

Shadow Integration Board

9.30am on Tuesday, 19th January 2016 in the
Sir Peter Heatly Boardroom, Commonwealth House,
32 Albion Street, Glasgow G1 1LH

AGENDA

1. Membership

To note that the Glasgow City Council membership on the IJB has been amended to Councillors

James Adams
Marie Garrity
Emma Gillan
Archie Graham (Chair)
Mhairi Hunter *
Matt Kerr
Mohammed Razaq
Soryia Siddique *

with Malcolm Cunning and Elaine McDougall * as deputies for absent members.

* New members of the Board.

2. Apologies for Absence

Councillor Archie Graham

3. Minutes

To approve as a correct record the Minutes of the meeting of the Shadow Board held on 1st December 2015.

4. Matters Arising (not otherwise on the Agenda)

(a) Integration Scheme

David Williams, Chief Officer Designate

(b) Standing Orders

David Williams, Chief Officer Designate

Enclosure

Minutes

Letter

Oral

<p>(c) Unscheduled Care</p> <p>Stephen Fitzpatrick, Head of Older People's Services</p>	Oral
<p>5. Finance</p> <p>(a) GCH&CP Joint Finance Monitoring Report</p> <p>Sharon Wearing, Chief Officer Finance & Resources</p> <p>(b) Finance 2016/17</p> <p>David Williams, Chief Officer Designate</p>	Paper
<p>6. Governance & Committee Arrangements</p> <p>David Williams, Chief Officer Designate</p>	Paper
<p>7. Establishing Equalities outcomes for the IJB</p> <p>Susanne Millar, Chief Officer Planning & Strategy & CSWO</p>	Paper
<p>8. Organisational Development</p> <p>Presentation by Isla Hyslop, Head of Organisation Development</p>	Presentation
<p>9. Glasgow Community Planning Update</p> <p>Alex Mackenzie, Chief Officer, Operation</p>	Paper
<p>10. Glasgow Carers Partnership – Evaluation</p> <p>David Williams, Chief Officer (Designate)</p>	Paper
<p>11. Next Meeting</p> <p>The next meeting will be held on Monday, 8th February 2016 from 10.00am to 1.00pm. It is anticipated that this will be the first meeting of the Integration Joint Board.</p>	

11th January 2016

Enquiries about this agenda should be made to:

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NOT YET APPROVED AS A CORRECT RECORD

GLASGOW CITY SHADOW HEALTH & SOCIAL CARE INTEGRATION BOARD

Minutes of meeting held in the Sir Peter Heatly Boardroom, Glasgow City HSCP,
Commonwealth House, 32 Albion Street, Glasgow, G1 1LH
at 2.00pm on Tuesday, 1st December 2015

Item No 3

PRESENT:	Cllr James Adams	Councillor, Glasgow City Council
	Simon Carr	NHSGG&C Board Member
	Cllr Marie Garrity	Councillor, Glasgow City Council
	Cllr Emma Gillan	Councillor, Glasgow City Council
	Cllr Archie Graham	Councillor, Glasgow City Council (Chair)
	Cllr Matt Kerr	Councillor / Executive Member Families, Health and Social Care, Glasgow City Council
	Trisha McAuley	NHSGG&C Board Member (Joint Chair)
	Bailie Mohammed Razaq	Councillor, Glasgow City Council
	Robin Reid	NHSGG&C Board Member
	Rev. Norman Shanks	NHSGG&C Board Member
	Donald Sime	NHSGG&C Board Member
	Mari Brannigan	Nurse Director - Partnerships
	Richard Groden	Clinical Director, Glasgow City
	Ian Leech	Glasgow City Staff Side
	Alex MacKenzie	Chief Officer Operations
	Dorothy McErlean	NHSGG&C Staff Representative
	Peter Millar	Independent Sector Provider Representative
	Susanne Millar	Chief Officer Planning, Strategy & Commissioning/CSWO
	Anne Scott	Social Care Users Representative
	Dr Michael Smith	Lead Associate Director Mental Health
	Ann Souter	PPF Representative
	Shona Stephen	Third Sector Housing Provider Representative
	Sharon Wearing	Chief Officer Finance and Resources
	David Williams	Chief Officer Designate
IN ATTENDANCE:	Jonathan Bryden	Head of Finance (NHS)
	Kay Carmichael	Administration Manager
	John Dearden	Head of Business Administration
	Allison Eccles	Head of Business Development
	Stephen Fitzpatrick	Head of Older People's Services
APOLOGIES:	John Brown	NHSGG&C Board Member

1. MEMBERSHIP

It was noted that Trisha McAuley has been appointed as lead Non-Executive Member for the Health Board and in that capacity she will be Vice-Chair of the IJB once it is formally established. Councillor Matt Kerr has replaced Councillor Malcolm Cunning as a representative of Glasgow City Council on the Shadow Board.

2. MINUTES

The minutes of the meeting held on 6th October 2015 were approved as a correct record.

3. INTEGRATION SCHEME

David Williams advised that the revised draft Integration Scheme would be submitted for approval by the Glasgow City Council Executive Committee on 10th December 2015 and the NHSGG&C Board meeting on 15th December 2015. Once the scheme had been approved by both organisations it will be submitted formally to the Scottish Government for approval.

It was stated that agreement had been reached in relation to Children's Services, with the wording in the Scheme reflecting that Specialist Children's Services in Glasgow will be managed by David Williams, with overall responsibility sitting with Robert Calderwood, Chief Executive NHSGG&C with delegated responsibility to Keith Redpath to co-ordinate/manage the whole system approach to SCS.

The Board

(a) noted the update.

(b) was pleased that progress has been made.

4. FINANCE REPORT

(a) GCH&SCP Joint Finance Monitoring Report

Sharon Wearing spoke to the paper providing a summary of the financial performance of the Glasgow City Health and Social Care Partnership for the period 1st April to 31st September 2015.

Sharon indicated the probable outturn for SWS would be approximately £3.7m overspent by year end which includes the £700k for the 0.5% pay award. The NHS spend was anticipated to be in balance by year end.

In response to comments:-

- a) A proposal had been put forward to save £1m from transport, however, this requires a joint approach with procurement and Land and Environmental Services and could be looked at again going forward into next year.
- b) Sharon confirmed that the income which is received comes from Homelessness Accommodation.
- c) It was noted that there is an on-going action plan in relation to Children's Services as this is the area where the main challenges are. A new residential unit (taking Council capacity to 148 spaces) opened in November which will allow for bringing back some more children who are placed outwith the City at present. The 'spend to save' programme used is being revisited again with a view to a second phase being developed linked to the through-care and aftercare agenda.

The Board noted the report.

(b) Budget 2016/17

David Williams introduced the item by advising that the Executive Committee of the Council had approved a paper containing an approach to how the Council would seek to achieve £121M of savings in 2016/17. The formula developed was based on a predicted headcount reduction achieved via natural wastage. The approach was detailed in the report on the Council's website which was publicly available and included an approach involving creating a leaner organisation with reduced lines of accountability and hierarchy of management.

So far savings of £77M had been identified. Further work was progressing as part of a transformational programme across the Council. It was hoped to come back to the IJB with further information in February.

David noted that the Health Board were going through a similar process of review. Many members had attended the Board Seminar that morning when a presentation on expected challenges had been made. The level of savings discussed was not dissimilar to those for the Council. Significant work would be required over the next three weeks to firm up proposals.

Councillor Graham stated that early indications were that the Council would require to make significant savings in the next two years at a level of at least £103M. Due to technical adjustments of £18M per annum, this equates to £121M. He advised that Social Work Services will require to contribute its share of the savings. The Leader and Deputy Leader hoped to meet the First Minister the following week to discuss the severe impact of these saving which made it impossible for the Council to maintain services at the present level.

Members noted additionally that whilst it was likely that health would receive further funding it was not expected to be directed to geographic board services.

Members commented on the situation and agreed the importance of working together to ensure the IJB is able to provide services to deliver the Strategic Plan within a reduced financial envelope.

The Board

(a) noted the update;

(b) asked to receive a further update at the January Shadow IJB meeting.

5. PERFORMANCE REPORT

Allison Eccles presented a paper providing an overview on the Partnership's performance in delivery of health and social care services as at October 2015.

The paper had been discussed at the HSCP Operational Senior Management Team meeting to review what requires to be reported for the future, identifying the indicators that are key for managing performance and pulling into a more co-ordinated report.

A number of comments were raised by members in relation to the data within

the report:

1. the data being reported appears out of date, most relates to June, July, or September
2. KPI2 – Cervical Screening; the data appears to be a year behind
3. Whether the whole level data needs to be presented or could consideration be delegated to clinical governance committees

It was confirmed that data is pulled quarterly with this paper being produced in October, therefore it contained data for Quarter 2 (June – September).

David Williams confirmed there required to be a link between the performance framework and transformational change. However, there is a requirement for the IJB to have a balance of reporting in relation to performance for accountability but whether this could be done through sub committees could be considered further.

The Board

(a) noted the report;

(b) asked that proposed governance arrangements are presented to the January meeting.

6. WORK PLAN FOR IJB GOVERNANCE DOCUMENTATION

Allison Eccles spoke to a report which detailed the various documents, strategies, policies and arrangements that required to be put in place by or at the time of formation of the Integration Board. The relevant documentation had been prepared into a Work Plan, with the majority of reports currently in draft form or ready to be presented to the IJB at its first meeting.

A member suggested that Clinical Governance should be included as an item.

Allison Eccles

The Board noted the report.

7. DRAFT STANDING ORDERS FOR THE IJB

John Dearden spoke to a report which set out suggested Standing Orders for adoption by the IJB at its first meeting. The Standing Orders set out the rules and procedures to be followed in conducting Integration Joint Board meetings. They also contained information on ethical standards which the Board members were required to comply with.

There was discussion on a number of areas as highlighted, but specifically about:-

- Arrangements for the admission of the media and public to meetings
- Arrangements to apply where there was a failure to agree on a matter before the Board.

There was consensus that meetings should generally be open to the media and press and any exclusion should be the exception.

Members had some concerns over the provision in relation to circumstances where the voting members could not agree (Article 10.12). John explained

that a provision as included, or one like it, had to be included in Standing Orders to meet the requirements of the legislation as the Chair did not have a second or casting vote. It was suggested that consideration should be given to:-

- (a) simplifying the provision;
- (b) adding clarity to how any unfinished business should be transacted;
- (c) whether any alternative provision could be incorporated.

The Board endorsed the draft Standing Orders subject to further consideration being given to the provisions at Article 10.12.

8. IJB FUTURE MEMBERSHIP

John Dearden spoke to a paper confirming the arrangements that needed to apply to the Membership of the Integration Joint Board for voting and non-voting members. Specific attention was drawn to:-

- (a) there were three categories of members – voting; non-voting stakeholder representatives appointed by the Joint Board; non-voting professional members appointed by the Joint Board or the parent authorities.
- (b) the term of office of members was not to exceed three years;
- (c) there was a discretion to appoint members for less than three years
- (d) there was provision for all members to be represented by a nominated proxy;

There was a discussion on the term of office of members.

The Board

(a) agreed that all members should be appointed for a term of three years from the initial appointment.

(b) Additionally, it supported the suggestion that the three Clinical Directors should each serve a rotating term of one year in three.

9. AUTISM STRATEGY

David Williams spoke to the paper on the draft Glasgow Autism Strategy which has been developed by SWS, Education and Health staff. The strategy sets out the priorities to delivery of the four key outcomes set out in the national strategy:

1. A Healthy Life
2. Choice and Control
3. Independence
4. Active Citizenship

A Member questioned the section within the report relating to 'Early Year's', commenting that staff working within the service did not recognise what had been written as current practice. Susanne Millar agreed to raise this expressed concern with the Executive Director of Education.

The Board

(a) Noted the report

(b) Invited Members to submit any comments on the draft strategy

10. UNSCHEDULED CARE AND WINTER PLANNING

Stephen Fitzpatrick spoke to the paper providing an update to the Board on the winter planning arrangements for 2015/16. The proposed plan outlines the arrangements to be put in place in order to minimise any potential disruption to the provision of health and social care services to patients, service users and carers. The focus was on supporting the acute hospital system by helping to avoid unnecessary admissions, managing reductions in delays and ensuring there is sufficient health and social care staff available to respond to increased demand.

In regards to Unscheduled Care the preparation of the winter plan was seen as a precursor to the IJB assuming lead responsibility for the strategic planning of unscheduled care. The evaluations of the winter plan's impact on unscheduled care activity in Glasgow will inform future strategic planning. An Unscheduled Care Planning Group has been established and further update will be provided at future IJB meetings.

The Board

(a) noted the report

(b) would receive further updates at the Shadow IJB meeting.

11. FUTURE MEETINGS

The dates of future meetings were reviewed. It was noted that the 8th February 2016 meeting would probably be the first formal meeting of the Integration Joint Board whereby there are a number of papers which are required to be presented for formal decision.

The 21st March 2016 meeting will be used primarily for formal budget sign off and the approval of the strategic plan.

12. NEXT MEETING

It was agreed that the next Shadow IJB meeting would take place at 2.00 pm on Tuesday 19th, January 2016 in the Sir Peter Heatly Boardroom, Glasgow City HSCP, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 4.10pm

Shadow Integration Joint Board

Report By: Chief Officer, Finance and Resources

Contact: J Bryden, Head of Finance

Tel: 0141 287 0486

GCH&SCP Joint Finance Monitoring Report

Purpose of Report:	To provide a summary of the financial performance of Glasgow City Health and Social Care Partnership for the period 1 April 2015 to 30 November (Health) and 24 November 2015 (SWS).
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Recommendations:	The Shadow Integration Joint Board is asked to note this report
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Implications for IJB:

Financial:	None
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Personnel:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Equalities:	None
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Implications for Glasgow City Council:	Contributes to net overspend position at P9 2015/16
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Implications for NHS Greater Glasgow & Clyde:	None
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1. Introduction

- 1.1 This report provides a summary of the financial performance of Glasgow City Health and Social Care Partnership for the period 1 April 2015 to 30 November (Health) and 20 November (SWS).
- 1.2 For the purposes of this report, the NHS and Social Work elements are shown separately. Work is ongoing to develop an integrated report, and will be reported in due course.
- 1.3 This statement is based on information contained within financial systems of the respective partner organisations and includes accruals and adjustments in line with agreed financial policies.

2. Summary Position

- 2.1 Within the NHS, gross expenditure is £110,000 (0.03%) less than budget (M07, £103,000) and income is on budget, resulting in net expenditure of £110,000 (0.03%) less than budget.
- 2.2 Within Social Work, gross expenditure is £1,761,000 (0.53%) greater than budget and income is £164,000 (0.15%) less than budget, resulting in net expenditure of £1,597,000 (0.71%) more than budget.
- 2.3 A summary analysis of this position is shown at Appendix 1.

3. Reasons for Budget Variances

- 3.1 The main reasons for the budget variances are outlined below.

3.2 NHS Budget Variances

- 3.2.1 **Community Addictions** are underspent by £208,000 (M07, £159,000). Funding has been provided at the top of scale within the Resource Allocation Model, resulting in non-recurring savings in-year. Provision is being made,

across Community and Hosted Addictions services, for the shortfall in the HSCP Addictions savings programme.

- 3.2.2 **Adult Community Services** (excluding EquipU) are underspent by £593,000 (M07, £528,000). This occurs largely within nursing services (District Nursing, Out of Hours Nursing and Other Nursing) as a result of staff turnover. The rate of underspend has reduced slightly from previous months, as recruitment takes place into these posts.
- 3.2.3 **EquipU** charges are overspent by £311,000 (M07, £273,000). This reflects the additional spend as a result of Integration Fund initiatives. Although costs are closely monitored and analysed, EquipU charges are expected to be a continued and increasing source of pressure for the Partnership given the need to move patients quickly from inpatient beds. The rate of overspend in-month is consistent with previous months.
- 3.2.4 **Specialist Children's Services** are overspent by £98,000 (M07, £102,000). In Month 07, inpatient and Tier 4 Child and Adolescent Mental Health Service budgets were transferred from Glasgow City HSCP to a non-integrated budget outwith Glasgow. The transferred element held the bulk of the unachieved savings for 2015/16 with the remaining budget being close to breakeven.
- 3.2.5 **Children's Services – Community** are underspent by £3,000 (M07, overspent by £41,000). Patient and Children's Teams ('PACT') services are overspent by £217,000 (M07, £208,000). The savings taken from this service are beginning to be achieved as trained staff transfer to vacancies in mainstream Health Visiting services and spend is now close to breakeven in-month. School Nursing continues to underspend, however, as a result of staff turnover and vacancies.
- 3.2.6 **Hosted Services** are underspent by £385,000 (M07, £390,000). Homelessness Services are underspent by £285,000 (M07, £246,000). This service has traditionally underspent as a result of the high turnover of staff and frequent review of requirements. The underspending in this area was offset in-month by an overspend within the Continence Service.
- 3.2.7 **Mental Health Services** covering Adult and Elderly Community and Inpatient services, are underspent by £167,000 (M07, £259,000). This is largely the result of an underspend against BUPA partnership beds budgets and other Elderly Mental Illness services in South Glasgow, a position which is expected to continue. Pressures exist, however, in admission and assessment wards, particularly at Parkhead. This particular pressure is expected to continue until the site can be cleared.
- 3.2.8 **Other Services** are overspent by £1,304,000 (M07, £1,214,000), partly as a result of double running costs for both old and new Possilpark locations.

Sector management is actively looking at options for vacating the old building to remove the ongoing running costs of this building. In addition, funding has been provided from this area for non-recurring School Nursing savings and for a shortfall in the funding available for purchased beds in Darnley and Quayside for adults with incapacity, discharged from Acute beds. We are also reviewing the level of medical cover currently being provided. In addition, non-recurring costs resulting from staff accommodation movements associated with Health & Social Care Integration are being charged here.

