
Report To: The Inverclyde Council **Date:** 30 November 2017

Report By: Sharon McAlees **Report No:** SW/46/2017/SMcA
Chief Social Work Officer for
Inverclyde

Contact Officer: Sharon McAlees **Contact No:** 01475 715282

Subject: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

1.0 PURPOSE

1.1 The purpose of the report is to present to Council the Chief Social Work Officer Annual Report for approval and endorsement for submission to the office of the Chief Social Work Advisor to the Scottish Government.

2.0 SUMMARY

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collection of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisory allows for the development of a picture of social work and social care practice across the country. This is important in benchmarking evaluations of performance in terms of implementation of legislation, development of innovative practice and addressing common challenges in delivering social work services across the country.
- 2.3 A key theme of the report for the year 2016/17 highlights the challenges to our most vulnerable service users arising from welfare reform as well as outlining key progress made in relation to service developments.

3.0 RECOMMENDATION

3.1 It is recommended that Council approve the Inverclyde HSCP Chief Social Work Officer Report for 2016/17 for submission to the Office of the Chief Social Work Advisor in the Scottish Government.

Sharon McAlees
Chief Social Work Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Social Work (Scotland) Act 1968, sets out a requirement for all Scottish local authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Revised guidance for Chief Social Work Officers and a new template were developed in March and May 2016 respectively, by the office of the Chief Social Work Advisor to the Scottish Government. This guidance and template was endorsed by COSLA.
- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by Scottish Government that there was a need to support HSCP Committees to understand the CSWO role in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services.
- 4.4 The Inverclyde Chief Social Work Officer's report for 2016/17 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. Partnership Governance structures and links to the Council and Health Board reporting processes are highlighted. Key public protection functions and performance are outlined. The report seeks to highlight the important contribution of social work and social care services on supporting the most vulnerable in our community.
- 4.5 As we go forward as a fully integrated partnership, the report reinforces the achievements of collaborative relationships we have established over the past 7 years in which social work practice and values have had a significant impact. Social Work has a vital role to play in the development of new partnerships into the future, while addressing challenges and delivering better outcomes for the people of Inverclyde. The CSWO report should contribute to ensuring a clear line of sight for members in how social work services are contributing to improving outcomes for citizens of Inverclyde especially the most vulnerable.

5.0 PROPOSALS

- 5.1 It is proposed that Council endorse the attached annual report for the period 2016/17, detailing the position of Inverclyde HSCP in respect of social work and social care practice, performance and compliance with statutory responsibilities.

6.0 IMPLICATIONS

Finance

- 6.1 There are no financial implications from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications from this report

Human Resources

6.3 There are no Human Resources implications from this report

Equalities

6.4 Has an Equality Impact Assessment been carried out?

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

7.0 LIST OF BACKGROUND PAPERS

7.1 The role of the Chief Social Work Officer, Guidance issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, revised version - March 2016.

7.2 Annual Report by the Inverclyde Chief Social Work Officer for the year 2016/17.

8.0 CONSULTATIONS

8.1 No consultations have taken place in the production of this report.

Inverclyde Health and Social Care Partnership



CHIEF SOCIAL WORK OFFICER REPORT

2016-17

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Summary of Performance - Key challenges, developments and improvements during the year

The Inverclyde area stretches along the south bank of the river Clyde estuary and covers 61 square miles. It is one of the smallest local authority areas in Scotland with a population of approximately 80,000. As a small, post-industrial authority, Inverclyde is characterised by a strong sense of community identity. The past decade has seen a sustained focus on regeneration of the area with many positive outcomes for the population as a whole. However the impact of persistent socio-economic inequalities continues to be felt by a significant portion of the citizens of Inverclyde. These effects contribute to an array of challenges for our population as evidenced through national statistics, emphasising the important role of social work services working with partners to provide support to those feeling the worst effects of inequality including some of the most vulnerable and excluded in our community.

Welfare Reform Impact

Since June 2010 the UK Government has announced a number of reductions to the social security budget amounting to approximately £70 billion in total as of 2015/16. The Scottish Government estimated the cumulative impact of these reforms would result in a reduction in Scottish benefits expenditure of approximately £6 billion, in the period between 2010 and 2016. Consequently, families with children are one of the groups most affected, with couples with children losing an average of more than £1,400 a year, and lone parents around £1,800 a year.

The last year has seen the introduction of Universal Credit in Inverclyde. It is anticipated that the impact of the roll out of universal credit could be significant. Inverclyde became only the third Scottish local authority to move to Full Service Universal Credit. This means any new claims for a means-tested benefit or tax credit, including those for families with children, will instead need to be made as a claim for Universal Credit.

A total of 224 Crisis Grants amounting to £25,823.68 have been made directly to families/lone parents since the introduction of Universal Credit (November 2016). 178 of these awards being for lone parents (79.46%) and 46 to dual-parent families (20.54%). Out of the 224 awards made since UC full service in November, 31.70% are as a direct result of claiming Universal Credit and the issues that are then faced.

In May 2015, the Scottish Government published the results of a tracking study, 'The Impact of Welfare Reform'. The study highlighted 'the cognitive strain of the demanding process of interacting with the benefits system', and the role of advice services in relieving some of that pressure on clients. The study also indicated the key role played by Health and Social Care professionals in accessing benefits for clients:

"there should be more joined-up practice between Health and Social Care and Welfare Services. Health and Social Care professionals need not be experts, but should at least

be aware of the kind of support that people might be entitled to, and referral mechanisms between Health and Social Care and advice services should be established.”

Inverclyde HSCP already facilitates such an approach with referral mechanisms and other supports in place between all services. However the impact of welfare reform in the Inverclyde community with its prevalence of poverty, deprivation and inequality is a key challenge and will continue to be the backdrop against which social work service planning and delivery takes place with a strong emphasis on maintaining a clear line of sight to the needs of the most vulnerable in our community.

There have been a number of areas of development over the last year .Some of the most notable have been in the very tangible form of newly developed and modernised resources. The second phase of the replacement of our children’s houses has concluded with a beautiful new house overlooking the Clyde coast line. Two newly developed residential resources have been opened providing high quality person centred support for service users with learning disability and the opening of Orchard View, a high quality provision for adults and older people who require continuing mental healthcare. Progress toward the development of a new integrated health and social care centre has continued with approval from Scottish Government of the outline business case. The continued investment in these structural developments reflect the commitment to drive up outcomes for service users in Inverclyde.

Work to roll out legislative and policy initiatives has also continued over the year .This has included further implementation of the Children and Young Peoples act including production of our new statutory children service plan, corporate parenting plan and embedding practice in respect of Getting it Right for Every Child. Detailed work has been undertaken to ensure the HSCP is well placed to meet the requirements of the Carers Act. Criminal Justice services have led on the development of the Community Justice Partnership.

Innovation in practice has also continued with progressive developments in the use of technology for the vulnerable adult population. Unpaid work, reablement and learning disability are just some of the areas where staff and teams have responded to service user needs with creativity and sensitivity. More detail on all of the above examples are contained in the body of the report.

During 2017 Children’s Services were subject to strategic inspection by the Care Inspectorate. Staff from across the HSCP are an integral part of the Children’s services partnership and made a substantial contribution to the preparation for and conduct of the inspection process. The final report of the inspection was very positive in terms of how services in Inverclyde were contributing to improving trends for children and families in our community. Learning points from the inspection will lead to an improvement plan mainly in relation to key processes. However the outstanding work of staff in supporting the participation and engagement of children, families and stakeholders was recognised as sector leading and awarded a grade of excellent in the inspection findings.

Partnership Structures/Governance Arrangements

In Inverclyde social work services fully integrated with health services in October 2010, initially as a CHCP. This has meant that the integrated arrangements in Inverclyde were at an advanced stage of maturity before transferring to the HSCP model and the full establishment of the Integration Joint Board. From the diagram below it can be seen that in Inverclyde formal reporting structures to council have been retained in the form of the Health and Social Care Committee reflecting elected members concern to continue to exercise strong governance of statutory social work matters and especially those relating to the public protection agenda.

The CSWO is a non-voting member of the IJB, is represented at the council and meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care. The CSWO is also a member of the Chief Officers group.

The Chief Officers group provides leadership of public protection maintaining oversight of the work of the Child and Adult Protection Committees, the MAPPA, the ADP and the Violence against Women Partnership. In the past year a public protection network has been established. This is chaired by the CSWO and brings together all lead officers across the public protection arena in its broadest sense to ensure that good connections are maintained between these complementary work streams. It is envisaged that as this group becomes established it will provide enhanced support to Chief Officers in their oversight of public protection.

One very positive aspect of integration has been the strengthening of governance arrangements overall as a consequence of the development of the HSCP-wide clinical and care governance structure. This is outlined in Figure 1 below and provides for improved consistency in governance arrangements across service areas. The social work practice and care governance group is an integral part of this governance structure. To assist the CSWO in supporting the development of social work practice across the HSCP the terms of reference and membership of this group has been refreshed ensuring reach across all service user groups. Similarly the social work practice development forum is in the process of being refreshed with the purpose of ensuring access between the social care work force and the CSWO.

Inverclyde has a strong tradition of active participation and engagement of service users and carers. We work closely with a local Third Sector organisation – Your Voice – which leads on many aspects of our engagement work, and fulfils a role of critical friend in advising us about how to improve our service-led engagement. As noted practice locally has been commended as sector leading in relation to children and families by the recent Care Inspectorate report. Since the publication of the care Inspectorate report Inverclyde have been awarded the level one UNICEF award in respect of promoting children's rights in a residential child care setting. UNICEF have advised the HSCP that they consider this to be world class. Work is already underway to report to Scottish Ministers as to how Inverclyde is meeting our obligations in respect of children's rights.

Over the coming year, two areas of development for the practice and care governance will be to consider ways in which we can strengthen our engagement with wider stakeholders by enhancing access between users and carers and third sector partners and the leadership of social work services.

Governance Structures

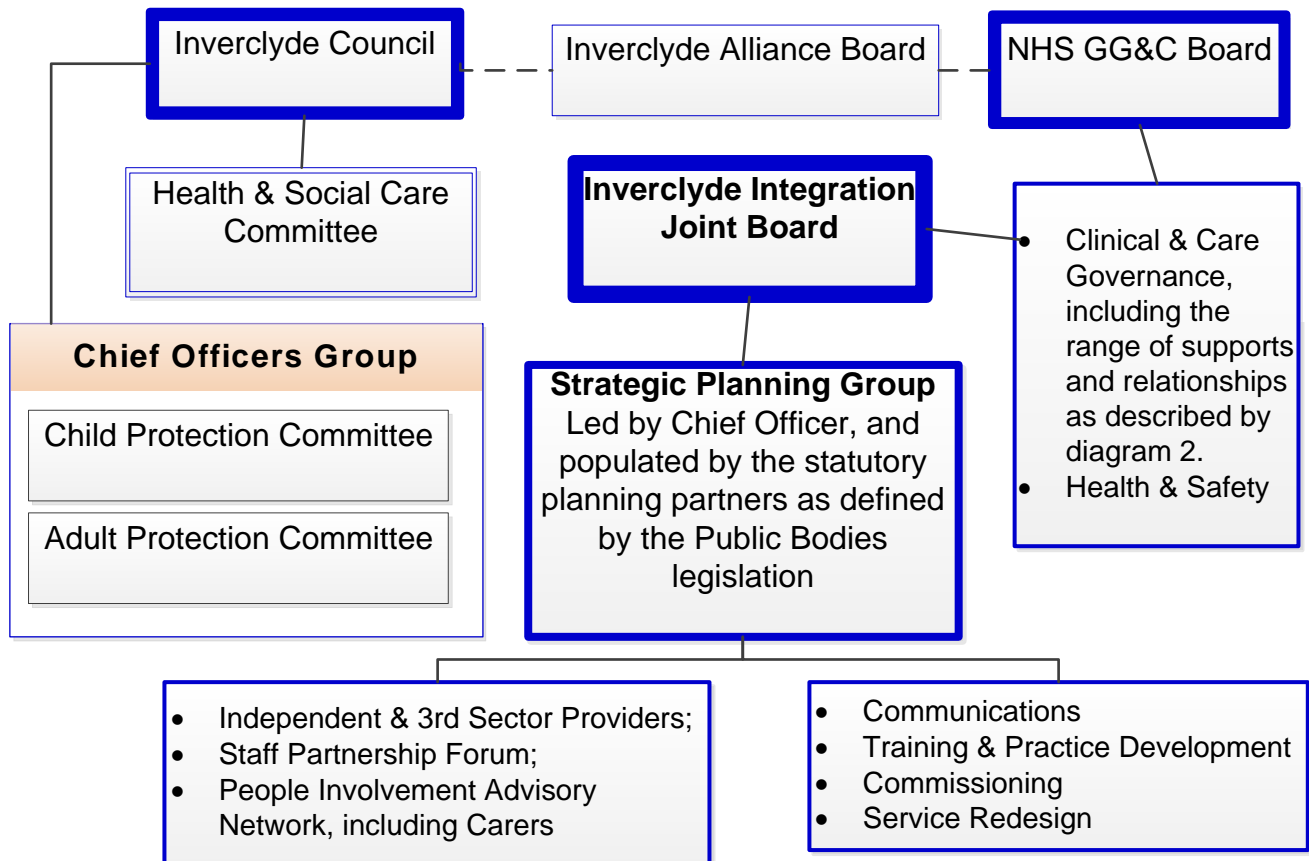


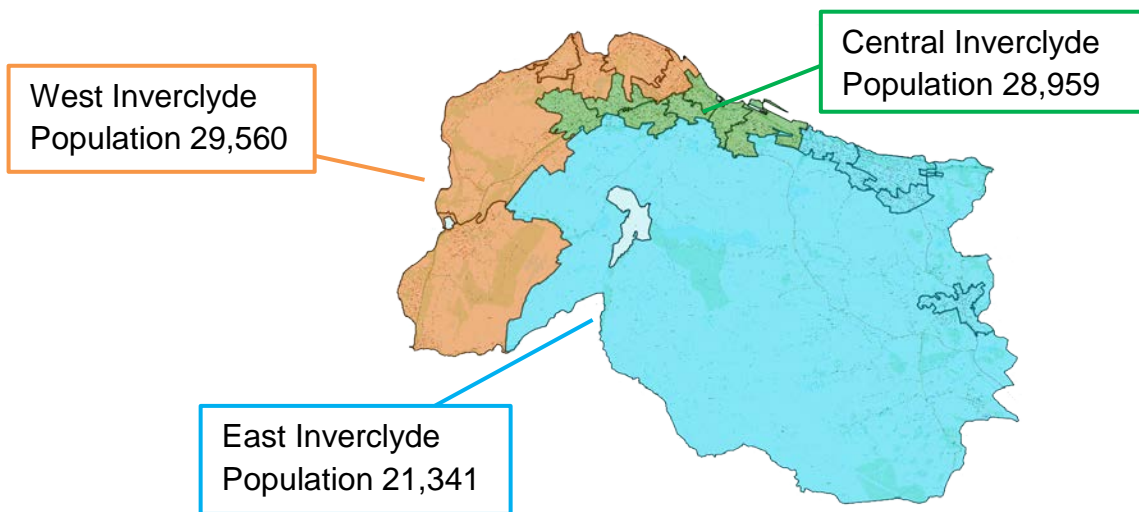
Figure1

Locality Planning

Background

The integration legislation requires that HSCPs have at least two localities. The Community Empowerment (Scotland) Act 2015 also requires Community Planning Partnerships to work within localities. In Inverclyde we have merged these requirements to three wellbeing localities, defined by communities themselves. These are East Inverclyde, Central Inverclyde and West Inverclyde.

Inverclyde Wellbeing Localities



In respect of locality planning, it is our intention to develop Locality Planning Arrangements spanning the requirements for place-based planning, profiling and engagement across our Community Planning Partnership, the Inverclyde Alliance. This work has been advancing during the last year.

Our Approach

The Inverclyde Alliance Board is progressing the arrangements to create a Local Outcomes Improvement Plan (LOIP) by October 2017. The LOIP will demonstrate a clear, evidence-based and robust understanding of local needs, circumstances and aspirations of its local communities including an understanding of how these vary across different places and population groups in each area. The ultimate goal is the establishment of a plan which reflects the CPP's priorities for improving outcomes and tackling inequalities in localities.

The HSCP, as a key Community Planning Partner, has aligned its locality planning to the Inverclyde Alliance LOIP. The HSCP is recognised as a key vehicle through which community planning partners can maintain a clear line of sight to the most vulnerable and the most excluded citizen's in our community.

Social Service Delivery Landscape

The Inverclyde Alliance (Community Planning Partnership) Vision for Inverclyde is '**Getting it right for every Child, Citizen and Community**' and has developed the award-winning¹ "**Nurturing Inverclyde**" approach. The intention of this approach is to make Inverclyde a place that nurtures all of our citizens, ensuring that everyone has the opportunity to have a good quality of life, and good mental and physical wellbeing.

The HSCP sits within the Alliance structure and has overall responsibility for the delivery of social work and social care services in Inverclyde with the core aim of "Improving Lives" As a result of the challenges faced by our community a focus for the HSCP in changing poor outcomes is in identifying, preventing and taking action to mitigate our high levels of inequality.

Inequalities in Inverclyde

Inequalities are a significant issue for people living in Inverclyde. A key priority for the HSCP is protecting and promoting the health and wellbeing of our most vulnerable children, citizens and communities as well as supporting the work of the community planning partnership in its fundamental approach to reducing inequality and improving the health and wellbeing of the whole population.

Health and social inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience higher levels of these poorer outcomes, and we are committed to working to find ways to respond by improving lives; preventing ill-health and social exclusion; protecting good health and wellbeing and promoting healthier living.

