLANNING GROUP**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board (IJB) on the activity and developments of the Inverclyde Health and Social Care Partnership (HSCP) Strategic Planning Group (SPG). The report will demonstrate compliance with the Public Bodies (Joint Working) (Scotland) Act 2014, the Inverclyde HSCP Integration Scheme Commitments, and Scottish Government guidance.

2.0 SUMMARY

2.1 This report gives an overview to the IJB of the significant input, activities, progress and development of the SPG from May 2015 to September 2016. It will evidence how these activities meet the legislative and other commitments and governance arrangements following the full transfer of delegated functions to the IJB on 1st April 2016.

Appendix 1 of this report sets out the key work plan and priorities of the SPG from 2016 to 2018.

3.0 RECOMMENDATION

3.1 The IJB is asked to note the current development and priorities of the SPG to date and over the coming two years.

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

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act) and subsequent national guidance require all IJBs to produce an Integration Scheme to be approved by the Scottish Government. The Inverclyde Integration Scheme was developed through our shadow arrangements and formally approved by the Scottish Government on 27th June 2015.

4.2 The Integration scheme made specific reference to the set up and function of the SPG to comply with the principles and requirements of the 2014 Act.

4.3 The intention of this paper and attached appendix is to provide the IJB with assurance that ongoing progress is being made to meet the legal and national guidance within the anticipated timeframes and IJB reporting cycle.

4.4 **Governance Arrangements**

Appendix 1 sets out the work plan and priorities of the SPG in relation to the suite of operational plans which sits beneath the HSCP overarching strategic plan 2016/2019. These operational plans are contained within what is referred to as the "***document wallet***". The work plan provides a clear schedule of our commitments, and aims to provide the IJB with assurance that those actions necessary to meet our commitments are scheduled and being appropriately managed.

5.0 Overview of Membership, Activity and Developments.

5.1 The SPG was formed in a shadow capacity and had its inaugural meeting in May 2015. This group has worked collaboratively to develop, influence and edit the HSCP Strategic Plan to meet the statutory timescale for implementation by 1st April 2016. Work has continued beyond this date to meet the additional legislative requirements and priority timescales as set out in section 6.0 of this report.

5.2 **Membership**

5.2.1 The Inverclyde integration Scheme states that the IJB will establish a Strategic Planning Group to develop the strategic plan. The membership should be made up of representatives from "*existing forums, including the CHCP People Involvement Network and Advisory Group and Third Sector Interface along with other community networks and stakeholder groups with an interest in health and social care provided by NHS Greater Glasgow & Clyde and Inverclyde Council".*

5.2.2 The current membership of the SPG includes:

- HSCP Chief Officer
- Head of Service: Planning, Health Improvement and Commissioning
- HSCP Integration Facilitator
- Advisory Network - Service Users (IJB member)
- Advisory Network - Carers (IJB member)
- Third Sector (CVS Inverclyde)
- Service Manager: Quality & Development
- Advisory Network - Service User (depute)
- Advisory Network - Carers (depute)
- Head of Service: Mental Health, Addictions & Homelessness
- Service Manager Safer & Inclusive Communities, Inverclyde Council
- Independent Sector (Scottish Care)
- Head of Service: Health and Community Care (clinical and care governance)
- Executive Officer, (Your Voice)

- Head of Planning: NHSGGC Clyde Acute Sector and Diagnostics
- Staff Partnership Forum Representative (NHS)
- Staff Partnership Forum Rep (Council)
- Service Manager: Inequalities, Migration & Strategic Housing
- Inverclyde Housing Association Forum Representative (I.H.A.F.)
- Professional Nurse Advisor NHSGGC
- Physiotherapy Manager NHSGGC
- Inverclyde Alliance Board representative.

5.2.3 Overall, the membership of this group has remained consistent which has promoted cohesion, group identity and purpose. This in turn has strengthened partnership working, collaboration, challenge, accountability and effectiveness of the group.

5.2.4 Two key members, (Lead Nurse Practitioner representative and I.H.A.F. representative) have recently resigned from the SPG due to retirement or leaving their organisation. The IJB is requested to note the significant contribution they have made to the SPG and the development of the integration agenda in Inverclyde. Both of these vacant positions will be replaced.

5.3 **Activity**

5.3.1 The SPG held an "Engaging Our Localities" event in February 2016. The purpose of the event was to consult stakeholders, partners and staff to contribute to the development of the 2016/2019 Strategic Plan, development of Equalities Outcomes and locality planning. SPG members acted as group facilitators and gathered the views of participants to inform the development of the documents.

5.3.2 <u>HSCP Strategic Plan 2016 / 2019</u>

The SPG led the development of the Strategic Plan and were the drivers to produce a finalised version of the plan which was presented and approved by the IJB within the statutory timescales (approved March 2016).

A summary strategic plan was co-produced with colleagues from Your Voice and the Advisory Network and agreed by the SPG.

5.3.3 <u>Strategic Needs Assessment</u>.

The SPG worked collaboratively to scrutinise and influenced the development of this key planning document. Significant time was taken to ensure the data accurately reflected the Inverclyde context. It is acknowledged by the SPG that this is a live document which will continue to evolve and be updated to inform the development or review of all subsequent plans and strategies.

5.3.4 <u>Housing Contribution Statement</u>

The Housing Contribution Statement was discussed and developed by key members of the SPG within the statutory timescales of completion by 1st April 2016.

5.3.5 <u>Inverclyde Equality Outcomes and Impact Assessment</u>

As a legal entity the IJB has a duty to produce and publish equalities outcomes and undertake an equality impact assessment (EQIA) of the strategic plan and activities under the Equalities Act 2010 and its regulations and amendments. The SPG had taken a key monitoring and scrutiny role in the development of the Equality Outcomes and EQIA.

5.4 **Overview of Developments**

5.4.1 <u>Terms of Reference</u>

Terms of reference were developed in April 2015 in relation to the duties and functions of the SPG. These are being reviewed and updated by the SPG, and it is anticipated that the finalised terms of reference will be agreed by the SPG in November 2016.

5.4.2 SPG Development Sessions

Two development sessions have been facilitated by the Senior OD advisor in 2015/16. The focus of these sessions aimed to build on the strong working relationship between the HSCP, stakeholders and partner representatives and create a sense of group identity and purpose. The SPG members actively engaged to co-produce a development plan to maintain commitment and motivation going forward.

5.4.3 Induction of new SPG members

An induction plan for new members will be finalised and agreed by the SPG. The induction pack will contain key roles and responsibilities of the SPG and how this fits with the HSCP reporting structure. It will contain the core values and principles of integration and expectations of members in representing their respective groups.

5.4.4 Monitoring and Planning

The role and functions of the Strategic Planning Group have continued to develop in terms of becoming the central monitoring and governance group for all existing operational strategies and plans in the overarching Strategic Plan document wallet. Officers will ensure that any new or existing plans are progressed through the SPG as a consultative and quality assurance mechanism prior to making recommendations for approval by the IJB.

5.4.5 Strategic Plan Skeleton Template

A strategic planning skeleton template has been developed and agreed by the SPG in setting out a consistent approach to the structure and requirements in producing strategic operational plans. This template has been designed to be flexible to meet the needs of specific operational requirements while providing coherence for SPG scrutiny and governance functions. The template has specific sections to ensure that the strategic commissioning themes, the Inverclyde Equalities Outcomes and the nine National Outcomes are appropriately referenced in our commitments. This in turn secures fidelity to the overarching Strategic Plan that has been approved by the IJB.

6.0 Work Plan priorities

6.1 There are currently twenty three existing specific operational plans and strategies which sit beneath the HSCP overarching strategic plan referred to as the *"document wallet*". These plans are based on local and national strategies and some are focused on individual service user groups. They have various short and longer term implementation timescales and life spans which are required to be reviewed or replaced.

6.2 To manage the development, monitoring and review of this significant number of plans within their individual timescales, a work plan has been introduced to set out the priorities for these plans to be reviewed evaluated or replaced by the SPG to meet their responsibilities and governance functions. The work plan is set out in appendix 1.

6.3 Market Position Statement

A market position statement will be prepared and agreed by the SPG by December 2016. This statement will set out the current commissioning position for internal HSCP and external provider services within Inverclyde. This document will also set out the intention of the HSCP in respect of future commissioning priorities as set out in the Strategic Plan 2016/2019 and agreed by the SPG prior to submission to the IJB for

approval.

6.4 Market Facilitation Plan

In line with the statutory requirements a market facilitation plan will be produced by April 2017. This commissioning plan will build on the market position statement in setting out how the HSCP will assist health and social care providers to make the transition to the new commissioning requirements in Inverclyde.

6.5 People Planning

The SPG will oversee the development of an Inverclyde People Plan by April 2017. This significant document will set out the workforce planning and development needs of people who directly provide services, those who contribute to and those who in-directly contribute to the provision of health and social care in Inverclyde. These will include young and adult carers, volunteers, community groups, employed staff and our wider population of Inverclyde.

6.6 Locality Planning

The SPG will monitor the implementation of locality planning and wellbeing clusters through regular updates from colleagues in the Planning Health Improvement and Commissioning Team and the Inverclyde Community Planning Team.

6.7 Housing Contribution Statement

The SPG will review the development and implementation plan to progress the commitments set out in the Housing Contribution Statement.

6.8 Acute Sector Planning

The SPG receives regular updates from NHS acute services colleagues. The SPG will monitor and review the developments of this vital provision to ensure the statutory requirements and commitments set out in the Inverclyde Integration Scheme are met. Moreover, we aim to develop our planning with hospital services in a way that enables approved patient pathways, and that works to deliver the best possible outcomes for people who require support from health and care services in Inverclyde.

7.0 PROPOSALS

7.1 That the IJB notes the work of the SPG over the previous reporting period and its significant input and priorities as set out in appendix 1.

8.0 IMPLICATIONS

Finance

8.1 Financial Implications:

There are no 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

8.2 There are no legal implications

Human Resources

8.3 There are no formal Human Resource implications

Equalities

8.4 Has an Equality Impact Assessment been carried out?

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

8.5. How does this report address our Equality Outcomes?

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

The HSCP Strategic Plan 2016/2019 was subject to an Equality Impact assessment in March 2016. The HSCP Equality Outcomes was co-produced and consulted on by the Strategic Planning Group and at the Engaging Our Localities Event in February 2016. The Assessment together with the Strategic plan was considered and approved by the Integration Joint Board in May 2016.

This report is available electronically at Inverclyde Council/Inverclyde Integration Joint Board.

Other formats are available on request to:

Head of Legal and Property Services
Inverclyde council
Municipal Buildings

Clyde Square
Greenock
PA15 1LX
Telephone 01475 717171
Fax 01475 712137
Email: info@inverclyde.gov.uk

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

Our Strategic Plan is underpinned by a central theme of reducing unequal outcomes. All supplementary planning flows from this document so that staff involved in shaping future services have equalities at the forefront of their thinking.

8.5.3 **People with protected characteristics feel safe within their communities.**

N/A

8.5.4 **People with protected characteristics feel included in the planning and development of services.**

The members of the Strategic Planning Group represent various partners, stakeholders and groups including those with protected characteristics. The representatives take responsibility for ensuring information developments, plans and processes are shared and consulted on. The representative's feedback the view of stakeholders into the Strategic Planning Group and other committees as necessary.

8.5.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do**.

The collaborative approach taken in the formation, inclusion, consultation and development of the Strategic and locality planning has built on the strong partnership and engagement with stakeholders and groups. The Strategic Planning Group has embedded the shared commitment, value and principles as outlined in the Single Outcome Agreement which is inextricably linked to the co-produced Strategic Plan and HSCP Integration Scheme. These values are - Putting people first; working together; striving to do better, and being accountable for actions and omissions.

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

N/A

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

N/A

8.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

8.7 **NATIONAL WELLBEING OUTCOMES**

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

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

This paper is a review of the Strategic Planning Group activities and developments based on the Inverclyde HSCP Integration Scheme commitments including the

national wellbeing outcomes.

8.7.2 **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**

This report outlines the current priorities of the Strategic Planning Group including the Inverclyde Housing Contribution Statement to facilitate and enable people to live in in good health and in their own home or homely setting. This group has a collective responsibility on how resources are deployed including people, and financial budgets to achieve better outcomes for individuals groups and localities in Inverclyde. The group is responsible for the monitoring of the Housing Contribution Statement in the interface with locality planning.

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

N/A

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

This report demonstrates the level of commitment and investment of time to inclusion and partnership working by the Strategic Planning Group to co-produce strategic plans focussed on improving the quality of life to people who use our services.

8.7.5 **Health and social care services contribute to reducing health inequalities.**

This report indicates the variety of health and wellbeing data intelligence used by the Strategic Planning Group to inform the development of the Strategic Needs Assessment and delivery priorities.

8.7.6 **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**

Carers are well represented on our Strategic Planning Group.

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

N/A

8.7.8 **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.**

The report recognises the activity and development work which the Strategic Planning Group have undertaken to deliver a People Plan which will provide learning and development opportunities for those directly employed to deliver and those unpaid carers and volunteers who significantly contribute to the delivery of health and social care services.

8.7.9 **Resources are used effectively in the provision of health and social care services.**

This report outlines the Strategic Planning Group responsibilities for locality planning and the use of people and financial resources.

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde HSCP Strategic Plan 2016 – 2019

9.2 Inverclyde

9.3 Inverclyde Integration Joint Board, Standing Orders 20th June 16

9.4 Inverclyde Integration Scheme June 2015

9.5 Integration Planning and Delivery Principles Guidance.

9.6 Joint Improvement Team Locality Conversations May 2015

9.7 Leading the Journey of Integration: A Guide for Organisational Development Leaders

9.8 Model Code of Conduct for Members of Devolved Public Bodies - Standards Commission Scotland.

9.9 Professional Guidance, Advice and Recommendations for Integration Arrangements. Health and Social care Integration Narrative

9.10 The Public Bodies (Joint Working) (Scotland) Act 2014

9.11 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014),

9.12 The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Bodies) (Scotland) Order 2014

9.13 Strategic Commissioning Plan Guidance

9.14 Strategic Needs Assessment

10.0 CONSULTATIONS

10.1 There was no consultation required for this report.

Inverclyde HSCP Strategic Planning Group
Strategic Plans priority work Schedule

Committee Meetings	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan-18
Alliance Board						3		12			20			19				2		11	
Integration Joint Board				18			8		24		14			6							
Strategic Planning Group	16			3	14	25	14	15	26		9	20		1	13	24		5	23		

Strategic Planning Wallet	Priority	Expiry Date	Govern. Respo.	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-18
Making Well-Being Matter in Inverclyde			Alliance Board							U		U												
Inverclyde Dementia Strategy		-	IJB									U		U										
Community Justice Transitional Plan		31/01/2017	IJB						N			A												
Learning Disability Commissioning Plan		-	IJB						N			U		A										
Children's Services Plan		-	Alliance Board							U		U		A			A							
Reshaping Care for Older People		31/12/2021	IJB												U		U		U					
Inverclyde Autism Strategy Action Plan		31/03/2024	IJB																		U	U		
Adult and Younger Carers Strategy		01/04/2016	IJB	N					N			A												
People Involvement Framework		01/10/2016	IJB							N				U			A							
Active Living Strategy			Alliance Board											U			A		U					
Commissioning Work Plan		14/03/2019	IJB							N		N		A										
People Plan (including OD Plan)		31/03/2017	IJB								N	N		A										
Market Position Statement		31/03/2017	IJB								N	N		A										
Market Facilitation Plan		31/03/2017	IJB							N	N	N		A										
Acute Sector Planning		31/03/2017	IJB								N	N		A										
Communications Strategy		31/03/2017	IJB								N			N			A							
Financial Inclusion Strategy		31/05/2017	Alliance Board											U		A			U					
Inverclyde Alcohol & Drug Partnership		31/03/2018	Alliance Board					U			A	U		U										
Tobacco Strategy		26/01/2017	Alliance Board												U									A
HSCP Strategic Plan and Summary Plan		01.04.19	IJB												U		U							
Housing contribution statement		01.04.19	IJB												U		U							
Strategic Needs Assessment		01.04.19	IJB												U		U							
Locality Planning and Cluster Working		updates only	IJB Alliance Board											U	U		U							
Housing Options Guidance											U				U		U							

Key:		Key:	
	Priority	A	Approval
	Planning required	U	Update
	On track	N	New Strategy
	Completed		

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date: 8 November 2016**
Report By:	**Brian Moore** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership (HSCP)**	**Report No: IJB/57/2016/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Planning, Health Improvement & Commissioning**	**Contact No: 01475 715285**
Subject:	**ACCOUNTS COMMISSION REPORT: CHANGING MODELS OF HEALTH AND SOCIAL CARE**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on the Inverclyde position in respect of the key recommendations from the Accounts Commission Report: Changing Models of Health and Social Care.

2.0 SUMMARY

2.1 In March 2016 the Accounts Commission published its report, Changing Models of Health and Social Care. The report considers the pressures facing health and social care delivery, and highlights the need for transformational changes in approach, in order to effect a meaningful shift in where and how care and support are delivered.

2.2 The Accounts Commission report highlights some key recommendations for the Scottish Government, the Information Services Division, and NHS Boards and Councils.

3.0 RECOMMENDATION

3.1 That the Integration Joint Board notes Inverclyde's progress in respect of the recommendations and approves the proposed actions to support delivery of the improvements set out in the report.

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

4.0 BACKGROUND

4.1 In March 2016 the Accounts Commission published its report, Changing Models of Health and Social Care. The report considers the pressures facing health and social care delivery, and highlights the need for transformational changes in approach, in order to effect a meaningful shift in where and how care and support are delivered.

4.2 The audit considered the national policy assumption that integration of health and social care will fundamentally change the way services are delivered. The audit report notes that set-up and governance requirements mean that the new integration authorities will not be in a position to make a major impact during 2016/17. It highlights that the outcomes-focused performance regime needs to be fully in place before partnerships will be able to evidence how they are making a difference to the lives of people who use health and social care services.

4.3 The audit report discusses some of the pressures facing services, including a projected increase in the number of older people in Scotland by 2030 (a 48% increase in the over 75s and a 64% increase in the over 85s). With older people being the highest users of health and social care services, there is a need to re-think what support can and should be delivered. In particular, the report asserts the need to increase ***healthy*** life expectancy so that gains in longevity can be enjoyed in good health and meaningful activity.

4.4 Emergency and multiple hospital admissions are considered, and it is noted that these are increasing in respect of older people. The costs associated with this activity are not sustainable under the current models of care, provision and finance. Key predictions relating to demand can be summarised thus:

Index of Activity	**2013**	**Predicted 2030**	**Percentage Increase**
GP Consultations	16.3 million	18.2 million	12%
Practice Nurse Consultations	8.05 million	9.5million	18%
Homecare Clients	61,000	81,000	33%
Homecare Clients Receiving 10+ Per Week	20,500	26,800	31%
Long-stay Care Home Residents	35,000	47,000	35%
Acute Emergency Bed Days from Patients with 3+ Admissions	1.02 million	1.28 million	26%
Emergency Bed Days	3.9 million	5 million	28%
Acute Emergency Admissions	553,000	640,000	16%
Acute Day Cases	452,000	514,000	14%
New Outpatient Appointments	1.6 million	1.8 million	9%

4.5 Clearly such increases will not be sustainable in the context of ever-reducing resources. On that basis the audit reflected on the key Scottish Government policy intentions relating to the 2020 vision for health and care. Some of the main principles of the policy, particularly in relation to shifting more care and support into communities, are highlighted as:

- Focusing on prevention, anticipation, supported self-management and person-centred care;
- Expanding primary care, particularly general practice;
- Providing day-case treatment as the norm when hospital treatment is required and the intervention cannot be provided in a community setting;
- Ensuring that people get back to their home as soon as appropriate, with minimal risk of re-admission;
- Improving the flow of patients through hospital, reducing the number of people attending A & E, and improving services at weekends and out of hours;
- Improving care for people with multiple and chronic conditions;
- Reducing health inequalities by targeting resources at deprivation;
- Planning the workforce to ensure the right people, in the right numbers in the right jobs;
- Integrating adult health and social care.

4.6 The report recognises that implementing this vision by 2020 is ambitious, and highlights a number of recommendations to support the acceleration of transformational change.

5.0 KEY RECOMMENDATIONS OF THE REPORT

5.1 This section highlights the key recommendations from the report, along with a summary of the current Inverclyde position where relevant.

5.1.1 The Scottish Government should provide a clear framework by the end of 2016 of how it expects NHS Boards, Councils and IJBs to achieve the 2020 Vision. This should include the longer-term changes required to skills, jobs roles and responsibilities within the health and social care workforce.