3.3 Social Work Services Budget Variances

- 3.3.1 There remains a pressure in direct employee costs of £2.1m within directly provided **Older People's Residential Care**, which includes overtime and agency costs incurred in order to maintain sufficient cover in staffing rotas.
- 3.3.2 **Homelessness** is currently underspent by £761,000. There is an underspend in employee costs (£630,000) as a result of the 17 week dispute in community casework teams which ceased at the end of July. There is also an under recovery in housing benefit subsidy income (£733,000), which is currently being offset by slippage in various homelessness projects
- 3.3.3 **Purchased Services** (excluding Homelessness, and OP and Children's Residential Care) are underspent by £2,977,000 in respect of the provision of care packages for service users. This position reflects slippage within the Integrated Care Fund to offset pressures linked to new demand for services.
- 3.3.4 **Transport** continues to be an on-going pressure across the Service which, together with difficulties in achieving programmed savings, has led to an overspend of £485,000 at period 9.
- 3.3.5 **Children and Families** shows a net overspend of £3,077,000. Following a period of relative stability during 2014/15 in the number of purchased residential school placements, the current year has seen an increase, from 103 at the end of 2014/15 to 118 at Period 9. In addition, the complex needs of a number of these placements have resulted in associated high costs. As a consequence, we have seen a steady increase in the full year commitment up to Period 9. We have also seen a slowing down in the number of applications to the Council for potential foster carers, and this issue has been exacerbated by recent legislative restrictions on the number of placements that can be made with a foster carer. This is one of the reasons for the increase in higher cost purchased foster placements. The position does not reflect any potential growth in numbers.

The key areas are:

- **Employee Costs** have a significant overspend on Superannuation costs (£480,000 at P9) which has increased compared to previous years due to Automatic Enrolment of employees into a workplace pension scheme. Overtime within Residential Units is overspent by £372,000.

- Placement numbers in **Residential Schools** have increased by 5 since period 8 and total 118 at P9, with an increase in full year commitment of £386,000. The full year projected overspend is £3.5m, which includes 14 placements within secure establishments of which 5 are on remand. At period 9 the overspend is £2.4m.
- **Purchased residential placements** total 441, an increase of 3 since period 8, with a net increase in full year commitment of £90,000. The full year projected overspend is £252,000, with period 9 showing an overspend of £175,000. Purchased fostering placements have increased by 7 since period 8 and total 338. Personalisation and young people in transition to adult services are reflecting an underspend of £205,000 at period 9.
- **Transport** continues to be an on-going pressure, and shows a £569,000 overspend at Period 9. This is mainly in transportation services provided by Cordia LLP.

There are also underspends in various areas including provided foster care (£249,000), adoption allowances (£203,000), kinship care (£128,000), shared care and community respite (£142,000) and purchased respite (£133,000).

4 Action

- 4.1 In terms of the Social Work budget, the Chief Officer Designate GCHSCP continues to manage and review the budget across all areas of the Service in conjunction with the leadership team. A number of actions are in place to mitigate the budget pressures outlined in this report, including:
- Bring back high cost placements in Children's Residential Units outwith Glasgow to new provided Residential Units
 - Alternative arrangements will be investigated with a view to procuring appropriate accommodation for young adults to facilitate their transition from residential care, thus creating capacity within this service
 - In-year savings within Addictions Services to cover any potential part year shortfall in the Service Reform Programme
 - Further efficiencies within Adult Purchased Services to offset the impact of new demand
 - Review of Purchased and Provided Day Care for Older People
 - Consideration of all options to reduce spend within Homelessness
 - Actions to reduce agency and overtime in Residential Units
 - Utilisation of slippage within the Integrated Care Fund to offset other pressures within Older People
 - Rationalisation of services
- 4.2 In addition, we will look for further efficiencies within the overall HSCP budget to assist recovery of the financial position.

5. Recommendations

5.1 The Shadow Integration Board is asked to;

- (i) note the contents of this report,
- (ii) note that the separate elements of this budget statement are being reported through the respective partner organisations, and that Social Work Services are working to an action plan to mitigate any overspend in the current financial year.

Appendix 1 – Analysis of GCHSCP Integrated Budget, showing NHS (to end November) and SWS (to 20 November) care group details

	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% Variance
	£000	£000	£000	£000	
NHS Services					
Gross Expenditure					
Addictions - Community	5,082	3,385	3,177	(208)	6.1%
Addictions - Hosted	26,611	18,319	18,322	4	(0.0%)
Adult Community Services	23,588	15,755	15,473	(282)	1.8%
Child Services - Community	13,318	8,851	8,848	(3)	0.0%
Child Services - Specialist	14,952	9,645	9,744	98	(1.0%)
Fhs - Gms	86,805	56,317	56,317	0	0.0%
Fhs - Other	88,568	59,437	59,437	(0)	0.0%
Fhs - Prescribing	122,135	81,680	81,681	0	0.0%
Hosted Services	13,900	9,306	8,921	(385)	4.1%
Integrated Care Fund	12,404	4,754	4,754	0	0.0%
Learn Dis - Community	2,217	1,489	1,326	(162)	10.9%
Men Health - Adult Community	17,344	11,548	11,434	(114)	1.0%
Men Health - Adult Inpatient	64,694	42,878	42,980	102	(0.2%)
Men Health - Elderly Services	25,917	17,216	17,077	(139)	0.8%
Men Health - Other Services	15,496	10,180	10,164	(16)	0.2%
Other Services	27,916	18,457	19,761	1,304	(7.1%)
Planning & Health Improvement	8,982	5,066	4,976	(90)	1.8%
Resource Transfer - Local Auth	65,410	43,608	43,609	0	(0.0%)
Sexual Health Services	11,333	7,528	7,308	(219)	2.9%
NHS Sub Total	646,672	425,419	425,309	(110)	(0.0%)
Social Work					
Expenditure					
Community Care	387,017	221,399	220,178	(1,221)	(0.6%)
Children & Families	130,815	85,808	88,972	3,164	3.7%
Criminal Justice	16,661	10,421	10,421	0	0.0%
Fieldwork	8,668	5,728	5,629	(99)	(1.7%)
Support Services	13,550	9,636	9,553	(83)	(0.9%)
Sub Total	556,711	332,992	334,753	1,761	0.5%
Income					
Community Care	135,419	93,469	93,515	46	0.1%
Children & Families	1,985	1,121	1,207	86	7.7%
Criminal Justice	18,630	12,091	12,091	0	0.0%
Fieldwork	2,197	1,341	1,365	24	1.8%
Support Services	366	350	358	8	2.3%
Sub Total	158,597	108,372	108,536	164	0.2%
Social Work Net Sub Total	398,114	224,620	226,217	1,597	0.7%
Grand Total	1,044,786	650,039	651,526	1,487	0.2%

Shadow Integration Joint Board

Report By: Chief Officer (Designate)
Contact: John Dearden, Head of Business Administration
Tel: 0141 287 0394

Governance & Committee Arrangements

Purpose of Report:	To advise members of the future governance arrangements with the City Council and Health Board, to advise on the internal officer decision making structures established and to set out proposals for the establishment of Committees.
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Recommendations:	<ol style="list-style-type: none"> 1. To note the future governance arrangements existing between the IJB and the City Council/Health Board. 2. To note the internal officer meeting structure established within the H&SCP. 3. To consider proposals for the IJB to establish Committees to assist with the conduct of its business.
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Implications for IJB:

Financial:	Financial arrangements are subject to agreement between the IJB and the Council and Health Board at least annually.
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Personnel:	The Health Board and the Council remain responsible for the employment of staff allocated to the functions of the IJB.
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Legal:	The IJB is a separate legal entity which operates within the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Equalities:	The IJB is required to comply with equalities legislation.
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Implications for Glasgow City Council:	Significant functions of the City Council relating to social work and related services will be delegated to the IJB in accordance with the terms of the integration scheme.
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Implications for NHS Greater Glasgow & Clyde:	Significant functions of the Health Board relating to health functions will be delegated to the IJB in accordance with the terms of the integration scheme.
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1. Introduction

1.1 The integration scheme recently approved by the parent bodies and now approved by the Scottish Government is the main document for identifying the functions to be undertaken by the Integration Joint Board and the accountability of the Board and its Chief Officer.

1.2 The Act puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. The Act requires Health Boards and Councils to work together effectively to agree a model of integration to deliver quality, sustainable care services. Where, as in Greater Glasgow & Clyde, a Health Board and a Local Authority agree to put in place a body corporate model, an Integration Joint Board is established. This will see Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, who will be responsible for the planning of integrated arrangements and onward service delivery.

1.3 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through directions issued by it under section 26 of the Act to the Health Board or Council. The Integration Joint Board will also have an operational role as described in the locally agreed operational arrangements set out within the integration scheme.

1.4 To fulfil its remit the Integration Joint Board will:

- Adhere to the content of any future regulations or guidance issued by Scottish Ministers
- Ensure stakeholder engagement
- Take into consideration national developments in policy and practice.

1.5 An Integration Joint Board must prepare and then review a strategic plan at least every three years. Integration Joint Boards are under a duty to have regard to integration principles when preparing a strategic plan. Integration Joint Boards are also under a duty to have regard to the National Health and Wellbeing Outcomes (the Outcomes) when preparing a strategic plan. These Outcomes are high-level

statements of what Integration Joint Boards are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

1.6 Integration Joint Boards are required to issue directions to Health Boards and Councils as to how integration functions are to be carried out. Integration Joint Boards are required to prepare an annual performance report.

1.7 An annual financial statement must be published setting out the total resources included in the plan for that year.

2. Relationship with the Council and Health Board

2.1 Whilst a separate legal entity, the Integrated Joint Board retains accountability to the parent bodies in a number of respects:-

Chief Officer

2.2 The Chief Officer is a joint appointment and is accountable both to the Integrated Joint Board and the Chief Executives of the Council and Health Board. He is expected to participate as a full member in the Corporate Management Team of the Council and in the Chief Officers Group at the Health Board.

Finance

2.3 The IJB is required to have a Chief Finance Officer, accountable to the Chief Officer as an officer responsible for its financial administration. The Health Board's accountable officer and the Council's Section 95 Officer discharge their responsibility, as it relates to the resources that are delegated to the Integration Joint Board, by the provisions in the Integration Scheme.

2.4 The Chief Financial Officer of the Integration Joint Board is responsible for the administration of the financial resources delegated to it and will discharge this duty by:

- Establishing financial governance systems for the proper use of the delegated resources;
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's financial resources; and
- Ensuring that the directions to the Health Board and Council require that the financial resources are spent according to the allocations in the Strategic Plan.

2.5 The Integration Joint Board, through its Chief Finance Officer, will need to put in place systems to establish good governance arrangements, including:

- Financial regulations (which will link with those of the Health Board and Council);
- Risk management and insurance provision; and
- Internal audit arrangements.

2.6 The Schemes of Delegation to Officers established by the Council and Health Board will require to be revised to reflect the new arrangements, including provision for joint appointments and for officers of both organisations to

approve/authorise expenditure. Work on this is well advanced. Relevant documentation is being finalised.

- 2.7 The legislation requires that the Integration Joint Board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973. This determines that the Integration Joint Board will produce audited accounts, that the external audit will be undertaken by auditors appointed by the Accounts Commission and that the financial statements will be prepared according to the Code of Practice in Local Authority Accounting in the UK.
- 2.8 Council and Health Board will need to include additional disclosures in their accounts to reflect their formal relationship with the Integration Joint Board.
- 2.9 The IJB will not own real property and any arrangements for the acquisition or improvement of property will be undertaken via the Council and Health Board. The IJB will link in with the appropriate capital planning arrangements of the Council and the Health Board.

Monitoring

- 2.10 Performance and financial monitoring will be the subject of report to the Council and Board as well as regular report to the IJB. Within the Council the Health & Social Care PD Committee has undertaken a performance monitoring role in relation to social work services. In future, subject to further discussion, it is proposed that the bulk of this role will pass to the IJB who will require to prepare performance reports under the terms of Regulations made under the Act.

Human Resources

- 2.11 Staff will continue to be employed by the parent bodies. Appropriate arrangements are being established for governance linkage with the parent bodies' human resources, staff side and health & safety procedures.

Clinical and Professional Governance

- 2.12 Each of the parent bodies will retain scrutiny of professional and clinical governance at high level to ensure consistency of application over the entirety of their organisations. The IJB has established an integrated governance group which will be the main vehicle for review of governance arrangements within the IJB and dissemination of information to the Health Board and the City Council.

3 Internal Officer Arrangements

- 3.1 Within the H&SCP a business architecture has been developed to clearly define how business is transacted and where decisions are made. The narrative at Appendix A provides relevant details.

4. Committee Structure

4.1 Within the IJB meeting arrangements, it is proposed to establish a small number of committees as detailed in Appendix B. These Committees are proposed within the rules that govern the composition of IJB Committees i.e. that:-

- (a) Committees may be established of members for the purpose of carrying out such functions as the Board may determine;
- (b) The IJB must determine the person to act as Chair of the Committee
- (c) A committee must include an equal number of voting members from the Council and the Health Board
- (d) Any decision made about carrying out of functions or integration functions must be agreed by a majority of the members who are voting members.

4.2 The Committees proposed are:-

IJB Executive Sub Committee

Finance and Audit Committee

Public Engagement Committee

Proposed membership and remits for this Committee are set out in Appendix B.

5. Strategic Planning Group

5.1 Under the legislation the IJB is required to form a Strategic Planning Group to lead the development of the IJB's Strategic Plan. Within Glasgow due to the complexity and scale of integrated health and social care, this function has been undertaken initially by a series of planning groups comprising relevant stakeholder groups.

5.2 It is proposed the Strategic Planning Group established by the Integration Joint Board is made up of all members of the existing client group specific Strategic Planning Groups, along with other key stakeholders. This city-wide Strategic Planning Group would meet twice per year, around May and November, to review the Strategic Plan and make recommendations to the Integration Joint Board as to how the Strategic Plan may be further developed or enhanced.

Internal Business Architecture

Executive Group		
Membership	<ul style="list-style-type: none"> • Chief Officer # • Chief Finance & Resources Officer # • Chief Officer Planning & Strategy and CSWO # • Chief Officer Operations # • Clinical Director * • Nurse Director * • Lead Associate Medical Director – Mental Health * <p># Substitute to attend if relevant Chief Officer unable to attend.</p> <p>* Open invitation to attend, but not required to attend every meeting.</p>	
Timing	Weekly @ 13:00 to 14.00 each Tuesday	
Function	<ul style="list-style-type: none"> • Information Sharing between Executive Group • Noting the listing of delegated decisions taken • Critical issues for discussion • Business Planning for the Board, Committees • Receives monthly output from <ul style="list-style-type: none"> ○ Performance Review ○ Financial Scrutiny ○ Quality, Care & Professional Governance ○ Senior Management Team 	
Admin Support	From Business Administration	

Senior Management Team		
Membership	<ul style="list-style-type: none"> • Executive Group • All direct reports to Chief Officers • Staff side representation (health) social work declined invitation <p>Substitutes for the above to attend in their absence.</p>	
Timing	Monthly on a Wednesday at 9.00 am	
Function	Takes decisions or reviews performance in relation to:-	

	<ul style="list-style-type: none"> • Activity Reports • Strategic Plan Development/Review • City-wide Performance data • City-wide Financial data • Audit Reports • Service Reviews and External Scrutiny Reports • Risk Registers (Quarterly) • ICT Development approvals • Agreement in principle to capital and significant revenue projects per delegation scheme (to be determined) • Clinical & Care Governance • Service Modernisation • Organisation Development • Workforce Planning • Complaints Review (Quarterly) • Communications Strategy • Feedback from GG&C Chief Officers Group, and GCC (E)CMT
Admin Support	Provided by Business Administration

Leadership Forum	
Membership	<ul style="list-style-type: none"> • Executive Group • Senior Management Team • Other Senior Managers not included in above • Staff side (social work and health) depending on subject matter • Sometimes Board Members depending on subject matter
Timing	<p>Quarterly – timing and length dependant on subject matter</p> <p>Twice per year (May & October) to be extended to include service managers</p>
Function	<ul style="list-style-type: none"> • To bring together on a quarterly basis all senior managers of the H&SCP to achieve a common understanding of the culture and objectives of the organisation and the imperatives to be achieved. • In particular to:- <ul style="list-style-type: none"> ○ Ensure staff work collaboratively together ○ Develop wider awareness of how the H&SCP Vision will be achieved; and ○ Provide staff with an opportunity for shared learning ○ Ensure a shared understanding of the challenges for the organisation
Admin Support	From Business Administration plus OD input

Functional Management Teams x3	
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Membership	<ul style="list-style-type: none"> • Those who report to each Chief Officer i.e. there will be separate Teams for <ul style="list-style-type: none"> ○ Resources ○ Planning and Strategy ○ Operations • Additional Members as agreed locally • May be some cross cutting representation 	
Timing	Determined by each function	
Function	<ul style="list-style-type: none"> • Co-ordination of the work of relevant function • Key function is to agree arrangements and keep under review <ul style="list-style-type: none"> ○ Service planning ○ Operational performance ○ Financial performance ○ Service development 	
Admin Support	Provided from relevant function	

Integrated Governance Group		
Membership	<p>Chief Officer of the H&SCP (Chair) Chief Officer Planning & Commissioning and Chief Social Work Officer Clinical Directors of the H&SCP Lead Associate Medical Director (Mental Health) Nurse Director Head of Equality and Health Improvement or nominee Leads (or nominees) for Allied Health Professionals within the H&SCP i.e. Psychology, Occupational Therapy, Speech & Language Therapy, Physiotherapy, Podiatry Social Work Leads from each Locality nominated by the respective Head of Locality Head of Public Protection and Quality Assurance Heads of Children's Services, Adult Services and Older People's Services (or nominated Service Manager) Nominee of the Head of NHS Clinical Governance Nominee of the NHS Pharmacy Practice Support Unit (PPSU)</p> <p>Following a period of establishment the Group will consider the appointment of up to three service users or carer's representatives to join the Group.</p> <p>(Deputies for any member may attend on behalf of absent members, provided attendance is intimated in advance of the meeting.)</p>	
Timing	Quarterly	
Function	The Group exists to secure on behalf of the Integrated Joint Board the effective co-ordination and direction of health and social care	

	<p>governance, within Glasgow City H&SCP. The Group will operate within the overall quality, care and professional governance framework agreed by the H&SCP. The Group will be instrumental in developing and advocating best practice across the organisation consistent with the policies of the City Council and Health Board.</p> <p>Reporting Arrangements</p> <p>The Integrated Governance Group acts on behalf of the Integrated Joint Board. Its decisions are reported to the H&SCP Senior Management Team and to the Integrated Joint Board to whom the Group is accountable. The following Groups will report to the Integrated Governance Group:-</p> <p>Social Work Professional Governance Sub Group Mental Health Quality & Care Governance Committee (or its replacement) Glasgow City Health Care Governance Group</p>
<p>Remit</p>	<ol style="list-style-type: none"> 1. To secure effective service user and carer engagement in clinical, care governance and professional social work governance issues. 2. To consider professional registration and fitness to practice issues as they affect the H&SCP. 3. To encourage the sharing of cross system learning between localities, care groups and professional groups. 4. To identify a need for and commission/approve specific care/clinical policies, guidelines and procedures ensuring consistency of organisational approach. 5. To consider the outcome from Significant Clinical incidents (SCIs), Significant Case Reviews (SCRs) and Complaints and disseminate learning/practice development issues. 6. To review external scrutiny reports and internal investigations and agree the organisational response (subject to any required further review by the IJB). 7. To review the impact of assessments and learning from external published works. 8. To review achievement against the Scottish Patient Safety Programme. 9. To review research and audit relevant to the organisation. 10. To approve the implementation of clinical and care pathways

	within the H&SCP. 11. To review operation of the effectiveness of the group annually.
Admin Support	Provided by Business Administration

IJB Proposed Committees

Overall governance for the H&SCP rests with the Integration Joint Board. It is envisaged that once established the following Committees will be recommended for appointment:-

(a) IJB Executive Sub Committee –

Composition: 4 voting members (2:2) of the Board – Chair/Vice Chair to alternate each year

Frequency – Bi-Monthly

Attendance: Members of the Executive Team and other officers as required

Purpose:

This would be a small group who are authorised to take decisions between meetings of the IJB on all integrated functions. Committee will also provide the opportunity for the Chief Officer to test opinion from the IJB in advance of any significant decisions being taken. It could also be the vehicle through which the Integration Joint Board's and Members' compliance with Standards of Business Conduct is subject to scrutiny. It is anticipated that this committee would meet on a bi-monthly basis.

