

A meeting of the Health & Social Care Committee will be held on Thursday 26 April 2018 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

****Copy to follow**

1. Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT	
2. Winter Plan 2017/18 Hospital Discharge Performance Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership NB: There will also be a presentation on this item	p
3. Revenue and Capital Budget 2017/18 Position as at 28 February 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
NEW BUSINESS	
4. Planning and Delivering Care and Treatment Across the West of Scotland Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
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6. Wellpark Building Works Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

<p>7. Inverclyde Dementia Strategy Update ** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</p>	
<p>PERFORMANCE MANAGEMENT</p>	
<p>8. Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services</p>	<p>p</p>

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

Report To: Health and Social Care Committee **Date:** 26 April 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW26/2018/AS

Contact Officer: Allen Stevenson
Head of Health and Community
Care
Inverclyde Health and Social Care
Partnership (HSCP) **Contact No:** 01475 715283

Subject: Winter Plan 2017/18 Hospital Discharge Performance

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Committee on the HSCP sustaining performance in achieving the targets relating to Hospital Discharge and the effectiveness of the Winter Plan for 2017/18.
- 1.2 This report focuses on the key performance indicator of people currently in an Acute hospital bed whilst deemed as medically fit for discharge. Reducing the number and length of time people are delayed in an Acute hospital bed continues to be a key priority for the Scottish Government, NHS GGC and Inverclyde Health and Social Care Partnership. Inverclyde HSCP is sector leading in achieving a reduction in the number of individuals who are delayed in hospital as well as a marked reduction in Bed Days Lost.

2.0 SUMMARY

- 2.1 Inverclyde performance is sector leading in Scotland in meeting Delayed Discharge targets and thus ensuring people spend the minimum time in a hospital bed when deemed fit for discharge.
- 2.2 With a renewed focus on reducing the number of patients who are delayed, Inverclyde HSCP and Acute colleagues have been able to sustain a high level of performance although this has been impacted on by the pressures presented by this winter.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the sustained performance against the Hospital Discharge Targets and the effectiveness of the Winter Plan in addressing the pressures presented by winter.

4.0 BACKGROUND

4.1 As has been previously reported to the Board, performance against the Delayed Discharge target in Inverclyde has been positive for some time, as has reducing the number of bed days lost. Inverclyde performance is extremely positive and is the leading HSCP when compared to other authorities across NHSGGC and Scotland.

In the financial year 2017/18 so far, Inverclyde, according to Scottish Government statistics, has led other Partnerships across Scotland in terms of individuals recorded as delays (over 72 hours) at census point. We are the best placed Partnership in terms of least number of people delayed.

This performance places Inverclyde consistently ahead of other Partnerships in Scotland and NHSGCC since August 2017 and should also be viewed in the context of Inverclyde's levels of multiple deprivation and prevalence of long term conditions, in particular COPD.

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 complex home care package or a care home placement. To assist in achieving this we have worked to a Home1st plan utilising a range of interventions and building additional capacity which has been funded from existing budgets, Local Authority pressures monies, Social Fund, Integrated Care Fund and Delayed Discharge monies.

Performance Targets

The Scottish Government is now releasing monthly data on numbers of patients at the census date who are viewed as a delay. This report will reference the national data as well as locally collated information and experience to ensure a local context. Chart 1 references all patients delayed including **less than 72 hours** from Inverclyde at the census data which is the performance recorded by the Scottish Government. There is a clear downward trend in numbers of people who are deemed to be delayed.

CHART 1

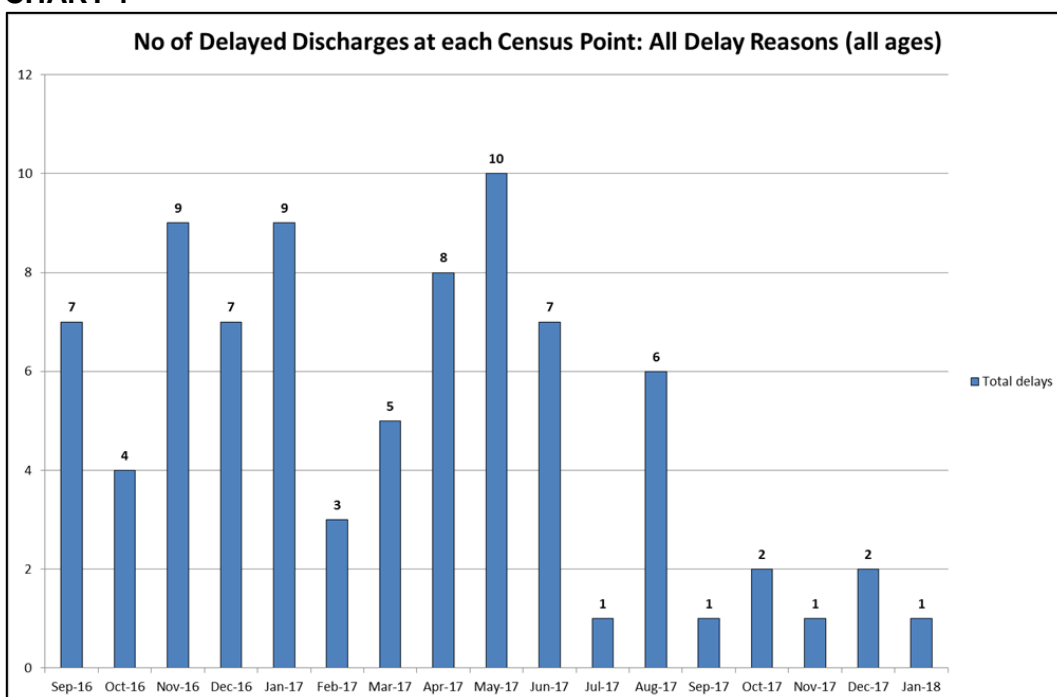
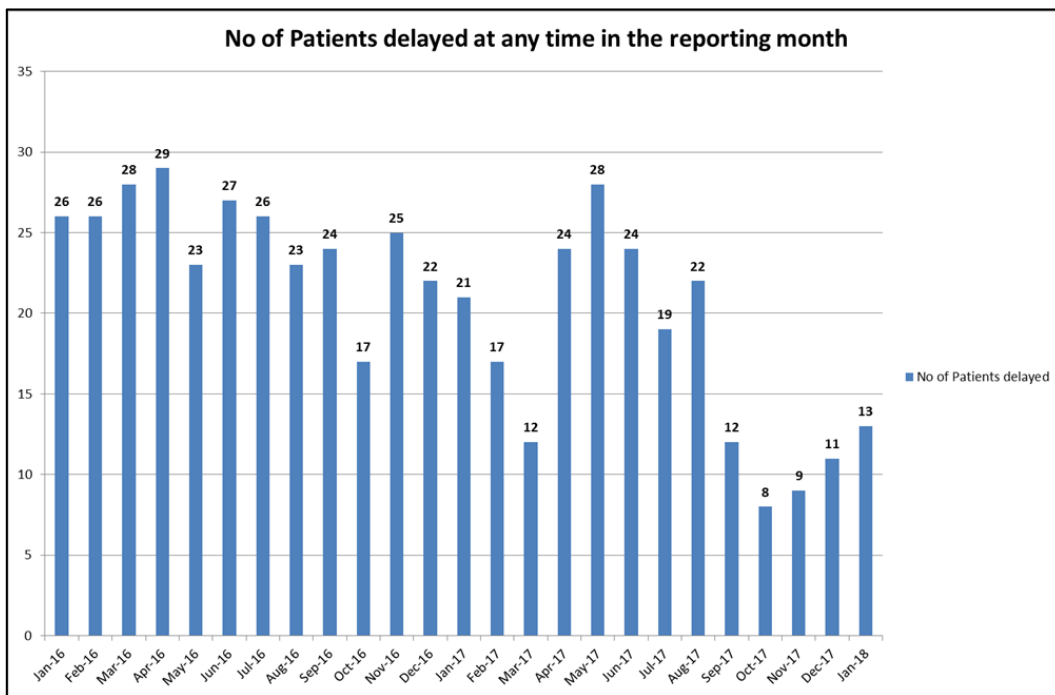


Chart 2 is local data which gives the number of Patients Delayed in any given calendar month from 1 January 2016. This demonstrates the wide variance in recorded delays which is dependent on factors such as number of admissions, level of complexity, patients and carers exercising choice and how quickly patients move through the hospital pathway.