The Public Bodies (Joint Working) (Scotland) Act 2014 lays out some of the components of such a framework. This legislation also specifies a requirement for local workforce plans, which supports a creative and flexible approach. In Inverclyde we are maximising the opportunities of this flexibility by developing a People plan that includes the entire local health and social care workforce, including the third and independent sectors, volunteers and carers..

5.1.2 The Scottish Government should estimate the investment required to implement the 2020 Vision and the National Clinical Strategy.

Officers support this recommendation. To achieve transformational change there is often a need for a degree of "double running". To ask integration authorities to deliver such change within existing or reduced resources runs the risk of thwarting creative approaches for fear that if new approaches <u>replace</u> current practice and then do not work as anticipated, this might result in a gap in provision, with associated clinical or care risks.

5.1.3 The Scottish Government should ensure that long-term planning identifies and addresses the risks to implementing the 2020 Vision and the National Clinical Strategy, including the barriers to shifting resources from hospitals to communities; the complex governance arrangements relating to IJBs; and the building pressures in general practice.

There is a need to have a clear mechanism in place that enables a shift of resources from hospitals to communities. The acute sector within NHS Greater Glasgow and Clyde is currently running with a recurring and growing financial deficit, so any reduction in demand is likely to be used to offset the deficit rather than being invested in community services. With regard to IJB governance arrangements, these remain complex however officers are

optimistic that the local buy-in to the spirit of the legislation will help us to keep our focus on outcomes, transformational change and continuous improvement. The more recent Audit Scotland report, Social Work in Scotland (September 2016) helps to clarify some of the governance issues. The final point of this recommendation focuses on the building pressures in general practice and the need to make the GP role more attractive to future recruits into the role. Inverclyde is one of the test areas for New Ways, a Scottish Government programme to undertake tests of change and ultimately inform the new GP contract.

5.1.4 The Scottish Government should ensure that learning from new care models across Scotland and from other countries is shared effectively, to help increase the pace of change. This should include timescales and costs of new models; evaluation of impact and outcomes; funding models and key success factors.

This would be helpful in assisting partnerships to consider their options, however there is a risk that if such models were imposed nationally, they could have differing rates of effectiveness depending on local circumstances, issues and baselines. One of the key principles of the integration legislation is that priorities and services should be shaped as locally as possible. While learning from other areas should be considered by all partnerships, one size will not fit all, and therefore should not be imposed.

5.1.5 The Scottish Government should reduce the barriers that prevent IJBs from implementing longer-term plans, including longer-term funding to develop new and sustainable care models; mechanisms for shifting resources, including money and staff, from hospital to community settings; being clearer about the appropriate balance of care between acute and community; taking a lead on increasing public awareness about why services need to change, and addressing the gap in robust cost information.

All of the components of this recommendation would support more effective longer-term planning. However, if the Scottish Government is to take these forward, it would be appropriate to include IJBs, Health Boards and Councils in discussions about how they should be implemented.

5.1.6 The Information Services Division (ISD) should ensure it shares and facilitates learning across Scotland about approaches to analysing data and intelligence, such as using data to better understand the needs of local populations.

ISD is already implementing this recommendation through the Local Intelligence Support Team (LIST). Each HSCP was provided with 0.5 WTE data analyst to be based locally. Our allocated analyst led the development of our Strategic Needs Assessment for adult services and is currently working on a companion needs assessment in relation to children's services. The analytics support around other workstreams, along with the connections to wider data and analytics sources has been extremely helpful in shaping ur strategic planning. So much so that we have increased the local capacity to 1.0 WTE.

5.1.7 NHS Boards and Councils should work with IJBs to carry out a shared analysis of local needs.

As references at 5.1.6, this work has been undertaken in Inverclyde.

5.1.8 NHS Boards and Councils should work with IJBs to ensure new ways of working, moving away from short-term, small scale approaches towards a longer-term strategic approach. They should do this by making the necessary changes to funding and the workforce, making best use of local data and intelligence, and ensuring that they properly implement and evaluate the new models.

Our Strategic Plan aims to set out the longer-term direction of travel, and is supported by a suite of sub-plans within its document wallet. Uncertainties around funding and the lack of harmonisation between Council and NHS budgeting cycles remains an issue that might require direction from the Scottish Government. Our plans use data from the Strategic Needs Assessment, however there remains a tension between the need to evaluate based on service user outcomes, and trying to break down long-held traditions of evaluating based on system processes and outputs.

5.1.9 NHS Boards and Councils should work with IJBs to ensure that when implementing new models of care, they identify appropriate performance measures from the outset and track costs, savings and outcomes.

Implementation of this recommendation is crucial to gaining genuine measures of success. However, the tension highlighted at 5.1.8 remains an obstacle to shifting to a truly outcome-focused approach in our endeavours.

6.0 PROPOSALS

6.1 As can be seen from the evidence above, most of the recommendations are directed at the Scottish Government. Some of these are already being implemented while others need a sharper focus if they are to be taken forward in a way that supports the aims of the IJB and the policy intentions of the integration legislation.

6.2 This report demonstrates that the Accounts Commission recognises that IJBs and HSCPs are implementing some of the most important policies for many years, in a context of some ambiguity as to how certain aspects of the policies will be realised.

6.3 It is therefore proposed that the Integration Joint Board notes this position, recognising that we have made good progress locally, despite the need to bring greater clarity through the implementation of the audit recommendations.

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.**

This report aims to clarify the recommendations of the audit of changing models of health and social care, which in turn could support the implementation of our Strategic Plan. One of the key drivers of our Plan is to tackle inequalities.

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

The audit emphasises the needs of older people and promotes an approach to addressing those needs that improves the outcomes of older people rather than restricting their access to services and support.

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.**

We take an inclusive approach to our service planning, and the audit report implicitly endorses this through the active promotion of the use of local intelligence.

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

The content of this report does not directly contribute to this equality outcome, although in implementing the workforce recommendations there will be opportunities to undertake development work with staff to ensure that staff understand the needs of people with different protected characteristics and that they promote diversity in the work that they do.

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?

This report allows us to assess our progress in implementing the integration legislation, and helps to identify some of the barriers and issues that still need to be resolved so that we can start to properly plan for and report on 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 policy intentions of the integration legislation support self-management through the development of personalised outcomes. Through full implementation of the Act, we will be able support the shift in emphasis towards outcomes and away from systems and processes. The report highlights some of the issues that need to be resolved so that this can be achieved.

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.**

Through full implementation of the legislation, we will foster an ethos of supporting independence to deliver longer healthy life expectancy.

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.**

Through full implementation of the legislation, we will foster an ethos of supporting independence, which will maintain or improve quality of life.

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

One of the key priorities of our Strategic Plan is to reduce health inequalities. Through tackling some of the barriers to full implementation, progress on delivering the Plan will be actively driven.

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.**

The recommendations relating to workforce development support the outcome of staff feeling engaged and fulfilled.

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 in the HSCP.

9.0 LIST OF BACKGROUND PAPERS

9.1 Changing Models of Health and Social Care: Accounts Commission (March 2016).

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/53/2016/SMcA**
Contact Officer:	**Sharon McAlees Head of Criminal Justice and Children's Services**	**Contact No:**	**715282**
Subject:	**INVERCLYDE COMMUNITY JUSTICE TRANSITION GROUP PROGRESS REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to present to the Integration Joint Board an update of progress at both a national and local level with regard to Community Justice.

1.2 Following royal assent being given to the Community Justice (Scotland) Act 2016, the Inverclyde Community Justice Transition Group has agreed in principle to a Memorandum of Understanding (see attached) that is presented as part of this report.

2.0 SUMMARY

2.1 The Community Justice (Scotland) Act 2016 was given royal assent in March 2016. This legislates for the establishment of a new national organisation, Community Justice Scotland while also detailing statutory Community Justice partners for local authority areas. It likewise indicates the involvement of third sector organisations being necessary in the development of community justice.

2.2 The Act stipulates adherence must be given to the National Strategy for Community Justice; Community Justice Outcomes Performance and Improvement Framework and associated Guidance in the development of a local Community Justice Outcomes Improvement Plan and subsequent Annual Reports.

2.3 The Act formerly dis-establishes existing Community Justice Authorities on 31st March 2017, with local community justice partners having responsibility from 1st April 2017.

2.4 Inverclyde Community Justice Transition Group, in taking cognisance of the Act, has developed a Memorandum of Understanding (see attached). The purpose of this is to strengthen the commitment of local statutory and non-statutory partners in having a shared understanding of their respective role in taking forward the community justice agenda in Inverclyde.

2.5 At a local level Inverclyde Community Justice Transition Group continues to meet on a six-weekly basis. In addition to this a Development Day was held on 28th April with a follow-up session on 5th September; a meeting with the Care Inspectorate regarding the development of a self-evaluation tool for community justice on 29th April and a Data Summit on 11th May.

2.6 A Communication and Engagement sub-group also meet on a six-weekly basis and

have developed a range of communication materials and engagement activities.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

a) Note the progress of Community Justice with regards to both national and local developments.
b) Approve the Inverclyde Community Justice Partnership Memorandum of Understanding.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for implementation of the new model of community justice in Scotland.

4.2 The new model will enable local strategic planning and delivery of community justice services with a focus on collaboration and involvement at a locality level and with people who use services.

4.3 The statutory Community Justice Partners include:

- Local Authorities
- Health Boards
- Police Scotland
- Scottish Fire and Rescue Service
- Skills Development Scotland
- Integration Joint Boards
- Scottish Courts & Tribunal Service
- Scottish Ministers (Scottish Prison Service and Crown Office and Procurator Fiscal Service)

4.4 Inverclyde Community Justice Transition Group includes representation of all of the statutory partners as well as from key third sector organisations including Inverclyde Council for Voluntary Service (Third Sector Interface for Inverclyde); Action for Children and Turning Point.

4.5 The Act outlines the functions for community justice partners, expectations around local arrangements in developing a Community Justice Outcomes Improvement Plan and Participation Statement as well as the subsequent Annual Reports. The Act also specifies a duty of co-operation of community justice partners. These are all summarised in a local Inverclyde Community Justice Partnership Memorandum of Understanding that has been agreed in principle by the Inverclyde Community Justice Transition Group and is in the process of being signed-off by each respective partner.

4.6 The final draft of the National Strategy for Community Justice, Community Justice Outcomes Performance and Improvement Framework and associated Guidance were made available via the Knowledge Hub platform on 5th July. These will be formally launched and published on 24th November.

4.7 These national documents detail the community justice common outcomes that consist of four structural outcomes and three person-centric outcomes. These include:

Structural Outcomes	Person-Centric Outcomes
• Communities improve their understanding and participation in community justice.	• Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.
• Partners plan and deliver services in a more strategic and collaborative way.	• People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.
• Effective interventions are delivered to prevent and reduce the risk of further offending.	• Individuals' resilience and capacity for change and self-management are enhanced.
• People have better access to the services they require, including welfare, health and wellbeing, housing and employability.	

4.8 Central to the new model for community justice is driving improvement through quality and assurance. One element of doing this is in undertaking self-evaluation. Inverclyde has agreed to test part of the self-evaluation tool currently being developed by the Care Inspectorate, with a view to undertaking further self-evaluation activity during 2017.

4.9 Inverclyde Community Justice Transition Group had a Development Day on 28th April. The focus of this day was in developing a collective response in the development of the local Community Justice Outcomes Improvement Plan, where four of the common outcomes were considered. A further session on the 5th September considered the remaining three common outcomes.

4.10 An initial logic model was also formulated as part of the Development Day and this will be further enhanced and incorporated into the local Community Justice Outcomes Improvement Plan.

4.11 An additional element of the local Community Justice Outcomes Improvement Plan is a Community Justice Profile. A Data Summit was held on 11th May, bringing together people with a responsibility for performance reporting from the various statutory partners. There was also representation from Scottish Government Criminal Justice Analytical Division. The summit enabled an agreed approach to progress the Community Justice Profile.

4.12 An essential component of the local Community Justice Outcomes Improvement Plan is a Participation Statement. The Communication and Engagement sub-group have developed a range of communication materials to ensure public awareness of community justice and opportunities to be actively involved. A series of engagement activities are also being arranged including focus groups, individual interviews, participating in local events and giving presentations to local organisations.

4.13 These initial events will lay the foundation of co-production where it will be the future intention to build capacity where stakeholders are involved in decision-making, have an active role in community justice and are supported to develop user-led forums.

5.0 IMPLICATIONS

FINANCE

5.1 The Scottish Government's transition funding allocation of £50,000 to Inverclyde was used in taking forward the Transition Plan. A Community Justice Lead Officer was appointed in September 2015 who will support the co-ordination of activity and the Community Justice Transition Group.

5.2 A further funding allocation of £50,000 has been agreed by the Scottish Government for the period 2016 / 2017. Following this, no further funding allocation has been agreed by the Scottish Government. This highlights the temporary nature of funding and the need to articulate at appropriate national forums the case for mainstreaming funding for ensuring the successful implementation of the community justice agenda. Inverclyde Community Justice Transition Group made a recent submission to the Scottish Government (see attached) including a logic model of activity undertaken locally during 2015 / 2016 and emphasising the pivotal role of the funding allocation in achieving this progress.

5.3 As outlined in the National Strategy for Community Justice, the Community Justice Outcomes, Performance and Improvement Framework and associated Guidance, there is an expectation that partner resources will be leveraged to support change and local innovation. Inverclyde Community Justice Transition Group has agreed to ask all statutory partners to identify resources in kind that they can commit to local arrangements.

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

5.4 The Community Justice (Scotland) Act was given royal assent in March 2016. This provides the legal framework to support the new model.

5.5 Inverclyde Community Justice Transition Group has developed a local Memorandum of Understanding (see attached) that incorporates the requirements of Community Justice partners as detailed in the Act and includes the role of the Community Justice Lead Officer in supporting local arrangements.

HUMAN RESOURCES

5.6 There are no human resources issues within this report.

EQUALITIES

5.7 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.

5.7.1 How does this report address our Equality Outcomes?

Improving access to services is one of the common outcomes of Community Justice and this encompasses removing any potential barriers, with a particular emphasis on ensuring equality of access. There is also recognition of the multi-layered nature of potential barriers faced by some people. Highlighting this has formed part of the engagement activity already undertaken by the Community Justice Partnership, for example, using an empathy map to explore this.

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

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

5.7.1.3 People with protected characteristics feel safe within their communities.

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

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

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.8 The Community Justice Partnership Memorandum of Understanding details clear governance arrangements (see attached).

5.9 **NATIONAL WELLBEING OUTCOMES**

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

The community justice national common outcomes and Outcomes Improvement and Performance Framework strongly align with the national wellbeing outcomes. There is a clear focus on reducing health inequalities and capacity-building while adopting a recovery model.

As demonstrated with some of the engagement activity, a vital aspect in taking community justice forward is engaging with local communities, including families of those affected by criminal justice, victims and witnesses. As outlined in the Community Justice Communication and Engagement Strategy, we have adopted a co-production approach in planning and local implementation of community justice.

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

5.9.2 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.

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

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

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

5.9.6 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.

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

5.9.8 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.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

7.0 BACKGROUND PAPERS

7.1 Community Justice (Scotland) Act 2016.

Inverclyde Community Justice Partnership

Memorandum of Understanding

Version	1.0
Date	15.03.16
	23.05.16
	23.06.16
Review Date	(Draft)
Produced by	Ann Wardlaw

Positive Lives, Strengthening Communities

Contents

Foreword

Councillor Stephen McCabe, Leader of Inverclyde Council and Chair of Inverclyde Alliance Board

As Chair of the Inverclyde Alliance Board, the Inverclyde Community Planning Partnership, I welcome the Inverclyde Community Justice Partnership Memorandum of Understanding.

The new model for community justice, underpinned by the Community Justice (Scotland) Act 2016, has placed community justice at a local level where the planning for this landscape and decisions can be made from a local perspective. While a legal duty is placed on statutory Community Justice Partners; partnership working is central to improving community justice outcomes and the Inverclyde Alliance has an important role to play in facilitating this.

Inverclyde Community Justice Partnership are driving forward in implementing community justice at a local level and very much using existing local strategies and the principles of Getting it Right for Every Child, Citizen and Community as a strong foundation. This Memorandum of Understanding strengthens local partnership arrangements and demonstrates a local commitment by partners in delivering positive community justice outcomes from the outset of this new partnership.

Councillor Stephen McCabe
Chair of Inverclyde Alliance Board
Leader of Inverclyde Council

1. Introduction

The Scottish Government's Future Model for Community Justice in Scotland consultation paper (2014) defined community justice as:

> "The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance."

The Community Justice (Scotland) Act 2016 is the legislative vehicle for implementing this new model whereby responsibility will transfer to local strategic planning and delivery partners while disbanding the current Community Justice Authorities.

The Community Justice Division has identified four key themes in the national Community Justice Strategy and that are also reflected in the national performance framework, both of which are currently being progressed. These include:

- Improved community understanding and participation.
- Strategic planning and partnership working.
- Effective use of evidence-based interventions.
- Equal access to services.

This Memorandum of Understanding sets out the working framework of the Inverclyde Community Justice Partnership as detailed in the Community Justice (Scotland) Act 2016. It has been developed in consultation with all of the statutory partners included in this legislation who have collectively, through the Inverclyde Community Justice Partnership, endorsed this Memorandum of Understanding.

The Community Justice Partnership sits under the umbrella of Community Planning, reporting directly to Inverclyde Alliance. The focus of the Community Justice Partnership very much aligns to existing strategies and local priorities and aligns to the principles of Getting it Right for Every Child, Citizen and Community and will contribute to the delivery of the wellbeing outcomes.

2. Aim

The aim of the Community Justice Partnership is to ensure the implementation of the new model of community justice in Inverclyde as detailed in The Community Justice (Scotland) Act 2016 by[1]:

- Working together in planning for and delivering improved outcomes for community justice in Inverclyde.

[1] New Model for Community Justice – Transitional Funding 2016 / 2017 – Letter from Community Justice Division

- Actively involving the Third Sector, Community Based Organisations, communities, service users and their families and victims in community justice.
- Securing partners contribution towards resourcing community justice in order to achieve the outcomes identified in the annual Inverclyde Community Justice Improvement Plan.
- Contributing information in accordance with the national Performance Framework and evidencing this in the annual Inverclyde Community Justice Performance report.
- Establish local partnership arrangements for the strategic planning and delivery of community justice in Inverclyde, including with CPP, ADP and HSCP.

3. i. Inverclyde Community Justice Partnership

The Community Justice (Scotland) Act 2016 details statutory partners[2] to include:

- Local Authorities
- Health Boards
- Police Scotland
- Scottish Fire and Rescue Service
- Skills Development Scotland
- Integration Joint Boards
- Scottish Courts and Tribunal Service
- Scottish Ministers (Scottish Prison Service, Scottish Courts and Procurator Fiscal Service)

Inverclyde Community Justice Partnership includes involvement of all of the statutory partners and representation from Action for Children and Turning Point Scotland who both deliver local services; CVS Inverclyde who form one part of Inverclyde's third sector interface; local Community Safety and Wellbeing Manager, ADP Co-ordinator and NSCJA Policy Officer (until the dis-establishment of NSCJA).

