People Plan 2017- 2020

Principal Author: Martin McGarrity	 Integration Facilitator
Co-Authors: Yvonne Campbell Paul Campbell Diana McCrone Alex Hughes Brian Greene Deborah Gillespie Chris Carron David Ramsay Lesley Ogle Brian Polding Clyde Robyn Garcha Alex Meikle	 HSCP – Quality & Development Service Manager (Chair) NHS Information Services Division – LIST Analyst Staff Partnership Forum UNISON NHS Representative Inverclyde Council - Organisational Development NHSGGC - Head of People and Change HSCP – Head of Service: Staff Partnership Forum rep NHSGGC – Workforce Planning Manager HSCP – Quality and Learning Inverclyde Housing Association Forum Representative Independent Sector – Independent Sector Representative Staff Partnership Forum UNISON Council Representative Third Sector Representative
Approved by:	
Date approved:	
Date for Review:	
Version:	**Consultation Draft 1**
Replaces previous version:	**DRAFT 8**

Contents

DRAFT

Foreword

Introduction to Inverclyde Health and Social Care Partnership (HSCP) People Plan 2017 – 2020.

In October 2010 Inverclyde Council and NHS Greater Glasgow and Clyde Health Board took the first steps toward integration by establishing our Community Health and Care Partnership (CHCP).

In April 2016 the Inverclyde Health and Social Care Partnership (HSCP) became a legally constituted organisation from our parent bodies of Inverclyde Council and NHS Greater Glasgow and Clyde Health Board.

The transition to become an integrated HSCP had already been created as many of Inverclyde Community Health and Social Care management and governance arrangements had been well established since 2010.

Our integrated workforce brings together staff from two public sector organisations with a range of health and social care backgrounds who understand that working together in a single organisation is far more effective in responding to the causes of poor health and social care.

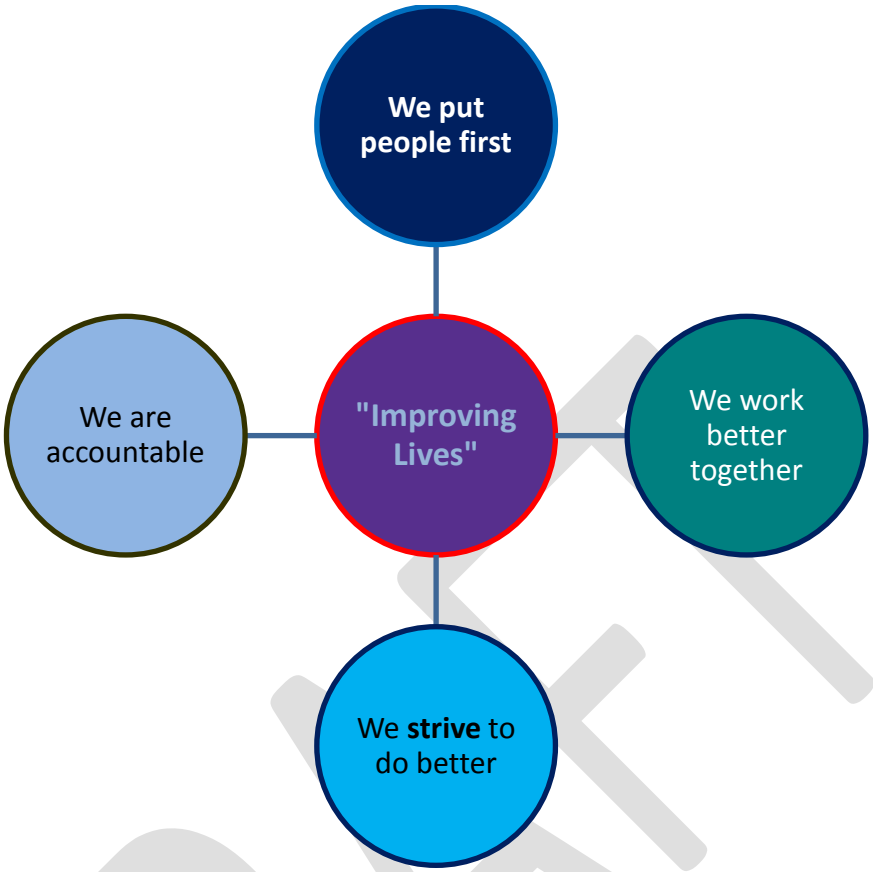
The HSCP paid workforce remains employed by our two parent organisations. However, the HSCP have delegated responsibility for recruitment, deployment, learning, and educational development and attainment of professional qualifications.

The HSCP is also responsible for ensuring the maintenance of skills and opportunities to refresh training in accordance with professional regulations, competencies and national standards.

Underpinning all of these professional regulations and standards is our core principles and values of improving lives which are highlighted in Diagram below.

DRAFT

Diagram 1: HSCP core values and principles:



These values are woven into the fabric of all of our strategic and operational plans within our overarching strategic plan document wallet. These interlink and can be cross referenced with regulatory and scrutiny body codes of practice and professional standards.

The workforce in health and social care in Inverclyde goes beyond that of our parent bodies. Since the establishment of the CHCP in 2010 our strong links with partner agencies in the independent, third and housing sector has continued to flourish. These partner organisations are vital stakeholders to ensure our vision of "**Improving Lives"** for the people living in Inverclyde is realised.

There have been many examples of successful partnership working in Inverclyde. Step 1, section 1.7.11 provides more detail of initiatives and projects which have taken place since 2016.

We recognise and acknowledge the role of carers and volunteers who promote and enhance the wellbeing, recovery and inclusion of others living in Inverclyde. Their support and commitment to the person they care for is an essential part to achieving the best outcomes, goals or milestones that keep families together and maintain independence and privacy. Our core values, professional codes of practice and standards align themselves to the Scottish Governments nine national wellbeing outcomes. Our performance will be measured against these outcomes and the HSCP will be "***accountable"*** for their successful delivery.
Chart 2 below provides a complete list of the national wellbeing outcomes.

Chart 2: National ~~Health and~~ Wellbeing Outcomes

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

DRAFT

For our children's services we are committed to achieving the National Outcomes for Children. These are:

The National Outcomes for Children
1. Our Children have the best start in life and are ready to succeed.
2. Our young people are successful learners, confident individuals, effective contributors a responsible citizens.
3. We have improved the life chances for children, young people and families at risk.

These outcomes will be core to the development of our Children's Services Plan.

We also have a legal requirement to adhere to the National Outcomes and Standards for Social Work Services in the Criminal Justice System:

The National Outcomes and Standards for Social Work Services in the Cri
1. Community Safety and Public Protection.
2. The reduction of re-offending.
3. Social inclusion to support desistance from offending.

DRAFT

These outcomes are key components of the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022 due to be published in April 2017.

Therefore, ***"we are accountable"*** for planning the delivery of health and social care services across Inverclyde and to anticipate the future workforce that will be needed to deliver such services. A partnership and collaborative approach has been taken to carefully consider the needs of our local population, our current and future commissioning intentions and the current health and social care workforce. This has helped to inform and prepare for potential gaps in staffing numbers, professional knowledge or skills that will be required to meet future demand.

We have taken an Inverclyde wide partnership approach to the development of our people plan. Our long established collaborative approach underpins our strategic values of ***"working better together"*** with our local statutory, independent, voluntary, third and housing sector partners as well as Trades Union, all of whom make a significant contribution to ensure that Inverclyde is a safe, secure and healthy place to live. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive.

Our aspiration is to be collaborative in how we develop our services and plan for the future; and to look widely at the outcomes that service users want to achieve and how we can build on community assets to help them to achieve these. By talking about assets we mean looking at the talents and abilities of the individual; the role of their carers identifying local community supports or networks, use of volunteers or commissioned resources that may enable and support the individual to remain independent or at home or in a homely setting for as long as possible.

Carers and volunteers are vital and valued partners in the successful achievement of individual and community outcomes. Recognition is given in the People Plan to this committed and unpaid workforce. It is recognised that sustaining this valuable unpaid workforce, we as partners across the health and social care sector, are committed to providing support, guidance, training and development to enable them to continue and sustain their vital role.

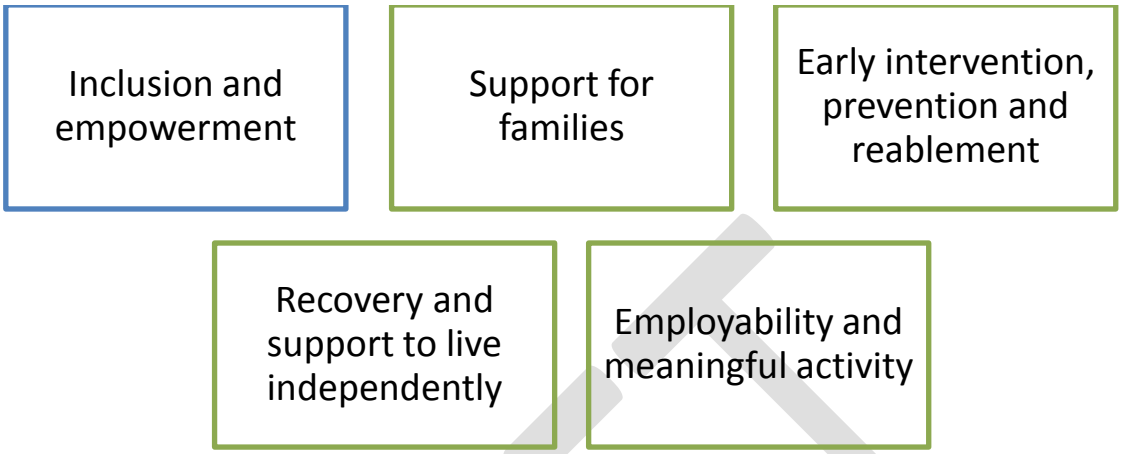
To better illustrate who we would include in our People Plan we have defined the workforce in to four tiers. These are set out at Chart 3 below.

DRAFT

Chart 3:

Tier 1	People who are registered with a regulatory /professional body to deliver health and social care as an individual professional practitioner These members of staff have completed professional qualifications and are registered with a regulatory body to enable them to perform the job for which they are employed. This group includes medical staff, nurses and midwives, allied health professions, social workers, healthcare scientists, as well as. The job groups and sub-job groups shown in the table are from the nationally agreed definitions used across NHS Scotland and the Scottish Social Services Council.
Tier 2	People who are employed to deliver health and social care in Inverclyde, but not specifically registered to do so as a practitioner Staff in this category are those who are employed to provide a service that is directly involved in health and social care. This includes jobs and roles that would come under the umbrellas of administrative, clerical and support services.
Tier 3	This tier has been divided into two parts **(a)** People who contribute to the provision of health and social care in Inverclyde in the course of their work Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector. **(b)** People who contribute to the provision of health and social care in a voluntary, non-employed capacity to an individual directly or to people who are not relatives.
Tier 4	People who contribute and can make a difference to outcomes for service users for example: Those in the community who in-directly contribute to the outcomes of local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres, and resources centres. Health and social care is not the primary focus of such people and their roles, but by the way they carry out their jobs, they make a difference to people's lives.

In parallel with this people planning approach, we will move away from the traditional service specific models of care and support provision. We will shift our focus to commissioning services in response to cross-cutting themes rather than a resource driven model. This means that services will be built around our 5 strategic commissioning themes which are:



As stated in our Inverclyde HSCP Strategic Plan, http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan, our traditional approach to service planning has been based on achieving targets, measured through service outputs. We consider that real change can come about if we move away from focusing strictly on targets, to setting outcomes that "***put people first***" and '***improves the lives'*** of individuals, carers, families and communities by ***"working better together***".

This can only be done through partnership working and collaboration with the service user at the centre of all that we do; their carers' and involvement of those significant to them all ***"striving to do better".*** It is with this collaborative approach that we present our Inverclyde integrated People Plan 2017 – 2020.

The Inverclyde People Plan has been created using the six step methodology to integrated workforce planning developed by NHSGGC skills for health.

This method will help us to:

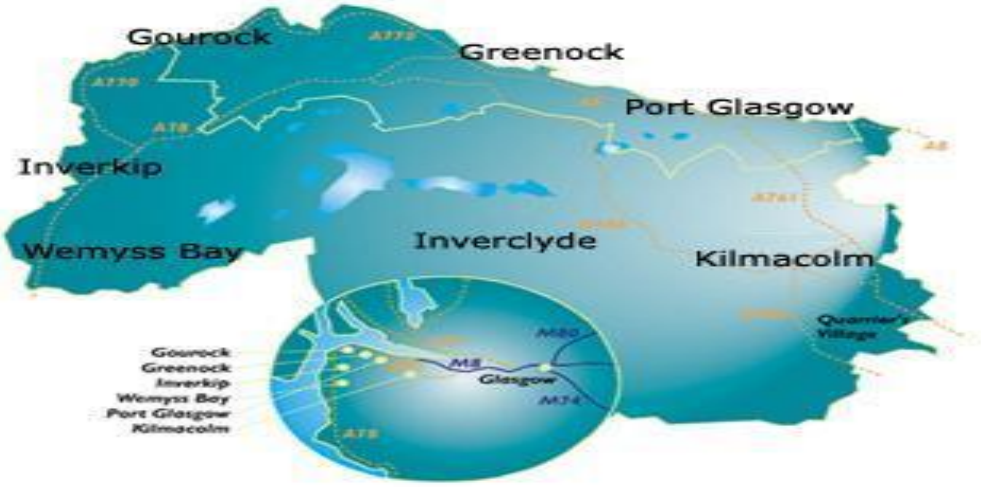
- Define the plan;
- Identify what change will look like;
- Outline the workforce we will require to deliver health and social care in Inverclyde;
- Describe the present workforce;
- Highlight what actions we need to take to deliver future services and ;
- Detail how the plan will be implemented, monitored and reviewed over the next two years and beyond 2019.

Step 1: Defining our People Plan

1.1 This step will set out why we need a workforce plan and the people who have been included in it.

1.1.1 Inverclyde is a small local authority area situated on the west coast of Scotland. It is made up of several small towns and villages. Diagram 2 shows a map of the local area with names of the surrounding town sand villages.

Diagram 2: The Inverclyde area



1.2 Current Population

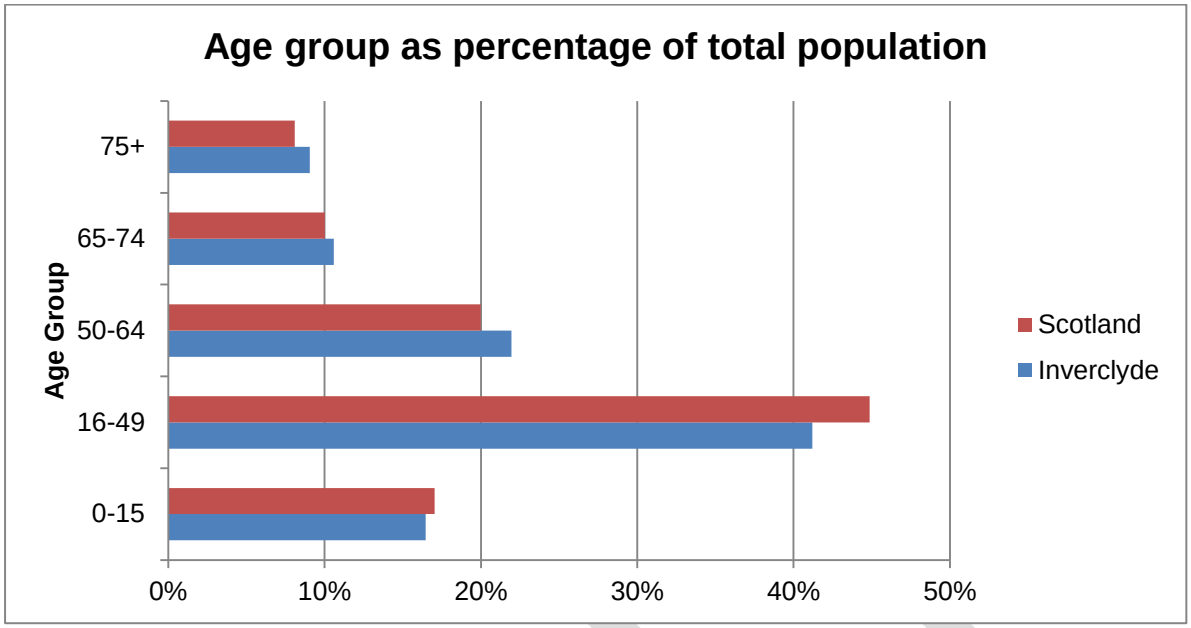
1.2.1 The most recent National Records of Scotland official statistics 2015 stated that there were 79,500 people living in Inverclyde. Chart 4 sets out the breakdown and splits the population into categories as follows:

Chart 4: Inverclyde Population Profile

Inverclyde	Total	Males	Females
0-15	12,966	6,685	6,281
16-49	32,904	16,033	16,871
50-64	17,739	8,588	9,151
65-74	8,675	4,060	4,615
75+	7,216	2,688	4,528
Total	**79,500**	**38,054**	**41,446**

Source: NRS mid-year population estimates 2015

Chart 5: Inverclyde age distribution compared to Scotland



Source: NRS mid-year population estimates 2015

1.3 Ethnicity

1.3.1 The majority of the population of Inverclyde are of a White Scottish ethnicity. The chart below shows the statistics compiled from the 2011 Census.

Chart 6: Ethnicity of Inverclyde Population

Inverclyde	Percentage of Population
% White - Scottish	93.8
% White - Other British	3.0
% White - Irish	0.9
% White - Polish	0.1
% White - Other	0.8
% Asian, Asian Scottish or Asian British	0.9
% Other ethnic groups	0.4

Source: 2011 Census

1.3.2 The ethnic make-up of Inverclyde has changed very little between the Census years of 2001 and 2011. There were only slight changes in the percentage of the population who were anything other than White Scottish between 2001 and 2011, but these ethnic groups still only comprised 6.2% of the total population.

1.4 Projections of future population

1.4.1 The size and make-up of the population going forward will be a key consideration when planning and delivering health and social care services. The NRS (National

Register of Scotland) population projections (chart 7) show the estimated change in the population to 2037.

Chart 7: Population projections to 2037

Age Group	2012		2022		2032		2037	
	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

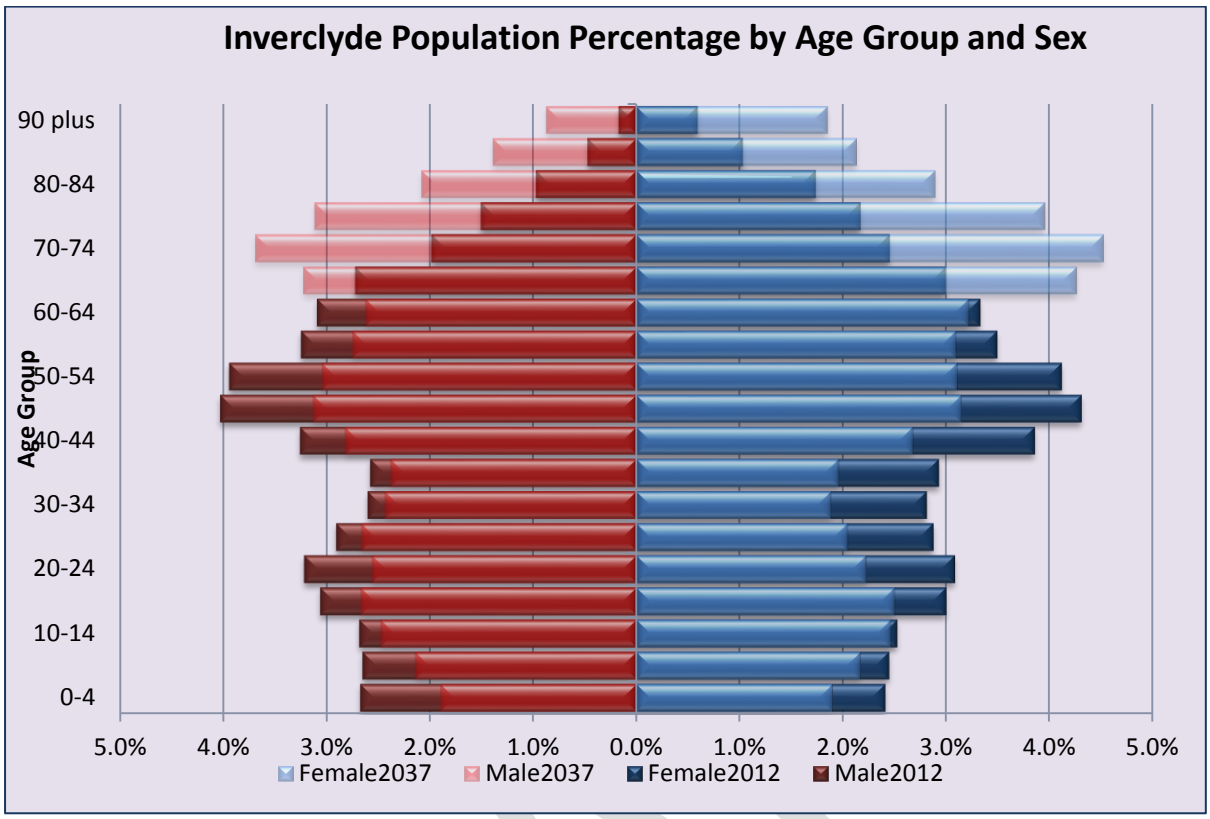
Source: NRS population projections

1.4.2 The projections show that the percentage of the population in older age groups is due to rise, with those aged 75 and above going from about one in ten in 2012 to nearly one in five of the population by 2037.

1.4.3 Chart 8 breaks this down further to show the split by gender and into more age group categories in the shape of a population pyramid. The lighter shaded areas are the projected population figures superimposed on top of the current population figures for each age group. The chart shows that the pyramid is projected to become top heavy, creating an inverted pyramid. There will be more people in older age groups than in younger age groups for both men and women.

DRAFT

Chart 8 – Projected Population Age distribution in Inverclyde



Source: NRS population projections

1.5 Dependency Ratio

1.5.1 The dependency ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population. The definition generally used in Scotland is: 'those aged under 16 or of state pensionable age, per 100 working age population'. Chart 9 illustrates the projected change in dependency ratio for Inverclyde and Scotland to 2037.

Chart 9 – Projected Dependency Ratios to 2037

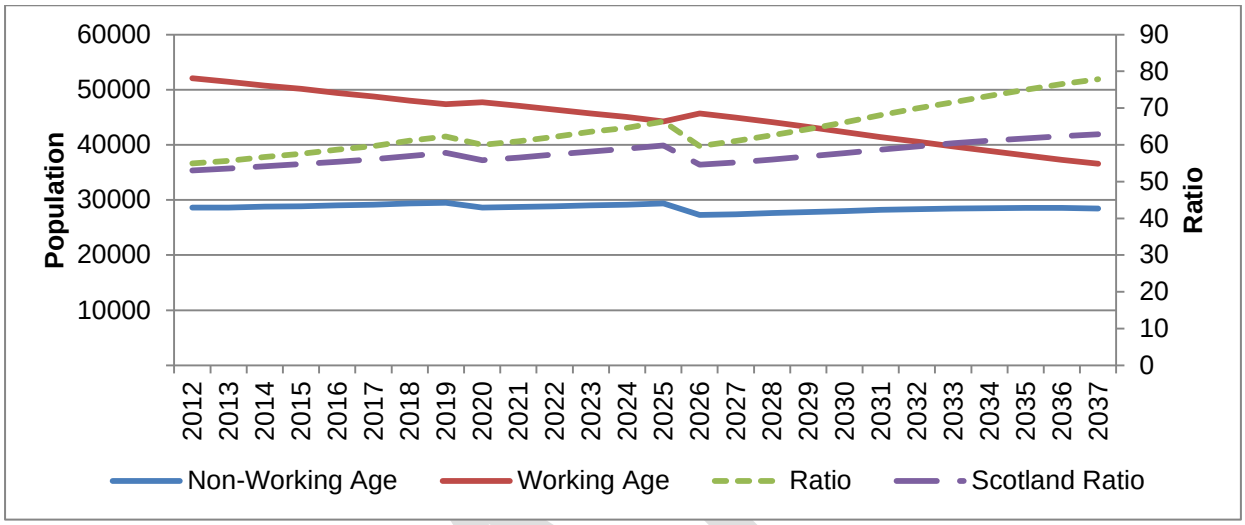
Year	2012	2015	2020	2025	2030	2035	2037
Inverclyde	54.9	57.7	60.0	66.4	66.1	75.0	77.9
Scotland	53.0	54.8	55.8	59.8	57.8	61.7	62.9

Source: NRS population projections

1.5.2 Whilst Inverclyde is projected to follow a similar upwardly pattern to Scotland as a whole, it is expected to experience a more accelerated upwardly trend. Chart 10 examines this trend more closely. The green dotted line represents the increasing dependency ratio and the purple dashed line represents the dependency ratio for Scotland. There are some dips in the projected trend but these can largely be explained by changes to the state pension age. The chart helps explain why there is an accelerated projected increase in the ratio. There is a decreasing population of working age individuals but the non-working age population remains level. This demonstrates that the overall projected fall in Inverclyde's population is as a result of

falling numbers of working age-people. As the population ages, the working age population is not being replaced by the generation following. According to the NRS projections the population in Inverclyde is set to fall by 15,666 between 2012 and 2037 and most of these people will be of working age; by 2037 there will be 15,521 fewer people of working age.

Chart 10: – Inverclyde Projected Dependency Ratio



Source: NRS population projections

1.5.3 The projected increases in the dependency ratio could potentially have a significant impact. There are projected to be more individuals of a non-working age as a proportion of those of a working age and this will impact upon the services required locally, the numbers of unpaid and family carers and on the local economy.

1.6 Population Considerations/Implications

1.6.1 The population in Inverclyde is falling. Since 2000, the total population has fallen by an average of 342 people each year. Population projections estimate that the average annual decrease in the population will be approximately 640 people a year between 2016 and 2037, meaning that there will be just over 65,000 people in Inverclyde in 2037.

1.6.2 The age structure of the population is predicted to change with proportionally fewer children (age 0 – 15); young working age (age 16 – 49); older working age (50 -64) and proportionally larger young retired (age 65 – 75's) and older retired (age 75+). This will have an impact of dependency ratios which are predicted to increase from 53.0 in 2012 to 62.9 in 2037.

This means for every 100 people in Inverclyde, almost 63 will be under the age of 16 or of state pension age with only 37 of working age.

1.6.3 The changing age structure and increasing dependency ratios are likely to create increased demand on public services.

1.6.4 Inverclyde Council and the Community Planning Partnership have implemented a range of strategies aimed at addressing the predicted population drop in the area. This has included;

- Incentives for people relocating to Inverclyde in the shape of council tax reductions.
- The employment of a relocation officer to help those moving to Inverclyde.
- Development of tourism.
- Business support.
- Promotional campaigns.

1.6.5 These strategies have been successfully put into practice and new programmes and policies are being developed to continue the repopulation delivery plan. Going forward, this may include subsidised leisure and social housing, and support with housing costs in the form of assistance with stamp duty, relocation, and council tax costs.

1.6.6 In April 2014 the Scottish Government introduced the Public Bodies (Joint Working) (Scotland) Act 2014 which set out a new vision for Scotland's social work and community health services. This legislation is referred to as "the Integration agenda". It set the timescale for the creation of Health and Social Care Partnerships (HSCP) across Scotland as separate legally recognised organisations from local councils and NHS health boards.

1.6.7 Council and Health Boards were required to delegate authority to IJB's for the functions of Health and Social Care Services.

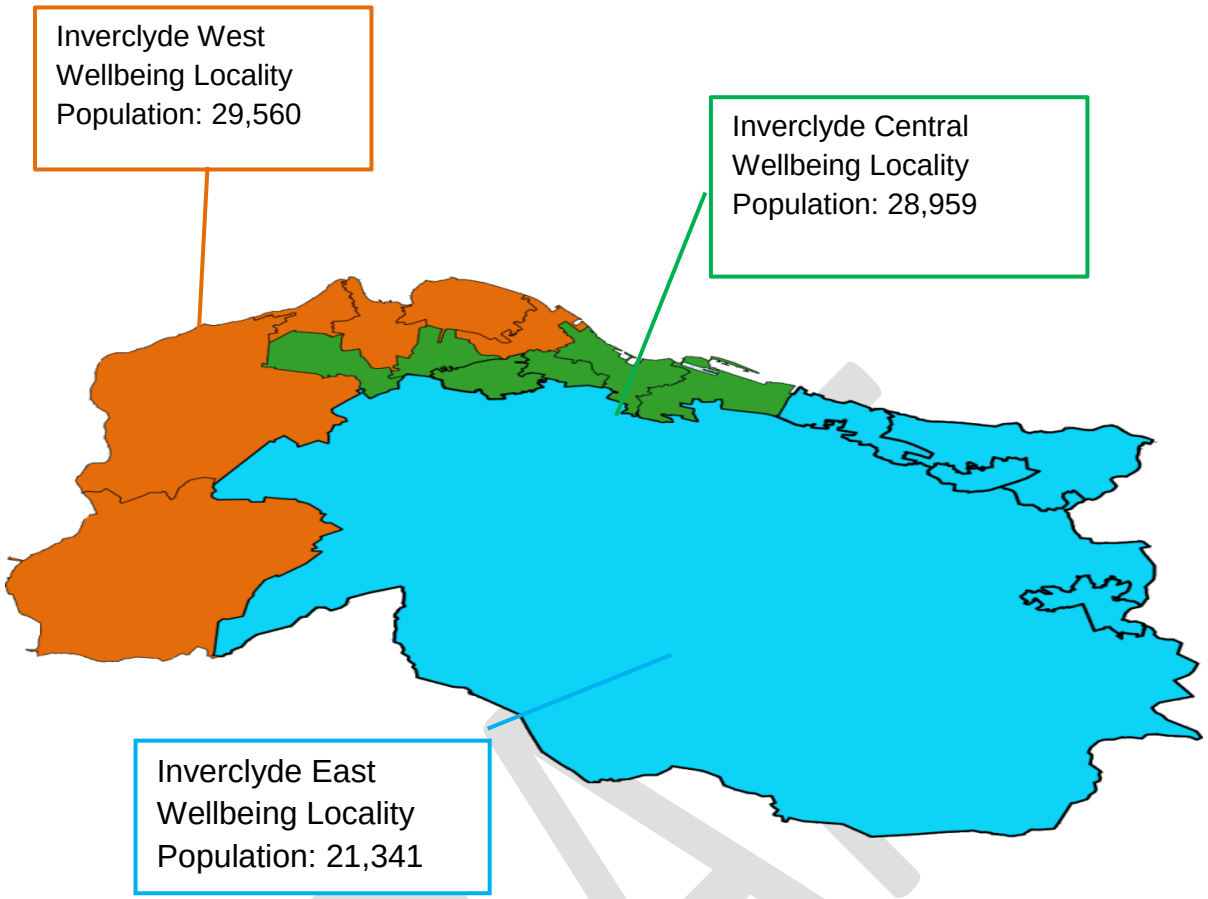
1.7 Locality Planning

1.7.1 The legislation set out a vision for locality based planning. It stated that HSCPs should have a minimum of two localities in which the focus would be on localised need and priorities. Inverclyde was divided into three wellbeing localities – Inverclyde East, Inverclyde Central and Inverclyde West. Diagram 3 sets out the geographical split of Inverclyde and the population of each locality.

1.7.2 Diagram 3 below shows an outline view of Inverclyde and is split into the three wellbeing localities. The West locality is orange, Central locality is green, and the East locality blue.

1.7.3 The borders within the localities show the intermediate zones; these are geographic areas comprised of multiple data zones. Data zones themselves are small clusters of households of between 500 and 1,000 people. The map is based on the data zone definitions from 2001 which comprised 110 individual data zones in Inverclyde. For example, the West locality is made up of six intermediate zones, including Inverkip and Wemyss Bay, and Gourock Upper and West Central and Upper Larkfield.

Diagram 3: Outline view of Inverclyde Wellbeing Localities



1.7.4 The legislation went further to include some NHS hospital planning responsibilities to ensure there was a more consistent efficient pathway for service users being admitted to acute hospital care and returning to their community after treatment to continue their recovery or reablement. It was anticipated that this new way of planning for use of acute hospital care would reduce potential delays for patients who were otherwise medically fit for discharge.

1.7.5 The legislation brought about new governance arrangements with the creation of an Integrated Joint Board (IJB) to oversee the delivery of HSCP services. The Inverclyde IJB was initially created in April 2015.

1.7.6 As many of Inverclyde community health and social care management and governance arrangements had been well established since 2010, the impact of integration and transition to the HSCP had no obvious impact on our core business.

1.7.7 Although our core business was not impacted upon there was room for improvement and streamlining of our services. A number of redesigns have taken place in operational teams and support services to ensure the HSCP is fit for purpose and to meet the national wellbeing outcomes. Further information on our redesigns is discussed in Step 2 section 2.3 of this document.

1.7.8 Diagram 4 below illustrates the services and functions delegated to the HSCP under the integration agenda. These are set out into our four main areas of business.

- Health and Community Care Services;
- Children, Families and Community Justice services;
- Mental Health, Homelessness and Addiction services and;
- Strategic and Support Services.

1.7.9 The services interlink at all levels of health and social care delivery. This ensures we ***strive to do better*** and continuously improve our services. The following diagram illustrates the integrated operational services in each of the four each head of service areas. The operational services interlink at various levels and times and have been colour coded for ease of identification.

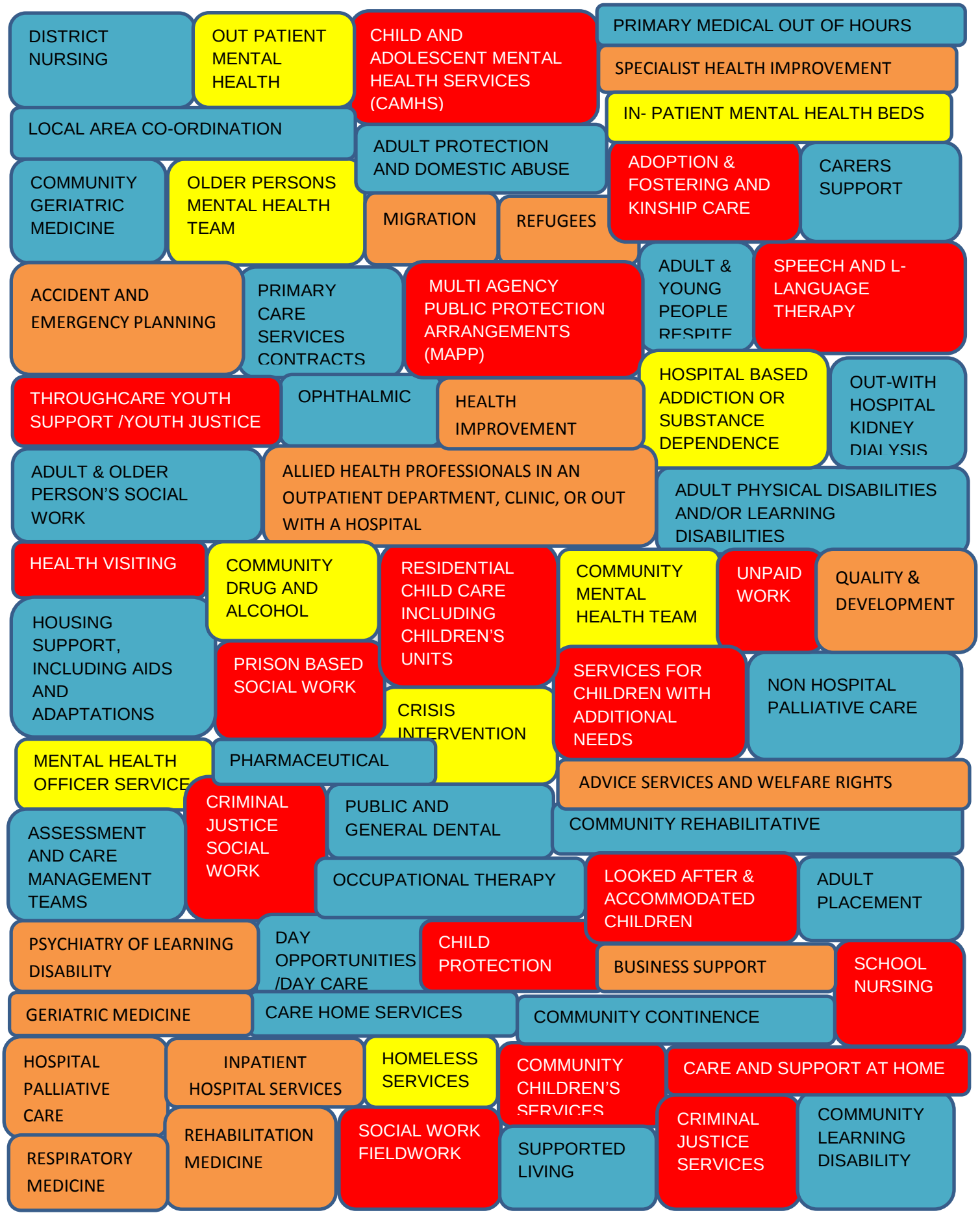
Diagram 4 Services and functions delegated to the HSCP

Key:

Health and Community Care
Mental Health Homelessness and Addictions
Children Families and Criminal Justice
Strategy and Support Services

DRAFT

INTEGRATED SERVICES WALL



1.7.10 In addition to those specified in Diagram 4, there are a number of statutory functions which have been delegated by Inverclyde Council to the Integration Joint Board. These functions fall under the responsibility of the Chief Social Work Officer (CSWO).

