Inverclyde council
Municipal Buildings, Greenock PA15 1LY

Ref: SL/KB

Date: 9 August 2018

A meeting of the Health & Social Care Committee will be held on Thursday 23 August 2018 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

1.	**Apologies, Substitutions and Declarations of Interest**	
2.	**Presentation – Corporate Parenting**	
PERFORMANCE MANAGEMENT		**Page**
3.	**Revenue and Capital Budget Report – Outturn 2017/18 and 2018/19 Revenue Outturn Position as at 30 June 2018** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	**p**
NEW BUSINESS		
4.	**LD Redesign – Progress Report August 2018** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5.	**Review of Addictions Services** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6.	**Inverclyde Community Justice Partnership Annual Report 2017-2018** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

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

Inverclyde council

AGENDA ITEM NO: 3

Report To:	**Health & Social Care Committee**	**Date:**	**23 August 2018**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership** **Alan Puckrin** **Chief Financial Officer**	**Report No:**	**FIN/78/18/AP/FMcL**
Contact Officer:	**Fiona McLaren**	**Contact No:**	**01475 712652**
Subject:	**Revenue & Capital Budget Report – Outturn 2017/18 and 2018/19 Revenue Outturn Position as at 30 June 2018**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee on the outturn of the 2017/18 revenue budget and of the projected outturn on revenue and capital for 2018/19 as at 30 June 2018. The 2017/18 outturn is provisional subject to the audit of the year end accounts.

2.0 SUMMARY

2017/18

2.1 In 2017/18 the Social Work revised budget was £46.132 million with an underspend of £434,000, which is a decrease in the underspend of £267,000 since the period 11 monitoring report. The main elements of the underspend, which have been previously reported, are:

- Vacancies in internal homecare of £277,000 offsetting the overspend in external homecare below,
- Vacancies and turnover in other services of £398,000,
- Underspends within Children & Families on the Children & Young People Act (£53,000) and other expenditure (£42,000),
- An early achievement of 2018/20 savings of £173,000 which is £293,000 less than reported at period 11, as funding has been set aside to fund capital works at the Fitzgerald Centre and the Wellpark Centre in 2018/19.

Offset in part by:

- An overspend of £267,000 in external Homecare due to increased hours as more people are cared for in their own home and also offsetting the internal vacancies above,
- An overspend of £187,000 in Learning Disabilities on client care packages.

2018/19

2.2 A budget of £53,779,000 has been delegated by the Integration Joint Board (IJB), which includes £5,985,000 of Social Care funding. The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. As at period 3 there is a projected underspend of £111,000.

2.3 It should be noted that the 2018/19 budget includes agreed savings for the year of £1,555,000. At period 3 there is a projected over-recovery of £80,000 on the agreed savings.

2.4 The Social Work 2018/19 capital budget is £1,456,000, with spend to date of £46,000. Expenditure equates to 3.4% of the revised budget.

2.5 The balance on the IJB reserves at 31 March 2018 was £5,795,000. The reserves reported in this report are those delegated to the Council for spend in 2018/19. The opening balance on these is £1,241,000 with an additional £706,000 received for 2018/19, totalling £1,947,000 at period 3.

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 & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care.

2.7 It should be noted that any underspend will be retained by the IJB in line with the approved Funding Agreement and any overspends will be met by the IJB.

3.0 RECOMMENDATIONS

3.1 That the Committee notes the 2017/18 revenue budget outturn underspend of £434,000.

3.2 That the Committee notes that the underspend at the 2017/18 year end will be retained by the IJB.

3.3 That the Committee notes the projected current year revenue outturn on budget at 30 June 2018.

3.4 That the Committee approves the virements listed in Appendix 6.

3.5 That the Committee notes the current projected capital position.

3.6 That the Committee notes the current Earmarked Reserves position.

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

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the 2017/18 revenue outturn position, the current position of the 2018/19 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2018/19 projected £111,000 underspend. The 2017/18 outturn is provisional subject to the audit of the year end accounts.

5.0 2017/18 REVENUE OUTTURN: £434,000 (0.94%) underspend

5.1 The table below sets out the 2017/18 outturn to budget for Social Work and the movement in projected spend since last reported to the Health & Social Care Committee at period 11 to 28 February 2018.