Other Third Sector organisations and stakeholder organisations will have involvement in the planning and delivering of community justice, while not being directly represented on the Inverclyde Community Justice Partnership.

ii. Membership

The partner representation of the Inverclyde Community Justice Partnership is:

Designation	Service
Head of Children's Services & Criminal Justice	HSCP and Integration Joint Board
Head of Planning, Health Improvement and Commissioning	HSCP and Integration Joint Board

[2] Section 13 Community Justice (Scotland) Act 2016

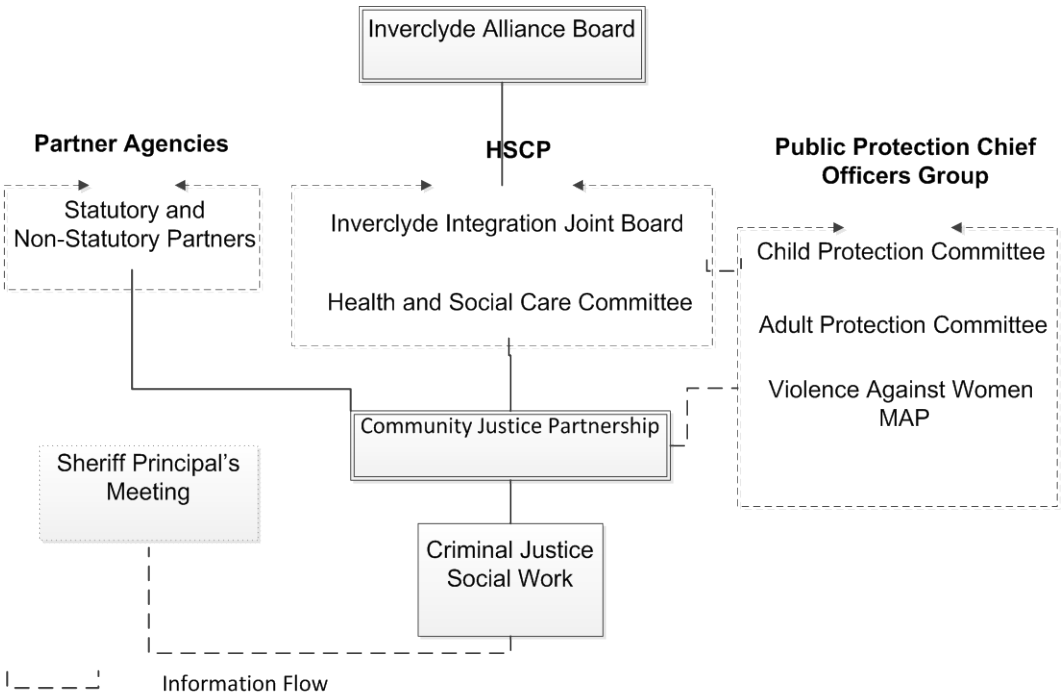
Community Justice Health Improvement Lead	Greater Glasgow & Clyde Health Board
Service Manager	HSCP Criminal Justice
Community Justice Lead Officer	Community Justice Partnership
Corporate Policy & Partnership Manager	Inverclyde Council
Legal Services Manager	Inverclyde Council
Service Manager	HSCP Youth Justice
Planning Officer	NSCJA
Single Point of Contact	Scottish Court Service
Single Point of Contact	Procurator Fiscal
Team Leader	Skills Development Scotland
Governor, HMP Greenock	SPS (Representative for Community Justice)
Chief Superintendent	Police Scotland
HSCP Integration Facilitator	CVS Inverclyde
Group Manager	Scottish Fire and Rescue Service
Service Manager	Action for Children
Operations Manager	Turning Point
Community Safety and Wellbeing Manager	Housing, Safer & Inclusive Communities, Inverclyde Council
ADP Co-ordinator	Inverclyde ADP

Other members will be co-opted onto the group for specific projects as appropriate.

4. Governance Arrangements

Interim governance arrangements have been agreed to support the immediate period of transition and implementation of the new model of community justice in Inverclyde. These will be reviewed following the revision of Inverclyde SOA in 2017.

Governance Structure



The governance structure also illustrates those specific to Criminal Justice Social Work. Each partner will have their own respective governance arrangements within their own organisation.

5. Functions

The Community Justice (Scotland) Act 2016 specifies core functions[3] for community justice partners. These include:

1. Publishing a Community Justice Improvement Plan for the local authority area in relation to the nationally determined outcomes and any other local outcome measures.
2. Having due regard to the national Community Justice Strategy; the national Community Justice Performance Framework and Guidance issued by Scottish Ministers.
3. In preparing a Community Justice Improvement Plan consideration must be given to identifying which bodies are able to contribute to the preparation of this plan. The community justice partners must also consult with Community Justice Scotland and any other appropriate body or person.
4. Prepare a participation statement with regard to the preparation of the local Community Justice Improvement Plan and publish this.
5. Review the local Community Justice Improvement Plan periodically or as required and publish a revised plan.
6. Publish a Community Justice Performance Report on an annual basis.
7. Have regard to the community justice outcomes improvement plan in relation to the area of a particular local authority.
8. Comply with any direction issued by Community Justice Scotland.

6. Duty of Co-operation

In addition to the core functions, there is a duty of co-operation[4] included in the Community Justice (Scotland) Act 2016. This may include:

- Sharing information;
- Providing advice and assistance
- Co-ordinating activities (and seeking to prevent unnecessary duplication);
- Funding activities together.

7. Resourcing of Community Justice

Recent correspondence to Community Planning Partnership Chairs from the Community Justice Division[5] outlines guidance for preparation of Community Justice Transition Plans and update reports. These indicate the expectation that there will be leverage of partner resources to support change and innovation locally and for the work of community justice going forward beyond the transitional funding period.

[3] Section 19-29 Community Justice (Scotland) Act 2016
[4] Section 35 Community Justice (Scotland) Act 2016
[5] New Model for Community Justice – Transitional Funding 2016 / 2017 – Letter from Community Justice Division

A key aim of the Transition Funding is to

> "Secure the partners contribution of community justice funds, information, staff and other resources as is required to meet the outcomes noted in their local plan to deliver community justice outcomes."

This is also included in the draft Community Justice National Outcomes, Performance and Improvement Framework where partners will need to evidence leverage of resources for community justice and the impact this has made in achieving outcomes.

8. Self-Evaluation of the Community Justice Partnership

The draft Community Justice National Outcomes, Performance and Improvement Framework adopts the Justice Analytical Division "*5-Step Approach to Evaluation"*[6]. It is anticipated that self-evaluation would be an integral element of performance reporting and the development of local Community Justice Improvement Plans. This would be undertaken by the collective Community Justice Partnership where all partners would have an active role and contribution. Likewise, for the preparation of any future inspection process focusing on community justice; all partners would have an active role and contribution. This would also take cognisance of broader self-evaluation processes and frameworks undertaken by the Health and Social Care Partnership, Local Authority and wider Community Planning Partnership.

9. Information Sharing

Community Justice Partners agree to work to the principles of information sharing detailed in the Community Justice (Scotland) Act 2016, the national Community Justice Strategy and the national Community Justice Outcomes, Performance and Improvement Framework.

10. Role of the Community Justice Lead Officer

The post of Community Justice Lead Officer is hosted by the HSCP Criminal Justice Social Work service on behalf of all the community justice partners in Inverclyde.

The role of Community Justice Lead Officer is in assisting Inverclyde Community Planning Partnership in bringing together and supporting the defined range of partner agencies that will be responsible for ensuring appropriate actions to address re-offending in Inverclyde. This includes the provision of the Inverclyde Community Justice Outcome Improvement Plans to Scottish Government / Community Justice Scotland, review of these Plans and regular reporting in line with the National Strategy, the National Performance Framework and any locally determined outcomes frameworks.

[6] Designing and Evaluating Behaviour Change Interventions (2015) Scottish Government

In pursuance of this function the Lead Officer will:

1. Provide support for the transition of Community Justice to Inverclyde Community Planning Partnership arrangements and support relevant community planning groups in relation to the reducing reoffending agenda.
2. Lead on the development and provision of the annual multi-agency Inverclyde Community Justice Outcome Improvement Plans. To report on outcomes achieved and those in progress and plans to improve or maintain the current position.
3. Ensure that appropriate linkages are made with the Single Outcome Agreement, corporate plans and strategies.
4. Respond to feedback from Community Justice Scotland on their assessment of Inverclyde's performance and, to comply with any directions to update Community Justice Scotland within specified timescales of actions undertaken or plans to improve performance.
5. Engage with, liaise and support defined statutory partners who can contribute to reducing reoffending and secure and facilitate contributions from these agencies.
6. Assist with the identification of other key agencies that can contribute to the Outcome Improvement Plan and specifically assist in the delivery of agreed outcomes.
7. Engage with Community Justice Scotland, relevant community bodies and any other persons considered appropriate in the preparation of the plan.
8. Provide relevant reports to the Inverclyde Alliance Board (Community Planning Partnership) Health and Social Care and Council Boards on planning and performance and ensure processes are in place for appropriate external communications.
9. Liaise and network with similar posts nationally, participate in any relevant national group, and contribute to the sharing of good practice in reducing reoffending and to communicate this information with partner agencies.
10. Contribute to the local Commissioning Strategy, and to participate in discussions relevant to national commissioning.
11. Lead on identified areas of work on behalf of the Inverclyde Community Planning Partnership.
12. Provide local community justice partners with the findings and implications of reports, policies and research relating to reducing reoffending.
13. Establish and utilise effective systems to support liaison and feedback in relation to progress against agreed national or local objectives.
14. Lead, organise and manage local consultation events which will inform feedback on and review the Inverclyde Outcome Improvement Plan.
15. Liaise with analysts from each service/partner in relation to their information, with the aim of informing a local multi-agency needs analysis.
16. Ensure that statutory and local partners in exercising their own functions are aware of the Inverclyde Outcome Improvement Plan.
17. Undertake any other appropriate activity on behalf of the Community Justice Partnership.

The functions of the Community Justice Lead Officer will periodically be reviewed to reflect any national or local priorities.

11. Review of the Memorandum of Understanding

This Memorandum of Understanding is a working document and subject to review to reflect both national and local changing circumstances with regards to community justice.

This document will be reviewed on an annual basis and any changes will be subject to the collective agreement of the Community Justice Partnership.

Signed for and on behalf of:

Inverclyde Council

Designation

Signature

Date

Signed for and on behalf of:

Police Scotland

Designation

Signature

Date

Signed for and on behalf of:

Scottish Fire and Rescue Service

Designation

Signature

Date

Signed for and on behalf of:

Inverclyde HSCP and Integration Joint Board

Designation

Signature

Date

Signed for and on behalf of:

Scottish Prison Service

Designation

Signature

Date

Signed for and on behalf of:

Greater Glasgow and Clyde Health Board

Designation

Signature

Date

Signed for and on behalf of:

CVS Inverclyde

Designation

Signature

Date

Signed for and on behalf of:

Skills Development Scotland

Designation

Signature

Date

Signed for and on behalf of:

Action for Children

Designation

Signature

Date

Signed for and on behalf of:

Turning Point Scotland

Designation

Signature

Date

Signed for and on behalf of:

Scottish Court Service

Designation

Signature

Date

Signed for and on behalf of:

Crown Office and Procurator Fiscal Service

Designation

Signature

Date

Health and Social Care Partnership
Chief Officer: Brian Moore

Hector McNeil House
7-8 Clyde Square
Greenock
Inverclyde
PA15 1NB
Tel: 01475 715282

Our Ref:

Your Ref: SM/CJD

Date: 30th May 2016

Justice Directorate
Community Justice Division

redesignofcommunityjustice@scotland.gsi.gov.uk

Dear Mr Harper,

NEW MODEL FOR COMMUNITY JUSTICE – TRANSITIONAL FUNDING 2016-2017

As outlined in the Inverclyde Community Justice Logic Model below, the transitional monies have been crucial to the successful short term outcomes achieved during this first year period. Evidence of this is illustrated in feedback from a range of partners following a recent Development Day indicating:

> *"I would just like to say that I found today very informative and inspiring…today's event was an education on what good partnership work can achieve and set a realistic and achievable direction of travel for the Inverclyde Community Justice Partnership."*
>
> *"It was a useful opportunity to network with Inverclyde partners and develop my understanding of their services as well as their understanding of ours."*
>
> *"My initial reflections are the sense of partnership already in the room and the willingness to share as part of the discussion and it was interesting to hear the range of input. It is also heartening to see the level of commitment that comes within a small local authority where it should be more difficult to find resources to support partnership agendas, but in fact seems to work better than in some bigger local authorities."*
>
> *"I thought this was a very positive event for developing partnership understanding and joint working. There was a deepening of the members' sense of commitment to the statutory duty we all have under the Act."*

In summary, significant progress has been made in Inverclyde with regards to local planning for implementation of the Community Justice agenda. While there is a strong commitment to partnership working, there is consensus amongst Inverclyde Community Justice Transition Group that such progress would not have been possible if the transitional funding and co-ordinating role of the Community Justice Lead Officer had not been secured. There are concerns around the sustainability of the Community Justice agenda without continuing an adequate level of funding. This post is instrumental in being able to sustain both the momentum and stakeholder buy-in for local implementation of the Community Justice agenda and more significantly, achieving the long term ambitions in improving the lives of those who are involved in the criminal justice system, their local communities and ultimately reducing offending.

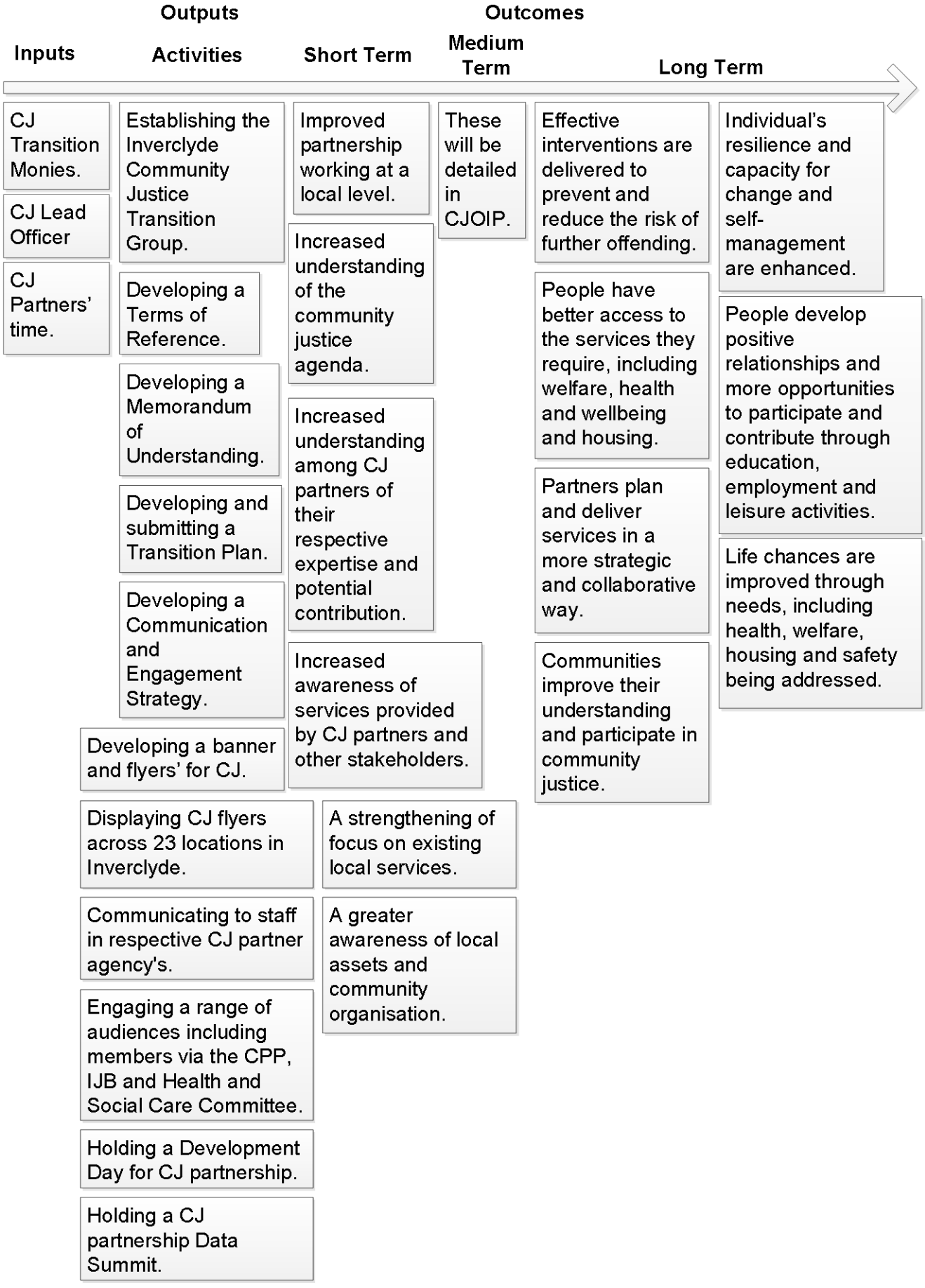
If you wish further detail on any aspect in this response, please do not hesitate to contact me.

Yours sincerely

XXXXXXXXXX

Sharon McAlees
Chair of Inverclyde Community Justice Transition Group

Inverclyde Community Justice Logic Model



INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date: 8th November 2016**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/54/2016**
Contact Officer:	**Sharon McAlees Head of Service Children's Services and Criminal Justice**	**Contact No: 01475 715282**
Subject:	**HISTORIC CHILDHOOD ABUSE**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of key developments regarding Scottish action to address historic abuse.

2.0 SUMMARY

2.1 In 2014, the Scottish Human Rights Commission produced an InterAction Plan on historic abuse. The Scottish Government made a commitment to carry out the InterAction Plan. (An overview of the plan is attached as Appendix 1).

2.2 The InterAction Review Group was established in May 2012 to oversee the Scottish Human Rights Commission InterAction process and the subsequent progress of the Plan. The group is made up of key stakeholders, including Social Work Scotland.

2.3 The National Confidential Forum (NCF), set up in 2014 to enable survivors to share their care experiences, forms part of the Plan's acknowledgement measures. A revised engagement plan is being put in place to address the low uptake and awareness of the NCF.

2.4 A survivor support fund has been set up as part of the Plan's accountability measures. This has opened already for priority cases and is due to be launched for all other applications.

2.5 The Scottish Government intends to lift the three-year time bar on civil action in cases of historical childhood abuse (dating back from September 1964) in line with the Plan accountability actions. Public bodies may need to consider any financial/ insurance implications.

2.6 The Apologies (Scotland) Act 2016, has received Royal Assent but has not yet been brought into force. The Act will make an apology inadmissible as evidence of liability in most civil proceedings and may support public bodies in their initial approach to survivors where abuse is alleged to have taken place.

2.7 The Public Inquiry into Historical Child Abuse in Scotland forms part of the Plan's accountability measures. On 27th July 2016, Lady Smith, a senior judge and Head of Scottish Tribunals, was appointed as the new Inquiry Chair. This followed the resignation of Susan O'Brien QC and panel member Professor Michael Lamb.

2.8 The InterAction Action Plan Review Group is likely to propose to the Scottish Government that oversight of the whole InterAction Plan be placed with the Scottish Parliament and that Ministers be asked to report twice a year on progress.

2.9 The Inquiry commenced on 1 October 2015. The Inquiry will be asked to report to Ministers within 4 years of the date of commencement. The scope of the Inquiry is 'within living memory'.

2.10 In October 2015, the Inquiry Chair wrote to all organisations which are likely to be relevant to the Inquiry to request that immediate steps are taken to preserve records which may be sought by the Inquiry at a later date. This could include adult records as they may contain disclosures of childhood abuse.

2.11 A joint seminar took place on 29th September 2016 hosted by Social Work Scotland in conjunction with SOLACE, ADES, SOLAR and COSLA. The purpose of the seminar was to develop a joint approach to the planning and other activity generated by the Inquiry.

2.12 The Scottish Government has established a team to consider and plan for the impact of the Inquiry. They have recently written to public bodies, agencies etc to advise of this team and offer support to organisations with regards to planning and preparation.

2.13 Within Inverclyde, the Public Protection Chief Officer Group has agreed to establish a working group under the governance of the Child Protection Committee, chaired by the Head of Legal and Property Services, to ensure Inverclyde is prepared to support the work of the inquiry and consider and plan for the potential local impact of the inquiry.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to

- note the contents of the report
- note the establishment of an Inverclyde working group under the governance of the Child Protection Committee, chaired by Inverclyde Council's Head of Legal and Property Services.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

Historic Abuse

4.1 Scotland is one of only a few countries to develop and implement a dedicated support strategy for survivors of historic abuse in any setting. For 10 years Survivor Scotland has delivered services to many survivors.

4.2 In 2010, the Scottish Human Rights Commission was funded to develop a Human Rights framework as part of work to seek remedies for historical child abuse in Scotland. This is known as the InterAction Process. The InterAction process was completed in 2014 and an InterAction Plan was produced. The Scottish Government has made a commitment to carry out its 'InterAction' Plan (an overview of the plan is attached as Appendix 1).

4.3 The InterAction Review Group was established in May 2012 to oversee the Scottish Human Rights Commission InterAction on Historic Abuse of Children in Care. Its membership included survivors of abuse, representatives of provider organisations, Scottish Government, CELCIS, SW Scotland and the Scottish Human Rights Commission. The Review Group facilitated collaboration across stakeholders in order that the InterAction could take place in an atmosphere of respect, dignity and support. Following the final meeting of the InterAction in October 2014, a revised remit was produced. The group continues to facilitate engagement with stakeholders in relation to fulfilling the commitments of the InterAction Action Plan and providing progress information to the Scottish National Action Plan for Human Rights (SNAP) Action Group on Justice and Safety.

4.4 The National Confidential Forum (NCF) was set up in 2014 as part of the Victims and Witnesses (Scotland) Act 2014 and forms part of the Plan's acknowledgement measures.