Remit:

Specific remit to include:-

- To discharge the Integration Joint Board's functions as required in case of urgency between meetings of the Board
- To provide a sounding board for discussion on issues of significance before they are raised at the Integration Board
- To keep under review the governance arrangements for the Integration Joint Board
- To review compliance by the Integration Joint Board and its Members with the Standards of Business Conduct.

(b) Audit and Finance Committee

Composition: 6 voting Members of the Board (3:3) plus 2 non-voting members – Chaired by Non-Executive member or Councillor who is not Chair or Vice Chair of the Board

Frequency – quarterly and additionally as required to meet audit timetable

Attendance: Members of the Executive Team and other officers as required

Purpose:

Committee would recommend the approval of the budget for the IJB and agree with parent bodies the capital plans to support the IJB role. Committee will receive the outcome of findings of internal and external audit; be a vehicle for approving the annual internal audit

plan and for approving the year end accounts. Committee will also look at risk management and operation of financial controls.

Remit:

The Audit and Finance Committee is responsible for monitoring the financial performance of the Glasgow Health and Social Care Partnership; reviewing audit and inspection reports; and for promoting the observance high standards of financial propriety. Specific remit to include:-

- Monitoring internal financial control, ensuring that appropriate financial controls are in place
- Ensuring that performance is monitored against budget and that the budget plan is clearly linked to the strategic plan
- Endorsement of capital schemes promoted by the parent bodies
- Approval of the annual audit plan
- Initiating and undertaking specific audits and/or reviews of any matters falling within the remit of the committee or requested by the Integration Joint Board
- Receiving and considering summaries of internal and external audit reports which relate to any issue falling within the remit of the Integration Joint Board
- Promoting value for money studies and best value
- Taking an overview of the Integration Joint Board's Service Reform programme
- Review of Risk Registers
- Referring back to the Integration Joint Board for its consideration any Service/Financial performance issue which might have implications for policy development coming within the remit of the Integration Joint Board
- Approval of the Annual Accounts and Annual Governance Statement prior to presentation to the Integration Joint Board
- To consider the external auditor's annual letter and associated reports and to report on these to the IJB
- To advise on the effectiveness of relationships between external and internal audit and other inspection agencies

(c) Public Engagement Committee

Composition: 6 Non-Executive Members (3:3) plus 3 non-voting members – Chair and Vice Chair alternate each year

Frequency – quarterly – more often if required

Attendance: Members of the Executive Team and other officers as required

Purpose:

The Committee will enable Glasgow's citizens and local Third and Independent sector organisations to have a direct route of engagement and role in the policy development process in relation to health and social care integrated services by raising matters of concern. It will as part of this role, approve and keep under review the Board's Participation and Engagement Strategy.

Remit:

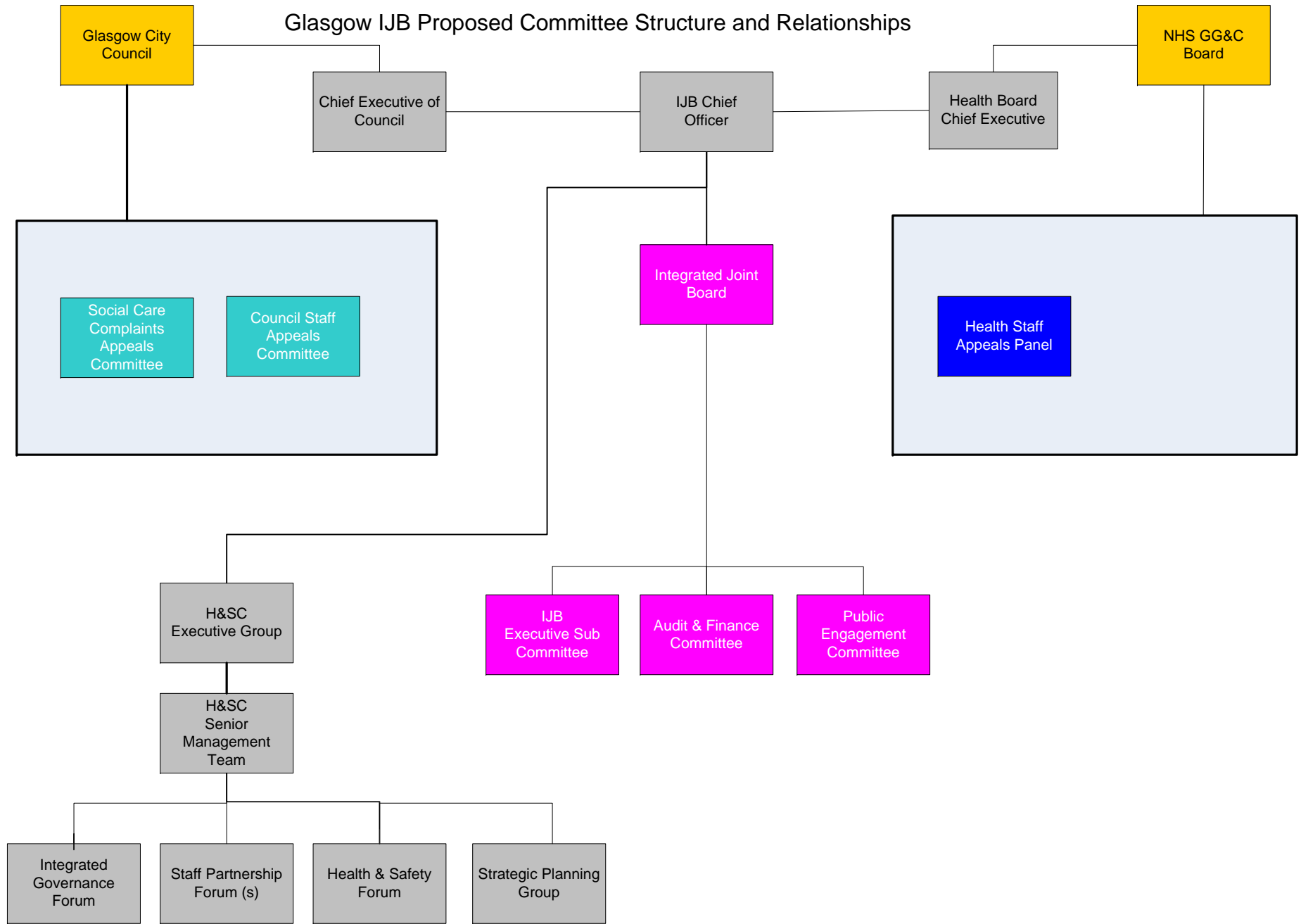
Specific remit to include:-

- To consider petitions and representation on matters falling within the competence of the Integration Joint Board and recommend to the Integrated Joint Board the appropriate action to be taken
- To monitor and review the development and implementation of the Integration Joint Board's Participation and Engagement Strategy
- To carry out any and all functions conferred on the Committee by the Integration Joint Board in keeping with the Participation and Engagement Strategy

(d) Additionally there with be

- Linkage into Council and Health Staff Grievance and Discipline Appeals Systems/Committees.
- Social Care Complaints Appeals Committees.
- Establishment of one or more Health & Safety Committees as liaison between staff and management.

Glasgow IJB Proposed Committee Structure and Relationships



Parent Body

IJB Committee

Board Committees

Council Committee

Officers Group

Chief Officer is accountable via the two Chief Executives to the Board and Council and directs the Executive Group and Senior Management Team of the HSCP.

Shadow Integration Joint Board

Report By: Head of Strategy and Commissioning & CSWO
Contact: Fiona Moss, Head of Health Improvement and Inequalities
Tel: 0141 287 0392

Establishing Equalities Outcomes for the IJB

Purpose of Report:	To propose a robust process for the development of mainstreaming actions and Equality Outcomes for the IJB.
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Recommendations:	To consider the proposed process to bring forward the Equalities Outcomes for the IJB within the required timescale.
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Implications for IJB:

Financial:	This programme of work will be sustained within existing resources and progress reported and published every two years.
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Personnel:	None
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Legal:	To publish Equalities Outcomes by the 30 th April 2016, as required in legislation.
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Economic Impact:	Unknown
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Equalities:	This will improve equalities outcomes across services and
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	engagement with equalities groups
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Implications for Glasgow City Council:	To be determined in partnership with GCC colleagues
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Implications for NHS Greater Glasgow & Clyde:	To be determined in partnership with GGC colleagues
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1.0 Background

- 1.1 All public sector organisations are required to comply with the Equality Act 2010. The characteristics referred to in the Act are: age, disability, sex, gender reassignment, pregnancy and maternity, race and ethnicity, religion and belief, sexual orientation and marriage/civil partnership. The GGC NHS Equalities Outcomes also include SIMD (poverty) as an equality characteristic although not required in statute.
- 1.2 The Act establishes a Public Sector General Equality Duty requiring organisations to:
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
 - Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
 - Foster good relations between people who share a protected characteristic and those who do not
- 1.3 To help achieve the General Duty, secondary legislation, the Equality Act 2010 (Specific Duties) (Scotland) Regulations have also been put in place which require public bodies to:
- Report progress on mainstreaming the public sector duty
 - Publish equality outcomes and report progress
 - Assess and review policies and practices (impact assessment)
 - Gather and use employee information
 - Publish statements on equal pay
 - Consider award criteria and conditions in relation to public procurement
 - Publish in a manner that is accessible.
- 1.4 Integration Joint Boards (IJBs) were added to the public bodies listed in the Equality Act 2010 on the 11th June 2015. This provides IJBs with the opportunity to develop as inclusive and fair public organisations from the outset.
- 1.5 By the end of April 2016, IJBs are required to have published Equality Outcomes, which will be reported on every two years. Guidance from the Equality and Human Rights Commission states the IJB must do the following in developing their outcomes:
- Involve people with protected characteristics and those who the IJB think represent their interests
 - Consider relevant evidence
 - If the set of outcomes does not cover the 3 parts of the public sector duty, the IJB must publish reasons for this

- 1.6 The requirements relating to employee policies, equal pay reporting and procurement will continue to be reported through the two employing bodies. As such the Equalities Outcomes of both employing bodies should inform and compliment the Equalities Outcomes established for the IJB. Both employing bodies already have mechanisms in place to comply with the above requirements, with the current Equality Outcomes running till April 2016 for GGC NHS and a year later for Glasgow City Council.
- 1.7 This paper proposes a process to develop the first IJB Equality Outcomes.

2.0 Governance arrangements

- 2.1 Social Work Services (SWS) have managed their equalities duties through the GCC Strategic Equalities Group chaired by Councillor Archie Graham. This has a cross council working officer group. Glasgow CHP managed their equalities duties through a citywide governance group and sector and hosted services equalities working groups/arrangements.
- 2.2 An HSCP Equalities Governance Group has now been established to support the establishment of the IJB Equalities Outcomes, and ensuring that the Equality Outcomes for the employing bodies are progressing. The Corporate Inequalities Team (GGC NHS) and Corporate Services (GCC) are members of this group.
- 2.3 Both GCC (Corporate Services) and the NHS also contribute to the Glasgow CPP Equalities working group that brings together CPP partner with Equality Forum members to ensure that the Single Outcome Agreement clearly deliveries the Equalities Act requirements. GCPP are at the early stages of developing the BME theme of the SOA. As a community planning partner this will inform our Equalities Outcomes.

3.0 Equality Outcome Process

- 3.1 To inform the Equalities Outcomes an Equality Impact Assessment (EQIA) of the draft HSCP Strategic Plan has been completed. This included consideration of the profile and understanding of need for protected characteristic groups in Glasgow.
- 3.2 An engagement schedule is in place for staff to attend groups and forums to elicit views on key actions for the IJBs first Equalities Outcomes between December 2015 and March 2016. This also builds on engagement activity undertaken in the last year across HSCP services that have highlighted equalities specific issues and actions.
- 3.3 Consideration is also being given to the emerging 2016/19 Equalities Outcomes for GGC and those remaining to be delivered within the final year of the existing GCC Equalities Outcomes.
- 3.4 A consultation paper (attached) has been prepared to share with stakeholders to generate dialogue on the emerging issues.
- 3.5 A stakeholder event will be held on the 28th January, 2016 to share what we have heard and consider the actions required. IJB members have been invited to participate in this event along with equality network organisations and people engaged as part of the process.

3.6 A leadership conversation for senior staff within the HSCP will take place in February, 2016 to present the outcomes being proposed and consider our commitments to these. This will inform the Equalities Outcomes being presented for approval in April 2016.

4.0 EQIA

4.1 The GCC and NHS EQIA processes vary, most notably GCC undertake an initial screening to determine if a full EQIA is required. Reflecting the shadow status of the IJB, both processes have been used to EQIA the draft Strategic Plan. These have highlighted areas for amendment to the final strategy;

- A clearly articulated role of the HSCP in tackling poverty and inequality (part of NHS Equalities Outcome)
- Consideration of intersectionality issues (people with multiple protected characteristics).
- That human rights principles that underpin Equalities legislation are included in the plan.
- Include how the IJB intend to engage with equalities groups.
- equalities issues across service area strategic maps. Each strategic map should reflect key equalities issues for their client group.
- The GGC Accessible Information Policy should be considered in the format and presentation of the written plan

4.2 The IJB will require an EQIA tool and process to publish and report EQIAs. Using both the existing processes enabled comparison and reflection. The intention is to have an EQIA tool that meets the requirements of both employing bodies, published through the IJB and accessible through the GCC and GGC NHS publication processes. Currently only the NHS EQIA tool provides on-line capability, quality assurance, and systematic tracking and reporting of progress.

5.0 Recommendations

The Board is asked to consider and offer guidance on the process to bring forward Equalities Outcomes for the IJB.

EQUALITY consultation paper

A Fairer Glasgow

Glasgow is a city of diversity in its people, places, cultures and well-being.

The Health and Social Care Partnership (HSCP) has a critical role to play in fostering a fairer and inclusive Glasgow.

Part of our contribution to a fairer Glasgow is our first set of Equalities Outcomes, supported by a mainstreaming action plan. This consultation paper is intended to support our conversations with communities, networks, partners and staff on our equalities approach and ambitions as a new public sector body.

Glasgow People

What you might not know;

- Across health and social care interpreting services are regularly used for over 80 languages. The top 4 most asked for languages are Polish, Mandarin, Arabic and Urdu.
- Our black and ethnic minority population has more than doubled in the last decade, with growth across most ethnic groups, but most significantly in Polish and Roma communities.



- Glasgow formally receives people seeking asylum, in this capacity we welcome and support around 3000 people seeking asylum a year.
- Glasgow has nearly as many children under 4 years of age (35,000) as adults over 74 years of age (39,000). This is a unique young age profile within Scotland
- Almost one in every four residents live with a disability (substantially higher than any other city in Scotland), and many more people live with limiting illnesses.
- We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in making it easier for service users/patients to let us know their identity.
- More than a quarter of the children under 4 years of age in Glasgow are from BME communities. This reduces to only 3% of residents over 74 years of age.
- Over 20,000 adults in Glasgow have a Learning Disability

RIGHT HERE
RIGHT NOW

"I have neighbours who are Asian, their children describe having doors closed whilst trick and treating at Halloween"

Right Here Right Now

EQUALITY consultation paper

Glasgow Place's

"Glasgow is my place. I'm surrounded by some wonderful people. We come together, I teach them various eastern European songs, they teach me Ye Banks and Braes o' Bonnie Doon and Comin' thro' the Rye."