5.2

	Revised Budget 2017/18	**Outturn 2017/18**	**Variance to Budget**		**Movement since Period 11**
	£000	**£000**	**£000**	**%**	**£000**
Children & Families	10,408	10,278	(130)	(1.24)	14
Criminal Justice	0	0	0	0	0
Older People	24,436	24,463	26	0.11	23
Learning Disabilities	6,853	7,053	200	2.92	(97)
Physical & Sensory	2,347	2,196	(151)	(6.43)	(50)
Assessment & Care Management	1,723	1,613	(109)	(6.35)	16
Mental Health	1,279	1,215	(64)	(5.00)	(33)
Addictions/ Substance Abuse	1,117	1,003	(114)	(10.21)	107
Homelessness	818	966	148	18.10	14
Planning, Health Improvement & Commissioning	1,787	1,740	(47)	(2.61)	(23)
Business Support	2,533	2,339	(194)	(7.67)	297
	53,301	**52,867**	**(434)**		**267**
Social Care Fund	(5,980)	(5,980)	0	0	0
Transfers to EMRs	(1,190)	(1,190)	0	0	0
Net expenditure	**46,132**	**45,698**	**(434)**	**(0.94)**	**267**

5.3 The material variances are identified per service below:

a. **Children & Families: £130,000 (1.24%) underspend**
The projected underspend is £14,000 less than reported previously and comprises:

- A net underspend of £93,000 on employee costs, which is £23,000 less than previously reported. There is an overspend in residential accommodation where there is a requirement for certain staffing levels, but this is 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 £55,000 which is a decrease of £5,000 since last reported,
- An overspend of £53,000 on kinship costs due to increased numbers of clients. This is a decrease of £13,000 since period 11,
- An underspend of £53,000 on the Children and Young People Act which was reported in period 11,
- Respite costs were overspent by £18,000 which was £12,000 less than previously reported due to a reduction in the nights actually used.

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 opening balance on the reserve was £925,000, however the Health & Social Care 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 which will be incurred in 2018/19. At the year end there was a net underspend of £261,000 on children's external residential accommodation, adoption and fostering which has been added to the Earmarked Reserves at the end of the year, resulting in a carry forward balance of £880,000.

b. **Older People: £26,000 (0.11%) overspend**

The overspend is £23,000 more than reported at period 11 and comprises:

- An underspend on homecare staff of £277,000, an increase in the underspend of £8,000 since last reported due to additional turnover,
- An overspend on external homecare of £267,000. 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 a decrease in the overspend of £54,000 since previously reported due to a reduction in the actual hours used,
- A projected underspend of £25,000 on external Day Services,
- An overspend of £60,000 relating to payments which were to be funded from the Delayed Discharge EMR but which were funded from core instead at the year end.

A new Earmarked Reserve was set up for residential & nursing accommodation. The opening balance on the reserve was £250,000. At the year end there was a net underspend of £246,000 on residential & nursing accommodation which has been transferred to the Earmarked Reserve, resulting in a carry forward of £496,000. The Council agreed a saving of £250,000 for this budget in 2018/19.

c. **Learning Disabilities: £200,000 (2.92%) overspend**

The overspend is £97,000 less than previously reported and comprises:

- An underspend on staff of £81,000 which is a reduction in spend of £157,000 since period 11 as the costs to transfer to the EMR for the Learning Disability review post have now been met by early achievement of 2018/20 savings under Business Support,
- An overspend of £187,000 on client commitment costs, a decrease of £51,000 since the last report due to changes in packages. 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,
- Funding for the capital costs of £140,000 for the Fitzgerald Centre in 2018/19 have been transferred to an EMR at the year end,
- Additional income for support services at the year end has resulted in income being on budget rather than the potential shortfall of £10,000 which was reported at period 11,
- One off income of £392,000 has been received from another local authority related to a previously disputed package. The CMT 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: £151,000 (6.43%) underspend**

The projected underspend is £50,000 more than previously reported and comprises:

- An underspend on staffing of £49,000 due to delays in filling vacancies,
- Client packages have outturned on budget, which is a reduction of £38,000 since period 11 due to a combination of change in packages and termination of services,
- An over-recovery of income of £118,000 due to recharges to an external organisation, additional income from Health for client packages and service user income. This is an increase of £42,000 since the period 11 report to Committee.

e. **Assessment & Care Management: £109,000 (6.35%) underspend**

The projected underspend is £14,000 less than previously reported and comprises:

- An underspend on staffing of £52,000 due to turnover,
- A net underspend of £22,000 on recharges to & from Health due to a change in the Head of Service during the year,
- An underspend of £33,000 within Self Directed Support implementation costs.

f. **Mental Health: £64,000 (5.00%) underspend**

The projected underspend is £33,000 more than previously reported and comprises:

- An underspend on employee of £14,000 due to vacancies which is a decrease of £4,000 since period 11 due to posts being filled sooner than anticipated,
- A £31,000 projected underspend on administration costs, mainly in relation to legal expenses during 2017/18,
- An overspend on the costs of client packages of £15,000,
- An underspend of £24,000 in relation to payments to other bodies and grants,
- Additional income of £11,000 in relation to the Neil Street project, which was not forecast at period 11.

g. **Addictions: £114,000 (10.21%) underspend**

The projected underspend is £107,000 less than previously reported and comprises:

- An underspend of £134,000 on employee costs due to vacancies,
- An underspend on client costs of £99,000, a further increase in underspend of £29,000 since last reported mainly due to changes in client packages,
- Funding for the capital costs of £120,000 for the Wellpark Centre in 2018/19 have been transferred to an EMR at the year end.

h. **Homelessness: £148,000 (18.10%) overspend**

The projected overspend has increased by £14,000 since previously reported and comprises:

- An overspend of £26,000 on security costs at the Inverclyde Centre,
- An underspend of £21,000 on rents paid due to a decrease in the number of temporary accommodation properties in the year,
- An overspend on voids of £13,000 which is a reduction in spend of £7,000 since period 11,
- An overspend on bad debt provision of £113,000, which is an increase of £39,000 since previously reported. Work continues to be undertaken on arrears within the service,
- A shortfall in rental income from temporary accommodation of £12,000 which is £25,000 less than previously reported.

i. **Planning, Health Improvement & Commissioning: £47,000 (2.61%) underspend**

The projected underspend has increased by £24,000 and comprises:

- An underspend on employee costs of £18,000,
- An underspend of £11,000 on payments to other bodies,
- An over-recovery of £27,000 on income, mostly due to a one off recharge of staff.

j. **Business Support: £194,000 (7.67%) underspend**

The projected underspend is £297,000 less than previously reported and comprises:

- An underspend of £18,000 on employee costs due to equal pay adjustments,
- Office accommodation recharges are £13,000 less than budgeted while insurance recharges are £35,000 more than budgeted,
- Administration costs have out-turned on budget which is £12,000 less than projected at period 11 due to usage being less than anticipated,
- A £22,000 underspend within Resource Transfer Inflation,
- An underspend of £173,000 in the early achievement of 2018/20 savings which is a decrease of £293,000 since previously reported. This has been used to fund future spend on continuous care and learning disability review which has been set aside in an ear marked reserve.

6.0 2018/19 CURRENT REVENUE POSITION : Projected £111,000 underspend (0.23%)

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 £79,000 (0.76%) overspend**

The projected overspend on employee costs mainly relates to residential accommodation where there is a requirement for certain staffing levels. This is a continuing pressure area.

Any over/ underspends on adoption, fostering, kinship 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 figures. The balance on the reserve is £880,000. At period 3 there is a projected net overspend of £416,000 on children's external residential accommodation, adoption, fostering and kinship which would be funded from the Earmarked Reserves at the end of the year it if continues.

A new Earmarked Reserve has been set up for 2018/19 as a smoothing reserve in relation to continuing care placements. The opening balance on this reserve is £500,000. This will be utilised in conjunction with the residential accommodation element of the adoption, fostering, kinship and children's external residential accommodation Earmarked Reserve.

b. **Older People: Projected £78,000 (0.31%) underspend**
The projected underspend comprises:
- A projected underspend on Homecare employee costs of £134,000 mainly due to additional turnover savings being achieved due to vacant posts. This has been partly offset by an increase in external homecare costs,
- Projected overspends totalling £32,000 within employee costs in other Older People services due to turnover targets not yet being met,
- A projected overspend on external homecare of £62,000 offset by an underspend in employee costs as mentioned above,
- A projected underspend of £48,000 on Day Care payments to other bodies based on current client commitments.