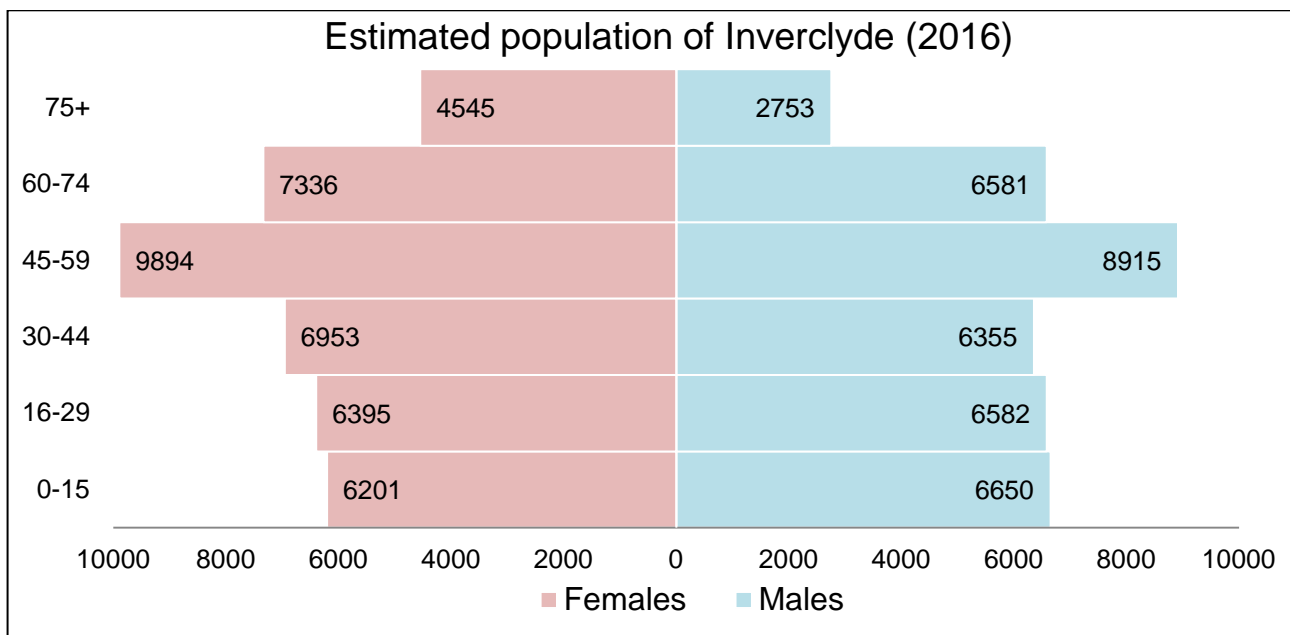
What we know about our children, our citizens, our communities and their needs.

Our most recent information estimates Inverclyde's population at approximately 79,160 people, of whom 16.3% are children under 16 years and a further 4% are young people aged 16-18 years. By 2039, our population is projected to be 70,271 - a decrease of 12 per cent from 2014. This decrease is a significant improvement on previous population estimates and reflects the success of the Alliance's commitment to repopulation and regeneration, within its Nurturing Inverclyde programme. While our under 16s population is projected to decline by 16% over the next 25 years, we are aware that national projections predict an increase in the percentage of children who are deemed vulnerable.

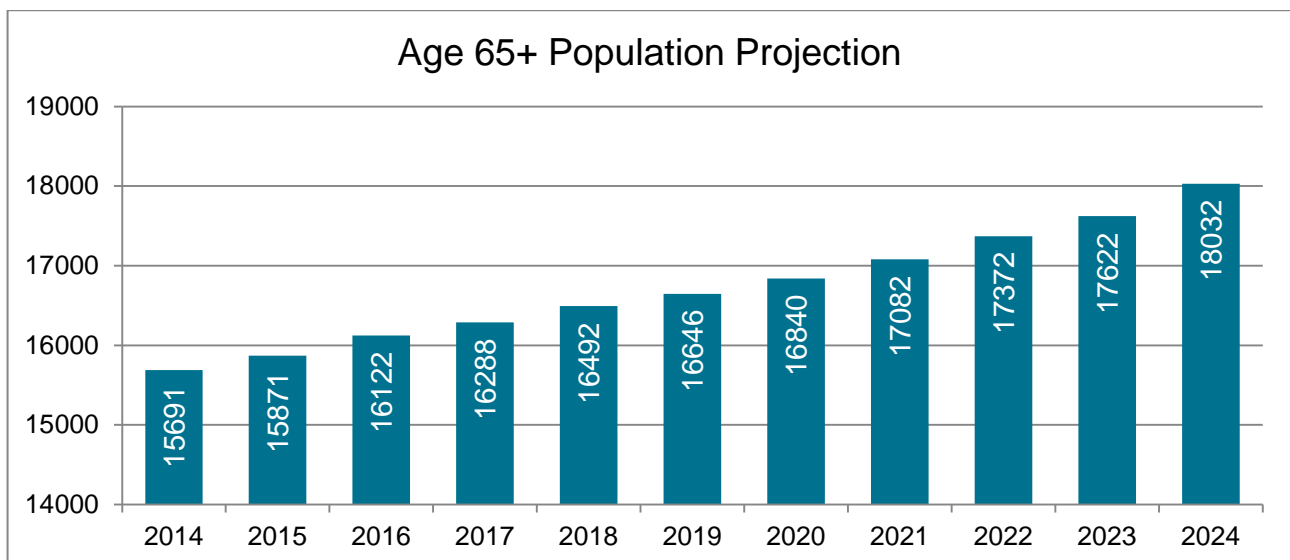
- A declining and aging population presents challenges for how future services within Inverclyde should be delivered. In particular, the projected decline in the numbers of young people and working age population, coupled with the substantial increase in the

numbers of over 60s will place additional pressures on those services required by an ageing population.

- More local jobs will be the biggest determinant of future population growth and critical to attracting migrants and retaining young people currently living in Inverclyde.
- Social work services has an important role in supporting partners build the social capital that will contribute to Inverclyde being an area that is attractive to live in.



Source: NRS 2016 mid-year population estimate

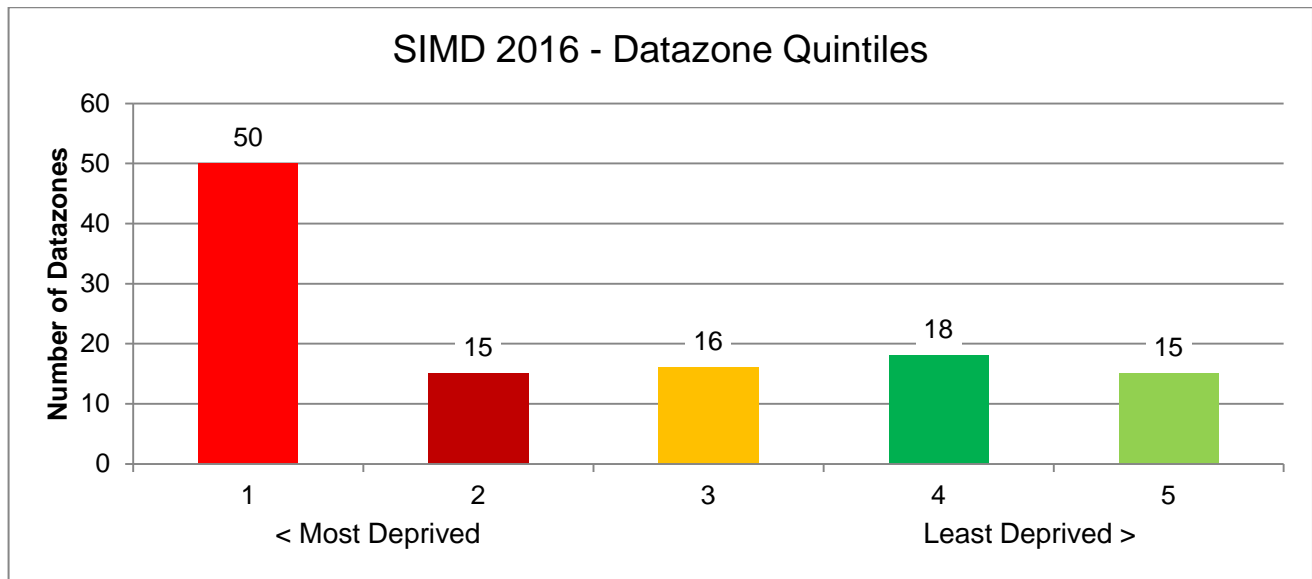


Source: NRS: 2014 based population projections

Deprivation, Poverty and Child Poverty

A major consideration in everything we do includes tackling the effects of our high levels of poverty and deprivation.

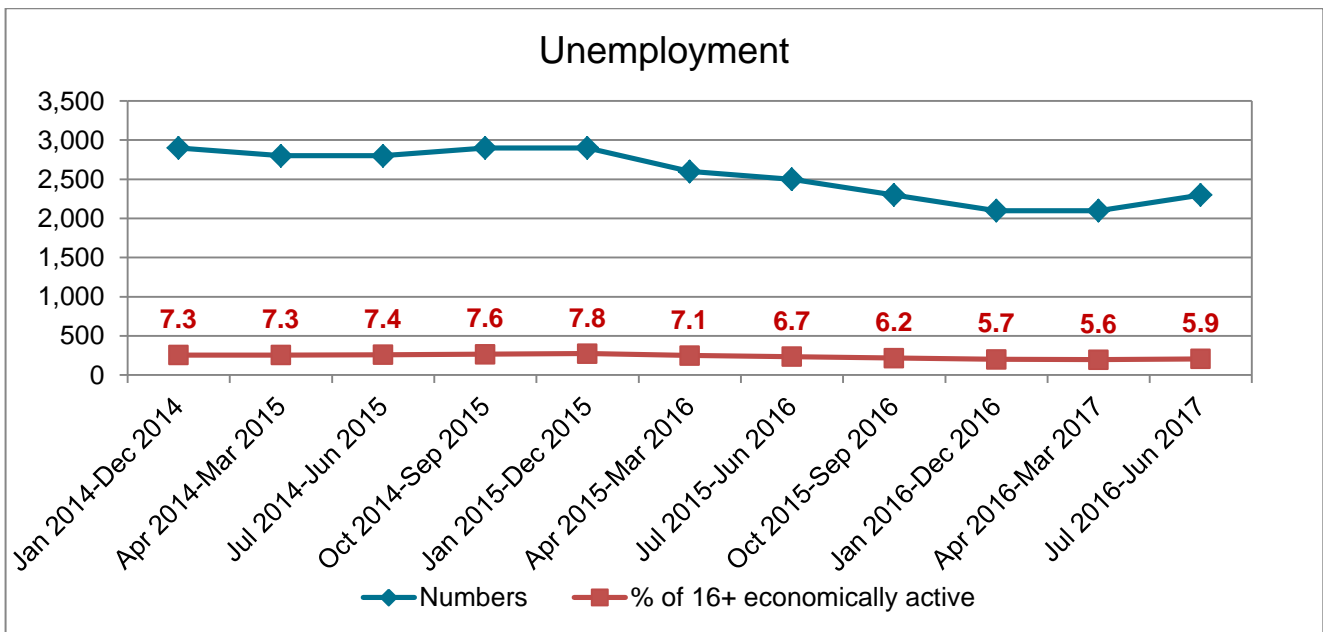
In the Scottish Index of Multiple Deprivation (SIMD) 2016, 11 (9.6%) of Inverclyde's 114 datazones are found in the 5% most deprived in Scotland. This compares favourably with the 2012 and 2009 data where 14 and 17 datazones were in the top 5% most deprived, Inverclyde still fares poorly when ranked with the rest of Scotland. Additionally, in 2016 the number of Inverclyde datazones in the 15% most deprived in Scotland decreased by 3 from 44 to 41. This equates to 36% of Inverclyde's datazones featuring in the 15% most deprived. This compares to 40% in SIMD 2012. Both income and employment deprivation continue to be higher in Inverclyde than Scotland as a whole. Inverclyde is second behind Glasgow in overall levels of deprivation (local share of datazones which are in the top 20% most deprived).



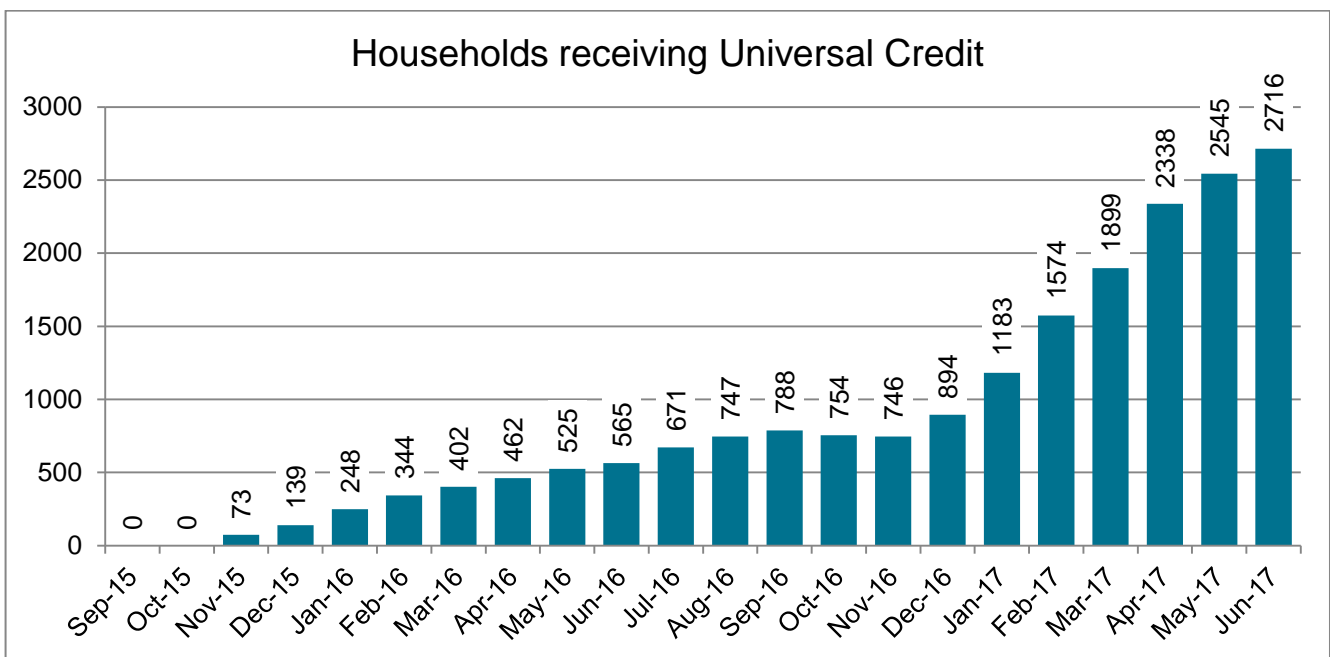
Source: SIMD 2016

- Income, employment and health deprivation, as measured by the SIMD16, remain a significant issue for a large number of people living in Inverclyde. Deprivation levels vary significantly across communities in Inverclyde with the most deprived area being Greenock Town Centre.
- Fuel poverty is growing and those in our most deprived areas are spending a higher proportion of their income on fuel.
- Child poverty in Inverclyde has increased in recent years, with more than 1 in 4 children now estimated to be living in poverty.
- The ongoing improvement in attainment for those young people living in the most deprived 20% is encouraging.

Economy



- Inverclyde’s employment remains heavily reliant on the public sector. With public sector budgets reducing resulting in a shrinking workforce in this sector, this will put additional pressure on the local employment market.
- The reduction in the working age population of Inverclyde is a long term issue for the partnership.
- Tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a challenge.
- There has been a significant increase in the number of new enterprise births between 2010 and 2015, however Inverclyde’s business base remains relatively narrow with a lower business survival rate than the Scottish average. Growing small businesses is one route to employment growth.



- There is a welcome improvement in life expectancy for both males and females in Inverclyde, although longer life expectancy does not always translate to healthy life expectancy. Stark health inequalities continue to exist in life expectancy and other health outcomes across communities in Inverclyde.
- Obesity is a growing issue both nationally and locally. Children in Inverclyde are at a higher risk of weight problems compared to the national average and this has potentially serious implications for their health later in life.
- Alcohol and drug misuse continues to be higher than the national levels and targeted approaches through the work of the Alcohol and Drug Partnership will continue to be important.
- It is anticipated that as the population ages, growing numbers of Inverclyde residents will be at risk of developing dementia.
- Based on current trends, an ageing population will result in a continued increase in the number of hospital admissions as well as increased demand for home care services.

Within this challenging delivery landscape Inverclyde HSCP has made strong progress in moving from a position of being data rich to becoming data informed. Each service area in the HSCP has been involved in developing a specific needs analysis relative to service user needs. These have informed our global needs analysis, our strategic plan and our strategic commissioning themes. As a consequence of this work we are in a better position than ever before to target our activity to our service user needs and the improved outcomes we are seeking to achieve

We have realigned our commissioning arrangements to our 5 key Strategic Commissioning Themes as set out in our Strategic Plan, moving away from service areas or client group silos towards collaborative strategic commissioning across the HSCP.

The 5 key Strategic Commissioning Themes are:

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

These themes are central in supporting the principles of commissioning creatively for improved outcomes.

Resources / Finance

The Council approved the 2016/17 Revenue Budget on 10th March 2016 and at this meeting agreed a contribution to the Integrated Joint Board for Social Work Services net of savings of £1.043 million. The savings target was achieved in full within the financial year.

The revised budget for 2016/17 was £48.408 million with a further £4.449 million allocated from Social Care Fund. The Health & Social Care Partnership ended the financial year with a relatively small operating underspend of £0.279 million (0.55%) and carried forward unspent Social Care Fund monies of £1.597 million to a number of earmarked funds agreed in year by the Integration Joint Board.

There were a number of significant issues and demand pressures for some social care services, which was managed within the overall budget or use of earmarked reserves. The Health and Social Care Partnership have available smoothing earmarked reserves for Children & Families Services and Older People Services in order to help alleviate the financial risk with demand led pressures.

The main areas of pressure arose within Learning Disabilities and Physical and Sensory Services due to an increase in costs within client care packages. It is anticipated that this trend will continue in the future also. An underspend within Children and Families and Mental Health Services was incurred during 2016/17 mainly due to new funding streams and delays in establishing projects.