1.7.11 Over the past six years of integrated services there has been ongoing improvement in key areas of our business. These have been categorised into our four core values below.

WE PUT PEOPLE FIRST

- We take an outcomes based approach to assessment of need taking into consideration the service user, their families, carers, community networks as assets in identifying to potential solutions and achievement of successful outcomes.
- We work jointly with service users, their families or carers to make use of Self-Directed Support packages as an option of choice for thinking of initiatives to better meet their assessed needs and outcomes.
- Service users and Carers are represented and influence decision making at the Integration Joint Board (IJB) and Strategic Planning Group (SPG).
- Our local Advisory Network is actively involved in engagement and consultations about development of services or workforce redesign.

DRAFT

WE STRIVE TO DO BETTER

- Acute hospital services - to develop clear and seamless pathways for admissions and discharge of patients from community to hospital and back home again. We have maintained our long term performance in the discharge from hospital for patients with increasing and complex care needs.
- Our Reablement service in care and support at home – improved outcomes for people and maximised independence for those who have the potential to achieve it
- Reduced reliance on out of area placements and high cost care packages for people with learning disabilities via our review of LD services
- Assistive equipment servicing and recycling – significant reduction in costs and more efficient use of each purchased items of equipment to ensure we maximise such assets
- Technology enabled care – community alarms, home health hubs, i-care monitoring technology all used to enhance assessment, reduce strain on carers, keep people safe at home, providing reassurance and prompts which enable service users to sustain their independence for longer.
- Collaboration with NHSGGC Board, GPs, staff and patient groups around the development of a new integrated health centre in central Greenock
- Integrated learning and development opportunities have taken place between the HSCP, independent and third sector staff. Joint working with local Registered Social Landlords and our housing OT to maximise appropriate use of local housing stock, reduce voids, maximise efficiencies in adaptations. Enabling more people to remain in their own homes and communities for longer.
- Established a Housing Partnership Group with Registered Social Landlords (RSL's) to ensure the housing needs of service users is identified and included at the development and planning stages of new build social housing.

DRAFT

WE WORK BETTER TOGETHER

- We have initiated a pilot project with the Scottish Ambulance Service to reduce the number of unscheduled hospital admissions
- Partnership working with Inverclyde GPs to establish new ways of working.
- Work is ongoing to consider the best use and location of our GP out of Hour's service.
- We have introduced a pharmacy prescribing pilot to allow treatment of minor ailments to be treated within the community reducing the need for GP appointments.
- Collaborative approach to the design and development of the new Health and Care Centre to replace the existing Greenock Health Centre
- A number of collaboration partnerships are in operation or currently in the process of formation within Inverclyde. These include:
    - -Community Connector project to better signpost and refer people to the right services at the time
    - Partners in Strategic Planning involving third sector partners in a collaborative and joined up approach in the design and commissioning of public services'.
    - The development of a Community Transport Network and integrated Transport Hub that co-ordinates the demand for transport from the public sector with the supply of transport solutions across Inverclyde.
    - Consortium approach to delivering services across service user groups under the HSCP five strategic commissioning themes
    - Services for Children and Families impacted by Autism in Inverclyde
    - Review of Inverclyde Day Care and Day Opportunities services

DRAFT

WE ARE ACCOUNTABLE

- The IJB assumed full delegated responsibility for the functions and work of the HSCP since April 2016.
- Our financial governance processes are well established
- We have established an IJB Audit Sub-Committee
- The Strategic Planning Group is working to ensure the delivery of the Strategic Plan and all operational plans are achieved
- Our Staff Partnership Forum, independent, 3rd and housing sector partners actively work in collaboration with the HSCP in the design and development of the People Planning Group.

DRAFT

1.8 Legislation - On 1st April 2016 the Integration Joint Board (IJB) assumed the full delegated authority to oversee the planning and provision of health and social care services to the people of Inverclyde.

1.8.1 As such Inverclyde HSCP has responsibility for the strategic commissioning (either planning or direct service delivery, or both) of the full range of health and social care services; population health and wellbeing, statutory health and social work/ social care services for children, adults, older people and people in the community justice system.

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

1.9 Who is included in the People Plan?

1.9.1 To deliver on our purpose to plan and develop health and social care services for the people of Inverclyde, we believe that **working together** as a workforce is the key to bring about successful change and better outcomes for individuals, carers, families, localities and communities in our area.

1.9.2 National and local research indicates that the most challenging issues that people experience in Inverclyde are caused by factors that go far beyond the reach of health and social care services. The detail of these factors can be sourced from the HSCP Strategic Needs Assessment http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan.

1.9.3 The social and economic factors, population change and health needs identified in the strategic needs assessment will have a direct influence on shaping how services are designed, planned, commissioned and delivered. From this we will need to ensure we have the right people in our workforce with the right values, skills, knowledge and competence to meet the outcomes identified by individuals who use our services, their carer's and in our localities across Inverclyde.

1.9.4 When we talk about the workforce we mean as a collection of people, groups, organisations, carers, families, volunteers, neighbours and communities who directly provide or in other ways contribute to the delivery of health and social care.

This includes:

- Inverclyde Council,
- NHS Greater Glasgow and Clyde Health Board the workforce of people who practice in, or support the delivery of health and social work/ social care services (including volunteers);
- Partners in the secondary care (hospital) sector;
- Partners in primary care such as GPs Dentists, Pharmacists and Optometrists;
- The Scottish Prison Service;
- Partner organisations in the Community Planning Partnership – Inverclyde Alliance - as partners with whom we work to improve Inverclyde as a place to live and work;

- Partners in the third, independent and statutory sectors, with whom we commission and organise health and social care service delivery.
- Communities across Inverclyde; the people to whom we are accountable;
- Individual users of services as partners in the planning of their own care and support;
- Carers and families as partners in the delivery of care and support, who may require support in their own right;

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

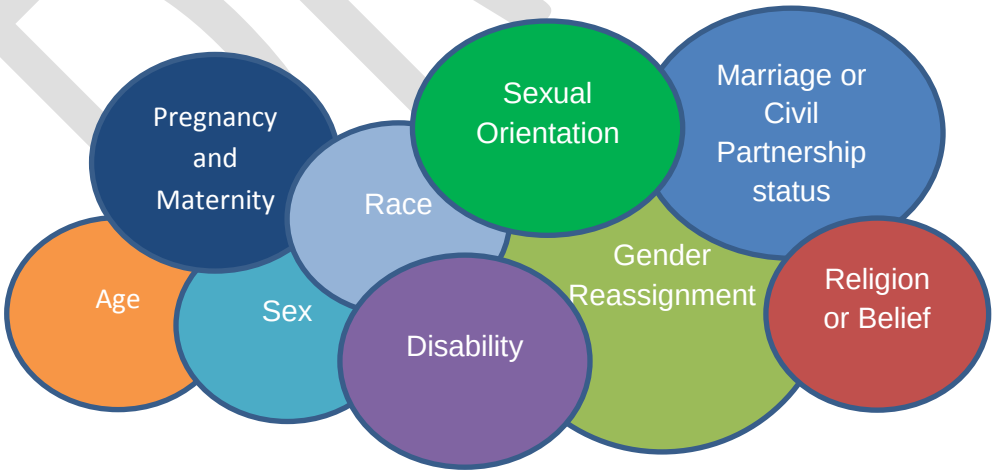
1.10 Equality

1.10.1 Together with our overarching values and principles as stated in the introduction, Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

1.10.2 We will equip our workforce to understand the equalities legislation and the requirements of such in the way they practice. We will raise their awareness of inequalities and discrimination and to challenge it in the context of their work.

1.10.3 The Equality Act 2010 recognises nine groups of people in the community that are more likely to experience discrimination, exclusion and isolation due to their specific characteristics. The nine groups are set out below in diagram 5:

Diagram 5



1.10.4 The equalities legislation identified these groups as having 'protected characteristics'. Inverclyde HSCP in collaboration with partners has developed an equality mainstreaming report and a set of equality outcomes for Inverclyde. Together these reflect an appreciation that added investment in targeted areas will bring positive change to patients and carers at greatest risk of poorer health and social care outcomes. The equality mainstreaming report and equality outcomes are available at: http://www.inverclyde.gov.uk/health-and-social-care/equalities .

1.10.5 This duty extends to our workforce and, as part of our People Plan we will outline the characteristics of our employed staff in this plan along with any actions required to ensure that, as far as practicably possible, our workforce reflects the diverse characteristics of the local community. Our People Plan provides details of the local statistics on our workforce at step 4.

1.10.6 In line with our statutory duties and our equalities outcomes, this plan will be subject to an Equalities Impact Assessment (EQIA) to ensure that the content and actions set out in this plan does not disadvantage people with protected characteristics. The EQIA can be found at **Appendix 8** of this document **Appendix 6 and 7** are the mainstreaming report and equality outcomes.

1.11 Governance arrangements, Engagement and action planning

1.11.1 All the groups and individuals set out at 1.9.3 above have an important role in the success of delivering the people plan.

1.11.2 This plan will be consulted on via partner organisations, service user and care advisory groups, and presented to localities and community groups via the community planning arrangements between the HSCP and Inverclyde Alliance. This people plan will be shared with the three wellbeing localities as set out in the strategic plan http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan and as stated at 1.8.3 of this document.

1.11.3 Actions arising from the Inverclyde HSCP People Plan are set out in section 6 below. This sets out the issues and challenges identified in section 2, 3, and 4, to indicate any further work required to prepare for the challenges or shortfall in resources, or workforce over the next three years and beyond.

1.11.4 The action plan has been divided into the four identified workforce tiers set out in Diagram 3 and the focus of priorities in year 1, to and 3 of the plan.

1.11.5 The Progress against these actions will be reported through the HSCP Strategic Planning Group and submitted to the IJB for consideration and approval.

1.11.6 In the Audit Scotland Report; *Social Work in Scotland* (September 2016) states that the integration has made governance arrangements more complex. However, Councils retain the statutory responsibility of the delivery of social work services. Similarly in Health, clinical responsibilities are held by NHS Greater Glasgow and Clyde (NHSGGC) Health Board.

1.11.7 The HSCP and partners have a number of governance processes in place to ensure the qualities, conduct competencies and standards, consultations and engagement meet legislative and practice or regulatory standards. These ensure there are sufficient feedback mechanisms in place for staff to share good practice and to be consulted to drive continuous improvement. Diagram 6 sets out the information and consultation mechanisms in place.

1.11.8 Diagram 6 below sets out a red main line of accountability and governance process implemented by the HSCP; moving from right to left, it plots the continuum of communication, involvement and engagement between staff and HSCP. This route map dovetails with the wider organisational governance process as set out at step 6 of this document.

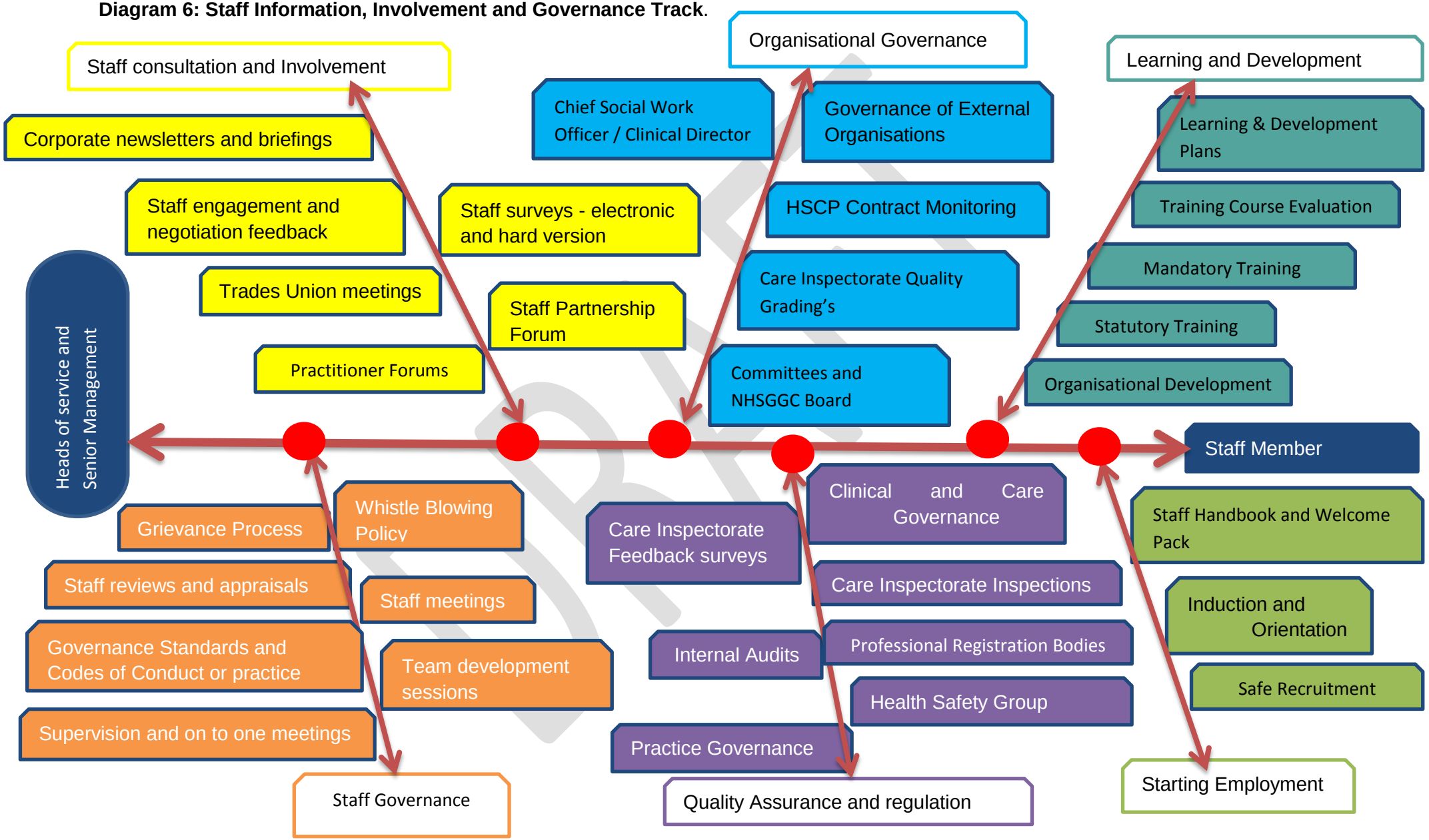
Six main mechanisms have been identified as the processes in which feedback, standards and involvement are communicated and governed.

Key:

Starting Employment
Learning and Development
Staff Consultation and Involvement
Staff Governance
Organisational Governance Processes
Quality Assurance and Regulation

DRAFT

Diagram 6: Staff Information, Involvement and Governance Track.



Step 2: Changes to our Services

2.1 Step 2 sets out the factors shaping service redesign and the workforce we need for change.

2.2 The Legislative Drivers

2.2.1 There are a significant number of statutory requirements, frameworks, Codes of Conduct, standards and regulations set at Scottish or UK Government and European levels. These provide legal powers, set mandatory performance expectations and requirements or provide guidance on the functions and delivery of health and social care services. These key legislative requirements shape the landscape and drive change in our society, culture and rights to protection, independence, decision making, risk taking, association, and justice, freedom of expression, health, and economic wealth independence.

2.2.2 Although these legislative drivers outline the duties and statutory requirements, other factors influence change and present challenges which are beyond the remit and governance of the Integrated Joint Board.

2.2.3 These influences are grouped into four main categories: These are Political Economic Social and Technology (PEST) as set out in chart 11.

DRAFT

Chart 11: PEST Analysis

Political	
• Carers (Scotland) Act 2016 • Community Justice (Scotland) Act 2016 • The Nursing and Midwifery Council (NMC) Horizon Report 2016 Higher Education Edition • Audit Commission Report on Social Work In Scotland Sept 2016 • The Scottish Social Services Council Codes of Practice (revised 2016) • Inverclyde Health and Social Care Partnership Integration Scheme 2015 • Nursing and Midwifery Council (The Code) 2015 • Public Bodies (Joint Working) (Scotland) Act 2014 • Children and Young People (Scotland) Act 2014 • General Medical Council Good medical Practice Standards 2013 • Allied Health Professions Scotland Consensus Statement on Quality Service Values 2013 • Social Care (Self-Directed Support) (Scotland) Act 2013 • The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 • Patient Rights (Scotland) Act 2011 • Patient Rights (Scotland) Act 2011 • Public Services Reform (Scotland) Act 2010 • Public Services Reform (Scotland) Act 2010 • The National Health Service (General Dental Services) (Scotland) Regulations 2010	• Equality Act 2010 • The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009 • Allied Health Profession Education Strategy Workforce planning 2015 – 2020 • Health Care Profession Council The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 • The Adult Support and Protection (Scotland) Act 2007 • The Joint Inspections of Children's Services and Inspection of Social Work Services (Scotland) Act 2006 • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 • The National Health Service (Discipline Committees) (Scotland) Regulations 2006; • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004 • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004) • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 • The Regulation of Care (Scotland) Act 2001 • Housing (Scotland) Act 2001 • Human Rights Act 2000 • The Human Rights Act 1998 • EU Working Time Regulations 1998 • Criminal Procedure (Scotland) Act 1995. • The NHS and Community Care Act 1990 • The National Care Standards • The Health and Safety at Work Act 1974 and association regulations • Nursing and Midwifery Strategy 2014 – 2017 • Scottish Healthcare Council • Health Care Improvement Scotland • NHS and STUC Staff Governance Standards 2012 • ACAS Information and Consultation Regulations 2013

Economic

- Impact of UK deficit funding and austerity measures on employment market
- Impact of UK exit from European Union (EU) on migration
- Asylum and Refugee quotas
- Introduction of Universal Credit
- Economically Active population 16 years and over = 37.700 of which
  19.000 are male and 18.700 are female
- 6.2% of the population is unemployed compared with 4.9 Scottish and UK population
- Inverclyde HSCP Financial standing orders 2015
- HSCP Financial position statement
- Annual budgeting cycle impacting on longer term financial planning and forecasting.
- The introduction of the HSCP 5 strategic commissioning themes may streamline service requirements and tendering opportunities.
- Implementation of the living wage
- Growth, inflation & interest rates
- Regulation and registration costs
- Protection of Vulnerable Groups (PVG) scheme
- Recruitment costs
- Recruitment to Health and Social Care sector falling in Inverclyde and Scotland wide

Social

- By 2037, the population in Scotland is projected to rise by 9% of which
  5% will be children ;
  4% working age;
- People of pensionable age will rise by 27%.
- Health and social care needs are anticipated to rise
- The population is projected to fall
- Younger people moving away from Inverclyde leaving an older population increasing vulnerability
- Labour market intelligence
- 88.3% recorded satisfaction with services
- Reconfiguration specialist acute hospital services with transport links to hospital locations
- Health, education, social mobility
- Employment patterns, attitudes to work
- Lifestyle choices
- The progress of the personalization agenda and increasing use of the self-directed support giving greater
- Opportunity for service users to commission services directly from registered care providers

DRAFT

Technology

- NHSGGC Board Review of Clinical Services
- The increasing use of community alarm services
- Use of global positioning system (GPS) to locate and monitor relatives if they get lost.
- The use of temperature and flood sensors
- Pressure and movement sensors
- Fire alarm
- Use of Door sensors
- Life style patterns
- Blood pressure monitors
- Diabetes monitoring
- Kidney dialysis and oxygen monitoring
- Isolation switches for water electric and gas supplies
- Use of key lock for staff to gain access to service users at home
- Use of electronic management systems for staff visiting service users at home.
- Medical research
- Impact of emerging technologies
- Impact of internet & reduced communication costs
- R&D activity
- Likely technological change

DRAFT

2.2.4 There are specific legal requirements and standards which govern the recruitment, appointment, qualification and development of the paid workforce in Health and Social Care. These requirements and standards are set to ensure that the people who are employed to deliver or contribute to the provision of health and social care services have the right values and commitment; knowledge and competence; skills and expertise to practice and support service users, carers, families, localities and communities.

2.2.5 **Appendix 1** provides a full list of the legal, regulatory and standards in Health and Social Care which need to underpin and flow throughout this plan.

2.3 Service Redesign

2.3.1 As set out at **1.7.9** and **Diagram 4,** our HSCP has been divided into four Heads of Service areas. Within these areas there are a number of operational services that provide various statutory functions and services to service users, families, communities and localities within Inverclyde.

2.3.2 As set out in Step 1 (**1.7.11)** above, provides a summary of key service developments which have taken place since the integration Joint Board (IJB) was established in its shadow year 2015. However, as stated at **2.2.3 Chart 1** above there is a number of influencing factors from political, economic, social and technological perspectives which drive change. These changes have resulted in improvements and challenges in health and social care. To meet the national and local challenges, we had commenced redesigns for most of our services to meet future demand in the short, medium and long term. These plans will be set out in the HSCP action plan at Step 5 of this document.

2.3.3 To meet the challenges and statutory requirements we have been proactive in redesigning our current services to ensure they are fit for purpose to meet demand within the financial savings targets set by the Scottish Government. For example, key strategic services include re-designs of:

- Quality and Development service
- Business Support services,
- Learning and Development
- Strategic Commissioning

2.3.4 Driven by national policy developments within the new Mental Health Strategy, the Dementia Strategy, (due by February 2017) and ADP ministerial priorities have set out the future objectives these are:

- To further strengthen recovery focussed services, through development of a recovery strategy enabling cooperation and coordination of recovery based work across the Inverclyde HSCP adult services. This will impact on who does what where, including for HSCP staff and our partners currently commissioned to provide services to support recovery. Costs savings are required within this work. There is also focussed work underway in to review of our Alcohol services with the Moving Through project.

- Increasing access to Psychological Therapies: Development of Psychological Therapies in Mental Health and Addiction services – impact on staff skills required; review of deployment of staff to deliver changing models of service delivery for example group based; clinic based.

- Review of housing support models across mental health and addiction services to link with re-commissioning of housing support services across the HSCP. This will include savings requirements and may potentially impact on our third sector partner workforce.

2.3.5 There are NHSGGC wide reviews underway regarding inpatient service configuration; out of hours and unscheduled care provision. It is anticipated that this will impact on:

- staff roles,
- the necessary skills required;
- the basis from which care is delivered and
- the hours of work required

2.3.6 We have implemented changes to our processes and systems of work including access pathways to services, eligibility criteria, advice services and performance reporting and information gathering.

2.3.7 Service redesigns are consulted and negotiated with our parent organisations and Trades Unions. We are working in collaboration with our NHSGGC acute sector colleagues in planning for those hospital services which have been delegated to the Integration Joint Board (IJB).

2.3.8 We are currently working with NHSGGC in consulting on the use of our School Nursing services.

2.3.9 A significant program of change has been undertaken in collaboration with GPs' independent contracted ophthalmic and dental services through the 'New Ways of Working' initiative in our primary care services.

2.3.10 Three GP clusters have been set up around our health centres within Inverclyde. Each Cluster has a GP and they are supported by the HSCP. The current Clusters are:

- Port Glasgow (Port Glasgow Health Centre and Dubbs Place)
- Greenock (Greenock Health Centre)
- Inverclyde West (Ardgowan /Station View Health Centre / Gourock Health Centre)

2.3.11 These GP Clusters dovetail with Inverclyde HSCP's three identified Localities as stated in **Step 1 Diagram 3** above - Inverclyde East, Inverclyde Central and Inverclyde West.

2.3.12 The focus of New Ways and GP Clusters is on engagement and involvement of patients and staff around quality improvement and change management. This facilitates discussions around clinical practice and initiatives as well as the development and testing out of pilot projects in a safe and non- threatening environment. The outcome of the evaluation from the pilots is vital to allow for the learning to be shared to other practices, identifying any gaps and challenges that require to be addressed.

2.3.13 The pilot projects include learning and development for NHSGGC primary care and GP practice staff that come under the delegated authority of the Integrated Join Board (IJB).

2.3.14 A test of change is currently underway in the Greenock and Greenock West area with the Scottish Ambulance Service. This pilot project involves that development of four Specialist Paramedics to test if their interventions can reduce the levels of patient unscheduled care admissions to our local hospital. GP practices in the test area will make appropriate referrals to these Paramedics to undertake home visits following a triage screen process where the patient can be assessed at home without the need for a presentation to Accident and Emergency or admissions directly to a ward.

2.3.15 The HSCP is actively progressing the reshaping of the commissioning landscape in Inverclyde through the introduction of our five strategic commissioning themes indicated on page 9 of this document. Further information on the commissioning landscape and will be set out in our Market Facilitation Plan.

2.3.16 We have also received funding from the Scottish Government to meet the Scottish Vocational Qualification (SVQ) levels and achievement of the registration requirement timescales for all care staff in the independent sector as set out by the Scottish Social Services Council (SSSC). Through this one off funding from the Scottish Government, the HSCP has now employed 1.5 whole time equivalent (WTE) SVQ assessors to enable the achievement of the independent sectors registration requirement.

2.3.17 Due to the legislative, economic social and technological drivers which impact on how Inverclyde HSCP and the IJB provide, deliver and meet the needs and outcomes of the people of Inverclyde remains our priority. These drivers will continue to set our agenda and will impact on the redesigns of our workforce over the next few years.

2.3.18 There is significant pressure and uncertainty across Scotland's public services due to the United Kingdom's exit from the EU; the UK Governments austerity measures and the Scottish Government deficit and savings targets.

2.3.19 Such savings continue to challenge us therefore it should be recognised that this will have an impact on the recruitment, retention and sustainability of our workforce and service provision across all Health and Social Care sectors in Inverclyde as well as the whole of Scotland.

Step 3: The Required Workforce

3.1 In this section we will define the skills, numbers and types of staff we will need to deliver and sustain services. We will identify which staff are best placed to do particular tasks and activities. However, due to the UK and Scottish Government spending plans in Health and Social Care, we will need to do things differently to ensure we are able to provide the best services and support to the people who use our services; to their carers ; families and to localities and communities.

3.2 Workforce Demand

3.2.1 It is estimated that there are around **four million** people employed in the Health and Social Care sector across the UK. Care workers, nurses, nursing auxiliaries and doctors make up around 43 percent of the total workforce. However, it is also anticipated that that by 2022, there will need to be a **further two million new staff** trained and recruited to the sector to meet the estimated growth in demand and to meet the anticipated gap from retiring employees. It is reported that there are significant challenges going forward around the provision of training and retention of suitably qualified and professional staff at all levels in the sector. *Source: The UK commission on skills and performance challenges in health and social care (May 2015).*

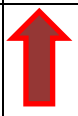
3.2.2 TAs illustrated in Chart 7 in Step 1 of this document the population in Inverclyde is forecasted to decline approximately by 19% to 65,000 by 2037.

3.3 Long Term Health conditions

3.3.1 The Strategic Needs Assessment (July 2016) indicates a continued growth in the reporting of long term health conditions within Inverclyde GP Practices. Chart 12 identifies the number of patients in Inverclyde known to GP practices having selected conditions as at March

DRAFT

Chart 12

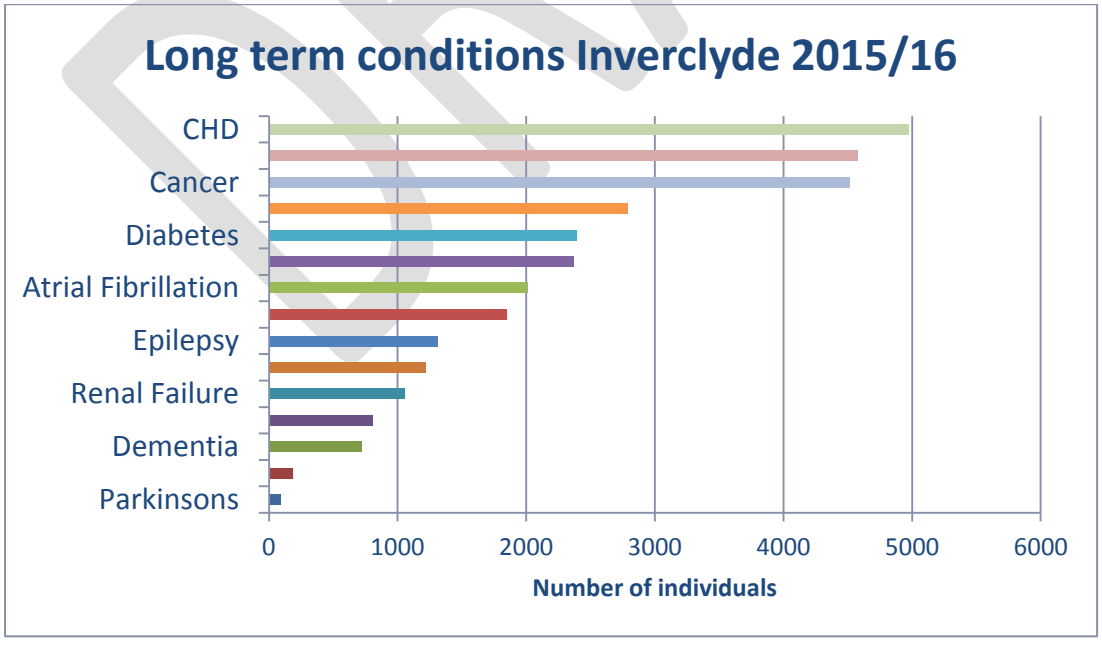
Category	Scottish Figures	Inverclyde Figures	Increase or decrease indicator	Comment
Cancer - age standardised rate per 100,000 population based on screening for breast, and lung cancer between 2004 and 2013 for men and women in Inverclyde.	70 % attendance target	69.2%		This is for women, the highest rate of incidence was in breast cancer and for men the highest rate was in lung cancer. The rate of breast cancer incidence peaks every three years. This is a result of the cycle of the breast screening programme in Scotland where all women between the age of 50 and 70 are invited to a breast screening appointment approximately every 3 years.
Cancer - Between April 2013 and March 2015 colorectal screening	100% eligible	54.5% took part		There are differences between men and women. The participation rate in bowel screening is lower from men living in areas of Inverclyde than women, For both men and women in the most deprived areas fewer than half of the eligible participants took part in screening. Participation in the screening programme increases as deprivation decreases.
Cancer – Cervical screening aged between 21 and 60 between March 2012 - 2015.		65% 21 and 24 yrs. 78% 30 – 39 yrs.		Across all age ranges the uptake in cervical screening has fallen between March 2012 and March 2015.
Cancer Deaths 2005 -2014 rate per 100,000 people	2014 - 320	2005-397.5 20014 - 327.7		In Inverclyde, mortality rate in Inverclyde is above the Scottish figure, but below that of NHS Greater Glasgow and Clyde as a whole.
Cancer Deaths	Increase of 4%	Decrease of 5%		Cancer deaths in Inverclyde reduced 281 in 2055 to 267 in 2014. Cancer incidence in Scotland increased by 4%. Over the next 10 years It is projected to rise by a third
Diabetes	Reduction of 4.9%	Increase 18.2%		In 2014/15 there were 4,363 patients with diabetes registered in Inverclyde. An increase from 3,692 in 2010/11. The rate in 2014/15 in Inverclyde was 5.29 per 100 people.

DRAFT

Chart 13 Long Term Health Conditions

Category	Scottish Figures	Inverclyde Figures	Increase or decrease indicator	Comment
Chronic Obstructive Pulmonary Disease (COPD)	-	-	↑	The number and rate of patients with COPD has increased in Inverclyde over the last four years. By 2015/16 there were 1,848 people living with the condition, the prevalence rate per 1,000 population was higher than the Scottish average.
Prevalence of Dementia	0.8	2010/11 – 0.9% 2014/15 – 0.7%	→	Individuals with a diagnosis of Dementia in Inverclyde fell by 0.2%. This data demonstrates a marginal improvement than the Scottish trend per 100 of the population. Although the dementia figures appear to be static, it may be that there is fewer people having a confirmed diagnosis of dementia.

Chart 14: Long Term Health Conditions overview



Source: ISD Scotland SOURCE Health and Social Care dashboard

DRAFT

Chart 15: Mental Health

Category	Scottish Figures	Inverclyde Figures	Increase or decrease indicator	Comment
Mental Health	4.4%.	6.4%		The chart shows that on average people in Inverclyde have slightly poorer mental health wellbeing compared to the Scottish average.

3.4 Learning Disability

According to The Learning Disabilities Statistics Scotland, there were 624 adults with a learning disability in Inverclyde in 2014. Half are recorded as living in areas with high levels of multiple deprivation and the largest single group was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect their quality of life.

Chart 16: Number of adults with learning disabilities known to local authorities per 1,000 population 2010 – 2014

Area	2010	2011	2012	2013	2014
Inverclyde	8.7	8.8	8.7	9.1	9.4
Scotland	6.4	6.0	6.0	5.9	6.0

Source: Learning Disabilities Statistics Scotland, National Records of Scotland

3.5 Physical Disabilities

3.5.1 Chart 17 below shows people who are registered as having a physical disability in Inverclyde. The chart also shows that the proportion of those with a physical disability increases as people age. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over.

Chart 17: Number of people in Inverclyde with a physical disability by age and sex

Age	Male	Female	Total	Percentage of total population with physical disability	Percentage of age group with physical disability
0-15	72	71	143	2.2%	1.0%
16-24	75	51	126	2.0%	1.4%
25-34	127	86	213	3.4%	2.3%
35-49	498	404	902	14.2%	10.0%
50-64	982	889	1871	29.4%	11.0%
65-74	637	673	1310	20.6%	16.5%
75-84	451	736	1187	18.7%	23.3%
85+	144	461	605	9.5%	34.4%

Source: 2011 Census

3.6 Workforce Sustainability

3.6.1 Skilled and experienced staff is vital to sustaining a quality service. However, in recent years, cognisance has been taken to a potential skills gap occurring due to the age profile of employees.

3.7 Social Work Services

The Audit Scotland Accounts Commission Social Work in Scotland report 2016 states that one in 13 people living in Scotland work in Social Work or Social Care settings (200,000 of the total population). It is estimated that half work part time and 85% are women.

- 42% of the total workforce is employed in the independent sector
- 31% in the public sector and;
- 28% in the third sector

3.7.1 The Audit Scotland Accounts Commission (September 2016) publication on Social Work in Scotland indicated that there was a level of uncertainty around the potential impact of the UK's decision to leave the European Market (EU) and the availability of suitably qualified staff from European countries. In a workforce survey in 2008, it was estimated that 6% of the workforce employed in care homes for older people were from EU countries with more than **7.3 ???**employed under a work permit.

3.7.2 According to the Accounts Commission report, recruitment in the third and independent sectors is challenging. This was attributed to low pay, anti-social hours and difficult working conditions.

3.8 Recruitment, Training and Retention of Staff. A key issue is within homecare, nursing and mental health officer services. There are 11,242 registered social workers who are employed in the public sector and 2044 (18%) are employed by other health or social care services.

3.9 NHS, Community and Primary Care

3.9.1 The Audit Scotland report on Scotland's NHS Workforce, The Current Picture (February 2017) states that the NHS is facing major challenges to deliver services and progress the reform agenda while managing significant financial pressures. The report sets the scene on a two part evaluation of how the Scottish Government and the NHS boards will manage the increasing demands and adapt to such challenges through workforce planning and national and local initiatives. The first report, due to be published in summer 2017, will focus on workforce pressures in hospital setting. The focus of the second report will be on GP and Primary Care issues. The timescale for the publication of this second report is 2018/19.

3.9.2 The report shows that 4.7% of working age population is employed by NHS Scotland. This has increased by 5 per cent since 2012; its highest ever levels. 17% of staff are from minority ethnic groups and less than 1% of staff consider themselves to have a disability. Three quarters of NHS staff are female and one in ten nurses are male

3.9.3 The report highlights that there are key issues in terms of vacancies, retention and turnover as well as high rates of absence. 38% of the workforce is over the age of 50. 18 per cent of the workforce is in the 50-54 years age bracket. Nursing and Midwifery staff have a higher proportion of staff aged 50 years and above.

Vacancy levels are such that the spending on agency staffing has increased by 77% between 2011/12 and 2015/16.

3.10 Allied Health Professionals (AHPs)

3.10.1 The Audit Scotland report on Scotland's NHS Workforce, The Current Picture (February 2017) reports that 66.4% of Allied Health Professionals (AHP) work full time. From the total number of NHS vacancy levels, around four per cent relate to AHPs. Two in ten allied health professionals are male.

3.11 Independent Third and Housing Sector Partnerships

3.11.1 The Independent, third and housing sector organisations are vital to the success of health and social care. However, they face challenges going forward such as:

- **Career Pathways** - Housing staff noted that traditionally staff working in this sector noted that they did not consider Housing as a potential pathway and social care has experienced negative stereotypes as a potential career pathway.

- **Funding cycles -** particularly in the third, independent and housing sectors, creates problems for long-term planning and aligning the work of these sectors with long term strategic plans. For many third sector providers maintaining funding and aligning funding cycles presents a consistent challenge to sustainability and viability.

- **Data Sharing -** Given the integrated nature of much of the work we are involved in Data Sharing remains an area to be addressed and looking for methodologies for supporting data sharing rather than starting from what could be perceived as a precautionary view..

3.12 People Plan Engagement Event

3.12.1 The HSCP held a People Plan engagement event in November 2016. This brought together partners and stakeholders from:

- Independent sector;
- Third sector;
- Trades Union;
- Registered Social landlords (RSL's);
- Scrutiny and Regulatory Bodies and;
- Partners in education.

3.12.2 The event focused on the future opportunities and challenges facing the Health and Social Care sector workforce now and in the future. The themes from this event echoed that of political commentators and public body reports across Scotland; namely a reduction of funding in Health and Social Care and a cross sector

recruitment and retention issue. It is anticipated that there will be significant challenges for Health and Social Care over the next few years. Participants in the People Plan Engagement Event highlighted a number of recurrent themes. These have been highlighted in chart 18 below.