Any over / underspends on residential & nursing accommodation are transferred from /to the Ear Marked Reserve at the end of the year. These costs are not included in the above figures. The balance on the reserve is £496,000. At period 3 there is a projected underspend of £80,000 on residential & nursing accommodation which would be transferred to the Earmarked Reserve at the end of the year if it continues.

c. **Learning Disabilities: Projected £10,000 (0.14%) overspend**
The projected overspend is mainly due to overspend on employee costs resulting from an increase in overtime and travel and partially offset by an over-recovery on the turnover target.

d. **Physical & Sensory: Projected £27,000 (1.2%) overspend**
Overspend mainly relates to employee costs turnover target not yet being met.

e. **Assessment & Care Management: Projected £12,000 (0.58%) overspend**
Overspend mainly relates to employee costs turnover target not yet being met.

f. **Mental Health: Projected £99,000 (8.49%) underspend**
The underspend relates to a refund to be received from an external provider relating to previous years provision.

g. **Addictions: Projected £66,000 (6.76%) underspend**
The projected underspend consists mainly of an over-recovery of turnover target on employee costs due to vacancies of £53,000 and further underspends within sessional and travel costs of £18,000.

h. **Homelessness: Projected £19,000 (2.37%) overspend**
The projected overspend consists of a projected overspend of £33,000 on employee costs due to turnover target not being met offset by a projected underspend of £14,000 on client packages.

i. **Business Support: Projected £22,000 (1.11%) underspend**
Underspend mainly due to employee costs turnover target being over-recovered by £27,000.

7.0 2018/19 CURRENT CAPITAL POSITION

7.1 The Social Work capital budget is £2,320,000 over the life of the projects with £1,364,000

projected to be spent in 2018/18, comprising:

- £1,043,000 for the replacement of Crosshill Children's Home,
- £33,000 for the installation of the Hillend Sprinkler System,
- £125,000 for the interim upgrade of the Fitzgerald Centre,
- £105,000 for the alterations to the Wellpark Centre,
- £58,000 for projects complete on site.

7.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents who were decanted earlier this year.
- The demolition of the existing Crosshill building is almost complete.
- Planning approval has been granted for the new building and first stage building warrant has been approved.
- Tender documents for the main project had been issued and returned in late June however the tender returns included a significant number of qualifications and, as such, it was not possible to proceed to acceptance. Tender documents were re-issued at the end of June, have been returned and are currently being assessed.
- The previously reported programme position indicated a site start may be possible in the 2nd Quarter 2018; the issues with the tender and re-issue will impact on the overall programme with a site start now projected in the 3rd Quarter 2018 and completion in early 3rd Quarter 2019.

7.3 Neil Street Children's Home replacement (Cardross):
As previously reported to Committee, it should be noted that additional funding may be required in connection with the project and the extended contract period. This remains subject to resolution of the extension of time claim and agreement of the final account for the project, negotiations on which are ongoing.

7.4 Hillend Centre Sprinkler System: Works were certified complete on 4th June.

7.5 Fitzgerald Centre Interim Upgrade:

- The works involve partial refurbishment and upgrading including personal care areas of the building to facilitate the transfer of the McPherson Centre users.
- The works are being undertaken in phases to minimise disruption to the existing Centre. Phases 1 and 2 are complete with the final phase underway targeting completion by the end of July.

7.6 Wellpark Centre Internal Alterations:

- The works involve the remodelling of part ground and first floors to facilitate the co-location of Drugs Team staff and the Alcohol Services supporting the development of a fully integrated Addictions Service.
- The Service are currently finalising the arrangements for phasing and access for the works.
- Building warrant submission is imminent.
- Target programme is commencement in October 2018 to complete December 2018 subject to statutory approvals and finalised access/phasing plan.