Budget and Expenditure

HSCP	2013/2014 000	2014/2015 000	2015/2016 000	2016/2017 000
Children & Families	£9,070	£9,793	£10,102	£10,158
Older Persons	£21,541	£21,716	£22,192	£23,465
Learning Disabilities	£6,159	£6,395	£6,709	£6,677
Physical & Sensory	£2,465	£2,128	£2,033	£2,202
Assessment & Care Mgmt	£1,576	£1,477	£1,574	£1,520
Mental Health	£1,308	£1,020	£961	£1,122
Addictions/Substance Misuse	£1,033	£1,097	£1,028	£1,010
Homelessness	£647	£873	£884	£859
Planning, HI & Commissioning	£2,005	£2,037	£1,755	£1,698
Business Support	£2,128	£2,219	£2,097	£2,016
Contribution from IJB	0	0	0	(£2,596)
Total Net Expenditure	£47,932	£48,755	£49,336	£48,131

Between 2013/14 to 2016/17 expenditure on Children and Families has increased by 12%, although spend has increased by only 0.55% between 2015/16 and 2016/17, there has been an overall increase in spend over the past 4 years.

Spend on Older People has increased by 8.93% since 2013/14 to 2016/17 with the largest increase in expenditure between 2015/16 and 2016/17 (5.74%). It is anticipated that expenditure will continue to increase due to the increase in aging population.

2016/17 seen a large increase in spend for Physical & Sensory and Mental Health Services , 8.29% and 16.73% respectively, although overall spend on these services has reduced in the last 4 years.

Excluding the contribution from the Social Care Fund, spend on the Health and Social Care Partnership has increased by 5.83% over the last 4 years. In 2016/17, spend increased by 2.82% as a result of increased costs within Older People Services, Physical & Sensory Services and Mental Health Services.

Criminal Justice

The Scottish Government undertook a review of Criminal Justice (Section 27) funding with assistance from an expert group, which included representatives from Directors of Finance, Community Justice Authorities, Scottish Prison Service, Social Work Scotland, CJSW and COSLA. The new funding formula commenced on 1st April 2017.

For Inverclyde the new formula means a reduction in the grant of 6% for the 2017/18 financial year, incrementally increasing to a 21% reduction over the next five year period. While we will do our very best within these shrinking resources, such reductions have the potential to undermine the HSCP's ability to meet both its statutory and public protection requirements.

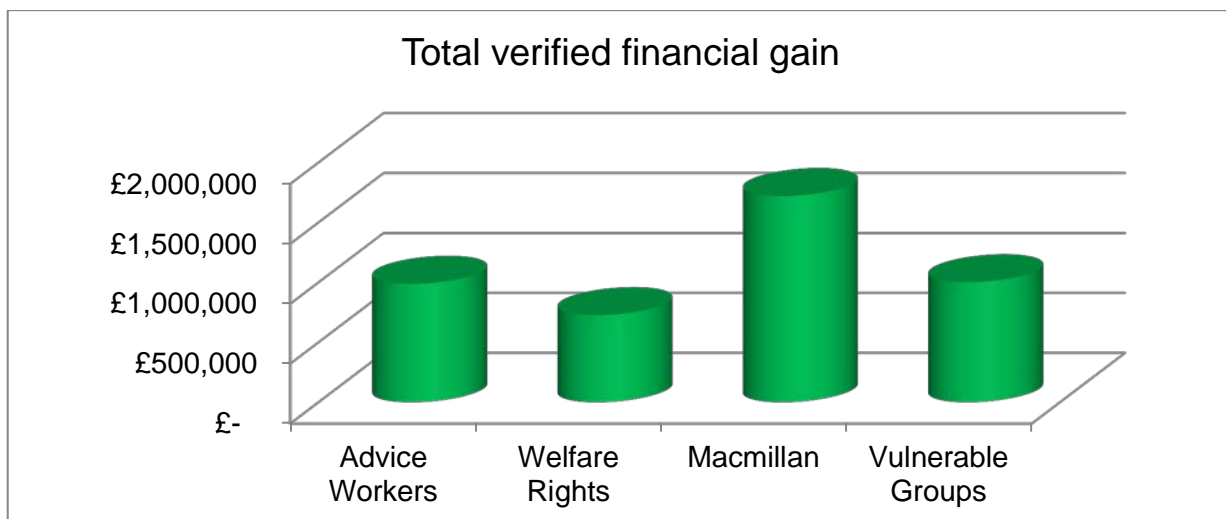
Specifically, in anticipation of the 6% budget cut in 2017/18 there has been a restructuring of the Criminal Justice Women's Service and the withdrawal of general offending group work provision, notably access to the Constructs Programme. Both services were delivered in partnership with our third sector colleagues, Action for Children. In addition, the Forensic Mental Health Service will be remodelled in 2017/18 which will result in the loss of the dedicated social work provision attached to this Service. This provision operates across the three Local Authorities of Inverclyde, Renfrewshire and East Renfrewshire and will now have to be provided at a local level by existing services. This is an area that will require close monitoring over the coming year.

Service Quality and Performance

Social Work Services in Inverclyde are progressing steadily along a continuum of integration firstly as an HSCP but also as part of the wider community planning partnership. This recognises that the task of improving outcomes for our most vulnerable citizens is a partnership one and it is only when agencies and services come together as a whole system that we are likely to have optimum impact. However in this section of the report, consideration is given to the important contribution of social work and social care. This section of the report outlines how social work services are delivering services to the Inverclyde community both in terms of performance and quality. Information in relation to how statutory services are being delivered is also contained here.

How our Advice and Support Services are contributing to tackling poverty and inequality in our community.

Our **Advice First Service** handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. In 2015/16 we provided...



Working with local people and other organisations we gained over £4 million for Inverclyde Residents. This constitutes an important part of our work to prevent or mitigate the impact of inequality.

Refugee and Migrant Resettlement

Inverclyde Health and Social Care Partnership is currently participating in UK Government Refugee Schemes and is in ongoing discussions to welcome other refugees and asylum seekers to the area.

Since 2015, Inverclyde has resettled a number of families. Ongoing support and contact with families' highlights that they have settled well are continuing to do so and appear well integrated in the Inverclyde community.

How Social Work Services are contributing to the Life Chances of Children and Families

Special Needs in Pregnancy

Since 2008/9 our rate and numbers of new-born babies affected by drug misuse in pregnancy has been on a downward trend. This is against a background of having considerably higher estimated drug misuse prevalence rates. It is considerably lower than that of Scotland which we believe may be linked to the robustness of our multi agency SNIPS arrangements.

Child Protection

At 31 July 2016, there were 40 children on the child protection register. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.0; in Inverclyde's the rate was 3.1.

There were 63 child protection registrations in 2016, equivalent to 4.9 per 1,000 population aged 0-15 years, as compared with 4.8 nationally. There were 72 de-registrations equal to 5.6 per 1,000 compared with 5.0 nationally. There were 106 initial/ pre-birth and transfers in case conferences (8.2 per 1,000 0-15) This was higher than the national rate of 6.3 .The 2014/15 conversion rate of case conference to registration was 54% compared with 75% nationally. Our de-registrations were 5.6 per 1,000 compared with 4.7 nationally.

National statistics show that children continue to be placed on child protection registers at younger ages. On 31st July 2014 more than half of children on the child protection register in Scotland (53%) were aged under five. This mirrors the local figure of 52%.

A recent Scottish Government report highlighted that since 2000 there has been a steady 41% increase in the number of children on the child protection register in Scotland. The report notes that 2014 saw the largest year on year increase since 2009 with an increase of 9%. Our increase of 12.5% in this period was higher.

- In line with Scottish Government CP statistics there is no apparent strong gender pattern of children on Inverclyde's child protection register.
- Since 2012 multiple concerns have been recorded at each case conference (rather than just the main category of abuse), meaning that the total number of concerns is larger than the total number of registrations.
- Children placed on our Child Protection Register have on average 3.2 areas of concern identified. This is more than the national average of 2.8 concerns per child. We do not impose limits on the number of areas of concern that can be identified during child protection conferences.
- 106 children were subject to case conferences between August 2015 and July 2016 (a decrease of 3.6% from the previous year). These resulted in 57 children being placed on the child protection register.
- The three most common concerns recorded were Parental Substance Misuse at 52.5%, Neglect at 50%, Parental Drug Misuse 45. Parental Mental Health and Non-Engagement of Family are the next highest concerns at 37.5%.

We evaluate our data against a number of dimensions including our trends, our demographic and against national and benchmark comparators. We know that our practice locally reflects that we consider more children's circumstances via child protection mechanisms, however broadly our practice is in line with Scotland as a whole.

Referrals to the Reporter

In 2015/16 there were 618 referrals to the Children's Reporter for 398 children in Inverclyde. This is the lowest referral figure for over ten years and it is a 60% reduction from the highest level of 1529 in 2004/2005. The number and rate of referrals to the Reporter has been falling almost annually since 2008/09 but this decrease has not been as great as that experienced in Scotland as a whole.

In 2015/16, the number of children referred to SCRA on offence grounds was 39 (0.5% of the 8-16 pop) equal to 0.5% nationally. The national fall in youth crime (for under 18s) is therefore reflected locally, with a reduction in persistent offenders also being apparent. There is an increase in Procurator Fiscal diversion. Early and Effective Intervention and police Recorded Warnings have also been proactive in addressing offending issues for this group.

The number of children referred on non-offence grounds in 2015/16, at 5.1% (376 children: shown as a % of the population) was greater than the overall Scottish figure of 2.75% indicating we are an outlier in this area. There are three main categories where our rates of referrals to the Children's Reporter are higher than the Scottish average, with the most significant of these being where a child has or is likely to have a close connection with a person who has carried out domestic abuse. We have identified our processes and practices in respect of domestic abuse as an area for themed audit and this will be taken forward by the Child Protection Committee.

Looked After Children

At 31st July 2016, there were 207 children and young people looked after by Inverclyde Council, with the gender composition being 119 males and 88 females. This was the equivalent to 1.3% of the population aged 0-18, while the figure for Scotland was 1.4% (89% of the group were residing within Inverclyde.)

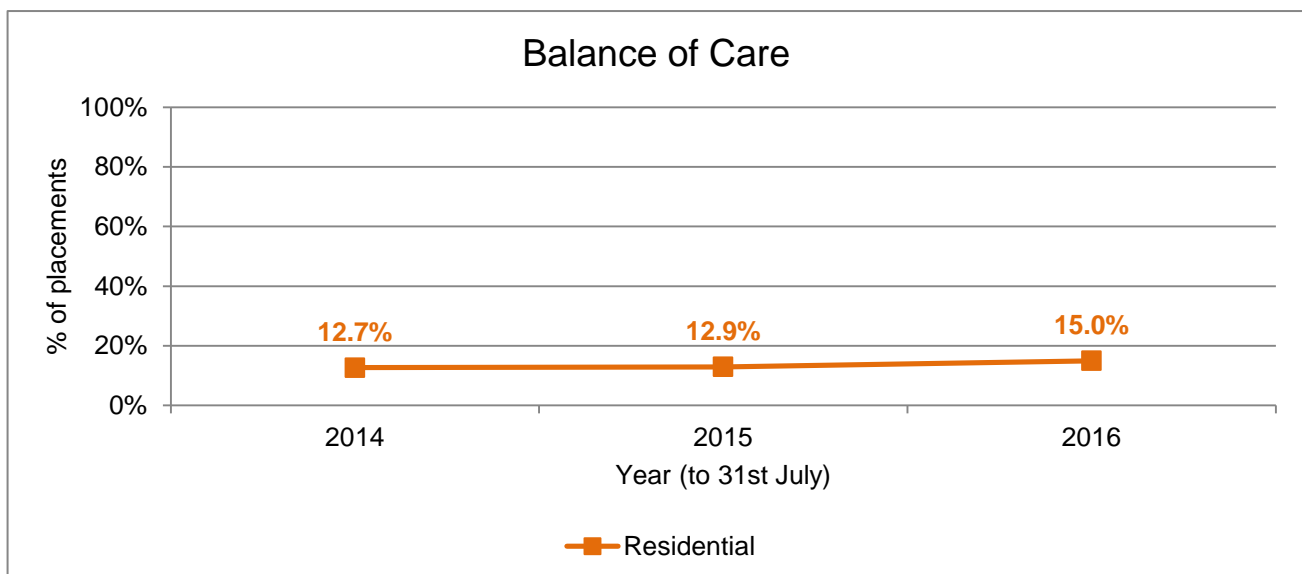
The breakdown of those looked after within a community setting was as follows:

- 79 or 38.2% (5.1 per 1,000) looked after at home, Scotland's rate was 25% (3.6 per 1,000)
- 53 or 25.6% (3.4 per 1,000) with friends or relatives. Scotland's rate was 27% (3.8 per 1,000)
- 32 or 15.5% (2.07 per 1,000) in directly provided foster care. Scotland's rate was 25% (3.5 per 1,000)
- 7 or 3.4% (0.45 per 1,000) in directly purchased foster care. Scotland's rate was 10% (1.4 per 1,000)
- 5 or 2.4% (0.3 per 1,000) in other community placement. Scotland's rate was 2% (0.3 per 1,000)

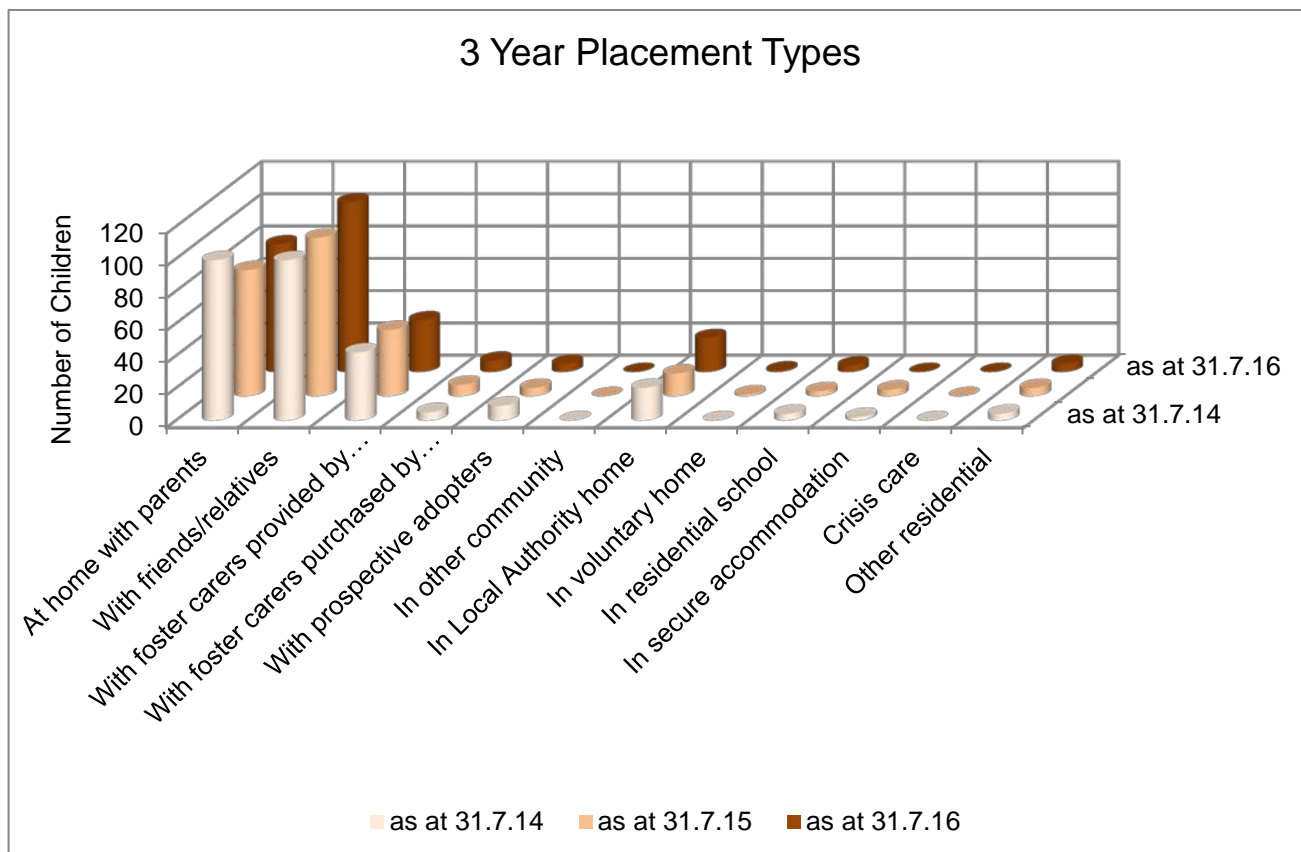
This number has been steadily falling from 242 in 2013; to 198 in 2014 and 182 in 2015 and does not include children and young people who are placed with prospective adoptive parents.