DRAFT

Chart 18: Outcomes of People Plan Engagement Event November 2016

THEME	CHALLENGE	OPPORTUNITIES
Culture and Change	Leadership is central to support staff to build resilience to the change process.	Consistent and robust communication systems to facilitate and enable services to manage and adapt to the change; A skills audit and gap analysis is required ; Building on the "Carers Positive" initiative, a consistent definition of "carers" should be clarified to ascertain what support and learning is required.
Marketing	The People Plan to clearly communicate the overarching vision, aims, objectives and the milestones needed to achieve it. Good communication is required for example through Provider Forum to discuss good practice, to challenge thinking and to prioritise access to resources.	Recognition that marketing is needed to promote and raise the profile and awareness of Health and Social Care across Inverclyde. The People Plan to set out a clear vision and role for volunteers.
THEME	CHALLENGE	OPPORTUNITIES
Recruitment and Retention	There is a sector wide issue in recruitment and retention of the right people and costs for advertising are high. Recruiting volunteers can entail as much work as paid staff because of PVG also once in place to deploy them. The level of investment for such is intensive Promotion of Health and Social Care as a career option.	Shared recruitment events could reduce costs. A co-ordinated approach to recruitment and retention of volunteers could reduce costs and levels of provider time. Engagement with the Department of Work and Pensions (DWP) on using volunteering opportunities to explore how best to assist people to prepare for or return to work Creating volunteering awards and suitable rewards will provide encouragement, personal development as well as enhancing CVs, skills and knowledge. Providing opportunities for service users/ carers who can volunteer as part of their recovery or building their experience of health and social care may assist people back into employment.

	Pathways into Health and Social Care and housing careers – Traditionally, housing and Social Care has not been perceived as a potential career pathway.	Engaging with local secondary education, college and universities as partners in the development of workforce planning is essential to promote health and social care as a choice of career. Promotion of modern apprenticeships, student placements and the SSSC ambassador programme would promote potential recruitment opportunities. Modern Apprenticeships need to focus on achieving employment and sound competitive terms and conditions of employment Taster and training pathways could be introduced in order to attract potential candidates into the workforce Integration should present an opportunity for staff to work across sectors and be exposed to the work of other sectors. This should also be enhanced with input from external partners. Similarly colleagues from external agencies would be able to afford the opportunity to build experience within these sectors and enhance their knowledge base; this includes the use of 'shadowing' colleagues in other sectors. Working across all of the partner sectors also affords the opportunity for the development of secondments across sectors. A common framework approach towards meaningful activities and employability across client groups within health and social care. The development of a training academy which affords all sectors perspectives would also create an opportunity for further enhancing the skills of people of Inverclyde. Processes are required to support individuals who have "health issues' to return to the workplace with employers doing better to support people experiencing ill health.

THEME	CHALLENGE	OPPORTUNITIES
Learning and Development	An analysis of current training needs across the sector is required to identify what health and social care employers need; what is working; where the potential skills gaps are and what needs to change. Learning Development and Education standards.	Development of a core set of competencies and common induction programme may provide consistency across the workforce. A training passport approach could be developed that would be transferable across the sector. Careful consideration of succession planning is vital. Opportunities should be created to co-produce and share statutory & mandatory learning and development programmes. Shared access to an online hub of e-learning for both paid staff and volunteers would be efficient and effective use of resources. Using allocated budgets flexibly would encourage creativity and promote development opportunities for the workforce as well as reducing costs.
THEME	CHALLENGE	OPPORTUNITIES
Risks	The workforce planning approach could potentially fail if all stakeholders do not commit 'buy-in' to the shared vision. There is a risk of getting lost in such a huge process if the vision is unclear or if there is different levels of awareness and expectations between organisations and what is realistically achievable. The terms and conditions of employment in the care sector vary which potentially could influence the career path of the workforce.	There were mixed views on the approach taken for the People Plan. There was concern that the plan was too general in its scope and ambition. A collaborative approach is needed to drive forward change and avoid losing momentum. It would be achievable if the plan was broken down into manageable pieces. There is a need to develop consistency of approach and to manage expectations including parity of roles and remuneration across the workforce. Need to embed collaboration and partnership working into practice and view this as an investment to the future sustainability of the sector.

	Training to upskill and maintain professional registration and qualifications is costly. Risk from the UK's decision to exit from the European Union (EU), particularly registered nurses from other countries being available to take up vacant posts locally.	Engagement with regulatory bodies to explore any potential implications of a proposed common induction, core competencies or sharing of staff prior to design or implementation.
THEME	CHALLENGE	OPPORTUNITIES
Resources	Recognition that resources are finite and there is a need to streamline services to avoid duplication of delivery. Therefore, priorities need to be set and agreed. Funding cycles, particularly in the third, independent and housing sectors, creates problems for long-term planning and aligning the work of these sectors with long term strategic plans. For many third sector providers maintaining funding and aligning funding cycles presents a consistent challenge to sustainability and viability Given the integrated nature of much of the work we are involved in Data Sharing remains an area to be addressed and looking for methodologies for supporting data sharing rather than starting from what could be perceived as a precautionary	Using community resources/assets as a solution to formal statutory paid agency involvement needs to be nurtured if they are to be utilised effectively. Volunteering can help take forward engagement with the community and may attract additional investment. An information sharing protocol could be developed to facilitate discussion and agreement on which service would be best placed to meet individual need and outcomes on a case by case basis.

	view. Greater clarity and openness around data and information sharing is an essential constituent of integration. How realistic is it to suggest that we can achieve the fourth tier of the workforce - *People who contribute and can make a difference to outcomes for service users* - as described at 6.7.9?	

DRAFT

3.13 The Labour Market

3.13.1 The Glasgow City Region Skills Investment Plan published in August 2016 undertook an analysis across the Clyde Valley region covering eight local authority areas of City of Glasgow, East Dunbartonshire, East Renfrewshire, North Lanarkshire, Renfrewshire, South Lanarkshire, West Dunbartonshire and Inverclyde.

3.13.2 A £1.13 billion City Deal was brokered by member authorities with the Scottish and UK Governments to fund 26 major infrastructure projects such as roads and bridges, business growth and innovation, employment and skills development (assisting people to take up or return to employment).

3.13.3 In 2014, the total number of jobs in Scotland was reported to be 836,500. The largest employer in the market was Health and Social Work services (**144,600**) followed by wholesale and retail and business and support services. The population of the Glasgow and Clyde Valley Region (hereafter referred to as "the CR") represented **34%** of the total working age population in Scotland (15-64 yrs.).

3.13.4 In 2015, the workforce in the CR had increased by 0.8 per cent over the previous 5 year period (2011/16) above the Scottish rate of 0.7%. **71** per cent of the CR working age population was employed. This is below the Scottish (7.3%) and UK rate (7.4%)

3.13.5 The report suggests that there are industries and business sectors where there is an over-represented workforce. This includes Health and Social Care Services relative to the Scottish average. However, in six of the locality authority areas within the CR, report a steady decline in the working age population. The report suggests that the unemployment rate in Inverclyde was 8.5%.

3.13.6 It is estimated that the working age population (15-64) will decline between 2014 and 2024 by just under 31,000. Given that the number of jobs is forecast to increase by 35,700 in the same period, it is critical that as many working age residents as possible are actively engaged in the labour market and that they have the skills reflect the needs of employers. There is significant scope across the CR to increase the proportion that are engaged with approximately 81,000 currently out of work and actively seeking employment and 170,000 claiming DWP out-of-work benefits.

3.13.7 The key areas of action identified in the CR report are highlighted in chart 19 and 20:

DRAFT

Chart 19: Key Areas of Action

Action Focus	Increase	Decrease
General	Labour market forecasts continue to show increases in higher skilled jobs but also high participation sectors (e.g. care and tourism).	
Occupational growth	Caring, leisure and other service occupations (+16,000 jobs).	
Key economic growth industries.	There are many similarities in the key economic sectors being targeted across the city regions with all six targeting low carbon and environmental and technologies; Five of the six city regions targeting advanced manufacturing, creative and digital, and health and social care.	
Workforce replacement demand	With 336,000 opportunities forecast to become available through *replacement demand* across the CR by 2024, there will be opportunities across all occupation types. Replacement demand data is not available by sector.	
Life Sciences & Health	Potential 300 new jobs at The Imaging Centre of Excellence at the Queen Elizabeth II Hospital Campus **come** very highly skilled post will require to be recruited internationally.	**??????**
Life Sciences & Health	150 new posts in MediCity Scotland facility within new med-tech companies over the next 5 years.	
Medical and Life Sciences	STEM skills to respond to the advancements made in the medical, life sciences and, digital.	
Health and Social Work	+12,000 jobs, professional, scientific and technical	

Chart 20: Key Areas of Action continued

Action Focus	Increase	Decrease
Education		Education (-3,800 jobs) forecast to decrease
Early Years care	Employment growth in response to the Scottish Government's increase commitment to funded childcare hours.	
Further and Higher Education subjects		Decline in provision of information technology and information (-8,865), family care, personal development, personal care and appearance (-5,098), and health care, medicine and health and safety (-2,806).
Further and Higher Education subjects		Decline in politics, economics, and law and social science subjects (41%).
Further and Higher Education	Slight increases in subject areas: Education, training and teaching (+26%), sciences and mathematics (+13%).	
Modern Apprenticeship (MA)		Declined in Scotland by 2% (or by 609) over the last 5 financial years (2011/12 to 2015/16). The decline was proportionally larger in the CR at 4%. There were 377 fewer MA starts in CR in 2015/16 than in 2011/12.
Modern Apprenticeship (MA) development targets	Skills Development Scotland (SDS) has been set a target to ***increase MA starts*** across Scotland from 25,000 in 2015 to 30,000 in 2020. More focus on increasing starts at Level 3 or above. Develop ***Graduate Apprenticeships*** to help increase the number of higher-level apprenticeship opportunities.	

3.14 Financing Health and social care

3.14.1 The Glasgow City Region Skills Investment Plan published in August 2016 (CR) highlights the funding which has been committed by the Scottish Government to fund infrastructure, employment and skills and business, growth and innovation. The following statements are in relation to the investment in employment and skills development.

- £9 million - 'Working Matters' employment scheme to support 4,000 individuals in receipt of Employment Support Allowance, assisting at least 600 into sustained work.
- £15 million 'Youth Gateway' integrated employment programme to work with 15,000 young people aged 16-24 over the next three years, helping 5,000 into sustained work. Pilot labour market progression scheme to support the training and development of staff in low income jobs within the care sector.
- £16 million funding for the development of the University of Glasgow-led Imagining Centre of Excellence at the Queen Elizabeth II Hospital Campus to provide ground-breaking medical research and commercialisation facilities for clinical researchers and companies in the Life Sciences sector.
- £4 million MediCity Scotland facility based at Eurocentral Business Park to bring together academics, entrepreneurs, clinicians and business support services to boost the development of new healthcare services and medical technology.

3.14.2 **Inverclyde HSCP Financial Resources (Current Costs and savings)**

3.15 Training Investment and Capacity Building

3.15.1 The need for investment in staff learning and development is an essential requirement of all registration, codes of conduct, national standards, charity status (OSCAR), regulation and scrutiny bodies. There is a need to ensure that staff have not just mandatory training and instruction undertaken through an employee induction programme but rather have access to continuous professional development opportunities.

3.15.2 All Health and Social Care organisations are required to provide such induction and continuous development. However, much of this training is the same and is expensive to organise individually. Across the sector, health and social care partners recognise that demand for continuous improvement and sustainability of funding is challenging. Therefore to continue to sustain current and anticipated future workforce demand we have to think differently about how this can be achieved.

3.15.3 The following section is a programme of statutory and mandatory training, learning and development plan. This is likely to evolve and change over the lifetime of the People Plan. However, learning and development is not the sole responsibility of the HSCP and therefore joint commitment and innovation is required from all partners and stakeholders to look at creative ways of establishing a learning and development programme across the sector. This may include the commitment to and combining of budgets to meet the demand.

3.15.4 Work undertaken on the Dementia Strategy has produced some positive examples of joint and collaborative learning and development. Joint dementia training was delivered across the sector by partners that has increased awareness, better understanding of roles, building relationships and brought about consistent approaches. A full copy of the current HSCP Learning and Development Plan 2016/2017 can be found in appendix 4 of this document

3.16 Workforce Recruitment, Retention and Succession Planning

3.16.1 The Audit Commission report acknowledges that '*social care providers have difficulty recruiting suitably qualified staff particularly in homecare and nursing'*. However, it also identified that 'the number of social workers has increased'.

3.16.2 The Accounts Commission also acknowledged that providers face a recurring cycle of recruitment and training costs due to changes in staffing. The lack of continuity could potentially impact on the service users experience and expectations.

3.16.3 There is therefore a need to consider ways in which the HSCP and partners manage recruitment and retention of our workforce. The box below is the key points regarding recruitment, retention and succession planning opportunities from the People Planning engagement event.

Box 1: Key Points

Engagement event Key points:

- Take cognisance of the national position in terms of workforce planning
- Further work is required to explore how succession planning can be managed. The outcome from our people planning engagement suggests that there is a need to target schools colleges and universities to promote health and social care as a first choice career.
- The Modern Apprentice scheme should be considered as a mechanism of providing a route into a variety of roles within the health and social care sector.
- A greater promotion of the Scottish Social Services Council Ambassador initiative could be used to promote health and social care careers locally by all partners signing up to and becoming Ambassador Champions.
- Coordination and use of volunteering within health and social care could provide opportunities to attract people to a career in health and social care services.

3.17 Learning and Development and Continuous Improvement

3.17.1 It is recognised that the HSCP and partner organisations offer generalised and sector specific learning and development expertise. These are often requirements of conditions of professional registration, national standards or mandatory expectations of scrutiny bodies. Individually, these requirements are costly and resource intensive to source and organise.

Box 2: Key Points

Engagement event Key points:

- There is a need for clarity about what we can and can't deliver in terms of learning and development
- Development of sector wide core competencies
- Shared induction programmes
- Co-production of training plans
- Coordination of professional development needs
- Collaborative training and sharing or expertise
- Development of a sector wide training academy and training passport

3.18 Carers and Young Carers

3.18.1 The Inverclyde Carers and Young Carers Strategy 2017 to 2022 highlights the training and employability needs of carers and young carers.

Box 3: Key Points

Carers and Young Carers Strategy Key points:

* Understanding the diversity, equality and potential disadvantages of the caring role.
* Ensure carers and young carers have a choice in accessing appropriate education, training and employment across all ages.
* Ensuring young carers have the maximum support to make the best choice whether at school, post school training, further education or employment.
* Assist with providing accessible and flexible support for working carers and young carers.
* Facilitate learning and training opportunities.
* Target the removal of barriers to taking part in learning and training.
* Identify realistic job opportunities appropriate to the needs of individual carers.
* Engage Employers to improve awareness of caring responsibilities and encourage them to publicise examples of good practice.
* Promote the Carer Positive accreditation award for Employers

3.19 Dementia Learning and Development

3.19.1 The Dementia Learning and Development group has modelled an approach which has reached all four tiers in the people plan workforce. For example Informed Practice level training has been co-delivered by a range of partners including: Riverclyde Homes, Your Voice, Scottish Care, Alzheimers Scotland, Community Development, Consortium of Voluntary Services (CVS), HSCP and Campbell Snowdon Care House. In Addition, Alzheimers Scotland has led in delivering dementia friendly training to the community. Training has been delivered to Tesco staff, church volunteers, carpet fitters, bus services shop assistants garden centre

staff and primary school pupils. The co-produced training has enriched the quality of learning programmes and led to the unearthing of community resources. There have been many planned and unexpected benefits of this approach which need to be evaluated against the resource constraints which have had to be carefully managed.

3.20 Financial Harm

3.20.1 Following a co-produced event involving Inverclyde Adult Protection team, Trading Standards, Police Scotland and Royal Bank of Scotland, a new multi-agency Financial Harm course has been introduced, led by the Inverclyde HSCP Adult Protection coordinator, the Quality and Learning service, Trading Standards and Police Scotland.

3.20.2 The National Adult Protection Coordinator for Scotland has expressed an interest in promoting this course as the only co-produced multi-agency financial harm course in Scotland.

DRAFT

Step 4:
Workforce Availability

4.1 We will describe in this section our current HSCP workforce, where they are based as well as the age range, gender split and skills profiles.

4.1.1 Inverclyde HSCP's directly employed workforce brings together staff from two public sector organisations, with a range of Health and Social Care backgrounds who understand that working together in a single organisation is far more effective in responding to the causes of poor health and social care.

4.1.2 We have identified earlier in this plan our recognition that the workforce contributing to Health and Social Care within Inverclyde is much more than just the staff that we employ directly.

4.1.3 Therefore as part of this People Plan we sought to identify the work undertaken by local statutory, independent, voluntary and third sector organisations, all of whom make a significant contribution to ensuring that Inverclyde is a safe, secure and healthy place to live.

4.2 Our Current Workforce

4.2.1 The Inverclyde HSCP People Plan has taken the approach to categorise the workforce in four separate tiers of. This approach has helped capture and define and target the specific core skills knowledge and ongoing learning and development for each tier.

4.2.2 As stated at page 8 of this document, the 4 tiers are:

- **Tier 1:** People who are registered with a regulatory /professional body to deliver health and social care as an indicial professional practitioner.
    - These members of staff have completed professional qualifications and are registered with a regulatory body to enable them to perform the job for which they are employed. This group includes medical staff, nurses and midwives, allied health professions, social workers, healthcare scientists, as well as. The job groups and sub-job groups shown in the table are from the nationally agreed definitions used across NHS Scotland and the Scottish Social Care Council.

- **Tier 2 -** People who are employed to deliver health and social care in Inverclyde, but not specifically registered to do so as a practitioner.
    - Staff in this category are those who are employed to provide a service that is directly involved in health and social care. This includes jobs and roles that would come under the umbrellas of administrative, clerical and support services.

- **Tier 3** - This tier has been divided into two parts.

- **Tier 3 (a)** People who contribute to the provision of Health and Social Care in Inverclyde in the course of their work

    - Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector.

- **Tier 3 (b)** People who contribute to the provision of Health and Social Care in a voluntary, non-employed capacity

    - The definition of volunteering currently used by the Scottish Government is: 'the giving of time and energy through a third party, which can bring measurable benefits [referred to as outcomes]to the volunteer, individual beneficiaries, groups and organisations, communities, environment and society at large. It is a choice undertaken of one's own free will, and is not motivated primarily for financial gain or for a wage or salary" This definition broadly encompasses 'formal volunteering' - where unpaid work is undertaken through an organisation, group or club to help other people or to help a cause (such as improving the environment). In contrast, 'informal volunteering' refers to unpaid help given as an individual directly to people who are not relatives.

    - Volunteers and volunteering includes a wide range of activities from Board and Committee members to fundraisers, from Befriending to Advocacy and from one off to long term involvement. Volunteers can help all sorts of organisations from schools, community centres, community groups, charities large and small, Housing Associations as well as Community Planning Partners e.g. NHS, Police Scotland, Inverclyde Council and many more services large and small.

    - A volunteer survey was undertaken across the Health and Social Care Sector in October 2016 to scope the variety and spread of local volunteering across Inverclyde. Twenty four local and national organisations responded to the survey. This identified 765 local volunteers. It is probable that this figure is not a full representation of the significant contribution of volunteering that is currently provided in Inverclyde. The full findings from the volunteer survey is attached at **Appendix 6** of this document.

    - The HSCP intends to undertake a further survey in 2017/18 to further explore this activity so that we can plan, promote and support the development of this important workforce

- **Tier 4** - People who contribute and can make a difference to outcomes for service users for example:

    - The final category is those in the community who contribute indirectly to outcomes for local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres, and resources centres. Health and Social Care is not the primary focus of these people and their roles but by carrying out their jobs they can and do make a difference.

4.2.3 From the information gathered and presented in this plan, we recognise as we focus on tier 3 and 4, there are gaps in our information. However, over the lifetime of this plan (2017 - 2020), these tiers will be developed and reflected in the action plan as set out in step 5 below.

4.3 The Wider Health and Social Care Workforce

4.3.1 In order to establish a benchmark of the size and scale of health and social care input into the economy a survey was compiled and distributed to stakeholders in the third, independent housing and independent care sectors. The survey sought to identify the current staffing levels in relation to the delivery of health and social care services in the area. The results of these surveys can be found in Appendix 5

4.3.2 Stakeholders were asked a series of questions in order to gain a greater understanding of the sectors staffing needs, issues and future planning requirements for Health and Social Care provision in Inverclyde.

4.3.3 Forty-six organisations within the third, independent housing and independent care sectors within Inverclyde who were identified as employing staff and delivering health and social care services within Inverclyde were invited to participate in an on-line survey. In addition to questions about the number of people they employed, both directly and indirectly in Health and Social Care, they were also asked to respond to questions in relation to staffing and recruitment. Of the 46 organisations who were invited 23 (50%) responded.

4.3.4 Using the data available from NHS Greater Glasgow and Clyde, Inverclyde Council and the information obtained from the survey of third and independent care providers a picture of the holistic workforce involved in all aspects of health and social care provision was established and categorised into each of the four tiered care levels.

4.3.5 Chart 24 shows the WTE workforce figures derived from this exercise. Note that the figures particularly those at tier 3 and 4 represent an estimate of the input across the population (in reality we anticipate that the figure at Tiers 3 and 4 will be higher than that shown)

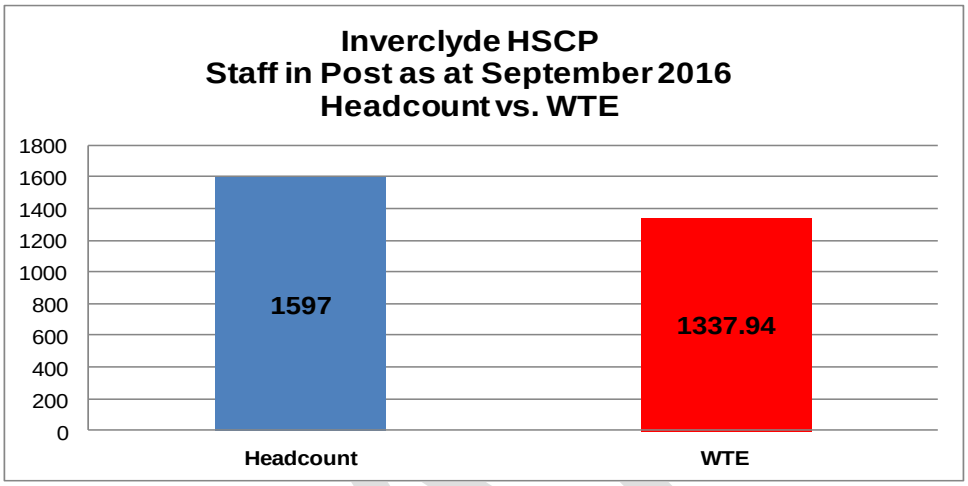
Chart 21

Inverclyde Area - Health & Social Care Services Economic Input			
WTE STAFF IN POST AS AT SEPTEMBER 2016 (by service area)			
Service area	**Council**	**NHS**	**Total**
Children & Families and Criminal Justice	166.34	70.47	236.81
Health & Community Care	479.17	97.37	576.54
Mental Health & Addictions	81.70	228.58	310.28
Planning Health Improvement & Commissioning	50.05	13.40	63.45
Business Support	85.22	65.63	150.85
Grand Total	**862.48**	**475.45**	**1,337.93**

4.4 Directly Employed HSCP Workforce

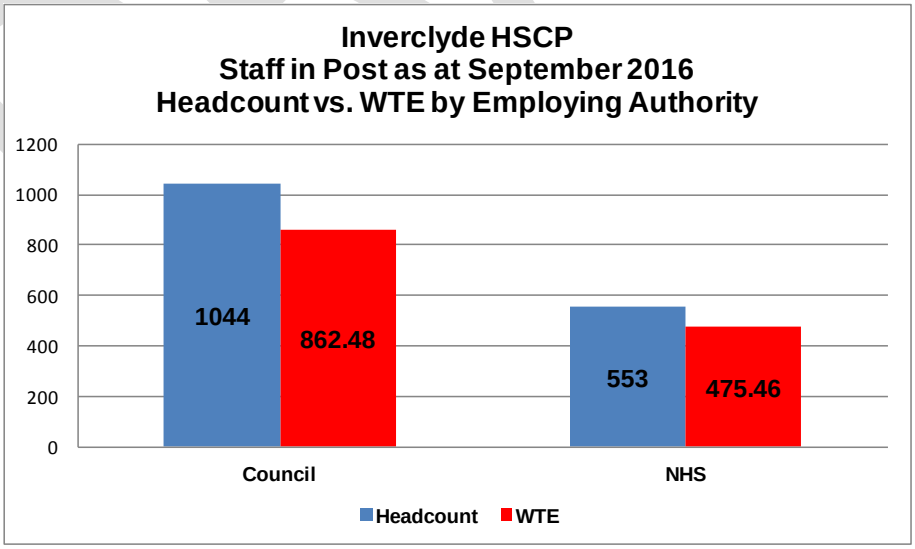
4.4.1 As at 30th September 2016, Inverclyde HSCP directly employed approximately 1600 headcount staff inputting circa 1340 Whole Time Equivalents (WTE's) into the workforce as set out at chart 22.

Chart 22 Staff in Post



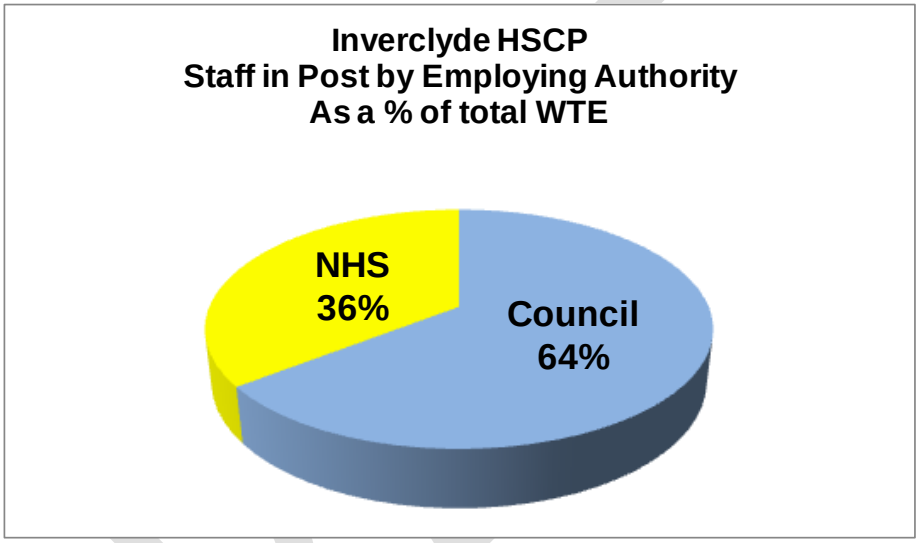
4.4.2 The HSCP workforce is employed by two separate employing authorities, NHS Greater Glasgow and Clyde and Inverclyde Council. As shown in chart 23 Inverclyde Council is the larger employer by both headcount and WTE.

Chart 23: Staff in Post by Employing Authority



4.4.3 Chart 24 shows the workforce by employing authority as a percentage of the total WTE in post figure.

Chart 24 Staff in Post as a % of Total WTE



By Service Area/Leadership Group

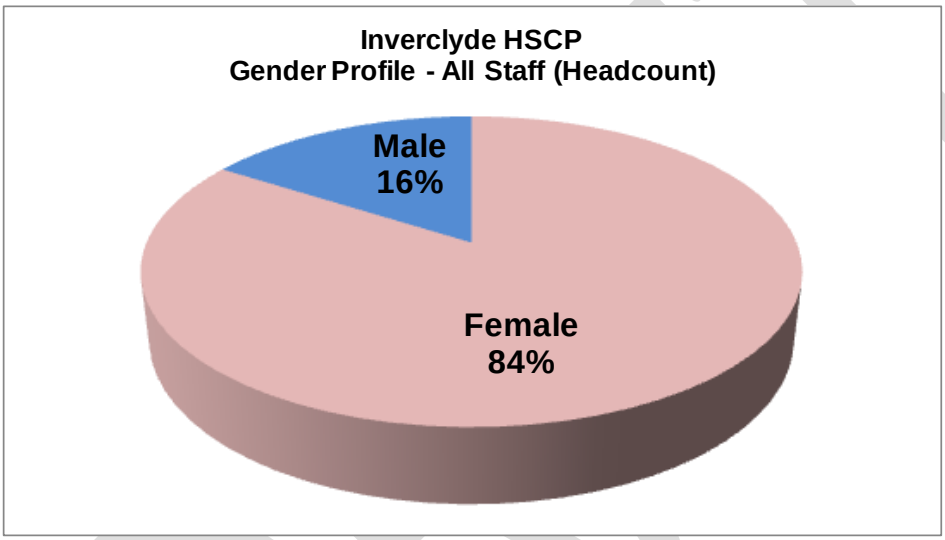
Chart 25: By Service Area/Leadership Group

Inverclyde Area - Health & Social Care Services Economic Input			
WTE STAFF IN POST AS AT SEPTEMBER 2016 (by service area)			
Service area	**Council**	**NHS**	**Total**
Children & Families and Criminal Justice	166.34	70.47	236.81
Health & Community Care	479.17	97.37	576.54
Mental Health & Addictions	81.70	228.58	310.28
Planning Health Improvement & Commissioning	50.05	13.40	63.45
Business Support	85.22	65.63	150.85
Grand Total	**862.48**	**475.45**	**1,337.93**

4.5 Gender Profile

4.5.1 The gender profile for the HSCP workforce is predominantly female (chart 26).

Chart 26: Staff Gender Profile



4..5.2 There is no variance between the NHS and Council gender profile with the NHS and Council staff both displaying the same 84% Female to 16% Male

4.6 Age Profile

4.6.1 The age range within our workforce is 16 to 69 yours. The majority of staff fall into the 50 to 54 years. This is illustrated in chart 27 below.

Chart 27: Staff Profiles by Age

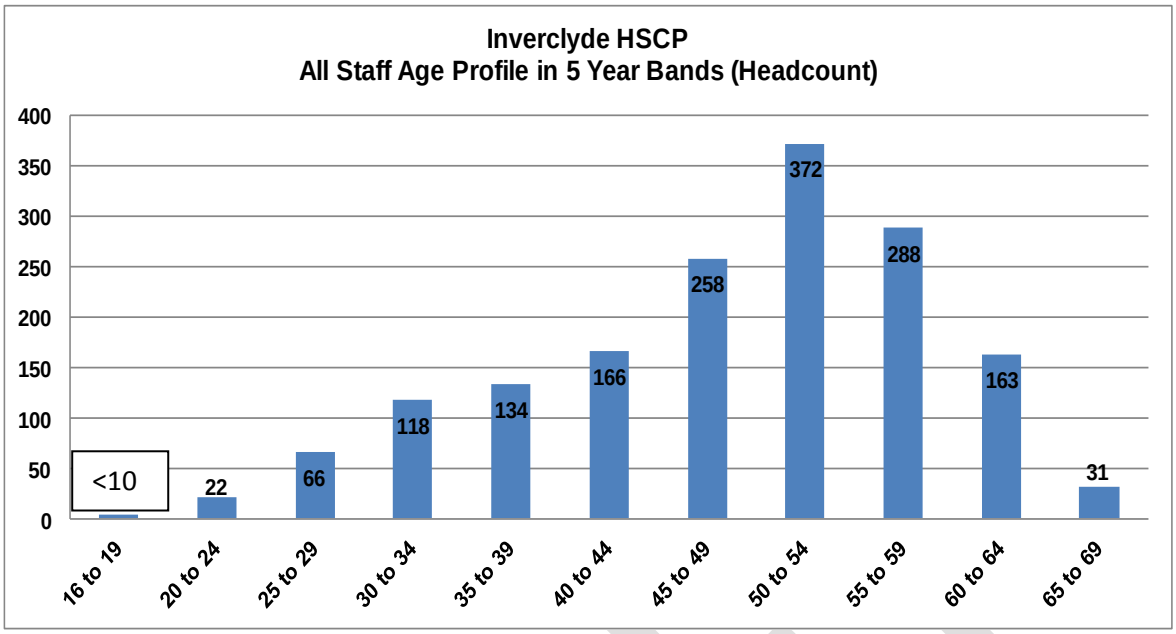


Chart 28

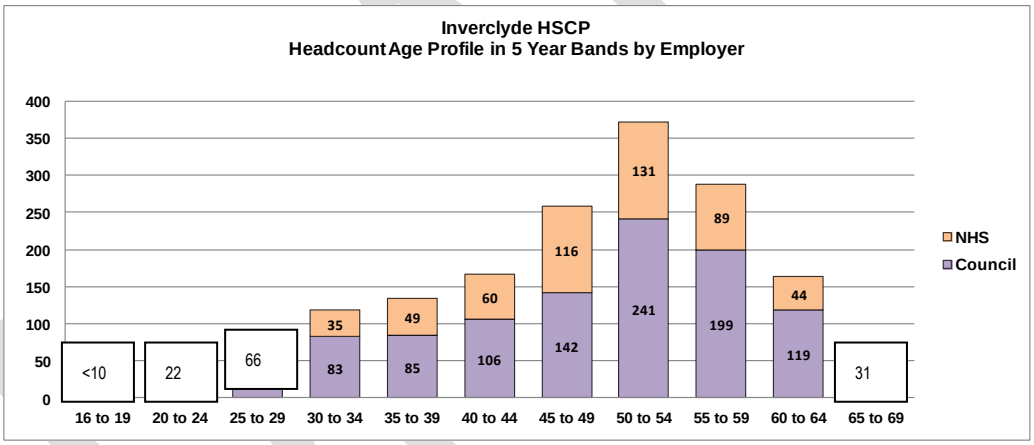


Chart 29

Chris TO UP DATE CHARTS

Inverclyde HSCP			
WTE Staff Aged over 60 as at September 2016			
Service Area	**Council**	**NHS**	**Total**
Childrens & Families/ Criminal Justice	low number	low number	18.85
Health & Community Care	66.81	11.93	78.75
Mental Health & Addictions	low number	low number	27.71
Planning & Health Improvement	low number	low number	7.00
Business Support	low number	low number	21.55
Grand Total	**110.46**	**43.40**	**153.86**

Chris TO UP DATE CHARTS

Chart 30

Inverclyde HSCP			
Staff Aged over 60 as at September 2016			
Service Area	**WTE Inpost**	**Over 60 WTE**	**% of WTE Workforce**
Childrens & Families/Criminal Justice	243.08	low number	Redacted as numbers can be calculated by the percentages.
Health & Community Care	581.53	78.75	
Mental Health/LD/Addictions	317.65	27.71	
Planning & Health Improvement	67.45	low number	
Business Support	128.22	low number	
Grand Total	**1337.94**	**153.86**	**11.50%**

4.7 Risk of Retirals

4.7.1 The pattern of age retirals have been analysed to identify any factors which may provide additional details on the average ages where staff may choose to retire. The following factors were found to be indicative of retiral.

- Pay Band /Grade
- Job Role (Clinical vs. Non Clinical Staff)
- Pension Scheme Membership
  - Enhanced Pension Status (NHS staff only)

Chart 31 Estimated Staff Retiral Years Split by Employing Body

Inverclyde HSCP - Average Age at Retiral by Employer and Pension Status						
Based on 2013 to 2016 Leavers Data						
Pension Status	NHS (MHO Status)	NHS (Special Class Status)	NHS (Pensioned)	Council (LGPS Member)	Council (No Pension)	All Staff Average
Average Age at Retirement	56	57	62	63	65	60

4.7.2 Using the average age of retirals all HSCP staff have been classified into groups on the basis of the factors above and along with their current age this has been used to develop a risk of retiral for the HSCP using the following categories

- **Red –** staff whose age, pay band and pension status indicate potential retiral by the end of the calendar year 2018
- **Amber –** anticipated retiral date during 2019 to 2022
- **Green –** anticipated retiral beyond 2022

4.7.3 Chart 28 shows a timeline of the estimated staff retiral years split by employing body. Note that small numbers of staff have chosen to work beyond their estimated retiral year and, as such, show as years already reached.

4.8 Leavers Trends

4.8.1 Chart 32 shows the total WTE leavers recorded by each of the HSCP employing authorities across the 2013/14 to 2015/16 time frame.

Chart 32

Inverclyde HSCP			
WTE leaverss (2013 to 2016) by Employing Authority			
Employer	2013/14	2014/15	2015/16
Council	78.84	74.42	72.05
NHS	31.57	35.91	28.71
Grand Total	110.41	110.33	100.76

4.8.2 The WTE leavers levels for Council employed staff show a relatively consistent level. NHS leavers display slightly more variance within a smaller overall workforce.