4.5 The NCF has been holding hearings since January 2015. People who spent time in institutional care as children have been invited to come forward and share their experiences, both good and bad. What people say at the NCF hearings will form an important record about children in care in Scotland in the past and will also inform future learning.

4.6 A revised engagement plan is being produced to address concerns that there is a low awareness and has been a low uptake of the NCF. To date 83 hearings have taken place.

4.7 Other action taken by the Scottish Government in relation to the Plan includes:

- The setting up of a dedicated support fund for survivors of abuse placed in care by the state to enable survivors to identify their own personal goals and access the right support to achieve them. £13.5 million is to be allocated over the next five years to develop a dedicated in care support service. The fund is now open for priority cases and due to formally launch for all other applications.

- An intention to lift the three-year time bar on civil action in cases of historical childhood abuse (dating back from September 1964). A draft Limitation (Childhood Abuse) (Scotland) Bill to that effect was published by the Scottish Government on 14 March 2016. Further review of the terminology is underway to ensure that there are no unintended consequences from this action. Public bodies may need to consider any financial/ insurance implications.

- The Apologies (Scotland) Act 2016, which has received Royal Assent but has

not yet been brought into force. The Act will make an apology inadmissible as evidence of liability in most civil proceedings, with the aim of encouraging public bodies and others to issue such apologies where wrongdoing is alleged, without having to await the outcome of the court process.

The Scottish Child Abuse Inquiry

4.8 The Public Inquiry into Historical Child Abuse in Scotland forms part of the Plan's accountability measures.

4.9 On 17/12/14 Angela Constance, Cabinet Secretary for Education and Lifelong Learning, announced that a Public Inquiry would be undertaken into the historic abuse of children and that a consultation process would take place involving survivors and others in relation to the terms of reference and the appointment of a suitable Chair.

4.10 The Inquiry is to be held under the Inquiries Act 2005 ("the Act") and is a Scottish Inquiry in terms of section 1(2)(b) and section 28 of the Act. Panel members, along with the Chair, will form the Inquiry Panel in terms of the Act. The Inquiry can compel public bodies or private organisations to produce particular documents. It also has the power to summon people who were involved, such as a person providing care, to give evidence. People who make statements to a statutory inquiry are protected from some court actions, such as defamation. An inquiry is not designed to rule on anyone's civil or criminal liability and has no power to do this. It may be that liability can be inferred from facts that come out of the inquiry, or from recommendations it makes.

4.11 On 28/5/15 the draft terms of reference for the Inquiry were announced and Susan O'Brien QC was appointed as the Inquiry Chair.

4.12 The purpose of the Inquiry is:

- To investigate the nature and extent of abuse of children whilst in care in Scotland, during the relevant time frame.
- To consider the extent to which institutions and bodies with legal responsibility for the care of children failed in their duty to protect children in care in Scotland (or children whose care was arranged in Scotland) from abuse, and in particular to identify any systemic failures in fulfilling that duty.
- To create a national public record and commentary on abuse of children in care in Scotland during the relevant time frame.
- To examine how abuse affected and still affects these victims in the long term, and how in turn it affects their families.
- The Inquiry is to cover that period which is within living memory of any person who suffered such abuse, up until such date as the Chair may determine, and in any event not beyond 17 December 2014.
- To consider the extent to which failures by state or non-state institutions (including the courts) to protect children in care in Scotland from abuse have been addressed by changes to practice, policy or legislation, up until such date as the Chair may determine.
- To consider whether further changes in practice, policy or legislation are necessary in order to protect children in care in Scotland from such abuse in future.
- Within 4 years (or such other period as Ministers may provide) of the date of its establishment, to report to the Scottish Ministers on the above matters, and to make recommendations.

4.13 For the purpose of this Inquiry, "Children in Care" includes children under 18years in institutional residential care such as children's homes (including residential care

provided by faith based groups); secure care units including List D schools; Borstals; Young Offenders' Institutions; places provided for Boarded Out children in the Highlands and Islands; state, private and independent Boarding Schools, including state funded school hostels; healthcare establishments providing long term care; and any similar establishments intended to provide children with long term residential care. The term also includes children in foster care.

4.14 The term does not include: children living with their natural families; children living with members of their natural families, children living with adoptive families; children using sports and leisure clubs or attending faith based organisations on a day to day basis; hospitals and similar treatment centres attended on a short term basis; nursery and day-care; short term respite care for vulnerable children; schools, whether public or private, which did not have boarding facilities; police cells and similar holding centres which were intended to provide care temporarily or for the short term; or 16 and 17 year old children in the armed forces and accommodated by the relevant service.

4.15 "Abuse" for the purpose of this Inquiry is to be taken to mean primarily physical abuse and sexual abuse, with associated psychological and emotional abuse. The Inquiry will be entitled to consider other forms of abuse at its discretion, including medical experimentation, spiritual abuse, unacceptable practices (such as deprivation of contact with siblings) and neglect, but these matters do not require to be examined individually or in isolation.

4.16 On 1/7/15, Susan O'Brien, QC commenced in her role as Inquiry Chair. She subsequently appointed as panel members Glen Houston, Northern Ireland Chief Executive of the Regulation and Quality Improvement Authority and Michael Lamb, Professor of Psychology at the University of Cambridge.

4.17 On 4/7/16, Ms O'Brien announced her resignation as the Inquiry Chair. Professor Michael Lamb had days earlier resigned on 27/6/26.

4.18 On 27/7/16, Lady Anne Smith, a senior judge and head of Scottish Tribunals was appointed as the new Chair of the Inquiry. Lady Smith was previously the Chair of the Scottish Partnership on Domestic Abuse and previously chaired the Advocates Family Law Group and the Advocates Professional Negligence Groups.

4.19 The rest of the senior Inquiry team remains unchanged at this time and the remaining panel member Glen Houston has indicated his intention to remain in the post. The Inquiry team have been continuing to meet with survivors to hear their evidence. Two survivor groups – INCAS (In Care Abuse Survivors) and FGBA (Former Boys and Girls Abused of Quarriers Homes) have applied and received core participant status in the Inquiry. Core participants are expected to have a significant role in the Inquiry and will obtain access to evidence and documents which may not be available to the public.

4.20 In response to the concerns regarding delays in progressing the InterAction Plan and changes to the Inquiry, a proposal is likely to be put forward to the Scottish Government by the InterAction Action Plan Review Group to propose that oversight of the InterAction Plan be placed with the Scottish Parliament and that Ministers be asked to report twice a year on progress.

4.21 The Inquiry is in the process of drafting Protocols for handling the documents it will recover and retain for its work. In 2015 the Inquiry Chair wrote to all organisations which she believed were likely to be relevant to the Inquiry to ask that they take immediate steps to preserve records which may be sought by the Inquiry at a later date. This letter has been received by the statutory organisations within Inverclyde. The Inquiry intends to begin issuing requests for documents in the coming months.

4.22 The Scottish Government has recently written to key public bodies, agencies etc to advise that a government team has been established to consider and plan for the impact of the Inquiry in a 'core participant' sense. The focus on the group will include:

- directing searches of records
- liaising with agencies, public bodies, third sector organisations and others on the proposed approach of the Scottish Government
- consideration of policy implications

4.23 In addition, as part of the work of this group, the Scottish Government is offering to provide advice and/or assistance to organisations in relation to planning and preparation.

4.24 Police Scotland and the Crown Prosecution and the Procurator Fiscal Service have put in place single points of co-ordination and contact for the purposes of the Inquiry. In preparing for the Inquiry, a co-ordinated approach may be useful with respect to:

- Identification of any issues with regards to records retention and storage
- Support resources
- Ensure a single point of contact is in place to manage Inquiry requests
- Consider any potential financial risk/ insurance matters that might arise from the Inquiry

4.25 A joint seminar hosted by SW Scotland in conjunction with SOLACE, ADES, SOLAR and COSLA took place on Thursday 29 September at COSLA in Edinburgh, the focus was on developing a joint approach and issues discussed included:

- Supporting victims and survivors: counselling and support services
- Compensation: dealing with claims and budgeting
- Managing information: redaction, data protection, locating files and secure transfer
- Supporting staff who may have also been victims of child abuse
- Reputational Risk

4.26 Inverclyde requires to be in a position to prepare for and respond to the issues raised by the Inquiry. In order to do this, the Public Protection Chief Officers Group has requested that the Child Protection Committee provide a governance structure for this work.

4.27 Inverclyde Council's Head of Legal and Property Services, has been tasked with chairing a working group to progress this. The group will be supported by the Head of Children's Services and Criminal Justice. It is likely that representation on the group will be drawn from service areas across the HSCP, and a range of council services including Human Resources, Legal Services, Finance etc.

4.28 It is intended that this group will produce at minimum an annual report to members and to the Public Protection Chief Officers Group to ensure full oversight.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

There may be financial/ insurance implications in relation to civil action in cases of historical childhood abuse particularly given the Scottish Government intends to lift the three-year time bar on such actions.

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 a range of legislative issues in respect of this report and these are contained in the background.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

5.4.1 How does this report address our Equality Outcomes.

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

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

5.4.1.3 People with protected characteristics feel safe within their communities.

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

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

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

Contributing effectively to the work of the Inquiry will assist the Inquiry to achieve its aims and this should generate learning that will help services better meet the wellbeing needs of victims of historic abuse and their families.

5.6.2 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.

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

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

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

5.6.6 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.

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

Contributing effectively to the work of the Inquiry will assist the Inquiry to achieve its aims and this should generate learning that will help services keep people safe from harm in the future

5.6.8 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.

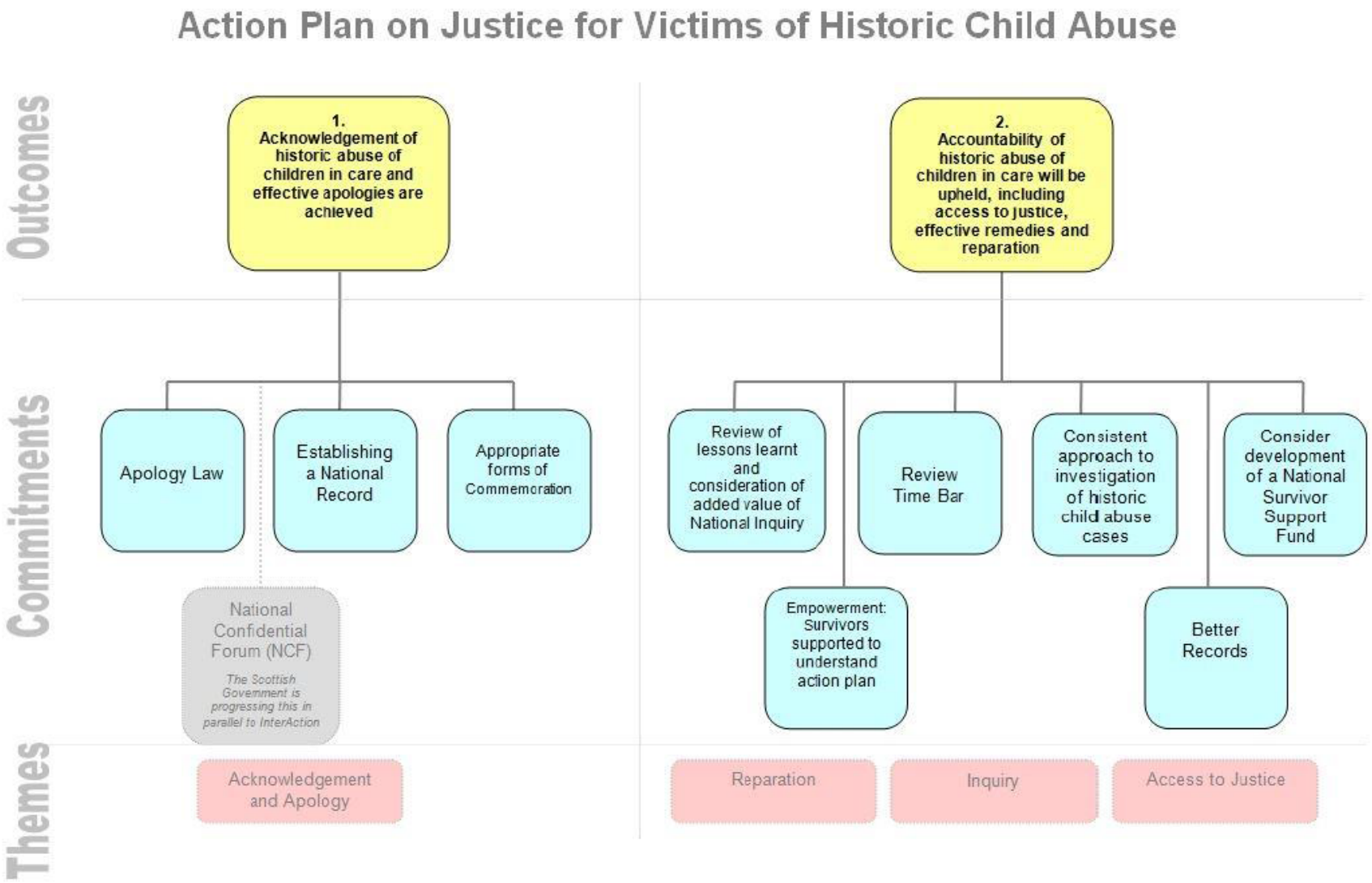
6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Head of Service Children's Services and Criminal Justice and Child Protection Officer, Renfrewshire Children's Services with specific knowledge in this area

7.0 LIST OF BACKGROUND PAPERS

7.1 Action Plan on Justice for Victims of Historic Child Abuse

Appendix 1


Action Plan on Justice for Victims of Historic Child Abuse
Outcomes
Commitments
Themes
1. Acknowledgement of historic abuse of children in care and effective apologies are achieved
2. Accountability of historic abuse of children in care will be upheld, including access to justice, effective remedies and reparation
Apology Law
Establishing a National Record
Appropriate forms of Commemoration
National Confidential Forum (NCF)
The Scottish Government is progressing this in parallel to InterAction
Review of lessons learnt and consideration of added value of National Inquiry
Review Time Bar
Consistent approach to investigation of historic child abuse cases
Consider development of a National Survivor Support Fund
Empowerment: Survivors supported to understand action plan
Better Records
Acknowledgement and Apology
Reparation
Inquiry
Access to Justice

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/64/2016/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**UPDATE ON DELAYED DISCHARGES, UNSCHEDULED CARE AND WINTER PLANNING**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on activity in relation to Unscheduled Care, preparation for winter and to provide an update on ongoing activity to achieve the Delayed Discharge target.

2.0 SUMMARY

2.1 Throughout the year, as an integral part of day-to-day working, there is collaboration between the range of partners, professionals, service users and carers to ensure effective transitions at points of admission and discharge. As activity rises over the winter months, and pressure on the system mounts, it becomes increasingly important to operate effectively. Review of previous winters' activity, and lessons learned from this, inform comprehensive planning arrangements across social, primary and secondary care on a local, sector and Board-wide basis.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the progress towards maintaining achievement of the Delayed Discharge target, risks associated with this and planned arrangements for addressing winter.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The current target for Delayed Discharges nationally is for patients to be discharged from hospital within 14 days of being agreed to be clinically fit.

4.2 The Board has also introduced a target of 72 hours which is proving to be challenging for all Partnerships.

4.3 Nationally there is also a target for patients presenting at an Emergency Department (ED) to be seen and action agreed within 4 hours. Performance against this target is a key indicator of hospital performance throughout the year, and particularly in winter as attendances at EDs rise, increasing demand on the range of hospital services behind the front door.

5.0 PROPOSALS

5.1 **Delayed Discharge**

Since February 2015 in Inverclyde we have consistently achieved zero delays over 2 weeks at the census date. Additionally, Appendix A illustrates that there continues to be a downward trend in the number of bed days consumed by Delayed Discharges in Inverclyde.

Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring reablement or resumption of a homecare package.

To date our performance against the Delayed Discharge target has been maintained despite the increasing pressure we are seeing in demand for care home beds, leading to reduced local availability and increased costs. As we enter the winter the issues associated with this change in activity present the greatest challenge. The tables at Appendices B and C clearly demonstrate the increasing demand offset by a continuing downward trend in the length of stay following admission, i.e. individuals are appropriately being admitted at a later stage with greater needs, resulting in care homes largely providing end of life care.

Complementing care home provision are a range of community-based services, enabling service users to remain in their homes for longer. Since the turn of the year we have piloted step-up beds, providing intermediate care within care home settings. Service users who have escalating needs but are clinically stable are admitted from the community for up to 6 weeks, supported by comprehensive Allied Health Professionals and Housing input. We have also utilised this service to provide wraparound care at home with positive outcomes.

5.2 **Unscheduled Care**

During 2015/16, NHS Greater Glasgow and Clyde has delivered an extensive programme of improvement work across the North, South and Clyde Sectors. Recognising that significant improvements have been made, there is still work to be done to consistently achieve the 95% Unscheduled Care Compliance (UCC) standard. Implicit in achieving the target is the recognition that it is not only a measure of efficiency of the service but also correlates with the safety and quality of care for patients. A Programme Board, chaired by the Chief Executive, has been established underpinned by the following work streams in each sector:-

Analysis of Demand, Flows and Resources – comprehensive analysis, the effectiveness of our service responses, source of referrals, nature of presentations and alternatives available to patients.

Assessment Processes – with increasing demand we must ensure that our assessment processes are fully effective and equitable: this will include improved use of Ambulatory Care and the provision of rapid access clinics as an alternative to admission. An important priority is move as much unscheduled care onto a scheduled basis when clinically appropriate.

Inpatient Flow Processes – develop existing programme of improvement work to reduce delays in the system and optimise capacity over the 24 hour period.

Integrated Facilities Processes – develop programme of integrated work to understand bottlenecks and service constraints.

Scottish Ambulance Service – develop programme of joint work with SAS around admission avoidance and better scheduling of care.

Interface with GPs – identify key issues in interface with GPs.

Work with HSCPs – establish an agreed programme of work which will be led by HSCPs.

Develop a Matrix for Performance Improvement – we need to understand and address variation.

The improvement projects will progress as a series of tests of change with pilot work established as proof of concept.

As well as participating in the Clyde Sector programme of work, locally in Inverclyde we continue to work closely with hospital colleagues. Current work is focusing upon the principles of Home First, as well as developing plans for Comprehensive Geriatric Assessment Beds as part of an Older Adults Assessment Unit.

5.3 **Winter Planning**

In common with previous years, we have developed a local operational winter plan which reflects lessons learned from previous years' winter activity.

The plan identifies and addresses the local issues across primary care and community services for which Inverclyde Health and Social Care Partnership is responsible and complements the Acute winter plan, generating a whole system approach. Similarly it aligns to Inverclyde Council's contingency planning for winter.

The Winter Planning Operational Group with representation from each relevant HSCP service will meet on a weekly basis from mid-November. This provides the forum to examine local performance data to plan responses to extra pressure on the system as it arrives, with daily overview on pressures provided by Social Work attendance at the hospital morning huddles.

A rolling action log will be maintained and reported weekly to the Chief Officer; a report analysing the activity, performance and pressures during the winter will be provided to the IJB at the end of the winter period.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications

None

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 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)
√	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.

6.4.1 How does this report address our Equality Outcomes?

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

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

6.4.1.3 People with protected characteristics feel safe within their communities.

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

6.4.1.5 HSCP staff understands the needs of people with different protected characteristic and promote diversity in the work that they do.

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

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

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

6.6.2 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.

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

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

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

6.6.6 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.

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

6.6.8 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.