Of the 31 children and young people in residential placements on 31st July 2016:

- 21 were in local residential care homes
- 4 were in residential school placements
- 0 were in secure care
- and 6 were in external residential care homes



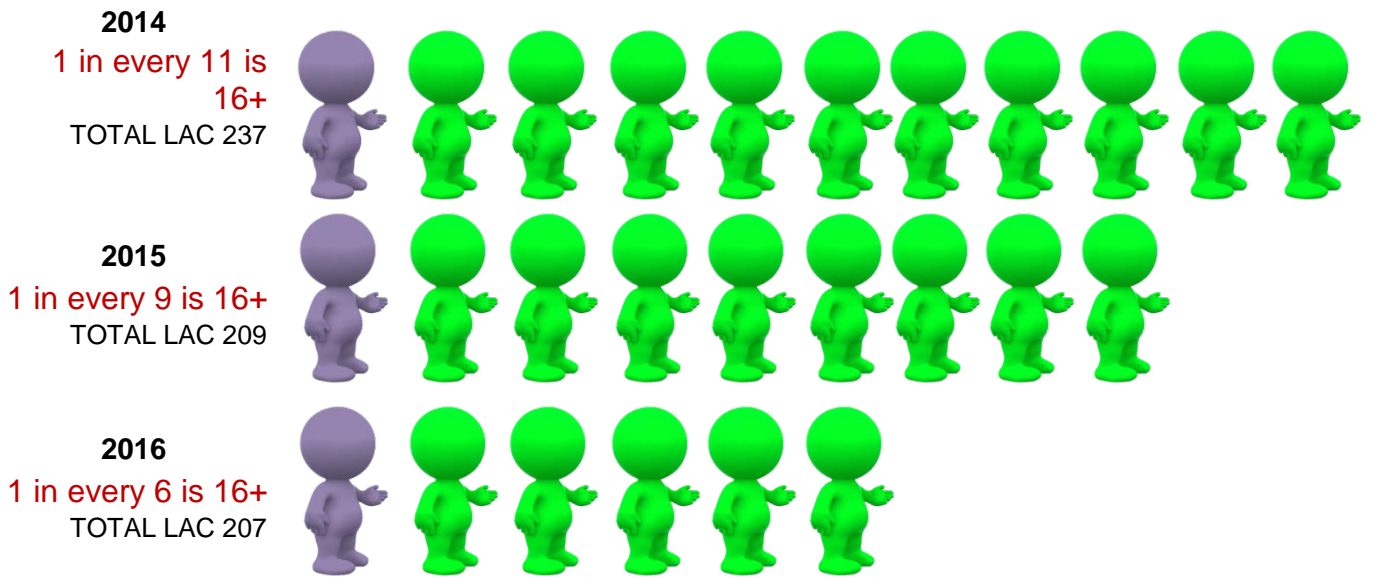
Over the last few years, this total has only shown slight variation going from 27 in 2013; to 30 in 2014 to 27 in 2015. Our number of looked after children as a percentage of our 0-18 population has fluctuated (possibly a function of low absolute numbers), but at 31 July 2016 was 1.3% compared with Scotland's 1.4%. This figure ranked Inverclyde as 20 out of 32 local authorities (with 1 being the lowest) in terms of the percentage of all children who were looked after.



Between 2014 and 2016 the balance of care has been consistently weighted towards community placements which have accounted for over 85% of our total placements. Looked after at home placements have accounted for over 60% of our community based placements with foster care representing more than half of all looked after and accommodated placements.

Research suggests that the single most important factor in improving outcomes for care leavers is the age at which they leave care. Staying Put Scotland Guidance 2013 and Children and Young People Act 2014 offer the parameters and guidance around improving outcomes for care leavers. Inverclyde has over the course of a number of years strived to instil a culture of “staying put” backed by leadership, resource and young people actively choosing to stay on in placement.

Across Scotland the average age of a care leaver remains 16-18yrs. Over the past three years Inverclyde has seen an overall reduction in the number of looked after children however what is significant is an increasing trend of young people over the age of 16yrs.

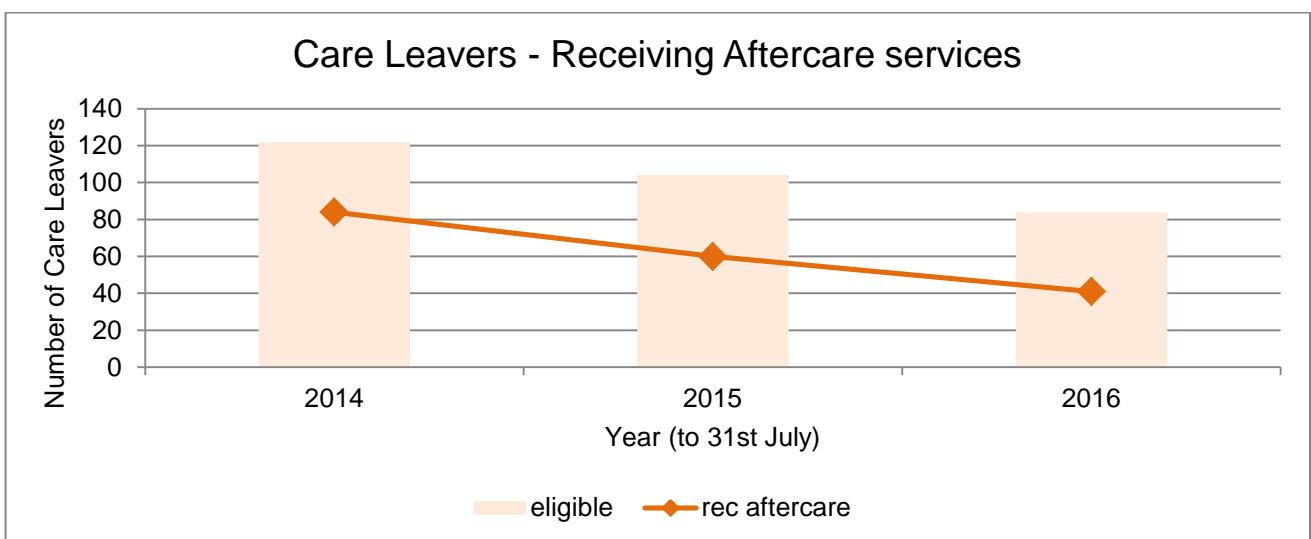


Permanence

We have improving trends in respect of timescales relating to children who require permanence plans. There was a significant decrease between 2014 and 2015, notably the average timescales reduced by approximately half and this trend has continued into 2016 with the average timescales of 10.5 months where a permanence order is being considered and approximately 7 months when the plan is for adoption.

Care Leavers

In 2015/16, 49% (as compared with 61% nationally) of the 84 young people eligible for aftercare services were receiving them. Over the past three years we have seen a steady reduction of young people in receipt of after care services who have experienced one or more periods of homelessness. This has reduced from 13 young people from in 2014 to 4 young people in 2016.



Aftercare

28.6% of our young people eligible for aftercare services were in employment, education or training, as compared with 27% nationally. In 2015/16, 48.8% of our care leavers had known economic activity, compared with 40.6% nationally. This figure had been improving since 2010/11 reaching a high of 63.9% in 2013/14.

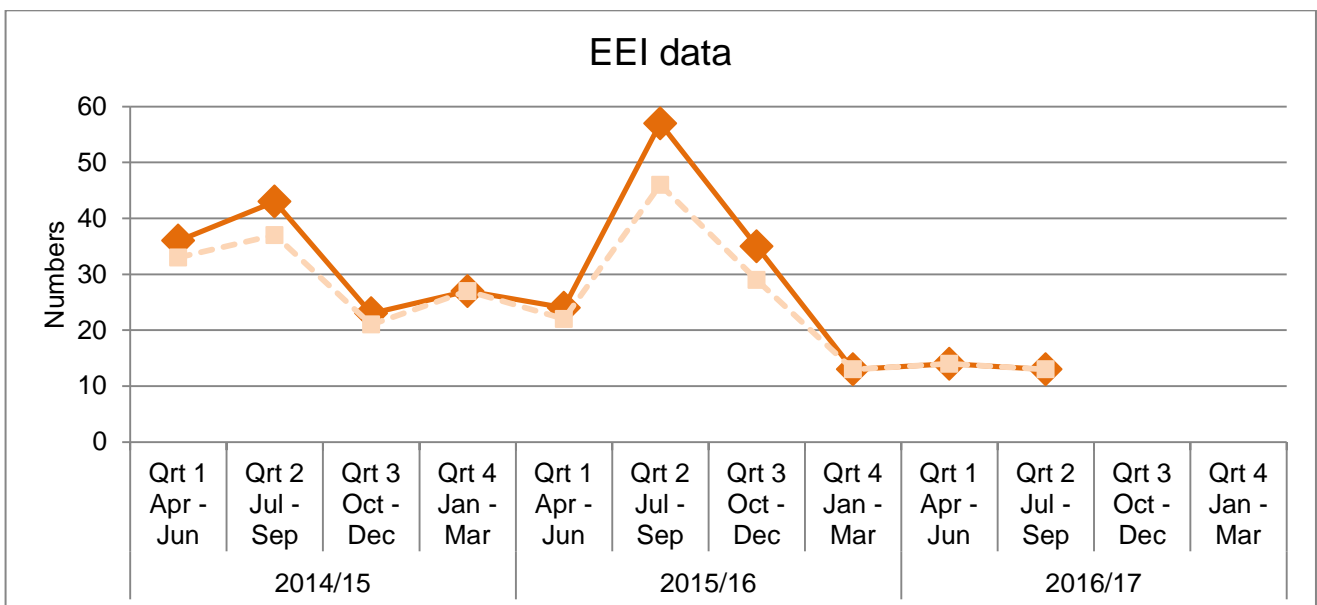
There were 20 care leavers beyond minimum school leaving age in Inverclyde, all of whom had a pathway plan and a pathway coordinator on their date of discharge, while the figures for Scotland were 65% and 72% respectively. This placed Inverclyde top for both nationally

Respite

In 2015/2016 our respite for children equalled a total of 443 overnight stays for a total of 25 children – this is an average of 17.7 nights per child. This is a slight decrease from 2014/2015 when a total of 494 overnights were provided for a total of 26 children, an average of 19 nights per child. Our respite for children is complimented by our community based support for children and families including our newly developed Barnardos Thrive service.

Youth Offences

The number of referrals to SCRA as a result of offences has fallen dramatically since 2007/08. The total number of offence referrals in that year was 558, whilst figures for 2015/16 show only 83 referrals relating to an offence. The steady reduction in these figures has halted over the last three years, with figures recorded showing 81, 90 and 83 offence related referrals respectively.



The chart above show the reducing number of referrals to Early, Effective Intervention since 2016.

In 2015/16, offence referrals accounted for only 7.77% of all referrals to SCRA in Inverclyde.

Children growing up in Inverclyde face many deep rooted and intergenerational challenges. The HSCP has become increasingly attuned to understanding the nature and impact of these challenges as well as improving our utilisation of evidence-informed strategies that can help to undo, target and mitigate the impact. Our performance overall is good and for the most part improving. Over the last year in particular we have improved our partnership use of performance information particularly in relation to more vulnerable children and young people, including those who are looked after.

Young Carers

The Young Carers service has been integrated with the *Children with Additional Support Needs* team. This has improved linkages within the team and with our partners Barnardos, who have been successful in obtaining funding for a Young Carers Service which is run in conjunction with our young carers' worker. There are now two groups up and running within this service, one for younger children and one for young people who have significant caring responsibilities. The groups are now established and have been very successful. One to one support is also delivered. The Inverclyde Carers Centre has recently started a transition group for young carers over 16 years of age. There are increasingly well established links between the Young Carers Worker, Barnardos and the Carers Centre.

Transitions for Children with Additional Support Needs

A Transitions policy for Children with Additional Support Needs moving on from school and into adult services has been developed and agreed with partners and is now in use. The **Transition process** for children with additional support needs was developed jointly between children and adult services to support more seamless moves for young people moving into adult services. Transition workers are allocated at the earliest point to ensure continuity between services and that discussion with service users and their families about progression into adult services starts at an early stage.

Self-Directed Support in Children's Services

We are working with families to design more flexible, creative, packages under self-directed support. We recognise this development has slowed with fewer SDS packages in place than initially anticipated, however we also recognise that it is more important to focus on delivering better outcomes through SDS, rather than simply increasing numbers. Ideally we would like to do both. Support from the SDS implementation group is currently undertaking focussed work to remove any barriers to support an increase of uptake of SDS. Key pressure points for services are the increase in diagnosis of autism in children and impact on resources, however the issues faced by these children, young people and their families can also potentially be addressed more effectively through the flexibility offered by SDS.

How Social Work Services are contributing to the Life Chances of those involved with the Criminal Justice System

Multi Agency Public Protection Arrangements (MAPPA)

The MAPPA Unit which is based within Hector McNeil House has been at the forefront of implementing the recommendations from the 2015 Thematic Review which was carried out by HM Inspectorate of Constabulary and the Care Inspectorate. One of the recommendations was that MAPPA awareness should be promoted within the Local Authority. The Unit has commenced an awareness programme and has carried out awareness events which have included education, care workers, health staff, Children and Families Social Work as well as Criminal Justice Social Work. The MAPPA Unit have taken these events further by conducting awareness sessions with local Library staff, Homeless Unit and staff at James Watt College.

The MAPPA Unit have also increased their profile on the Local Authority website and produced a quarterly newsletter.

Housing is often an issue for MAPPA service users and the MAPPA Unit has commenced awareness events with Social Landlords in Inverclyde to provide them with a better understanding of the requirement for suitable housing to be identified for MAPPA service users. Evidence has shown that stable housing greatly reduces re-offending.

The MAPPA Unit has received very positive feedback from all the events it has undertaken, and it is continuing to provide these events on a regular basis.

Community Payback Orders (CPO)

Criminal Justice Social Work submitted 517 Criminal Justice Social Work Reports (CJSWR) to Court during 2016 / 2017. This is an 8.6% increase from the previous year. A Community Payback Orders (CPO) is the most preferred option made in these reports and this is mirrored by decisions made by Sheriffs with only 7.7% variance between the sentences being given where this has been indicated as the preferred option in the Criminal Justice Social Work Report. This is an indication of the quality of the CJSWR's being submitted.

There were 307 CPO's imposed during 2016 / 2017. The table below outlines the range of requirements imposed as part of a CPO:

CPO Requirement	Number*
Offender Supervision Requirement	186
Compensation Requirement	3
Unpaid Work or Other Activity Requirement	232
Programme Requirement	35
Drug Treatment Requirement	3
Alcohol Treatment Requirement	10
Conduct Requirement	2
Unpaid Work or Other Activity and Supervision	111

* People may need to complete several different types of requirements as part of their CPO.

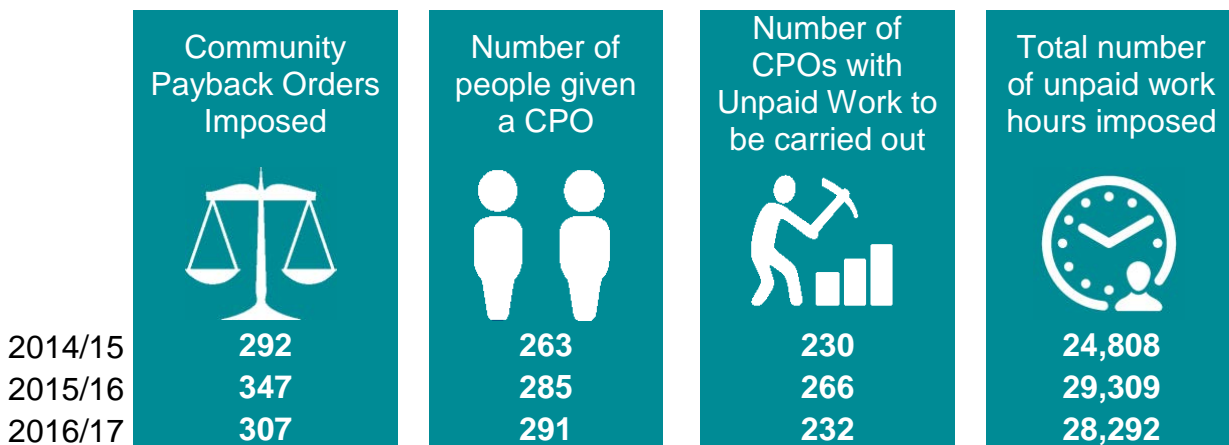
Unpaid Work

The Unpaid Work Service provides support for the benefit of individuals, organisations and local communities within Inverclyde as part of restorative justice. A variety of tasks are undertaken including gardening, painting, joinery and grounds work. Some examples of projects undertaken during 2016 / 2017 include:

- Painting inside and outside of the McPherson Centre, a day opportunities centre for people who have profound learning disabilities.
- Forming new accessible pathways for Inverkip Church.
- Undertaking various preparatory works at the Fitzgerald Centre, a day opportunities centre for people who have a learning disability, before erecting poly-tunnels as part of a food-growing project.
- Undertaking litter-picking on the cycle pathways to support sustainable transport in Inverclyde.
- Decorating Inverclyde Woman’s Aid premises; the Autism project premises and a Learning Disability project base.

Within Inverclyde approximately three quarters (75%) of all individuals sentenced to a Community Payback Order with an Unpaid Work Requirement live in areas classified by the Scottish Index of Multiple Deprivation (SIMD) to be among the most deprived in Scotland i.e. 20% most deprived quintile. This is significant in terms of delivering Criminal Justice Social Work Services as these individuals are likely to be in greater need in terms of the support they require to successfully complete their Court orders.

The graphics below show Community Payback Order statistics over the last 3 years.



Some Notable Unpaid Work Projects

Anti-aircraft battery buildings (historic Scotland) – Partnership project working with Community Safety, Social Protection Team, Police Scotland and Community Learning, Development and Education. This initiative aims to prevent anti-social behaviour arising from groups gathering and making the area safer. The strategy is to open up this area and to make

it more community friendly in terms of being a safe place for all. The UPW role in this is cutting away shrubbery and making paths safe within this site.

Bike Re-cycling Project –The majority of our UPW supervisors have been trained to a gold standard in the area of bike maintenance and repair with the aim of re-cycling bikes disposed of at Environmental Services for ultimate distribution to community groups and vulnerable families. UPW service users will in the process learn skills in bike maintenance and repair.

The Unpaid Work Service plans activity for the benefit of individuals, organisations and public areas within Inverclyde. A variety of tasks are undertaken including gardening, painting, joinery and grounds work. It is anticipated that programmes such as these will help to foster a sense of community ownership.

Development of the Community Justice Partnership

As noted previously, during 2016 there was an emphasis on embedding the local Community Justice Partnership arrangements in preparedness for statutory partners having responsibility for local implementation from 1st April 2017. This has included the development of a Memorandum of Understanding and ensuring there are clear governance arrangements in place. The arrangements in place are consistent and complimentary to the overall governance arrangements outlined earlier in the report.

A significant focus has been on the development of the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022. Preparation for this included holding a data summit to identify local baseline data that would inform our profile. There then followed two development sessions of the Partnership to agree local priorities. During this period there was also initial engagement with a range of stakeholders. A draft Community Justice Outcomes Improvement Plan, alongside an easy read version was circulated as part of the consultation process. This included service user focus groups and a staff focus group. The final version was signed off by Inverclyde Alliance before being submitted to Scottish Government on 31st March 2017.