This local data will allow for reporting on the actual number of individuals delayed each month rather than just at census point and gives a truer picture of the positive performance in reducing the number of individuals who are subject to a delay.

This chart also demonstrates how this has been maintained over the first two months of the winter period. Comparing the number of individuals delayed during January of each year we see a consistent move down from 26 to 21 to 13.

CHART 2



The census return now records a delay as a patient who is in hospital on the last Thursday of each month when considered to be fit to leave hospital.

Delayed Discharges: NHS GGC new arrangements from 1st May 2017

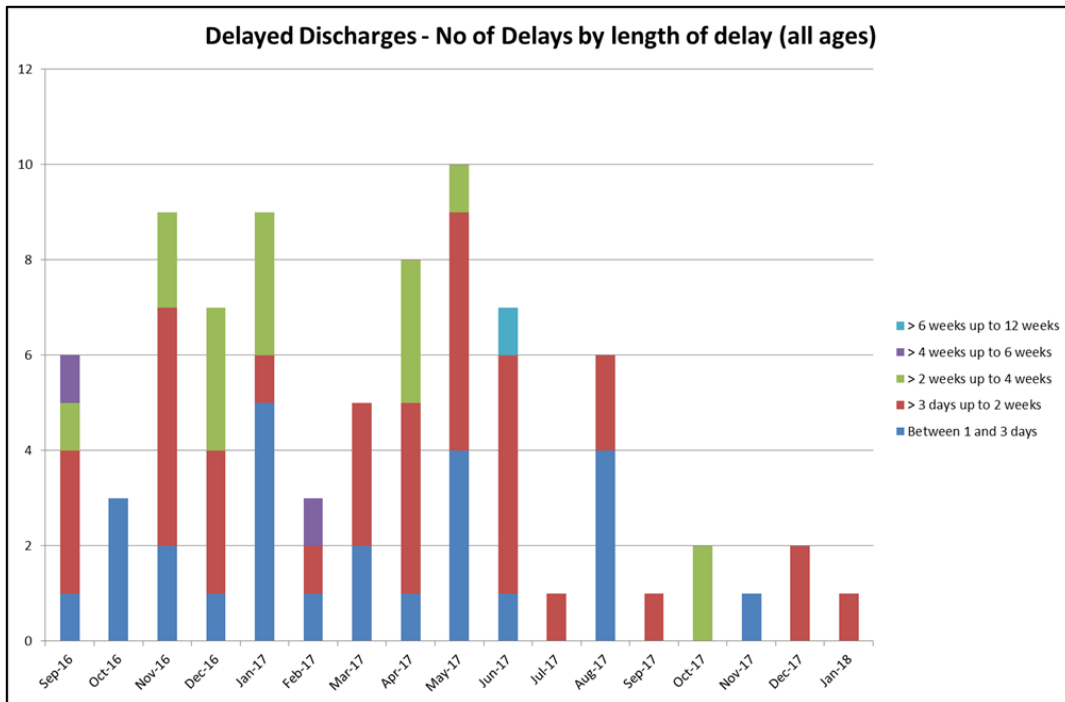
From the beginning of May 2017, NHS GGC put in place a target which will establish that all patients are moved from frontline Acute beds to other facilities once they are viewed as medically fit. This identifies patients who do not have a timely discharge plan in place. The approach has been developed in discussion with NHS GGC Divisional Management Team and with Chief Officers. The ambitious target is that no patient will be in an Acute hospital bed when fit for discharge.

Bed Days

Another important factor is the number of days individuals are waiting for discharge - this is the bed days lost figures.

Chart 3 records the total number of individuals delayed at census point and the number of days they were delayed. Generally people at census point in Inverclyde are delayed over 3 days and less than two weeks. This is due to reasons identified in terms of complexity and identification of the appropriate resource in terms of care home placement. No delays at census are due to the inability to provide a home based support package.

CHART 3



These figures cover all Patients who are delayed including under and over 65 and those with a mental health or wellbeing diagnosis. Inverclyde HSCP applies the Mental Welfare Commission guidance in terms of applying AWI legislation and we have no delays associated with 13za placements.

This sustained reduction in the number of individuals delayed and the length of time they wait for discharge has resulted in a corresponding reduction in Bed Days Lost. Chart 4 presents the statistics for all people over 65 since April 2017 and demonstrates a marked reduction in line with the target of reducing bed days lost by 10% based on the 2015/16 figure (baseline of -2,754).

CHART 4

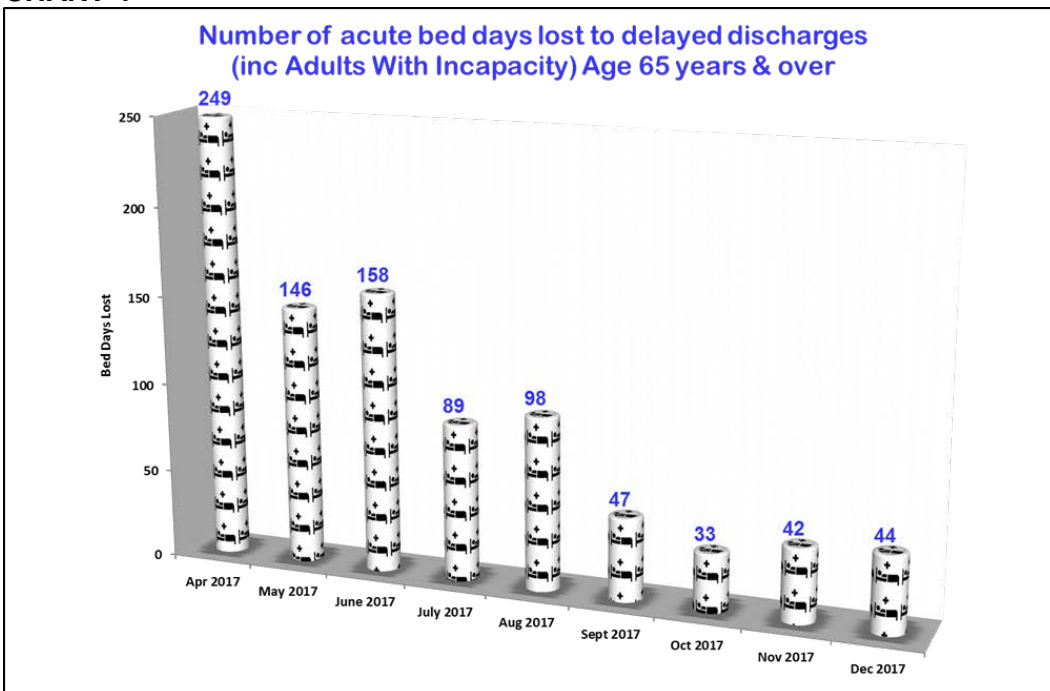
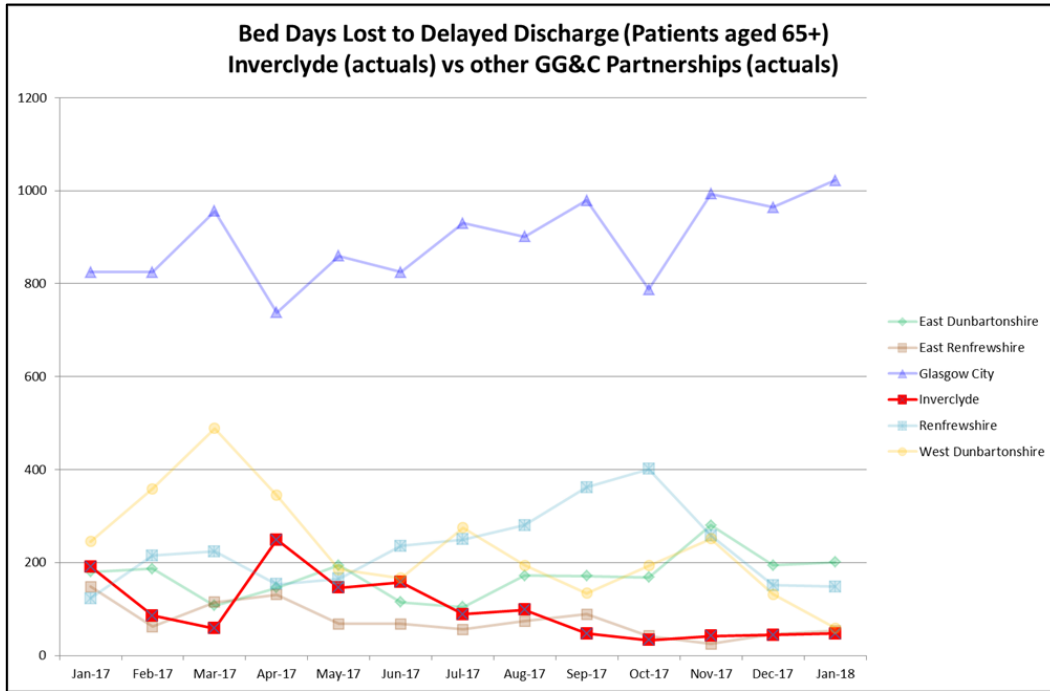