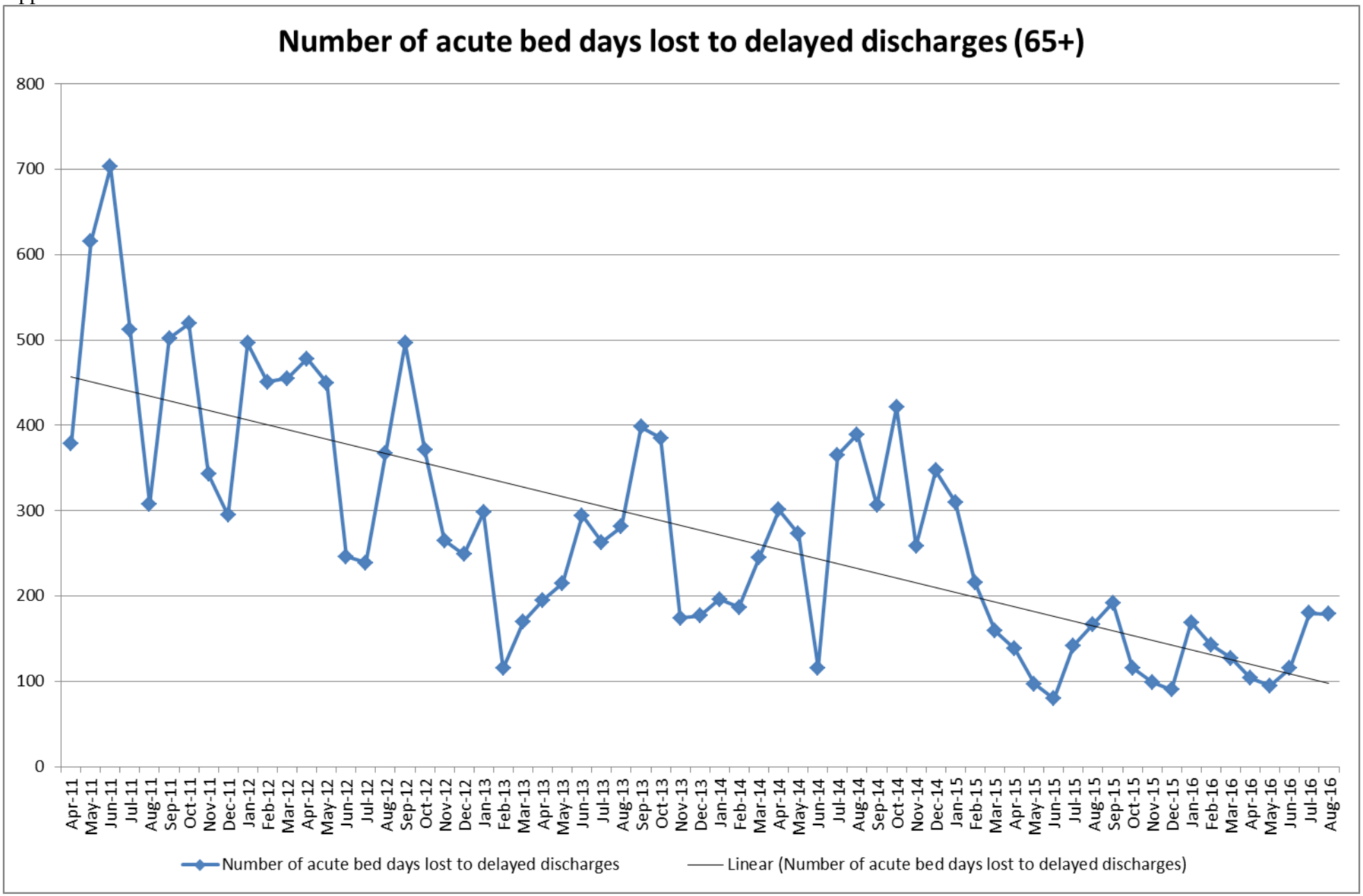
7.0 CONSULTATION

7.1 None.

8.0 BACKGROUND PAPERS

8.1 None.

Appendix A


Number of acute bed days lost to delayed discharges (65+)
800
700
600
500
400
300
200
100
0
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
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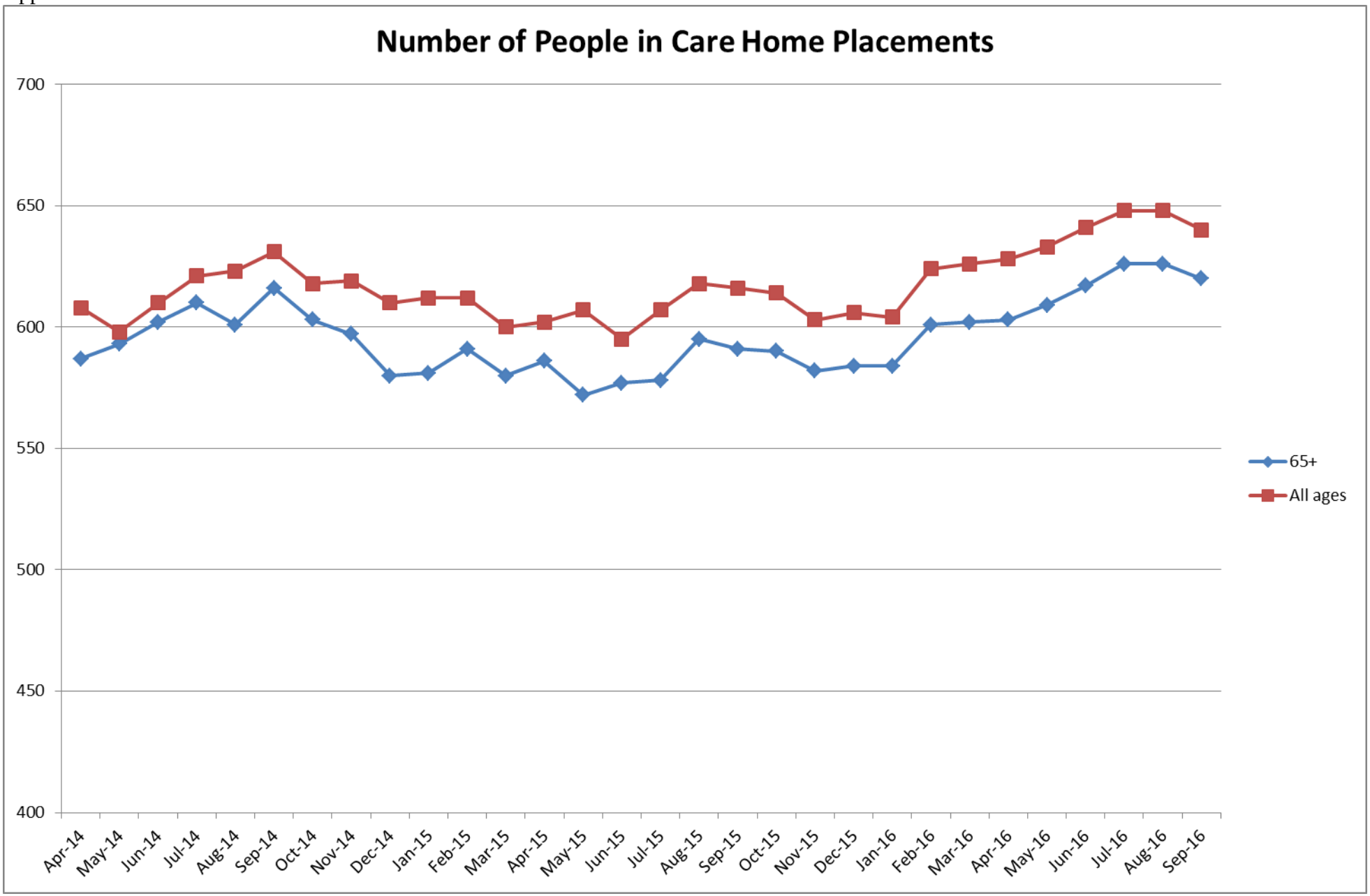
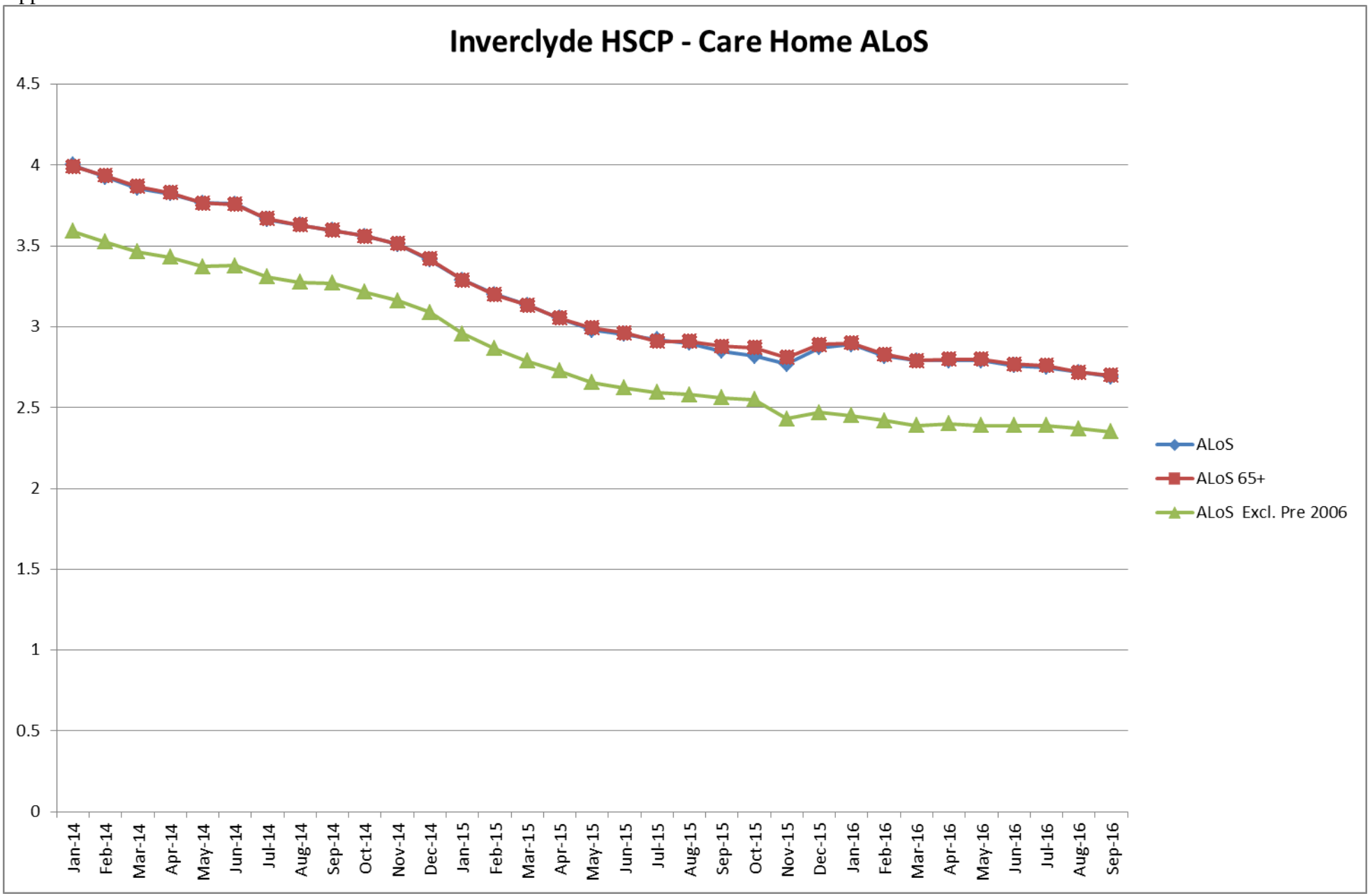
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Number of acute bed days lost to delayed discharges
Linear (Number of acute bed days lost to delayed discharges)

Appendix B


Number of People in Care Home Placements
700
650
600
550
500
450
400
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
65+
All ages

Appendix C


Inverclyde HSCP - Care Home ALoS
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ALoS
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ALoS Excl. Pre 2006

Appendix D

HSCP Winter Planning Work Plan 2016/17

Alan Brown, Service Manager
Updated 24/09/2016

Key Issues	Status & Issues	Task	Lead	Progress
Ensure community services are available when required	Clear Service Pathways are in Place Process of referral and response is timely	Established Direct Access Point for community Services in particular out of hours Out Of Hours pathway finalised	EC	Completed
	Ensure up to date information re access to service is available	Update information sheet with 2 main contact numbers • Office Hours (ACM 01475 715010) • Out with Office Hours (DN OOH) Information supplied to partners of community based services		5/10/2016 31/11/2016
	Operational Discharge Meeting is attended by key operational individuals including community Leads who assist in planning discharge of complex cases	ODM to be arranged	AB	31/10/2016
		Report into WPDP (Winter Plan Data Pack) Include discussion of HC packages including restarts Agreed process require to update HC by Tue lunchtime Information around hospital admissions Need to check if home care info is being communicated to wards on		in place
	Homecare has a fast flexible service to respond to referrals and discharge on a enablement model	Identify potential pressure on service	JA	completed
		Advise of HC service over Winter/Holidays Referral Process for discharge prior to Festive period		31/10/2016
	The Community Nursing service and Homecare service provide a service 24 hours, 365 days per year inclusive of	These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays.	A Best	In place

	bank public holidays.			
Focussed recovery from periods of limited cover	HSCP Rotas over winter period to be confirmed	Based on previous years CACM/ Duty cover IRH in terms of back up & support	AB	31/11/2016
		Arrange Annual Leave for period to ensure sufficient cover		
	CACM duty rota to cover peak holiday period and January 16 (Dec15 -Jan 16)	Home Care Reablement RES District Nurses Liaison Nurses	AB	
	Peer immunisation clinic	HSCP Staff are actively encouraged to be vaccinated and local peer vaccination sessions were organised	TB	31/10/2016 Passed to communication teams
	Access to Joint Store	CIL Access Point in place Social Work Occupational Therapy is staffed week days and can respond to prevent escalation leading to potential admission. This provision is maintained across the holiday period with the exception of the public holidays.	JA	In place
Planning GPs cover for 2 bank holiday periods	GP practices will put in contingency arrangements for winter period	AB to liaise with Pauline for arrangements by GP's over Dec/Jan	PA	Raised with practice managers and GP forum by Oct 2015 PA to link with Practice Managers to confirm BCP
		practices to ensure their business continuity plans are up to date and that emergency contact details are accessible in the event of an incident		
		GPs will implement suggested contingency arrangements over the festive period as per LMC guidance. In addition Practices will advise Patients of closure via SOLUS Screens and also prompt patients to order prescriptions in advance.		
Service Capacity	Home Care capacity	Exception reporting agreed to be included in Winter Plan Data Pack	AB	In Place

	Care Home Capacity is monitored daily with pressures identified	Link with care home providers to maintain daily reports around pressure	AB	In place
	Equipment Stock Take	A predictive stock order of essential equipment will be submitted early November to ensure availability of supplies for the Community Home Care teams during the holiday period.	JA	31/10/2016
		A predictive stock order of essential equipment from wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.	A Best	31/10/2016
	Care Homes have BCP in place	Identified at Governance Meetings AB email Care Homes requesting confirmation of BCP in place	AB	31 October 2016
Prioritising emergency patients	Currently have early identification in IRH	Managed through weekly Operational Discharge Meeting early identification of potential discharge Meeting attended by Acute and Comm Staff	AH	In place
		Increase access to read only SWIFT in wards Plan to include A/E In progress for Wards J and Lakefield Unit	AB	Review by 31/10/2016
		Identify discharge of New Home care packages	JA	In place
	Early identification process of vulnerable people at risk of admission to IRH in community	Criteria for identification of most vulnerable adults at risk of admission Mental Wellbeing Il health/elderly carer Complex cases	AB	Review 31/10/2016

		Development of Friday Allocation Meetings to identify capacity issues complex cases	AB	
		The Community Nursing teams introduce *Patient Status at a Glance Team have daily meetings update*. details of vulnerable patients as well as patients with changing needs. To identify those at risk of admission. The nurses will link with GPs and HCC to identify patients who may potentially be vulnerable during the winter period	A Best	In Place
		The Home Care/ Social Work team maintain a note of vulnerable people known to them living in the community. Link with OPMHT to ensure list is updated Identification or flag on SWIFT	JA	31/10/2016
		Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned. Team leaders Home Care/ACM?DN speaking to managers about identifying critical cases Note local up to date information is vital and require facility to add to WPDP		31/10/2016
		Review role of Fast Track Assessment service Identify use, capacity and effectiveness of fast track clinic. Develop strategic approach to development of service alongside gerontology role Gerontology nurse is now seeing increased numbers of patients in community working as part of RES	EC	Review 31/10/2016
	Health Improvement	Link to GCC generic information and add local focus	AH	Review 31/10/2016

Reducing Numbers	Early identification of patients requiring supported discharge	Home First Action Plan is moving towards achieving 72 hour target Recorded as part of performance	AB	Review 31/10/2016
Reduce Admissions	Step Up Beds – Through the Night care teams in place and functioning	In place continue pilot over winter period Link with OOH DN service	EC EC	Review at 31/10/2016
Single Point of Access	Discharge Team/CACM now have single point of access based at GHC	Ensure contact information is circulated Generic email to be created for CACM Ensure telephone contact is available	AB	Review resource requirement 31/10/2016
Care Home support	HSCP Governance arrangements with Care Homes established. Care Home Providers Forum in place Enablement input to Nursing Homes	Liaison Nurses/ AHP peer group agreed to support work with care homes identification of residents at risk of admission Explore fast track discharge for existing residents liaison between ward and home	TB	Review 31/10/2016
Anticipatory Care	ACP in place for residents in care homes	Access to ACP	A Best	Review 31/10/2016
Capacity for AWI Patients	MHO rota in place and increased capacity of MHO service Early identification of AWI issues on wards with TL CMHT attending ODEM	Monitor the impact of AWI on IRH	CG	Review 31/10/2016 Review 31/10/2016
Equipment	Fast Track in place for discharge Joint Store single access in place	Access to equipment out with working hours. A stock of equipment is left at several points across Inverclyde and there is the provision of a folding hoist and slings based within the community alarm team. The district nursing service also holds moving and handling equipment, mattresses, commodes etc. The main sites where equipment is stocked are within Greenock Health Centre and at Hillend House although there is also a stock at IRH OT department and the Larkfield Unit. This is a long standing arrangement between services. The Joint Equipment store staff ensures that	DM	Review 31/10/2016

		equipment is always stocked at these venues. This allows for 24 hour access to equipment if required. The Occupational Therapy service has a Response team that respond to urgent requests for equipment within 24 hours Mon-Fri. This service often follows up where equipment is provided out with working hours to allow for a more comprehensive assessment of the home environment.		
In reach to Hospitals	Home First Action Plan	A District Nurse and OT in reach have been appointed to facilitate communication between Acute and Community and assist assessment and support planning for quicker discharge home	AB	Review 31/10/2016
Rehabilitation	Home First Action Plan	Establish the principle of assessment at home Use of OPDG to develop this Discharge Performance is good		
		RES team specialist input around COPD	JA	Review 31/10/2016
		Falls pathway in place and linked to initial referral to HSCP to take preventative approach.		
Develop agreed indicators to monitor performance	keep current PI so to compare performance on DD bed days lost	Staffing numbers capacity	EC	Review 31/10/2016
		Outcomes for step up to be determined		
		Identify escalation point and triggers- agree when and how huddle information should be escalated		
		Contingency plan for weekly meeting over winter period to evaluate performance and risk management	AB	
		Develop Data Capture Tool	DP	
		Produce weekly data pack	RM	
		Link this date to IRH daily Huddle information	AB	
		Capacity of services reported weekly HSCP Team leaders will report every Friday with pressure on service, availability and absence	Service managers	
Develop local communications plan	Communication to Staff & Primary Care Colleagues To ensure that staff and Primary Care colleagues and partner agencies are kept informed, the HSCP will; Ensure information and key messages are available to staff through communication briefs, team meetings and electronic links	Winter Planning to be on agenda at HSCP communication group Circulate information on available community services and clinics during the festive period, including pharmacy open times, to GP practices Collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP,	AB	HSCP communications group in place to coordinate communication Review 31/10/2016

		Primary Care colleagues and NHSGG&C Board. Information regarding GP availability throughout the festive period will be provided through the NHSGG&C Winter Booklet. Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices. The Clinical Director will re-enforce these messages to GP Practices.		
	Advice to Patients with chronic conditions on source of help	Public Health information to be circulated Local Contacts to be included Link to communication Plan Link to CR Plan on preparing for Winter Link to GCC generic information and add local	AH	Review 31/10/2016
	Twice daily huddle established in IRH	Identify how HSCP can input to Huddle during this time as well ODM	AH	Discharge Team Lead attend Huddle daily
	Advice to Patients with chronic conditions on source of help	Public Health information to be circulated Link to communication Plan Link to CR Plan on Preparing for Winter Local Contacts to be included Comms plan to be refreshed	focus on winter issues	AB/AH Review 31/10/2016

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/62/2016/BM**
Contact Officer:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No:**	**712722**
Subject:	**COMPOSITION OF RECRUITMENT PANELS FOR SENIOR HSCP MANAGEMENT APPOINTMENTS**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Integration Joint Board members for interview panel composition for senior managers of the Health and Social Care Partnership.

2.0 SUMMARY

2.1 The former CHCP Sub Committee, Scheme of Establishment set out arrangements and interview panel composition for senior managers within the former Community Health and Care Partnership (CHCP).

2.2 Given the establishment of Integration Joint Boards it is necessary to review these arrangements and seek IJB approval of revised recruitment panel arrangements for senior appointments to the Health and Social Care Partnership.