Women's Service

During 2016 / 2017 this service provided support to 31 women. A tool using the GIRFEC Wellbeing Indicators is used to measure the impact of the support received by the women. This indicates the following outcomes were achieved:

- Safe - 63% of women indicated an improvement in feeling safe;
- Healthy – 74% of women indicated an improvement in their health and wellbeing;
- Achieving – 63% of women indicated an improvement in achieving;
- Nurtured – 47% of women indicated an improvement in nurturing;
- Active – 42% of women indicated an improvement in being active;
- Respected – 63% of women indicated in feeling more respected;
- Responsible – 53% of women indicated an improvement in their responsibility;
- Included – 58% of women indicated feeling more included.

As part of our on-going review of the Women's service, we have captured through case studies the multi-agency working and positive outcomes for this service user group. Through review and case file analysis we were able to demonstrate areas where service users were empowered to address and take responsibly for issues that affected them.

Case Study - Louise

Louise was referred to the Women's Service in March 2016. She had been placed on a Community Payback Order (CPO) at Greenock Sheriff Court; the CPO included a 12 month Offender Supervision Requirement plus a Programme Requirement (which related to the Women's Service). Louise's initial assessment highlighted several areas requiring urgent practical support and liaison with other agencies. It was apparent that Louise is a very vulnerable woman who has been known to a range of services over the years.

By the time of referral, Louise had received notification of eviction proceedings from her social landlord due to her anti-social behaviour within her tenancy. In the event, the matter took some six months to progress to Court. By that time Louise's progress and level of cooperation with the Women's Service persuaded the Sheriff not to proceed directly to eviction. An agreement was reached whereby the tenancy was converted to a short Scottish secured tenancy for a period of 12 months. What this means is that Louise keeps her house, but can face immediate eviction should there be further incidents in the home. If, however, there are no such further incidents, then she will regain full tenant's rights and this is the current plan with regard to her accommodation.

Louise has struggled with alcohol for many years. The above housing issue is a direct result of her behaviour whilst under the influence of alcohol, as is her criminal record. She has only managed to engage sporadically with Community Alcohol Services over the last ten years. The Women's Service is currently working closely with Louise and alcohol services. Her current voluntary engagement with alcohol services is three times per week and she has been sober for a month at the time of writing. She is already seeing tangible benefits of this in many ways such as improved sleep pattern, appetite, no anti-social behaviour (or related consequences), less contact with negative peers, more money and brighter/stable mood.

Louise is a woman who has been involved with various services throughout her adult life, but is only now starting to appreciate the tangible benefits of making progress which is largely due to a service response that seeks explicitly to guide her through the whole system of services that need to be aligned for lasting change to be achieved.

In May 2016 Criminal Justice Services commissioned Action for Children to provide arts and crafts service for our female service users subject to unpaid work. The main activities developed were jewellery making, greetings cards and decorating tote bags. These were donated to local charities, including the Food Bank and Cancer Research.

The women attending were very positive in their feedback about the sessions and it is felt that the skill of the workers in directing group discussion was as beneficial as the practical work itself. There was an opportunity to showcase the work undertaken to visitors at CJSW Doors Open Day event. This work has continued to develop and two dedicated groups are now run weekly, offering a range of both outdoor community improvement activities as well as craft work.

Criminal Justice and Youth Justice

2016 saw Youth Justice and Criminal Justice Social Work consolidate their partnership working with the introduction of the Youth Justice Service undertaking court reports and management of Community Payback Orders for those under the age of 18 years. Joint working between the management teams identified that those young people under 18 years who had become involved in offending would have their needs and risks best met and managed within the youth justice system. This is in line with the Whole Systems approach and youth justice policy for young people where a child's plan addressing all aspects of wellbeing is incorporated into all Criminal Justice Court Reports and Community Payback Orders. To date this has been a successful initiative, in which young people known to youth justice have consistency of services and needs are balanced with that of the expectations of the adult justice system. This has brought the expertise of youth justice staff working with young people incorporating the appropriate programmes and interventions to address offending behaviour. In cases where remit back to the Children's Panel for consideration has been recommended within Criminal Justice Social Work reports, positive outcomes have resulted with the young person's behaviour being managed at the appropriate level commensurate with age and needs.

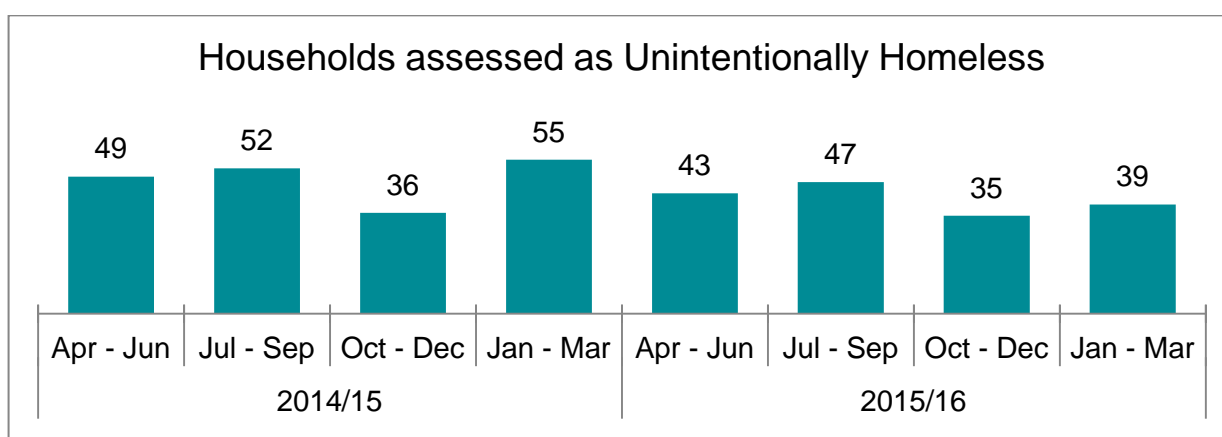
In addition Diversion from Prosecution for under 18 year olds is provided by youth justice with referral to the Early and Effective Intervention team where appropriate.

How Social Work Services are improving life chances for service users affected by Mental Health, Homelessness and Addictions

Working towards reducing Health Inequalities, we have also undertaken a range of activities that are designed to resolve **Homelessness** as quickly as possible and, ideally, prevent this altogether.

During 2015/16 there were a total of 239 homelessness applications which involved 60 children (figure rounded to the nearest 5). This equated to 3.9 per 1000 of 0-18 pop compared to 14.9 per 1000 which is the Scottish average. There were no children affected by homelessness living in either hostel or bed and breakfast accommodation.

Figures for the last 2 years show the number of approaches to the service for advice and support (also referred to as 'Housing Options') to prevent homelessness.



Addictions

Inverclyde Drugs Service have specialist Family Support and Intensive Recovery Services which contribute different elements of our Community Capacity building response. The Family Service strengthens the ability of the parents, siblings and children of drug users to understand, and deal appropriately, with the problems presented. The Family Support Service won the Pride of Inverclyde Award 2017. The Inverclyde Alcohol Service Health Improvement Project work through schools in delivering education.

The Recovery Service links recovering drug users into other local Recovery Services such as Moving On, Jericho House and the Recovery Café, as well as introducing them to community facilities and opportunities to aid recovery.

As a Partnership our strategic commissioning approach has a focus on prevention and harm reduction strategies. The ADP delivery plan outlines how we support healthy lifestyle choices raising awareness across the community of risk associated with substance misuse. The ADP adopts a whole population approach to prevention through alcohol and drug education being provided throughout the primary and secondary school system, to the wider population and to the "alcohol and drug" workforce providing a better understanding of their role in supporting needs associated with alcohol and drug misuse. The ADP considers harm reduction

strategies as an important part of preventing and reducing alcohol and drug related harm - this includes working to reduce drug related deaths. The Healthier Inverclyde TEAM (HIP) provide a range of training and alcohol awareness to both workers and local population e.g. "Your Voice" and Alcohol and Calories.

ADP partners support the work of the local Licensing forum including work around overprovision and policy guidance to the board.

The governance arrangements within which the ADP operates includes a wide range of ADP partners. This has supported the development of community capacity and the wider consideration of the impact of alcohol and drug misuse beyond specialist treatment and support services. Examples include community safety, community learning and development, education services, criminal Justice, children and families, adult services and local housing providers.

Mental Health

Our **Community Mental Health Team (CMHT)** works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. We deliver this support in environments that are suitable to the individuals and their carers.

The aims of the Community Mental Health Team are to:

- Reduce the stigma associated with mental illness.
- Work in partnership with service users and carers.
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes.
- Focus upon improving the mental and physical well-being of service users.

Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user, and where appropriate carers, other professionals or agencies are involved in their care.

The Forensic Community Mental Health Team is currently being remodelled. This service operates across the three Local Authorities of Inverclyde, Renfrewshire and East Renfrewshire. Due to the dedicated social work provision attached to this service being disaggregated social work provision will shift to being provided at a local level by existing services.

The Mental Health Officer service has increased its establishment from two to three whole time equivalents. Local social workers are encouraged to consider the Postgraduate MHO course within their own continuing professional development.

	2016-17
Welfare Guardianship (ongoing)	27
Welfare Guardianship (Granted in period)	17
Financial Guardianship	0
Welfare and Financial Guardianship (ongoing)	17
Welfare and Financial Guardianship (granted in period)	12
Orders for which CSWO is Guardian	28
Assessments by MHO for Welfare Guardianship	46
Compulsory Treatment Orders (Granted)	31
Compulsory Treatment Orders (Already subject to before 01/04/2014)	56
Emergency Detention	17
Short Term Detention	71
Social Circumstances Reports	15
Assessments completed by MHOs (MHA)**	136

Orchard View

Modernising mental health services in Inverclyde is a key objective and has included investment and development in our community services and our inpatient facilities.

We have recently opened our new build facility - **Orchard View** - which will provide high quality accommodation for adults and older people who require continuing mental healthcare. Orchard View will provide a safe, interesting and dignified living environment comprising of two ward areas:

- Oak Ward is a twelve bed ward with sitting rooms, social spaces and a secure landscaped courtyard.
- Willow Ward accommodates thirty beds, also built around a landscaped courtyard. This will meet the needs of patients with dementia who have multiple and complex medical needs.

The building includes a café area within an atrium that will provide an opportunity for activities that include the local community, supporting the ethos of Dementia-Friendly Inverclyde. The landscaping around the building will enable patients and their families' access to other green spaces within the grounds. It is intended to create an orchard which will enhance the whole healthcare campus; hence the



name of the development.

The project has involved staff, service users and carers in the design of the building to ensure that **Orchard View** meets the needs and aspirations of people living and working here in the future.

This initiative is a positive example of how we are adopting an outcome focused approach in our commissioning of services by thinking about the most effective way to plan care and support and thinking about how changes will improve the lives for the people of Inverclyde.

How Social Work services are contributing to outcomes for service users affected by learning disability and their families.

All Inverclyde HSCP Learning Disability services have undergone a review since 2016 underpinned by the Scottish Government's national strategy *Keys to Life*, with particular focus on the 4 key themes of:-

- Independence **(Where I Live)**
- Choice and Control **(My Community)**
- A Healthy Life **(My Health)**
- Active Citizenship **(My Safety and Relationships)**

The review has been concluded and summarised in the HSCP Adult Learning Disability Strategic Review, which has now been published to inform the engagement and consultation process needed to implement the redesign.

The redesign will have as its principal foundations the outcomes and aspirations of local adults with a learning disability (and children transitioning into adulthood), best recommended models of service and the need to balance the budget in the context of the financial pressures impacting on the sustainability of our current ways of working.

The case for change and new service model

Whilst Inverclyde HSCP continuously develops services for people with learning disabilities promoting independence, we recognise that services do need to reconfigure.

We have evidenced some significant challenges where some of our Learning Disability services are less flexible, and some buildings are ageing and no longer able to be developed further. We need to make the best use of available resources whilst developing the services to meet people's needs, deliver outcomes and people's expectations for the future. The needs of people with learning disability are changing and becoming more diverse and complex.

People rightly have high expectations, wish greater independence within their community and choice and control over their lives with good quality support built around their individual outcomes.

The Review document also sets out the strategic needs assessment for our area in respect of people with a learning disability, and illustrates the case for our service model to change.

The strength of the case for change will be crucial in developing the idea of a new model and what that model could look like for local people, service users and carers/ families

The proposed new service model will be consulted on fully and planned in more detail, centres on consideration of our two LD day centres and the consolidation of our supported independent living service – re grouped as the service/resource delivery arm of the internal LD service, under the proposed new operational manager.

PARTNERSHIP, ENGAGEMENT AND CONSULTATION

People are likely to be anxious about the impact the redesign of services might have on their own care and support and that of their loved ones/ service users/patients or friends. We need to ensure services provide the best service and value for money possible so that people with a learning disability can get the best from the available community resources in terms of:

- Improved Day Opportunities
- Creation of employment and training opportunities
- Meaningful day activities
- Shifting the balance of care in supporting more Inverclyde people to live locally in the community
- Better protection from harm

A comprehensive programme of partnership engagement with local people with an LD, their carers and families, staff, provider organisations and other stakeholders is essential. The redesign must be informed by the people who need and use our services directly or indirectly.

Some good engagement work has been undertaken via the review process thus far and excellent working relationships exist with local engagement bodies. There is scope to increase the partnership engagement work significantly, however, and support people through a much wider model of co-producing the new service.

Outcome Focussed Support

Currently people with Learning Disabilities continue to receive good quality support from HSCP LD services to meet their outcomes .e.g. Health Improvement ;

- A study of people with LD funded by Scottish Government was carried out with learning to inform an evidence based pathway to prevent harm from alcohol abuse by people with rom evidence
- The NHS GG&C is now offering mainstream weight management to adults with LD involving family and paid carers.
- The HSCP in Partnership with TAG advocacy group have developed a promotional DVD with college students with LD to develop people's personal health and hygiene.
- 12 week Programmes of sexual health and awareness with HSCP LD nursing staff for young people with LD.
- The HSCP in Partnership with Inverclyde Leisure have set up a personal trainer initiative for 20 people with LD

- 100% of 21st Century health checks have been offered as a rolling programme by HSCP LD nursing to young people in the Transitions stage from school with around 66% uptake in due to personal choice.

In 2015 Inverclyde HSCP recorded, via SCLD, 677 adults with LD over 16

463 adults receive some support from HSCP services

48% live in the community with a family carer

around 80 people with a learning disability receive short breaks

Key Projects

Redholm

Throughout 2015/16 and in partnership with Turning Point Scotland, a supported living service model was commissioned and developed for people with Learning Disability and complex needs/ behaviours that challenge .

The service located in the Port Glasgow community supports individuals who had until the development of the service lived out with their own local area for many years. The model was commissioned to develop excellent community living services for people with LD which are individualised, personalised and designed and delivered involving the service users and families in every aspect. Inverclyde HSCP is committed to treating the family as ‘the expert’.

“New models of delivering services in a person –centred way should help us raise our sights” (Mansell; J ‘Raising Our Sights’) 2010

Given the complex needs of each service user and behaviours that provided challenges it was paramount that in addition to the appropriate environment, that the service is commissioned based on the quality of the relationship between the service user and staff . This is evident in the quality of practice by the commissioned staff team and management with the good trusting and supportive relationships which have developed.

Good use of technology ensured service users have some control and freedom to move around their home whilst being safe and risk managed effectively.

All service users have now been resident within Redholm since November 2016 and it is evident that outcomes such as good health and mental wellbeing and inclusion are being met.

Caladh

Throughout 2015/17 a second supported living service has been developed and commissioned again in partnership with a commissioned provider and service users and families from the Caladh House service.

A modern purpose built building was purchased by Inverclyde Council in March 2016 from a local builder and presented an opportunity for eleven service users with Learning Disability who lived within a residential care home setting to move to a more independent supported living model of support within the community.

The building provides eleven en-suite bedrooms, shared spacious communal space on two floors and has enhanced the quality of life and living conditions for these eleven people.

The service users, many older adults, moved in August 2017 and are enjoying their new environment and the choices and flexibility that comes with a supported living model of support and care. Their families are delighted also with the new arrangement and the local community have welcomed the staff and service users feel included with new friendships developing.

Again, the model has allowed for a shift in the balance of care, for personalised support and for a cost effective model of providing support to 11 individuals with a mix of support needs.

Autism

Inverclyde HSCP recognises that some people with learning disabilities may also have an Autistic Spectrum Disorder; however people with ASD do not necessarily have a learning disability. Therefore people in Inverclyde who have a learning disability and autism will benefit from both the Learning Disability Strategic Plan and Inverclyde's Autism Strategy. Inverclyde Council has invested funding for Autism friendly Inverclyde developments to be developed by voluntary groups supported by education and HSCP services.

How social work services are contributing to the lives of Older People and Physical Disability

Day Services

Central to our aims and vision for older people in Inverclyde is that capacity in communities and amongst older people is maximised. Critical to this is the engagement of the community and third sector. Our vision of day services outlined in the Joint Strategic Commissioning Plan for Older People states that:

“We will have a broader range of day opportunities appropriate to the needs of service users delivered by a variety of providers.”

Older people have told us that they want to remain part of their communities and to enjoy the same kinds of activities they have always participated in. As generations age the desire for building based day services is diminishing. Combined with improved access to third sector

activities, and a focus on delivery of statutory services to those with critical and substantial needs, we are developing a model which can continue to both meet existing service users' needs whilst at the same time developing to meet future challenges. Reablement and rehabilitation are key to this development with our Small Group Day Care Service developing this approach as an integral part of future service delivery. We have asked service users their views on renaming the groups and going forward Small Group Day Care will be known as ALFA: Active Living for All.

In order to ensure that those individuals with the highest level of need receive a service, it is crucial to employ the use of eligibility criteria. This allows targeting of the correct resource at the right time and importantly, allows us to target a range of services according to changing needs, be that delivered by the HSCP or provided by the third sector and others (for those with low and moderate eligibility). HSCP day services are for all older people with critical and substantial needs including those with a learning disability, those with a physical disability and those with mental health needs. Through regular review individuals may move between levels and services according to their circumstances at any given point in time. Those individuals with the most critical and substantial needs requiring constant supervision and/ or significant support with personal care may require a more intensive building based Day Service. The awarding of a new contract for Building Based Day Services in July allows us to support these individuals, with day services forming part of a larger package of support for both the individual and their carers.