Marzanna, Migrant Voices, Glasgow

Govanhill has the highest concentration of Eastern European Roma migrants in Western Europe

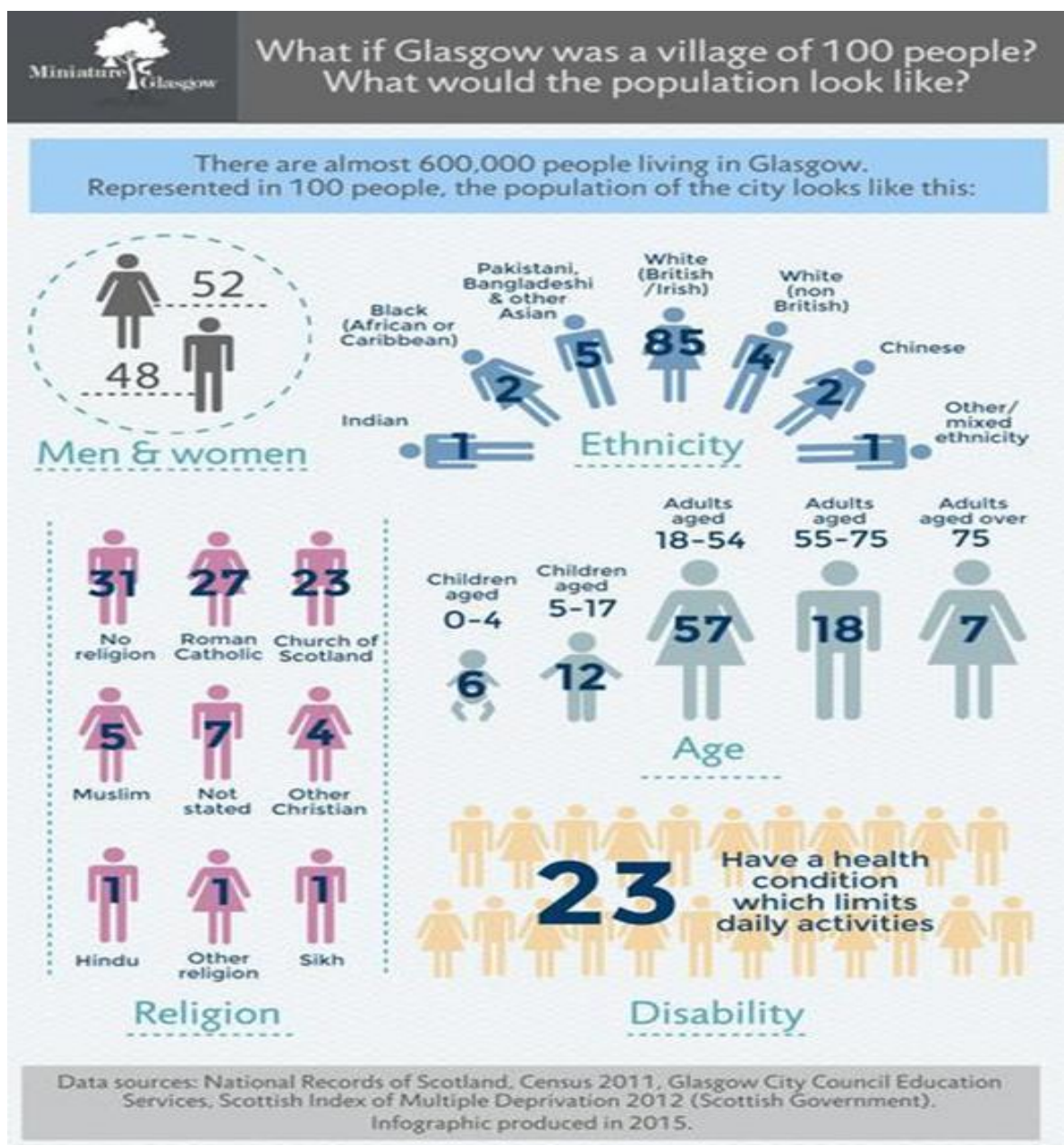
The likelihood of you living in poverty in Glasgow is very often based on your address. The ethnic diversity of the city also varies markedly across neighbourhoods and communities. As an example more than half of our people from ethnically diverse backgrounds in the city live in just twelve neighbourhoods.



(picture will have neighbourhoods identified)

EQUALITY consultation paper

If Glasgow was a village of 100 people then it would look like this;



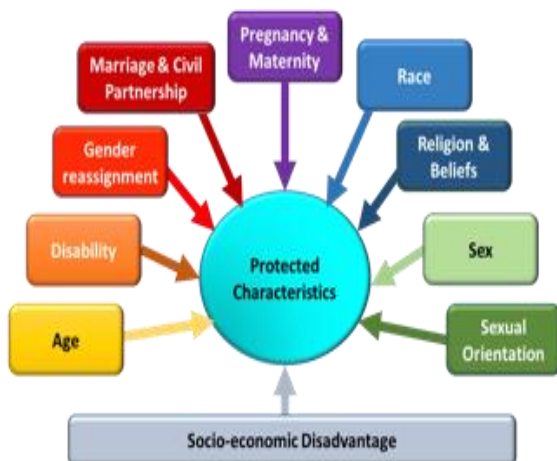
EQUALITY consultation paper

The Equality Act

The Equality Act (2010), and further legislation ((*The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012*)), hold public bodies accountable for advancing equality within Scottish society.

Local Authorities and NHS Boards are listed in this legislation. In June, 2015 Integrated Joint Boards (IJBs), the governing body of Health and Social Care Partnerships (HSCP's), were added to the Equality Act (general and specific duties).

The Act makes specific reference to groups of people who are understood to be at highest risk of discrimination. The groups are referred to as 'Protected Characteristic groups' and are defined in law as:



Glasgow City Council (GCC) and Greater Glasgow and Clyde NHS Board (GGC NHS)



already have published Equalities Mainstreaming Action Plans and Outcomes. The current Outcomes run till April 2016 for GGC NHS and a year later for Glasgow City Council.

By 30th April 2016 health and social care (IJB's) must publish their first set of Equality Outcomes.

This provides health and social care services in Glasgow the opportunity to develop as inclusive, and fair, from the start.

The requirements relating to employment policies, equal pay reporting & purchasing will continue to be reported through GGC NHS and GCC, as responsibilities in these areas remain with them as employers. As such the Equalities Outcomes of both employing bodies will inform and complement those of the HSCP.

"Every one of us is protected by two or more aspects of equalities legislation. Some protections are life long, others protect us through certain events and circumstances"

EQUALITY consultation paper

Equality Plan & Outcomes

Through this process we wish to consider;

1. What we still need to do to tackle discrimination?

- **To remove discrimination at all times in our services and for our staff**
- **To challenge discrimination by others**

2. What we can do to close gap's in access, care, treatment and outcomes for equalities groups?

3. How do we better hear and work with more marginalised groups and those working with them?

4. How we work with community planning partners and others to tackle wider inequality in the city?

The HSCP will set measureable and specific outcomes and publish progress on these every couple of years. We want to be able to capture and report meaningful changes to people's experience of Health and Social Care services.

This consultation asks some questions about our approach and issues. These have been considered using a wide range of UK, Scottish and local sources of evidence and feedback received.

We would like to hear from a wide range of residents, staff and partners on what is being proposed. Either individually or by inviting one of our equalities leads to meet with your group, partnership or team. Contact details are given at the end.

Principles

Health and social care services are part of community planning in Glasgow. We wish to adopt the vision and objectives for equalities for the city being developed through our partnership work. This will be produced in the spring of 2016.

Greater Glasgow and Clyde NHS Board have for the last three years included those living in the worst 15% of places on the Scottish Index of Multiple Deprivation (SIMD) as a protected characteristic group. Although this is not required in law this action was undertaken to tackle health inequalities related to poverty and is now reflected within GCC equalities developments.

We would like to include those in the worst 15% SIMD as an additional protected characteristic, what do you think of this?

Equality Law is founded in human rights principles. We believe that our first Equalities Outcomes should relate to Human Rights legislation as well as complying with the Equality Act.

Do you agree with this approach? And if so what human rights outcomes do you feel we should include?

EQUALITY consultation paper

Early discussions have highlighted some outcome areas which we seek to build on during this consultation. Your views on this are sought.



Outcomes

1. Fostering Good relations and removing discrimination

- Assess the equalities impacts of our strategies and services and act on the results
- Champion Cultural change within and beyond our organisation
- Empower those using our services and staff to report and challenge discrimination in all its forms
- Work towards IJB membership which reflects the characteristics of Glasgow, starting with gender and ethnicity

2. Closing the Gap's

- Staff continue to become more equalities aware through training, support and supervision, so that they can better meet the needs of the people they care for
- We can measure our performance by routine equalities reporting, where possible and relevant

- We use equalities sensitive conversations - caring conversations, in all our prevention, care and treatment services, and carry out routine enquiry on gender based violence, money worries and employability

3. Listening to, and working with, people and communities;

- We work with people to develop a participation and engagement strategy that connects with equalities groups, communities and those historically less well-represented.
- We contribute to the community planning equalities programme for Glasgow as active partners

Let us know what you think about these outcome areas and other outcomes you think we should set.

EQUALITY consultation paper

Contacting us

Please forward feedback to

Sofi Taylor (City wide)

Email: Sofi.Taylor@ggc.scot.nhs.uk

Telephone 0141 287 0481

or contact your local lead

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Gary Dover

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Shadow Integration Joint Board

Report By: Chief Officer, Operations

Contact: Fiona Moss, Head of Health Improvement and Inequalities

Tel: 0141 287 0392

Glasgow Community Planning Update

Purpose of Report:	To update members on progress in delivering the Single Outcome Agreement and community planning in the city.
Recommendations:	To note the contents of this report
Implications for IJB:	
Financial:	Emerging
Personnel:	From existing compliment of staff
Legal:	The Community Empowerment Act (2015) extends the partners required to participate and the duties of certain named partners in the governance of community planning, with implications for GGC NHS and the IJB.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	To improve equalities outcomes through the delivery of the SOA.

Implications for Glasgow City Council:	As set out in the Community Empowerment Act, implementation guidance awaited.
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Implications for NHS Greater Glasgow & Clyde:	As set out in the Community Empowerment Act, implementation guidance awaited.
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1. Background

- 1.1 This is the first progress report on community planning to be presented to the Shadow IJB. In the shadow arrangements the NHS has continued to participate in community planning in the city on behalf of GGC NHS.
- 1.2 The Local Government in Scotland Act (2003) established the legislative framework for community planning in Scotland. The Act required local authorities to facilitate the establishment of Community Planning Partnerships (CPPs), and stipulated the partners required to participate. Both GCC and GGC NHS have a statutory responsibility to participate. The Community Empowerment Act (2015) refreshes the legislative framework for community planning moving forward and is reflected in this progress report.
- 1.3 Glasgow Community Planning Partnership (GCPP) was formed in 2004 with the aim of delivering better, more joined-up public services in the city.
- 1.4 The current Single Outcome Agreement (SOA) for Glasgow was agreed in 2013 and Partners have been working together since April 2014 to deliver this ten year plan. Glasgow's SOA has been commended by the Scottish Government and Audit Scotland for its focus and blend of thematic and place based priorities.

2. Single Outcome Agreement and One Glasgow

- 2.1 GCPP Annual Report (2014/15) is now available on the web-site www.glasgowcpp.org.uk along with a wide range of case studies submitted by partners that demonstrated the value to residents of the partnership working and SOA activity.
- 2.2 Progress reports are presented to each CPP Strategic Board and Executive Group. The most recent progress reported is attached. The report provides midyear status updates on each of the priority themes for the SOA; alcohol, youth employment, vulnerable people and thriving places. Progress is also reported on the One Glasgow themes; early years, reducing offending, older people and independent living. Health and Social Care Integration updates are regularly provided to GCPP structures and are also included in the most recent status report.
- 2.3 Glasgow CPP approved a performance framework early in 2015. The framework established high level measures of success for each of the SOA priority areas and

introduced mechanisms to allow the partnership to monitor the value and strength of its partnership endeavour. This included the introduction of a 'partnership health check' on-line survey which was undertaken in the spring by 321 partner staff.

3. Working in partnership

- 3.1 GCPP continues to bring partners together through the citywide, sector and Area Partnership structures. This section briefly summarises some of the additional activity that taken place during 2015 to further develop partnership working and the Single Outcome Agreement.
- 3.2 Last summer further work was undertaken on the findings from the Partnership Health Check. Two focus groups were held with staff from partner organisations to explore key findings from the survey. A total of 17 people attended the focus groups, including Community/Voluntary, Front line, Executive and Management levels.
- 3.3 There was consistent agreement with regard to how each of the key issues of leadership, communication, planning and committing resources could be addressed – there was a strong message that mainstream resources need to be more effectively aligned to the Community Planning Process – with a particular focus on additional resources being aligned to capacity building and support for those involved in the Community Planning Process, including voluntary and community sectors. Suggestions were made over communication improvements that could be made and it was felt that the Community Empowerment Act could provide opportunities for the CPP to be less perceived as 'Council driven'.
- 3.4 Last September, GCPP also held a stakeholder half day event bringing partners together to consider progress and the change agenda ahead, including the Community Empowerment Act and Transforming Glasgow agenda.
- 3.5 Following the launch of the annual report the first Glasgow CPP conference in recent years was held on the 27th October, 2015 which over 130 stakeholders attended <https://www.glasgowcpp.org.uk/conference2015>. The event reflected on the community planning journey in the city, the legislative changes stemming from the Community Empowerment Act, and provided workshops on different aspects of the work that has been achieved. The HSCP Chief Officer Designate contributed to the panel discussion at the close of the event.
- 3.6 During October events were also held in each of the three community planning areas in the city to start engagement on the BME theme of the SOA. Twenty Seven BME residents participated. The diversity of the SME communities in the city raised many issues around engagement, service responses and recognising that some communities have high levels of stigma and shame around various issues e.g. mental health, drugs and alcohol, and different understanding around mental health concepts such as depression.

3.7 This informed discussion at the CPP Conference. Both processes elicited strong messages about the need for further cultural change, the need for local CPP structures to have the right intelligence about the diversity of the population they service and the work still required to remove discrimination in the city.

4. Legislative developments affecting Community Planning Partnerships in Scotland

4.1 There are two key legislative changes currently affecting community planning; the Community Empowerment Act and the Community Justice Bill.

4.2 The Community Empowerment Act (2015) includes new duties for community planning. The Act has developed the general duty to participate and have community planning arrangements as set out in the Local Government Act in 2003, to a set of more specific duties related to outcomes rather than the community planning process. For the first time CPPs now have a duty to act with a view to tackling inequalities.

4.3 The Act requires CPPs to prepare Local Outcome Improvement Plans (LOIP) and Locality plans with communities with the poorest outcomes. Guidance is awaited on the extent to which Glasgow's existing SOA meets the requirements for the LOIP.

4.4 The Act also extends the list of partners required to participate; IJB's are one of the partners added. Thus there will be a seat for the NHS and for the IJB in each of the 32 community planning areas in Scotland. Where NHS Boards have devolved their duty to participate in Community Planning to HSCP's, as is the case in GGC NHS, consideration is required as to how both parties contribute to CPP processes.

4.5 The Act also extends the duty for community planning beyond Local Authorities. The Act specifies five core partners now required to facilitate community planning; this includes the NHS (but not IJBs). The named partners should provide a clear capacity to support the community planning process. This includes duties to –

- Take account of the Local Outcome Improvement Plans (LOIP)
- Commit appropriate resources to achieve the outcomes of the LOIP
- Provide information on the LOIP

4.6 Provision is also made in the Act for CPPs to become Corporate Bodies should their partners agree and submit an application to do so.

4.7 Different aspects of the Act are expected to come into force at different times, most within the next 12 months.

4.8 The Community Justice Bill has its first reading through the Justice Committee and was debated in Parliament in the 19th November, 2015. The legislation sees the existing Community Justice Authorities (CJAs) being abolished at the end of March 2017, with new arrangements through community planning then commencing. Community Planning Partnerships require to ensure that a transition plan for this is provided to the Scottish Government by end January 2016. A report updating the IJB on the contents of this plan will be provided at an appropriate point.

5. Recommendations

5.1 The Board is asked to

- (a) consider and note this report.
- (b) Note that although guidance is awaited for the Community Empowerment Act consideration is required on how the NHS and IJB responsibilities for community planning should be enacted from 1st April 2016 and a paper will be brought back to the IJB to propose arrangements for this.
- (c) Note that the Community Justice Bill is still in process but the implications of this, as they emerge, will be brought back to the IJB.

Guidance

Lead officer or key contact for each priority/programme is asked to complete their relevant sections below.

All priorities/programmes are required to complete the following sections; Highlights, Upcoming Milestones, Key Risks, Key Issues.

The Budget Monitoring Commentary section should be completed using headline figures currently available to you. Further guidance on this section will be provided in due course.

The Joint Resourcing Commentary section should be completed by those workstreams currently within the scope of Joint Resourcing; namely Youth Employment, Alcohol, Preventing Homelessness.

The Performance Monitoring Commentary section will be completed by GCC, Democratic Services.

RAG Status Guidance


Lead officers or key contacts should also provide a (R)ed, (A)mber or (G)reen status to the priority/programme. This RAG status should be based on the following definitions:


<i>Red</i>	Will not meet approved scope and timescale within implementation plan (or equivalent)
<i>Amber</i>	Some doubts over approved scope and timescale within implementation plan (or equivalent)
<i>Green</i>	All in line in relation to approved scope and timescale within implementation plan (or equivalent)


To complete the RAG Status, lead officers or key contacts should replace the 3 'X's currently in this section with either an R, A, or G. The first RAG indicates the position the priority/programme was at the last update, the middle indicates the current position, and the third indicates the expected position at the next update. This will indicate the direction of travel for the priority/programme.