3.0 RECOMMENDATIONS

3.1 It is recommended that the IJB approve the revised membership of recruitment panel for senior management position within the Health and Social Care Partnership.

3.2 It is recommended that the IJB agree that, where possible, a gender mix in the recruitment panel is achieved for all senior appointments.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 Recruitment of Senior Management Staff to HSCP Joint Posts

4.1 Under previous governance arrangements for senior appointments a process was established and agreed under the former CHCP Scheme of Establishment. With the creation of the HSCP and the Integration Joint Board (IJB), the composition of recruitment panels for joint appointments now requires to be refreshed.

4.2 It is recommended that the composition of the recruitment panel for the appointment to the position of Chief Officer HSCP/IJB is as follows:

- Two Councillor representatives from the IJB,
- Two non-executive members of Greater Glasgow & Clyde Health Board, the Chair and one other,
- The Council Chief Executive,
- The Chief Executive of the Greater Glasgow & Clyde Health Board.

The chairperson of the appointment panel would normally be the Chairperson of the IJB.

4.3 It is recommended that the composition of the recruitment panel for the appointment to the position of HSCP Head of Service is as follows:

- Two Councillor representatives from the IJB,
- Two non-executive members of Greater Glasgow & Clyde Health Board,
- The Council Chief Executive or their representative,
- The Chief Executive of the Greater Glasgow & Clyde Health Board or their representative,
- Chief Officer HSCP/IJB.

4.4 The chairperson of the appointment panel would normally be either the Council Chief Executive or Health Board Chief Executive.

4.5 A report was recommending the above panel composition was approved by Inverclyde Council's Policy and Resources Committee on 9th August 2016.

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 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.

5.4.1 How does this report address our Equality Outcomes.

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

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

5.4.1.3 People with protected characteristics feel safe within their communities.

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

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

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

5.6.2 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.

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

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

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

5.6.6 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.

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

5.6.8 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.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Inverclyde Council and Greater Glasgow and Clyde Health Board

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)**	**Report No:**	**IJB/58/2016/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**CHIEF OFFICER'S REPORT**		

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 As we move forward, there are a number of issues or business items or workstreams that the IJB will want to be aware of, that perhaps do not require a full IJB Report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered. 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 notes the Chief Officer's Report and advises 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.

Branch Closure of Burns Road Practice

4.2 Doctors Foster and Crawford's Burns Road branch surgery has been in operation for many years. However, the branch surgery is no longer fit for purpose to provide modern medical care. There are significant physical access and egress issues to the building, issues relating to use of facilities, patient confidentiality and staff safety. A public consultation on the proposed closure was undertaken in July 2016. This work has now been concluded and the closure was approved.

Continuity of Service

4.3 Doctors Foster and Crawford currently have two practice locations, one at Burns Road and the other within Greenock Health Centre. Therefore the practice premises will combine and be located at the health centre and will subsequently move to the new planned Greenock Health and Care Centre when it is built.

4.4 The Burns Road surgery is proposed to close for the final time on Friday 25th November 2016 and the practice will begin offering all its services from Greenock Health Centre on Monday 28th November 2016

New Greenock Health and Care Centre

4.5 The new Greenock Health and Care Centre is regarded as hugely significant for the local population we serve, as the existing health centre facilities are old and unfit for purpose in meeting the changing needs of patients and service users in the years ahead.

4.6 Through the project board and delivery group we have arranged Stakeholder Engagement Sessions to allow staff and community representatives to engage with the planning and design stage and influence what success might look like for a new health and care centre. These sessions have thus far allowed us to visit other health and care centres across Scotland looking at the adjacencies and zoning arrangements for new ways of working along with modernised technology. A future engagement session will involve the architects presenting proposed design options of what the building may look like on the site.

4.7 As part of the planning stage we have established an Arts and Environment Group. The group involves staff and community representatives to:

- Be proactive and supportive with arts and health communication initiatives;
- Enhance the health centre environment;
- Build relationships and involve the local community, staff, patients and their families;
- Green the healthcare environment with inclusion of living plants and involvements in landscaping (where appropriate);
- Provide a strategic direction in relation to arts and ongoing creative and performing arts activity influencing health and wellbeing at the new Greenock Health and Care Centre.

4.8 The project programme dates for the new health and care centre are detailed in the table below:

Outline Business Case	Full Business Case	Financial Close	Construction	Completion
Early 2017	October 2017	December 2017	March 2018	July 2019

4.9 HSCP Staff Awards 2016

4.9.1 Nominations were sought over the summer for the Annual Staff Awards, with categories including:

- Our Culture/Service Users;
- Our People;
- Our Leaders;
- Our Resources and;
- Our Culture

The judging panel, including the HSCP Chair, Staff Side representation and local management, selected winners from a competitive field.

4.9.2 A local event will take place at the end of October, to which all nominees and their managers have been invited, and where the category winners will be announced.

4.9.3 The NHSGGC Celebrating Success event is planned for 7th November 2016, at which the overall winners from all Partnerships and Directorates will be revealed.

4.9.4 The Criminal Justice Prison Based Social Work Team has been shortlisted for The Herald Society Awards 2016, in the Herald Society Team Award category. The winner will be announced at an awards ceremony to be held on 2nd November.

4.10 Carers Strategy Consultation

4.10.1 The latest draft Carers Strategy has been reviewed by the Strategic Planning Group and is currently out to Inverclyde stakeholders in a consultation. IJB Members will be presented with a revised version of the strategy for approval, once consultation is complete and all relevant comments have been considered.

4.11 Jacqueline Coyle, Inverclyde HSCP/Macmillan Welfare Rights Officer has made it through to the final short-list of the prestigious UK Macmillan Excellence Awards 2016. Jacqueline was nominated by the Associate Macmillan Development Manager covering Scotland in recognition of Jacqueline's '*hard work and commitment in providing such an excellent service*.' Jacqueline is nominated in the Service Improvement Excellence category that celebrates people whose vision and commitment have led to tangible, lasting improvements in the quality of services offered to people with cancer. IJB members might wish to offer their congratulations to Jacqueline on making the short-list and best of luck when the overall winner is announced at the Macmillan Excellence awards ceremony that is being held in Birmingham on November 17th.

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					

6.2 **Legal:**

There are no legal implications in respect of this report.

6.3 **Human Resources:**

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

6.4 **Equalities:**

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

6.4.1 **How does this report address our Equality Outcomes.?**

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

Closing the Burns Road practice because of access and egress issues demonstrates commitment to improve the opportunities for medical care and treatment for all patients, including those with protected characteristics.

The Health and Care Centre will enable better access to HSCP services and navigation around the environment by making use of bespoke signage designed by patients and service users and staff.

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

With regard to Burns Road, relocation to Greenock Health Centre addresses the

physical barriers of accessing the Burns Road premises. Barriers are significantly reduced and safety increased with the move to the existing current Greenock Health Centre site and thereafter within the new Health and Care Centre.

6.4.1.3 **People with protected characteristics feel safe within their communities.**

N/A

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

A public consultation was undertaken in July 2016 for patients, professionals and the public to have their views known around the Burns Road Surgery closure.

Active and ongoing collaboration, involvement and consultation with individual patient / service users, advisory groups and communities is at the centre of the development plans for the new Greenock Health and Care Centre.

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

N/A

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

N/A

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

N/A

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.6 **NATIONAL WELLBEING OUTCOMES**

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

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

Access to more modern facilities and resources at the Greenock Health Centre site will enhance the quality of patient's health by supportive sign-posting to community resources, groups and self-management skills.

6.6.2 **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.**

N/A

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

Consideration of patient confidentiality was a primary focus for the decision to transfer the Burns Road practice to the Health Centre to assure the protection of patient dignity

and right to privacy.

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

The transfer of the Burns Road practice will enhance the patient experience by making use of modern medical services in a centralised location.

6.6.5 **Health and social care services contribute to reducing health inequalities.**

With regard to Burns Road, relocation to Greenock Health Centre addresses the physical barriers of accessing the Burns Road premises. Barriers are significantly reduced and safety increased with the move to the existing current Greenock Health Centre site and thereafter within the new Health and Care Centre.

6.6.6 **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 Carers Strategy has this outcome as a central theme throughout.

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

People with protected characteristics will have better opportunities to meet with their GP in private when necessary.

6.6.8 **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.**

The 2016 staff awards recognise HSCP staff achievements, innovation, hard work and positive commitment to the people who use our services.

7.0 CONSULTATION

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

8.0 LIST OF BACKGROUND PAPERS

8.1 None

AGENDA ITEM NO: 15

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 November 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/56/2016/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**IMMUNISATIONS AND SCREENING REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to describe to the Integration Joint Board the position of Inverclyde Health & Social Care Partnership in respect of the uptake of immunisations, vaccinations and the national cancer screening programmes.

2.0 SUMMARY

2.1 Immunisations and vaccinations are important protective and preventative interventions to eradicate disease and improve health. Intervening early in childhood is seen as being critical in giving children the best start towards a healthy life. At later stages of development, immunisations and vaccinations are used to continue to prevent disease, and improve health at key stages or when it is more clinically appropriate.

2.2 This report contains data on immunisation to support protection against:

- diphtheria,
- tetanus,
- whooping cough,
- polio and
- influenzae (type b).

The report also includes data on immunisations to protect against:

- Meningococcal C;
- Immunisations with the Pneumococcal Conjugate vaccine,
- Rotavirus;
- Measles, Mumps and Rubella (MMR) and
- Seasonal Influenza.

2.3 No data is currently available on the shingles vaccination; however this will be included in future reports once the data are published.

2.4 Data on screening programme uptake is provided for:

- Cervical Screening;
- Bowel Screening and
- Breast Screening.

2.5 This report provides comparative information, gauging Inverclyde alongside the NHS

Greater Glasgow & Clyde averages, and also gives a baseline from which we can measure uptake rates in respect of immunisations, vaccinations and key screening programmes in the future.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the data contained within this report to measure uptake in respect of immunisations, vaccines and key screening programmes.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Integration Joint Board has a central function in respect of reviewing how services are promoted and delivered and scrutinising achievement of key outcomes.

4.2 Inverclyde's Strategic Plan sets out the overall aim of 'Improving lives' and that this will be achieved by focusing on 5 commissioning themes, one of which is "Early intervention and prevention." Preventing disease from birth and at key stages in the life course of local people (and HSCP Staff) is a key element in achieving this desired outcome.

5.0 KEY FINDINGS

5.1 Some of the immunisation rates detailed in the report are summarised in the table below. The shaded cells with bold font show the best performance within the categories. As can be seen, in most categories Inverclyde's performance exceeds both the Scottish and Greater Glasgow & Clyde averages.

Disease	Age of Child	Inverclyde	NHSGGC	Scotland
Diphtheria, tetanus, whooping cough, polio and influenzae (type b).	0-12 months	**97.7%**	96.9%	97.2%
	13-24 months	97.7%	97.5%	**97.9%**
	5 years	**98.8%**	97.7%	98.0%
Men C	0-12 months	**98.1%**	97.1%	97.5%
	13-24 months	**96.1%**	95.2%	95.3%
	5 years	**97.6%**	94.9%	95.7%
MMR	13-24 months	**95.5%**	95.3%	95.4%
	5 years	**98.5%**	96.9%	97.0%

5.2 With regard to HPV immunisation, full protection is attained through completing the course of 3 doses. Inverclyde achieved well above the Scottish average in 2012/13 and 2013/14, with 94.0% and 90.3% of eligible girls completing the course. The Scotland rates were 82.0% and 81.4% respectively.

5.3 Cancer screening programmes are particularly important, particularly in Inverclyde as many avoidable cancers are correlated with deprivation. The report shows that when mapped against deprivation quintiles, bowel screening follows a fairly linear trajectory, with uptake being lower in more deprived areas. For the most deprived quintiles, Inverclyde uptake rates are marginally better than those at GG&C or Scotland levels. This is encouraging, but the difference in uptake between the most and least deprived areas is large. This represents a serious challenge in the bid to achieve more equal outcomes.

5.4 Breast screening rates for Inverclyde women are better than the NHSGGC average, but fall slightly short of the Scottish average.

5.5 Flu vaccinations for the over 65s are showing at approximately 3 out of 4 of those eligible taking up the offer. The rates are very similar across the health board area and across Scotland. Likewise, the uptake rate for those eligible who are under 65 remains about half. This is worrying because those eligible under 65 are eligible usually because they have other health conditions and flu on top of these could be very dangerous.

5.0 IMPLICATIONS

FINANCE- None

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 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.

5.4.1 How does this report address our Equality Outcomes?

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

Children, local people and staff with protected characteristics are able to access immunisations, vaccines and key screening programmes.

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

N/A

5.4.1.3 **People with protected characteristics feel safe within their communities.**

N/A

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

N/A

5.4.1.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

N/A

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

N/A

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

N/A

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

Immunisations, vaccinations and all 3 screening programmes support early intervention and prevention of disease.

5.6.2 **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.**

For people with pre-existing conditions, such as bronchitis, emphysema, chronic heart disease, the flu vaccine assists in reducing the risk of possible admission to hospital.

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

Although the programmes have not included any reference to patient experience, higher take- up rates for a number of these programmes might be considered a reasonable proxy that if people continue to come back their experience has been positive. We will review this assumption in future reports as we begin to develop trend lines.

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

Preventing avoidable disease supports improving quality of life.

5.6.5 **Health and social care services contribute to reducing health inequalities.**

Having a national approach to early detection of cervical, bowel and breast cancer

assists with this outcome. For bowel screening, in Inverclyde the most deprived quintile has higher uptake rates than elsewhere.

5.6.6 **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.**

5.6.7 **People using Health & Social Care Services are free from harm**

Preventative programmes help to stem the spread of disease, thus improving patient safety. We also encourage front-line staff to ensure that their immunisations are up to date, thereby reducing the risk of cross-contamination from one service-user to another via the care worker or clinician.

5.6.8 **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 within the HSCP have the opportunity to take the flu vaccination.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with clinical and public health staff.

7.0 LIST OF BACKGROUND PAPERS

7.1 None

Inverclyde Health and Social Care Partnership Annual Immunisations and Screening Report 2015/16

Produced by the IHSCP Performance and Information Team

1. INTRODUCTION

1.1 This report describes the position of Inverclyde Health and Social Care Partnership (IHSCP) in respect of the uptake of immunisations and vaccinations, and the national cancer screening programmes.

1.2 This report is produced annually and contains data on immunisation to support protection against diphtheria, tetanus, whooping cough, polio and influenzae type b. The report also includes data on immunisations to protect against Meningococcal C; Immunisations with the Pneumococcal Conjugate vaccine, Rotavirus; Measles, Mumps and Rubella (MMR) and Seasonal Influenza.

1.3 It should be noted that the shingles vaccination would be included in this suite but due to its relatively recent introduction to the immunisation programme no data are available. It will be included in future reports.

1.4 Data on screening programme uptake is provided for Cervical Screening; Bowel Screening and Breast Screening.

2. IMMUNISATIONS AND VACCINATIONS

2.1 The charts in this document show the rates of uptake for immunisations and vaccinations in Inverclyde compared to NHS Greater Glasgow & Clyde and Scotland.

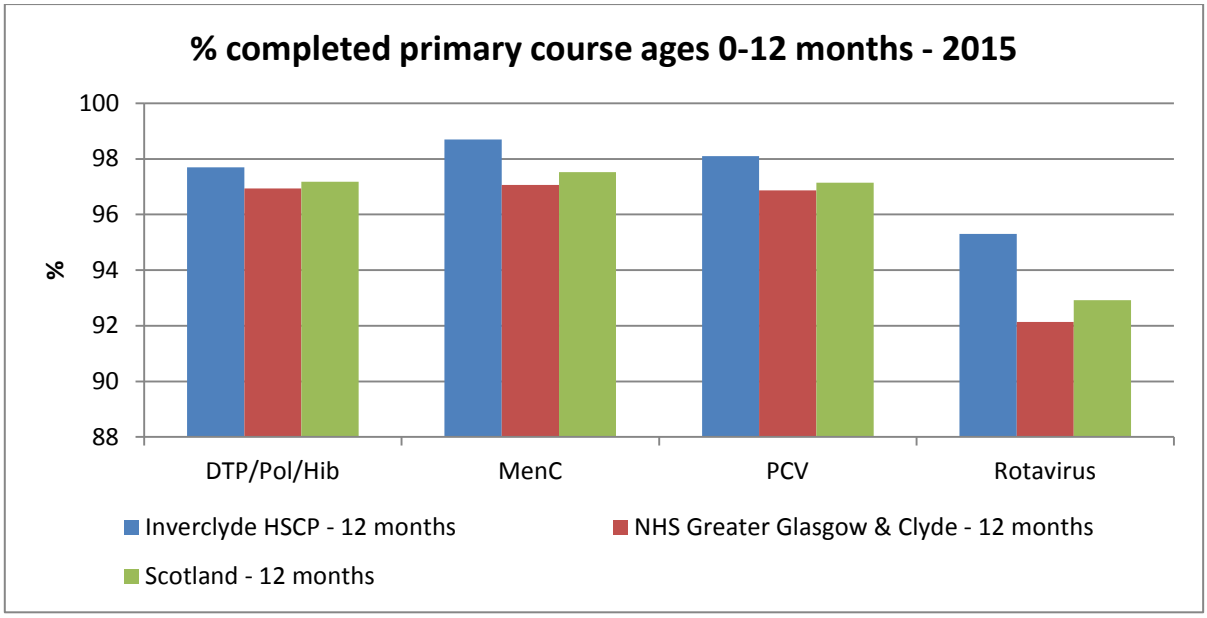
2.2 Immunisations and vaccinations are important protective and preventative interventions to eradicate disease and improve health. Intervening early in childhood is seen as being critical in giving children the best start towards a healthy life. At latest stages of development immunisations and vaccinations are used to continue to prevent disease and improve health at key life stages or when it is more clinically appropriate (e.g. at puberty).

2.3 Child Health Immunisations

The charts below demonstrate the immunisation statistics for different cohorts of children. The first chart is for those born between 1 January 2014 and 31December 2014, the second those born between 1 January 2013 and 31 December 2013. These show the percentage of children who completed the routine childhood immunisation schedule[1]. The charts show that the uptake for immunisations in Inverclyde is high throughout childhood. In 2015 the uptake for the pneumococcal vaccine (PCV) for babies aged up to 12 months was 98% and 96% of infants aged between 12 and 24 months completed the booster vaccine.[2]

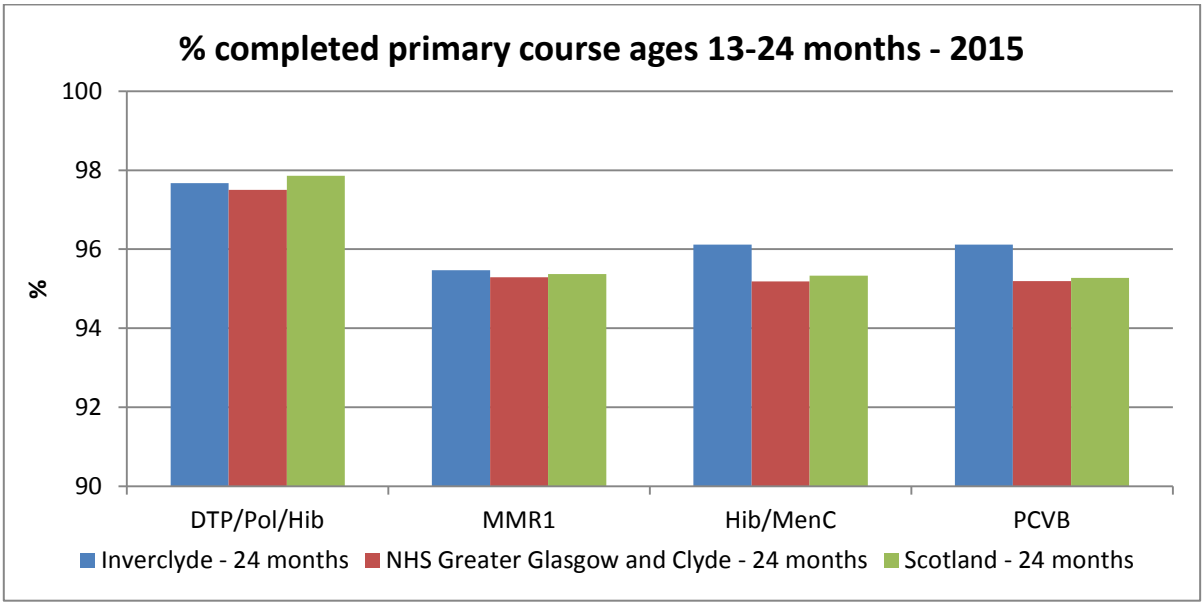
[1] http://www.immunisationscotland.org.uk/when-to-immunise/immunisation-schedule.aspx
DTP/Pol/Hib - Diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b
MenC - Meningococcal type C
PCV(B) – Pneumococcal vaccine (booster)
MMR1 – Measles, mumps and rubella

[2] Please note that these are different cohorts of children.