In **2015-16** our Care at Home service provided support to over 1200 people in Inverclyde with the most support being provided for those aged 65 and over - the majority of whom have long term conditions and/or are frail.



Sensory Impairment

The Sensory Impairment service supports people who experience hearing or visual loss and their families. The team work with people to maximise their independence and safety within their home, community and work place.

The service offers support and awareness training to a wide range of HSCP services and partners agencies, to ensure that people who experience sensory loss are not disadvantaged in their daily lives.

In 15-16 there were 483 referrals to the Sensory Impairment Service.

There is representation from this service at IRH eye clinics and when someone with a visual impairment is newly registered a full comprehensive assessment is completed within the person's home with full information package provided around access to support and entitlements.

- As at 31/03/2016 we had 223 registered blind people in Inverclyde, 141 or 63% were female.
- 150 of these are aged 65 or over (67.3%)
- We also had 218 registered partially sighted people with 138 (63%) being female.

Community Occupational Therapy

The Community Occupational Therapy service supports people of all ages who experience difficulty due to their disability or frailty carrying out their activities of daily living. This cornerstone service supports many other areas within the HSCP, and is instrumental in ensuring hospital and hospice discharges and end of life care is able to be carried out at home.

The service supports the Care at Home teams and is heavily involved with moving and handling solutions to ensure safe care and that people with complex disability are able to remain cared for within their homes.

Much of the work that the team support is to maximise independence and safety at home this significantly reduces the need for formal care solutions. The team are also involved in supporting people to rehouse to appropriate accommodation and complete housing reports to support appropriate housing solutions with those people with complex physical disability, including housing void assessments at point of allocation to ensure that the housing offer meets the person's needs.

In 2016-17 a total of 2,755 referrals were screened at the Single Point of Access for Community OT. Of these 34% were triaged for Occupational Therapists (941), 31% to Occupational Therapy assistants (842) and 35% to the OTA led Response team requiring same or next day response (972).

The service also has responsibility to care manage 45 adults with complex care needs, over and above that the service currently supports, 14 children with complex disabilities.

There are on average 330 requests for individuals for equipment provision and 110 minor adaptation requests (grabrails, handrails etc.) per month. This equates to nearly 7000 items of equipment requested in a year to support people to live safely and independently at home.

Items of equipment supplied by age range

Age Group	Items Supplied
Under 18	28
18 - 65	1977
Over 65	4892
Grand Total	6897

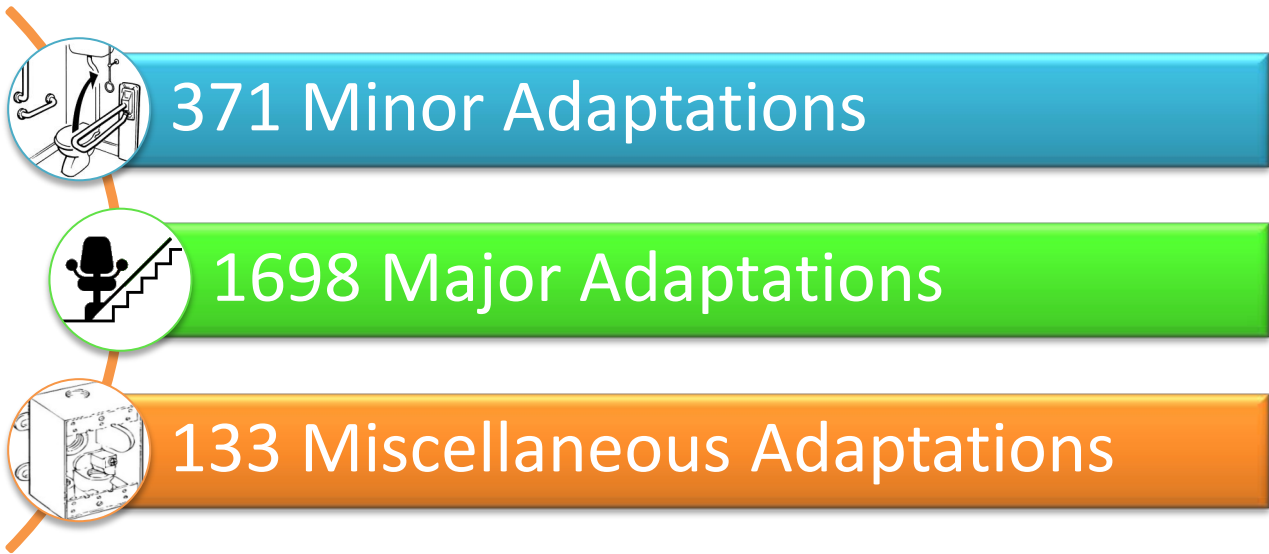
A further key area in supporting service users to remain as independent as possible is Aids for Daily Living equipment (ADL).

In 2016-17 we loaned over 6,000 items of ADL equipment to Inverclyde residents who had a physical need. This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower.



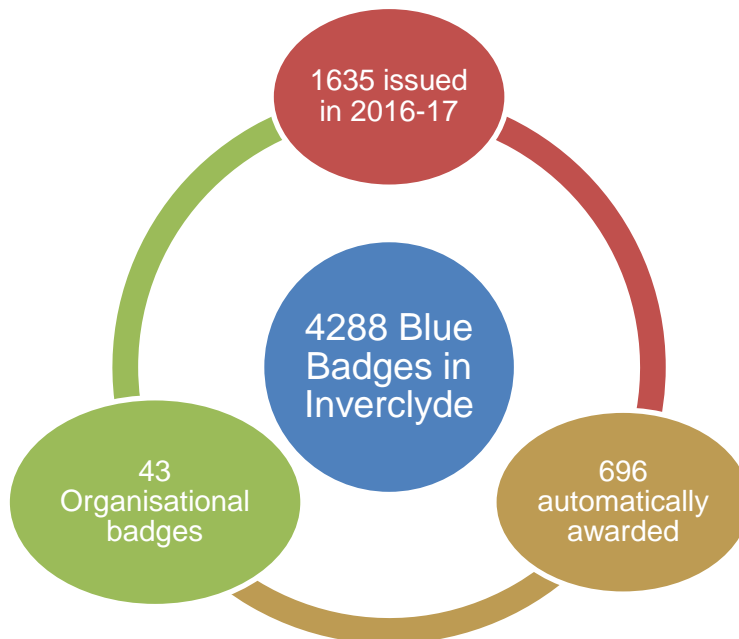
In 2016/17 we arranged for 2,202 adaptations to assist people to remain independent in their own homes. Of these adaptations almost half (49%) were for grab rails.

The adaptations range from various types of handrails to the more complex such as stair lifts.



Blue Badges

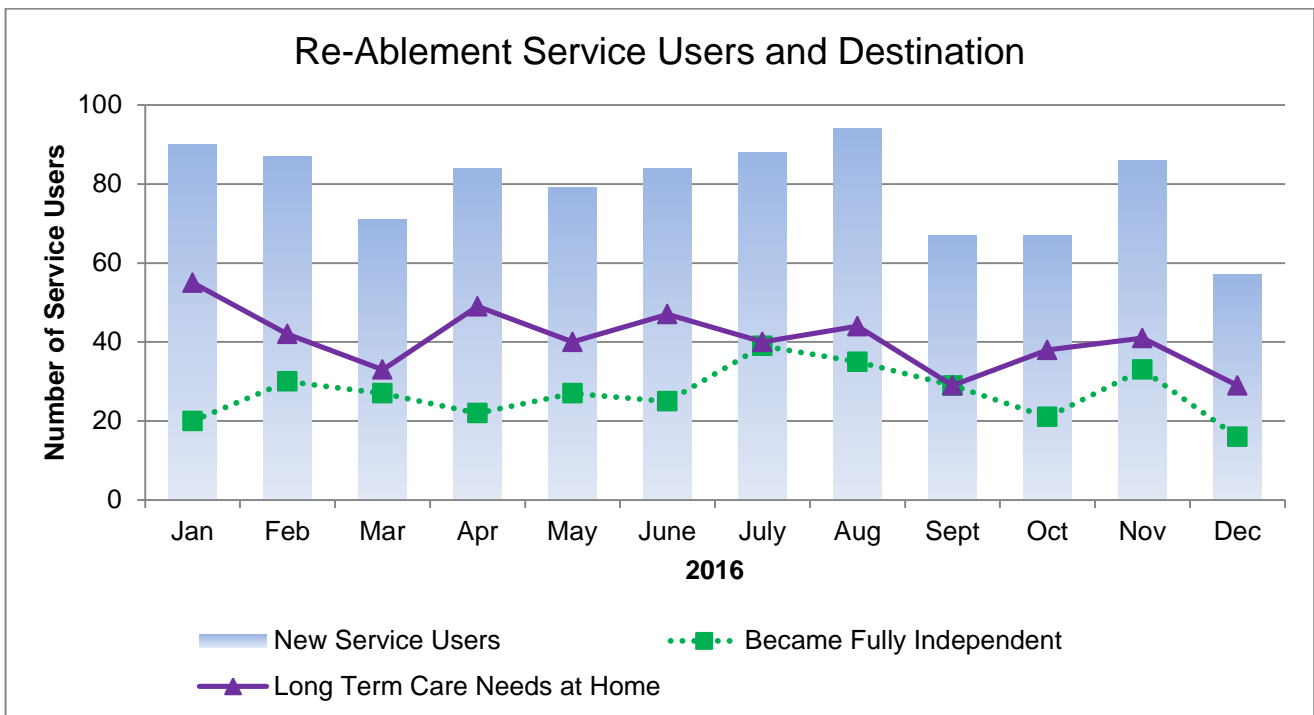
There are currently 4288 Blue Badge awards in Inverclyde. In 16-17 there were 1635 awards. Of the badges awarded 696 were awarded using the automatic eligibility route. The Occupational Therapy team awarded 939 badges of which 43 were organisational badges. The badges were awarded following a combination of desk top assessments or Independent Mobility Assessment (IMA) clinic visits.



Re-ablement

This service provides an initial rapid intervention (for up to 6 weeks) to assist people to remain or become independent after being discharged from hospital, overcoming an illness or other notable life incident by using a combination of Occupational Therapy, Physiotherapy, physical disability aids and housing adaptations. Introducing this service at the earliest opportunity helps to maintain and improve Inverclyde service users ability to remain as independent as possible.

In 2016 (Jan to Dec) 954 new people were referred to the re-ablement service. Of these, 323 (33.9%) became fully independent after receiving the service with 487 (51%) moving on to receive a Care at Home service.



Older People

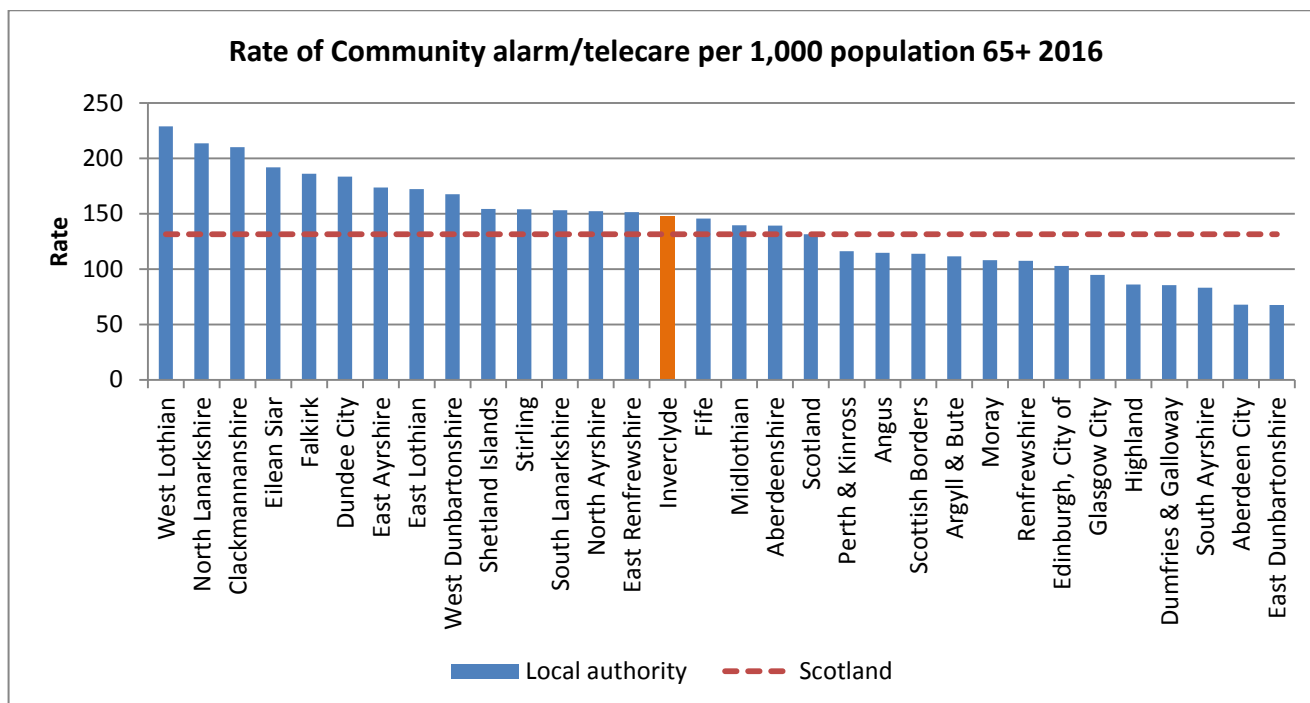
Community Alarms and Technology Enabled Care

The Community Alarm Service is currently provided to over 2,650 service users within Inverclyde, of whom, 416 also have a bespoke telecare package, consisting of a wide range of personal and environmental sensors and monitors which help to keep people independent at home for longer. Since 2012, the service has seen a 5% rise in service users year on year. The service has its own 24 hour response team and calls are triaged through our contracted call handlers who receive on average over 7,000 calls per month from Inverclyde service users who require assistance and reassurance.

Inverclyde has made significant progress with regard to the integration of Community Alarms (and more recently Technology Enabled Care) which form part of the HSCP Joint Strategic Commissioning Plan for Older People and recognises the potential and benefits it can bring in

supporting people to remain safe and independent at home for as long as possible. The HSCP has demonstrated its commitment to developing TEC and has its own local Strategy (currently being refreshed).

In comparison with the Scottish average, Inverclyde has more community alarm/telecare provision for those over 65.



The population of Inverclyde has continued to fall since 2000 and is expected to significantly reduce by 2037. Estimates suggest that by this time the population will be 65,000 with almost 1 in 5 being over 75 years and with only 37 in every 100 people being working age. This changing age structure and associated increasing dependency ratios are likely to create increased demand on the service.

The undernoted table highlights the number of people as at August 2017, who are in receipt of a community alarm plus additional telecare equipment within the Inverclyde population profile.

Age	Male	Female	Total
0 - 15		1	1
16 - 24	1		1
25 - 34		7	7
35 - 49	17	18	35
50 - 64	17	38	55
65 - 74	34	33	67
75 - 84	54	84	138
85+	32	80	112
Total	155	261	416

In addition to both core and short term funding to maintain and develop the service, a bid was submitted to the Scottish Executive's Technology Enabled Care Programme in February 2016. The programme and associated funding was established to help and support the integration of Telecare and Telehealth. Inverclyde HSCP was successful in their bid and was granted £200,000 to take forward locally, some of the work contained within the Programme's 5 key areas which include:-

- Extending the use of home health monitoring.
- Expanding the use of video conferencing across all health and social care sectors.
- Building on the emerging national digital platforms to enable direct access to advice and assistance.
- Expanding the take up of telecare with a focus on prevention.
- Exploring the Switch of current provision of telecare from analogue to digital.

The funding has allowed the HSCP to recruit a Project Lead Officer and part time Trainer/Marketing post for a 2 year period to drive forward and deliver the TEC Programme within Inverclyde.

Work to enhance and embed Technology Enabled Care in year one has been as follows:-

- 1) 443 service users have benefited from a Telecare package in year one allowing them to remain at home for longer in conjunction with other services.
- 2) TEC presentations, training and promotion of telecare equipment have been provided to all stakeholders including carers, professionals and staff which has greatly raised awareness of the uses and benefits of telecare.
- 3) Enhanced joint working has taken place with the following partners in a bid to upscale the use of telecare and embed this within services.

Local residential and nursing homes where awareness sessions and demonstrations have taken place across care homes and there has been a greater take up of equipment. There are now 37 additional pieces of telecare equipment in situ which will assist staff to monitor residents and reduce the number of falls within care homes and those being conveyed to hospital. Frailty of older people in care homes mean that they are 3 times more likely to fall than those living within their own home and there are ten times more hip fractures in care homes than any other environment. Approximately 40% of hospital admissions from care homes follow a fall. (Care Inspectorate 2012 Managing Falls and Fractures in Care Homes for Older People).

Dementia post diagnostic support where referrals for equipment are sought from people with a newly diagnosis of dementia or those who are experiencing a deterioration in their condition with the intention of taking a greater preventative approach at an earlier stage in the dementia journey

Fire Services who work closely with the service in undertaking joint installation and home safety visits where a risk has been identified. This links very closely to the aims of safer communities initiatives and will potentially avoid hospital admissions from unintentional injury. As at August 2017 there has been over 48 joint visits completed by the TEC team and Fire Services crew.

Intelligent Care, a lifestyle monitoring system which can support anticipatory care planning, provide speedier discharges from hospital and supports the “Home First” Strategy. This system monitors individual movement within a home setting and can provide intelligent management information to inform future care planning arrangements. In year one, I Care has been installed on into people’s homes on 25 occasions.

In addition to the above mentioned funding, an additional bid to the TEC Board for test of change funding totalling £6,000 was successful in 2017. Inverclyde HSCP was one of 13 successful organisations and has commenced a short pilot, rolling out Global Positioning Technology (GPS) to 20 people who have been diagnosed with dementia. The pilot’s aim is to increase choice, independence and control using a low cost GPS technology whilst offering peace of mind and reassurance to carers. This has taken place in conjunction with colleagues from Alzheimer’s Scotland and the HSCP’s Mental Health Team. An in-house evaluation of the pilot will be completed by the end of 2017.