Status Update Due Dates
All status updates must be returned to Gerald Tonner (gerald.tonner@glasgow.gov.uk) at Democratic Services on, or before, the due date below to allow for the Chair of the Executive Group to consider at the pre-agenda.
Meeting – 29 April 2015
• Status Update Due – 15 April 2015
Meeting – 22 July 2015
• Status Update Due – 8 July 2015
Meeting – 7 October 2015
• Status Update Due – 23 September 2015
Meeting – 6 January 2016
• Status Update Due – 23 December 2015


Priorities and relevant Lead Officer / Key Contact		
Single Outcome Agreement – Alcohol	Lead Officer: Fiona Moss	Key Contact: Stephen McGill
Single Outcome Agreement – Youth Employment	Lead Officer: Kevin Rush	Key Contact: Sharon Thomson
Single Outcome Agreement – Vulnerable People (Preventing Homelessness)	Lead Officer: David Williams	Key Contact: Eric Steel
Single Outcome Agreement – Vulnerable People (In-Work Poverty)	Lead Officer: TBC	Key Contact: TBC
Single Outcome Agreement – Thriving Places (North East)	Lead Officer: Mark Feinmann	Key Contact: Derek Speirs
Single Outcome Agreement – Thriving Places (North West)	Lead Officer: Stewart Carle	Key Contact: Stephen McGill
Single Outcome Agreement – Thriving Places (South)	Lead Officer: George Gillespie	Key Contact: Fiona Dickson
One Glasgow – Reducing Offending	Lead Officer: Stewart Carle	Key Contact: Patrick Murphy
One Glasgow – Early Years Collaborative	Lead Officer: Maureen McKenna	Key Contact: Heather Douglas
One Glasgow – Independent Living Strategy	Lead Officer: Tressa Burke	Key Contact: Chris Furse
One Glasgow – Vulnerable Older People	Lead Officer: David Walker	Key Contact: Brian Duffy
Health & Social Care Partnership	Lead Officer: David Williams	Key Contact: David Williams
City Deal	Lead Officer: Richard Brown	Key Contact: Carol Connolly


Priority / Programme Title:	Single Outcome Agreement – Alcohol	Lead Officer:	Fiona Moss	Key Contact:	Stephen McGill	RAG Status:		
Highlights:	<ul style="list-style-type: none"> 10 licensing objections have now been submitted and 6 heard. In the last quarter all 3 heard were refused grant on Protecting and Improving Public Health grounds. Postholder for 'communities and licensing' post began in July 2015. Ripple Effect field work now completed. 2,700 face to face surveys completed and a further 290 individuals included as part of qualitative element. The 'Whose Round' campaign programme for 'Freshers Week' completed. Now has broad range of engagement online and face-to-face, with delivery plan for 2015-16. Website has now had over 32,000 views and over 3000 face-to-face engagements with young people and young adults. The NE SOG held a multi-agency workshop on 25th August focussing on the alcohol theme. SOG implementation plan for alcohol being updated. GCVS Essential Connections event on SOA : Alcohol theme held on 21st September with 32 organisations. 			Upcoming Milestones:	<ul style="list-style-type: none"> Event on Alcohol and Licensing for Community Councillors being jointly planned for 5th November, 2015. Ripple Effect findings being presented as a dissemination event on 22nd October, 2015. Thereafter locality neighbourhood reports will be used to engage local partners and communities in development of responses to findings Three licensing objections still to be heard by Glasgow Licensing Board. 			
Key Risks:	<ul style="list-style-type: none"> 			Key Issues:	<ul style="list-style-type: none"> There is a significant communication requirement between partners, communities and between local areas and the city. The time required to keep everybody connected is a partnership challenge. How do we connect the alcohol work with other SOA themes? 			
Performance Monitoring Commentary:	<ul style="list-style-type: none"> Adult Health and Well-being Survey reporting, to come back to GCPP. Significant issues of preloading before heading for a night out. 30% reported to many places to buy alcohol. 			Joint Resourcing Commentary:				
Budget Monitoring Commentary:	Work is progressing well on all 16 implementation plan actions.							


Priority / Programme Title:	Single Outcome Agreement – Youth Employment	Lead Officer:	Kevin Rush	Key Contact:	Sharon Thomson	RAG Status:	
Highlights:	<ul style="list-style-type: none"> Youth Employment Board met 17 August 2015 Board collating all youth employment strategies in the City to develop one Glasgow Guarantee strategy that will supersede all others GCC Glasgow Guarantee new offer taken to Committee on 18 August 2015 with implementation on 1 September 2015. Glasgow Guarantee launch event held on 2 September 2015 Secure Your Future event for school and college leavers held on 6 August. SERI now being delivered DYW allocation for 2015/16 has been sent to all local authorities 	Lead Structure:	Glasgow Works	Date of Update:	23/09/2015		Upcoming Milestones: <ul style="list-style-type: none"> Review of Youth Employment Strategies underway to develop a city Action Plan for endorsement by Youth Employment Board members at next meeting. Application to be submitted for Youth Employment Initiative (YEI) to support the Glasgow Guarantee agree a base level for core skills all young people in the City should achieve through Glasgow Guarantee.
Key Risks:	<ul style="list-style-type: none"> Reduction in uptake of Glasgow Guarantee Slow down on economic recovery Increases in youth unemployment due to actions out with our control i.e. welfare reform Gap in provision of employment support for disadvantaged groups due to delays in approval of ESF funding streams 		Key Issues:				<ul style="list-style-type: none"> Delay in formal approval of ESF applications is impacting on the hardest to reach. Changes to Youth Employment Initiative funding methodology delaying submission of application Implementation of Developing the Young Workforce Strategy. Ensure complementarity and added value with our own offer and SERI.
Performance Monitoring Commentary:	<ul style="list-style-type: none"> Ongoing monitoring of uptake of Glasgow Guarantee Monitoring of services to support young people through the ESF funded employability pipeline. 		Joint Resourcing Commentary:				Ongoing work on findings and recommendations from Youth Employment Review to be monitored by Glasgow Works Board.
Budget Monitoring Commentary:	Ongoing discussions with Education, Corporate Finance, DRS Finance and CBS on budget monitoring						

Priority / Programme Title:	Single Outcome Agreement – Vulnerable People (Preventing Homelessness)	Lead Officer:	David Williams	Key Contact:	Eric Steel	RAG Status:		
Highlights:	<ul style="list-style-type: none"> • Care Leavers/RSL protocol Short Life Working Constituted <ul style="list-style-type: none"> ○ LCS settled housing demand modelled as part of wider accommodation capacity planning exercise ○ Continue to extend Housing Options Programme ▪ Commissioning of multi-disciplinary training on Private Rented Sector progressing ▪ Wheatley Group have Commissioned Evaluation study. Due to report March 2016. ▪ Delivered multi-disciplinary training to 70 staff in South of city ▪ On-site support went live for South RSLs from September • Revised operating model for homelessness money, debt and legal advice implemented from July • Housing Options & Homelessness FI Sub-Group Meeting to develop provision/joint working • Community Safety Glasgow commissioned to deliver Housing Option/Homeless Prevention Mediation Service (Staff now in post) 			Upcoming Milestones:	<ul style="list-style-type: none"> • Housing Option/Homeless Prevention Mediation Service fully operational within three strategic planning areas • Develop proposals for further development of homelessness money, debt and legal advice • Progress revision/extension of Care Leavers/RSL Housing Access Protocol • Continue extension of Housing Options Approach <ul style="list-style-type: none"> ○ Begin independent evaluation study ○ Continue training programme ○ Continue support and mentoring ○ Progress PRS training commissioning • Review operation of Housing & Homelessness SOA Sub-Group through development sessions 			
Key Risks:	•			Key Issues:	•			
Performance Monitoring Commentary:				Joint Resourcing Commentary:	Joint resourcing exercise has been delayed due to failure to secure data on spend of third parties agencies. Figures have now been secured which will allow exercise to be progressed. Revised paper due October 2015.			
Budget Monitoring Commentary:								

Priority / Programme Title:	Single Outcome Agreement – Vulnerable People (In-Work Poverty)	Lead Officer:	TBC	Key Contact:	TBC	RAG Status:	
Highlights:	<ul style="list-style-type: none"> • Governance - Discussions to determine long term support to the In Work Poverty Priority on behalf of the CPP • In Work Portal - Internal Council scoping meeting held to determine the outline of an in work support portal for those recently returning to the labour market • Research Studies - Report on the changing nature of work in the 3rd Sector completed and released for consideration and response • What Works Scotland - Further dialogue between Glasgow CPP Partners and What Works Scotland team to determine level of support to develop the in work poverty agenda • Annual progress Report - Annual progress report on In work Poverty presented to Glasgow CPP for noting • Job progression and in work support - Work continues to detail the labour market component of the City Deal, including in work support and progression 	Upcoming Milestones:	<ul style="list-style-type: none"> • In Work Poverty Implementation - Work to progress the In Work Portal details • 3 Sector CPPs to articulate how they can contribute to In Work Poverty implementation • Performance Management - Finalise In Work Poverty baseline data and publish • What Works Scotland - What Works Scotland team to begin work to support In Work Poverty priority, including defining size, scale and characteristics of the IWP cohort in Glasgow • Governance - Complete discussions to finalise long term governance arrangements for the In Work Poverty 				
Key Risks:	<ul style="list-style-type: none"> • Stakeholder commitment to agree In Work Poverty Implementation plan 	Key Issues:	<ul style="list-style-type: none"> • Finalise long term governance and support structures for the Priority • A coherent In-Work Poverty Implementation Plan must be agreed and recognised by all partners • Requirement to produce In Work Poverty Implementation Plans for each of the 3 CPP sectors in Glasgow 				
Performance Monitoring Commentary:		Joint Resourcing Commentary:					
Budget Monitoring Commentary:							

Priority / Programme Title:	Single Outcome Agreement – Thriving Places (North East)	Lead Officer:	AnnMarie Rafferty	Key Contact:	Derek Speirs	RAG Status:	
Highlights:	<ul style="list-style-type: none"> Community consultation in August has informed our priorities and action plan and identified individuals keen to participate Joint work with Building Connections Glasgow project in Parkhead, developing local responses to welfare reforms 2 community workers employed by anchor organisation to support the Community Organiser A range of projects addressing unmet need and building relationships and capacity Engagement ongoing with housing providers and voluntary organisations in Easterhouse 		Upcoming Milestones:	<ul style="list-style-type: none"> The imminent release of the Thriving Places report from the 2014 Adult Health and Wellbeing Survey will inform our approach Senior Officers Group workshop in October to further develop the Thriving Places approach in the north east The Thriving Places Group and Sector Partnership will be asked to approve, in November, local outcomes, action plan and evaluation methodology for initial area. Opening of the Dalmarnock Legacy Hub – October 2015 Proposed approach to next phase of Thriving Places presented to Sector Partnership in November Publicity campaign will highlight initial successes and encourage greater participation 			
Key Risks:	<ul style="list-style-type: none"> Risk of low level partner buy-in to the findings of the community consultation Managing expectations Partners’ willingness to move resources to support the action plan Learning from initial area needs to be applied in next phase 		Key Issues:	<ul style="list-style-type: none"> Need to bring the different strands of work together and provide greater clarity on what we are trying to change through the Thriving Places approach Further funding needed to develop community budgeting Greater support for community capacity building required 			
Performance Monitoring Commentary:			Joint Resourcing Commentary:				
Budget Monitoring Commentary:	<p>£83k secured from Scottish Government Regeneration Fund. Discussions are ongoing regarding a Thriving Places resource plan incorporating funding from the IGF and the Integrated Care Fund as well as potential funding from other partners and external sources. Funding for Community Organiser post in Parkhead/Dalmarnock/Camlachie continued for 2015/16. Thriving Places group continuing to identify external funding.</p>						

Priority / Programme Title:	Single Outcome Agreement – Thriving Places (North West)	Lead Officer:	Stewart Carle	Key Contact:	Stephen McGill	RAG Status:	
		Lead Structure:	Senior Officer Group (North West)	Date of Update:	21/09/2015		
Highlights:	<ul style="list-style-type: none"> • Appointment of Community Connector (June 2015) • Established Thriving Places Community Engagement Group and Spirit Community Panel • Secured £250,000 Spirit of 2012 Trust funding for Ruchill/Possilpark • Launch of Spirit application forms and release of first round of funding • Millennium Space community budgeting 	Upcoming Milestones:	<ul style="list-style-type: none"> • Second stage community consultation to determine preferred design options for the Millennium Space community budgeting pilot. Community vote in October on design options for the Millennium Park/Bandstand Area. • Second phase of community conversations to determine the future use of the Millennium Centre as a community asset. • Spirit Community Panel to allocate its first round of grants to local groups and organisations 				
Key Risks:	<ul style="list-style-type: none"> • Lack of Buy In to approach from Local Residents and partners • Organisational capacity to support first and second phase conversations • Manage community and partner 	Key Issues:	<ul style="list-style-type: none"> • Training for individuals involved in asset based approaches and community budgeting required • Determination of qualitative measures to appropriately record community conversations/involvement • Progress pilot activities identified in community 				
Performance Monitoring Commentary:		Joint Resourcing Commentary:					
Budget Monitoring Commentary:	<p>A draft resource plan for the delivery of Thriving Places across the North West has yet to be agreed. This references the funding available to support the implementation of the Thriving Places approach and includes £160,000 from the IGF and £133,333 from the Health & Care Partnership over the period 2015/16, 2016/17 and 2017/18. These resources will be used for the employment of Community Connectors for Ruchill, to deliver specific pilot activities to undertake information and training for partners involved, community conversations and to deliver specific pilot activities.</p> <p>The Ruchill/Possilpark Thriving Place has secured three year resources totalling £250,000 from the Spirit of 2012 Trust to be disbursed through a local panel. Funding to support the Thriving Places Millennium Space Community Budgeting pilot has been secured from DRS (£55,000), the North West Capital Programme (£25,000) and community engagement support (£5,000) along with a conditional grant of £35,000 from the Legacy 2014 Active Places Fund via a local voluntary organisation. Resource funding will need to be identified to support</p>						

Priority / Programme Title:	Single Outcome Agreement – Thriving Places (South)	Lead Officer:	George Gillespie	Key Contact:	Fiona Dickson	RAG Status:	
		Lead Structure:	Senior Officer Group (South)	Date of Update:	23/09/2015		
Highlights:	<ul style="list-style-type: none"> • Partner commitment/ reconfiguration of services and early wins • Number of well attended community events. • Gorbals Voluntary Sector network is actively involved in the Gorbals Thriving Place and submits regular reports to the Gorbals Regeneration Group. • Spirit of 2012 – programme of community led initiatives over three years • Website and apps (Future Cities link) , community directory • IGF approved to support the appointment of a Community Coordinator in the Gorbals with an approximate start date of September 2015 • Growth of thriving place approach in Priesthill/Househillwood. • Three year resource plan agreed for all three TPs in the South. 		Upcoming Milestones:	<ul style="list-style-type: none"> • Recruited Communications and Engagement Manager. • Assist Social Capital project is underway • An initial three year resource plan has been agreed for Gorbals, Priesthill/Househillwood and Govan. Funding is via the NHS and GCC IGF – now agreed. • In Priesthill Househillwood the focus is on engaging with the community in the first instance with ongoing stakeholder engagement being undertaken with a Gala Day held in August 2015. Small community engagement events/conversations will also be held over the next few months are underway. • Establishment and operation of Priesthill Neighbourhood Forum with a recently widened focus to the Househillwood area via consultation with and involvement of the local Tenants and Residents Associations, Community Councils, Schools and local groups as well as partner agencies. • Initial profiling of Priesthill/ Househillwood and Govan is proposed – brief being drawn up • One to one Meetings being held to scope out approach in Govan. 			
Key Risks:	<ul style="list-style-type: none"> • Unlocking community potential and building capacity. • Austerity measures within partners and challenges for ongoing TP approach. 		Key Issues:	<ul style="list-style-type: none"> • Unlocking community potential and building capacity • Building on partner commitment and momentum • Assembling the bigger resource • Public sector working with and responding to the community. 			


Performance Monitoring Commentary:


Joint Resourcing Commentary:


- NGHA has now received full approval of its People and Communities Fund application and the following components of the bid are being pursued:
 - Dedicated staffing for thriving places and the various initiatives below
 - Networking and Information Interchange Service:
 - New Engagement Platforms and Initiatives:
 - Social Capital Development:
 - Action Research and Evaluation:
 - Social Action and Volunteering Development.

Budget Monitoring Commentary:


New Gorbals Housing association (NGHA) is the Anchor Organisation and has contributed significant financial and in-kind resources to the thriving place approach from its inception. GCC IGF contributions have supported mapping exercises and the creation of a Community Manager post. NGHA has recently secured up to £500,000 external resources towards the thriving place approach – from the People and Communities Fund and The Spirit of 2012. This will provide a significant resource base for supporting the thriving place approach and the overall approach to community engagement in the coming years.