8.0 EARMARKED RESERVES

8.1 The balance on the IJB reserves at 31 March 2018 was £5,795,000. The reserves reported in this report are those delegated to the Council for spend in 2018/19. The opening balance on these is £1,241,000 with an additional £706,000 received for 2018/19, totalling £1,947,000 at period 3.

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

- Children's Residential Care, Adoption, Fostering & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care.

9.0 VIREMENT

9.1 Appendix 6 details the virements that the Committee is requested to approve. The virements have been reflected in the report.

10.0 IMPLICATIONS

10.1 Finance

All financial implications are discussed in detail within the report above

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					

10.2 Legal

There are no specific legal implications arising from this report.

10.3 Human Resources

There are no specific human resources implications arising from this report

10.4 Equalities

Has an Equality Impact Assessment been carried out?

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

10.5 Repopulation

There are no repopulation issues within this report.

11.0 CONSULTATIONS

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

12.0 LIST OF BACKGROUND PAPERS

12.1 There are no background papers for this report.

APPENDIX 1

Social Work Budget Movement - 2018/19

Period 3 1 April 2018 - 30 June 2018

Service	Approved Budget 2018/19 £000	Movements: Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000	Amended Budget 2018/19 £000	IJB Funding Income £000	Revised Budget 2018/19 £000
Children & Families	10,429	0	44	0	0	0	10,474	0	10,474
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	24,647	0	(5)	0	0	0	24,642	0	24,642
Learning Disabilities	7,143	0	(19)	0	0	0	7,124	0	7,124
Physical & Sensory	2,338	0	19	0	0	0	2,357	0	2,357
Assessment & Care Management	2,048	0	5	0	0	0	2,053	0	2,053
Mental Health	1,168	0	0	0	0	0	1,168	0	1,168
Addiction / Substance Misuse	973	0	0	0	0	0	973	0	973
Homelessness	801	0	0	0	0	0	801	0	801
Strategy & Support Services	1,815	0	(44)	0	0	0	1,770	0	1,770
Business Support	(3,567)	0	0	0	0	0	(3,567)	0	(3,567)
Totals	47,794	0	0	0	0	0	47,794	0	47,794

Supplementary Budget Detail

	£000
External Resources	
Internal Resources	
Savings/Reductions	
	0

APPENDIX 2

Social Work

Revenue Budget Projected Outturn

Period 3 1 April 2018 - 30 June 2018

2017/18 Actual £000	Subjective Analysis	Approved Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Outturn 2018/19 £000	Projected Over/ (Under) Spend £000	Percentage Variance
25,962	Employee costs	26,297	27,287	27,329	42	0.15%
1,130	Property costs	1,105	1,112	1,106	(6)	(0.55%)
967	Supplies & services	837	906	953	48	5.25%
371	Transport & plant	380	380	386	6	1.51%
786	Administration costs	809	809	820	11	1.35%
38,556	Payments to other bodies	38,551	39,205	39,180	(24)	(0.06%)
(14,904)	Income	(14,200)	(15,920)	(16,106)	(186)	1.17%
52,867		**53,779**	**53,779**	**53,669**	**(111)**	
(5,980)	Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
(1,190)	Transfer to EMR	0	0	0	0	
45,698	**Social Work Net Expenditure**	**47,794**	**47,794**	**47,684**	**(111)**	**(0.23%)**

2017/18 Actual £000	Objective Analysis	Approved Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Outturn 2018/19 £000	Projected Over/ (Under) Spend £000	Percentage Variance
10,278	Children & Families	10,429	10,474	10,553	79	0.76%
0	Criminal Justice	0	0	0	0	0.00%
24,463	Older Persons	24,647	24,642	24,564	(78)	(0.31%)
7,053	Learning Disabilities	7,143	7,124	7,135	10	0.14%
2,196	Physical & Sensory	2,338	2,357	2,385	28	1.21%
1,613	Assessment & Care Management	2,048	2,053	2,065	12	0.58%
1,215	Mental Health	1,168	1,168	1,069	(99)	(8.49%)
1,003	Addiction / Substance Misuse	973	973	908	(66)	(6.76%)
966	Homelessness	801	801	820	19	2.37%
1,740	PHIC	1,815	1,770	1,775	5	0.27%
2,339	Business Support	2,418	2,418	2,396	(22)	(0.90%)
52,867		**53,779**	**53,779**	**53,669**	**(111)**	
(5,980)	Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
(1,190)	Transfer to EMR	0	0	0	0	
45,698	**Social Work Net Expenditure**	**47,794**	**47,794**	**47,684**	**(111)**	**(0.23%)**