Source: ISD Scotland

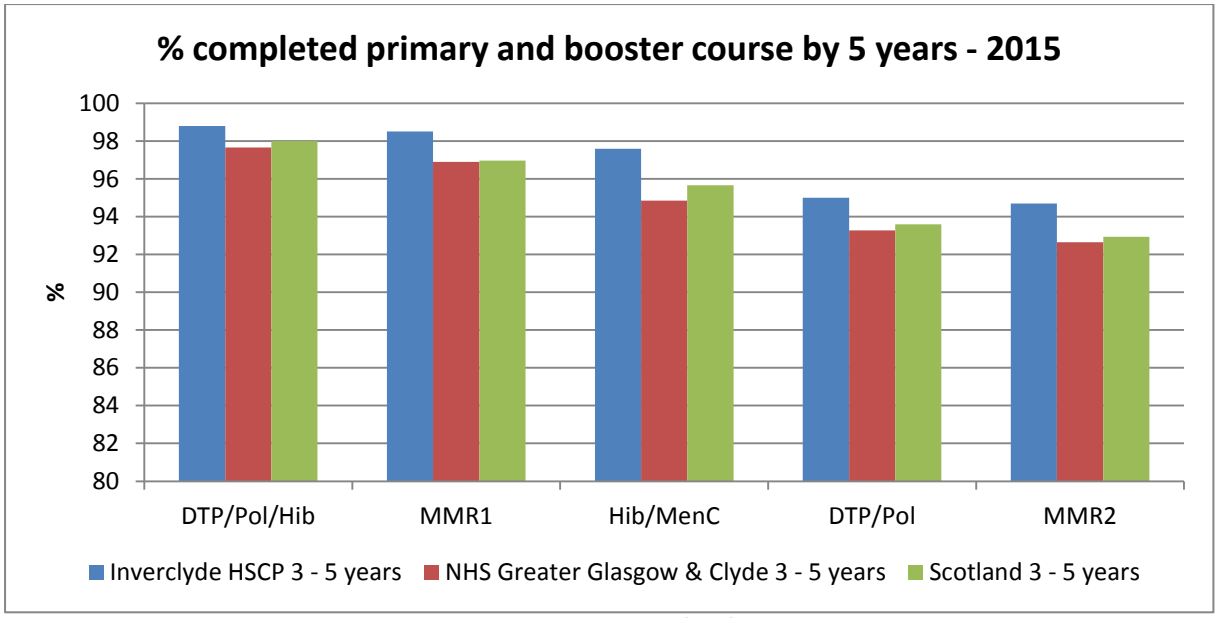
In both the 0-12 months and 13-24 months age groups in Inverclyde 97.7% of children completed the Diphtheria, Tetanus, Whooping Cough, Polio and Influenza course. This indicates a consistent approach to immunisation.



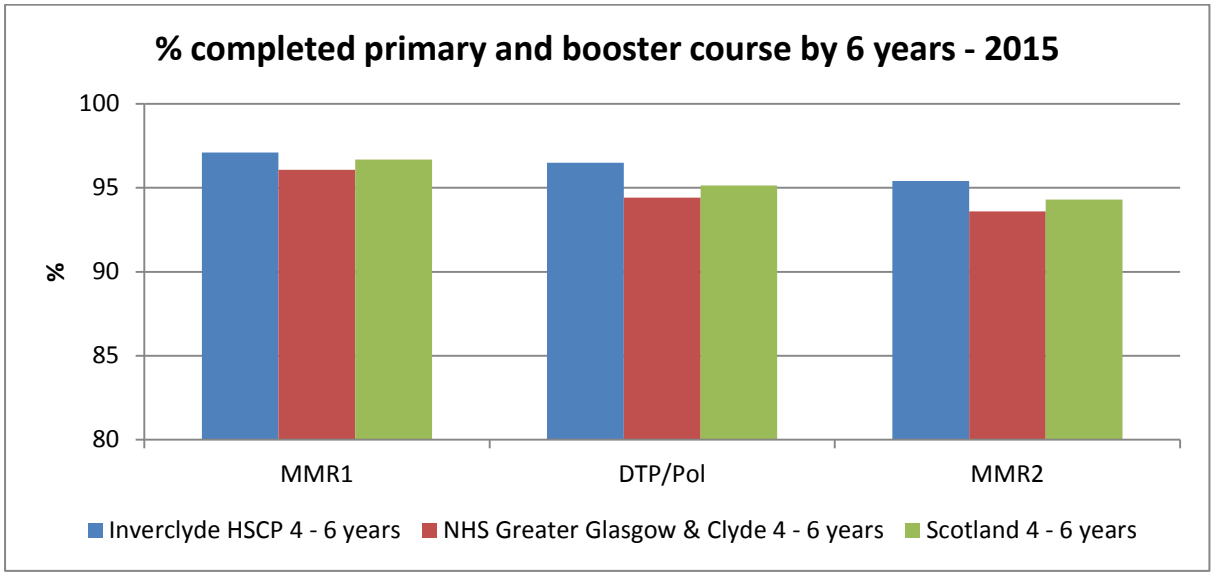
Source: ISD Scotland

Inverclyde has higher completion percentages at 12 months compared to NHS Greater Glasgow & Clyde, and Scotland. There is performance below Scotland for percentage completion at 24 months for Diphtheria, Tetanus, Whooping Cough, Polio and Influenza (type b) although it is only marginally lower and not significant.

The tables below show the uptake percentages for children born between 1 January and 31 December 2010 for the 5 year olds, and between 1 January and 31 December 2009 for the 6 year olds. Inverclyde completion percentage is higher than NHS Greater Glasgow & Clyde and Scotland for all immunisations at 5 and 6 years.

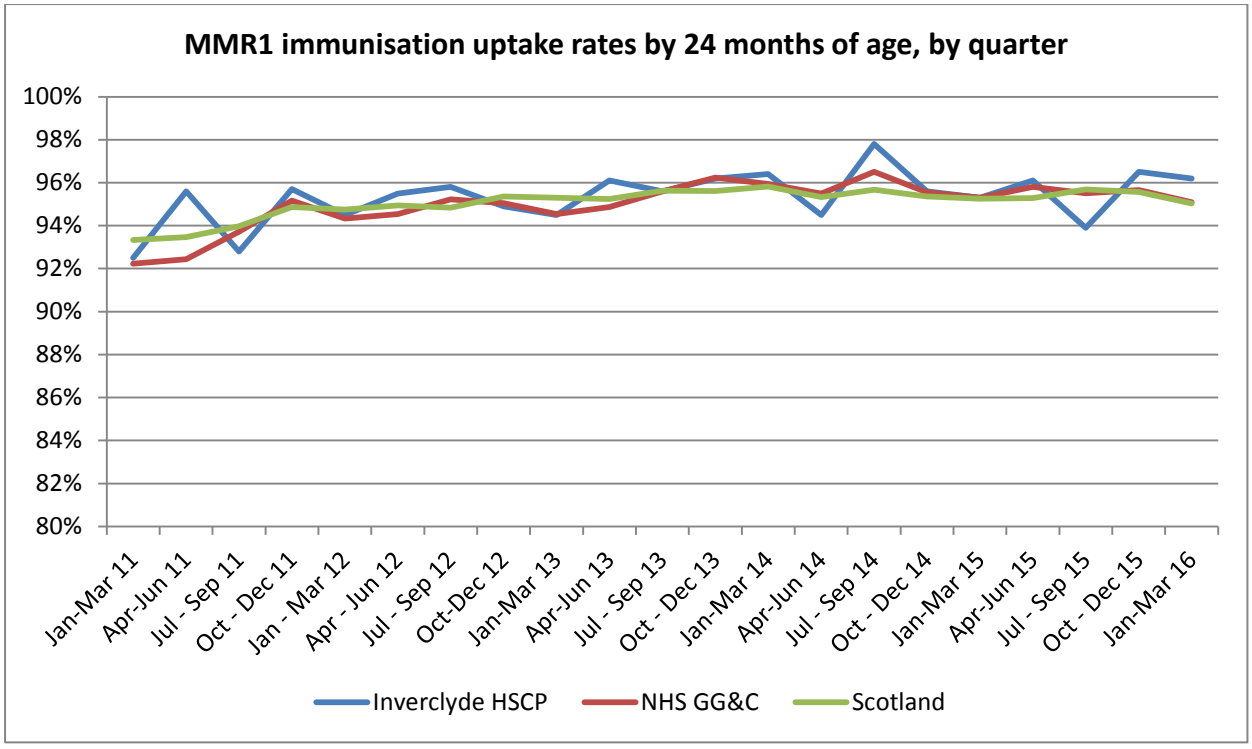


Source: ISD Scotland

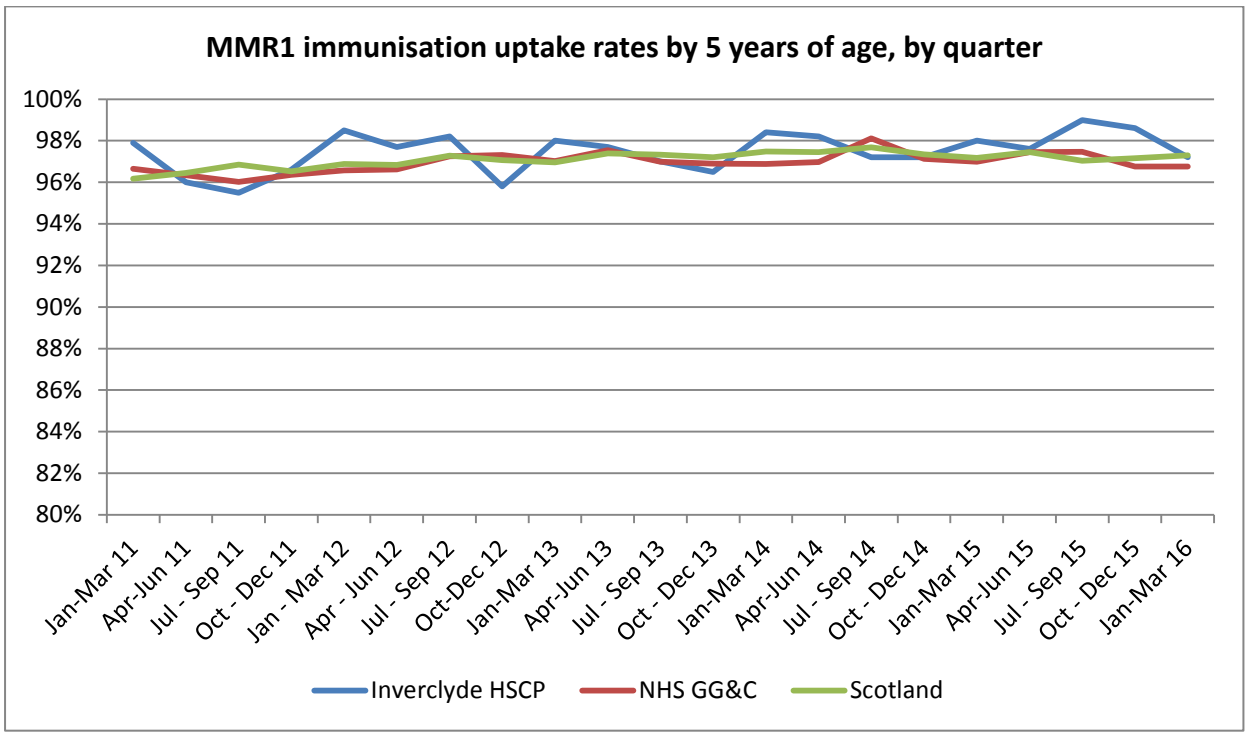


Source: ISD Scotland

The charts below demonstrate the quarterly trend in immunisation uptake for the measles, mumps and rubella vaccination for children aged 24 months and children aged 5 years. There was an increase in uptake between 2-3% from 2011 to 2016 for those aged 24 months in each area. For those aged 5 years, there was little variation between the areas from 2011 to 2016.



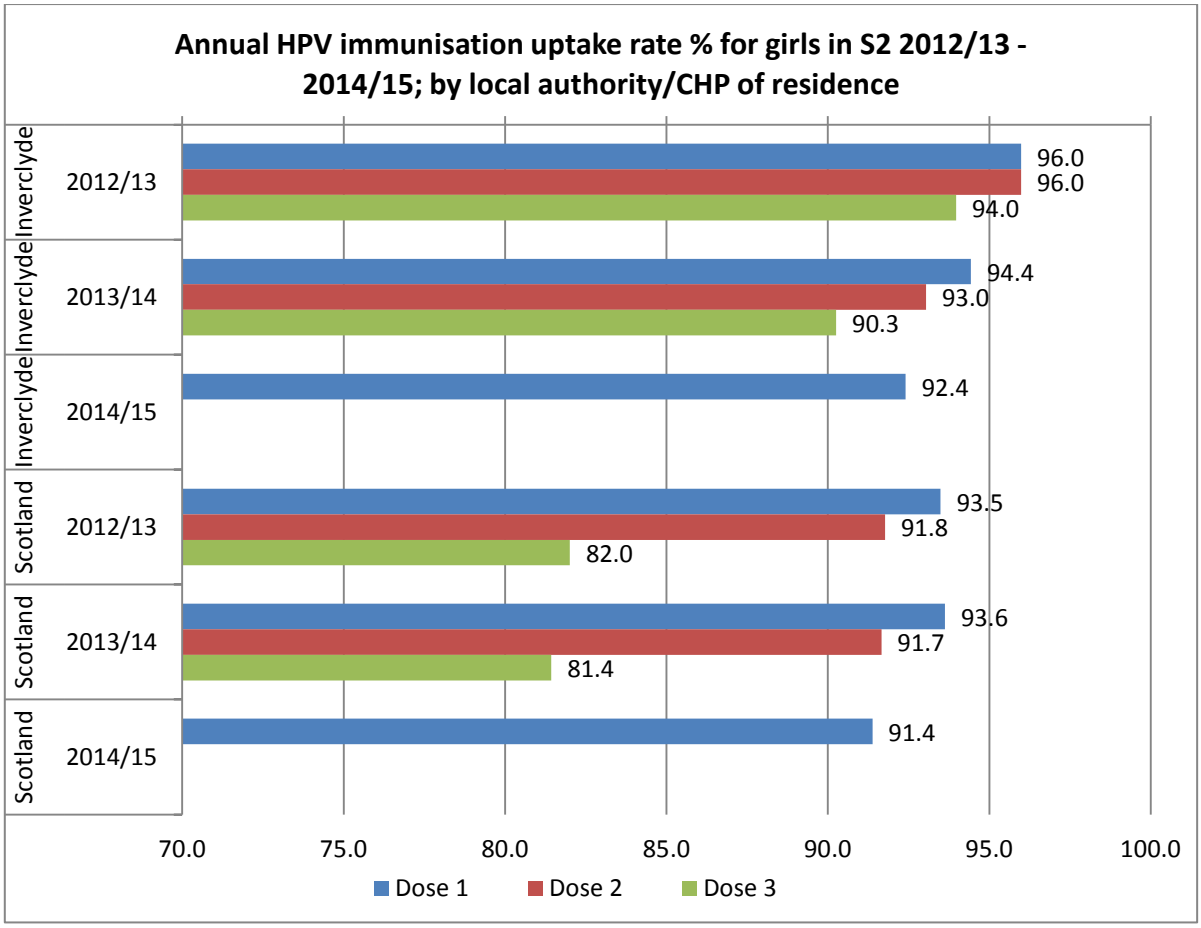
Source: ISD Scotland



Source: ISD Scotland

2.4 Human Papilloma Virus (HPV) Immunisations

The HPV vaccination is important because its use can help prevent young women contracting the human papilloma virus which can affect future reproductive health in women, and can increase the chances of women developing cancer of the cervix.



Source: ISD Scotland

NHS Greater Glasgow & Clyde figures are not available, thus a comparison cannot be presented with the Board average. Work is underway at Board level to resolve this issue.

There are higher rates for each dose in Inverclyde each year compared to Scotland, although the rates for first dose are falling year on year.

There are also higher rates for girls in Inverclyde to complete dose 2 and dose 3 compared to Scotland. Additionally, there is less of a drop off from dose 2 to dose 3.

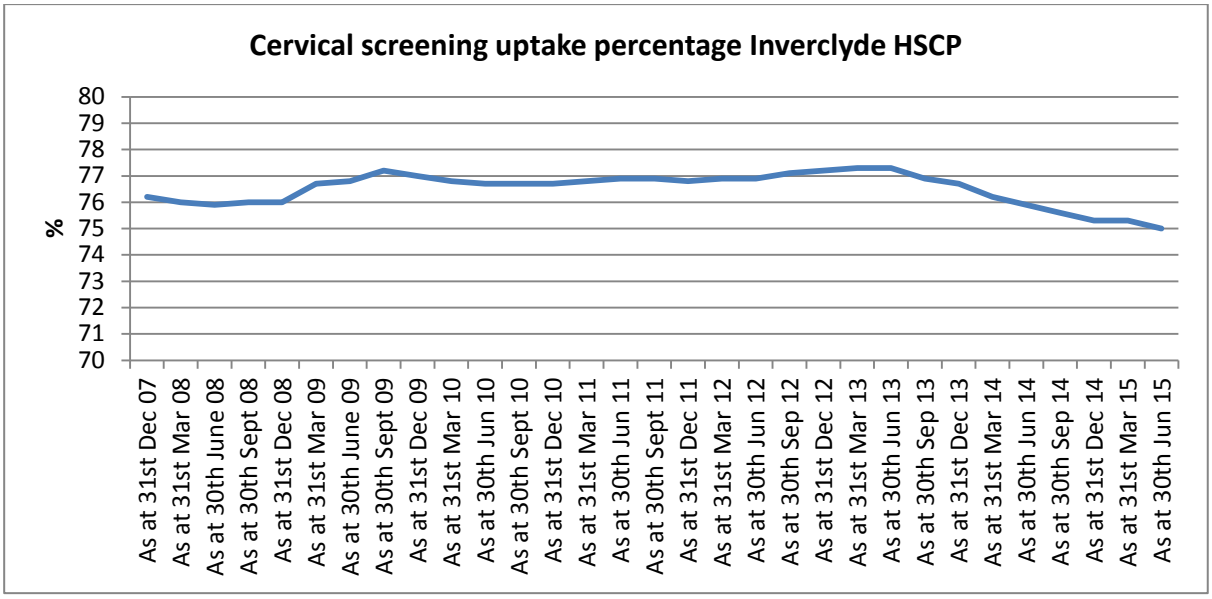
Notes on HPV schedule

Routine HPV immunisation schedule	
September 2008 to August 2014	Three doses of vaccine: second dose given at least one month after the first dose, and third dose given at least three months after the second dose
From September 2014	Two doses of vaccine: second dose given no sooner than six months and no later than two years after the first dose

3. CANCER SCREENING

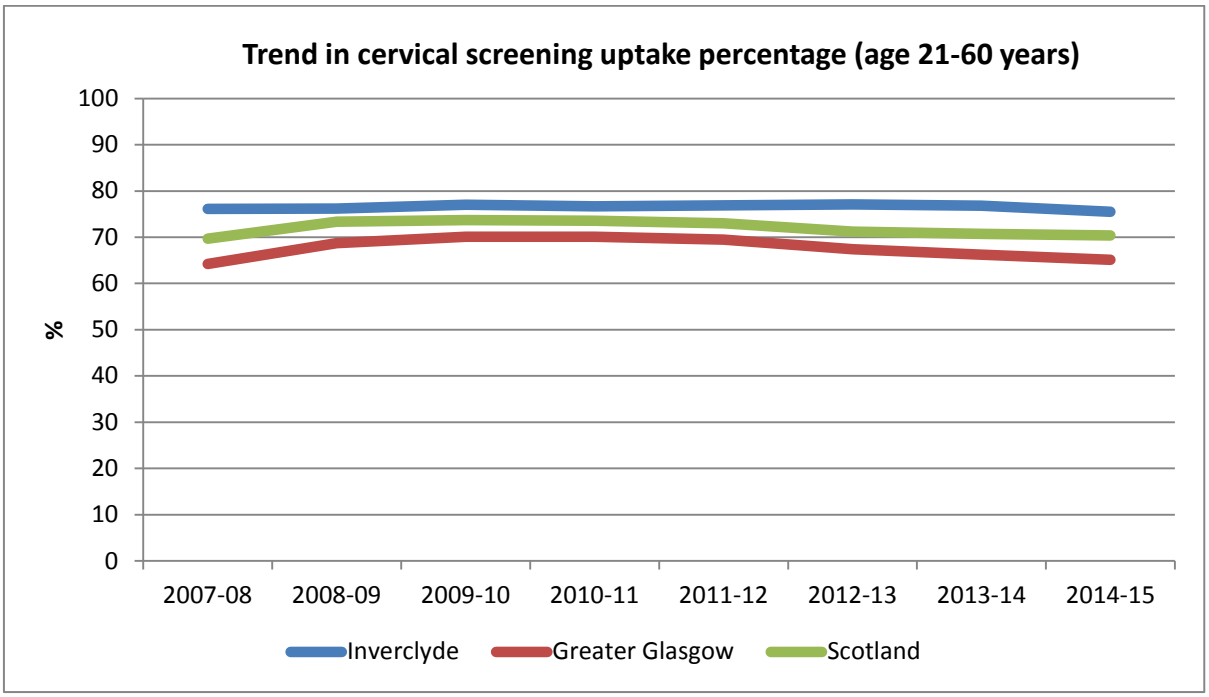
There are three national cancer screening programmes in place in Scotland, these are screening for cervical cancer, bowel cancer and breast cancer.