Priority / Programme Title:	One Glasgow – Reducing Offending	Lead Officer:	Stewart Carle	Key Contact:	Patrick Murphy	RAG Status:	
		Lead Structure:	Reducing Offending Board	Date of Update:	14/09/2015		
Highlights:	<ul style="list-style-type: none"> Ongoing provision of data products to relevant partners by One Glasgow Criminal Intelligence Analysts. In particular supporting TWG with their own systems and processes for data capture. Identification of suitable referrals for intervention services delivered by partners in a manner which reduces duplication of services. Preparations and discussions are underway with key partners/stakeholders to hold a Diversion Event sometime in November. Maintain support for the ongoing Fire Reach programme in Govan. The programme is now at an advance stage with 21 referrals submitted. 		Upcoming Milestones:	<ul style="list-style-type: none"> Progression of the review of the One Glasgow Reducing Offending 12-25yrs Information Sharing Protocol (ISP) with intention to circulate revised draft for confirmation from partners. Currently with Police Scotland ISO. Implement and maintain data capture spreadsheet, linked to key offenders and services engaged with. Continued support for Govan Fire Reach programme. Finalise the recruitment of a Planning and Performance Coordinator with a view to having them in post late October. Assess time scales for evaluation. Benchmark similar projects across the UK to assist with any future evaluation. 			
Key Risks:	<ul style="list-style-type: none"> Loss of momentum and buy in from key partners. Austerity in relation to partner's funding circumstances. 		Key Issues:	<ul style="list-style-type: none"> Reducing duplication and streamlining processes with a view to targeting resources more effectively. Ensuring One Glasgow's message is delivered at the appropriate forums. Determine the correct time line for an evaluation of One Glasgow. 			
Performance Monitoring Commentary:			Joint Resourcing Commentary:	N/A			
Budget Monitoring Commentary:	<p>Cost avoidance:</p> <ul style="list-style-type: none"> Reduction in duplication Improved co-ordination and targeting of resources <p>Budget saving:</p> <ul style="list-style-type: none"> Potential cost saving due to demand reduction <p>Income generation:</p> <ul style="list-style-type: none"> The workstream does not have any income generation opportunities 						

Priority / Programme Title:	One Glasgow – Early Years Collaborative	Lead Officer:	Maureen McKenna	Key Contact:	Heather Douglas	RAG Status:	
Highlights:	<ul style="list-style-type: none"> • Summary report re-staff engagement sessions prepared. Discussion underway re-communication strategy. • Healthier Futures event re-childrens' data 15th September • Working group established to progress 27-30 month data sharing 17th 	Lead Structure:	Early Years Collaborative Board	Next Update Due:	23/09/2015		
Key Risks:	<ul style="list-style-type: none"> • 3rd sector PSP funding due to end March 2016. Potential loss of Family Support services • Health & Social Care integration – potential for One Glasgow focus to be lost amongst system changes • Failure to effectively share data 			Upcoming Milestones:	<ul style="list-style-type: none"> • International research programme on Transitions (EYC Key Change Theme) begins. GCC nursery practice around family support to be explored. • Glasgow's Early Years Collaborative story to be highlighted at national EYC Learning Session in November. • GIRFEC based collaborative practice in Parkhead 		
Key Risks:				Key Issues:	<ul style="list-style-type: none"> • Capacity to support very broad range of activity • Impact on staff of major national changes – GIRFEC ; H&SC Integration ; childcare hours expansion – all coming at the same time as One Glasgow EYC initiative 		
Performance Monitoring Commentary:				Joint Resourcing Commentary:	N/A		
Budget Monitoring Commentary:	Nurture - £377, 246 Spend to date - £94,311 Families in Partnership - £160,000 Spend to date - £52,226 EY Training - £80,000 Spend to date - £27,061						


Priority / Programme Title:	One Glasgow – Independent Living Strategy	Lead Officer:	Tressa Burke	Key Contact:	Chris Furse	RAG Status:	
		Lead Structure:	Independent Living Strategy Board	Date of Update:	14/10/2015		
Highlights:	<ul style="list-style-type: none"> • ILS Management group met in July. • Engagement with DWP, Skills Development Scotland and Scottish Government. • Participative workshops exploring employability and lifelong held with engaged participation. • Commitment obtained to system change. • Accessibility and digital inclusion themes being developed. 		Upcoming Milestones:	<ul style="list-style-type: none"> • Programme sponsors to agree revised co-designed governance and management structure in November. • ILS Board meeting to be held in November. • Engagement with disabled people and organisations facilitated by GDA. • Steering group to be established subject to board agreement. • Baseline data developed. 			

Key Risks:	<ul style="list-style-type: none"> • Governance and project management must deliver sustainable improvement in complex whole system change. • Approach to be co-designed with partners to ensure sustainable change. • Maintaining partner engagement requires visible plan of action. • A plan to be developed to set out process and deliverables. • The ILS does not have dedicated funding. • Potential funding streams are being explored with partners to support engagement of disabled people in the process and to enable prototyping and transformation. • Current engagement is largely public sector organisations within the GCC family. • Wider engagement of a Glasgow wide coalition necessary to ensure delivery and engagement of employers and others in delivering change. 	Key Issues:	<ul style="list-style-type: none"> • Agreeing governance and management to enable whole systems change and ensure ambition of ILS. • Lack of funding acts as a disincentive for partner engagement and could make ILS look like a lesser priority. • Creating meaningful and sustainable change across Glasgow will require wide engagement.
Performance Monitoring Commentary:	<ul style="list-style-type: none"> • Input is required from partners to develop governance and management arrangements. • Input required from partners to develop plans for delivering change within identified work-streams. 	Joint Resourcing Commentary:	<ul style="list-style-type: none"> • A commitment to support ILS via youth employability Funding has been agreed in principle. • Level timing and scope of funding now needs to be determined and agreed.
Budget Monitoring Commentary:	<ul style="list-style-type: none"> • Budget is being spent as agreed. • The ILS strategy only has dedicated funding for the project manager post. 		

Priority / Programme Title:	One Glasgow – Vulnerable Older People	Lead Officer: Lead Structure:	David Walker Vulnerable Older People Board	Key Contact: Date of Update:	Brian Duffy 22/09/2015	RAG Status: 
Highlights:	<ul style="list-style-type: none"> Community Engagement & Activity Coordinator post filled with service due to be implemented by late October Interface for older peoples digital use of Tablets to support Self-management First through the Door (FttD) Pilot all agencies within initial scope now implemented. Pollok SWS now also considering use Agreement with ALISS to jointly develop 	Upcoming Milestones:	<ul style="list-style-type: none"> Accommodation Based Strategy meetings 2 October & 13 November Operational Group meetings 1 October and 5 November Evaluation of Fire & Rescue First through the Door Pilot Engagement programme with local older people around Evaluation of GHA Pilot for First through the Door Implementation of Older person’s activity programme targeting older people who may end up in acute/residential settings 			
Key Risks:	<ul style="list-style-type: none"> Delay in reconfiguration of Hub and Staff base Focus around engagement with older people from Cluster area 	Key Issues:	<ul style="list-style-type: none"> Partners require to share responsibility around engagement Engagement with wider Housing partners 			
Performance Monitoring Commentary:	Project is on schedule with renewed focus on participation within the integrated Accommodation Based Strategy.	Joint Resourcing Commentary:	Existing partners have shown commitment additional interest now from fire services, third sector and Council agencies.			
Budget Monitoring Commentary:	The budget for the Project is within limits.					

Priority / Programme Title:	Health & Social Care Partnership	Lead Officer:	David Williams	Key Contact:	David Williams	RAG Status:	
		Lead Structure:	Health & Social Care Partnership Board	Date of Update:	24/09/15		
Highlights:	<ul style="list-style-type: none"> Shadow Integration Joint Board (IJB) in place from June 2014 with full voting and non-voting membership Integration Scheme (IS) drafted and submitted to SG on 31st March for approval; amendments required Full OD programme developed and delivered across Partnership stakeholder groups Integrated management structure in place from 5th May 2015 across health and social care services New business architecture in place Integrated Care Fund programme approved by SG and in place Significant progress made on delayed discharge issue through integrated arrangements Strategic Plan in process of being drafted Communications (bulletins/newsletters) regularly provided HSCP Brand developed 		Upcoming Milestones:	<ul style="list-style-type: none"> Amended IS to be approved at Executive Committee 13th August and re-submitted to SG IS expected to be laid before parliament in second half of August IJB to be formally constituted with first meeting 5th October 2015 Chief Officer appointed at first IJB meeting Draft Strategic Plan to be approved at first IJB to go out to consultation Strategic Plan to be in place by 31st March 2016 Move to Commonwealth House, early August to establish HSCP Headquarters 			

Key Risks:	<ul style="list-style-type: none"> • Perception of HSCP as a ‘project’ or ‘reform programme’. It is neither. • Scale of transformational change required in order to deliver the national Health and Wellbeing Outcomes in the face of reducing public sector finances • Delivering a balanced budget • Culture of expected norms remains unchanged in all sectors • Continuing disconnect between primary and secondary health care 	Key Issues:	<ul style="list-style-type: none"> • The need ensure that culture change and relationships are key to delivering health and social care integration success • The need to ensure that health improvement together with a move towards early intervention and prevention with a strengthening of communities and localities are the key ambitions of the Partnership • The need to ensure that while addressing the delayed discharge issue is vitally important it cannot side-line the longer term ambitions of the HSCP
Performance Monitoring Commentary:	<p>The IJB will consider at its first full meeting the Performance Monitoring processes and indicators that it will have responsibility to monitor and deliver.</p>	Joint Resourcing Commentary:	
Budget Monitoring Commentary:	<p>The budget of the IJB will be c £1.2b. At this point in time, the Health Board and Council continue to manage their respective budgets separately, albeit there is an element of shadowing occurring as we move to full integration from 1.4.16.</p>		

Priority / Programme Title:	City Deal	Lead Officer:	Richard Brown	Key Contact:	Carol Connolly	RAG Status:	
		Lead Structure:	Glasgow & Clyde Valley City Deal Cabinet	Date of Update:	23/09/15		
Highlights:	<ul style="list-style-type: none"> All five infrastructure strategic business cases approved Labour market (Progression Pilot) submitted to DWP Design and feasibility work now progressing. Clyde Valley 4 weekly monitoring now in place. 		Upcoming Milestones:	<ul style="list-style-type: none"> Innovation fund project business case will be approved on 20th October. First contract award expected in November Approval of labour market business case Joint Airport Access Project Strategic Business Case presented for approval 			
Key Risks:	<ul style="list-style-type: none"> Capital Programme costs (mitigated by procurement strategy) Resources (mitigated by recruitment) 		Key Issues:	<ul style="list-style-type: none"> Transport Modelling will be resolved by the delivery of a new national model expected summer 2016. 			
Performance Monitoring Commentary:	Economic outcomes will be a key focus of the Clyde Valley Programme Business Case i.e. pan local authority. This will be supported by an Economic Sub Group.		Joint Resourcing Commentary:				
Budget Monitoring Commentary:	Initial project budgets for feasibility, design and consultancy approved as part of strategic business case approval.						

Shadow Integration Joint Board

Report By: Chief Officer (Designate)
Contact: Ann Cummings, Policy & Performance Manager
Tel: 0141 276 5582

Glasgow Carers Partnership Evaluation Report

Purpose of Report:	The purpose of this report is to advise the IJB of the outcome of the Glasgow Carers Partnership Evaluation and to note the Improvement Plan
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Recommendations:	<p>The Shadow Board are asked to:</p> <ul style="list-style-type: none"> • Note the contents of the Glasgow Carers Partnership Evaluation report • Agree the improvement Plan to take the recommendations forward • Recognise the potential that investment in carer services will bring in terms of promoting health and well-being through early intervention and in the longer term contributing to shifting the balance of care
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Implications for IJB:

Financial:	There are implications given the short term nature of 21% of funding is Carer Information Strategy due to end 2015/16 but Scottish Government are likely to announce a further year's funding before the end of 2105.
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Personnel:	none
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Legal:	none
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Economic Impact:	none
Sustainability:	none
Sustainable Procurement and Article 19:	none
Equalities:	An EQIA is planned by Carer SPG to ensure that the services are accessible to the range of equalities groups.
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	none

1. Background

- 1.1 Glasgow City Carers Partnership, launched in December 2011, is regarded as a model of good practice in carers support services. The partnership has established a universal offer of assessment to carers via the Carer Information Telephone Line, Carers Booklet, including the self-assessment / referral form.
- 1.2 The partnership brings together Glasgow City Council, Glasgow CHP, Acute Division of NHS Greater Glasgow & Clyde, the network of voluntary sector carers centres and condition specific organisations who have worked together to re-shape carer services, making best use of available resources to develop a one stop shop approach for carers to access support services.
- 1.3 The aim was to develop a more cohesive partnership approach across the city that avoids duplication and maximises the use of available resources and expertise with equity of provision

2. Evaluation

- 2.1 The evaluation was undertaken by the Carers Planning and Implementation Group and sought to consider how well the partnership has succeeded in its stated aim to deliver good outcomes for increasing number of carers through better joined up service provision through the single point of access. The report is attached at Appendix 1.

3. Key Findings

- 3.1 The evaluation provides evidence that the partnership approach has led to good outcomes for increasing numbers of carers. There was 6072 new carers identified since 2011 representing a 424% increase at March 2015.
- 3.2 Of these new carers, 70% were at an early stage in their caring role while 30% were in crisis or emergency situations. Previously carers became known to services in the main when they were in crisis. The aim of the early intervention is to prevent crisis in caring at a later stage and shift this balance moving forward.
- 3.3 The report also highlights the range of other services that carers have access to through the pathways that have been developed.
- 3.4 Qualitative evidence routinely gathered by services highlighted the following outcomes:
- 99% carers felt valued by worker
 - 76% said the support improved their ability to care
 - 81% said the support improved the quality of life for cared for
 - 76% said the support improved their quality of life

4. Key Themes and Conclusion

- 4.1 Key findings in the evaluation would suggest that the impact on carers has been very positive, some of the benefits highlighted included:
- Increasing number of carers identified and evidence of good outcomes
 - Early intervention pathways for parent carers and dementia carers demonstrate great success and should be replicated for other care groups.
 - Evidence of shifting the balance of care and preventing admissions to hospital due to supporting carers through crisis and emergency situations
 - Emergency Planning Service delivering good outcomes for older carers with evidence of increased family support as a result of having a plan in place
 - Increased ability to cope in the caring role due to short breaks being provided
 - Improved physical and mental well-being through health reviews from Carer Community Nurses
 - Increased confidence in caring through learning and training opportunities organised by the Training Coordinators
 - Increased sense of being emotional supported by carers
 - Number of referrals is evidenced as increasing rapidly and with the above links being stronger is expected to continue to increase further.

- 4.2 An emphasis on preventative action and early intervention should continue to be the default position with the intention of reducing carer crisis in future years by building carer capacity to support self-management and care with increasing confidence and with good health and well-being. A diagnosis should be a key access point to information for the patient and the carer.

5. Financial Framework

- 5.1 There has been an integrated approach to budgets, available funding and investment in order to maximise use of available resources. The table set out below lists current funding highlighting both core and temporary funding and sources.

Service Element	Funding Sources	Amount £	Notes
Social Work Carer Teams	SW Carers	651,155	SW Core Budget
Purchased Carer Centres	Purchased SW	1,063,490	SW Purchased
SW Older Carer Development Staff	Integrated Care Fund	221,684	ICF 15-18
V Sector Older Carer Support Staff	Integrated Care Fund	96,969	ICF 15-18
Carer Community Nurses	Carer Information Strategy	199,950	Final year 15/16
Training Coordinators / Training	Carer Information Strategy	150,000	Final year 15/16
Carers Information Line	Carer Information Strategy	15,000	Final year 15/16
CHP CIS other	Carer Information Strategy	127,274	Final year 15/16
CHP held for city wide spend	Carer Information Strategy	30,000	Final year 15/16
Emergency Planning Service	GCVS Trans Fund (ICF)	73,669	Final Year 15/16
GAMH Carer Services	Purchased SW	194,000	SW Core Budget
Total		2,823,191	

This represents 1.5% of the overall budget of the HSCP 15/16.

- 5.2 While the evaluation related to adult carers, these resources include services to young carers as we deliver integrated services. Young carers services have been reviewed separately and a Strategic Review Group has been established to adopt and implemented a more family based approach and develop referral pathways for young carers from education in light of the Children and Young People (Scotland) Bill with a view to 'request for Assistance' from the Named person where well-being issues have been identified and the child or young person is identified as a young carer. A paper will be submitted to Children's Services Planning structures over next few months.

6. Conclusions

- 6.1 Developing and sustaining the Glasgow Carers Partnership involving Social Work, GGC NHS Acute, Glasgow H&SCP, the network of carer centres and wider voluntary sector and carers has been a key achievement.
- 6.2 The qualitative and quantitative evidence outlined in this evaluation demonstrates a successful planning and delivery infrastructure is in place providing evidence that an integrated approach to strategy, investment,

operational delivery and performance reporting can deliver good outcomes for increasing numbers of carers and in turn those they care for.

- 6.3 The single point of access to carer services with the Carers Information Line and self-assessment process have provided a smooth pathway for carers to access right level of support at the right time.

7. Key Issues moving forward

- 7.1 An Improvement Plan has been developed to take the recommendations forward. This is attached at Appendix 2. Highlights from these recommendations include:

- Sustaining current levels of carer identification and support will require a secure financial base protected at current levels some of which is short term.
- Permanent funding to be sought to replace Carer Information Strategy Funding (This fund will cease March 2016 although there is a suggestion it will go instead to HSCPs from SG)
- Agreement required to extend ICF carer contribution to 2018 as currently only one year guaranteed
- Additional resources to be identified internally and externally where possible to meet rising and returning demand. The early intervention model will see carers return as their needs change over time and this will require additional resources to deliver.
- Ensure all strategic planning groups take responsibility for carers and care group plans should reflect their contribution to carer identification and support
- All SPGs should provide planning lead to link with Carer SPG
- Early identification of the carer remain important, and there is a need to continue to raise staff awareness especially within primary and acute care. The EPIC E Learning Tool currently being piloted within some acute settings could be used.
- Social Work care management also need to routinely identify carers and offer assessment and will require learning and development opportunities for staff. Improvements in carer assessments by staff can be monitored through CF reports.

8. Recommendations

- 8.1 Shadow Board are asked to:

- Note the contents of the Glasgow Carer Partnership Evaluation Report
- Agree the Improvement Plan to take recommendations forward
- Recognise the potential that investment in carer services will bring in terms of promoting health and well-being through early intervention and in the longer term contributing to shifting the balance of care



Glasgow Carers Partnership

Evaluation
July 2015



Context and Background

Glasgow City Carers Partnership launched in December 2011 is regarded as a model of good practice in carers support services. We have developed carer pathways through building effective partnerships with carers, carers groups, the voluntary sector and statutory agencies and developing a single point of access.

The partnership has established a universal offer of assessment to carers via the Carer Information Telephone Line, Carers Booklet, including the self-assessment / referral form. All caring situations are assessed by the statutory carers' team for risk of breakdown of the caring role. Information and support services are provided with partners within a whole systems partnership approach as appropriate. All carers are offered a Health Review and an Emergency Plan.

The partnership brings together Glasgow City Council (GCC), Glasgow CHP, Acute Division of NHS Greater Glasgow & Clyde, (NHS GG&C), the network of voluntary sector carers centres and condition specific organisations who have worked together to re-shape carer services, making best use of available resources to develop a one stop shop approach for carers to access support services. The aim was to develop a more cohesive partnership approach across the city that avoids duplication and maximises the use of available resources and expertise with equity of provision. The Carers Reference Group and Voices for Change local and city wide structures ensured that carers were involved as key partners through representation on the Carers Planning & Implementation Group.

This partnership has focused on the development of anticipatory pathways for advice, information, training and support for unpaid carers. The partnership with the NHS allows carers to be identified at the point of diagnosis/onset of condition with primary and acute care services identifying carers and promoting the carer pathway. Anticipatory health and social care approaches aim to support to carers to have the skills and knowledge to support the person they care for to live well with their condition at home and in the community.

Preventing breakdown in carer mental and physical health also underpins this anticipatory and preventative approach. Crisis intervention services are also available to support carers where the impact of caring is complex and where the cared for needs are increasing and putting strain on the carer.