Chart 33

Inverclyde HSCP			
2013 to 2016 by Employing Authority			
as a % of WTE Workforce			
Employer	2013/14	2014/15	2015/16
Council	8.65%	8.17%	7.91%
NHS	6.65%	7.56%	6.04%
Grand Total	7.97%	7.96%	7.27%

Chart 34

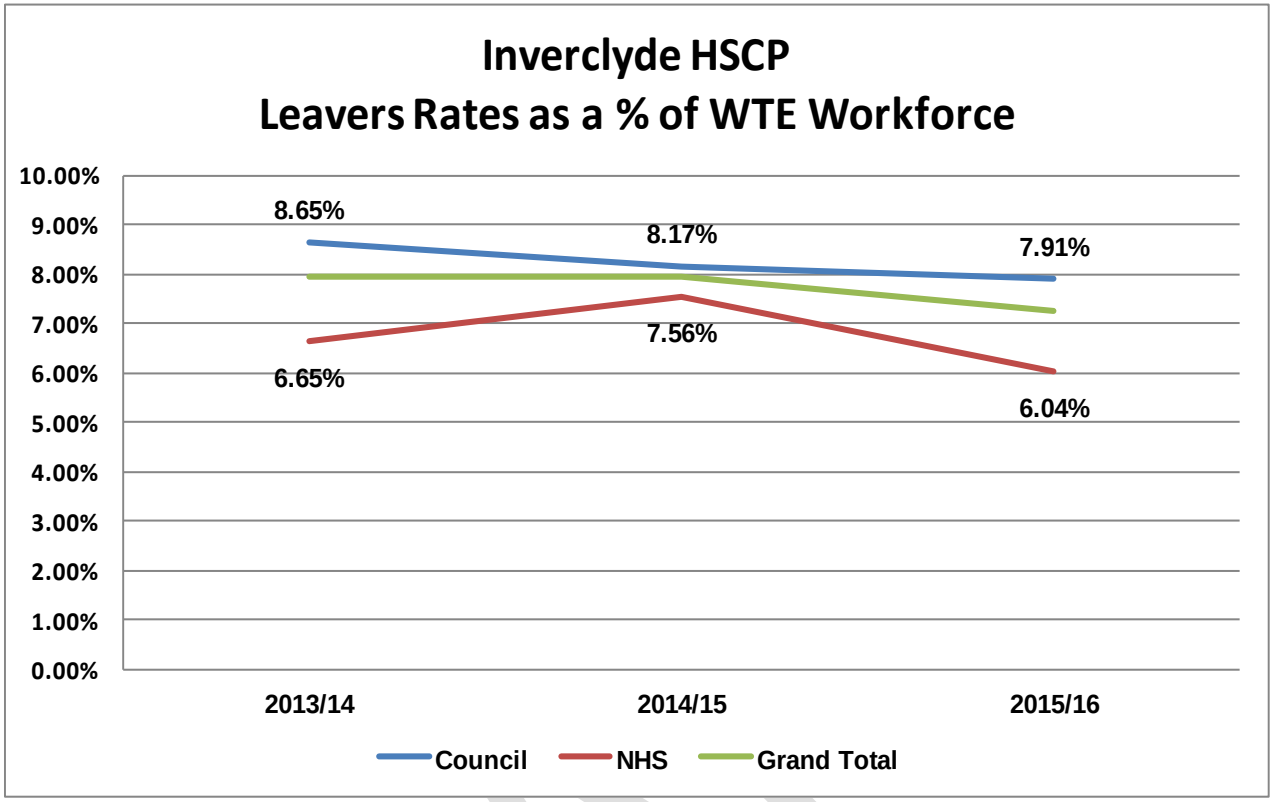


Chart 35: Estimated Leavers 2017/18

Inverclyde HSCP			
Estimated WTE 2017/18 Leavers by Service Area			
Service Area	**Council**	**NHS**	**Grand Total**
Childrens & Families/ Criminal Justice	low number	low number	17.91
Health & Community Care	low number	low number	44.48
Mental Health & Addictions	low number	low number	20.69
Planning & Health Improvement	low number	low number	low number
Business Support	low number	low number	low number
Grand Total	**69.00**	**28.53**	**97.53**

4.9 Equalities data

4.9.1 Socially Responsible Recruitment

- In NHSGGC the importance of employment in helping to tackle poverty and income inequality is well recognised and this link is articulated in the policy framework outcomes for 2016/17. This policy commitment recognises the link between worklessness and ill health which has been evidenced through research and which is set out in NHSGGC's policy paper on "Employability, Financial Inclusion and Responding to the recession".

- Definition of Employability:
  "***Enabling people to progress towards employment, get into employment, stay in employment and move on in the workplace***".[1]
- There is also a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment and is generally good for health and wellbeing.

4.10. Youth Employment Plan and the NHSGGC Education Partnership

4.10.1 Scotland's Employer Recruitment Incentive
SERI 2016/17 Eligibility Criteria

4.10.2 From 1 April 2016 SERI will have a sharper focus of supporting young people with the greatest barriers to employment, as defined in section "Eligible Young People" below.

4.10.3 Inverclyde's SERI is open to employers of any size in the Private or Third Sector recruiting an **Inverclyde** young person into **new** sustainable employment, aged 16 - 29 years (inclusive), fitting one or more of the below criteria. This can include recruitment of a Modern Apprenticeship (following an approved MA Framework).

4.10.4 The young person must be employed for a minimum of 16 hours per week and their employment contract must be for a minimum of 52 weeks. Zero hour contracts will not be supported.

4.10.5 The potential SERI amount available to the employer is £4,000, with an additional £500 payable at the end of 52 week period on provision of evidence that the young person has been paid the Living Wage. The incentive can be utilised in a number of ways such as for additional supervisory costs, training, initial travel to work costs or wages. No single use is prescribed.

4.10.6 The incentive is available for job starts from 1 April 2016 – 31 January 2017 inclusive.

[1] Scottish Government Definition

4.11 Eligible Young People

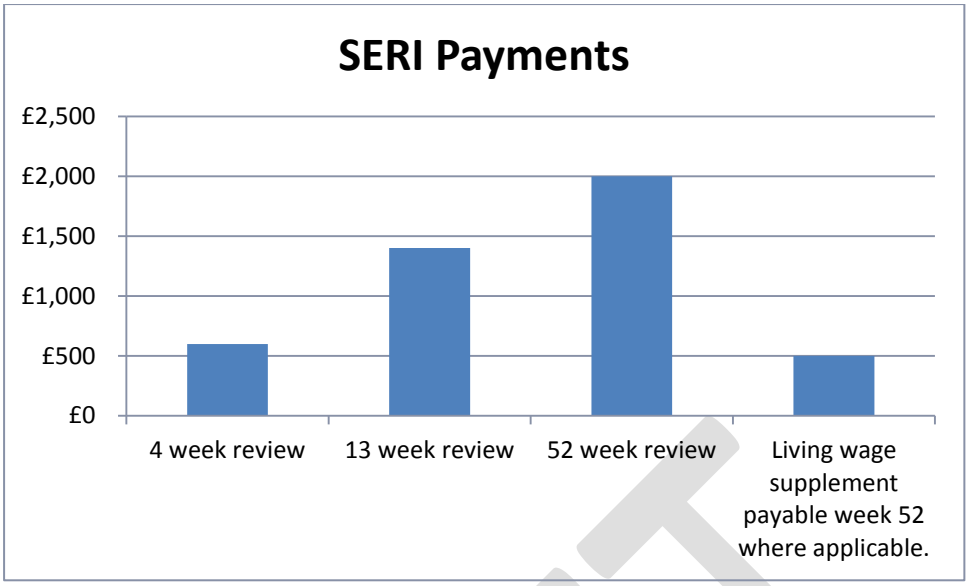
4.11.1 Young people aged 16-29 years (inclusive) must fall within one, or more, of the following groups to be eligible for SERI support:-

- person with a disability or long-term health condition;
- care experienced young people;
- carer;
- person with a conviction (including CPO's);
- military early service leavers (up to 6 years);
- long-term unemployed (6 months or over) who are not on the Work Programme or Community Work Placements;
- person who has failed their ESA Work Capability Assessment;
- Work Programme completers who remain unemployed;
- ethnic minority groups;
- Gypsy/travelling community;
- partner of current or ex-Armed Forces personnel;
- person requiring support with language, literacy or numeracy, including those for whom English is an additional language;
- lone parent;
- person with lower than SCQF Level 5 qualification;
- a young person who was receiving additional support for learning in school;
- refugee or other granted leave to stay in the UK;
- homeless person (including temporary or unstable accommodation);
- person affected by substance misuse.

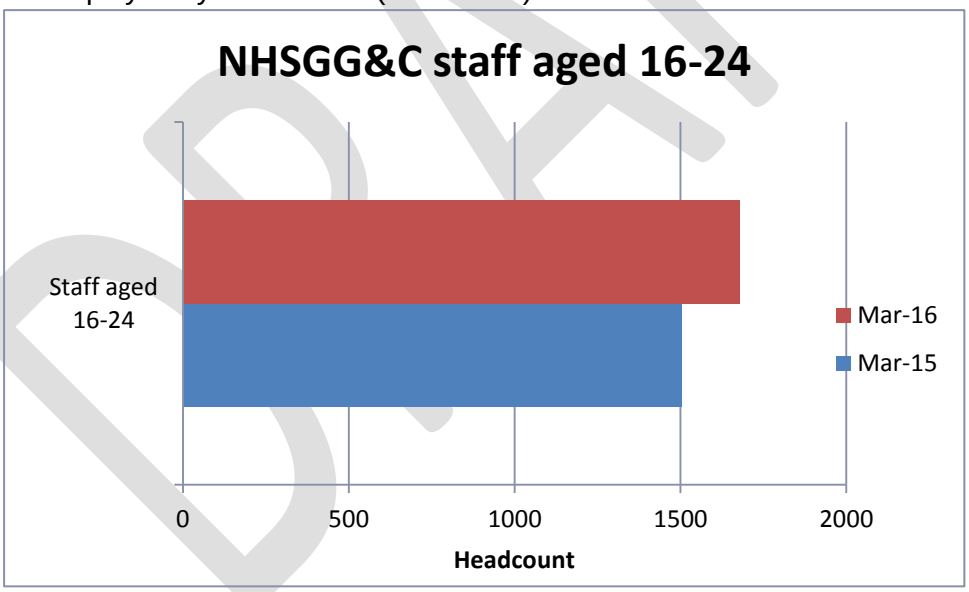
4.12 SERI Payment Amounts & Process

4.12.1 The chart below show the payment amounts at each stage of the SERI process on submission of review forms and contracts of employment. There are no pro-rata payments for employment periods that finish between the review periods.

DRAFT



- NHSGGC is committed to providing jobs, work experience and training opportunities for young people aged 16-24.
- Since April 2014 NHSGGC has employed 660 new and young employees (aged 16-24 years).
- Between March 2015 and March 2016 there was an increase of 177 people aged 16-24 employed by NHSGG&C (headcount).



- It is our intention to continue our efforts to recruit and retain the services of young people in 2016/17 and this is reflected in the NHS Greater Glasgow and Clyde's Youth Employment Plan and the recently revised and expanded NHSGGC Education Partnership.
- There are a number of work streams within the strategy, and this, along with the Education Partnership objectives, will see NHSGGC focus on the following areas:
- Raising awareness of NHS careers and jobs to ensure young people are aware of the range of jobs and careers available, and how these can be accessed. This will include activity to support job fairs, school work experience programmes and a careers information portal;

DRAFT

- Development of new pathways into NHSGGC entry level posts which will include training and education as well as preparation for interviews and employment. This will be linked to a guaranteed interview scheme for appropriate entry level vacancies;
- Further development and expansion of the NHSGGC Modern Apprenticeship Programme.
- The success of the Youth Employment Plan and associated work in widening young people's access to NHS jobs relies on a multi-agency approach. This includes a range of organisations and the key partners working with NHSGGC to deliver work experience, employment and training opportunities include:
- NHSGGC Education Partnership (local FE and HE institutions, SDS, SQA, Glasgow City Council);
- Glasgow Clyde College (MA Programme);
- Skills Development Scotland;
- Jobcentre Plus;
- Local Authority Education Services;
- Jobs & Business Glasgow.

4.12.2 The revised Youth Employment Plan recommendations are:

- Establishment of Phase 3 of the NHSGGC Modern Apprenticeship Programme to recruit up to a maximum of 70 apprentices in 2016/17;
- Services will be asked to identify and implement appropriate models to increase the, work experience opportunities and pre-employment training programmes offered to 16-24 year over the next two financial years to align with SGHD aspirations. Such programmes should be delivered, where appropriate, with relevant external partner agencies;
- Services should identify areas where, like Project Search, programmes can be established to support vulnerable young people with specific barriers to employment e.g. care leavers, learning disabilities, mental health issues. These interventions should be designed to support longer term transition to employment and delivered in partnership with appropriate external support agencies. These programmes should include a work experience element as well as general employability skills and pastoral support.

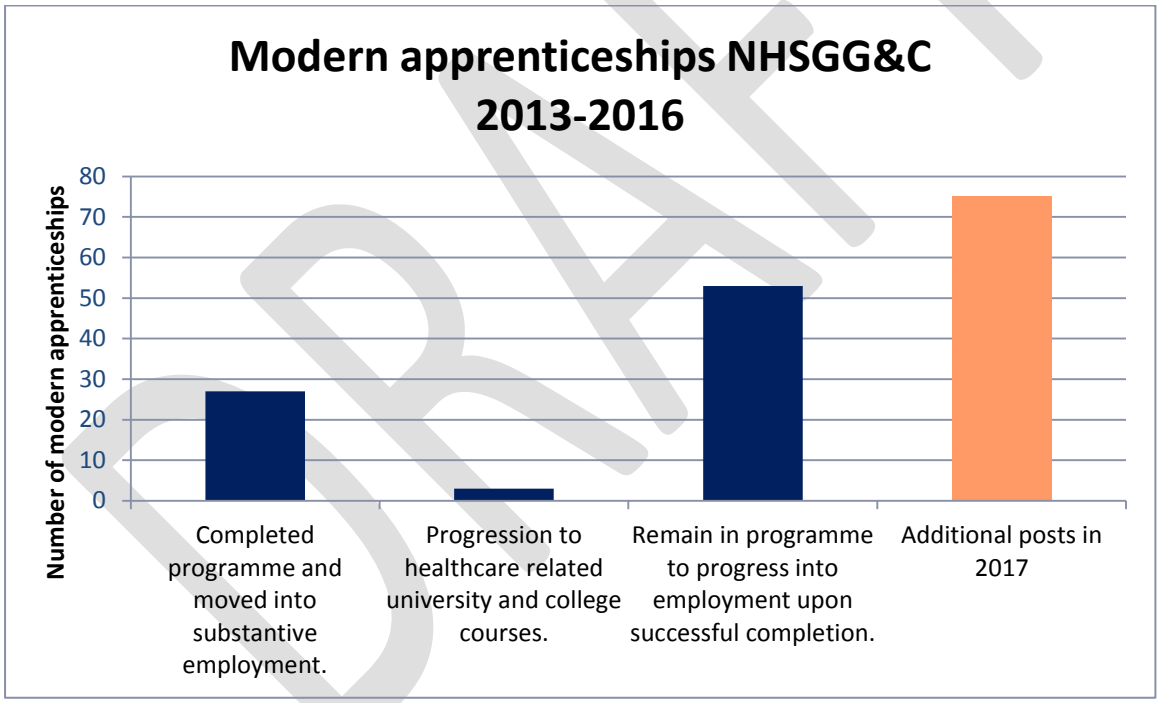
4.12.3 To support the implementation of the above, and following the publication of the Scottish Government Youth Employment Strategy and the Wood Commission report, NHSGGC has revised and expanded the NHSGGC Education Partnership.
The Education Partnership will work on the following priorities:

- Review and refresh the current programme of activity which is aimed at raising awareness of NHS careers and jobs (e.g. job fairs, literature, school work experience programmes) ensuring that the young people of Glasgow and the West of Scotland are aware of the wide range of jobs and careers in the NHS and how these can be accessed;
- Design pre-employment programmes for young people which will deliver training and
- education for NHSGGC entry level posts and prepare them for interviews and employment;

- in tandem with the above, develop guaranteed interview schemes for young people aged 16-24 who meet the personal specification criteria set out in agreed job packs. Working with NHS managers we will identify the most appropriate service areas and geographical locations for these entry level posts
- Develop NHSGGC programmes to support young people from vulnerable groups who face barriers to employment and work with college and school partners to help young people find and keep jobs;
- Work with schools and colleges to ensure that NHS core values of care, compassion and person centeredness are infused through all health and care training/education programmes and that the young people we recruit understand and model these values;
- Continue to develop and expand the NHSGGC Modern Apprenticeship programme with the future focus on Health Care Sciences and the development of higher technical apprenticeships.

4.13 Modern Apprenticeship Programme

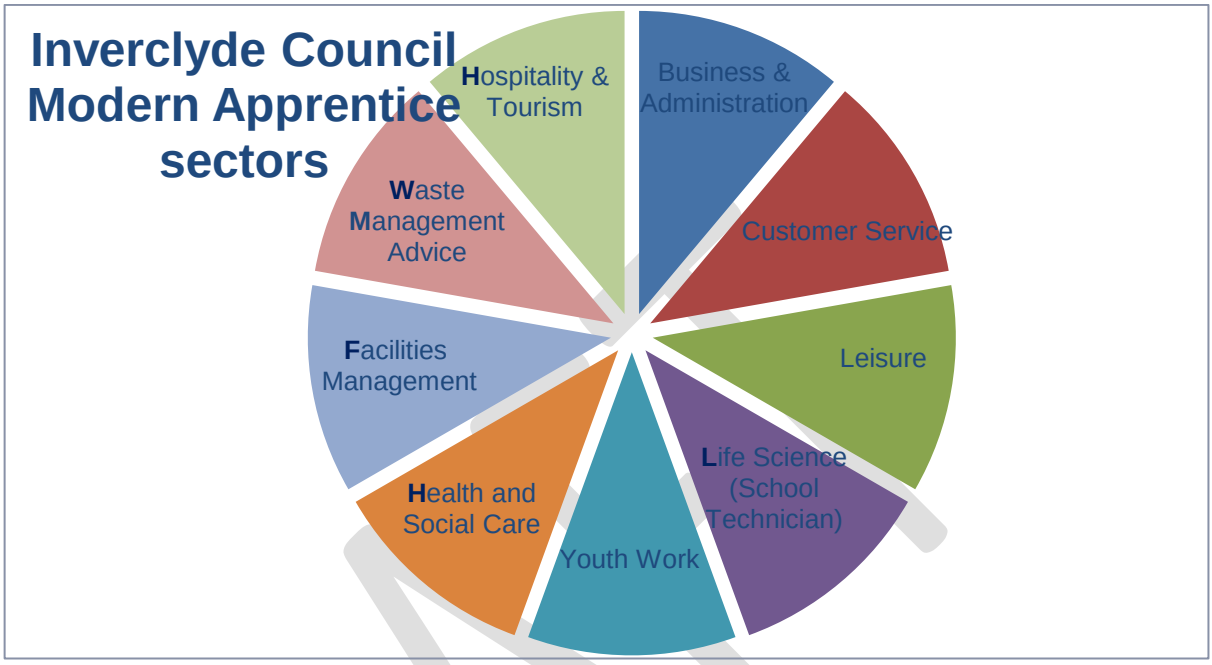
4.13.1 NHSGCC



4.13.2 There are scheduled to be 75 additional modern apprenticeships in 2017.The first appointments to this phase of the programme are scheduled for January 2017 with the remainder of the posts being filled before August 2017. This intake will cover variety of job role aligned to a broad range of Modern Apprenticeship frameworks across Acute, Corporate and Partnership services.

4.14 Inverclyde Council

4.14.1 Within Inverclyde Council we aim to recruit young people to the workforce through our Modern Apprenticeship (MA) programme, which is open to young people aged 16-24 years who are able and willing to achieve a Scottish Vocational Qualification (SVQ) at Level 2 or 3. The MA programme offers young people the opportunity to learn new skills, achieve a nationally recognised qualification and enables them to earn as they learn within a wide range of areas.



4.14.2 The MA programme is a practical way to make the most of young people's potential, through a structured training process aimed at equipping them to do a job, whilst providing the opportunity to obtain work based SVQs. The programme is funded by Inverclyde Council and Skills Development Scotland.

4.14.3 Over the years, the high success rate of MAs gaining full time employment is evidence of the quality of training being provided.

4.15 Schools Work Experience Programme

4.15.1 We continue to support a comprehensive schools engagement programme and the school work experience placements are core activities which inform important career related choices for school aged pupils while introducing the world of work.

4.15.2 During financial year 2014/2015 we offered 513 school pupils work experience placements within wards and departments. At present we offer 400 places per year to school pupils aged 16-18. The placements are managed and co-ordinated in conjunction with the Careers Service and School Careers Advisers and are committed to maintaining this level of support in 2016/17.

4.15.3 We will be working with Local Authority partners in 2015/2016 to review the work experience programmes in schools to ensure they reflect the recommendations

made in Developing Scotland's Young Workforce and the Scottish Youth Employment Strategy.

4.16 Training & Employment Opportunities for Young Disabled People

4.16.1 Project Search is a targeted approach to help prepare young, learning disabled people to develop the necessary confidence and skills for work. This is an opportunity to combine practical work experience, with college-led input from a lecturer and specialist job coach.

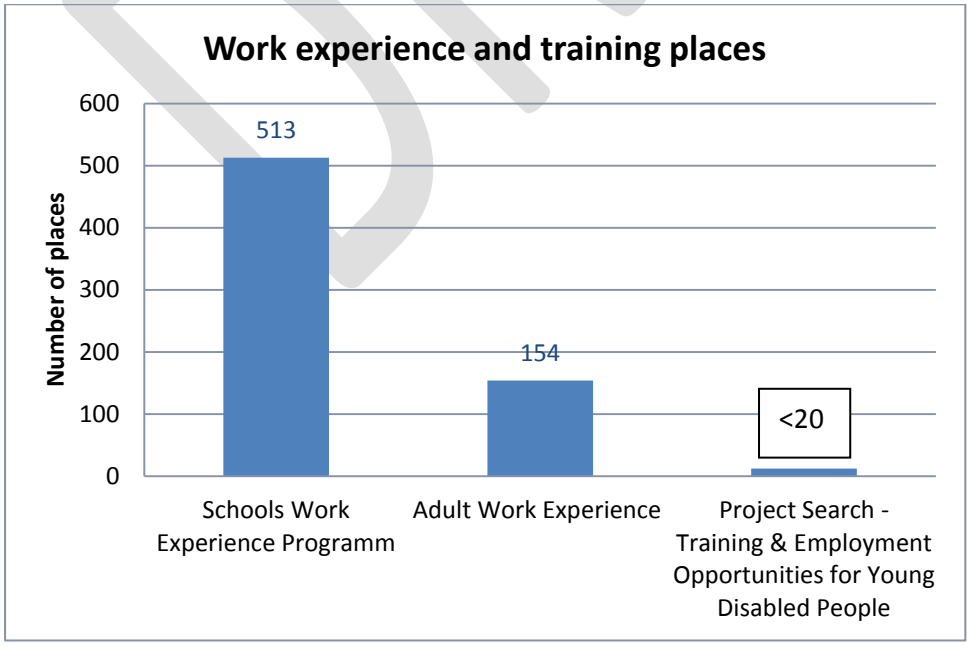
4.16.2 The Project is a partnership between NHSGGC, Project Search, Cardonald College, Glasgow City Council and Job Centre Plus. The initial pilot project is focussing on the Facilities directorate, involving three 12 week rotations in e.g. Portering, Catering and Domestic Services.

4.16.3 12 students with learning disability aged between 16-24 yrs. commenced a 1 academic year programme in. The cohort was supported by two job coaches and each student has an identified 'buddy' in the workplace. The initial pilot project focused on the Facilities Directorate involving three 12 week rotations in e.g. Portering, Catering and Domestic Services. Eight of the participants were appointed to NHSGGC Vacancies.

4.16.4 The second intake recruited another 12 participants in August 2014 and the programme was extended to include Health Records placements.

4.17 Work Experience Policy

4.17.1 NHSGGC also receive requests from adults (above school age/left school) for work experience placements. NHSGGC is committed to supporting these requests and since March 2015 have offered 154 adult work placements.



4.18 Mental Health – Training & Employment Opportunities for Young People

4.18.1 Mental Health Services NHSGGC provides funding to deliver services across the employability spectrum for people with long term mental health conditions. This includes access to training, work preparation and employment opportunities.

4.19 Volunteering Policy & Programme

4.19.1 Although the scope of NHSGGC volunteering programme embraces people of all ages who wish to volunteer in the NHS, the policy does encourage participation from young people who are able to give a continuing commitment to a volunteer opportunity in the NHS. This programme in combination with the schools engagement programme is part of the strategy to encourage young people to come and work for the NHS.

4.19.2 Although the scope of NHSGGC and Inverclyde Council's volunteering programmes embrace participation of young people who wish to volunteer in the NHS and the Council, these encourage participation from people of all ages who are able to give a continuing commitment to a volunteer opportunity. For the NHS this programme in combination with their schools engagement programme is part of their strategy to encourage young people to work for the NHS. For the Council, the protocol recognises volunteering should also be a worthwhile and rewarding experience for people who may not wish to use their experience towards employment as they offer their time, experience, knowledge and skills without financial gain.

4.19.3 A coproduced Inverclyde Volunteering Survey was undertaken in July 2016 with support of our third, independent and housing sector partners. A summary analysis is set out below. However, the full report can be found at **Appendix 6.**

4.19.4 27 local and national organisations responded to the survey. 24 organisations stated that they did have volunteers working in in their organisations. The number of active volunteers was 765. Anecdotal evidence suggests that there are many more organisations in Inverclyde that provide volunteering opportunities.

4.20 Educational/ Development Placements

4.20.1 In addition to all of the above activity NHSGGC provides clinical placements for students from local higher education and further education establishments to support achievement of professional qualifications.

4.20.2 In recent years NHSGGC have supported the Scottish Government's scheme to provide work experience to newly qualified nursing graduates through the intern/one-year job guarantee scheme and have appointed 500 to date.

4.20.3 The one-year job guarantee scheme is a national scheme which was agreed by the SGHD in partnership with staff side. Its purpose is to enable newly qualified nursing staff that have not yet secured permanent employment to consolidate their training and skills.

4.20.4 The nurses are deployed as registered practitioners but are over and above the funded establishment and are not used as cover for permanent vacancies. The posts are also rotational to maximise the experience for the interns. On completion of the year's internship the nurses can apply for any available vacancies.

4.20.5 is evident that there is a wide range of valuable activity underway within NHSGGC which supports young people towards employment ranging from capacity building to transitions into NHSGGC jobs.

4.20.6 In this time of economic and financial difficulty in the economy as a whole, and subsequently the public sector, there is a significant risk that young people will be particularly disadvantaged in securing employment. As a major employer in the west of Scotland NHSGGC has made a policy commitment to employability and will continue to support the Scottish Government Youth Strategy with an effective package of support for unemployed young people via the Youth Employment Plan.

4.20.7 In NHSGGC we are committed to ensuring that all our employees have access to training, learning and educational opportunities which will help them do their jobs, keep up to date with changing skill needs and new technology and develop new skills and competences which will enable them to move on in their careers if they wish.

4.21 Learning and Education

4.21.1 Learning and Education Advisers from Human Resources are located in all services and in addition to the specialist advice they can offer, many staff and managers also deliver training, education and development as part of their role. Some training is delivered by the Practice Development Teams and Practice Education Facilitators across NHSGGC and others by functional experts working in areas such as Health and Safety and Infection Control.

4.21.2 In respect of individual employees we support individual and team learning needs including:

- Induction for new staff - we see induction not as an event, but as a process that starts before the staff member takes up post and continues after he or she moves into the service setting; each new staff member will have an induction programme tailored specifically to his or her needs;
- The statutory and mandatory training appropriate to job roles;
- Formal education leading to academic credit and SVQs;
- Clinical skills training – for all professions in clinical areas;
- Role development – new and changing services mean new and changing roles for staff, and we will support role changes with the right education;
- Service-user safety and managing risk – we offer learning and education to help provide services that are safe and sound;
- Promoting equality and diversity – activity aimed at ensuring high-quality services are provided for all;

- Encouraging integrated working – supporting the development of new teams and new ways of working;
- Management and leadership – developing potential in this key area of service.

4.21.3 Some of this learning and education activity is provided in-house, but NHSGGC also works with universities, colleges and external agencies to provide the widest options for employees.

4.21.4 NHSGGC continue to maintain and develop working relationships with our social work partners to deliver joint training and learning and education initiatives.

4.21.5 NHSGGC is committed to ensuring that every employee has a Personal Development Plan which looks at current and future development needs. For staff on AFC terms and conditions of service this PDP is linked to the Knowledge and Skills Framework and is recorded on e-KSF, the electronic monitoring system which all Scottish Boards use.

4.21.6 In NHSGGC as at April 2016 69% of staff on AFC terms and conditions had an up to date Personal Development Review recorded on e-KSF. NHSGGC is dedicated to improving this position month-on-month.

4.21.7 To support the fulfilment of KSF Personal Development Plans, employees have access to a wide range of learning and education resources including:

- The NHSGGC SVQ Centre which can provide advice and support in identifying an appropriate SVQ for services and employees;
- Open learning sites – there are a number of these across the service where employees can access learning materials;
- E-learning – employees can access online learning material direct from their work computer at a time of their choosing. Employees can also use the NHS Scotland e-Library, which provides access to thousands of learning and education sources;
- Bursaries – these are awarded every year to successful applicants who want to take an education course linked to their work.

4.21.8 NHSGGC has committed to:

- Ensuring equal access to learning and education opportunities for all, regardless of staff grade, gender, race, creed, age and sexual orientation;
- Promoting learning methods that reflect different learning styles;
- Fitting in with staff availability;
- Supporting difference groups of staff to learn together;
- Providing high-quality learning and teaching facilities;
- Making best use of the skills, knowledge and talents of all staff.

4.22 Learning and Education (NHCGGC) / Learning and Development (Inverclyde Council)

4.22.1 Within NHSGGC, Learning and Education Advisers from Human Resources are located in all services and in addition to the specialist advice they can offer, many staff and managers also deliver training, education and development as part of their role. Some training is delivered by the Practice Development Teams and Practice Education Facilitators across NHSGGC and others by functional experts working in areas such as Health and Safety and Infection Control.

4.22.2 Inverclyde Council offer face to face training, e-learning and blended learning (combination of face to face and e-learning) via OD&HR. The face to face is usually in small groups at various venues around the Council and other local authorities. A Corporate Course Wall-planner is updated every 6 months. The e-learning library enables staff to access over 300 courses which can be accessed from work, home, and smartphone or at a local library. The e-learning courses catalogue is updated as courses are added/amended.

4.22.3 Both NHCGGC and Inverclyde Council support individual and team learning needs including:

- Induction for new staff - seeing induction not as an event, but as a process that starts before the staff member takes up post and continues after he or she moves into the service setting; each new staff member will have an induction programme tailored specifically to his or her needs;
- The statutory and mandatory training appropriate to job roles;
- Formal education leading to academic credit and SVQs (within NHSGGC);
- Clinical skills training – for all professions in clinical areas(within NHSGGC) ;
- Role development – new and changing services mean new and changing roles for staff, and we will support role changes with the right education;
- Service-user safety and managing risk – we offer learning and education to help provide services that are safe and sound;
- Promoting equality and diversity – activity aimed at ensuring high-quality services are provided for all;
- Encouraging integrated working – supporting the development of new teams and new ways of working;
- Management and leadership – developing potential in this key area of service.

4.22.4 Some of this learning and education activity is provided in-house, but NHSGGC and Inverclyde Council also work with universities, colleges and external agencies to provide the widest options for employees.

4.22.5 NHSGGC and Inverclyde Council continue to maintain and develop working relationships within social work to deliver joint training and learning and education initiatives.

4.22.6 Inverclyde Council in partnership run Chartered Management Institute courses – in 2017 the focus is on the Introduction to First Line Management in association with West College Scotland. This SCQF Level 6 Award in First Line Management provides an introduction to the skills, roles and responsibilities of management for supervisors and first line managers. It will also develop basic knowledge by focusing on the development of specific management skills.

4.22.7 NHSGGC is committed to ensuring that every employee has a Personal Development Plan which looks at current and future development needs. For staff on AFC terms and conditions of service this PDP is linked to the Knowledge and Skills Framework and is recorded on e-KSF, the electronic monitoring system which all Scottish Boards use. All employees within Inverclyde Council complete a Professional Update if they are on Teachers Terms and Conditions and a Performance Appraisal for Scottish Joint Council employees. These link our training programmes to the Professional Update or Performance Appraisal by reviewing work priorities and personal learning objectives.

4.22.8 NHSGGC is dedicated to improving this position month-on-month. Inverclyde Council have a KPI of 95% for the return of all Performance Appraisals.

4.22.9 To support the fulfilment of KSF Personal Development Plans, NHCGGC employees have access to a wide range of learning and education resources including:

- The NHSGGC SVQ Centre which can provide advice and support in identifying an appropriate SVQ for services and employees;
- Open learning sites – there are a number of these across the service where employees can access learning materials;
- E-learning – employees can access online learning material direct from their work computer at a time of their choosing. Employees can also use the NHS Scotland e-Library, which provides access to thousands of learning and education sources;
- Bursaries – these are awarded every year to successful applicants who want to take an education course linked to their work.

4.22.10 Inverclyde Council has revised their induction process and from April 2017 will release a new induction section on their website with targeted information by designation/group to ensure the effective integration of new employees into and across the Council for the benefit of both parties. Recognising induction should start prior to commencement of employment and is an ongoing process. Inverclyde Council have introduced an allocation of an Induction “buddy” (a colleague in a similar work role) as part of the induction process – however, at this time only introduced for certain groups.

4.22.11 NHSGGC and Inverclyde Council are committed to:

- Ensuring equal access to learning and education opportunities for all, regardless of staff grade, gender, race, creed, age and sexual orientation;
- Promoting learning methods that reflect different learning styles;
- Fitting in with staff availability;
- Supporting difference groups of staff to learn together;
- Providing high-quality learning and teaching facilities;
- Making best use of the skills, knowledge and talents of all staff.

4.23 Inverclyde POD strategy

4.23.1 The key to our success as a modern local authority will be heavily dependent on our capacity to match the skills and abilities of our workforce to meet the needs determined by our changing service demands.

4.23.2 Development of our employees and improving leadership, management capacity and skills across the Council. Performance appraisal, talent management and succession planning will be critical if we are to continue to meet current and future demands of service users.

4.23.3 Modern Apprenticeships will continue to assist our young people finding a way into the world of work following school. A creative and innovative approach will ensure we continue to get the very best out of what we have.

4.23.3 Managers are regularly required to undertake new and challenging things, often with less time or resources than before. It is important that managers are able to receive the learning and development opportunities they need to be effective leaders who can motivate, inspire and empower staff to deliver what is required.

4.23.4 The Council will continue to work in partnership with the Clyde Valley Learning and Development Consortium and the wider public sector to research, develop and implement a range of shared and enhanced learning and development provisions benefitting all employees.

4.24 Inverclyde Council Organisational Development (OD) Strategy.

4.24.1 Inverclyde Council has an OD strategy which takes a themed approach to development. These themes are:-

Theme 1: Organisational Development: Planning for the Future
Theme 2: Employee Skills Development, Leadership and Succession Planning: Employees - our most valuable resource
Theme 3: Employer of Choice: Continuous Improvement
Theme 4: Fairness and Equalities: Promoting Equality, Dignity and Respect

DRAFT

Step 5: Developing an Action Plan

5.1 Drawing on the information and data from Steps 2, 3 and 4, this step will focus on our collective intentions and actions needed to bring the people plan to life. The table below outlines the identified actions from a national and local perspective. This will provide us with the key areas for redesign and change.

5.2 This people plan has bold ambitions. However, it will be crucial that this is measured in relation to the ever constrictive resources and challenging period ahead. The feedback from the people planning engagement event highlighted concern around the fourth tier of those who could indirectly contribute to the provision of health and social care services as set out at page 8 and Step 4 section 4.2.2. It is acknowledged and accepted that the people identified in this tier are important contributors. Therefore, it is our intention to give further consideration as to how best to include and collaborate with this workforce tier.

5.3 A themed and tiered approach will be taken to produce an action plan with timescales and outcomes for our people plan.

DRAFT

A thematic Action plan to be inserted **here following the consultation period**

DRAFT

Step 6: Implementing, Monitoring and Reviewing of the People Plan

6.1 The monitoring of progress with the actions and intentions set out in the 2017/19 People Plan will be carried out within the Staff Information, Involvement and Governance Track Framework set out at Section 1, page 25. These processes and opportunities for staff interlink and influence the wider HSCP Organisational Governance track as set out **at diagram????**

6.2 The Workforce Plan will be published on the HSCP webpage after approved by the IJB meeting in June 2017

6.3 The commencement and implementation of service plans, redesigns and the consequent workforce implications are also closely monitored and progress will be reported to local management, the Strategic Planning Group and Staff Partnership Forum and Integration Joint Board via exception reporting and the annual HSCP performance report as necessary.

6.4 It should be recognized by all stakeholders that the redesign and service change plans set out in this Workforce Plan are at varying stages of development and implementation.

6.5 A number of the projects are still the subject of continuing discussion with Staff Side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will be the subject of change in response to external influences or economic circumstances.

6.6 The achievement and implementation of specific actions within the 2017/19 People Plan will be reported in future iterations (on an annual basis but no later than four months following the end of the reporting year that is April to March.

6.7 As is set out in diagram **??** presents an overview of the HSCP governance arrangements. These arrangements are complex but necessary to ensure that all of the partner and stakeholders are encouraged to express their views and be involved in the development of the Inverclyde HSCP People Plan.

6.7.1 This diagram map is presented in the form of a rail route line. The Main Line works from right to left indicated as a thick **red** line travelling between the Senior Management Group and terminating at the Integration Joint Board.