3.1 Cervical Screening



Source: Cervical Screening IT system, Information Services - Public Health

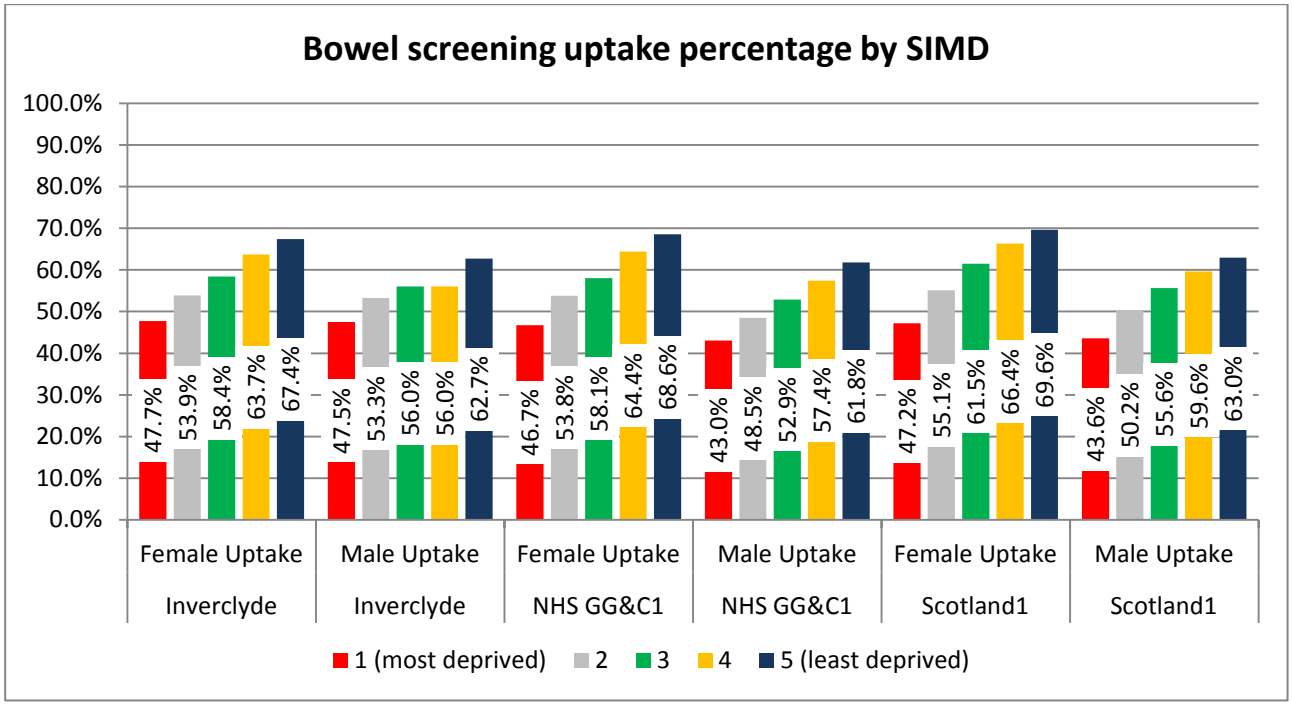
Currently data for cervical screening from NHS Greater Glasgow & Clyde is only published annually. The chart below shows a comparison between the average annual uptake in Inverclyde, Greater Glasgow, and Scotland. Inverclyde has a consistently higher uptake for the cervical screening programme than the other areas.



Source: Cervical Screening IT system, Information Services - Public Health

Information on cervical cancer incidence rates are not available at the level of health and social care partnership or local authority, therefore it is difficult to assess the impact of screening on incidence in Inverclyde. At the board level, NHS Greater Glasgow & Clyde had a crude incidence rate of 13 cases per 100,000 women in 2014. The Scottish average for the same time period was 14 cases per 100,000 women.[3]

3.2 Bowel Screening



Source: Bowel Screening IT system, Information Services - Public Health (date extracted October 2015)

Bowel screening statistics are from different time periods. Figures for Inverclyde are from April 2013 to March 2015. Figures for NHS Greater Glasgow & Clyde and Scotland are from 1 November 2012 to 31 October 2014.

Inverclyde follows the pattern for NHS Greater Glasgow & Clyde and Scotland. Female uptake is higher than male uptake with uptake higher for lower deprivation areas.

Information on bowel cancer incidence rates is not available at the level of health and social care partnerships or local authority. The table below shows the crude cancer incidence rates for colorectal, colon, and rectal cancer in NHS Greater Glasgow and Clyde and Scotland in 2014.

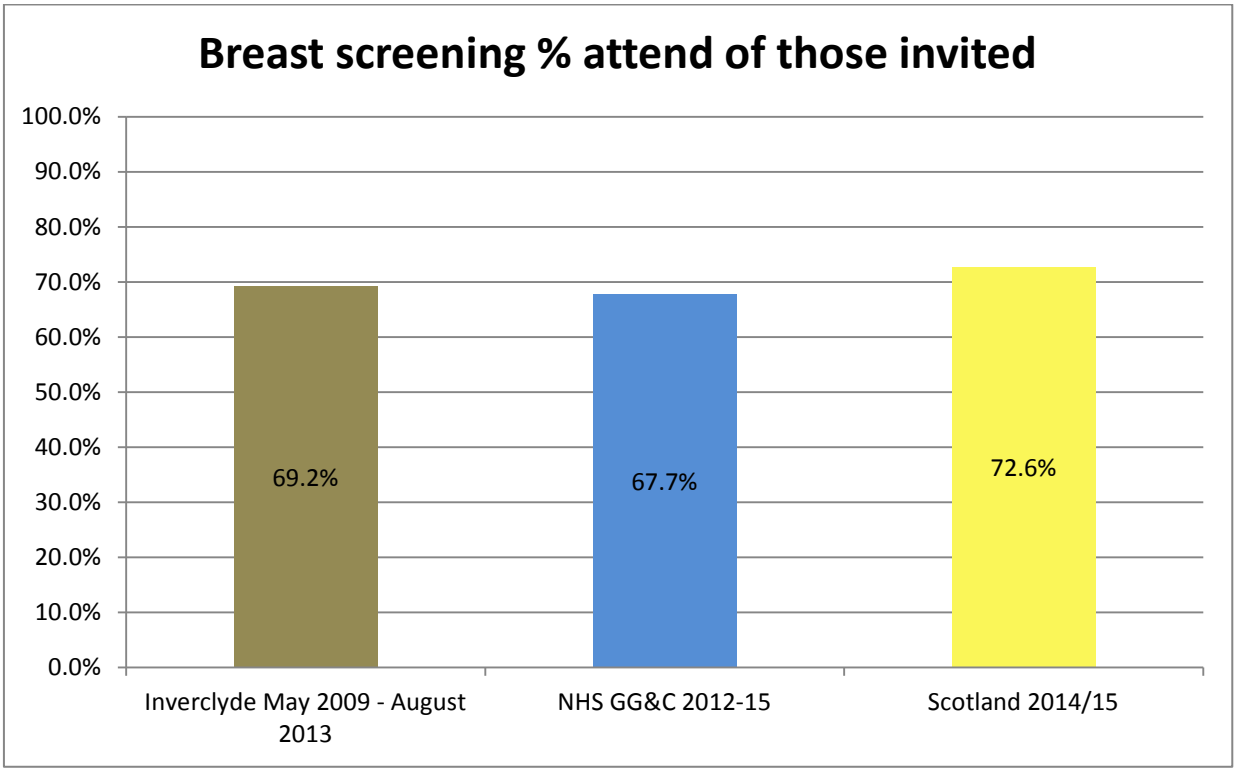
Cancer incidence rate per 100,000	NHS Greater Glasgow and Clyde	Scotland
Colorectal cancer	68.6	69.6
Colon	49.2	48.4
Rectum and rectosigmoid junction	19.4	21.2

Source: ISD Scotland

The incidence rate for colon cancer was higher in Greater Glasgow in Clyde than in Scotland, but lower for colorectal cancer and rectal cancer.

[3] http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/

3.3 Breast Screening



Source: West of Scotland Breast Screening Data, Information Services - Public Health

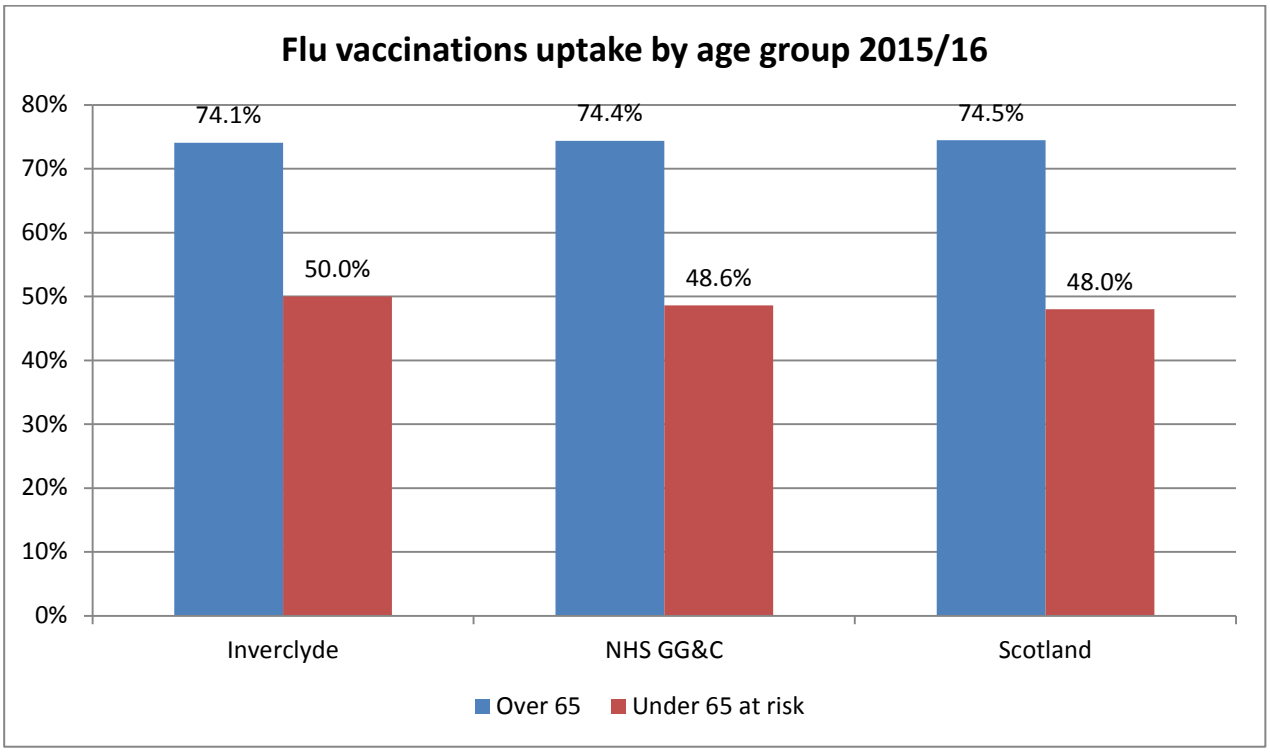
Please note the differences in the time periods for the data. Breast screening is a cyclical screening programme, and different local authorities/boards take part in screening at different times. Inverclyde performs well when compared with NHS Greater Glasgow & Clyde and Scotland comparisons.

Information on breast cancer incidence rates is not available at the level of health and social care partnerships or local authority. At the board level, NHS Greater Glasgow & Clyde had a crude incidence rate of 83.8 breast cancer cases per 100,000 people in 2014, slightly lower than the Scottish average of 86.2 cases per 100,000 people.[4]

[4] http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/

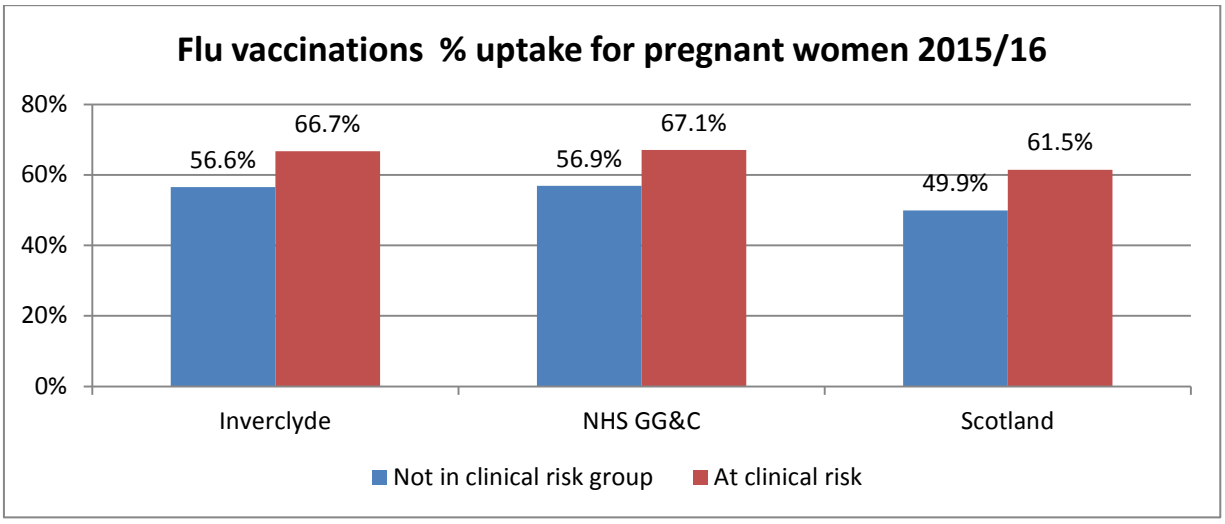
4. FLU VACCINATIONS

4.1 Seasonal influenza vaccination (the flu jag) is targeted via primary care delivery at people who are deemed to be at greater risk due to a number of factors. Performance in relation to the general population and those in the at risk groups is set out below.



Source: Immunisations Annual Report 2015/16

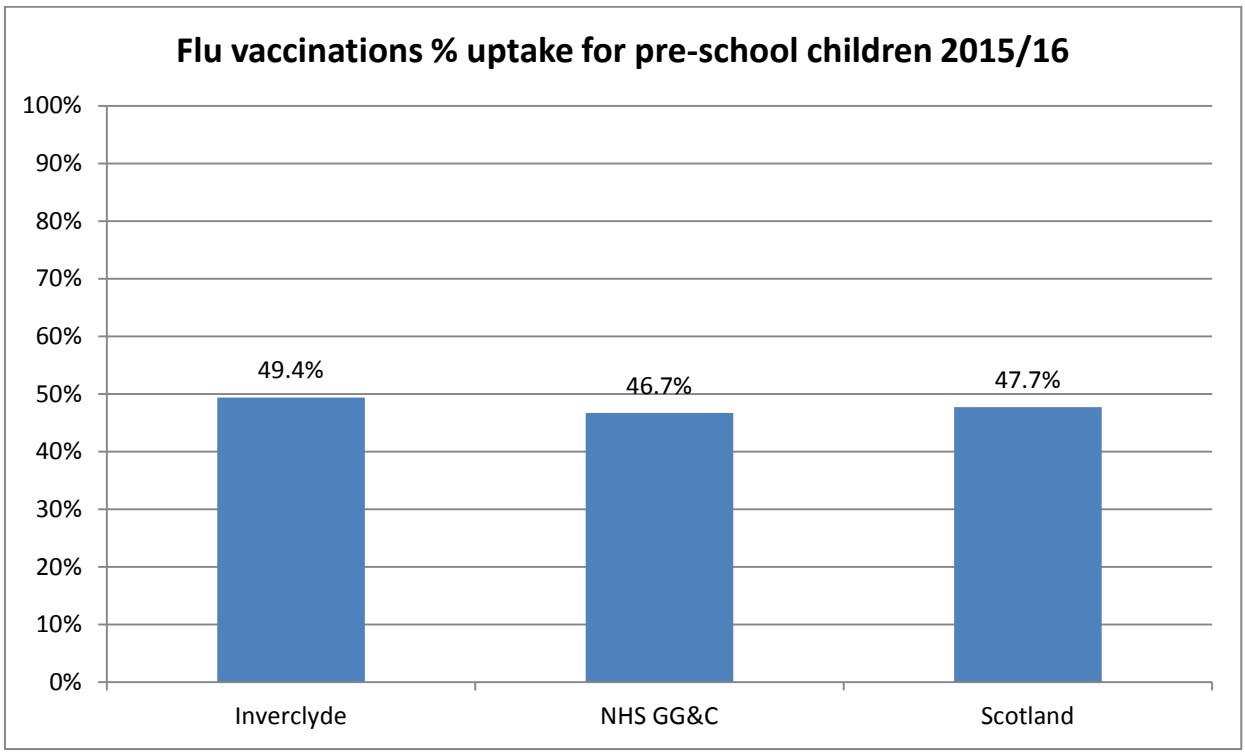
There is very little difference between Inverclyde, NHS Greater Glasgow and Clyde, and Scotland. Three quarters of those over 65 offered the vaccination took part, and about half of those under 65 at risk took up the offer of a flu vaccination in the last year. Those at risk are patients who suffer from pre-existing health conditions, such as bronchitis, emphysema, cystic fibrosis, chronic heart disease or chronic kidney failure.



Source: Immunisations Annual Report 2015/16

Pregnant women are particularly at risk because their immune system is weakened. This means flu can have more of an impact, putting both the mother and the developing

baby at risk of complications such as stillbirth, low birth weight and early labour. Inverclyde has slightly higher uptake for those who are in the clinical risk group and those who are not at clinical risk in comparison with Scotland, but marginally lower than NHS GG&C as a whole. Those in the clinical risk group include mothers with a long-term condition such as asthma or diabetes.



Source: Immunisations Annual Report 2015/16

Inverclyde has a higher uptake for flu vaccinations in pre-school children compared to NHS GG&C and Scotland, but fewer than half of all eligible children are vaccinated.

4.2 STAFF

The flu vaccination is made available to HSCP staff and those working directly with service users – this group of people are deemed to be more at risk because of their frequent contact with potentially inflected people. The risk of a large proportion of our staff being off sick with flu is a concern due to the impact this may have on our ability to deliver optimum services, thus staff are encouraged to take up the offer of a flu vaccination should they choose to. It is also important to try to prevent flu amongst this group of staff to in turn prevent flu amongst vulnerable patients and service users at clinical risk (e.g. older people and those with long term conditions). In 2015 352 members of staff took part in the immunisation programme. This is estimated to be just over one in five of the HSCP workforce in Inverclyde. (workforce figures under are currently under review). This performance is generally in line with the performance across the NHS Greater Glasgow and Clyde board area. It should be noted that staff may also receive the flu vaccination from their own GP practice rather than the staff vaccination programme, but we do not have data to demonstrate this.

5. CONCLUSION

As stated it is important to try and prevent disease from birth and at key stages in the life course of local people, and HSCP staff. This first report provides a baseline from which we can measure local take-up rates in respect of immunisations, vaccinations and key screening programmes. These programmes help progress our effort to

improve individual and population health, tackle unequal outcomes for different groups of local people and contribute to the meeting of the health and wellbeing outcomes as set out in the HSCP Strategic Plan 2016 – 2019.