This evaluation is being undertaken by the Carers Planning and Implementation Group and will consider how well the partnership has succeeded in its stated aim to deliver good outcomes for carers through better joined up service provision.

The Carers Planning & Implementation Group is the strategic planning forum for carers' services in the city and this report will provide valuable information and evidence for future planning and investment in carer services in Glasgow through the emerging Carers Strategic Plan of Glasgow Health & Social Care Partnership.

Ann Cummings
Evelyn Borland
July 2015

Scope of the Evaluation

Support to carers is delivered across a range of services provided by the Partnership and for the purposes of this evaluation the following themes are being used.

Scope of Evaluation	Page
Universal Offer of information, advice and support <ul style="list-style-type: none"> • Information, advice and emotional support available to all carers 	Page 3
Assessment & Care Management <ul style="list-style-type: none"> • Social Work Carer Teams and network of carer centres • Statistical analysis • Carers Outcomes • Feedback from Carers/Stakeholders • Impact of the caring role 	Page 4
Promoting Carer Health and Well-being <ul style="list-style-type: none"> • Carer Community Nurses • Training and learning • Short Breaks • Emergency Planning • Carer Privilege Card 	Page 7
Co-production and engagement with carers and their organisations	Page 11
Carer Pathways <ul style="list-style-type: none"> • Older people & dementia • Parent Carers Children with Disabilities • Disabilities • Mental Health 	Page 12 Page 15 Page 17
Carer Information Strategy <ul style="list-style-type: none"> • Primary Care • Acute Care 	Page 18
Key Themes	Page 19
Conclusions	Page 20
Appendix 1 Recommendations	Page 23

Universal Offer of information, advice and support

Carers Information Line (CIL)

South East Carers Centre is responsible for managing the city wide Carers Information Line (CIL) on behalf of the Glasgow Carers Partnership to deliver the universal offer of information and advice to carers and to promote the self-assessment as the access point to services. It is also how carers access the city's Carer Privilege Card. The CIL is open to professional staff looking for advice to support carers. NHSGGC Acute Services promote the CIL with carers and families.

The CIL has a steady flow of enquiries from both carers and professionals. During periods where awareness raising activity/publicity took place e.g. Carers Privilege Card Launch, Cinema initiative and Emergency Card Launch numbers of calls increase.

Period	13/14	14/15
Nos. of Callers	547	427
Advice & information	169	177
Carer Support	143	127
Self-Assessment Completed	108	96
Carer Booklets Sent Out	121	105
Carer Privilege Card	72	47
Professional Calls	98	122

Overall the CIL statistical information demonstrates a successful infrastructure to focus on early identification and prevention of crisis with callers being directed to appropriate supports.

We are also confident that our statistical returns demonstrate an increasing focus on anticipatory supports with around 70% of new carers identified receiving support from the carer centres including information and advice, training, emotional supports and short breaks.

Carers Information Line - Recommendations

- The CIL operators should be made aware of any awareness raising activity to ensure outcomes, increased calls and enquiries are recorded accurately to demonstrate effectiveness.
- All members of the partnership should be responsible for the promotion of the CIL.

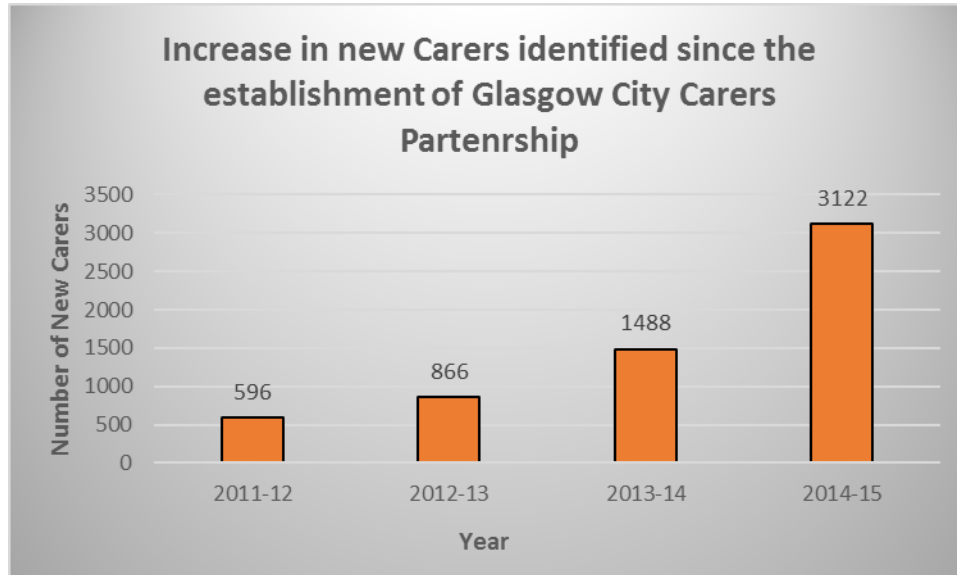
Assessment & Care Management

Glasgow Carers Partnership introduced the carer self-assessment as the single gateway to support services. Caring situations are assessed by the statutory carer teams for risk of breakdown of the caring role and information and support services are provided with partners within the whole system approach ensuring clear pathways for carers to receive support and achieve good outcomes which can be evidenced through the review process.

The introduction of a standard set of carer assessment and care management processes, paper work and a recording data set across statutory and voluntary carer services has provided a wealth of comparable information for monitoring and performance purposes. All services also share a common carer outcomes evaluation process for measuring outcomes and these can be routinely reported. Case studies are provided to evidence good outcomes for carers and evidence of shifting the balance of care.

Summary Statistical Analysis

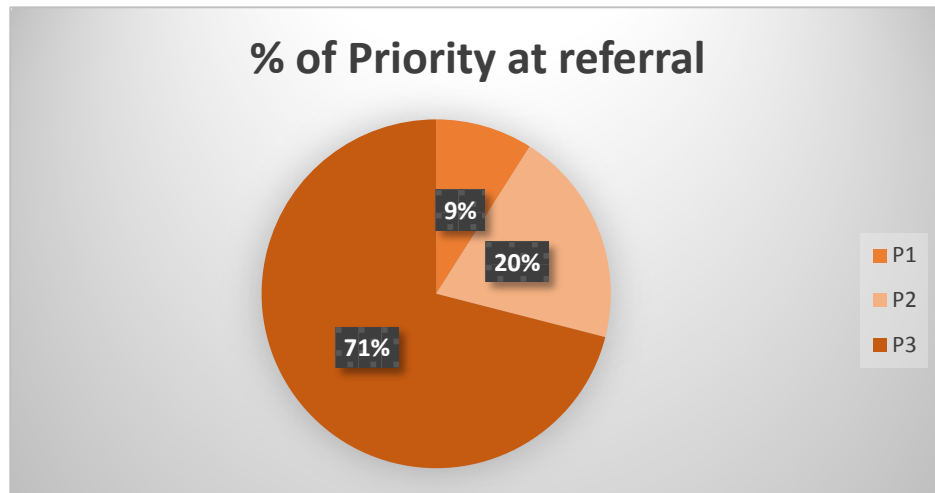
In 2014-15 there was 3,122 new Carers entered the Carers services pathway for information, training and support. Of these 2,785 were adult and older Carers and 335 were young people with a caring role. This shows a 424% increase since the partnership was established.



Impact of the caring role

The integrated assessment processes allow for carers to be triaged to access the right levels of support at the right time. As can be seen from the pie chart below the focus on early

identification is being achieved. 71% of carers supported over 14/15 were able to be supported through carer centre information, advice and anticipatory services. 20% of the carers were assessed as having moderate to substantial needs and 9% with critical needs and these carers would be supported by Social Work Carer Teams where the intervention is often an increased package for the cared for and respite for the carer.



There were 236 P1 adult caring situations at the point of referral with 545 P2's, 1880 P3's and 125 pending priority at the end of the year.

In terms of where the referrals have come from, we have the following baseline information from which to work moving forward.

Our intention is to increase the referrals from primary and acute care over 2015/16 and beyond and targets will be set around this.

Referral Sources	% 13/14	% 14/15
Primary Care	17.5%	17%
Acute	3.5%	4%
Social Work	26%	23%
Other	53%	56%

In addition in 2014-15 there were 1425 carers received an Income Max service and there was one complaint to the services during the year.

Carers Outcomes Report 2014/15

The report below is based on Carer Service Evaluation Returns to Carer Centres over quarters 1-3 2014/15.

1120 forms were sent to carers after the carer assessment and services had been put in place. 341 were returned representing an approximate return rate of 30%. The evaluation form is sent to carers along with a Carers Privilege Card after they have received support as a way to encourage returns.

The indicators below are based on Talking Points carer defined outcomes. A CF6 solution is required to allow Social Work Carer Teams to be able to record and report on carer outcomes and this will be reportable 2015/16.

National Outcome 6 is defined as “People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being”.

The evaluation form provides us with data to reflect the content of National Outcome 6.

Qualitative Evaluation Questions

1) Did you feel valued and respected by the carer support worker

Poor	1	2	3	4	5	excellent
1%				99%		

To what extend has the service provided:

2) Improved your ability to support the person that you care for?

Poor	1	2	3	4	5	excellent
5%		19%		76%		

3) Improved the quality of life of the person you care for?

Poor	1	2	3	4	5	excellent
5%		14%		81%		

4) Improved your quality of life

Poor	1	2	3	4	5	excellent
6%		18%		76%		

In aggregating the scores above, then we are able to report that

- 99% felt valued by the worker
- 76% said the support improved their ability to care
- 81% said the support improved the quality of life of the cared for
- 76% said the support improved their quality of life.

Promoting Carer Health & Well Being

Carer Community Nurses

The carers nursing service developed from North Glasgow CHCP's Keep Well initiative in 2006 where carers were identified as a disadvantaged group who would benefit from a targeted anticipatory care approach.

A total of six posts were funded (two per sector) through CIS funding. Recruitment and retention have been an issue for some of the posts and as such services across the sectors have developed at different times with differing staffing levels.

The recent evaluation of these posts looked at the current and future requirements of the service including a review of the nature of the tasks to ensure consistency and maximising the use of nursing skills. This is seen to be an effective dedicated service for carers which is not available from any other source. The nurses are based within the social work carer teams with a remit across each of the 3 areas of the city in partnership with social work and voluntary sector. The co-location of these posts with Social Work Teams as all professionals contribute to the overall assessment of the carer.

Indicator	2013/14	2014/15
Total no of health referrals received	501	533
Total no of health Referrals carried out	488	535
No's of follow up visits	91	102
No's referred to Live link (counselling)	84	102
No's referred to other agencies	302	323
No's referred to GP	176	189
No's of booklets distributed	7431	8839

The nurses are a key link with primary care and this role includes regular and planned distribution of the Carers Information Pack which includes the self-assessment. The packs are coded so they know which teams are promoting the carer pathway to allow them to better target.

Carer Community Nurses - Recommendations

- Implementation plan to be drawn up for nursing tasks and training requirements and other changes/actions following on from review.
- Performance reports to be provided monthly/quarterly showing how many patients have been seen, venue, number of contacts and where referrals have been made.
- CIS funding for 15/16 has made available for these posts and consideration needs to be given to how these will be funded moving forward.

Training, learning and capacity building

The availability of training and learning opportunities for carers is critical in building carer confidence and capacity to continue to care and is one of the 6 core services provided via the network of carer centres in the city. It also provides important emotional peer support and friendship opportunities for carers which also increases carer health and well-being.

Feedback from Carers educational and training courses are positive. Many carers also report an increased knowledge of other services available to them, particularly third sector services and have accessed them via signposting by the statutory and voluntary sector carer services. They reported an increase in knowledge, skills and confidence in coping with their caring role. This in turn can lead to good outcomes and quality of life for both the carer and service user.

The investment in the Training Coordinators from CIS to support the carer training agenda locally and city wide to make better use of available resources. These resources include a range of national and local condition specific organisations who provide carer training as part of their remit. Specialist nurses and a range of other health staff also provide training for carers. In Glasgow, Cordia offer free training for carers via the Carers Privilege Card.

Over 14/15 1007 carers were referred for training with 756 carers attending 122 courses. 106 carers received bespoke moving and handling training. 154 carers attended workshops and information sessions with 154 attending peer support groups. Short breaks/replacement care and transport were provided as required. The courses are as diverse as Caring with Confidence and personal effectiveness, understanding dementia, emergency first aid training, relationship building, understanding autism, managing challenging behaviour and a range of other topics provided to meet identified need.

The Training Co-coordinator role has provided significant support in the delivery of training to carers. There is now more direction in how needs are analysed and how the overall training process is coordinated. There remain some variations across sectors and also ambiguities around funding routes, equity of funding and processes.

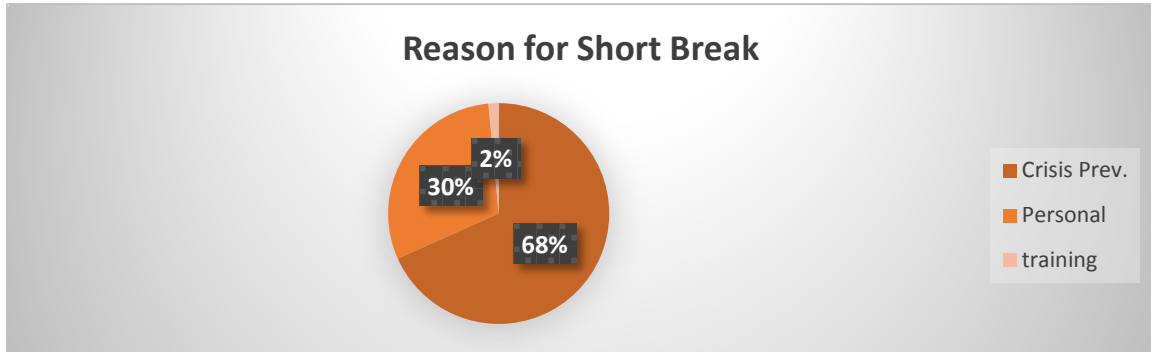
Fundamental to this review will be the overall review of the core service provision and funding. As it stands, the Training Co-coordinators provide a resource that is not sufficiently available as a component part of core services. Without this resource, training during 2015/16 would likely be significantly compromised

Training Coordinators - Recommendations

- Standardise referral process from assessment and collection of data to Training Co-coordinator
- Review and evaluate peer groups to identify opportunities to improve effectiveness and models of support including self-help and befriending to ensure a consistent approach across the city
- Funding will be required if this service is to continue beyond March 2015 when CIS funding ceases

Short Breaks for Carers

There was a total of £295,463 spent in 2014/15 providing 21,436 hours of short breaks to 909 distinctive carers to prevent crisis, to allow a carers to attend a personal appointment, event or to allow carers to attend training.



The £297K includes SW core funding, Change Fund, grants to voluntary sector from council and Scottish Government in terms of Time to Live and Better Breaks. The carer centres have submitted joint city wide applications to the government's carers strategy short breaks fund over the last few years evidencing the opportunities through a partnership approach.

The Short Break budgets were used to provide positive outcomes for the 909 carers who received a service in 2014/15, as it was used in a flexible, person-centred way.

The access to carer short breaks by duty social workers and wider teams allows effective intervention in situations of crisis. The immediate supports provided assist the carer to continue in their role while preventing an admission to care for the adult.

Recommendations – Short Breaks for Carers

- In recognition of the importance of regular short breaks and respite in supporting carers continue to source additional funding as required.

Emergency Planning Service

The Emergency Planning Service was introduced in 2013 as a result of identified need from older learning disability carers. It is funded through the Change Fund and now the Integrated Care Fund. The service employs 3 workers and targets older carers in each area of the city.

The emergency plan when agreed with the carer and wider family is flagged on the Social Work Information system with a unique number printed on the Carer Emergency Card which allowing emergency services to access if required. A copy of the plan remains with the carer and can be shared with GP, friends and neighbours as required.

This table highlights the numbers of plans put in place but also the impact that the service has had on carers.

Indicator	12/13 (3 months)	13/14	14/15
No's of Emergency Plans	70	348	350
% carers feeling more secure having plan in place		95%	96%
% cared for feeling more secure having plan in place		87%	84%
% confirmed increased support from family members		58%	69%
% carers feel supported in their caring role		85%	85%
% reporting reduction in stress		90%	91%
% referred to legal advice for POA/Guardianship		61%	52%

Emergency Planning Service – Recommendations

- Emergency Plans should be offered routinely to carers through carer assessment process

Carers Privilege Card

The Glasgow Carers Privilege Card continues to be promoted through the GCC Carers Card website, Carers Information Line and by the carer services and centres across the city. 8,292 cards have been issued since the launch in Sept 2013.

This card introduced by Glasgow City Council (GCC) in 2013 provides a range of discounts, including Glasgow Life gym membership, cinema entry, parking, and a range of other services and access to GCC staff benefits.

Co-production and engagement with carers and their organisations

The Carers Reference Group was established in 2012 to represent the views of carers across the city and influence the development of carer policy, service planning and delivery. Voices for Change and the 3 Public Partnership Forums in Glasgow city are also key partners in representing the views and needs of carers.

Supporting, involving and engaging with carers is a key priority of the Carers Partnership, which recognises that carers play a critical role in the provision of care in the community and as such are acknowledged and supported as key partners.

In order to evaluate the quality of engagement and involvement with the planning and delivery of services for carers through the Carers Planning & Implementation Group, a number of methods were used including focus groups, meetings, surveys, questionnaires and written submissions.

The key areas highlighted are:

- Progress by the Carers Partnership is good and the engagement between the Carers Planning & Implementation Group, Carers Forums and the Carers Reference Group is encouraging.
- Carers Reference Group can highlight issues facing carers and have a higher level of recognition, including through representation on the Planning and Implementation Group
- Carers have welcomed the opportunity to be engaged and consulted on service/resource development, carer strategy/policy documents and changes to existing services for carers or the person they are caring for.
- Carers did however emphasise that engagement has to be meaningful and carer contributions have to be seen as an integral part of developing services, strategies and changes to service delivery.