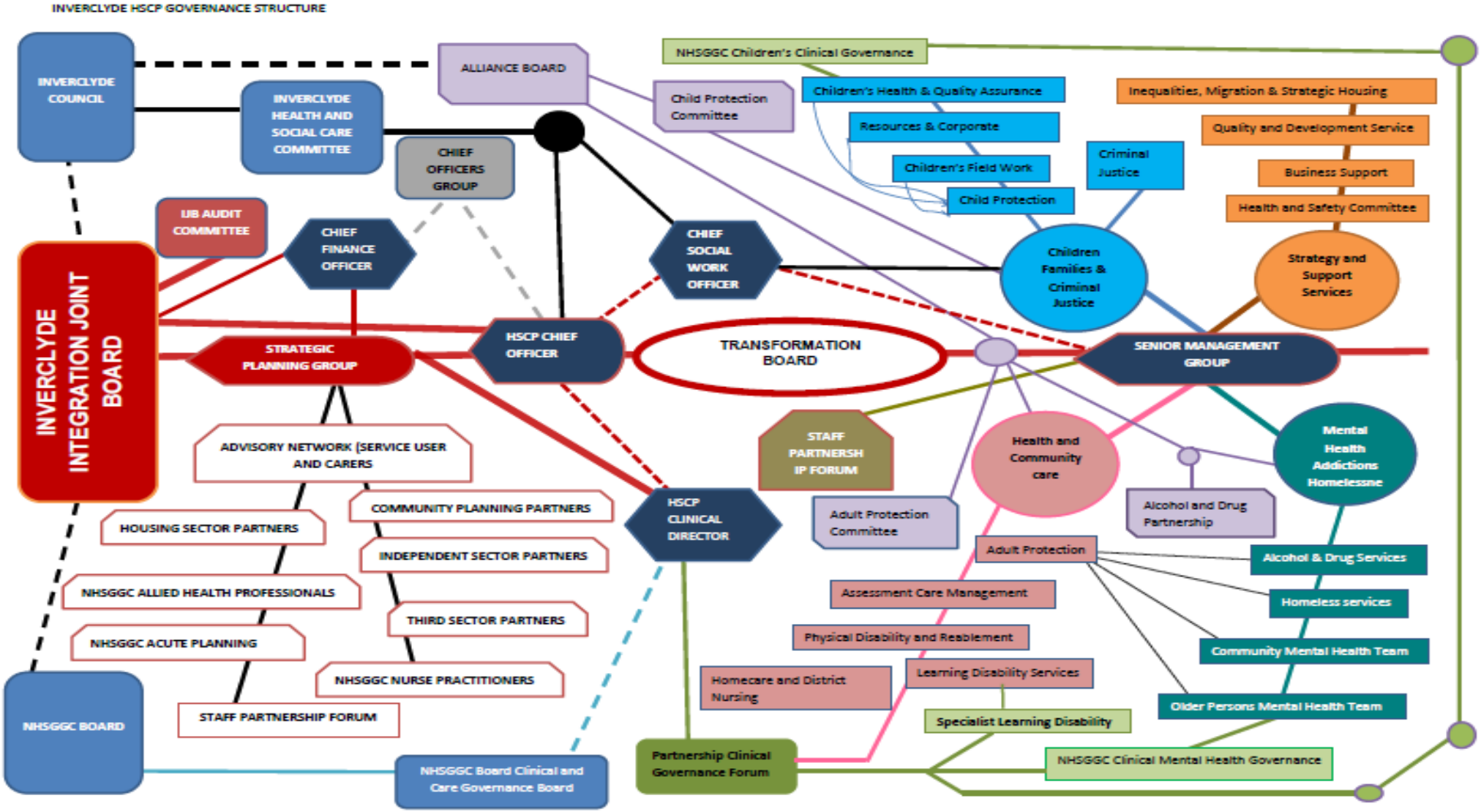
6.7.2 The branch lines indicate the various and interlinked governance arrangements and processes which flow between Transformation Board, made up of the HSCP Chief Officer and Heads of Service. This functions as a change management board reviewing redesigns, reshaping care and senior operational advisory group for of the Strategic Planning Group. This Transformation Board drives the change and ensures that the HSCP progresses the direction and reporting cycles of the Integration Joint Board within the operational services and in line with the Strategic Planning Group work plan.

6.7.3 The colour coded key below sets out the complexity of our organisational lines of accountability and governance processes. Like a train track, direction, feedback engagement and information sharing flows in two directions between the main line and the branch lines.

Key

Blue - Parent Bodies and reporting structures
Lilac - Inverclyde Alliance Board and sub-committees
Green - NHSGGC Clinical and Care Governance – and three specialist sub-groups
Dark Blue - HSCP NHSGGC and Inverclyde Council advising or Chief Officers
Grey - National HSCP Chief Officer and Chief Financial Officers Groups
Brown - Staff partnership Forum
Pink - Health and Community Care and linked Teams
Light Blue - Children, Families and Criminal Justice and linked Teams
Teal - Mental Health Addictions and Homelessness and Linked Teams
Orange - Strategy and Support Services and Linked Teams
Broken Red line ----- Delegated Responsibility and Advisory Functions which feed into the HSCP
Broken Black line ---- Reporting links to Parent Bodies
Broken Blue line --- Reporting lines of Clinical Director to NHSGGC Board Clinical and Care Governance
Thick Red oval shape –Inverclyde HSCP Transformation Board
Red outline and white background shape - Representative membership of the Strategic Planning Group
Full red colour shapes - Integration Joint Board , Audit Sub-committee and Strategic Planning Group

Diagram 7 Inverclyde Organisational Governance Track.



Glossary of terms

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

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

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

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

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

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

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

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

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

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

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

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

"CHCP"– the former Inverclyde Community Health and Care Partnership.

"CLDT" - The Community Learning Disability Team.

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

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

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

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

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

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

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

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

Carer and Young Carer Strategy 2017 - 2022 - The Inverclyde HSCP strategy and plans to support carers and young carers.

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

"Co-production" - the joint reciprocal approach taken by the HSCP, service users and their families, groups, communities, neighbourhoods and partners to achieve change, better outcomes and improvement of health and lives for our population. In co-production, all partners are equal, and agreement is reached by mutual consent.

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

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

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

"EHRC" - The Equalities and Human Rights Commission

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

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

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

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

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

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

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

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

"HSCP" - Inverclyde Health and Social Care Partnership.

"IAHF" - Inverclyde Housing Associations Forum.

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

"Inequalities"– inequalities are unfair differences between population groups in Scotland, are not random or chance but are caused by social inequalities out with an individual's control and they're not inevitable.

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

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

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

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

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

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

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

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

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

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

"Out-of-hours" - the services provided out with daytime office hours (8 am - p.m. Monday to Friday). So Out-of-Hours covers evenings and overnight; all of Saturdays and Sundays and bank holidays.

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

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

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

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

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

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

"People Plan" The document which sets out the current and future workforce demands and needs across Inverclyde who directly or indirectly or contribute to the provision of health and social care.

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

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

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

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

"Pharmaceutical services"– the community based medicines services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Self-Directed Support (SDS)" – The Social Care (self-directed support) (Scotland) Act 2013. This Act provides the right of a service user (their carer, parent, legal guardian or Power of Attorney) to pick one of four options in how their care or support service is commissioned and when it is delivered.

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

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

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

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

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

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

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

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

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

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

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

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

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

Tiers – The four categories of professional, employed, um-paid individuals or contributors to health and social care services in Inverclyde.

"Third Sector" - The voluntary organisations, charitable bodies and providers of health and social care services who are non-profit making.

"Workforce" – The people who are recognised as professional, employed, um-paid or contributors to the delivery or provision of health and social care services who form the basis of the Inverclyde HSCP people plan.

DRAFT

Appendix 1 Legislative, Regulatory and codes of Conduct by year of publication

2016:-

- Careers (Scotland) Act 2016
- Community Justice (Scotland) Act 2016
- The Nursing and Midwifery Council (NMC) Horizon Report 2016 Higher Education Edition
- The Scottish Social Services Council Codes of Practice (revised 2016)
- Victim & vulnerable witness (s) Act 2014

2015:-

- Inverclyde Health and Social Care Partnership Integration Scheme 2015
- Nursing and Midwifery Council (The Code) 2015

2014:-

- Public Bodies (Joint Working) (Scotland) Act 2014
- Children and Young People (Scotland) Act 2014

2013:-

- General Medical Council Good medical Practice Standards 2013
- Allied Health Professions Scotland Consensus Statement on Quality Service Values 2013
- Social Care (Self-Directed Support) (Scotland) Act 2013
- ACAS Information and Consultation Regulations 2013

2012:-

- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
- NHS and STUC Staff Governance Standards 2012

2011:-

- Children's Hearings (Scotland) Act 2011
- Patient Rights (Scotland) Act 2011
- Patient Rights (Scotland) Act 2011

2010:-

- Public Services Reform (Scotland) Act 2010
- Public Services Reform (Scotland) Act 2010
- The National Health Service (General Dental Services) (Scotland) Regulations 2010
- Equality Act 2010

2009:-

- The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009
- The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009
- Sexual Offences (Scotland) Act 2009
- The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
- The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

2007:-

- The Adult Support and Protection (Scotland) Act 2007
- Adoption and Children (Scotland) Act 2007

2006:-

- The Joint Inspections of Children's Services and Inspection of Social Work Services (Scotland) Act 2006
- The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006
- The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
- The Joint Inspections of Children's Services and Inspection of Social Work Services (Scotland) Act 2006
- The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006
- The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

2005:-

- Prohibition of Female Genital Mutilation (Scotland) Act 2005
- Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
- The Mental Health (Safety and Security) (Scotland) Regulations 2005;
- The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

2004:-

- Antisocial Behaviour etc. (Scotland) Act 2004 Regulations
- Education (Additional Support for Learning) (Scotland) Act 2004
-
- The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004
- The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004)
- The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004
- Vulnerable witness (s) Act 2004

2003:-

- Criminal Justice (Scotland) Act 2003
- Local Government in Scotland Act 2003
- Mental Health (Care and Treatment) (Scotland) Act 2003

2002:-

- The Community Care and Health (Scotland) Act 2002

2001:-

- Adults with Incapacity (Scotland) Act 2000
- The Health Boards (Membership and Procedure) (Scotland) Regulations 2001
- Housing (Scotland) Act 2001
- The Regulation of Care (Scotland) Act 2001
- Protection from Abuse (Scotland) Act 2001

2000:-

- Human Rights Act 2000

1999:-

- Adoption (Inter-Country Aspects) Act 1999
- Disability Rights Commission Act 1999

1998:-

- Community Care (Direct Payments) Act 1996
- The Human Rights Act 1998

- EU Working Time Regulations 1998

1995:-

- Carers (Recognition and Services) Act 1995
- Children (Scotland) Act 1995
- Disability Discrimination Act 1995 Criminal Procedure (Scotland) Act 1995.

1994:-

- Local Government etc. (Scotland) Act 1994

1991:-

- Age of legal capacity (s) Act 1991

1990:-

- The NHS and Community Care Act 1990

1987:-

- Housing (Scotland) Act 1987

1986:-

- Disabled Persons (Services, Consultation and Representation) Act 1986

1978:-

- Adoption (Scotland) Act 1978
- The National Health Service (Scotland) Act 1978

1974:-

- Foster Children (Scotland) Act 1974
- The Health and Safety at Work Act 1974 and association regulations

1973:-

- Local Government (Scotland) Act 1973

1970:-

- Chronically Sick and Disabled Persons Act 1970

1968:-

- The Social Work (Scotland) Act 1968

1944:-

- Disabled Persons (Employment) Act 1944

1937:-

- Children & young person (S) Act 1937

DRAFT

Appendix 2: Registration and Scrutiny Bodies; Codes of Conduct; Ethics and National Standards

- The Care Inspectorate
- Social Care and Social Work Improvement Scotland, or S.C.S.W.I.S
- General Medical Council
- Scottish Health Council
- Health Care Improvement Scotland
- Inverclyde Health and Social Care Partnership Integration Scheme
- Nursing and Midwifery Council
- The National Care Standards
- The Scottish Social Services Council
- The Mental Welfare Commission
- The Office of the Public Guardian
- The Health and Care Professions Council
- The Information Commissioner
- The Reporter to the Children's Hearing

DRAFT

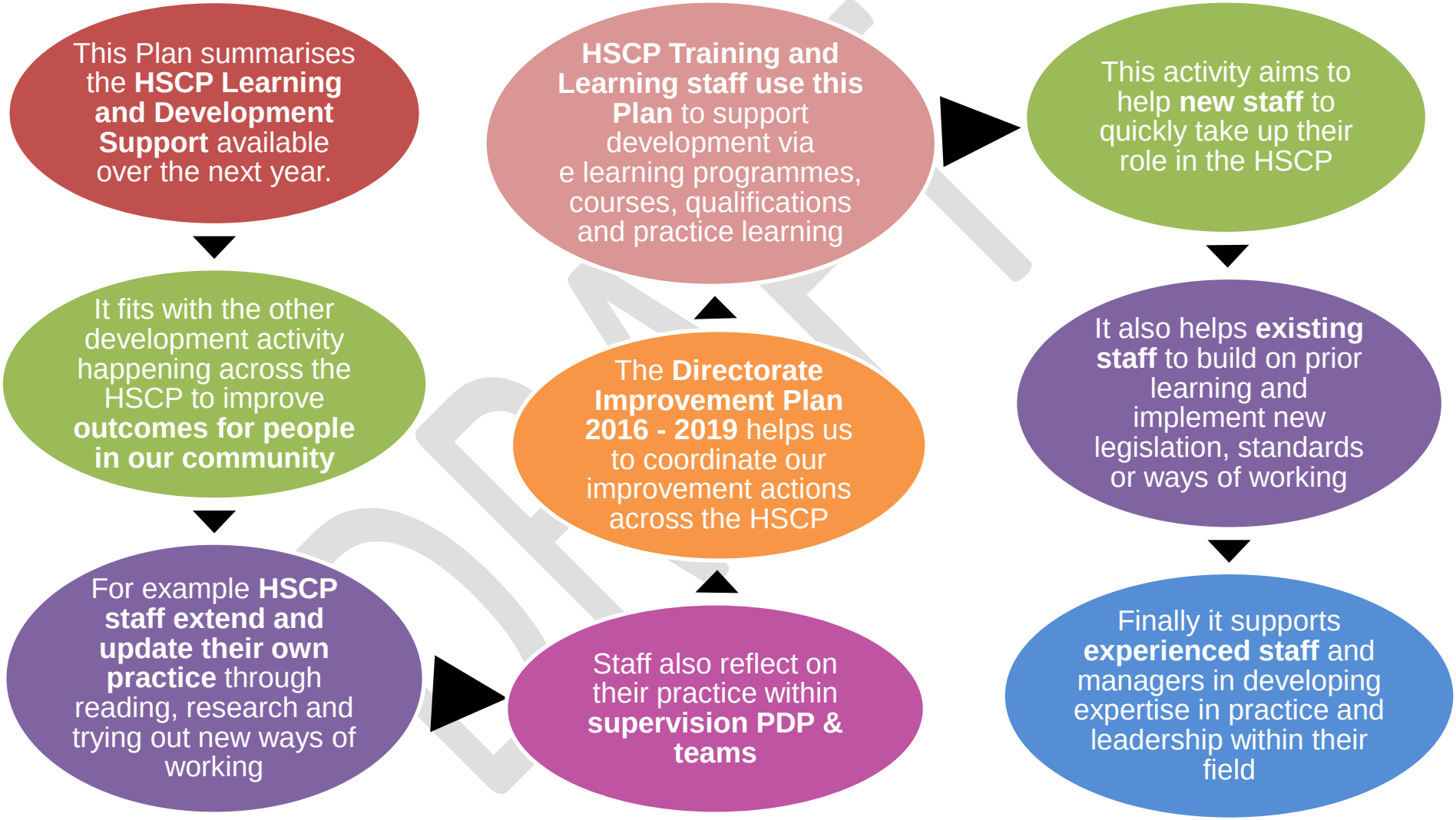
Appendix 3: Reference Documents

- Inverclyde Learning and Development Plan 2016 – 2017
- SSSC Registration Requirements
- NHS Staff Governance Standards
- NHS Information and Consultation Regulations
- Third Independent and housing sector people profile questionnaire - October 2016
- Skills Improvement plan Inverclyde
- Glasgow City Region Skills Investment Planning Briefing Paper
- Inverclyde People Plan Workforce Statistics
- Inverclyde Volunteer Workforce Analysis October 2016
- People plan engagement event summary
- NHS Greater Glasgow and Clyde, Six Step Methodology to integrated Workforce Planning: http://www.nhsggc.org.uk/media/235272/six-steps-methodology-to-integrated-workforce-planning.pdf

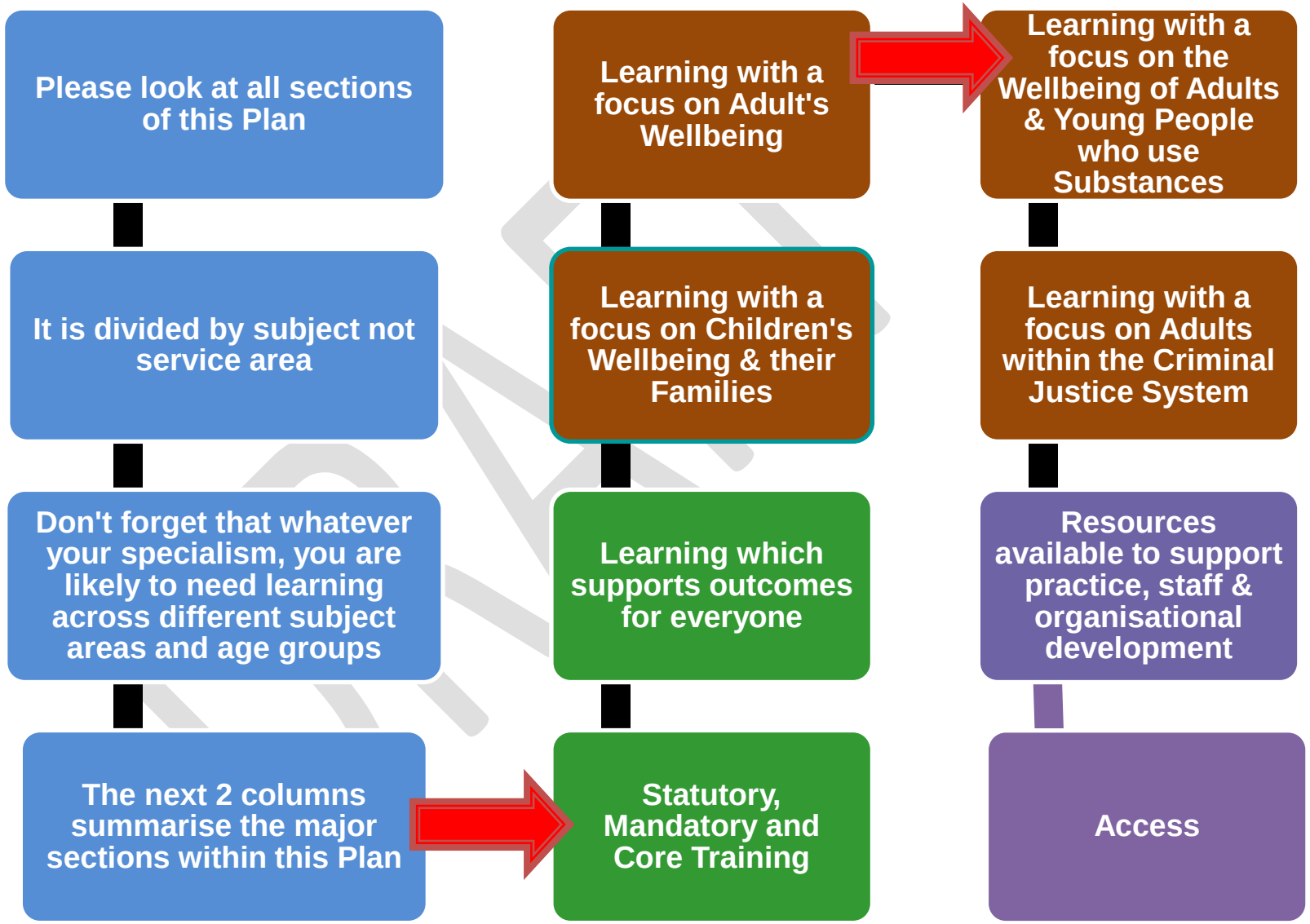
DRAFT

APPENDIX 4 Learning and Development Work plan

INTRODUCTION



WHAT TO LOOK AT WITHIN THIS PLAN



STATUTORY, MANDATORY AND CORE TRAINING

Some learning programmes will be delivered to enable managers and staff to meet legal, regulatory or organisational requirements. Below is a broad overview of these programmes. **Managers and staff need to identify the exact courses that are required for each staff member and their post.** For some courses refreshers are also required. Additional advice is available from Health and Safety staff (where related to this subject) or Learning, Education and Training staff. A number of these programmes are delivered via e-learning courses on ICON and HR Connect.

LEARNING PROGRAMMES TO SUPPORT OUTCOMES FOR EVERYONE

Induction

- HSCP Welcome Pack
- Council's Corporate Induction on ICON or NHS GGC Induction on HR Connect
- People data systems (e.g. SWIFT, EMIS Web, CNIS, PIMS)
- Supervision

Health & Safety

- Fire Safety/ Warden
- Moving & Handling
- Food Hygiene
- Infection Control
- Medication
- COSHH
- Personal Safety & Promoting Positive Behaviour
- Display screen equipment

Health Care

- Epilepsy & Rescue Medication
- Immunisation
- First Aid/ Basic Life Support, Anaphylaxis & Automated External Defibrillator

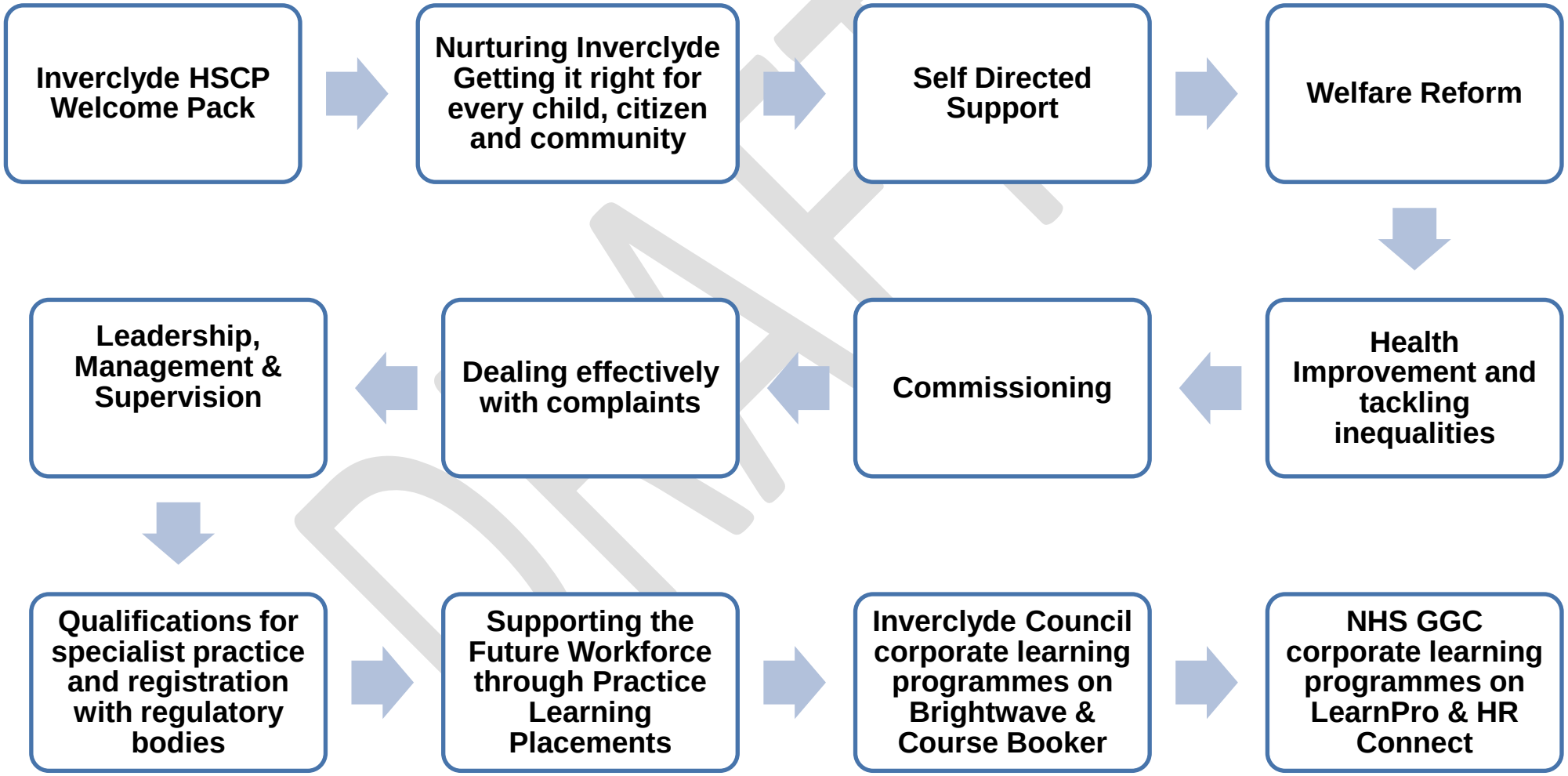
Other legal duties

- Child Protection
- Adult Protection
- Duty of Candour
- Equality and Diversity Awareness
- Information Security & Data Protection
- Minute Taking skills

Leadership & Management

- Professional Leadership and Management
- Recruitment & Selection
- Managing Attendance
- Disciplinary Procedures
- Grievance Procedures
- Family Friendly
- Performance Appraisals/ KSF

This learning and development is likely to be relevant to staff across the HSCP. **Staff and managers should use the list to determine priorities within supervision, Knowledge and Skills Framework (KSF) reviews and Performance Appraisals.**



LEARNING WITH A FOCUS ON CHILDREN'S WELLBEING AND THEIR FAMILIES

Early & Effective Interventions

- GIRFEC & National Practice Model
- Solution oriented outcome focused planning
- FACE CARAS (Child & Adolescent Risk Assessment Suite)
- Care, Accreditation & Asessment System (CAAS)
- Universal & Specialist Pathways for effective health interventions
- Parenting-Triple P & Sollihull
- Working with Neglect Toolkit
- Children living with disability

Inverclyde Looked After Children and Young People

- Permanency & Adoption
- Residential Carers training programme
- Foster carers training programme

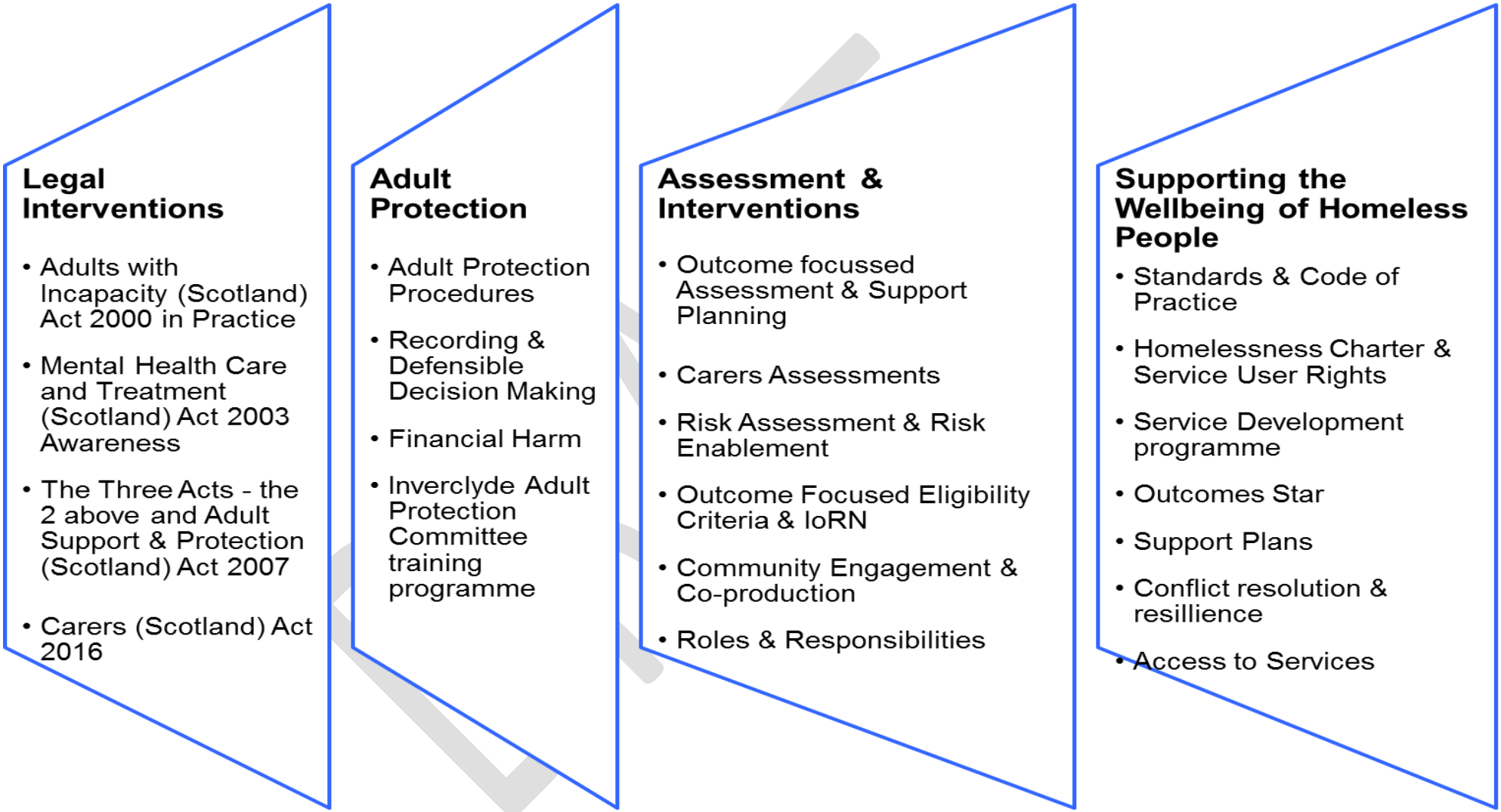
Youth Justice, Legal & Practice Interventions

- Whole Systems Approach to Youth Offending
- Evidence Based Social Background Reports
- Practice Reflection for work with Childrens & Families

Child Protection

- Safe Lives Domestic Abuse Risk Assessment
- Investigation & Assessment in Child Protection
- Joint Investigative Interviewing
- Updates in Child Protection
- Inverclyde Child Protection Committee training programme

LEARNING WITH A FOCUS ON ADULT'S WELLBEING



LEARNING WITH A FOCUS ON ADULT'S WELLBEING

Mental Wellbeing

- Suicide Prevention & Self Harm
- Dementia Strategy programme
- Mental Wellbeing Skills & Awareness
- Wellness Recovery Action Planning & Staying Well Plus
- Risk Assessment & Risk Enablement
- Psychology Journal Club
- Psychological Therapies
- Cognitive Behaviour Therapy
- SPIRIT

Supporting the Wellbeing of Adults with Learning & Physical Diabilities

- Epilepsy
- Learning Disanbility & Dementia
- Autism Awareness
- Diabetes Awareness
- Peg Feeding
- Total Communications
- Sensory Impairment Awareness

Suporting Adults Wellbeing within their own Home

- Homecare Core training programme
- EPIC (Equal Partners in Care)
- Telecare
- Reablement

LEARNING WITH FOCUS ON THE WELLBEING OF ADULT AND YOUNG PEOPLE WHO USE SUBSTANCES

Recovery Oriented Systems of Care

- Peer/ Volunteer - capacity building
- Addressing stigma
- Roles and Values for supporting recovery
- Addressing inequalities
- Person centred treatment and support

Prevention and Protection

- Promoting cultural change
- Children affected by parental substance misuse
- Alcohol & Drugs prevention & education framework
- Trauma informed practice
- Getting Our Priorities Right for Every Child revised guidelines
- Approved programmes for psychological therapies
- Harm Reduction

Quality & Performance

- Meet New Quality Standards for Alcohol & Drug Services
- Develop faster access to Services
- Improve recording processes
- The Drug and Alcohol Information System (DAISY) including outcome measures

LEARNING WITH A FOCUS ON ADULTS IN THE CRIMINAL JUSTICE SYSTEM

Developing Services

- **New Community Justice Structures**
- **Risk assessment** - best practice workshops

Effective interventions for reducing crime

- **Level of Service/Case Management Inventory (LSCMI)** - principles, screening & case management
- **Violent & Sexual Offenders Register (VISOR**) - Database system
- **MAPPA** - taking forwards, on line offenders

Effective interventions for reducing sexual crimes

- **Stable & Acute 2007** - tool for assessing risk of reoffending for sexual offences
- **Risk Matrix 2000** - tool for assessing reconviction for sexual offences
- **Moving Forwards Making Changes** - Groupwork programme for reducing male sexual reoffending

RESOURCES AVAILABLE TO SUPPORT PRACTICE, STAFF & ORGANISATIONAL DEVELOPMENT

HSCP Quality and Learning Team

Team Leader	David Ramsay	David.Ramsay@inverclyde.gov.uk
Learning and Development Officer:	Lynne Armstrong	Lynne.Armstrong@inverclyde.gov.uk
Quality and Complaints Officer:	Gail Kilbane	Gail.Kilbane@inverclyde.gov.uk
SVQ Workplace Assessor:	Duncan MacGillivray	Duncan MacGillivray@inverclyde.gov.uk
Business Support:	Margaret Lyons	Margaret Lyons@inverclyde.gov.uk
Business Support:	Lynne Carson	Lynne.Carson@inverclyde.gov.uk

Address: Princes Street House, 19-29 Princes Street, Port Glasgow, PA14 5JH. Tel: (01475) 715274

Senior Learning and Education Advisor:	Brian Keogh	Brian.Keogh@ggc.scot.nhs.uk Mobile: 07534228569
Organisational Development:	Lynda Mutter	Lynda.Mutter@ggc.scot.nhs.uk

- HSCP Welcome Pack
- Libraries
- Training Equipment Loan
- E. Learning Area
- Training & Computer Rooms
- Practice Learning Support
- E learning & web based learning
- Funding for External Short Courses and Conferences
- In Houses Courses
- Inverclyde HSCP SQA Centre
- Funding for Other Qualifications

APPENDIX 5: Third, Independent and Housing partners' Workforce Questionnaire

INVERCLYDE WORKFORCE QUESTIONNAIRE

ANALYSIS OF RESPONSES FROM THE THIRD, INDEPENDENT CARE AND INDEPENDENT HOUSING SECTORS OCTOBER 2016

DRAFT

Introduction:

The People Profile group of the Inverclyde Health and Social Care Partnership [(HSCP) which also includes representatives from independent housing providers, the third sector represented by CVS Inverclyde and Scottish Care, representing the independent care sector, have been attempting to ascertain who currently contributes to the delivery of health and social care in Inverclyde. For this reason a series of surveys have been compiled and circulated both within the HSCP and in the third, independent housing and independent care sectors to identify current staffing levels in relation to the delivery of health and social care services in the area. The results of these surveys have previously been circulated to People Profile group members.

In addition, specifically in relation to the survey sent to the third, independent housing and independent care sectors, a series of questions were asked in order to gain a greater understanding of the sectors staffing needs, issues and future planning requirements for health and social care provision in Inverclyde. This report focuses on the responses to those questions.

Survey Results:

Forty-six organisations within the third, independent housing and independent care sectors within Inverclyde who were identified as employing staff and delivering health and social care services, within Inverclyde, were invited to participate in an on-line survey. In addition to questions about the number of people they employed, both directly and indirectly in health and social care, they were also asked to respond to questions in relation to staffing and recruitment. Of the 46 organisations who were invited 23 (50%) responded. The responses to these questions were as follows:

Organisations were asked to rate on a continuum from' Highly important' to 'Not important' what they regarded as he most important issues in relation to health and social care staff, whether full or part-time, within their organisation over the next few years. The issues asked about were:

- Recruitment of staff
- Age of Staff
- Retention of Staff
- Staff Development

Five of the 23 organisations (21%) responded to these issues and the results are highlighted in Table 1.

Table 1

Importance of issues for Health & Social Care Providers in Inverclyde

Issue	Very important	Quite important
Recruitment of staff	2	3
Age of staff	1	4
Retention of staff	2	3
Staff development	4	1
Non-recurring funding	3	2

Staff development and non-recurring funding were seen as the most important issues for most of the small number of organisations who replied to these specific questions.

Respondents were asked if they'd recruited new staff into their organisation over the past 18 months. Of the 23 organisations who replied 22 (96%) had recruited new staff within the past 18 months.

Organisations were then asked if they'd encountered any difficulties in recruiting staff from the **Inverclyde area** 10 organisations (43%) replied that they had encountered difficulties in recruiting staff locally.

When asked what these difficulties had been, 4 of the 10 specified problems with recruiting appropriately qualified nurses locally. Four organisations commented on the poor quality of local applicants as in the following comments:

"*Few job applicants with appropriate qualifications*"

"*Finding suitably qualified and experienced applicants locally*"

"*Lack of applications from local people*"

"*Poor quality application forms. Poor quality at interview. Poor quality from personnel that had applied from other organisations*" (All from 1 respondent).