Chart 5 demonstrates this performance as a comparator to other Partnerships and the Greater Glasgow and Clyde figures. We are equal and at times perform better than all Partnerships including East Renfrewshire and East Dunbartonshire which do not have

the high level of deprivation present in Inverclyde.

CHART 5

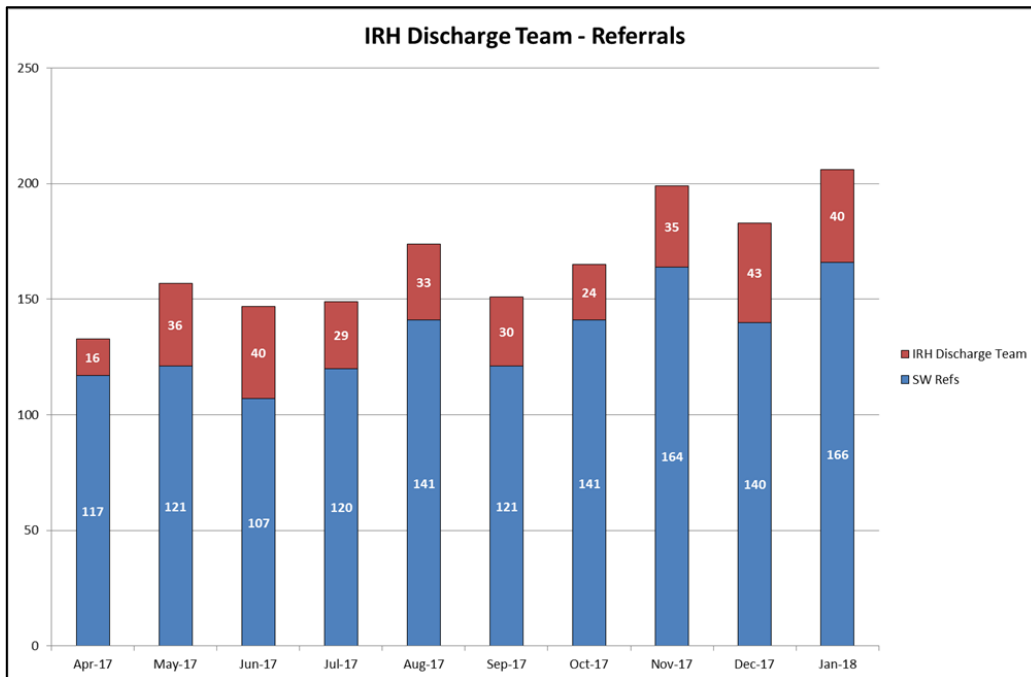


Demand and Activity

This performance has a context of a continued high level of referrals for social care and community supports following discharge.

Chart 6 demonstrates the referrals from Acute to Health & Community Care.

CHART 6



During January 2018, 206 individuals were referred for social care support of which 40 people required a single shared assessment indicating complex support needs. A total of 13 individuals were identified as being delayed following the decision they were medically fit for discharge. This equates to 6.3% of all discharges.

A review of delays as a percentage of referrals was identified for the financial year

2017/2018 and indicated 90% of service users requiring social care support were discharged when medically fit and not required to be recorded as a delay.

Winter Plan 2017/28

It is acknowledged that this winter has provided exceptional challenges to the Health and Social Care system. As well as the adverse weather that we experienced in March, there was a high level of respiratory illness across the general population and high rates of acuity amongst the frailer members of our community.

There was a great deal of pressure on Inverclyde Royal Hospital in terms of presentations and length of stay due to patients being unwell and not fit for discharge. This led to subsequent pressures on the community services when discharge became appropriate. Chart 4 indicates an increase in number of referrals for community services between November and February. The Inverclyde Winter Plan does cover the movement of staff when required to cover discharges and this was required for Assessment and Care Management where members of the Home 1st team covered discharge arrangements.

The second largest contributor to the pressure on the service was staff absence which was peaking at around 20% across community services. This was mitigated in part by the number of frail service users in hospital and use of the step-up model for people who were unable to stay at home but did not require hospital admission.

There was a recognised issue around patient flow and the need to work with the Scottish Ambulance Service and NHS 24 to get the right balance between prioritising access to hospital and discharge support to minimise ambulance turnaround problems and crowding in A & E due to bed availability problems linked to time of day and overall discharge support.

The Scottish Government has requested a review of local arrangements and Inverclyde HSCP will contribute to this, reviewing the Home 1st plan to ensure seasonal pressures are responded to.

At this point, with the information for February and March not yet available, it appears that Inverclyde was able to sustain a high level of performance minimising unnecessary hospital admissions and facilitating timely and safe discharges.

Adverse weather

A period of severe weather impacted on Scotland from 27 February until the end of the first week in March. The severity of the weather led to the MET Office issuing a RED weather warning for the first time. The severe weather placed great demands on the HSCP. Delivering services across our communities was a significant challenge given the sheer amount of snow that settled across Inverclyde. Travelling on public transport was disrupted while many of our side roads and estates became unpassable for non 4x4 vehicles. Our staff struggled to get from home to work due to the travel disruption. Despite these conditions the stories started to emerge of members of the community getting involved in helping staff get to hospital and social care workplaces. Our care at home and district nurses battled through the snow to undertake home visits to the most vulnerable service users and patients. Roads staff from the Council worked closely with our senior managers to prioritise clearing GP surgeries including car parks. Care home sites and children's homes were also prioritised. Roads staff also picked up staff in 4x4 vehicles and dropped them at hospital and care homes. The sheer determination and commitment of staff across the HSCP was exceptional. In any adverse conditions there are lessons to learn and the HSCP has undertaken a de-brief internally within the HSCP and in a wider de-brief with Council and NHS Board de-brief sessions. The senior management team will ensure the lessons learned are updated in our service continuity plans moving forward.

Summary

The content of this report is for noting, and to ensure that Committee members are informed about the high level of performance in relation to hospital discharge and how this was sustained over the winter period. Certainly for the November, December and January period delays and bed days lost had a minimal effect upon the pressures felt by the Acute sector in Inverclyde.

Inverclyde performance is sector leading when compared to other Local Authorities across NHS GGC and across Scotland. 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 residential care placement.

Along with colleagues in the Acute sector, we will also revise the Home 1ST 2017/18 action plan to engage in the Unscheduled Care Planning to ensure services relating to discharge are refocused on the key performance targets as well as ensuring the best outcomes for service users and carers.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.0 CONSULTATION

6.1 None.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Report To:	Health & Social Care Committee	Date:	26 April 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/42/18/AP/FMcL
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Fiona McLaren	Contact No:	01475 712652
Subject:	Revenue & Capital Budget 2017/18 Position as at 28 February 2018		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the position of the revenue and capital budgets for the current year as at period 11 to 28 February 2018.