In 2009, Inverclyde HSCP was at the forefront of introducing home health monitoring through a pilot using home health hubs for those diagnosed with Chronic Obstructive Pulmonary Disease (COPD). There are currently 30 patients with COPD who monitor their condition by inputting measurements daily. The original hubs are in place to date and while it can be demonstrated that there has been significant savings realised from the reduction in hospital admissions, it is clear that further decisions require to be made in respect of a clear replacement programme and consideration of other disease areas is required.

Adult Protection Committee

The Inverclyde Adult Protection Committee has been meeting for seven years with representation from all relevant public agencies. Additionally the committee has service user and carer representatives. The work of the Committee is progressed through a number of working groups and is reported through a Biennial Report and business plan. The Independent Chair is also a core member of the Chief Officers’ Public Protection Group. The Committee is supported by the Coordinator and administrative staff hosted by HSCP. The CSWO is a member of the APC.

Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 aims to protect people from being harmed. There are people who might find it more difficult to stop harm happening to them and the Act calls people in this situation ‘adults at risk’.

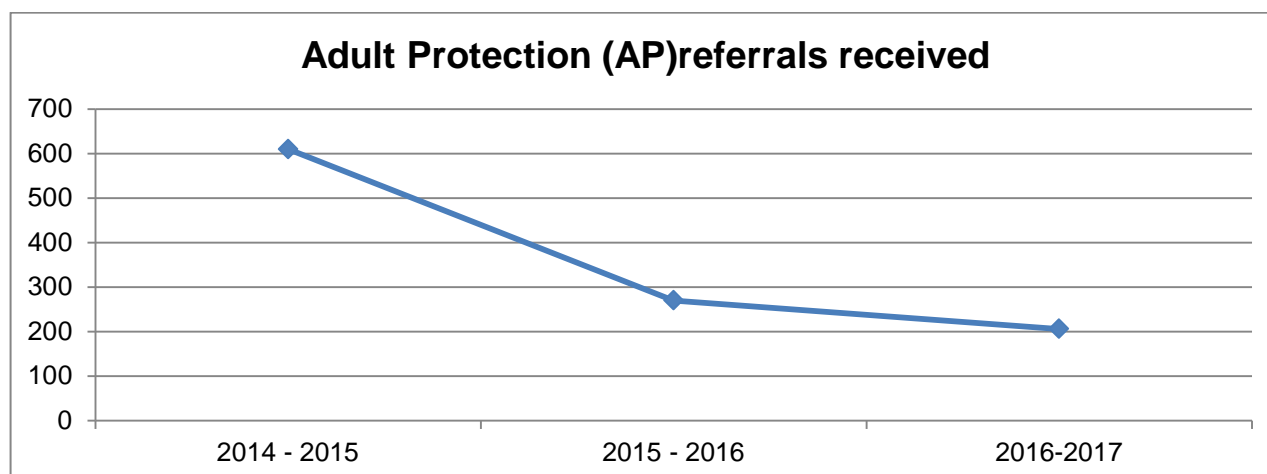
‘Adults at risk’ include people over the age of 16 whom

- find it difficult to keep themselves, their money or property safe
- might be being harmed by other people or who are harming themselves
- are more vulnerable because of illness, disability or mental disorder (this could mean people with mental health problems, people with dementia and people with a learning disability).

This does not mean that all people with an illness, a disability or mental disorder are always at risk. Some people in this situation at some point in their life can find it more difficult to keep themselves safe and need help to do so.

Where it is known or believed that an adult may be an 'adult at risk' of harm the legislation provides measures to identify and support individuals who are more vulnerable to being harmed as a result of their own or someone else's conduct

	2014 - 2015	2015 - 2016	2016-2017
Adult Protection (AP) referrals received	610	270	206
(AP) Investigations dealt with during	34	27	29
(AP) AP Meetings took place	36	13	23
(AP) Case Conferences held	11	5	9
(AP) Review Case Conferences held	8	6	14
(AP) Initial Case discussions held	2	2	0
(AP) Review Case discussions held	2	0	0



Referrals

From 2011 to 2014 the rate of referral had remained fairly consistent averaging 436 per year. In the last three years the referral rate increased to 610 referrals in 2014/15 and then decreased considerably dropping to 270 and then 206. This equates to a 66% decrease. This is primarily related to changes made by Police Scotland to their processes and who make the majority of referrals.

Police Scotland introduced the Vulnerable Persons Database and this went live for Inverclyde in March 2014. Both police adult protection and adult wellbeing concerns are shared. Whilst there has been an on-going increase in police adult concern reports overall the number assessed by the police as meeting the criteria for adult protection has significantly reduced. This is following officers receiving additional training and inputs from the Police Public Protection Unit in respect of risk assessment and submission of adult concern reports.

Investigations and Adult Protection Meetings

The number of investigations of concerns relating to adults has increased in the last year. With the exception of 2014/15 the conversion rate from referral to investigation had remained static at 10% approx. for a number of years but this has risen to 14% in the last year.

The number of adult protection meetings has also increased. The conversion rate from investigation to case conference for 2014/15 and 2015/16 was approximately 5% this has now risen to 11%

The numbers of Review Case Conferences have significantly increased but this is largely explained by a number of complex cases that have necessitated ongoing review under the auspices of Adult Support and Protection.

Audit

Building on a case learning exercise with Scottish Fire and Rescue a programme of audit has been developed to consider referrals made to social work, outcomes and pathways. This has already led to a process being streamlined for referrals relating to people with a sensory impairment.

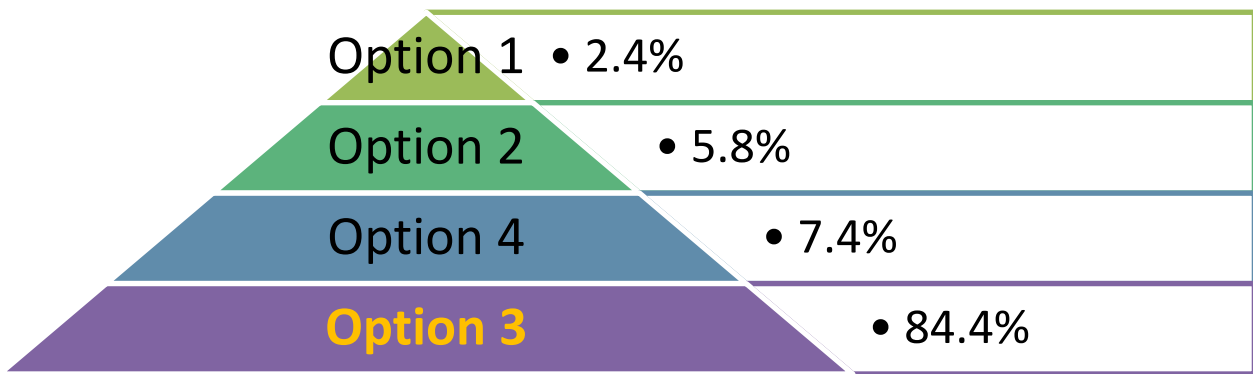
A 'Repeat Presentations at Emergency Department Working Group' has also been established. The initial phase is a desk top exercise to identify and consider data. The aim is to consider any prevention action which can reduce or manage more effectively A&E presentations from particular vulnerable individuals, reducing pressure across services and resources and providing improved outcomes for individuals.

Self-Directed Support (SDS)

SDS allows people to choose how their support is provided to them by giving them as much on-going control as they want over the individual budget spent on their support.

Inverclyde HSCP has continued to make progress locally through our interagency approach to supporting all carers. However, more work is required to ensure all carers have a healthy, active and fulfilling life of their own. Inverclyde HSCP is fully committed, working with carers as equal partners, to ensure this is achieved.

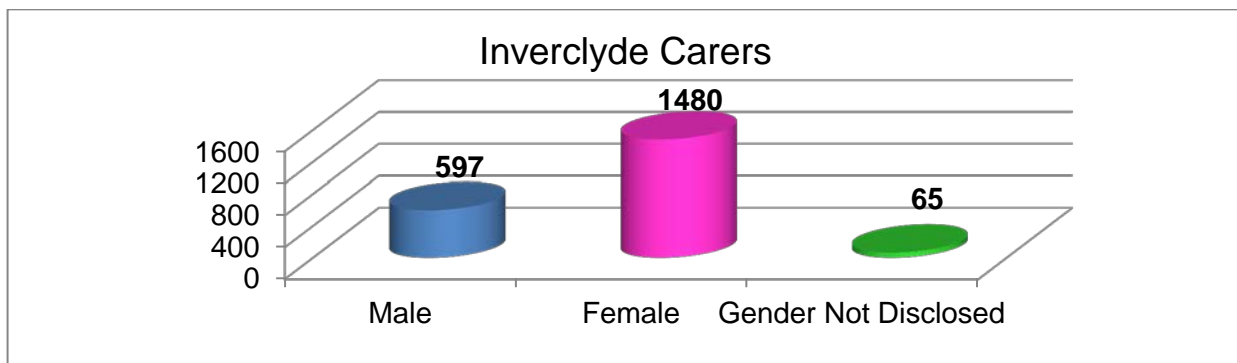
2,163 people chose how they would like their care provided in 2015/16
Uptake across these options during 2015-16 was as follows:



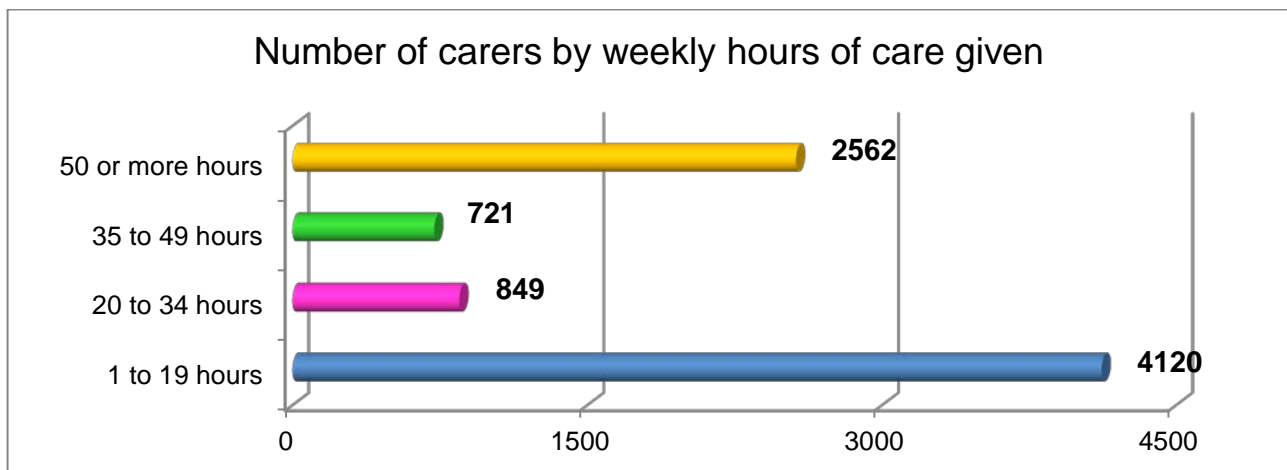
We are currently working on further promoting Self Directed Support and the various options available to service users.

Carers and Young Carers

Information held by the Inverclyde Carers' Centre on the number of carers registered as at 22/01/2016 was:



In the 2011 Scottish Census 8,252 Inverclyde citizens identified themselves as carers, so around a quarter of adult carers are registered with the Carers' Centre. As demonstrated in the table below over 2,500 of the overall number of carers deliver 50 hours or more of care each week.



The Carers Scotland Act 2015 has key new duties and powers for Councils and Health Boards. The Act will come into effect on the 1st April 2018. The Scottish Government have provided regular communication in respect of the Act's implementation prior to its coming into effect on the 1st of April 2018. There are still a number of key areas that guidance to accompany the act have not as yet been published. This is due in part to a wider consultation exercise to determine the content of said regulations which is being carried out.

There are key duties and powers relating to the Act and the HSCP and Partners in Inverclyde are working to ensure a successful implementation by April 2018.

- Communications and engagement with practitioners and with adult and young carers about the Act's provisions and what it means for carers;
- preparation of model Adult Carer Support Plans and Young Carer Statements;
- preparation for establishing and maintaining the information and advice services for carers
- preparing the short breaks services statements under section 35;
- preparation of local eligibility criteria, including consultation arrangements
- Work with the third sector and within the statutory sector on local practitioner awareness-raising and training.

Inverclyde launched a Carers and Young carers Strategy in June 2017 as part of the national carers week. This is a partnership document and draws upon extensive consultation with carers and young carers to identify the key priorities and action.

<https://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

This strategy will be a working document used to prioritise and deliver the outcomes which carers have identified as being important and necessary for them to continue in their caring role. There are key areas identified by Carer's and Young carer's living in Inverclyde.

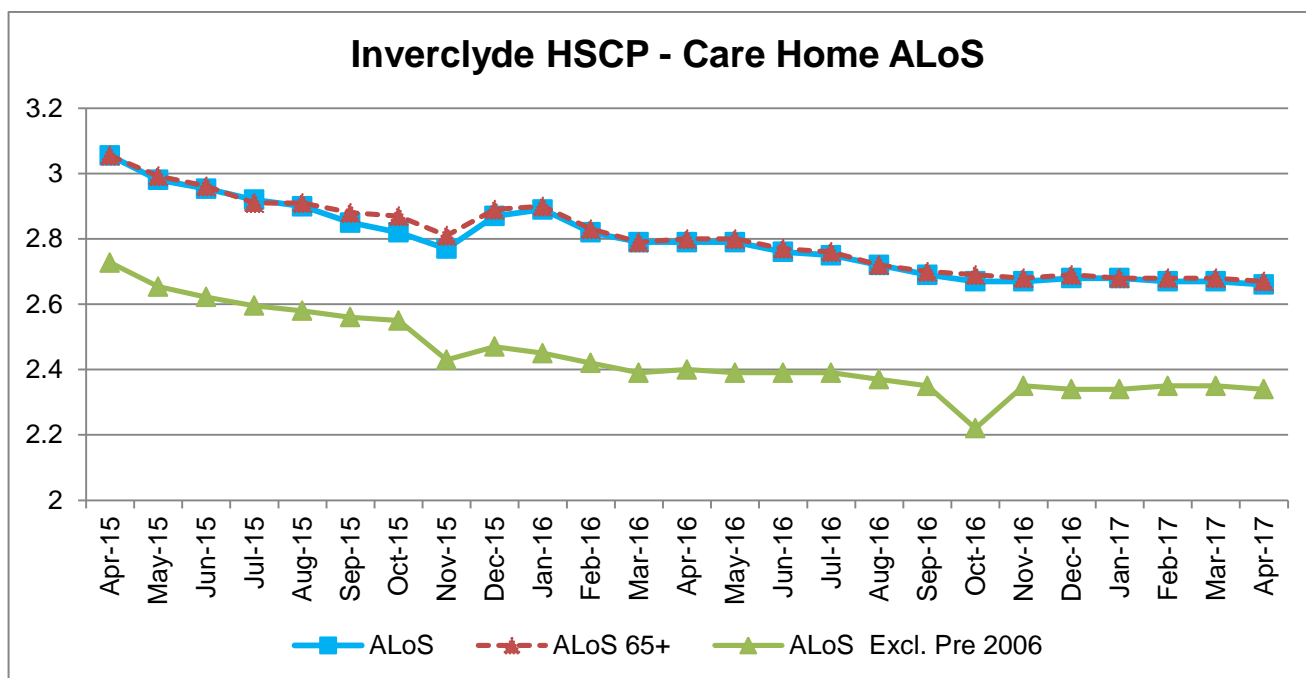
- Identification of hidden carers
- Information & Advice
- Carer & Young Carers Health and Wellbeing
- Involving Carer & Young Carers
- Breaks from Caring
- Self-Directed Supported
- Employment and Training.

Residential and Nursing Care

The majority of Older People that receive support from the HSCP often have a high degree of frailty with an additional diagnosis of dementia or cognitive impairment. Though services are focussed on maintaining people in their own home, at times it is not possible to provide the level of care in a safe way and so a move to a Care Home placement is necessary. The current assessment process and community-based services has meant that admission to care homes is largely being for end of life care.

This is further evidenced by the sustained improvements in the average length of stay in care homes which demonstrates a positive trend in increasing the number of people with greater health and care needs are being supported in the community to remain in their own home.

Average length of Stay for Inverclyde residents by year of admission 2015 to 2017



However the demographic pressures of an increasingly frail older population means there is an increased number of admissions to care homes albeit for shorter period of times and this reflects the growing older adult population and their level of frailty and support needs.

The Scottish Government, through the Active Scotland Division, has commissioned the Care Inspectorate to develop and lead the CAPA (Care About Physical Activity), for the social care sector, based on the CAPA resource. This programme will run until October 2018 and focus on older people. Local Authority partnerships across Scotland were invited to submit a bid to be part of the CAPA Programme. Eight partnerships across Scotland were picked to participate in the Programme. Inverclyde was one of the successful 8 partners, to work with care at home, housing support (wardens Services) to equip staff to promote physical activity.

CAPA Programme will build the skills; knowledge and confidence of social care staff to enable those they care for to increase their levels of physical activity and move more often.

Within Inverclyde 13 care providers are involved in the programme, the programme includes ;

- attending learning events (3 staff from each service/team to attend)
- establishing an improvement team within the service
- carrying out any self-improvement evaluation and completing improvement action plans
- gathering and submitting improvement data
- attending full day learning sessions
- working in partnership with the wider health and social care team.

Initial feedback from this approach has been positive, indicating that that “CAPA is influencing how people think about the work they are doing, focussing on doing ‘with’ rather than doing ‘for’ those they care for.

Hospital Discharge

Inverclyde continues to sustain positive performance against the Delayed Discharge targets. In the financial year 2016/17 Inverclyde accounted for 6.2% of all delayed patients aged 65 and over across NHS Greater Glasgow and Clyde, in terms of population for those aged 65 and over, Inverclyde contributes approximately 8.4% of the boards total population.

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package and care home placement. To assist in achieving this we have worked to a Home 1st plan utilising a range of interventions outlined below.