The remaining 2 organisations who had reported difficulties in reporting locally cited "*lack of staff with carer experience*" and "*Because we can only offer up to 16 hours a week people are looking for full time employment*")

Organisations were next asked if they would envisage having any capacity issues or support needs in relation to health and social care staff over the next few years. 11 of the 23 organisations (48%) responded that they did envisage encountering capacity and support issues. When asked to specify what they would be organisations provided a range of reasons including:

- "*Staff training and development linked to increased level of dependence of service users*"
- "*Difficulties around short-term funding and recurring Council/HSCP budgets as well as increased competition for charitable funding sources (Big Lottery etc)*"
- "*Require regular support staff to ensure sustainability*"

- "*Ensuring suitable backfill in the event of key staff members leaving. 3rd sector staff are generally paid a much poorer rate than statutory and show a relatively high staff turnover rate.*"

- "*Continuity of health and social care staff delivering direct rehabilitation/support services to people*."
- "*Getting people through SVQ 2 for registration would like to see free courses coming up as well as care home companies having to fund this*."
- "*Ageing work force. Increase in retirement age, concern that staff will find the job too demanding physically and psychologically.*"
- "*Can't meet the needs of a younger service user group with an ageing workforce*."
- *"Ensuring care staff are able to take on extra duties i.e. senior care roles, SVQ level 3, PDA*."

Two organisations cited "recruitment of registered nurses" and "recruitment of trained nurses" as a major issue they are expecting to encounter around capacity and support issues.

Summary and Conclusions

- Just under half of organisations contacted responded.
- Of those who did only five rated issues which they would regard as of very high importance or quite important and of these the most important issues were staff development and non-recurring funding
- Nearly all organisations who responded had recruited staff within 18 months
- Of these just under a half had had difficulties with recruiting staff locally from the Inverclyde
- The main reasons cited for this were poor quality applicants who were poorly qualified from the local area
- Just under half of respondents were predicting capacity and supply issues in relation to health and social care staff over the next few years
- These primarily came down to expected shortages in lack of trained staff, recruitment issues, backfill, sustainability and concerns over funding.

On the basis of this sample of third and independent care and housing providers in Inverclyde there are a series of major issues which are of concern in relation to them continuing to provide health and social care services in the area. These relate to workforce development particularly around recruitment of skilled, qualified, ageing workforce and sustainability particularly in relation to funding.

APPENDIX 6: Inverclyde Volunteering Survey

Inverclyde Volunteer Workforce analysis 25th October 2016

DRAFT

Introduction

This survey was undertaken in collaboration with Inverclyde Community Development Trust Volunteer Centre based at Westburn Buildings Greenock.

Background

This was a co-produced document with colleagues from Independent, third, housing provider representatives and the Volunteer Centre. It was endorsed by the People Planning Group and distributed via the representatives to their networks and contacts, and hosted on Inverclyde Health and Social Care Partnerships website in June with a return closing date of 8th July 2016. Follow up was carried out with some providers in relation to the number of volunteers based within Inverclyde.

Purpose and aim of survey

This Inverclyde wide survey sought to gather information about the opportunities and use of this valuable and sometimes untapped community asset. The information attempts to quantify the current volunteering workforce in Inverclyde, to consider ways of better partnership working and joint planning of resources.

This data will be used in the development of a People Plan for Inverclyde to capture paid staff and unpaid people or groups who directly or indirectly support the delivery of strategic outcomes in health and social care.

Volunteers and volunteering includes a wide range of activities from board and committee members to fundraisers, from befriending to advocacy and from one off to long term involvement. Volunteers can help all sorts of organisations from schools, community centres, community groups, charities large and small, housing associations as well as community planning partners e.g. NHS, Police Scotland, Inverclyde Council and many more services large and small

The definition of volunteering currently used by the Scottish Government is: 'the giving of time and energy through a third party, which can bring measurable benefits [referred to as outcomes]to the volunteer, individual beneficiaries, groups and organisations, communities, environment and society at large. It is a choice undertaken of one's own free will, and is not motivated primarily for financial gain or for a wage or salary" This definition broadly encompasses 'formal volunteering' - where unpaid work is undertaken through an organisation, group or club to help other people or to help a cause (such as improving the environment). In contrast, 'informal volunteering' refers to unpaid help given as an individual directly to people who are not relatives.

Overview

Responses were received from National and local providers who provide volunteering opportunities or who would like to access volunteering opportunities in the future.

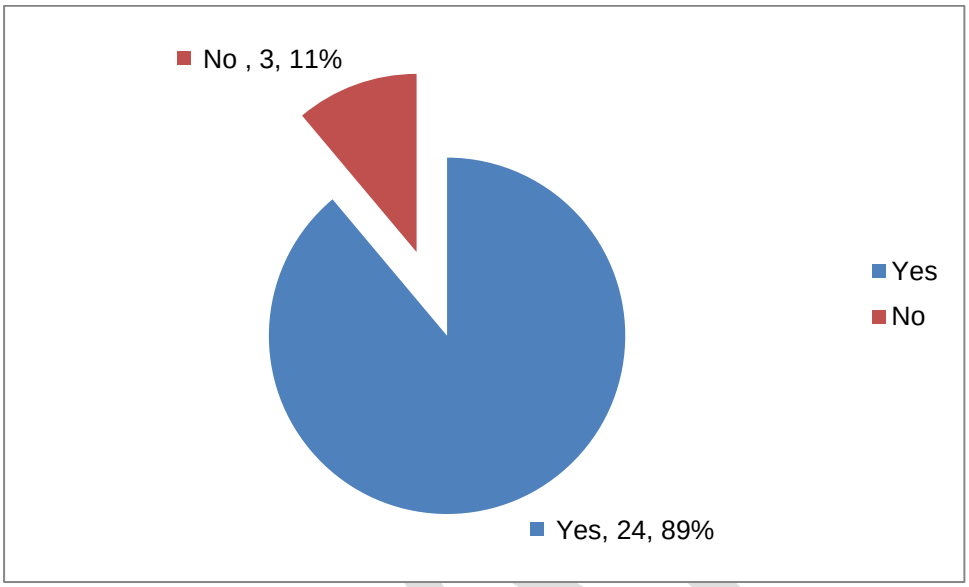
Respondents to the Volunteering Questionnaire were:

- Inverclyde HSCP Inverclyde Centre for Independent Living (Social & Support Groups)
- Discover Inverclyde
- Action on Hearing Loss
- NHS Greater Glasgow & Clyde- Volunteer Services Team
- Scottish Huntington's Association
- Inverclyde Carers Centre
- Royal Voluntary Service
- Cloch Housing Association Limited
- Inverclyde Voluntary Council of Social Services (SCIO)
- Victim Support Inverclyde and Witness Service Greenock
- Beild Housing and Care
- Barnardo's Inverclyde Family Support Team
- Inverclyde Heartstart Project
- Trust Housing Association Ltd
- River Clyde Homes
- Kibble Education and Care Centre
- Greenock Medical Aid Society, Glenfield
- Ardgowan Hospice
- Inverclyde Foodbank
- Inverclyde Council- Community Learning and Development (CLD)-
    - Adult Learning and Literacies- Adult Literacies and ESOL
    - Inverclyde Council- Community Leaning and Development (CLD)- Adult Learning and Literacies- Adult Learning
- Port Glasgow Voluntary Trans-port Group
- Muirsheil Centre/ Home maintenance Service
- Flasgship Tower Greenock Ltd
- Inverclyde Care and Repair
- The Salvation Army
- Inverclyde Community Development Trust

DRAFT

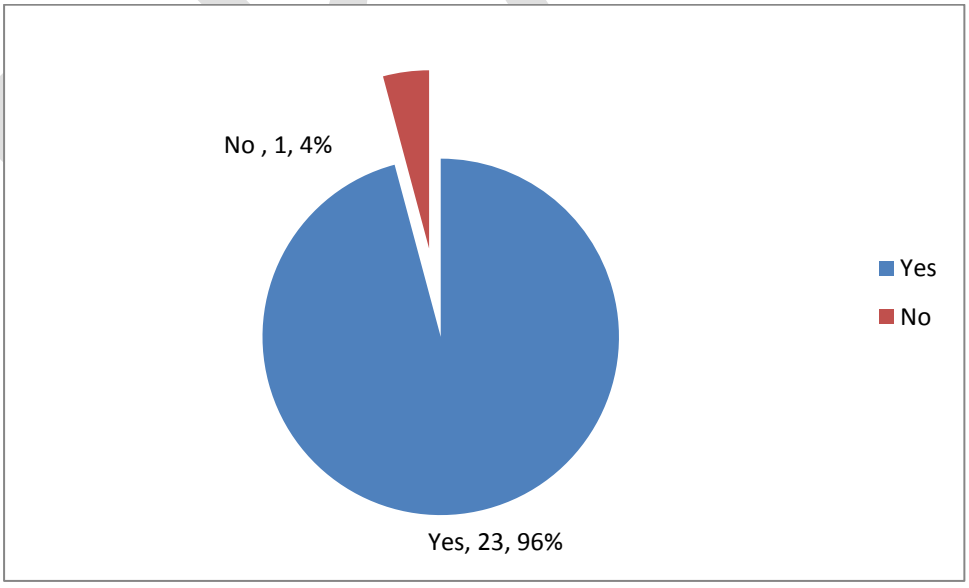
Analysis

1. **Do you presently use volunteers in your service(s)?**
   24 of the 27 returns stated “yes” they do presently use volunteers.
   3 of the 27 returns stated they did not and therefore were directed straight to Question 13.



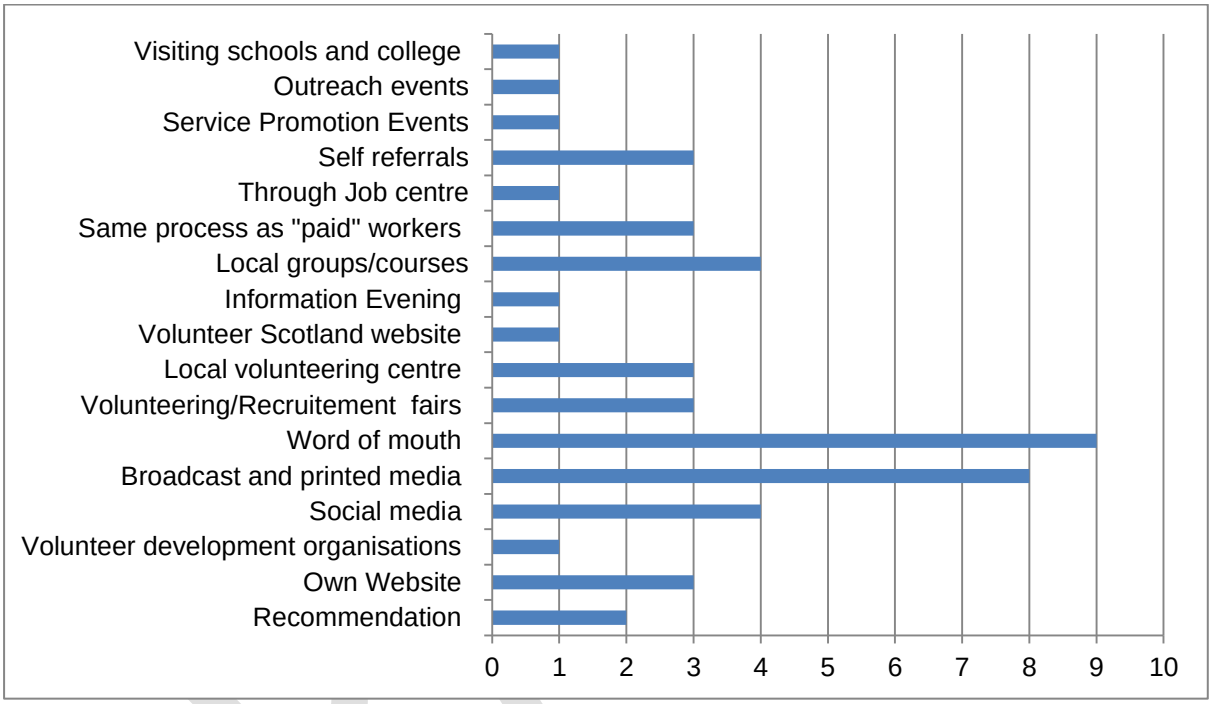
2. Do you have a volunteer policy?

Of the 24 returns that use volunteers 23 have a volunteer policy and 1 currently did not



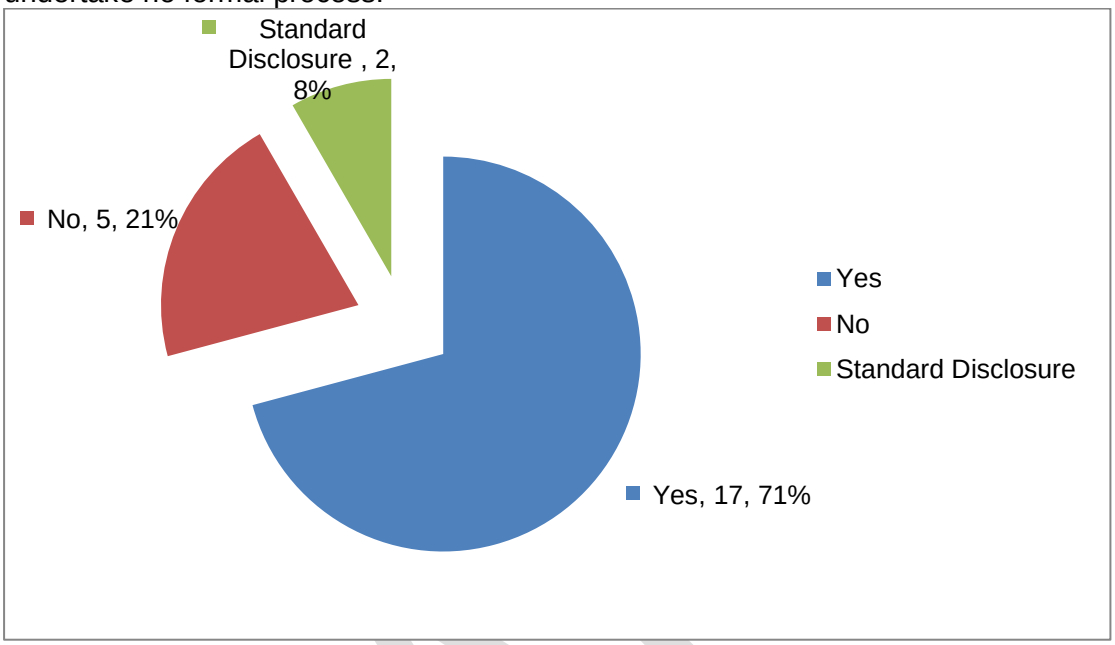
3. How do you recruit and select volunteers?

Various Answers including: Recommendation, though own website, volunteer development organisations, social media, broadcast and printed media, word of mouth, volunteering/recruitment fairs, local volunteer centre, volunteering Scotland website, information evenings, local groups/courses, using the same process as “paid” workers, through the job centre , self-referral, service promotion events, outreach events and visiting schools and colleges.



4.Do your volunteers go through PVG checks?

17 of the 24 presently using volunteers undertake Protection of Vulnerable Groups (PVG) checks, 2 of the 23 use standard Disclosure Scotland checks. However, 5 undertake no formal process.

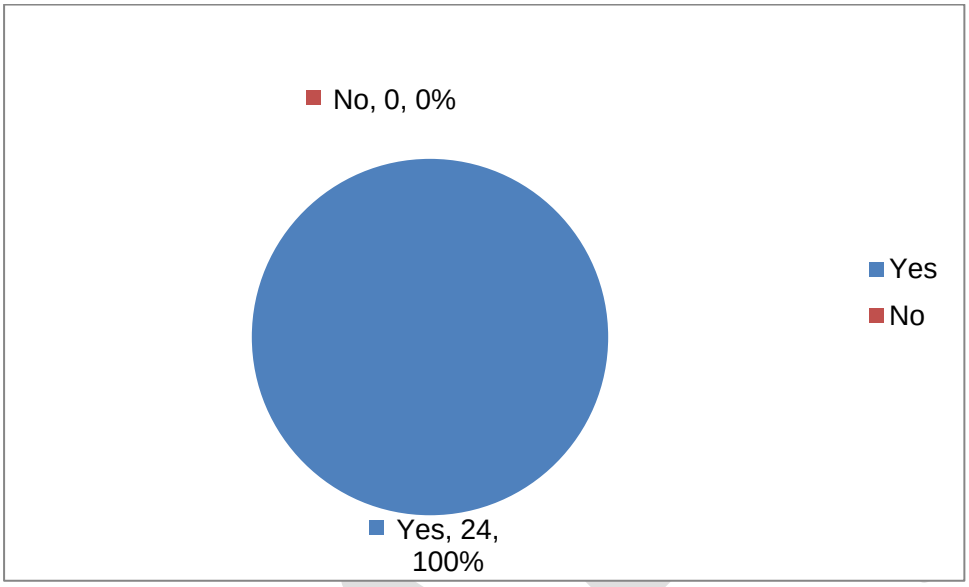


DRAFT

5. Do you deliver training for volunteers? If so, what? Please indicate if training is accredited or certificated in any way.

All 24 providers currently provide training

Table 5.1

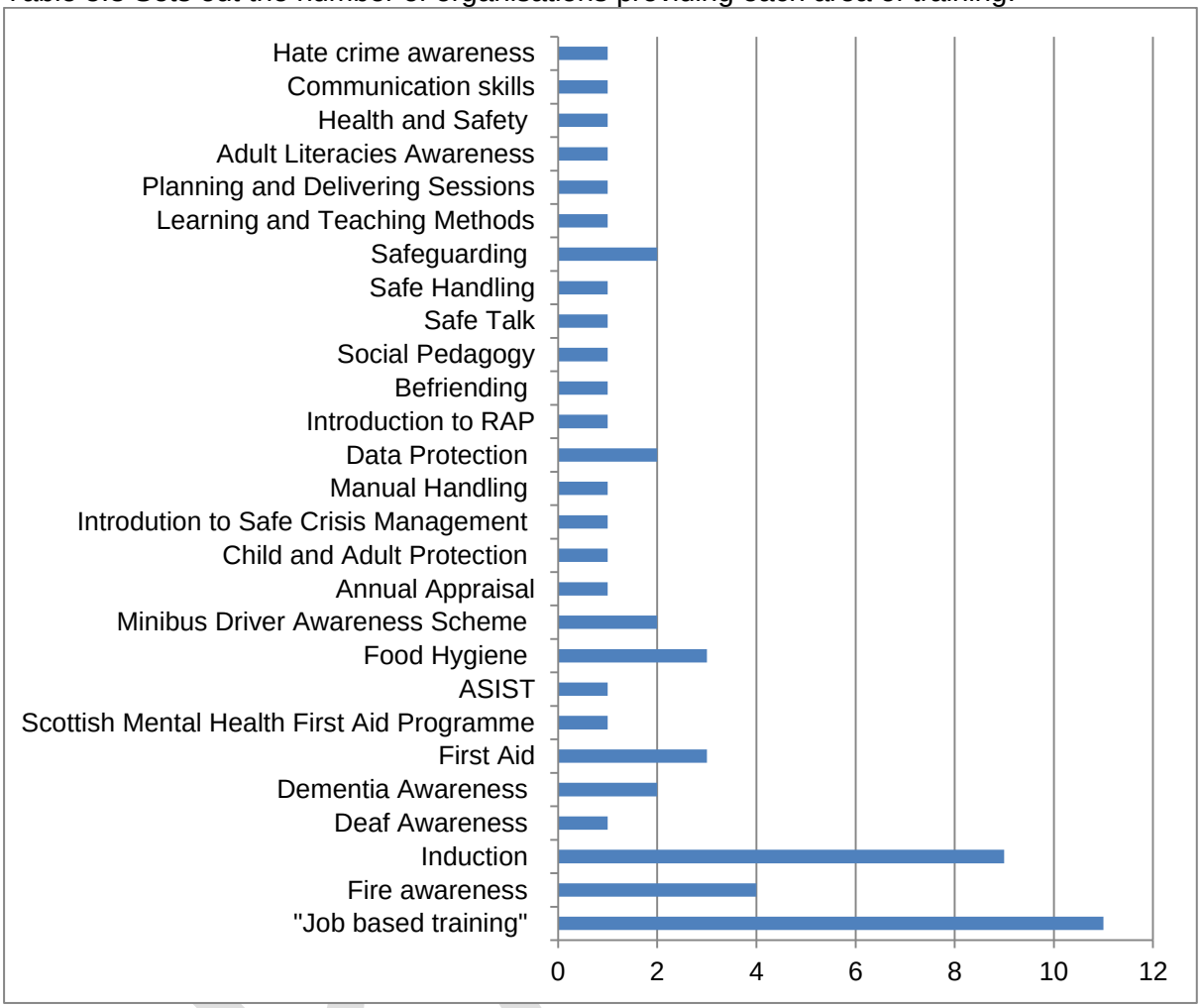


We have set out the training which volunteers are provided. Table 5.2 sets out the categories of training or instruction basis and those categorised as learning and development course.

Table 5.2

Instruction Training	Learning and development
Fire Safety	Induction
Manual Handling	Annual appraisal
First Aid	Hearing impairment awareness
Food Hygiene	Dementia awareness
Minibus Driver Awareness Scheme	Scottish Mental Health First Aid Programme
Data Protection	ASIST,
Safe Handling	Child and Adult Protection
Planning and delivering sessions	Introduction to Safe Crisis Management
Health and Safety.	Introduction to RAP
	Social Pedagogy
	Safe Talk
	Safeguarding
	Learning and Teaching methods
	Adult literacies awareness
	Volunteer Training

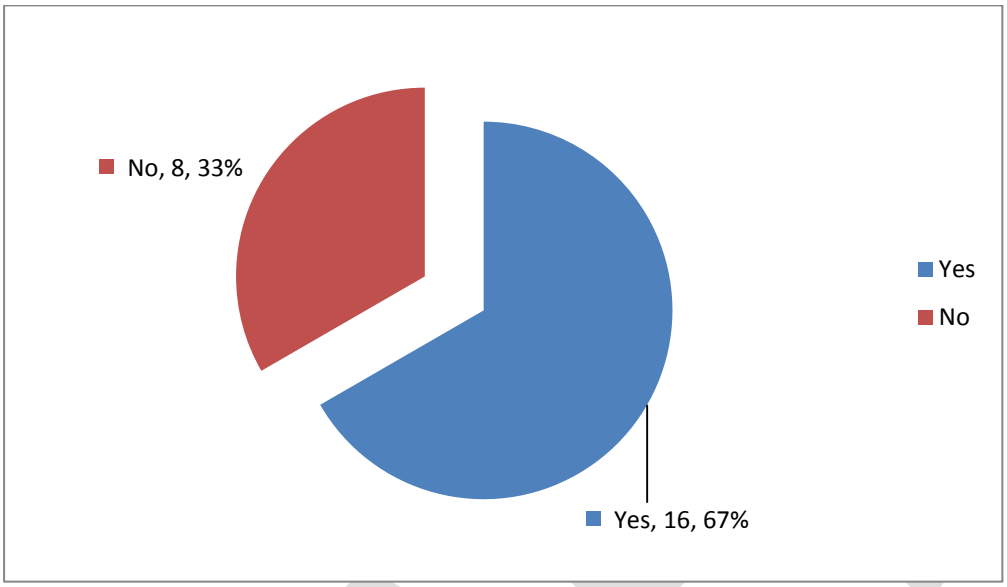
Table 5.3 Sets out the number of organisations providing each area of training.



Some training or learning is are certificated and accredited

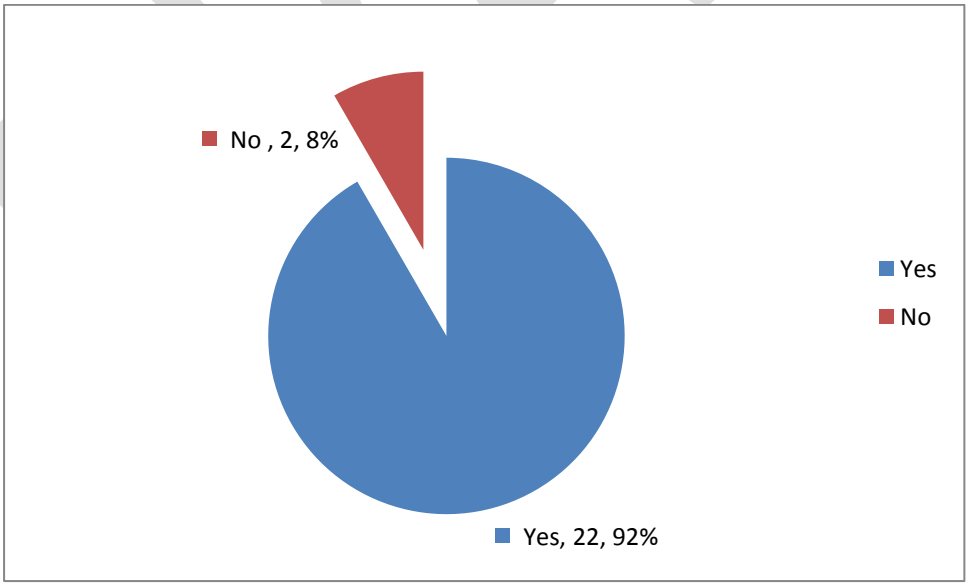
6. Do you carry out a training needs analysis with volunteers?

16 of the 24 presently using volunteers do carry out a training needs analysis, 8 do not.



7. Do your volunteers receive an Induction Programme?

22 of the 24 do carry out an induction programme, 2 do not.



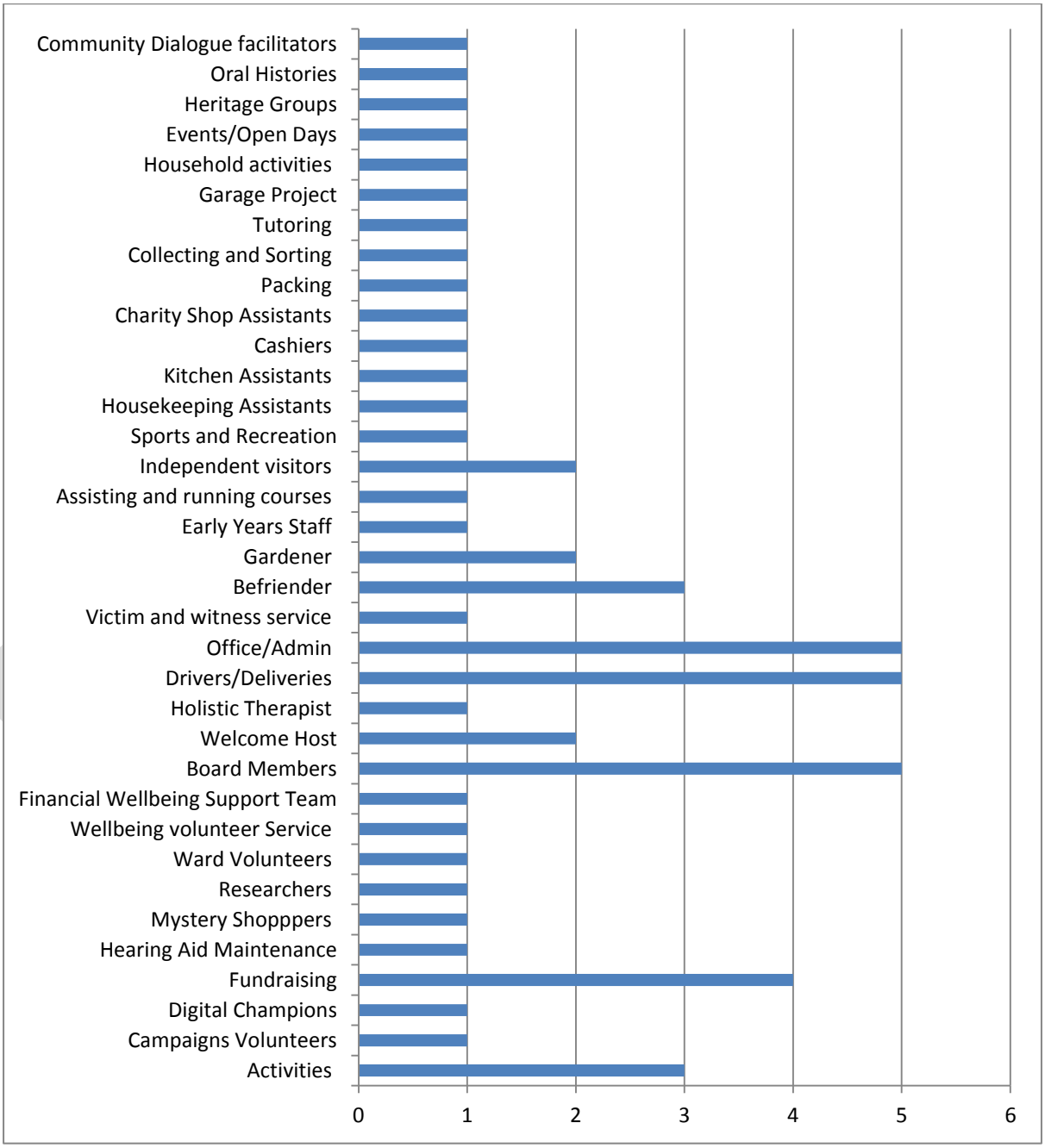
8. How many volunteers do you have in your organisation? Please supply figures for the period 1st April 2015 to date

Inverclyde HSCP Inverclyde Centre for Independent Living (Social & Support Groups)	1
Discover Inverclyde	9
Action on Hearing Loss	3
NHS Greater Glasgow & Clyde- Volunteer Services Team	10
Scottish Huntington's Association	6
Inverclyde Carers Centre	17
Royal Voluntary Service	56
Cloch Housing Association Limited	10
Inverclyde Voluntary Council of Social Service (SCIO)	33
Victim Support Inverclyde and Witness Service Greenock	10
Beild Housing and Care	25
Barnardo's Inverclyde Family Support Team	24
Inverclyde Heartstart Project	5
Trust Housing Association Ltd	49
River Clyde Homes	3
Kibble Education and Care Centre	30
Greenock Medical Aid Society, Glenfield	10
Ardgowan Hospice	283
Inverclyde Foodbank	23
Inverclyde Council- Community Learning and Development (CLD)- Adult Learning and Literacies- Adult Learning	22
Inverclyde Council- Community Learning and Development (CLD)- Adult Learning and Literacies- Adult Literacies and ESOL	36
Port Glasgow Voluntary Trans-Port Group	15
Salvation Army	20
Inverclyde Community Development Trust	65
	Total: 765

DRAFT

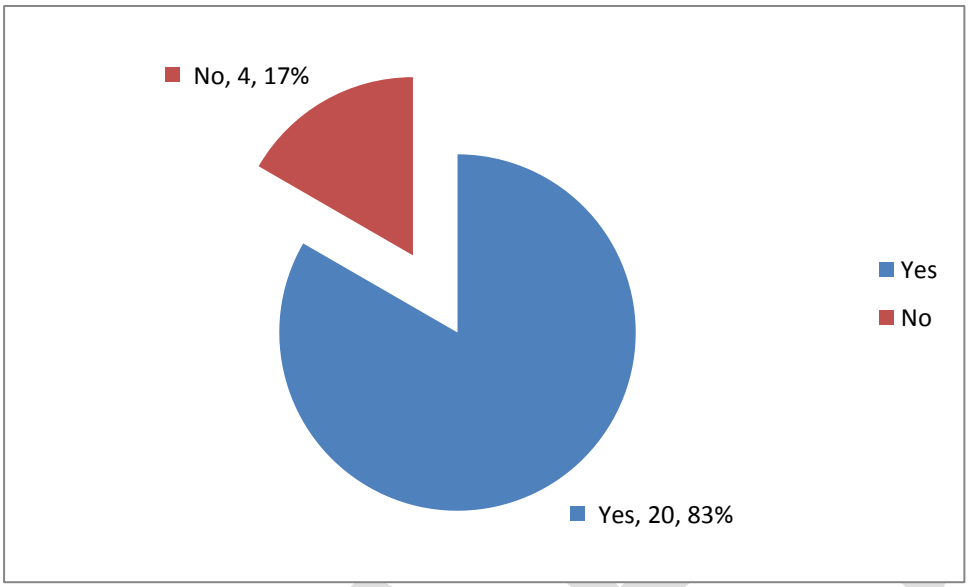
9. What type of volunteering opportunities/roles do you have in your organisation?

Various answers including: Assisting to organise activities, campaign volunteers, digital champions, fundraising, hearing aid maintenance, mystery shoppers, researchers, ward volunteers, board members, mini bus drivers, financial wellbeing support team, holistic therapist, befriender, gardener, visiting residents, admin assistants, assisting with housekeeping, patient drivers, cashiers, charity shop assistants and tutoring.

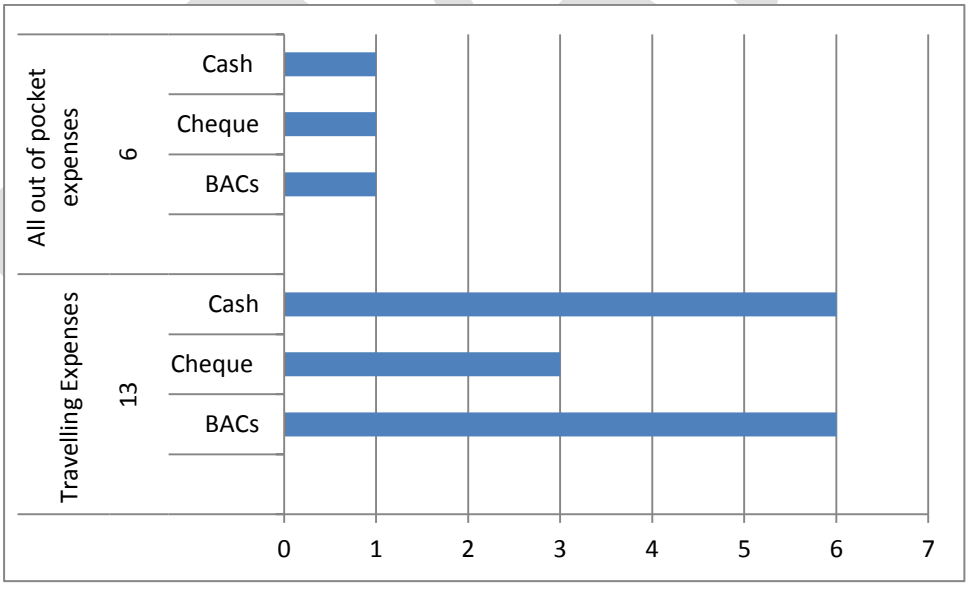


10. Do you pay volunteer out of pocket expenses? If yes, what and how are these paid?

20 of the 24 presently using volunteers do pay out of pocket expenses.

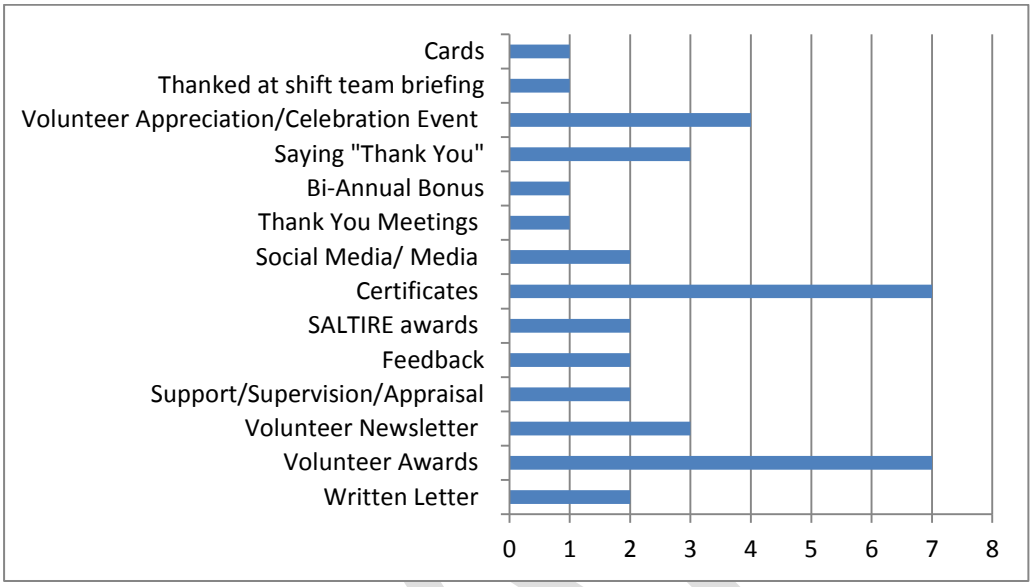


Payment of these varies from organisation to organisation. Some pay through BACS on a monthly payment with others paying with cash on a needs basis. 2 said they did not pay expenses and 1 did not answer the question.



11. How do you recognise volunteer's achievements?

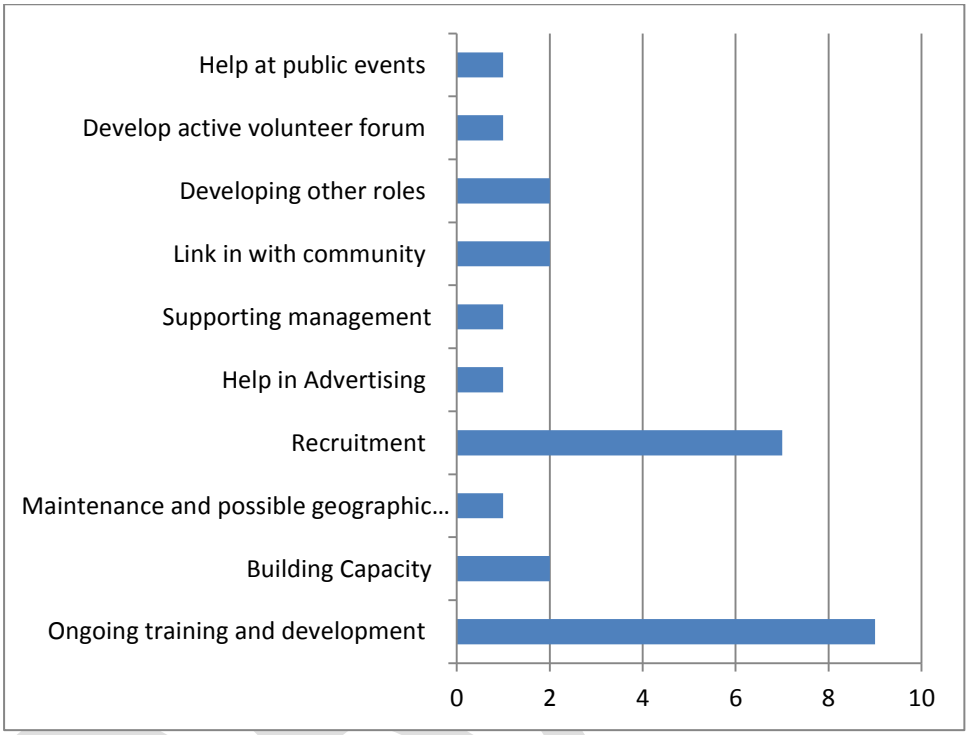
Various answers including: written letter of thank you, annual award process, mention in the newsletters, support/supervision and appraisal, SALTIRE awards, certificates of appreciation, social media/media, thank you meetings, ongoing verbal feedback, bi-annual bonus, highlighted and thanked at shift team briefing and birthday and Christmas cards.