2.0 SUMMARY

- 2.1 The Social Work revised budget is £47.051 million with a projected underspend of £702,000, which is an increase in the projected underspend of £453,000 since the last report. The main elements of the underspend are:

- Vacancies in internal homecare of £269,000, which are partially offsetting the increased costs of external homecare below,
- Vacancies and turnover in other services of £252,000, an increase in underspend of £178,000 since last reported due to delays in filling vacancies.
- Projected underspends on client packages in Addictions of £73,000. This is a small increase in underspend of £9,000 due to changes in client packages,
- A one off receipt from another local authority related to a disputed package of £392,000 was received. £321,000 of this has been earmarked to fund 4 short term posts and engagement processes related to the Learning Disability redesign. The balance of £71,000 has been reflected in this report,
- An early achievement of 2018/19 savings of £466,000, an increase of £152,000 since last reported.

Offset by:

- A projected overspend in external homecare of £321,000 due to increased hours as more people are cared for in their own homes. This is an increase of £95,000 since previously reported due to the removal of one off funding of £130,000 from the Delayed Discharge EMR which had been previously applied to reduce the overspend. The overspend is partially offset by an underspend on internal homecare above,
- Projected overspends on client care packages in Learning Disabilities and Physical Disabilities of £238,000 and £38,000 respectively. Learning Disabilities has increased by £15,000 due to an increase in rates on some client packages client numbers and changes in client packages. Physical Disabilities has reduced by £22,000 due to changes in packages and services being terminated. Work will continue to review all costs to reduce the projected overspends in coming months,
- A projected overspend on Kinship costs of £66,000 due to increased client numbers, which is a decrease of £11,000 since previously reported due to a slight reduction in numbers,
- A projected overspend on Homelessness bad debt provision of £74,000. Work being undertaken to address the current arrears.

- 2.2 A budget of £51,554,000 has been delegated to the Council by the Integration Joint Board (IJB) . The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. An additional £1,885,000 of Social Care funding has been allocated to the budget at period 11. £62,000 of Welfare Reform funding has been returned to the Policy & Resources Committee as an extension of grant funding means that it is no longer required. An additional £10,000 has been allocated from corporate resources for telephone line rentals. £317,000 of the current budget will transfer to Earmarked Reserves to fund specific projects in future years
- 2.3 The majority of the £702,000 projected underspend has been accounted for in the 2018/19 budget - £466,000 relates to early achievement of 2018/19 savings agreed in 2017 and £258,000 relates to 2018/19 savings agreed in March, 2018. Therefore it can be seen that after adjusting for these items the 2018/19 Committee Budget remains under pressure.
- 2.4 The Social Work 2017/18 capital budget is £1,703,000, with spend to date of £958,000. Expenditure equates to 56.25% of the revised budget. There is projected slippage of £745,000 of which £696,000 relates to the Crosshill children's home replacement due to delays in the Neil Street children's home replacement project.
- 2.5 At the Policy & Resources Committee on 20 September 2016 it was agreed that the Social Work Earmarked Reserves for 2016/17 be transferred to the IJB. The balance on the reserves at 31 March 2017 was £3,972,000. The reserves reported in this report are those delegated to the Council for spend in 2017/18. The opening balance on these is £1,352,000 with an additional £1,564,000 received for 2017/18, so the total reserves at period 11 are £2,916,000. To date £1,578,000 of the £1,945,000 2017/18 projected spend has been incurred (81.13%), which is £73,000 more than the phased budget.
- 2.6 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption & Fostering,
 - Residential & Nursing Accommodation,
 - Deferred Income.
- 2.7 It should be noted that any underspend will be retained by the IJB in line with the approved Inverclyde Health & Social Care Integration Scheme and any overspends will be met by the IJB.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the projected underspend of £702,000 on the current year revenue budget as at 28 February 2018 and that the majority of this underspend has been addressed as part of the 2018/19 budget.
- 3.2 That the Committee notes that any underspends will be retained by the IJB at the year end.
- 3.3 That the Committee notes the current projected capital position.
- 3.4 That the Committee notes the current Earmarked Reserves position.

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2017/18 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2017/18 projected £702,000 underspend.

5.0 2017/18 CURRENT REVENUE POSITION: Projected £702,000 (1.49%) underspend

Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the outturn position. The material variances are identified per service below and detailed in Appendix 3:

a. Children & Families: Projected £143,000 (1.38%) underspend

The projected spend is £77,000 less than previously reported and comprises:

- A net projected underspend of £116,000 on employee costs, which is a reduction of £60,000 since the previous report due to delays in filling vacancies. There is a projected overspend in residential accommodation where there is a requirement for certain staffing levels, but this is currently offset by vacancies within other areas of Children & Families. The staffing in residential accommodation is a continuing pressure area,
- A projected combined underspend on section 29 payments, section 30 payments, payments to other bodies and care leavers rents of £60,000. This is an increase in spend of £1,000 since last reported,
- A projected overspend of £66,000 on kinship costs due to increased numbers of clients. This is a decrease of £11,000 since period 9,
- A projected underspend of £53,000 on Children and Young People Act which was reported in period 9,
- As reported in period 9, a projected overspend of £30,000 on respite due to increased costs.

Any over/ underspends on adoption, fostering and children's external residential accommodation are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above underspend. The balance on the reserve is £925,000, however the H&SC Committee on 24 August 2017 agreed that £232,000 of this balance would be used to meet the potential additional costs of the Crosshill replacement project. At period 11 there is a projected net underspend of £297,000 on children's external residential accommodation, adoption and fostering which currently would be added to the Earmarked Reserves at the end of the year.

b. Older People: Projected £3,000 (0.01%) overspend

The projected overspend of £3,000 is a £6,000 increase in spend to that previously reported and comprises:

- A projected underspend on homecare staff of £269,000, a decrease in spend of £1,000 since last reported,
- Other employee costs within Older People are now projected online with budget which is a £21,000 reduction in spend since last reported,
- A £21,000 underspend within Supplies & Services, a decrease in spend of £13,000 since period 9 mainly due to a reduction in spend for Day Services provisions.
- A projected overspend on external homecare of £321,000. This is due to an increased number of clients and hours of service provided as people have care provided in their own homes rather than in a care home. There is an increase in the overspend of £95,000 since previously reported due to the removal of one off funding of £130,000 from the Delayed Discharge EMR which had been previously applied to reduce the overspend,
- A projected underspend of £23,000 on external Day Services, a decrease of £17,000 since last reported to Committee based on current spend to date.

A new Earmarked Reserve has been set up for residential & nursing accommodation. The balance on the reserve is £250,000. At period 11 there is a net projected underspend of £237,000 on residential & nursing accommodation which would currently be transferred to the Earmarked Reserve at the end of the year. The expenditure has reduced by £97,000 since the previous report due to a reduction in bed numbers. The Council agreed a saving of £250,000 for this

budget in 2018/19.

c. Learning Disabilities: Projected £297,000 (4.33%) overspend

The projected overspend is £53,000 more than previously reported and comprises:

- A projected overspend on staff of £76,000 which is a reduction in spend of £11,000 since period 9.
- A projected overspend of £238,000 on client commitment costs, an increase of £15,000 since the last report. A Review Team is now in place within the service and they are currently reviewing all high cost packages within the service. The impact of these changes will be realised in 2018/19,
- Costs of £74,000 relating to the engagement process on the Learning Disability Review which has been offset by additional one off income which was reported in period 9.
- A projected shortfall in income of £10,000 mainly due to a reduction in the clients recharged to other local authorities which was reported in period 9,
- One off income of £392,000 has been received from another local authority related to a previously disputed package. The CMT has agreed that £321,000 of this is to be ear marked to fund 4 short term posts and engagement processes related to the Learning Disability redesign. The balance of £71,000 has been reflected in this report.

d. Physical & Sensory: Projected £101,000 (4.29%) underspend

The projected underspend is £71,000 more than previously reported and comprises:

- A projected underspend on staffing of £52,000 which is £16,000 more than previously reported due to delays in filling vacancies,
- A projected underspend of £16,000 on property costs based on actual spend to date,
- A projected overspend of £38,000 on client packages which is £22,000 less than previously reported due to a combination of change in packages and termination of services,
- A projected over-recovery of income of £76,000 relating to recharge of an employee to an external organisation, additional income from Health for client packages and service user income. This is an increase of £14,000 since period 9 report to Committee.