Carers Engagement - Recommendations

- Raising awareness of role of CRG and the partnership is important, continued engagement with the CRG on a regular basis in order that carers are fully informed of the services available and any future developments
- Awareness of where carers issues go and what decisions are made should be fed back
- Documents and reports should be summarised and in plain language wherever possible, in line with the National Standards for Community Engagement
- Monitoring/annual review of CRG achievements should be in place
- Recognition of carers involvement and the impact it has made to shaping services and strategies, should be formalised in an Annual Carer Reference Group Review

Carer Planning & Implementation Group – Sub Group Structure

The Carers Planning & Implementation Group (CPIG) highlighted the need to undertake more specific care group planning for carer services and seek to influence these planning forums.

The strategic direction will continue to involve embedding the partnership model in the delivery of health and social care services with a focus on older people/dementia, mental health, disabilities and addictions.

There has been some work started in developing sub groups within the PI&G and it is important that these become a key focus of developmental activity moving forward.

This work will feed into the emerging Glasgow Health & Social Care Partnership strategic planning structures.

Sub Group - Older Peoples/Dementia Carer Pathway

This sub group was established in 2012 to ensure carer recognition within Reshaping Care for Older People. The group and have responsibility for:

- Development and promotion of older carer and dementia carer pathways including training pathways
- Membership from SW, NHS CHP, NHS Acute and voluntary sector carer centres and Alzheimer's Scotland & providing representation to RCOP Strategy Group
- Overall management, direction and performance monitoring for Change Fund SW Older Carers Development staff and voluntary sector support workers,
- Building positive links with acute services discharge teams and Intermediate Care.
- Building positive links with 5 Pillars Post Diagnostic Dementia Services and other primary carer and Social work Teams for older people.

Supporting Older Carers/Change Fund (CF)

Indicator	13/14	14/15
Increased number of assessments of older carers/carers of older people	576	692
Increased number of short breaks for older carers/carers of older people – hours	4163	5408
Increased number of Carers attending training for Moving and Assistance	98	102
Increased number of Carers Health Reviews	157	221
Information and Advice re: POA	96	232
Referral to Telecare	75	102
Home Fire Safety Checks	123	190
Referral to Carer Training	132	154
Admission to long term care	30	41
Dying with dignity at Home	29	50
% carers feeling supported in caring role	75%	76%

The table above highlights the range of outputs from the 6 Change Funded staff group. Three of these are located with social work and three are located within the voluntary sector. At a local level they work as a virtual team ensuring a clear carer pathway which includes preventative supports as well as crisis interventions and support services around palliative care.

Below is a small sample of the carers experience highlighted in the numerous case studies gathered to date.

“The service has given me the freedom of going out and knowing my mother is being taken care off and is safe.”

“It is hard to explain how much the help I have received has given me the release from the pressure of constant care. It is something you have to experience to really appreciate even if it is just for a short while.”

“The service has made a huge difference in relieving pressure that was building up and getting to breaking point. Probably made the difference between being able to continue juggling full-time employment with caring role and having to give up one. Extremely grateful for the assistance.”

Dementia Carer Pathway

A key objective of the dementia pathway is to provide the right information at the right time and give carers support from an early stage so they are more equipped to deal with the person they look after

The Carers booklet, self-assessment and a promotional DVD ‘It’s OK to ask for help’, is provided at the earliest stage possible. The DVD was produced to encourage those carers who may have doubts about engaging with services to do so. The DVD was commissioned by NHS and is based on the experiences of carers of people with dementia who have come through the Dementia Carers Training Information and Support Pathway.

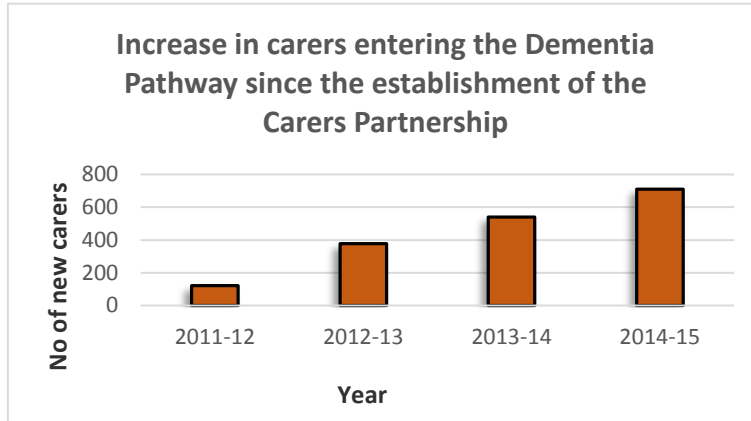
Carers are referred on to the pathway via the NHS post diagnostic services, GP’s, Community Psychiatric Nurses and other health and social work professionals or through Alzheimer’s Scotland or other voluntary organisations that carers may be known to.

Evidence from the dementia pathway final review indicates that:

- Links are now established and improving with all NHS Post Diagnostic Link Workers across the city as this has been inconsistent as the Post Diagnosis Pilot is rolled out.
- Number of referrals is evidenced as increasing rapidly and with the above links being stronger is expected to continue to increase further.
- Dementia Education programme deliver good outcomes for carers

	11/12	12/13	13/14	14/15	% increase
New Dementia Carers	123	377	541	710	477%

These figures are reflected in the chart below.



Carers have reported the following benefits:

- Increased ability to cope in the caring role through provision of a short break
- Improved physical and mental well-being
- Choices in caring, including the limits of caring
- Peace of mind, increased personal safety and security
- Maintain maximum independence
- Sense of being emotionally supported

Dementia Pathway - Recommendations

- Alternative funding for the current Change Fund Workers due up in March 2015 should be sought through the Integrated Care Fund. The pathway is not sustainable without these posts.
- The number of workers may need to be increased if funding is available due to rapidly increasing demand as the partnership and pathway develops.
- Associated Change Fund respite budgets are required to be continued and increased.
- Long term funding requires to be secured for Dementia Education.

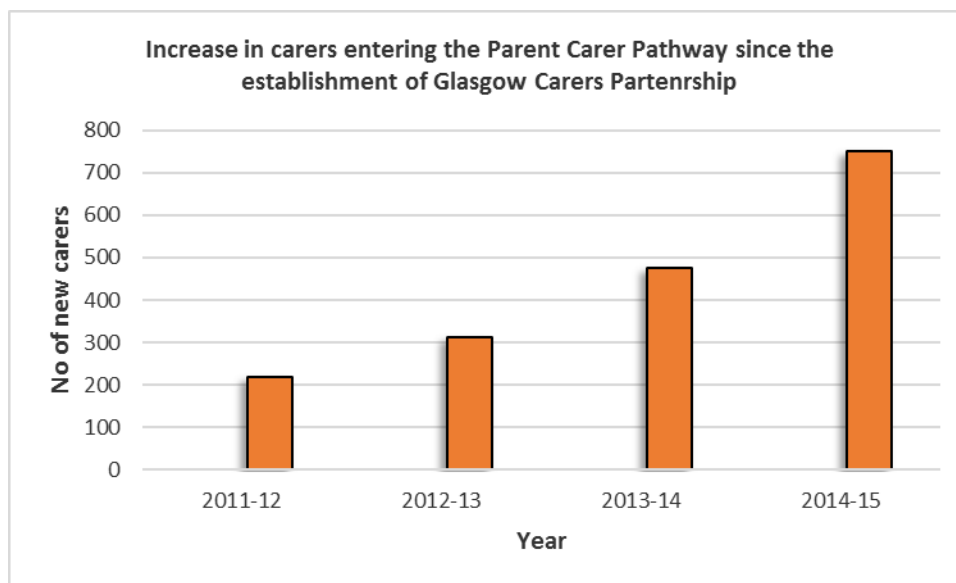
Parent Carers Pathway (including parents of children with Autism)

This pathway has been developed in partnership with NHSGGC Diagnostic Services for children, the Autism Resource Centre, GCC Social Work Carer Teams and the network of carer centres to deliver support services for Parent Carers of children with additional needs including those with Autism through a joined up whole systems approach.

Child Development Centre consultants are routinely promoting the pathway with parents at the point of diagnosis with excellent results.

Pre- partnership in 2009/10 there were 162 parent carer referrals to carer services and this has increased year on year as the partnership developed to 690 referrals in 2014/15. This represents a 325% increase totaling 2,064 parent carers having access to information and support.

	11/12	12/13	13/14	14/15	% increase
New Parent Carers	220	311	476	690	213%



Parents enter the pathway through the Child Development Centre or through self-referral.

Carer Assessments were carried out and outcomes based support plans resulted in the provision of short breaks, income maximisation services, emotional support / support groups and training for many and for some for assistance at critical junctions in their caring role and in crisis prevention.

A key element of the Parent Carers pathway is that it builds both individual and community capacity; parent carers feel better equipped to care; through the peer/ support group element there will be increased community capacity allowing parent carers to identify other solutions collectively.

There is clear evidence that the pathway has reached its intended goal of increasing the identification of parent carers at an earlier stage, with evidence of better outcomes for those who have entered the pathway. There is, however, a danger of the model becoming a victim of its own success and issues relating to service capacity is emerging

Feedback from parents has been very positive:

“Definitely a worthwhile course for any parent whose child has autism. It makes you aware that what your are experiencing is typical of Autism and you are not alone, that there are good positives to it and it has also given me good tips to manage the condition more and make life easier, structured for our children”.

“What I learned in one week has changed my life already.....” “The information is invaluable.....” “I feel a sense of relief in that I am now equipped to deal with situations better.....” “Techniques on managing difficult behaviour were especially helpful....”

“The help I received was very much welcomed....” “I feel more confident to care for my son....” “Clear relevant information well delivered in my local area.....”

There is clear evidence that the pathway has reached its intended goal of increasing the identification of parent carers at an earlier stage, with evidence of better outcomes for those who have entered the pathway.

Parent carers have received a level of assessment appropriate to their situation. There is significant information gathered and available that is not yet utilised.

Parent Carer Pathway - Recommendations

- There is a danger of the model becoming a victim of its own success and issues relating to service capacity are emerging. To avoid quantity eroding quality potentially funding could be sought for Parent Carers Workers to deal with the rising capacity and enhance the model of early intervention. Further analysis of need for this should be considered
- Although parent carer identification is clearly increasing rapidly, it is still inconsistent across the city therefore continue to meet with consultants at CDC, promoting the pathway and encouraging continued increase of referrals on to the pathway at point of diagnosis.
- Possible further analysis of information gathered in assessments and support plans that could be utilised for planning purposes.

Disability Carers Sub Group

The development of the Disability Sub Group is an agreed priority for 2015/16 building on the work done to date by the leads and ensuring connectivity with the Disability Strategic Planning Group.

Pathways have been developed including generic and condition specific training for carers. Work to develop a brain injury pathway is in development as is increasing links to sensory impairment services.

Disability Sub Group Recommendations

- Further develop the disability sub group and pathways.
- Need to ensure that the needs of carers of disabled people are embedded the in Disability Strategic Planning Group.
- Ensure Carer SPG representation from this group

Mental Health Carers Sub Group

The Mental Health Sub Group needs to be re-visited in light of the new strategic planning structures and consolidate any achievements to date from current involvement in mental health planning.

The sub group is led by Glasgow Association for Mental Health who report quarterly on performance on the mental health carer pathway. This dedicated service for mental health carers is currently under review by Social Work Services and as such is not subject this evaluation.

Mental Health Carers – Recommendations

- Conclude the service review of GAMH Carer Services
- Need to ensure that the needs of carers of disabled people are embedded the in Mental Health Strategic Planning Group
- Ensure Carer SPG representation from this group

Carers Information Line

- The CIL operators should be made aware of any awareness raising activity to ensure outcomes, increased calls and enquiries are recorded accurately to demonstrate effectiveness.
- All members of the partnership should be responsible for the promotion of the CIL

Carer Community Nurses

- Implementation plan to be drawn up for nursing tasks and training requirements and other changes/actions following on from review.
- Performance reports to be provided monthly/quarterly showing how many patients have been seen, venue, number of contacts and where referrals have been made.
- CIS Funding for 15/16 will fund these posts and consideration needs to be given to how these posts will be funded moving forward.

Training, Development and Community Capacity

- Standardise referral process from assessment and collection of data to Training Co-coordinator
- Develop model to increase engagement with carers to support involvement in training by the effective use of peer support and other approaches to make carers comfortable to engage
- Provision of more coordinated social type activities to engage with carers as a pre-cursor to training and to identify any barriers to training
- Review and evaluate peer groups to identify opportunities to improve effectiveness and models of support including self-help and befriending to ensure consistent approach across the city
- Funding will be required if this service is to continue beyond March 2016 when CIS funding ceases.

Carer Engagement

- Raising awareness of role of CRG and the partnership is important, continued engagement with the CRG on a regular basis in order that carers are fully informed of the services available and any future developments

- Awareness of where carer issues go and what decisions are made should be fed back
- Documents and reports should be summarised and in plain language wherever possible, in line with the National Standards for Community Engagement
- Monitoring/annual review of CRG achievements should be in place
- Recognition of carers involvement and the impact it has made to shaping services and strategies, should be formalised in an Annual Carer Reference Group Review

Dementia Pathway

- Alternative funding for the current Change Fund Workers due up in March 2015 should be sought e.g. through the Integrated Fund. The pathway is not sustainable without these posts.
- Increasing their capacity is also recommended with in teams and carers centres should be looked at with number rapidly increasing as the partnership and pathway develops.
- Associated Change Fund respite budgets should be continued and increased
- Long term funding requires to be secured for Dementia Education

Autism Parent Carer Pathway

- There is a danger of the model becoming a victim of its own success and issues relating to service capacity are emerging, funding could be sought for Parent Carers Workers to deal with the rising capacity and enhance the model of early intervention. Further analysis of need for this should be considered
- Although parent carer identification is clearly increasing rapidly, it is still inconsistent across the city therefore continue to meet with consultants at CDC, promoting the pathway and encouraging continued increase of referrals on to the pathway at point of diagnosis.
- Possible further analysis of information gathered in assessments and support plans that could be utilised for planning purposes.

Disability Pathway

- Further develop this sub group and carer pathway over 2015/16 and ensure it builds key links with Disability Strategic Planning Group and informs the plan.

Mental Health Pathway

- Further develop this sub group and carer pathway over 2015/16 and ensure it builds on previous involvement in mental health planning and develops key links with Mental Health Strategic Planning Group and informs the plan
- Implement recommendations from GAMH Carer Review.

Carers Information Strategy

- Carer intervention within the acute division should be targeted towards carers in most need
- Identifying carers at the point of admission is crucial to ensure early stage intervention and support for the carer
- The role of the Discharge team is important in increasing staff awareness of carers
- The identification of young carers needs to be increased
- Staff training programmes to ensure more staff have access to carer awareness training need to be developed as a priority

Glasgow Carers Partnership Evaluation – Improvement Plan

Appendix 2

Improvement Area	Dependencies	Action Required	Outcome	Time scales	Lead Officer Group
Carer Engagement		Continue to provide support to CRG to be engaged and involved	Carers feel engaged in service planning and delivery	ongoing	CRG
Carer Information Line	Successful outcomes of tender	This service is subject to tender	CIL in place	New service in situ 1/4/16	AC
Carer Community Nurses	Funding required beyond 31/3/16 when CIS ends	This service was and is now consistent across 3 localities Recommendations from review to be implemented	Revised service in place from 1/4/16 if funding available	March 2015	EB
Training, Development and Community Capacity	Funding required beyond 31/3/16 when CIS ends	This service requires to be reviewed and recommendations made	Revised service in place 1/4/16	Dec 2015	EB
Older People Dementia Pathway	CIS so funding required beyond 31/3/16 for Dementia Education ICF funding for 6 Older Carer Development and Support Staff and short break budget yet to be secured for 16/17.	Continue to support carers of older people/people with dementia through pathway Continue to develop the pathway as required to meet identified need Continue with sub group and representation to OP SPG structures	Increasing no's of carers accessing pathways. Continued provision of short breaks to support carers Increased % of carers feeling supported in caring role	ongoing	VP JY

Improvement Area	Dependencies	Action Required	Outcome	Time scales	Lead Officer Group
Parent carer pathway – disability & ASD	Partnership Application to SG Autism Innovation and Development Fund 15/16 will be submitted to seek additional funding to increase capacity to for Parent Carer ASD Pathway	<p>Continue to work in partnership to increase no. of parent carers accessing the pathway</p> <p>Ensure consistent practice across the city</p> <p>Seek additional funding to further develop the pathway</p> <p>Develop positive links with Children’s Services Planning</p>	<p>Increasing no’s of parent carers reporting good outcomes</p> <p>Increased resources secured</p>	On going	<p>VP JY</p> <p>SPG Parent Carer Sub Group</p>
Disability pathway	Disability SPG engaging	<p>Develop Disability Sub Group and complete disability carer pathway</p> <p>Develop positive links with and representation</p> <p>Disability SPG to identify planning link to Carers SPG</p>	<p>Disability Sub Group in place</p> <p>Disability carer pathway established</p> <p>Disability SPG reflect needs of carers of disabled people in their plans</p>	Sept 2015	<p>Carers SPG</p> <p>Disability SPG</p>

Improvement Area	Dependencies	Action Required	Outcome	Time scales	Lead Officer Group
Mental Health Pathway	MH SPG engaging	Implement recommendations of GHAM Carer Services Review Develop MH Sub Group and further develop carer pathway Develop positive links with and representation to MH SPG	Mental Health Sub Group in place Mental health carer pathway further developed Mental Health SPG reflects the needs of carers of people with MH issues in their plans	Oct 2015 Dec 2015 Oct 2015	Carers SPG MH SPG
Addictions Pathway	ADP Engaging May require resources	New area of work – addiction carers are unrepresented in current stats	Increasing no's of addiction carer identified and support ADP plans reflect the needs of addiction carers in its plans.	TBC	Carers SPG ADP
Staff awareness and training	This also links to an Improvement Area identified through the OP Joint Inspection Report	Need to develop a staff programme to ensure increased numbers of carers are being identified and signposted to services/offered assessments – EPIC ELearning Tool	Increase in no of assessments carried out by SW staff Increase in referrals from Primary and Acute Care	Oct 2015	TBC