Home 1st 2017/18 Partnership Discharge Plan

The positive performance relating to discharge process has been a result of good partnership working. This work has been underpinned by the Home First – Ten Actions to Transform Discharge Approach promoted by the Joint Improvement Team and Scottish Government’s Discharge Task Force. In Inverclyde this has focused on;

- Reduced number of people identified as a delayed discharge
- Aim to discharge within 72 hours of being fit for discharge
- Ensure staff are empowered to make changes which improve discharge processes and reduce length of stay
- To ensure returning home is the first and best option in majority of discharge situations.

This plan has been re-launched for 2017/18 building on the good work in Inverclyde. The revised plan is also looking to develop;

- Discharge to assess approach, when an individual is medically fit to be discharged they return home when assessment for future needs is completed by the new Assessment and Reablement Team.
- Review the partnership staff involved in Discharge to ensure a smooth patient pathway, early referral for social care assessment and reduce duplication.
- Monitor the impact of the Paramedic Practitioners in Primary Care pilot currently being operated in Inverclyde under the New Ways initiative.

Home 1st Team (Assessment and Reablement)

Since 2014 Inverclyde HSCP along with partners in the acute sector has adopted the 'Home First' approach to hospital discharges. This has worked to transform the local discharge systems to reliably achieving safe, timely and person centred discharge from hospital to home improving the pathway from hospital to home is at the heart of our Vision for Older People.

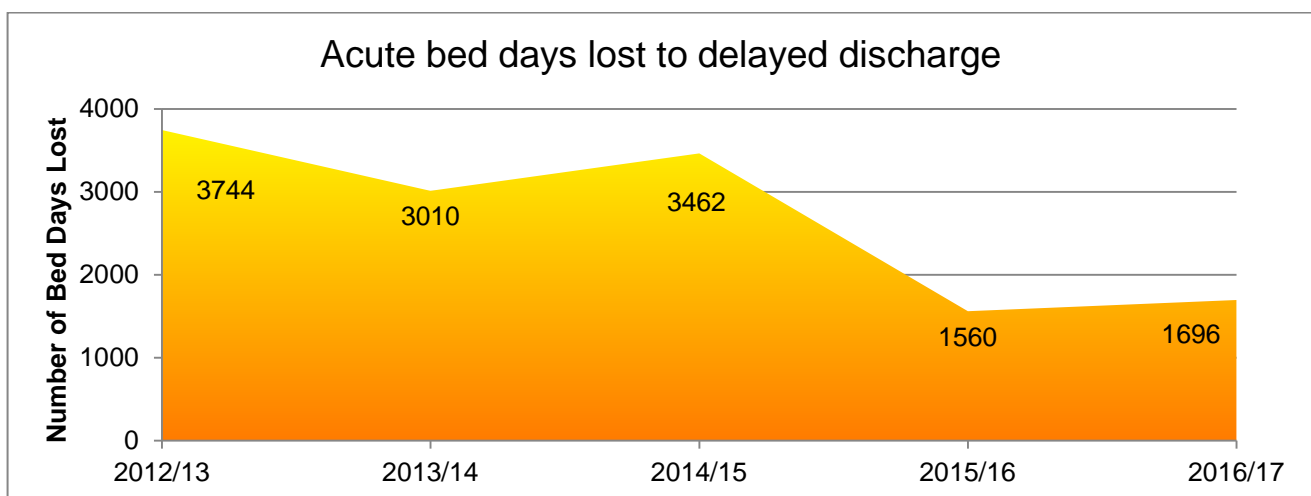
Despite the preventative approach taken through reablement, core demand for Care and Support at Home service continues to rise. Similarly, despite the development and range of services to Shift the Balance of Care from residential to community-based care, we have not seen a sustained reduction in the use of Care Home beds. This new development will have a focus around addressing the increase in number and more importantly complexity of cases in the community.

We are currently reviewing the customer pathway and want to further streamline the assessment process developing the move away from crisis intervention to reablement and development of self-directed support. A primary aim is to ensure assessment is proportional to the presenting need and to strip out any duplication in the assessment process.

The funding of 3 assessment posts for 2 years allows for the development of an integrated team to respond to initial assessments from community and hospital that require a home based support package including assessment through reablement. The links to hospital discharge will allow for development of the Home 1st approach with enhanced continuity of support in community post discharge.

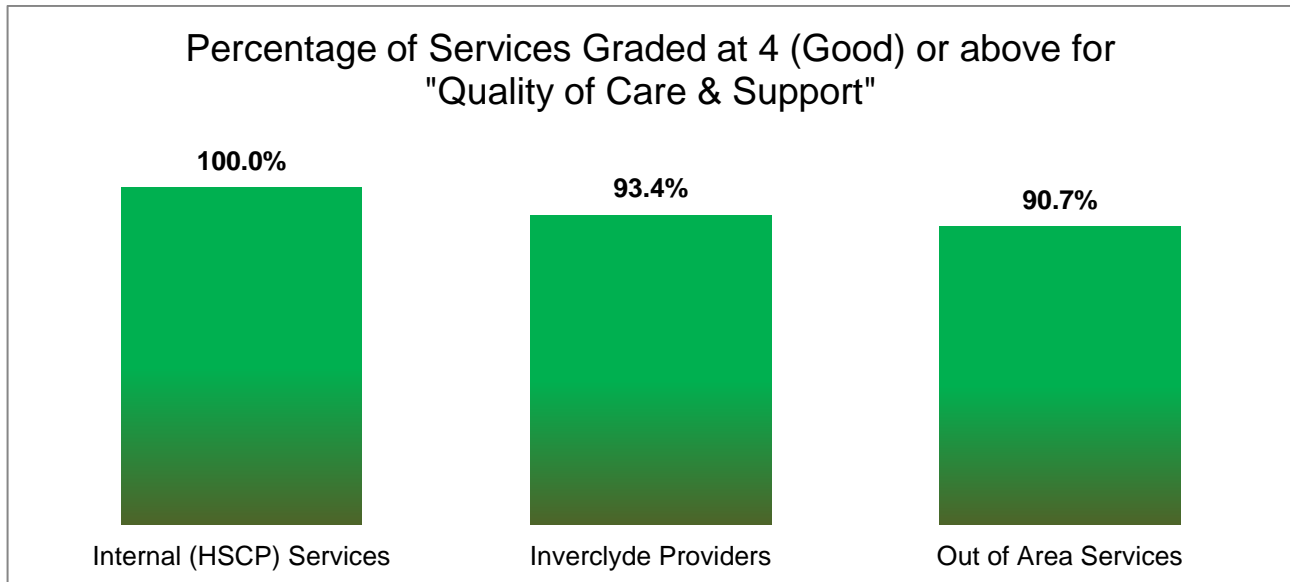
Aim of Pilot

- to reduce unnecessary admissions to hospital
- Promote Home 1st
- Support rehabilitation process
- Ensure timely response to requests for assessments



Quality of Care

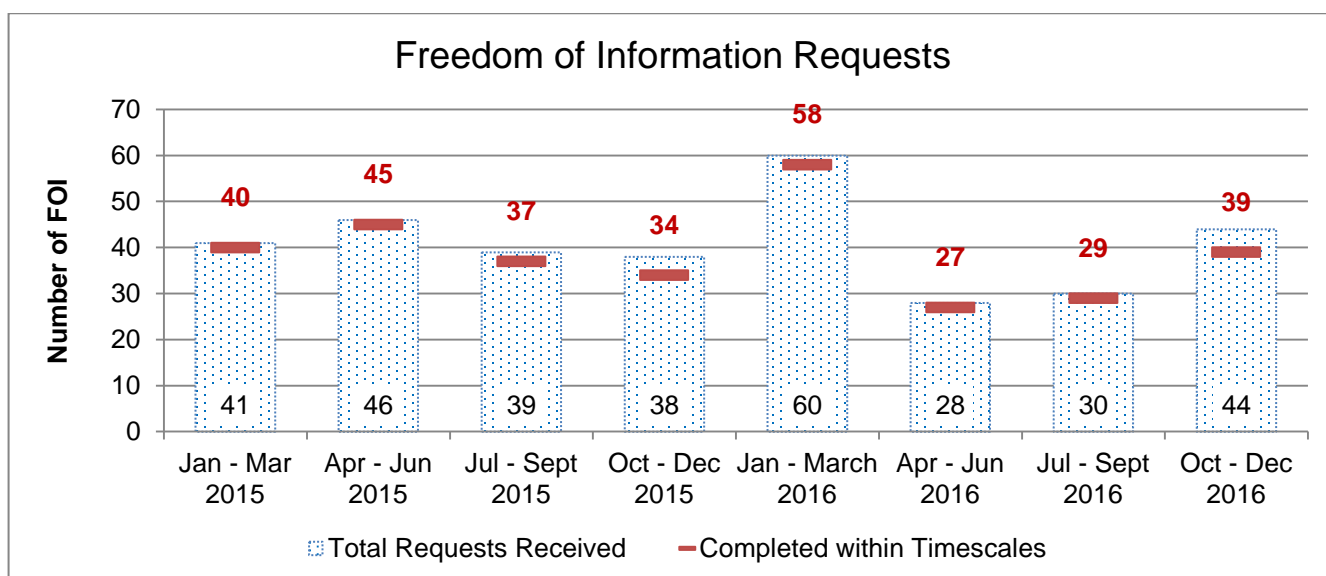
When we commission care for our citizens, it is important that we get the best possible quality for the money at our disposal. Services that are either delivered by the HSCP or commissioned with care providers continue to receive a high grading from the **Care Inspectorate**. Our approach ensures that we have some of the best care provision in the country.



As noted in the introduction to this report the Care Inspectorate undertook a strategic inspection of children's service during the year. This significant audit and analysis has supported the development of an improvement plan that will allow our services to remain focused on continuous improvement. It is important to note however that the inspectorate identified key aspects of our services as sector leading.

Freedom of Information and Complaints resolution

Inverclyde HSCP continually performs to a high standard when returning FOI requests within the prescribed timescales. Robust co-ordination of FOIs is a key element in ensuring such requests reach relevant staff within the desired services as early as possible. The tables below outline activity relating to FOI requests and complaint resolution activity.



		2016/17 All Complaints			2015/16 All Complaints		
		Met	Not Met	% within timescale	Met	Not Met	% within timescale
Social Work	Acknowledged within Timescale	57	0	100%	54	4	93.1%
	Completed within Timescale	45	12	78.9%	39	19	67.2%
NHS	Acknowledged within Timescale	6	1	85.7%	8	0	100%
	Completed within Timescale	7	0	100%	7	1	87.5%

Inverclyde HSCP has operated an Integrated Complaints Procedure which combined the requirements of the NHS and Social Work response targets and appeals into an agreed formal process based on the Scottish Public Service Ombudsman Model Complaints Handling Process.

The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 abolishes the existing social work Complaint Review Committee and gives the SPSO authority to undertake the review procedure for Social Work Services Complaints from 01 April 2017. This will include reviewing the professional decision making in social work.

The NHS has also issued a new Model Complaints Handling Procedure. This brings the stages and timescales of health and social work complaints into closer alignment.

Workforce Planning and Development

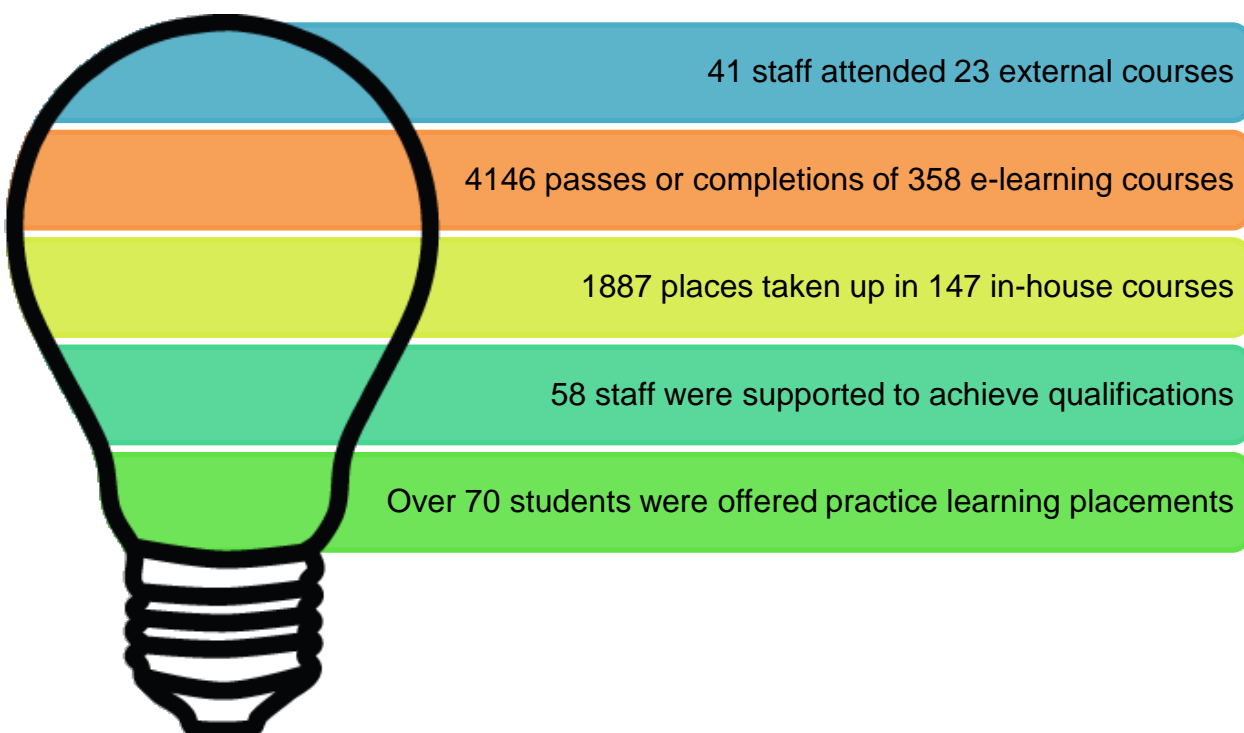
The past year has seen a number of changes in the leadership of the Inverclyde HSCP. The service has been very pleased to welcome a new Chief Officer for Inverclyde HSCP who has recently taken up her post. This has coincided with the Head of Children and Families and Criminal Justice Services taking up her role as the Chief Social Work Officer. At the same time a newly appointed but much experienced Head of Service for Adult Health and Community Care has joined the HSCP consolidating the senior management team.

The data below outlines the staff involved in delivering Local Authority social work services in Inverclyde. As can be seen, the numbers of staff employed in delivering services has been steadily declining. This is against a backdrop of equally steadily increasing statutory requirements. This highlights the central importance of robust learning and development arrangements that support staff in optimising the efficiency and effectiveness of service delivery.

HSCP staff (Inverclyde Council employees only)

	March 2015	March 2016	March 2017
Number of employees	1064	1055	1038
FTE equivalent	862.79	848.76	834.69
Number of Sessional Workers	78	94	108
Number of Modern Apprentices	N/A	N/A	4
Workdays lost (per FTE)	13.95	10.15	11.96

The HSCP has maintained an established integrated Learning and Development plan for both Health and Social Work staff and continued to preserve a discrete learning and development resource. In delivering the Learning and Development plan during 2016-2017 HSCP Staff:



The HSCP has experienced an increase in the number of newly qualified social workers joining the organisation over the last two years. All new staff have access to a Welcome Pack and e-learning induction programmes. A review and strengthening of our induction process has been completed with our updated HSCP welcome pack and induction, and a comprehensive induction process for newly qualified social workers in anticipation of the Social Work education review. This will complement new and established induction programmes of respective parent bodies.

Last year we refreshed our supervision policy and we are continuing to invest in training and supporting front line and middle managers in achieving consistent high level supervision and development opportunities for all of our staff.

Preparation is well underway to meet new legislative requirements: implementation of the new complaints procedure, preparation of internal systems to meet the requirements of the Duty of Candour, the Carers (Scotland) Act 2016 when they are implemented on 1st April 2018.

Collaborative approaches to learning and development across HSCP are well established. Examples include courses and other learning events on Adult Protection, Financial Harm, Child Protection, Alcohol and Drugs, Suicide prevention, universal credit and health improvement, dementia learning and development strategy and GIRFEC.

An ambitious collaborative approach to the production of the people plan has produced an outcomes themed and tiered approach to analysing the whole Inverclyde workforce. A realistic short, medium and long term action plan is currently being devised to ensure account is taken of future learning and development requirements in the face of continuing resource constraints. This includes implementing a programmed approach to succession planning.

Inverclyde HSCP has led a range of leadership and practice events and initiatives designed to enhance and develop leadership in practice. These include two commissioning events facilitated by NES with a third planned. These have provided an opportunity for the whole leadership of the HSCP to collaborate and reflect on leadership and management practice. Colleagues from neighbouring authorities were invited to participate and collaborate in other events designed to give an opportunity to reflect on and improve practice including a conference on chronic neglect in adult services, the annual children and families conference on neglect, a significant case review presentation. As noted above, the new supervision policy with a strong focus on reflective practice has been rolled out and ongoing training and coaching continuing.

The HSCP has its own SVQ Centre. During 2016-2017 The Centre has delivered 24 SVQ qualifications at levels 2 and 3 for HSCP care at home staff. 26 Home Care Seniors have now completed the SQA Professional Development Award in supervision. The Centre is now coming towards the end of a project to deliver 40 SVQ 2 and 3 awards to staff from 25 voluntary and independent sector care at home projects in Inverclyde. The Centre again scored significant strengths in all areas assessed in the recent SQA External Verifier visit.

Conclusion

The work streams and initiatives described in this report give a flavour of how Inverclyde Social Work Services are working with partners to deliver quality services that support some of our most vulnerable citizens. Much of our work is directly aimed at reducing or, where possible, eliminating unequal experience or outcomes, and we foster an approach that builds on the tremendous social capital that exists within our communities. Inverclyde is undoubtedly characterised by deprivation, but there is a great deal to celebrate and build upon. In particular, the enthusiasm and sense of belonging that is evident - notably in some of the areas experiencing the highest levels of socio-economic deprivation. Our highly skilled and committed workforce through forging respectful relationships are making a tangible difference to lives of our most vulnerable citizens. The energy of our staff and our communities has contributed significantly to the achievements we have delivered over the past year, and will continue to do so in the future