e. Assessment & Care Management: Projected £125,000 (7%) underspend

The projected underspend is £131,000 more than previously reported and comprises:

- A projected underspend on staffing of £105,000 which is £77,000 more than previously reported due to increased turnover and the transfer of budget for a Social Care Funded post to the EMR to fund this in 2018/19,
- A projected underspend of £34,000 within Self Directed Support implementation costs.

f. Mental Health: Projected £31,000 (2.43%) underspend

The projected underspend is £8,000 less than previously reported and comprises:

- A projected underspend on employee of £18,000 due to vacancies which is an increase of £12,000 since period 9 due to additional turnover,
- A £26,000 projected underspend on Administration costs, which is an increase in the underspend of £20,000 since period 9.
- A projected overspend on the costs of client packages of £15,000 which is £13,000 more than previously reported due to change in packages

There is additional spend relating to the Neil Street project which is fully funded by Health.

g. Addictions: Projected £221,000 (19.8%) underspend

The projected underspend is £27,000 more than previously reported and comprises:

- A projected underspend of £129,000 on employee costs due to vacancies. This has increased by £7,000 since the last report due to slippage in filling posts,
- A projected underspend on client costs of £70,000, a further increase in underspend of £7,000 since last reported mainly due to changes in client packages.

h. Homelessness: Projected £134,000 (16.39%) overspend

The projected overspend has decreased by £8,000 since previously reported and comprises:

- A projected overspend of £26,000 on security costs at the Inverclyde Centre,
- A projected overspend on voids of £20,000 which is a reduction in spend of £12,000 since

period 9,

- A projected overspend on bad debt provision of £74,000. Further work is currently being undertaken on arrears within the service,
- A projected shortfall in rental income from temporary accommodation of £37,000 which is partially offset by a projected underspend on rental payments for this type of accommodation.

i. Strategy & Support Services: Projected £23,000 (1.3%) underspend

The projected underspend has increased by £3,000 since previously reported and comprises underspend in Payments to Other Bodies as well as additional turnover savings achieved within Employee costs.

j. Business Support: Projected £491,000 (19.21%) underspend

The projected underspend is £185,000 more than previously reported and comprises:

- A projected overspend of £12,000 on Administration costs including telephones, printing and postage which is a reduction in spend of £8,000 since last reported to Committee due to additional budget from internal virements.
- A projected £22,000 underspend within Resource Transfer Inflation.
- A projected underspend of £466,000 in the early achievement of 2018/20 savings which is an increase of £152,000 to previously reported. £114,000 of this early achievement is to fund a post related to Learning Disability redesign for two years.

6.0 2017/18 CURRENT CAPITAL POSITION – (£745,000) Variance

6.1 The Social Work capital budget is £4,007,000 over the life of the projects with £1,703,000 originally projected to be spent in 2017/18, comprising:

- £841,000 for the replacement of Neil Street Children's Home,
- £760,000 for the replacement of Crosshill Children's Home,
- £56,000 for the completion costs associated with John Street, Gourrock.
- £46,000 for replacement of Hillend Sprinkler System

6.2 There is projected slippage of £745,000 (43.75%) being reported with the majority (£696,000) in connection with the Crosshill replacement project due to delay in completion of the Neil Street replacement project. Expenditure on all capital projects to 28 February is £958,000 (56.25% of revised budget) and this is anticipated to be the outturn position subject to the final year end accounting exercise. Appendix 4 details capital budgets.

6.3 Progress on the Neil Street Children's Home replacement (Cardross) is as follows:

- The building is now complete and handed over. Residents moved in on 12 January 2018.
- As previously reported to Committee, it should be noted that additional funding may be required in connection with the extended contract period however this will be subject to resolution of the current extension of time claim and agreement of the final account for the project.

6.4 Progress on the Crosshill Children's Home is as follows:

- Strategy involves the demolition of Crosshill upon vacant possession and completion of new Cardross facility.
- The former Neil Street Children's Home has been prepared as temporary decant accommodation for the Crosshill residents and they have now been decanted into the premises.
- Electrical Services disconnections at Crosshill were cancelled due to the severe weather and a revised date is awaited.
- Tenders for the demolition of the existing Crosshill building have been received and a Letter of Acceptance has been issued. Commencement on site is subject to the electrical services disconnection noted above.
- Planning application has been submitted for the new Crosshill building.
- Design has been progressed to Technical Design Stage (RIBA Stage 4) with a Staged building warrant submitted.
- Production drawings are in progress.
- The previously reported programme anticipated construction October 2017 to June 2018.

It should be noted that the projected delay in completion of the Neil Street replacement and the design review process requirement to address a budget gap on the Crosshill project has resulted in a delay to the programme with a construction phase now anticipated to commence 1st Quarter 2018 and with projected completion by the end of 1st Quarter 2019. Note that the delay to the disconnection of the electrical services may delay the commencement into the 2nd Quarter 2018.

6.5 Progress on the John Street project is as follows:

- Works are complete. Hand-over to Turning Point was 31 July 2017 and residents moved in on 14 August 2017.

6.6 Progress on the Hillend Centre sprinkler system installation is as follows:

- Internal installation complete.
- External works shuttering and trenching complete.
- Construction of concrete floor slab, installation of water tank and pump housing to be completed Friday 6 April 2018.
- Commissioning of full system Friday 6 April 2018.

7.0 EARMARKED RESERVES

7.1 At the Policy & Resources Committee on 20 September 2016 it was agreed that the Social Work Earmarked Reserves for 2016/17 be transferred to the IJB. The balance on the reserves at 31 March 2017 was £3,972,000. The reserves reported in this report are those delegated to the Council for spend in 2017/18. The opening balance on these is £1,352,000 with an additional £1,564,000 received for 2017/18 so the total reserves at period 11 are £2,916,000. To date £1,578,000 has been spent which is 81.13% of the projected 2017/18 spend, which is £73,000 more than the phased budget. The proposed transfers to Earmarked Reserves included in this report are not reflected in the appendix.

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

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

8.0 VIREMENT

8.1 There are no virements to report in period 11.

9.0 IMPLICATIONS

9.1 Finance

The majority of the £702,000 projected underspend has been accounted for in the 2018/19 budget - £466,000 relates to early achievement of 2018/19 savings agreed in 2017 and £258,000 relates to 2018/19 savings agreed in March, 2018. Therefore it can be seen that after adjusting for these items the 2018/19 Committee Budget remains under pressure.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

9.2 Legal

There are no specific legal implications arising from this report.

9.3 Human Resources

There are no specific human resources implications arising from this report

9.4 Equalities

Has an Equality Impact Assessment been carried out?

Yes See attached appendix

No This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

9.5 Repopulation

There are no repopulation issues within this report.

10.0 CONSULTATIONS

10.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

10.2 The CMT support the proposed transfers to earmarked reserves of £317,000 outlined in this report.

11.0 LIST OF BACKGROUND PAPERS

11.1 There are no background papers for this report.

Social Work Budget Movement - 2017/18

Period 11 1 April 2017 - 28 February 2018

Service	Approved Budget 2017/18 £000	Movements					Amended Budget 2017/18 £000	IJB Funding Income £000	Revised Budget 2017/18 £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000			
Children & Families	10,271	0	87	0	50	0	10,408	0	10,408
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	23,356	0	170	0	910	0	24,436	0	24,436
Learning Disabilities	6,416	0	15	0	422	(267)	6,586	0	6,586
Physical & Sensory	2,042	0	118	0	187	0	2,347	0	2,347
Assessment & Care Management	1,572	0	69	0	145	(50)	1,736	0	1,736
Mental Health	1,288	0	(170)	0	162	0	1,279	0	1,279
Addiction / Substance Misuse	1,062	0	13	0	27	0	1,102	15	1,117
Homelessness	787	0	15	0	17	0	818	0	818
Strategy & Support Services	1,870	0	(48)	0	(35)	0	1,787	0	1,787
Business Support	(1,243)	0	(320)	0	0	0	(1,563)	(1,900)	(3,463)
Totals	47,420	0	(53)	0	1,885	(317)	48,936	(1,885)	47,051