Some did state that they do not have a recognised way of doing this and would like to start doing this.

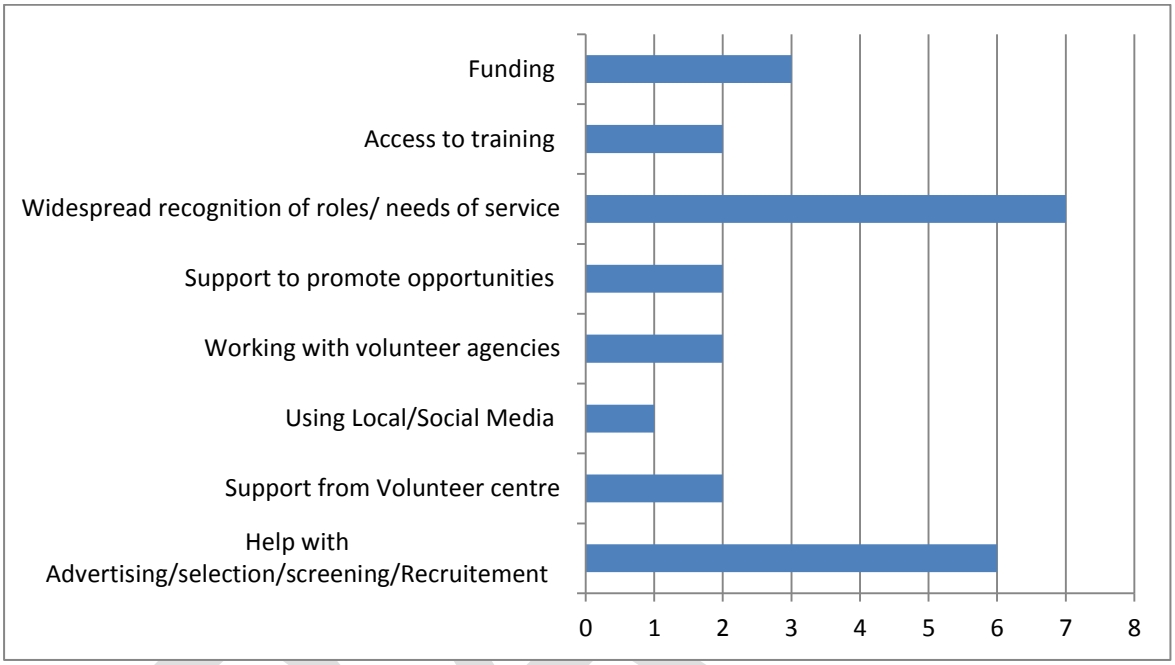
12. What do you see as your most important volunteer development priorities over the next year?

Various answers including: Ongoing training and development, building capacity, maintenance and possible geographic expansion, volunteer recruitment, help in advertising, supporting mangers to sustain and develop their volunteering programmes, to help residents become more involved in the community, developing a wider range of volunteer roles and develop active volunteer forum.



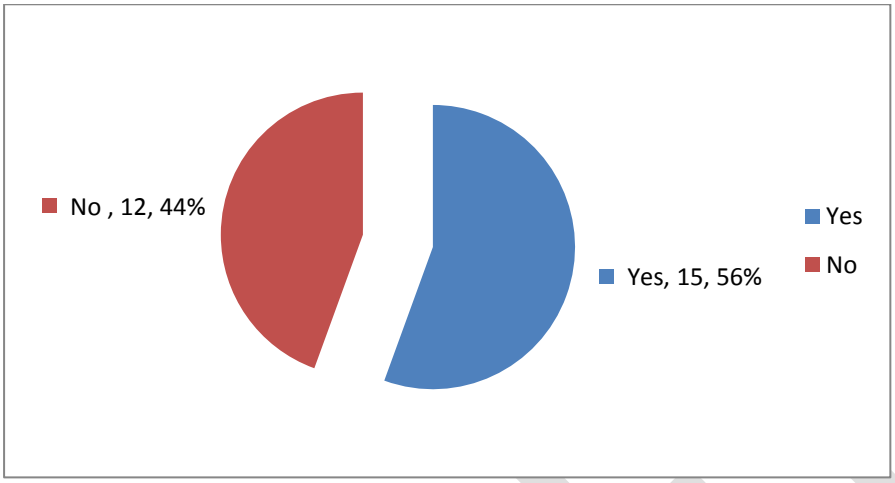
13. What if anything could help you to develop or promote Volunteering in your organisation/Services(s)

Various answers including, Help with advertising, selection, screening and recruitment, support from volunteer centre, using local/social media, working with volunteer agencies, support to promote opportunities, widespread recognition of roles/needs of service, access to training and access to funding.

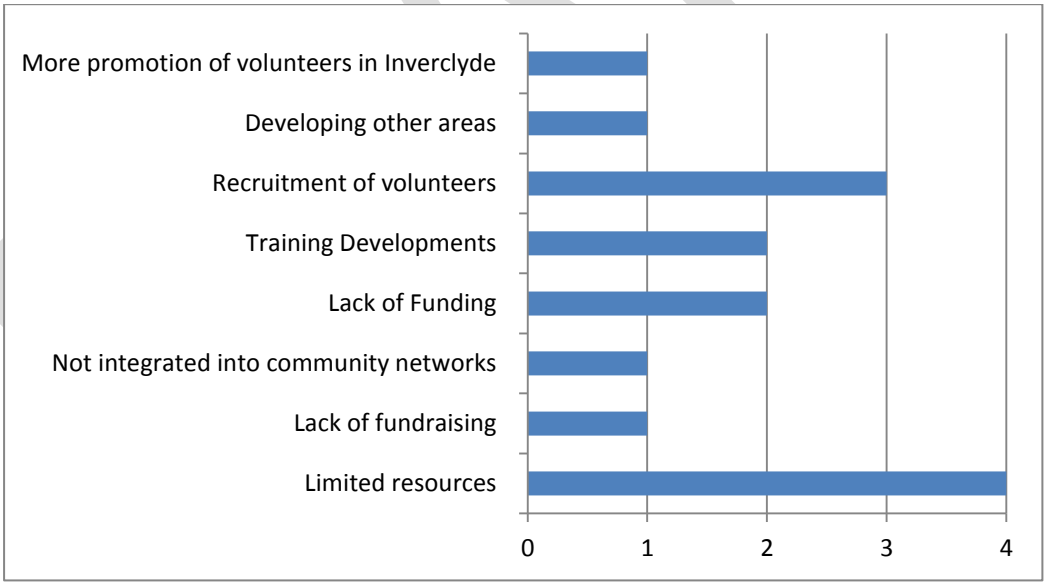


14. Do you have any capacity issues/support needs in relation to developing volunteering opportunities in your organisation over the next year? If so, give details

15 organisations answered yes.

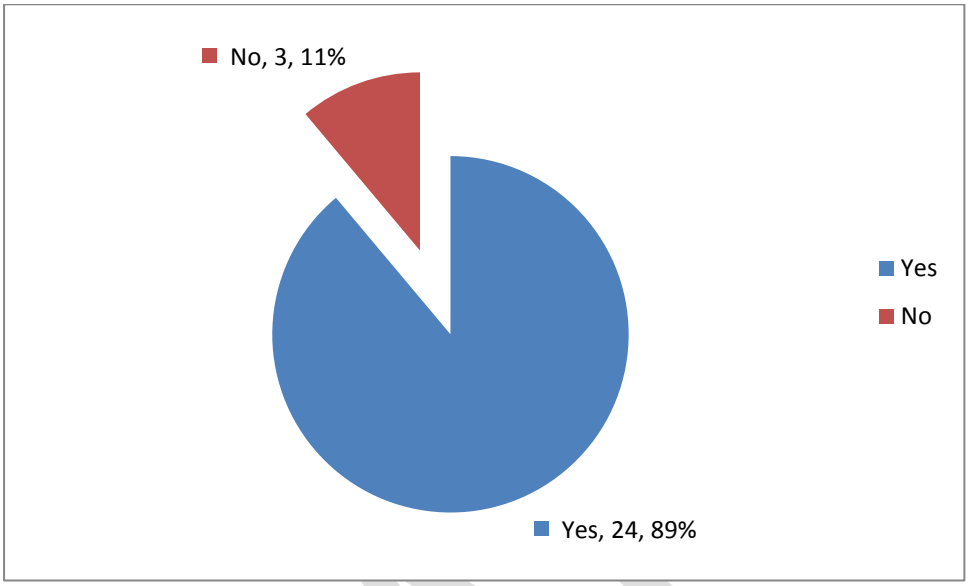


Giving details such as limited resources, lack of fundraising, not truly integrated into the community, lack of funding, lack of training for staff and current volunteers and recruitment of volunteers.



15. Would you like to know more about the contribution, opportunities and support may be available to your organisations/Service(s) by using volunteers?

24 of the 27 organisations have said yes they would like to know more.



DRAFT

Appendix 7 a: Inverclyde HSCP Equalities mainstreaming report

Equalities Mainstream Report

Inverclyde Health and Social Care Partnership (HSCP) is compliant in delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

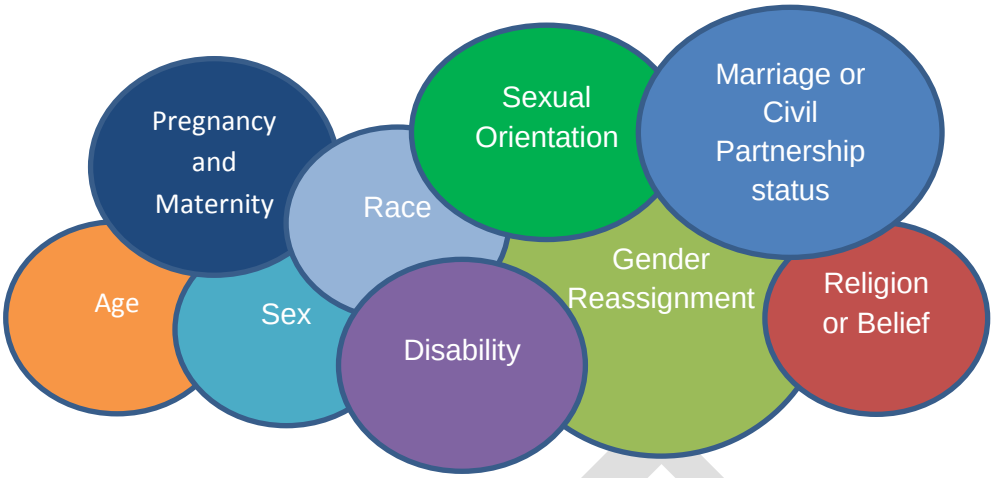
The statutory equalities duties are at the core of our business and that of the Inverclyde HSCP People Plan. We will continually seek to identify and deliver improvements in our workforce and integrated services to eliminate unlawful discrimination, harassment and victimisation. We will ensure we advance equality of opportunity between different groups of people and work in a way that fosters good relations within the communities of Inverclyde. There are nine protected characteristic groups namely;

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

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

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

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



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

Leadership and Accountability

As an Inverclyde HSCP core value ***"we are accountable***" for the actions we take or fail to take under the equalities legislation.
The HSCP Chief Officer is ultimately accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general duty and those specific duties that have become the responsibility of the HSCP.

This responsibility is delegated in part to the HSCP Senior Management Group (SMG) who will collectively ensure that service planning and delivery evidences compliance with the legislation. The SMG will approve equality outcomes, and ensure that the annual performance monitoring reports to the IJB include specific reference to our progress in delivering the outcomes.

The lead officer for equality and diversity within the SMG is the Head of Service for Strategy and Support Services.

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

possible complexity of service user needs and the impact this may have on individuals who are part of the health and social care workforce.

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

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

One of our HSCP core values is that ***"we strive to do better***". Therefore, we are pro-active in public engagement is the key to delivering services that are fit for purpose and fit for all. This core value is echoed in our people involvement framework and HSCP Communication Strategy in engagement and seeking feedback, comments or suggestions from our local people.

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

Fair Service Delivery

Ease of access to HSCP services will be dependent on a number of factors including communication support needs, physical access needs, understanding of how the HSCP operates and the complexity of the health and social care issues experienced.

Inverclyde HSCP will adopt a range of policies based on our core value of ***"putting people first"*** to help in the provision of services that are fair, effective, equitable and meet the changing needs of the people who use services, live or work in Inverclyde; who come under the identified four tiers of the Inverclyde workforce as set out below.

Tier 1

People who are registered with a regulatory /professional body to deliver health and social care as an individual professional practitioner

These members of staff have completed professional qualifications and are registered with a regulatory body to enable them to perform the job for which they are employed. This group includes medical staff, nurses and midwives, allied health professions, social workers, healthcare scientists, as well as. The job groups and sub-job groups shown in the table are from the nationally agreed definitions used across NHS Scotland and the Scottish Social Services Council.

Tier 2

People who are employed to deliver health and social care in Inverclyde, but not specifically registered to do so as a practitioner

Staff in this category are those who are employed to provide a service that is directly involved in health and social care. This includes jobs and roles that would come under the umbrellas of administrative, clerical and support services.

Tier 3

This tier has been divided into two parts

(a) People who contribute to the provision of health and social care in Inverclyde in the course of their work
Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector.

(b) People who contribute to the provision of health and social care in a voluntary, non-employed capacity to an individual directly or to people who are not relatives.

Tier 4

People who contribute and can make a difference to outcomes for service users for example:

Those in the community who in-directly contribute to the outcomes of local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres, and resources centres. Health and social care is not the primary focus of such people and their roles, but by the way they carry out their jobs, they make a difference to people's lives.

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

- Accessible Information Policy
- Interpreting Procedure

Where the HSCP or our partners issue new workforce policies or make changes to the way services are delivered that might impact on service users care the HSCP or partners working together will conduct an equality impact assessment (EQIA) to identify any associated risks to groups of service users. From those assessments we will take appropriate mitigating action. Working in this way demonstrates our core value of ***"working better together".***

Inverclyde HSCP will use a tested EQIA tool with an integrated quality assurance process to ensure assessments are of the highest possible standard.
Part of this process will include engaging with service users , carers, representatives members

of the public , a range of advisory networks covering children and young people, adults older people and other stakeholders to better understand potential impacts across a range of protected characteristic groups.

DRAFT

Appendix 7 b: Inverclyde HSCP Equalities outcomes

Equality Outcomes, Actions and Measures

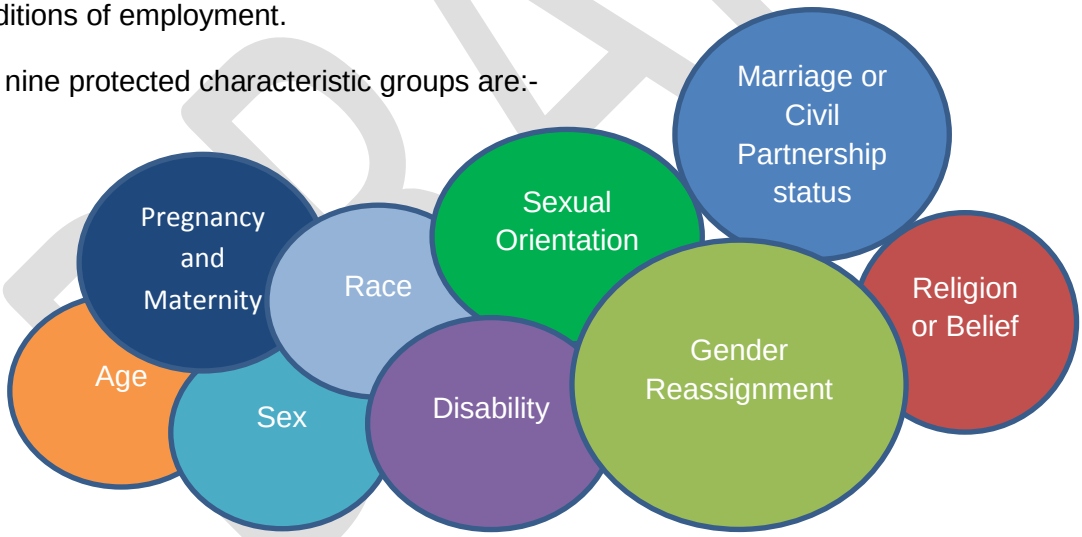
DRAFT

Introduction

The Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012, brings together all legislation and policy in relation to addressing inequalities and discrimination and places an equality duty on the HSCP, to ensure that the nine protected characteristic groups outlined in the legislation are protected from discrimination. In particular the HSCP has responsibility to:

The nine protected characteristic groups, which are listed below, are individuals and groups, who are disadvantaged, by their particular circumstances. Our equality outcomes set out below require us to show how we will prevent these particular groups of individuals and our workforce from being discriminated against or disadvantaged by what we do, the environment in which we work, or our terms and conditions of employment.

The nine protected characteristic groups are:-



Our aim is to deliver services and support in a culture, which is committed to promoting the value of equality and diversity. This requires our staff, colleagues and partners to be trained, equipped and supported to understand the needs of different groups of people. In taking an approach that ***"puts people first"*** and ***"working better together",*** our collective values and principles, staff governance standards, codes of practice and professional ethics will enable our workforce to empower and sensitively support individuals and groups to live without discrimination.

The HSCP has co-produced seven equality outcomes which are set out below. These outcomes have been created to focus on individuals, groups from the nine protected characteristics who use our services or who are part of the HSCP workforce as set out in the Inverclyde HSCP People Plan and mainstreaming report.

PUBLIC SECTOR DUTY OUTCOME: ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE ACT			
Equality Outcome 1: People, including individuals from protected characteristic groups, can access HSCP services			
What needs to change	**Action**	**Measure**	**Who is responsible**
1.1 Individuals, including people from protected characteristic groups, are able to access health and social care services easily.	Ensure that all services record all relevant information relating to individuals with protected characteristics in order that any additional support needs can be identified and provided Create a baseline by collating and analysing use of services by different protected characteristic groups, across all health and social care services to be able to ascertain who is using our services and identify any access barriers.	Yearly Information audit to evidence that all services record all information relating to protected characteristics. Year 1-One service area within Planning, health Improvement and Commissioning Service and Mental Health, Addictions and Homelessness Services Year 2-One service area within Primary and Community Care Services and Children, Families and Criminal Justice services Year-3 All service areas Each Head of Service area to provide 2 case studies of clients with protected characteristics for which support needs have been identified and met.	Heads of Service for allocating service areas Service managers Recorded by Quality and Development Team through Quarterly Service Reviews format.
What needs to change	**Action**	**Measure**	**Who is Responsible**
1.2 Service users	Complete 3	Agreed number of	Head of

and carers, particularly those with a disability are able to physically access services within the HSCP	environmental access audits within HSCP sites per year. Collect feedback from individuals and groups regarding improvements resulting from access audits.	access audits completed and action plans implemented. Number of groups e.g. Inverclyde Council on Disability (ICOD) involved in access audits.	Administration Your Voice-Public Involvement Network
1.3 Ensure information is provided in accessible formats so that local people can easily access and engage with HSCP services.	Develop an inclusive communications strategy which includes a variety of methods to communicate with all sections of the community. Develop an accessible information policy for staff to adopt in their practice and communications with the public.	Communications Strategy and Action Plan developed Accessible Information Policy Number of requests to HSCP for information to be provided in alternative formats. E.g. document translation into different languages; large print etc.	Communications Group Head of Administration

DRAFT

Equality Outcome 2: Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated			
What needs to change	**Action**	**Measure**	**Who is Responsible**
2.1 The Workforce need to be aware of the equalities legislation on how that impacts on their role and service they provide	Identify all staff who have undertaken Equality and Diversity training in last year 20% of workforce who have not undertaken training in last year to complete Equality and Diversity e-learning module in year one Equality Impact Assessments (EQIA) require to be undertaken where there is a change to service or new policy/procedure	Number of staff trained in 15/16 Number of staff training in 16/17 Number of EQIAs undertaken	Recorded by Quality and Development Service through Quarterly Service Reviews Service Managers
2.2 People from protected characteristic groups have their needs recognised and are able to access the range of choices as people who are not affected	Services will produce evidence through individual support plans that will identify people with protected characteristics have been involved in choosing and planning of support plans.	See 1.1 Numbers of clients accessing self-directed support	Service Managers through Quarterly Service reviews process Health and Community Care

DRAFT

Equality Outcome 3: People with protected characteristics feel safe within their communities			
What needs to change	**Action**	**Measure**	**Who is Responsible**
3.1 Staff need to understand hate crime, how to report it and the impact on those with protected characteristics	Police Scotland to provide hate crime training to relevant HSCP staff around all protected characteristic groups.	Number of training sessions delivered by Police Scotland Number of staff attending training Number of incidences reported to Police Scotland by HSCP staff	Quality and Development Service Service Managers Police Scotland
3.2 Enable people to feel safe through the use of technological and community based resources where appropriate	Gather feedback from services and theirs users about how this equipment has enabled them to feel safe living at home and has made a difference in their life.	Appropriate services provide 3 case studies each showing how technology has enabled people.	Health and Community Care Specialist children's services through technology returns

DRAFT

Equality Outcome 4: People with protected characteristics feel included in the planning and developing of services			
What needs to change	**Action**	**Measure**	**Who is Responsible**
4.1 Services require to evidence that they are involving individuals with protected characteristics in the planning and delivery of services	All services to identify examples where service users with protected characteristics are involved in planning services	One Case study from each Head of Service area showing involvement in service planning	Heads of Service Service Managers Your Voice - Public Involvement Network
4.2 People Involvement Network requires to increase representation of people from across all protected characteristic groups	People Involvement Network to undertake a review of members with regard to protected characteristics Increase in the number of individuals with protected characteristics involved with the People Involvement Network and in planning with services Collect feedback from service users from protected characteristic groups through Your voice Public Involvement Network, to ask them how they accessed services and what barriers they identified.	Number of people involved in Network with a protected characteristic Number of new member's representative across the 9 protected characteristic groups. Production of yearly report from Your Voice Public Involvement Network Production of public information based on. "You said-We did"	Your Voice Quality and Development

DRAFT

PUBLIC SECTOR DUTY OUTCOME: ADVANCE EQUAL OPPORTUNITY BETWEEN PEOPLE			
Equality Outcome 5: HSCP staff understand the needs of people with different protected characteristic and promotes diversity in the work that they do			
What needs to change	**Action**	**Measure**	**Who is Responsible**
5.1 HSCP Policies and procedures need to be equality impact assessed	Equality Impact Assessments (EQIAs) are required to be developed and reviews undertaken of any new or reviewed policies/strategies and service redesign.	Number of Equality Impact Assessments (EQIAs) agreed to be undertaken and completed	Service Managers Recorded by Quality and Development through Quarterly Service Review
5.2 HSCP staff named lead reviewers require to be fully conversant with undertaking EQIA's	Training is required for all managers and lead reviewers to ensure equality and diversity is embedded in all policy and practice of the HSCP Equality Impact Assessment is further developed, as an online tool, with training delivered to managers/lead reviewers and process is embedded in practice	Number of Lead Reviewers identified and trained. Number of Equality related training sessions delivered to appropriate staff	Service Manager-Health Improvement and Inequalities

DRAFT

Equality Outcome 6: Maximise opportunities to support Learning Disability service users experiencing gender based violence			
What needs to change	**Action**	**Measure**	**Who is Responsible**
6.1 HSCP needs to be effective in identifying and responding to survivors of gender-based violence amongst people with learning disabilities.	Awareness sessions are developed to ensure all Learning Disability staff understand their role in relation to Gender Based Violence Relevant employees across care sectors are trained and supported to carry out routine sensitive enquiry Develop the Learning disability/Gender based violence pilot work with partners and use the learning within other service areas	Number of Learning disability team staff completed at risk training and are aware of their responsibilities Number of Learning disability staff trained around routine sensitive enquiry and gender based violence Clear pathway for how service users access support developed and shared with Adult Protection Committee	Service Manager-Rehabilitation Adult Protection Coordinator

DRAFT

PUBLIC SECTOR DUTY OUTCOME: FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

Equality Outcome 7: Promote positive attitudes towards the resettled refugee community in Inverclyde

What needs to change	Action	Measure	Who is responsible
7.1 Refugees need to be supported to integrate and settle within Inverclyde	Ensure HSCP staff and partners understand their role in supporting refugees locally. Develop briefings for all newly arrived refugees on the role and responsibilities of the Refugee Integration Team Ensure all refugees know how to access HSCP and other relevant services. Support the refugees to know how to access services and are supported to participate in community life	Establishment of multi agency group and number of partners actively involved in resettlement programme Number of refugee families allocated to Inverclyde who chose to stay within the area Number of Refugee Personal Integration Plans initiated outlining each individual's aspirations and goals	Service Manager HIIP

DRAFT

Appendix 8: People Plan Equalities Impact Assessment

Equality Impact Assessment: Policy, Strategy and Plans

1. Name of Strategy, Policy or Plan

Inverclyde HSCP People Plan

Please tick box to indicate if this is: Current Policy, Strategy or Plan ☐ New Policy, Strategy or Plan x☐

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

Inverclyde Health and Social Care Partnership (HSCP) has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 referred to as the '**Integration Act'**.

The Integration Act required us to produce Strategic Plan was approved by our Integration Joint Board in June 2016 and is available at http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan. The Integration Act also required us to produce a workforce development plan to which this impact assessment relates.

Whilst the workforce within HSCP remain in the employ of Inverclyde Council or NHS Greater Glasgow and Clyde Health Board. The HSCP is responsible for staff recruitment and operational management of staff deployment and duties. This is also part of the delegated functions of our Integration Joint Board (IJB) as set out in the Integration Act.

This workforce Development Plan is here after referred to as the HSCP "**People Plan".**

The People Plan is a coproduced document that will initially run for three years (2017 – 2020). The people plan overlaps with the strategic plan timeframe 2016-2019 due to the legislative requirement. Both of these documents are designed to demonstrate the strategic direction of the HSCP in Inverclyde. However, we have taken a whole population approach to developing a people plan.

Our People Plan is not just about the workforce employed by our parent bodies but is inclusive of the people and partners who live, are directly employed or non-employed to provide or who contribute to the provision of health and social care in Inverclyde. To ensure we have captured this workforce, we have divided them into four main tiers as set out on page 8 of the people plan.

These are:

- **Tier 1:** People who are registered with a regulatory /professional body to deliver health and social care as an indicial professional practitioner.

    - These members of staff have completed professional qualifications and are registered with a regulatory body to enable them to perform the job for which they are employed. This group includes medical staff, nurses and midwives, allied health professions, social workers, healthcare scientists, as well as. The job groups and sub-job groups shown in the table are from the nationally agreed definitions used across NHS Scotland and the Scottish Social Care Council.

- **Tier 2 -** People who are employed to deliver health and social care in Inverclyde, but not specifically registered to do so as a practitioner.

    - Staff in this category are those who are employed to provide a service that is directly involved in health and social care. This includes jobs and roles that would come under the umbrellas of administrative, clerical and support services.

- **Tier 3** - This tier has been divided into two parts.

- **Tier 3 (a)** People who contribute to the provision of Health and Social Care in Inverclyde in the course of their work

    - Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector.

- **Tier 3 (b)** People who contribute to the provision of Health and Social Care in a voluntary, non-employed capacity

    - The definition of volunteering currently used by the Scottish Government is: 'the giving of time and energy through a third party, which can bring measurable benefits [referred to as outcomes]to the volunteer, individual beneficiaries, groups and organisations, communities, environment and society at large. It is a choice undertaken of one's own free will, and is not motivated primarily for financial gain or for a wage or salary" This definition broadly encompasses 'formal volunteering' - where unpaid work is undertaken through an organisation, group or club to help other people or to help a cause (such as improving the environment). In contrast, 'informal volunteering' refers to unpaid help given as an individual directly to people who are not relatives.

    - Volunteers and volunteering includes a wide range of activities from Board and Committee members to fundraisers, from Befriending to Advocacy and from one off to long term involvement. Volunteers can help all sorts of

organisations from schools, community centres, community groups, charities large and small, Housing Associations as well as Community Planning Partners e.g. NHS, Police Scotland, Inverclyde Council and many more services large and small.

- A volunteer survey was undertaken across the Health and Social Care Sector in October 2016 to scope the variety and spread of local volunteering across Inverclyde. Twenty four local and national organisations responded to the survey. This identified 765 local volunteers. It is probable that this figure is not a full representation of the significant contribution of volunteering that is currently provided in Inverclyde. The full findings from the volunteer survey is attached at **Appendix 6** of this document.

- The HSCP intends to undertake a further survey in 2017/18 to further explore this activity so that we can plan, promote and support the development of this important workforce

- **Tier 4** - People who contribute and can make a difference to outcomes for service users for example:

    - The final category is those in the community who contribute indirectly to outcomes for local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres, and resources centres. Health and Social Care is not the primary focus of these people and their roles but by carrying out their jobs they can and do make a difference.

The core of the People Plan reflects our corporate values:

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

This Plan aims to set out the improvements we hope to make, based on these key values through a commissioning approach with a range of key partners and stakeholders.

3 Lead Reviewer

Martin McGarrity HSCP Integration Facilitator

4. Please list all participants in carrying out this EQIA:

Yvonne Campbell, Alex Meikle, Brian Polding-Clyde , Nicola Campbell

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality
Inverclyde HSCP's integrated workforce brings together staff from two public sector organisations, with a range of health and social care backgrounds. Staff understand that working together in a single organisation is far more effective in responding to the causes of poor health and social care. However, Inverclyde HSCP sits in a rich landscape of local statutory, independent, voluntary and third sector organisations, all of whom make a significant contribution to making Inverclyde a safe, secure healthy and equitable place to live. The Inverclyde HSCP People Plan contains a specific reference to equalities and references compliance with equalities and the 9 protected characteristics. There is also specific reference to the HSCP Strategic Plan in which Equalities is a key component. The people plan also references the specific legislative drivers and associated legal requirements

B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?		
Protected Characteristics	Narrative	**Source**
All	According to the latest official statistics from the National Records of Scotland the population of Inverclyde is 79,500 people. There are more women than men in every age group except for those aged 0-15. Inverclyde's population is increasingly made up of older people as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland.	Source: NRS mid-year population estimates 2015

	<table><tr><th>Inverclyde</th><th>Total</th><th>Males</th><th>Females</th></tr><tr><td>0-15</td><td>12,966</td><td>6,685</td><td>6,281</td></tr><tr><td>16-49</td><td>32,904</td><td>16,033</td><td>16,871</td></tr><tr><td>50-64</td><td>17,739</td><td>8,588</td><td>9,151</td></tr><tr><td>65-74</td><td>8,675</td><td>4,060</td><td>4,615</td></tr><tr><td>75+</td><td>7,216</td><td>2,688</td><td>4,528</td></tr><tr><td>Total</td><td>79,500</td><td>38,054</td><td>41,446</td></tr></table> It is predicted that the population of Inverclyde will continue to reduce to 69,014 by 2037 <table><tr><th rowspan="2">Age Group</th><th colspan="2">2012</th><th colspan="2">2022</th><th colspan="2">2032</th><th colspan="2">2037</th></tr><tr><th>Number</th><th>%</th><th>Number</th><th>%</th><th>Number</th><th>%</th><th>Number</th><th>%</th></tr><tr><td>0-15</td><td>13,403</td><td>17%</td><td>12,295</td><td>16%</td><td>10,348</td><td>15%</td><td>9,171</td><td>14%</td></tr><tr><td>16-49</td><td>34,949</td><td>43%</td><td>27,579</td><td>37%</td><td>24,149</td><td>35%</td><td>22,152</td><td>34%</td></tr><tr><td>50-64</td><td>17,127</td><td>21%</td><td>17,745</td><td>24%</td><td>12,996</td><td>19%</td><td>11,597</td><td>18%</td></tr><tr><td>65-75</td><td>8,198</td><td>10%</td><td>9,263</td><td>12%</td><td>10,953</td><td>16%</td><td>10,202</td><td>16%</td></tr><tr><td>75+</td><td>7,003</td><td>9%</td><td>8,404</td><td>11%</td><td>10,464</td><td>15%</td><td>11,892</td><td>18%</td></tr><tr><td>Total</td><td>80,680</td><td>100%</td><td>75,286</td><td>100%</td><td>68,910</td><td>100%</td><td>65,014</td><td>100%</td></tr></table>	Source: NRS population projections
Sex	Refer to the diagram.	
Gender Reassignment	Although limited research is available, trans support groups and aligned organisations offer compelling evidence that trans people will have significantly poorer health outcomes primarily as a result of: Inconsistent funding and access to gender reassignment services throughout Scotland Lack of access to essential medical treatment for gender identity issues, i.e. electrolysis for	

	trans women Lack of awareness and understanding of care providers so that transgender people are inappropriately treated in single gender out-patient and in-patient services Lack of social work service to support children, young people, adults and families with gender identity issues Mental health problems including suicide, self harm anxiety and depression. Experiences of social exclusion, violence and abuse and the resulting negative impact on health and well-being. Findings from the Scottish Social Attitudes survey support the disclosed experiences of social isolation and bullying and harassment of trans people. The Survey found that 49% of respondents would be unhappy if a family member formed an attachment to someone who was transgender. The same report stated that though discriminatory attitudes within society seem to be lessening two specific groups (Gypsy Travellers and Trans people) continue to experience widespread discrimination. 39% of respondents thought it would be inappropriate to have a trans person teaching in a primary school. A 2012 transgender mental health study found that 90% of trans people had been told they were not normal, with over 80% experiencing silent harassment. The responses showed that for some, being trans was something to be occasionally hidden, or which might be embarrassing for others. There were fears around isolation and aging, with many people losing family and friends or employment opportunities. Importantly, many individuals who experienced hate crime and discrimination had experienced these on multiple occasions. All of these societal issues would be expected to have a significant impact upon health and wellbeing in any group of individuals. Rates of current and previously diagnosed mental ill health were high, with many participants feeling that they experience particular issues which remain/ed undiagnosed. Depression was the most prevalent issue with 88% feeling that they either currently or previously experienced it.	

DRAFT

	Stress was the next most prevalent issue at 80%, followed by anxiety at 75%. Over half of the respondents (58%) felt that they had been so distressed at some point that they had needed to seek help or support urgently. When asked for more information about their experiences, 35% of those individuals had avoided seeking urgent help due to being trans or having a trans history. When participants did need urgent support they were most likely to contact their friends, followed by their GP or partner. Relatively few chose to use other NHS support, choosing helplines or online groups over these. 18% also stated that they did nothing when in need of crisis support. 53% of the participants had self-harmed at some point, with 11% currently self-harming. The majority of participants, 84%, had thought about ending their lives at some point. 35% of participants overall had attempted suicide at least once and 25% had attempted suicide more than once. High rates of homelessness were evident in the sample, with 19% reported having been homeless at some point, and 11% having been homeless more than once. Of 188 participants who were parents, 19% reported seeing their child(ren) less, 18% lost contact with their children, and 8% had custody issues. Only 17% found telling their children to be a positive experience. 51% felt that the way trans people were represented in the media had a negative effect on their emotional wellbeing. Although there is no definitive figure for the number of transgender people living in Inverclyde anecdotal evidence suggests that a greater percentage of trans people in NHSGGC will live in Glasgow, being drawn by better access to general services, better trans-specific services, greater anonymity, less stigma & discrimination etc.	
Race	Inverclyde has one of the lowest ethnic populations in Scotland. Recent Census results (2011) indicate that only 3.2% of the total population (81,485) considers itself to be of an ethnic origin, other than White British. The breakdown consists of 0.9% Irish, 0.9% Asian, 0.1% Polish, 0.8% other white and 0.4 other	Scottish Census 2011

	ethnic groups. In terms of identifying their nationality only 1.1% of the population considers itself to have a nationality, other than an UK identity. 92.9% of the Inverclyde population was born in Scotland, 0.8% born in other European Union countries and1.8% born in other countries outwith of the EU. In the 2011Census results, 1.3% of the population reported using a language, other than English at home, with 0.7% stating that they do not use English well and 0.1% of the population that they do not speak English at all. Research indicates that people from ethnic groups and in particular, South Asia are more likely to be at risk of cardiovascular disease and Diabetes type 2 (MECOPP,Briefing Sheet) Evidence from NHS Scotland 2008 suggests that there is a strong link between between socio economic status and health inequalities experienced by people from ethnic minority backgrounds stemming from poor housing conditions, low paid employment, social isolation and barriers to services through language difficulties. It is important that we acknowledge barriers around accessing services, particularly in respect of women from different minority ethnic backgrounds and religions who have a lower uptake of cancer screening services.e.g. breast cancer and bowel cancer screening. Women from ethnic minority groups also can have a distinct and isolated experience of domestic violence, influenced by their tradition and culture and more unlikely to seek support due to language barriers and lack of informal support.(Hemat Gryffe Womens Aid) The Disability Rights Commission 2006 reported that people from Ethnic Minority Groups often experience higher rates of mental health issues as a result of feeling more vulnerable, at risk of hate crime or experienced some form of discrimination and isolation. This can also be linked to the issue of stigma, facing individuals from different ethnic groups within their own community, which stops them from seeking support. In many ethnic and religious traditions it is not acceptable for individuals to seek support out with of the family network. Support is often	

	expected to be provided by female members of the family and issues around Mental Health, dementia in older people, learning disabilities(Disabilities Rights Commission 2006) and levels of domestic abuse can often go unreported with a huge burden being placed on family carers.	