Supplementary Budget Detail

£000

External ResourcesInternal Resources

Additional Welfare Reform funding returned as SLAB funding extended

(62)

Corporate membership

(1)

Corporate allocation for telephone line rentals

10

Savings/Reductions(53)

Social Work**Revenue Budget Projected Outturn**

Period 11 1 April 2017 - 28 February 2018

2016/17 Actual	Subjective Analysis	Approved Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Outturn 2017/18 £000	Projected Over/ (Under) Spend £000	Percentage Variance
25,594	Employee costs	25,917	26,636	26,115	(521)	(1.96%)
1,195	Property costs	1,168	1,171	1,117	(55)	(4.67%)
931	Supplies & services	736	843	933	90	10.68%
446	Transport & plant	380	380	365	(16)	(4.14%)
868	Administration costs	757	790	767	(23)	(2.91%)
36,821	Payments to other bodies	36,446	37,751	38,180	429	1.14%
(15,128)	Income	(13,850)	(14,186)	(14,791)	(605)	4.27%
50,727		51,554	53,387	52,685	(702)	
(2,596)	Contribution from IJB	(4,134)	(6,019)	(6,019)	0	0.00%
	Transfer to EMR	0	(317)	(317)	0	
48,131	Social Work Net Expenditure	47,420	47,051	46,349	(702)	(1.49%)

2016/17 Actual	Objective Analysis	Approved Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Outturn 2017/18 £000	Projected Over/ (Under) Spend £000	Percentage Variance
10,158	Children & Families	10,271	10,408	10,265	(143)	(1.38%)
0	Criminal Justice	0	0	0	0	0.00%
23,465	Older Persons	23,356	24,436	24,439	3	0.01%
6,677	Learning Disabilities	6,416	6,853	7,149	297	4.33%
2,202	Physical & Sensory	2,042	2,347	2,246	(101)	(4.29%)
1,520	Assessment & Care Management	1,572	1,786	1,661	(125)	(7.00%)
1,122	Mental Health	1,288	1,279	1,248	(31)	(2.43%)
1,010	Addiction / Substance Misuse	1,062	1,117	896	(221)	(19.80%)
859	Homelessness	787	818	952	134	16.39%
1,698	Strategy & Support Services	1,870	1,787	1,764	(23)	(1.30%)
2,016	Business Support	2,891	2,556	2,065	(491)	(19.21%)
50,727		51,554	53,387	52,685	(702)	
(2,596)	Contribution from IJB	(4,134)	(6,019)	(6,019)	0	0.00%
	Transfer to EMR	0	(317)	(317)	0	
48,131	Social Work Net Expenditure	47,420	47,051	46,349	(702)	(1.49%)

Notes:

- 1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.
- 2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.

APPENDIX 3

Social Work

Material Variances

Period 11 1 April 2017 - 28 February 2018

2016/17 Actual	Budget Heading	Revised Budget 2017/18	Proportion of budget	Actual to 28/02/18	Projected Outturn 2017/18	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	
	Employee Costs						
7,705	Homecare	7,185	6,162	5,921	6,916	(269)	(3.74%)
2,508	Learning Disabilities	2,629	2,254	2,067	2,705	76	2.89%
827	Physical Disabilities	828	710	659	776	(52)	(6.28%)
1,437	Assessment & Care Management	1,734	1,487	1,327	1,627	(107)	(6.17%)
5,471	Children & Families	5,529	4,819	4,680	5,413	(116)	(2.10%)
1,212	Addictions	1,248	1,070	957	1,119	(129)	(10.34%)
19,160		19,153	16,502	15,611	18,556	(597)	(3.12%)
	Other Variances						
515	Children & Families - Kinship	555	509	589	621	66	11.89%
30	Children & Families - Section 29 & 30	59	55	28	30	(29)	(0)
88	Children & Families - Children & Young People Carers Act	103	94	37	50	(53)	(51.46%)
3,139	Older People - homecare external providers & domicilliary respite	3,498	3,176	3,164	3,819	321	9.18%
0	Older People - day services	284	260	210	261	(23)	(8.10%)
7,309	Learning Disabilities - client commitments on support packages	7,526	6,899	6,331	7,764	238	3.16%
0	Learning Disabilities - Other Local Authority income	0	0	0	(71)	(71)	(100.00%)
1,449	Physical Disabilities - client commitments on support packages	1,644	1,507	1,449	1,682	38	2.31%
(209)	Physical Disabilities - income	(108)	(99)	(151)	(184)	(76)	70.37%
0	Assessment Care & Management - Self Directed Support	40	37	6	6	(34)	(85.00%)
27	Mental Health - legal costs	47	43	20	27	(20)	(42.55%)
519	Addictions - client commitments on support packages	553	507	384	483	(70)	(12.66%)
94	Homelessness - bad debt provision	25	23	0	99	74	296.00%
103	Homelessness - voids	148	136	153	168	20	13.51%
(722)	Homelessness - rental income	(732)	(671)	(319)	(695)	37	(5.05%)
0	Homelessness - security costs	0	0	26	26	26	100.00%
(8)	Business Support - Resource Transfer inflation	103	94	0	81	(22)	(21.36%)
0	Business Support - early achievement of savings	969	0	0	503	(466)	(48.09%)
12,334		14,714	12,570	11,927	14,670	(44)	(0.30%)
31,494	Total Material Variances	33,867	29,072	27,538	33,226	(641)	(1.89%)

Social WorkCapital Budget 2017/18

Period 11 1 April 2017 - 28 February 2018

Project Name	Est Total Cost	Actual to 31/3/17	Approved Budget 2017/18	Revised Est 2017/18	Actual to 28/02/18	Est 2018/19	Est 2019/20	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Neil Street Childrens Home Replacement	1,991	1,069	841	823	823	99	0	0
Crosshill Childrens Home Replacement	1,914	47	760	64	64	1,086	717	0
Complete on site	56	0	56	46	46	10	0	0
Hillend Sprinkler	46	0	46	25	25	21	0	0
Social Work Total	4,007	1,116	1,703	958	958	1,216	717	0

Social WorkEar Marked Reserves

Period 11 1 April 2017 - 28 February 2018

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget to Period 11	Actual to Period 11	Projected Spend	Amount to be Earmarked for 2018/19 & Beyond	Lead Officer Update
		2017/18	2017/18	2017/18	2017/18	£000	
		£000	£000	£000	£000	£000	
Self Directed Support	Alan Brown	43	0	0	0	43	This supports the continuing promotion of SDS. No spend expected in 17/18 as the planned expenditure will be contained within the core SDS budget.
Growth Fund - Loan Default Write Off	Helen Watson	26	0	0	1	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Deferred Income	Louise Long	288	27	24	27	261	2017/18 is funding for the remaining six months of a transitions post. Funding carried forward is to fund Learning Disability redesign posts for 2018/20.
Integrated Care Fund	Louise Long	1,174	1,000	1,028	1,174	0	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Louise Long	825	307	321	481	344	Delayed Discharge funding has been allocated to specific projects in the Council and Health, including overnight home support and out of hours support.
Veterans Officer Funding	Helen Watson	27	12	0	12	15	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils. Invoice received & paid in period 12.
CJA Preparatory Work	Sharon McAlees	125	45	47	65	60	This reserve is for two years to cover the preparatory work required for the changes due in Community & Criminal Justice.
Welfare Reform - CHCP	Andrina Hunter	43	43	21	21	22	Balance of funding to be used for case management system. Costs will be incurred over 3 year period.
Transport Development Officer	Yvonne Campbell	70	35	12	12	58	Funding was for two year post which was to be hosted by voluntary sector (CVS) to progress social transport review. Work will now be incorporated within another CVS post, and no further expenditure will be incurred. Balance of funding will be transferred to IJB General Reserves.
Swift Upgrade	Helen Watson	118	36	34	42	76	One year post to progress replacement client information system for SWIFT.
LD - Integrated Team Leader	Joyce Allan	121	0	47	54	67	Two year post to develop the learning disability services integration agenda.
John Street	Joyce Allan	56	0	44	56	0	Balance of costs for John St works
Total Category A		2,916	1,505	1,578	1,945	971	

Report To: Health and Social Care Committee **Date:** 26 April 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report** SW/29/2018/HW

Contact Officer: Helen Watson **Contact No:** 01475 715285
Head of Strategy and Support
Services

Subject: Planning and Delivering Care and Treatment across the West of
Scotland

1.0 PURPOSE

- 1.1 To update the Committee on the progress made towards the development of a West of Scotland Regional Plan for health and social care services.