Disability	Inverclyde HSCP Strategic Plan 2016-2019, Strategic Needs Assessment and Housing Contribution statement demonstrates that it has taken cognizance of inequalities and needs of people with disabilities. These include age, mental health, learning disabilities, physical illness (e.g. coronary heart disease, cancer etc.), physical disabilities and other health conditions (HIV). The Institute for Fiscal Studies research indicated the cost of benefit claims in Scotland in 2011 – 2013 was £17.2bn with £1.9bn attributed to disability allowance and attendance allowance. Within Scotland, disability benefits per person equates to £593, 22% higher than GB average (£485). The data suggests that the percentage of Scots claiming health benefits is, proportionally speaking, higher than the rest of the UK Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be. In 2014 there were 385 deaths under the age of 75 across Inverclyde, 41.1% of the total deaths. This is higher than the Scottish figure in 2014, which was 36.8%. In 2014 there were 937 deaths registered in Inverclyde. Fifty-four percent of those deaths were caused by cancer and diseases of the circulatory system (including cardiovascular disease and strokes). These are: Cancer 37.8% Diseases of the circulatory system 20.1% Diseases of the digestive system 8.6% Diseases of the nervous system 3.8%	***Inverclyde HSCP Strategic Needs Assessment 2016*** ***ISD Scotland, ACaDMe***

DRAFT

	Diseases of the respiratory system 12.3% External causes 7.2% Mental and behavioural disorders 4.0% Other 6.2% Long term conditions (LTCs) are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. LTCs can have a serious impact upon a person's personal life but can also have a serious economic impact on health and social care services. 60 per cent of all deaths are attributable to long term conditions and they account for 80 per cent of all GP consultations. Multiple morbidities bring both person-centred as well as financial challenges (Christie, 2011). Patients with multiple complex long term conditions are currently making multiple trips to hospital clinics to see a range of uncoordinated specialist services. **.** **Children and Young People –** The strategic plans for Inverclyde HSCP 2016-2019 recognises that the protection and promoting the health of children and reducing inequalities are critical long term outcomes in improving the health and life chances for the whole population. In Inverclyde between 2012/13 and 2014/15 2.6% of all babies had a low birth weight. This was a reduction in the percentage from the previous year but was higher than the Scottish figure of 2.0%. There are a number of factors associated with low birth weight babies. This includes smoking, the age of the mother (younger and older mothers are more likely to have low birth weight babies), deprivation and whether the birth is a multiple birth. In Inverclyde between 2012/13 and 2014/15 2.6% of all babies had a low birth weight. This was a reduction in the percentage from the previous year but was higher than the Scottish figure of 2.0%. Child weight and growth can be used as a marker of their general nutritional and physical health. If a child is short, under or over weight for their age then this may be an indicator of an underlying health or social problem. The child health programme operated by NHS boards in Scotland offers routine reviews at various stages of a child's life. Height and weight is collected as part of the review when children are in Primary 1 at school, and the measurements can be used to derive estimates of the prevalence of overweight and	***The Christie Report 2011*** ***Child Health Programme ScotPHO***

	underweight children. Chart 4.1E below shows the percentage of children in Primary 1 in Inverclyde and Scotland who are at risk of being overweight or obese from 2011/12 to 2013/14. It shows that children in Inverclyde are at a slightly higher risk of weight problems compared to the national average. Looked after and accommodated children figures for March 2016 indicated that there were 238 children who had an additional support need. This was an increase from 190 children in November 2014 (the earliest available figures). **People with a physical Disability and sensory impairment -** Inverclyde HSCP Strategic Needs Assessment acknowledges the Scottish Governments 50 point commitment plan (8th September 2015) announcement to tackle inequality and advance disabled people's human rights under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In healthcare some of the key aspects of the plan are: •More support for independent living and more say about how their support will be managed and provided •Health, social care and other support services working together to remove the barriers faced by all disabled people •Increased opportunities to be involved in community development and service delivery. From the national census 2011, there were 6,537 people who identified themselves as having a physical disability in Inverclyde. This is 8% of the whole population. The majority of people who have a physical disability in Inverclyde are over the age of 50. Table 4.6C below also shows that the proportion of those with a physical disability increases as people age. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over. **People with a learning disability-** In June 2013 the Scottish Government released a learning disability strategy for Scotland named The Keys to Life – Improving Quality of Life for People with Learning Disabilities. A	***Scottish Government 2016-2020 Delivery Plan 2015*** ***Census 2011***

	key aspect of the strategy is to improve the health of a group of people who have some of the poorest health of any group in Scotland. Figures from Learning Disabilities Statistics Scotland, demonstrate that the number of people known to local authorities per 1,000 of population 2010 – 2014 in Inverclyde is significantly higher (8.7 – 9.4%) than the Scottish average (6.0 - 6.4%) There were 624 adults with a learning disability in Inverclyde in 2014. Half of them lived in areas with high levels of multiple deprivation and the largest single group was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect their quality of life. **People who experience mental health issues or illness –** Health issues that are included within the area of mental health range from common problems such as dementia, stress and depression, to more severe issues like schizophrenia, bipolar affective disorder and other psychoses. The Strategic Needs Assessment for Inverclyde 2016-2019 recognises and works with in the mental health and wellbeing strategies and targets established by the Scottish Government in 2012 in 2 key areas of change in: •Community, inpatient and crisis mental health services • Work with other services and populations with specific needs. Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. This data has been collected by the Office for National Statistics as part of their UK Annual Population Survey since 2011. The average scores for Inverclyde and Scotland for 2014 and 2015 shows that on average people in Inverclyde have slightly poorer mental health wellbeing compared to the Scottish average. In the 2011 Census there were 5205 people who identified themselves as having a mental health issue. This is 6.4% of the total population in Inverclyde compared with the Scottish average figure of 4.4%. Research evidence indicates the prevalence rate of people with a new diagnosis of depression is slightly higher than the Scottish average. Inverclyde 8.36% as compared with	***Scottish Government Keys to Life Learning Disabilities Statistics Scotland,*** ***Learning Disabilities Statistics Scotland, National Records of Scotland*** ***Office for National Statistics***

	Scotland 6.28%.	***Census 2011***
	People with Dementia –	
	Dementia presents a significant challenge to individuals, their carers and health and social care services across Scotland. Data from the Quality Outcomes Framework demonstrates that the rate of individuals in Inverclyde with dementia has fallen slightly from 0.9 in 2010/11 to 0.7 in 2014/15. This estimated prevalence is marginally less than the Scottish figure of 0.8 people per 100 of the population.	***Quality and Outcomes Framework (QOF)*** ***www.isdscotland.org/qof***
	The Census 2011 estimated that 34,492 people in Scotland were living with sight loss.	
	Over half are registered as blind, with 2 in 5 male, and the remainder female. 74% over 65, a third have additional disabilities. However, it must be noted that the report suggests there is a significant number of people who are not represented within the statistics, yet if tested would be classified as blind or partially sighted. Research by Gross et al (2013) explores access to public physical recreation and leisure services for disabled people. The study highlights the need to employ the Community Health Environment Checklist-Fit (CHEC-fit) criteria to facilities, to ensure they offer appropriate access for the disabled community. This 54 question questionnaire examines main fitness area, participation facilities, locker rooms and accommodation in relation to their suitability for disabled people.	***Quality and Outcomes Framework (QOF)*** ***www.isdscotland.org/qof*** ***Census 2011***
	In their study of a North East Scottish location issues regarding access (i.e. lifts or stair lifts), accessible locker-rooms and lockers, drinking fountains alongside accessible equipment (i.e. machines and weights) were all found to restrict the ability of disabled people to engage with physical recreation and leisure services. The research illustrates the value of ensuring adequate processes and procedures are in place to ensure accessibility for disabled people. The design of the mainstream housing stock in Inverclyde is not well suited to the housing requirements of older households or those with mobility difficulties. The high percentage of tenements and other flats that make up the total housing stock in Inverclyde means that there	***Gross et al (2013) explores access to public physical recreation and leisure services for disabled people. The study highlights the need to employ the Community Health Environment Checklist-Fit (CHEC-fit)***

DRAFT

	is a significant stock mismatch in some areas. This increases demand for amenity housing and supported housing for older people. Approximately 12% of social housing stock in Inverclyde is classed as specialised, more than half of which is sheltered and medium dependency. The profile of older persons housing has changed in recent years, with a shift away from care homes and sheltered housing towards more supported forms of accommodation. The Scottish House Condition Survey (2013) estimates around 5,000 in Inverclyde homes have an adaptation, 5% have a requirement for adaptation. As older households are more likely to live in either owner occupied sector or social renting there is likely to be a continuing demand for adaptations services to enable older people and those with physical disabilities to remain independent at home.	***The Scottish House Condition Survey (2013)***
Sexual Orientation	Confirming an accurate figure for the LGB population has proved difficult particularly given that the national census and other large scale population surveys do not include categories allowing LGB people to identify. Without a more robust measure it is estimated that between 5% - 7% of the UK population identify as Lesbian, Gay or Bi-Sexual. By applying this estimate to Inverclyde it can be assumed that there are approximately 4,700 LGB people living in Inverclyde. Research suggests that many LGB people will move to larger towns and cities in order to access peer social networks and services. Given this it is likely that many LGB people will move to Glasgow which is seen as a relatively LGB friendly centre. The Scottish Health Survey, (2010) found that LGB health & well-being outcomes have been shown to be notably poorer than in the heterosexual community. LGB people are more likely to have higher alcohol use, smoke and have poorer psychological well being with less LGB people reporting Good / Very good health A Call to Action: A Report on the Health of the Population of NHS Greater Glasgow and Clyde (2007-2008) suggested that lesbian, gay, bisexual and transgender (LGBT) people are concerned that there is an added dimension of discrimination which can make the difference between good and bad health. Problems associated with homophobia in early life such as bullying and low self-esteem can continue into adulthood and have serious long term negative	

	effects on health. This is reflected in higher suicides rates amongst gay men than in the heterosexual population and higher rates of anxiety, depression, self-harm and ttempted suicide have been linked with experiences of prejudice and discrimination.	
Religion and Belief	From the Census results (2011) we know that 33% of the Inverclyde population consider themselves to be members of the Church of Scotland,37% Roman Catholic church members and 4.1% of population belonging to other Christian denominations. 0.2% identified themselves as being of the Muslim faith and 0.5 of another faith. 19.2% stated that that they had no religion and a further 5.9% did not state anything. Evidence has been found that discrimination based on religion in the past, may be a contributing factor in ill health amongst the catholic community in the West of Scotland, due to increased stress levels, limited employment opportunities and leaving the labour market at an early age due to ill health.(Gordon et al.,2010) Concerns around services being culturally sensitive, respecting peoples faith and religion, facing language difficulties have been expressed by carers in the past and may be a barrier to individuals from different backgrounds accessing services. Positive messages around Person centred care and self directed support may help to overcome this and efforts made to recruit carers, who have an understanding of the individual's first language and religious needs. Evidence exists to show that religion and spirituality can have a positive effect on people's health and wellbeing particularly in later life.(Gordon et al, 2010; Holloway et al 2011) It will be essential for the Strategic plan to reflect a partnership approach to working with people from minority groups in order to meet their individual needs in a holistic way and pull resources to meet their needs.	
Age	The Inverclyde Joint Strategic Needs Assessment (2016) recognises that Inverclyde's population is an increasingly elderly one as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland. In addition, there are more women than men in every age group except for those aged 0-15 as stated above.	**Census 2011**

	The projections show that the percentage of the population in older age groups is due to rise, with those aged 75 and above going from about one in ten in 2012 to nearly one in five of the population by 2037. There will be more people in older age groups than in younger age groups for both men and women. Inverclyde is one of the few council areas where the population numbers are falling meaning that it is estimated there will be just over 65,000 people in Inverclyde in 2037. This is a challenge for Inverclyde as it will have a large proportion of the population seen as economically 'dependant' upon the working age population. It is also recognised that disabilities and long term health conditions are more common among older people. Older people quite often experience more than one condition for which they require support from health or social care services The majority of people who have a physical disability in Inverclyde are over the age of 50. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over. This has implications for budgets and future planning which is recognised by the commissioning themes in the HSCP Strategic Plan. By commissioning against our five themes, we will be in a stronger position to ensure that our commissioning is based on person-centred outcomes, particularly in those cases where individuals have characteristics relating to more than one care category or need. There is also the issue of social isolation and loneliness in relation to age. The recent Age and Social Isolation report by the Equal Opportunities Committee (EOC) recommends that these issues are built into the plans and strategies of HSCPs across Scotland. Older and younger people particularly experience stigma when experiencing loneliness linked to social isolation. If there are other protected characteristics in addition to being young or old then the potential impact is greater	**Inverclyde Joint Strategic Needs Assessment (2016)** **Age and Social Isolation (EOC 2015)**
Pregnancy and Maternity	There were 725 births in Inverclyde in 2015. Although this was the fewest births since 1998, the actual rate of births per 1,000 women aged 15-44 has not changed significantly over that 18 year period. The 2015 rate, 50.7, was slightly under the Scottish figure of 52.0. The birth rate in Inverclyde has been lower than the Scottish average since 2006. One of the major	**Inverclyde Strategic Joint Needs Assessment (2016)**

DRAFT

	challenges affecting Inverclyde is depopulation which is being addressed by the SOA 1 Repopulation group the outcome of which is to have a stable population with a balance of socio economic groups. At a national level there is a focus on Pregnancy and Parenthood in Young People which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in many young people under 18. In addition the strategy aims to provide extra support for young parents, particularly those who are looked-after up to age 26 in line with the Children and Young Peoples (Scotland) Act 2014. In terms of the age of the mother, the percentage of maternities for women under 20 was marginally lower in Inverclyde than Scotland in 2015. Although this is a marginal difference it is important to acknowledge that reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next. Partnership working to reduce teenage pregnancy has been in place for many years in Inverclyde as it was recognized that teenage mothers: • Are less likely to finish their education • Are more likely to bring their child up alone and in poverty • Are three times more likely to smoke during their pregnancy • Are 50% less likely to breastfeed • Have 3 times the rate of post natal depression of older mothers • Have a higher risk of poor mental health for 3 years after the birth. There is good evidence demonstrating the short and long term health benefits of breastfeeding for both mothers and infants, including a reduced risk of infection and childhood obesity. The percentage of breast fed babies (both mixed and exclusively breastfed) is lower in Inverclyde than the Scotland average. Breastfeeding in Inverclyde has fallen slightly from the 2005/06 levels, but has been rising in the last few years from lows in 20012/13.	**Pregnancy and Parenthood in Young People Strategy** **Health Scotland**
Marriage and Civil Partnership		

Social and Economic Status	Inverclyde is considered one of the most deprived local authorities in Scotland. Just over 40% of the population of Inverclyde (33,501 people) are in the top 20% most deprived data zones in Scotland. The rest of the population is relatively evenly spread across the other deciles, except in the least deprived decile where there is one data zone in Inverclyde in the top 10% least deprived in Scotland. Both male and female life expectancy at birth is lower in Inverclyde than the Scottish average and within Inverclyde a 14 year difference in life expectancy can be seen across our most deprived to least deprived areas. In terms of healthy life expectancy there is 23 years difference between those living in most and least deprived areas. People within deprived communities also have higher rates of corony heart disease; some cancers; mental health problems and alcohol and drug problems**.** The percentage of people who are economically active is about 64% of the population in Inverclyde. The percentage of the population who are economically inactive in Inverclyde is lower than the Scottish average. However nearly 9% of those who are inactive are those who are long-term sick or disabled, and this is greater than the figure for the whole of Scotland. One in five of the working age population (aged 16-64) made a benefit claim, or were receiving benefit, in August 2015, the majority were for out of work benefits. Main out-of-work benefits include the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. Financial issues and concerns can cause health and social problems. Job insecurity, redundancy, debt and financial problems can all cause emotional distress, affect a person's mental health and contribute to other health issues. Information from the survey has shown that over 70% of respondents had a positive view of the adequacy of household income; however this has steadily declined in Inverclyde since the survey began. The Health and	**SIMD 2012** **National Records for Scotland 2012** **Long Term Monitoring of Health Inequalities SG 2013** **Census 2011** **DWP 2015** **NHS GG&C Health and Wellbeing survey**

	Wellbeing survey also reported that 9% of respondents in Inverclyde said they were affected by welfare reform. The majority of those who had been affected (87%) said that they had been affected adversely by reforms in welfare. The group who responded the most that they were affected were those aged between 35 and 44. Those in the bottom 15% deprivation areas were more likely to have difficulties meeting costs (29%) than other less deprived areas. This includes costs associated with rent/mortgage payments, fuel bills, phone bills, council tax/insurance, food or clothes/shoes. Additionally, those in the younger age groups were more likely than older age groups to have difficulty with household costs. Child Poverty rates are high with more than 1 in 4 children in Inverclyde are living in poverty. The ward with the highest percentage of children living in poverty is Inverclyde East Central (29.3%) whilst the ward with the lowest percentage is Inverclyde West (15.47%). There were 624 adults with a learning disability in Inverclyde in 2014. Half of them lived in areas with high levels of multiple deprivation and the largest single group was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect quality of life This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. It is therefore imperative that the HSCP through it's Strategic Plan has a clear remit to work towards reducing inequalities arising from social and economic deprivation. The strategic plan requires to take a localities approach to ensure targeted universalism to ensure these	**End Child Poverty: Children in poverty Oct-Dec 2013 estimates** **Learning Disabilities Statistics Scotland,**

DRAFT

	inequalities are reduced.	

Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	**Alcohol and Drugs** Alcohol and drug related harm is a significant issue in Inverclyde. In 2012/13 it was estimated that it had the highest prevalence rates and incidents of substance misuse and related harm in Scotland (3.20%); a higher prevalence than the largest city populations. In 2012/2013 in Inverclyde there were an estimated 1,700 people aged 15-64 with a problem drug use. Problem drug use can lead to a number of health and social problems; in Inverclyde in 2013 the rate of drug related hospital admissions was 240 per 100,000 people, almost double the rate for Scotland as a whole which was 125 per 100,000 people. Over the intervening two year period, drug related deaths have reduced in Inverclyde. This remains an area of high priority for the ADP. Comparing with national data in 2013 there were 16.01 drug related deaths per 100.000 population in Inverclyde for Scotland the figure was a rate of 10.26 and for the NHS Greater Glasgow and Clyde Board Area the rate was 15.2. Alcohol related health issues are a major concern for public health in Scotland. Excessive consumption of alcohol can cause both short-term and long-term health and social problems. This includes liver and brain damage, as well as mental health issues, and it is also a contributing factor in cancer, stroke and	**Inverclyde ADP– Strategic Commissioning Intentions 2015-2018** **ISD Scotland** **Inverclyde HSCP Strategic Needs Assessment 2016** **Inverclyde ADP– Strategic Commissioning Intentions 2015-2018**

	heart disease. The rate of alcohol related hospital stays in Inverclyde has fallen slightly in the five years between 2010/11 and 2014/15 from 1192.2 to 1072.5. The number of hospital stays has also fallen in the same time period, in 2010/11 there were 954 stays related to alcohol and this had fallen to 849 by 2014/15 The rate (per 100K pop) of Alcohol Related Hospital Admissions in Inverclyde has continued to fall steadily from 2008/9 to-date. The rate for Inverclyde was 693 per 100K per population compared to 693 for Scotland. since 2010 the prevalence of alcohol related mortality has fallen per 100K of population in Inverclyde. However compared with Scotland wide rates, Inverclyde remains higher than that for the rest of the country with a rate of 28 deaths per 100K of population compared to a rate of 21 per 100K of population for Scotland as a whole Although significant advances have been made in tackling alcohol and drug related harm in Inverclyde there is considerable progress to be made in supporting the realisation of an environment where alcohol and drug misuse issues impact less on the achievement of better outcomes for individuals and our communities. **Homelessness** Shelter Scotland states In 2014-15, 35,764 homeless applications were made. The number of homeless applications is in decline which shelter advises is due to the renewed preventative approach adopted by local authorities in the form of housing options, rather than a change in the underlying drivers of homelessness.	**Shelter Scotland 2014 Housing and Homelessness statistics** **Source: Scottish Government, Operation of the Homeless Persons Legislation in Scotland: 2014-15** **Inverclyde Housing Contribution Statement 2016-2019**

	Around half of all homeless households are headed by someone aged under 30. Female homeless applications are typically younger, with more female applications than male in the under 25s 13.3%/per1000 of population. Under25s are homeless, much higher than the rate of homelessness for 25-65s, which is 5.7%/per 1000 population. In Inverclyde in the financial year ending March 2015, 1028 households approached us for housing options advice, of this 264 households made a homeless application. The Local Housing Strategy includes themes addressing homelessness and housing for particular needs which are informed by a significant body of policy, legislation and research. Therefore, the strategic outcomes already reflect and align across the published National Health and Wellbeing Outcomes framework. The Health and Social Care Partnership and local housing providers will work together with care leavers to promote independence and enable tenancy sustainment. This will include working in partnership to investigate the options for providing a supported housing development for vulnerable young people. This will allow young people who have been in care or have experienced homelessness to gain the skills required for independent living in a safe and supported environment reducing the recurrence of repeated homelessness presentations.	**The Scottish Government's Future Model for Community Justice in Scotland consultation paper (2014)**

DRAFT

	Inverclyde has developed an online Housing Options Guide and a Housing Advice Hub (one-stop-shop). The increased use of housing options for waiting list applicants, in particular those who are potentially homeless, has helped to ensure that people are aware of all the housing options available to them. This enables them to make informed decisions regarding their housing options. **Criminal and community Justice** Inverclyde HSCP Strategic Plan 2016-2019 incorporates the HSCP's Transition plan for a new model Community / Criminal Justice service development programme. It is recognised Offenders are are marginalised and face long term discrimination and stigma due to passed and spent convictions. 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." Inverclyde submitted a response to this consultation paper on 13th August 2015 in respect to a call for evidence from the Justice Committee. The new model will allow for: • Local strategic planning and delivery of community justice services. • Duties on a defined set of statutory Community Justice Partners to engage in this local strategic planning and delivery with accountability for planning and performance residing at a local level. • The creation of Community Justice Scotland to provide leadership for the	**RCPsych web link: http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness,offending.aspx** **To Reduce Violence Against Women, Inverclyde CSP, Co-ordinating Group, October 2009.** **Inverclyde Alliance SOA 2013-2017.**

	sector; enhanced opportunities for innovation, learning and development; independent professional assurance to Scottish Ministers and Local Government Leaders on the collective achievement of community justice outcomes across Scotland. • A focus on collaboration, including the opportunity to commission, manage or deliver services nationally where appropriate. Inverclyde has a prison based population at HMP Greenock that includes both male and female prisoners. There is increasing research that demonstrates the strong links between mental health and material deprivation. The poorest fifth of adults are at double the risk of experiencing a mental health problem as those on average incomes. The impact of welfare reform has compounded this further where 98% of respondents in a recent report Worried Sick: Experience of Poverty and Mental Health Across Scotland (2014) indicated their mental health had suffered. Women's Aid highlight that whilst the number of incidents of domestic abuse reported to the Police have fallen, their data has shown an increase in the last year.	**RCN website:https://www.rcn.org.uk/development/practice/social_inclusion/gypsy_and_traveller_communitiessuggested** **Poole and Adamson (2.** **Source: Scottish Government, Operation of the Homeless Persons Legislation in Scotland: 2014-15 and Youth Homelessness Analysis 2014-15** **Equality and Human Rights Commission in 2009** **Stonewall 2003).** **Power 2004, Commission for Racial**

	Parental substance misuse is also a significant factor in Child Protection concerns. Inverclyde Alliance SOA 2013-2017. Two thirds of young offenders were under the influence of alcohol at the time of committing their offence and a significant number of prisoners report having problems with alcohol and drugs outside prison. Alcohol and Inverclyde: Impact, Services and Strategy, Report prepared for the Inverclyde Alliance Board, 2007. All of these criminogenic conditions impact on community justice and highlight the multi-layered and complex nature of issues facing our community. Importantly the profile also speaks to the variety of community assets that may be utilised in developing community capacity to facilitate the desistance of offenders. Studies have found that mental health problems are much more common in prisoners than in the general population. As much as 9 out of 10 prisoners report some kind of mental health problem and the most commonly reported symptoms in prisoners are sleep problems. **Traveller communities** Research suggests that Gypsy and Traveller communities include Gypsies, Irish and Scottish Travellers and other groups such as new Travellers suggested that while Gypsies and Traveller's share travelling lifestyles, each community within this classification has its own distinct culture Romani and Roma Gypsies and Irish Travellers are recognised as groups that have distinct traditions. Other groups are recognised as Travellers through their patterns of movement, such as fairground and circus families and new Travellers. They too have their own history and hopes for the future.	**Equality 2006** **Scottish Refugee Council**

	Roma communities as the most deprived and vulnerable ethnic group within Europe as highlighted in the report by Poole and Adamson (2007). Many of the problems of the Roma community stem from their deliberate exclusion from citizenship in the EU countries from which they originate. It is recognised that This exclusion is a result of deep-rooted racism at all levels of society, which impacts on their health, access to service, unemployment, housing issues, poverty etc. Roma communities are particularly vulnerable to private sector dependency, given their high levels of unemployment, temporary or low paid employment. As a result, they experience high rents, sub-standard conditions and non-existent tenancy agreements. These factors also force Roma families to move frequently from one tenancy to another. It has been difficult to estimate how many families are living locally, due to the transient nature of the population (both via inward and outward migration). The July 2009 Gypsy and Traveller count in Scotland found a population of around 2,120 (Scottish Government Social Research 2010) and in Wales it is around 2,000 (Equality and Human Rights Commission 2009). A research study, published by the Equality and Human Rights Commission in 2009, presents evidence of Gypsies' and Travellers' experiences of inequalities	**Glasgow Caledonian University, 2012**

DRAFT

	in a wide range of areas and has highlighted "the extent to which many of their experiences remain invisible and ignored within wider agendas" (Cemlyn et al 2009, p.252). The report covers the experiences of Gypsies and Travellers in England, Scotland and Wales. Gypsies and Travellers were highlighted as the minority group about which people felt least positively in a survey profiling the nature of prejudice in England (Stonewall 2003). Media reporting of stories about Gypsies and Travellers have usually reinforced negative stereotypes, a situation exacerbated by figures of authority (Power 2004, Commission for Racial Equality 2006). In their media analysis, Amnesty International in Scotland found a disproportionate amount of scrutiny of Scottish Gypsy Travellers in the Scottish media (Amnesty International 2012b). Inverclyde Council has a designated traveller's sight but information on its use is not routinely captured so cannot provide futures for this. However, , the community engagement in the allocation of this designated area was the subject of community objection and discord. The culture of travelling present challenges in providing services to these communities that may be overcome with flexibility and person central approaches. **People seeking asylum and economic migrants** Scottish Refugee Council report on Asylum in Scotland stated that an asylum seeker is someone who has made a formal application for asylum and is waiting for a decision on their claim. The UK Home Office must decide whether or not that person qualifies for protection under the 1951 UN Refugee Convention or human rights legislation.	**web link: http://www.nhs.uk/NHSEngland/Militaryhealthcare/veterans-families-reservists/Pages/veterans.aspx.**

	A refugee is someone whose application for asylum individually has been successful. They have been recognised as needing protection under the 1951 UN Convention because the UK Government believes they have a well-founded fear of persecution in their home country for reasons of race, religion, nationality, membership of a particular social group or political opinion. Asylum seekers make up less than 0.5% of the population of Glasgow (where the vast majority of asylum seekers in Scotland live). Asylum seekers have limited ability to choose where they live - they are generally allocated housing by the authorities. Their accommodation is not paid for by the local council, but by the UK Government.People whose asylum claim has been rejected and who are unable to return to their country of origin can face homelessness and complete destitution. They have no legitimate means of support and must rely on the charity of others.Between 2009 and 2012 1,849 destitute asylum seekers in Scotland were supported by the Refugee Survival Trust and the Scottish Refugee Council. On average destitute asylum seekers have been destitute for 1.5 years. (Glasgow Caledonian University, 2012.) Supporting new communities, NHS GGC (2005) suggested that language and communication have been identified as key findings in this research. This is despite a massive investment in and development of translation services in the city. Racism and bullying are reported as daily aspects of the lives of asylum seekers and refugees. This is a sad reflection on Glasgow and is despite the programmes and support mechanisms in place across the city. Sadly too it reflects the experience of many people from our resident black and minority ethnic population. There is evidence to suggest that health status of new entrants may worsen in two or three years after entry to the UK because of a complexity of pre-migration and post-migration factors.	

	Mental health appears to be the biggest health issue affecting asylum seekers and refugees once in this country. Many studies have documented the high prevalence of trauma, post-traumatic stress disorder (PTSD) and depression within this community. There is very little information on the health needs of disabled asylum seekers and refugees. There is very little known about drugs and alcohol issues within the asylum seeker and refugee community; inaccurate figures from drug services and relatively low numbers of asylum seekers and refuges accessing addiction services prevents an accurate assessment of these issues. However, research suggests that this community is at risk of developing addiction problems because of unemployment, poverty and exposure to drugs and alcohol in the areas where they live. A number of studies have demonstrated that asylum seekers and refugees experience particular problems in accessing and using health services because of language and a lack of information. Asylum seekers and refugees are not a homogenous group, coming from different countries, cultures, religions and experiences. Tey have different health needs as a result. Asylum seeker and refugee women and children are particularly vulnerable to developing poor physical and psychological health. Women may have a specific range of health problems related to their experience of migration and possible rape or torture experienced in their home country. Children are at risk of undergoing physical and psychological disturbances due to malnutrition, exposure to violence, forced displacement and multiple familial losses.	

DRAFT

	There are a number of key methodological issues which may arise when researching the health needs of asylum seekers and refugees related to the diversity of this community, trust and confidentiality. **Veterans** A veteran is someone who has served in the armed forces for at least one day. There are around 2.8 million veterans in the UK. When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS. It was suggested that trauma services, homelessness and addiction services may need to further develop to meet the needs of this group.	

C Do you expect the policy to have any positive impact on equalities or on different equalities groups?

	Highly Likely	Probable	Possible
General			
Sex			
Gender Reassignment		The strategic plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive	

		additional learning opportunities to better understand the barriers to access experiences by trans people. Our equality outcomes will ensure that trans people will not be discriminated against because of their protected characteristic.	
Race			
Disability	The overarching Strategic Plan links to 26 existing strategic plans and which have been the subject of an independent EQIA review. This ultimately ensures positive outcomes for Service users, carers, and employees with protected characteristics. These plans together with the Strategic Needs Assessment and Housing Contribution		

DRAFT

	Statement outline the key actions and outcomes for specific protected groups within set timescales. The strategic plan and companion documents will be made available in an easy read version and alternative formats are available on request. Inverclyde Housing Contribution statement 2016-2019 sets out key actions to meet the housing needs of people affected by disability in Inverclyde. This includes: Collaborative research will be undertaken to support the Local Housing Strategy and Housing Need and Demand Assessment to identify specialist housing requirement early in the planning of the Affordable Housing Supply Programme. Undertake a joint review of Inverclyde's Equipment and		

DRAFT

	Adaptations Services		
Sexual Orientation		The strategic plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers to access experiences LGB people. Our mainstreaming aspirations and evolving equality outcomes will ensure that LGB people will not be discriminated against because of their protected characteristic.	
Religion and Belief			
Age		The Strategic Plan highlights opportunities to work with our partners to commission related services across care groups. It does not always make sense for us to commission services to support recovery on behalf of older people, people with mental	

DRAFT

		ill-health etc. separately. As it is the older population who often require most access to more than one service this is highly likely to benefit them. However outcomes based commissioning is an aspirational approach at the moment so remains to be further evidenced	
Marriage and Civil Partnership			
Pregnancy and Maternity		The Strategic Plan highlights various plans targeted at young people in particular and their health and wellbeing as a priority. This includes a Looked After Children's strategy currently being developed. There is a focus on the early years and getting it right. Traditionally planning for hospital services has been	

DRAFT

		separate from community-based health and social care planning, but the logic for having them integrated is apparent. To support a move to developing more sophisticated whole-system planning that helps reduce unequal outcomes for those accessing maternity services.	
Social and Economic Status		Probable. The Strategic Plan has identified 3 localities within Inverclyde which have differing characteristics related to deprivation. If services are planned and delivered on a locality basis this should have a positive impact.	
Social and Economic Status			
Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	**Alcohol and Drugs** The outcome focused approach of the Inverclyde Alcohol and Drug Partnership (ADP) is based on effective recovery from substance misuse for service users and their families/carers		

DRAFT

	who are marginalised due to the impact and stigma associated with such behaviours Taking effective approaches to tackling offending and antisocial behaviour where substance misuses is a contributing factor and tackling the supply of substances and effective regulation for the sale of alcohol. **Homelessness** The Housing Contribution statements sets out its commitments to groups with protected characteristics by developing an Inverclyde wide housing options approach to ensure that comprehensive information and advice is available to older people, children and young people, people with disabilities and minority ethnic communities.		

DRAFT

	Transient populations (Travellers, Asylum Seekers/economic migrants and refugees) The HSCP Strategic plan outlines its commitment to reducing inequalities within the strategic plan mainstreaming statement which includes traveller communities, asylum seekers, refugees and community justice.		

D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	**Probable**	**Possible**
General			
Sex			

DRAFT

Gender Reassignment			
Race			It is essential that the delivery of the actions outlined in the Equality Outcomes section are implemented and monitored. Staff in all sectors need to be more aware of the need to engage with the ethnic minority groups in Inverclyde and involve them in the shaping and planning of services to make sure we get it right.
Disability			No. Inverclyde HSCP has equality at the heart of its commitments as stated in the mainstreaming equalities section within the strategic plan. Significant priority has been given to the needs of service users, carers and paid and voluntary staff evidenced through the workforce development planning (referred to as the people plan) and the anticipatory strategic needs assessment process. These processes together with wider locality engagement provide opportunities for feedback, review and

DRAFT

			change as necessary or on the implementation and renewal the 26 existing plans which interface with the overarching planning arrangements in Inverclyde.
Sexual Orientation			
Religion and Belief			
Age			
Marriage and Civil Partnership			
Pregnancy and Maternity			
Social and			Tackling inequalities and improving

DRAFT

Economic Status			social economic status requires a community planning partnership approach rather than in the singular structure of the HSCP. If this CPP approach is not taken there is potential that the nine national and wellbeing outcomes for people with these identified protected characteristics will not be realised;
Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	**Travellers** **Asylum Seekers** **Refugees**	Alcohol and Drugs Homelessness 4 Key challenges 4.1. There are four overarching challenges to the successful implementation of the Housing Contribution Statement. • Demographic • Knowledge and collaboration; and • Fiscal and economic. Demographic Developing better integrated information which can be shared across agencies and facilitate collaborative case management	

DRAFT

		and shared responsibility outcomes is a key challenge. An information sharing protocol will be developed, which will incorporate a data sharing agreement. Where this relates to young people, it will take the new role of 'named persons' into account. Fiscal and economic 4.4. The pressures on national devolved budgets, as well as local settlements will continue to presents difficult challenges. A key risk is that financial pressures place at jeopardy the provision of preventative services and constrain the capacity to shift resources. Welfare Reform and Universal Credit continue to pose particular challenges for housing providers. In addition, how housing support is delivered and funded needs further partnership discussions to clearly identify the needs, funding sources and delivery models for the future. 4.5. Partners will review this funding issue and assess options for facilitating more particular needs housing and for realising their aspiration to	

DRAFT

		create more centralised adaptations services for Inverclyde. The review will also consider options for future models of housing support. 4.6. The supply of affordable housing remains a high priority for the Scottish Government, which has made clear its commitment to deliver at least 50,000 affordable homes during the lifetime of the next parliament. The Government is keen to accelerate the Affordable Housing Supply Programme which provides an opportunity to develop housing to meet the needs of the people of Inverclyde. 2.12. The relationship between poor health and homelessness is recognised. Research into the wider circumstances of people who experience homelessness shows significant inequality, both in terms of accessing health services and the potentially detrimental health and wellbeing impact of living in temporary or precarious accommodation, which may be of poorer quality. Prisoners and Offenders	

		2.14. Housing provision is a key outcome in the context of community justice, where it is recognised that there is a link between finding and/or keeping stable accommodation and reducing re-offending. People who have committed offences require a variety of supports regarding housing, ranging from building capability skills to social skills to build positive relationships in communities and self-esteem to enable people who commit offences to be fully integrated into their local community. **Homelessness** Without the establishment of a Housing Partnership Group with involving all partners there is a risk that the effective implementation of the Housing Contribution Statement commitments may impact on those affected by homelessness	

DRAFT

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy		
E2 action to compensate for identified negative impact		
E3 Further monitoring – potential positive or negative impact		
E4 Further information required		

DRAFT

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

April 2018

Lead Reviewer: **Name:**
Sign Off: **Job Title**
Signature
Date:

DRAFT