2.0 SUMMARY

- 2.1 The Scottish Government has commissioned three Regional Delivery Plans that consider Scotland in a context of regions (North, East and West). Inverclyde sits within the West Region, which covers 5 NHS Territorial Boards; 16 Local Authorities; 15 Health and Social Care Partnerships, and the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the services where improvement should be focused on a national basis including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.
- 2.2 This approach supports the development of a clearer and more nationally consistent picture of what the NHS and Social Work Services can and should deliver. It also supports the principles of shared services which, if organised efficiently, can potentially deliver significant reductions in back-room costs.
- 2.3 The Regional Plans are being established to take forward the National Clinical Strategy for Scotland, published in February 2016, and are to be in place by April 2018. The National Clinical Strategy aims for greater clarity around the organisation of health services in communities and in hospitals, with more focus on clinical excellence (including the development of regional or national specialisms), and less emphasis on buildings and traditional attachments to them.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note progress made towards the development of a West of Scotland Regional Plan for health and social care services.

Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

4.1 The Scottish Government has commissioned three Regional Delivery Plans that consider Scotland in a context of regions (North, East and West). Inverclyde sits within the West Region, which covers 5 NHS Territorial Boards; 16 Local Authorities; 15 Health and Social Care Partnerships, and the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the services where improvement should be focused on a national basis including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

4.2 Officers from the HSCP have been involved in a series of workshops, with a view to clarifying the context of the Regional Plan alongside the HSCP Strategic Plan; the Local Outcome Improvement Plan (LOIP); Inverclyde Council's strategic priorities and NHSGGC's overarching Clinical Services Strategy.

4.3 Regional Planning work so far has identified seven key settings for the delivery of care, specifically:

- **Home** - Care will be provided within people's homes allowing people to experience a "holistic" care model including their living environment and social interactions. Care in the home will promote self-care and self-management, supported by technology.
Inverclyde's Home 1st services are entirely in line with these principles.
- **Community** (GP Practices and GP Clusters) – Community services include a range of statutory and non-statutory access points. GP consultations will support management of patients with multiple morbidity, supported by enhanced GP practice teams, and health centres are based in the community and provide ambulatory care which may be medical, surgical or paediatric.

Inverclyde was a national pilot site for New Ways of Working, therefore GP Clusters are firmly embedded and there is a firm foundation locally, upon which to build.

- **Elective Centre** – These are hospitals which do not provide urgent and emergency care services but specialise in planned care.

The Inverclyde Royal Hospital (IRH) currently provides both planned and unplanned care.

- **District General Hospital (DGH)** - A DGH provides urgent and emergency services to its local population. It will have the ability to stabilise and transfer patients to an acute or regional centre if necessary through well-developed pathways. It will also offer a range of diagnostic, outpatient, day case and elective services, which may vary from site to site.

The DGH model is similar to the current operational model of the IRH.

- **Acute DGH with Trauma Unit** - In addition to DGH services, an acute DGH with trauma unit provides urgent and emergency services to its local population. It will be able to manage the majority of emergency cases. It will offer 24/7 consultant delivered emergency care and emergency surgery, and it will also offer a range of diagnostic, outpatient, day case and elective services, which may vary from site to site.

The NHSGGC Clinical Service Strategy proposes three such sites, namely the Queen Elizabeth University Hospital, the Glasgow Royal Infirmary and the Royal Alexandra Hospital.

- **Regional Hospital with Major Trauma Centre (MTC)** - A regional hospital provides specialist urgent and emergency care for the whole of the West of Scotland, it includes

a major trauma centre, and will also act as the DGH and major DGH for its local population. It will support the network model of delivery by providing expertise, advice or receiving patients where necessary

This would be hospital care on a very large scale, such as the Queen Elizabeth University Hospital.

- **Specialist Hospitals** - These are hospitals which provide specialist treatment for a population larger than their local catchment area. They can be co-located within other types of hospitals or smaller units within other hospitals

Examples would include the Golden Jubilee Hospital which specialises in heart and lung, or the Eye Infirmary which forms part of the Gartnavel Hospitals campus.

- 4.4 Defining these care settings and being explicit about what will be delivered there helps all stakeholders to understand what they should expect from each of the settings, and perhaps just as importantly, what they should not expect.

5.0 NEXT STEPS

- 5.1 The different elements of care described above set a context for creating more clearly defined patient pathways to support the principles of the right care, in the right place, from the right professional and at the right time. Achieving this requires strong interfaces and clear handovers between all of the different elements. All of the partners will need to assess their readiness for this level of integrated working.
- 5.2 Research from around the world has identified eight core ingredients for integrated care, described under three general headings.

Supporting people to be healthy and independent	Empower self-care and self-management	Support people and their carers to take control of the improvement, maintenance and recovery of their health and wellbeing. Promote individual management of care using education, carer support and peer involvement.
	Suitable living environment, meaningful activity and social integration	Work to ensure people have a place to live and meaningful activities to do that will preserve long-term health & wellbeing. Includes housing support and improvements, third sector mobilisation of community assets, befriending and employment support.
	Coordinated care and support planning with multi-disciplinary teams	People will be supported to create holistic care plans and crisis (anticipatory/advance) plans in accordance with their wishes and the principles of realistic medicine/care.
Coordinated care for people who need it	Integrated care in or close to the home	Person centered, coordinated care and support, provided by a multi-disciplinary team (MDT), according to the person's individual care and support needs and plan.
	Single point of access	A single signposting point linked to any entry route for a person, carer, community health & care staff or NHS acute staff to support people with their care.
	Rapid Response	The ability within an MDT to respond rapidly to a crisis or unexpected care need

		(physical, psychological or social) that left unattended would result in rapid deterioration or hospital admission.
	Transferring care, recovery and reablement	A pro-active, anticipatory service designed to target those people who are fit for discharge/transfer of care out of facilities, no longer requiring an inpatient bed, but still needing some level of care to prevent their health from deteriorating.
Supporting services	Access to expert opinion and timely access to diagnostics	The ability for health care professionals to access a specialist opinion (relating to physical, psychological or social need) in the community setting and where appropriate, a specialist triage for diagnostics. Access to diagnostic services and the ability to ensure diagnostic results are full and timely.

5.3 Officers will undertake a self-assessment exercise with a view to gaining a clear and shared understanding of our current position in respect of these aspects. This will also identify any areas where further development might be needed.

6.0 IMPLICATIONS

Finance

6.1 None at this stage.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.2 Legal

None at this stage.

6.3 Human Resources

None at this stage.

6.4 Equalities

None at this stage.

6.5 Repopulation

None at this stage.

7.0 CONSULTATIONS

7.1 The West of Scotland Regional Planning Team is committed to full engagement and consultation with all stakeholders.

8.0 LIST OF BACKGROUND PAPERS

There are no specific background papers.

Report To: Health and Social Care Committee **Date:** 26 April 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
SW/27/2018/SMcA

Contact Officer: Sharon McAlees
Head of Service **Contact No:** 715282

Subject: Big Lottery: Early Action Systems Change Fund

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of the outcome of a submission made to the Big Lottery Early Action System Change Fund.

2.0 SUMMARY

- 2.1 On 2nd October 2017, the Health and Social Care Partnership completed an Expression of Interest for the Early Action Systems Change Fund hosted by the Big Lottery in the area of Women and Criminal Justice, which was one of the three designated themes.
- 2.2 The purpose behind the Early Action Systems Change is to help make a fundamental shift towards effective early intervention in Scotland. The Fund recognises that to achieve this, systems of services and support that are in place now will have to change. The grants, where successful, are intended to fund the first steps towards this change.
- 2.3 The Inverclyde HSCP submission aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, ensuring their voices shape how the HSCP moves forward. The ambition is to provide women with the support they need at a time and in a way that is right for them.
- 2.4 There were two competitive stages to the assessment and application process, the first involved a Funding Officer visit to meet with key partners and to talk through in detail the feasibility of the proposal. The Inverclyde HSCP visit took place on 6th December 2017. Thereafter a further sift occurred, with a limited number of applicants being invited to present to the decision making panel early March 2018. Inverclyde HSCP gave its presentation on 6th March 2018.
- 2.5 On 8th March 2018, Inverclyde HSCP was advised that it had been successful and that formal communication of this would be announced on 5th April with an accompanying press briefing.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Health and Social Care Committee:

- a. Notes the content of the report and approves the strategic direction presented within the Early Action Systems Change submission.
- b. Requests a further report that updates how the HSCP is progressing with the project.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Commission on Women Offenders (2012) provided a catalyst which re-energised the debate on the specific impact of the criminal justice system on the lives of women. It championed the establishment of Women's Centres, aimed at improving consistent access to a range of specific services focused on the needs of women.
- 4.2 From the HSCP's own work with women involved in the criminal justice system, the top four issues affecting women were found to be:
- Relationships
 - Domestic Abuse
 - Mental Health
 - Social Isolation
- 4.3 This work has also shown that many of the women supported have been visible to services for many years and their trajectory recognised. Their reason for engaging with services often relates to high levels of vulnerability and complex needs, rather than presenting a high risk of harm to others. In addition, their engagement with services is typically crisis driven and chaotic.
- 4.4 This suggests that a broader conversation is needed, one which is not limited solely by a focus on justice. Indeed it points to a radical shift being required to the lens applied to women in the justice system, to one that encompasses a public health perspective and requires a whole systems approach.
- 4.5 This experience has been further supported by work undertaken by the Inverclyde Community Justice Partnership, within which the HSCP has a leadership role. Here, through profile and data analysis a picture is beginning to be built up of how current systems and structures, more broadly, constrain early help. The Partnership's recent work in the area of domestic abuse is one illustration of this.
- 4.6 It is within this context that the HSCP, supported by the Inverclyde Community Justice Partnership, decided to express its interest in making a grant application to the Big Lottery Early Action System Change Fund in the area of Women and Criminal Justice. The purpose behind the Fund is to help make a fundamental shift towards effective early intervention in Scotland. Applications are required to demonstrate a commitment which embraces approaches that are: people-led, strength-based and connected.
- 4.7 The Inverclyde submission looks to develop a local response to the needs of women that captures and builds on the evidence from the Commission on Women Offenders. The aim is to provide non-stigmatising, whole systems support to Inverclyde's most vulnerable women as early as possible and in ways that reflects what women tell us they need.
- 4.8 Following a competitive assessment and application process, the HSCP was advised on 8th March 2018 that its application for £607,250, with an additional £75,000 test of change monies had been successful. This will be formally communicated by the Big Lottery on 5th April with an accompanying press briefing. The Inverclyde submission has been chosen to be one of the applications that will be highlighted in the briefing.

5.0 PROPOSALS

5.1 The funding secured covers a five year period and is split into two parts. The first is awarded to develop and research a plan for service redesign and the second part is awarded to begin transition and implementation and is conditional on developing a viable and adequately funded design for services. The Inverclyde submission proposed employing three staff (a project manager, a community worker and a graduate apprentice) to provide additional capacity to bring about this whole system change.

5.2 The intermediate goals for the project are:

Connected: Clear understanding of how women currently engage or not with services and the wider community.

Strength Based: A data informed understanding of women's experiences in Inverclyde.

People Led: Co-design pathways to better meet the needs of women built on improved partnership working and community engagement.

6.0 IMPLICATIONS

Finance

6.1 Projects are expected to realise a shift in their organisational expenditure from acute services to early action approaches of somewhere in the region of 5%.

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

Legal

6.2 There are no specific legal implications in respect of this report.

Human Resources

6.3 The grant will fully fund the three posts identified in the submission. Finance colleagues having been involved in the costings of these, and the posts themselves will be temporary in nature.

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.

Repopulation

6.5 There are no specific repopulation issues.

7.0 CONSULTATION

7.1 Both statutory and third sector partners were consulted and in some instances directly participated in the assessment and application process of the HSCP submission.

8.0 BACKGROUND PAPERS

8.1 None

Report To: Health & Social Care Committee **Date:** 26 April 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** SW/32/2018/HW

Contact Officer: Helen Watson, Head of Strategy
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Subject: WELLPARK BUILDING WORKS

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Health and Social Care Committee on proposed building works in relation to staff accommodation within the Wellpark Building.

2.0 SUMMARY

2.1 The proposal is to carry out building works within Wellpark Centre to be able to relocate 67 members of staff within the Drugs Team currently based at Cathcart Centre. The colocation of Drugs Team staff alongside the Alcohol Services will support the development of a fully integrated Addictions Service.

2.2 We are currently reviewing all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population including the current HSCP service delivery, 3rd sector delivery and any other delivery by other relevant partners.

2.3 The other HSCP team based in Cathcart Centre is the Community Learning Disabilities Team and they are programmed to move to Port Glasgow Health Centre late autumn. Cathcart Centre is due to be closed by 2021 as part of the new Greenock Health and Care Centre project and associated team moves. This proposal would allow for that building to be freed up earlier, releasing some non-recurring money for essential maintenance work in Inverclyde.

2.4 The co-location of the HSCP team supports the review of the Alcohol and Drugs Service and will support achievement of £40k saving.

3.0 RECOMMENDATION

3.1 It is recommended that the Health and Social Care Committee approves the works that require to be carried out in Wellpark to accommodate additional staffing and associated clinical activity.

4.0 BACKGROUND

- 4.1 Cathcart Centre in Greenock is a Health Board owned building which is due to be closed by 2021 as part of the new Greenock Health Centre project and associated team moves. This proposal to carry out some additional works within Wellpark Centre would accommodate staff from Cathcart Centre who would be co-located alongside the Alcohol services team which will enhance a greater integrated service. The proposal will also allow Cathcart Centre to be freed up earlier, releasing some non-recurring money for essential maintenance work in Inverclyde.
- 4.2 There are 103 staff currently based at Cathcart Centre, 67 within the Drugs Team and 36 within the Community Learning Disabilities Team (CLDT). These teams would be better located elsewhere to allow greater integration of services.
- 4.3 We are currently reviewing all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population including the current HSCP service delivery, 3rd sector delivery and any other delivery by other relevant partners.
- 4.4 Through the review we will look to develop options for a new model of working with a fully integrated pathway across drugs and alcohol which meets a common set of core professional and practice objectives. This will include focus on current/ future demands related to emerging factors e.g. national policy; resource allocations; ageing population; new and emerging drug trends and also treatments.
- 4.5 The co-location of the Alcohol and Drugs Team will support phase 2 of the addiction review. The review is currently scoping the current provision and redesigning the model of service delivery. The review will achieve £40k saving.

5.0 PROPOSAL

5.1 Phase 2 Drugs Team moving to Wellpark – by November 2018

There are 67 staff within the Drugs Team currently based within Cathcart Centre. It is proposed that these staff are moved earlier than originally intended on a permanent basis to Wellpark. This move will allow for better integration with the other local services and free up Cathcart Centre and associated facilities costs earlier than originally planned.

These staff would be moving from a Health owned building to a Council owned building. There would be some work required to the Wellpark building to make it fit for the new purpose. The costs of that work are estimated at £115k and would be covered from the use of the IJB Earmarked Reserve created by the Social Care Fund underspend in 2016/17.

6.0 IMPLICATIONS

Finance

- 6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Wellpark Capital	Capital Works	2018/19	115	Earmarked Reserves	

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

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

Equalities

6.4 Has an Equality Impact Assessment been carried out? Equality Impact Assessments have been carried out on the relevant plans that underpin the HSCP Strategic Plan.

	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 CONSULTATION

7.1 This report has been prepared by the Head of Strategy & Support Services. The Chief Officer and Chief Financial Officer have been consulted.

8.0 LIST OF BACKGROUND PAPERS

8.1 None