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 3 1 April 2018 - 30 June 2018

2017/18 Actual £000	Budget Heading	Revised Budget 2018/19 £000	Proportion of budget £000	Actual to 30/06/18 £000	Projected Outturn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	Employee Costs						
5,437	Children & Families	5,477	1,320	1,250	5,564	87	1.59%
7,523	Homecare	7,832	1,888	1,832	7,698	(134)	(1.71%)
779	Physical Disabilities	1,032	249	263	1,059	27	2.62%
1,113	Addictions & Substance Misuse	1,217	293	274	1,146	(71)	(5.83%)
782	Homelessness	774	187	194	807	33	4.26%
1,542	PHIC	1,478	344	416	1,543	39	2.64%
1,403	Business Support	1,416	341	335	1,389	(27)	(1.91%)
13,142		19,226	4,622	4,564	19,206	(46)	(0.24%)
	Other Variances						
3,765	Older People - homecare external providers & domicilliary respite	3,716	929	572	3,778	62	1.67%
249	Older People - day services	376	63	58	328	(48)	(12.77%)
4,014		4,092	992	630	4,106	14	0.34%
17,156	**Total Material Variances**	**23,318**	**5,614**	**5,194**	**23,312**	**(32)**	**(0.14%)**

APPENDIX 4

Social Work

Capital Budget 2018/19

Period 3 1 April 2018 - 30 June 2018

Project Name	Est Total Cost	Actual to 31/3/18	Approved Budget 2018/19	Revised Est 2018/19	Actual to 30/06/18	Est 2019/20	Est 2020/21	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Crosshill Childrens Home Replacement	1,914	154	1,043	1,043	30	717	0	0
Hillend Sprinkler	46	13	33	33	15	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	125	0	15	0	0
Wellpark Centre internal alterations	115	0	105	105	0	10	0	0
Complete on site	105	47	58	58	1	0	0	0
Social Work Total	**2,320**	**214**	**1,364**	**1,364**	**46**	**742**	**0**	**0**

APPENDIX 5

Social Work

Ear Marked Reserves

Period 3 1 April 2018 - 30 June 2018

Project	Lead Officer/ Responsible Manager	Total Funding 2018/19 £000	Phased Budget to Period 3 2018/19 £000	Actual to Period 3 2018/19 £000	Projected Spend 2018/19 £000	Amount to be Earmarked for 2019/20 & Beyond £000	Lead Officer Update
Self Directed Support	Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS.
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.
Integrated Care Fund	Louise Long	384	154	147	384	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	462	48	51	385	77	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Carry forward is two posts which are one year until June 19.
Veterans Officer Funding	Helen Watson	15	0	0	15	0	Council's final contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils.
CJA Preparatory Work	Sharon McAlees	69	16	13	69	0	Post for one year to address the changes in Community Justice.
Welfare Reform - CHCP	Andrina Hunter	22	0	0	22	0	Balance of funding to be used for case management system. Costs will be incurred over 3 year period.
Swift Upgrade	Helen Watson	76	0	0	76	0	One year post to progress replacement client information system for SWIFT.
LD - Integrated Team Leader	Alan Best	66	16	14	57	9	Two year post to develop the learning disability services integration agenda.
Dementia Friendly	Deborah Gillespie	100	0	0	100	0	To deliver dementia friendly strategy
Continuing Care Employees	Sharon McAlees	263	0	0	179	84	To address new continuing care legislation & to address issues arising from inspection.
LD Service Review	Alan Best	329	83	79	155	174	Funding for two posts for two years and one off spend in 18/19 on community engagement to address the LD service review.
Service reviews	Alan Brown	92	0	0	92	0	Funding for two posts in 18/19 to carry out service reviews
Total		**1,947**	**317**	**304**	**1,578**	**369**	

APPENDIX 6

Social Work

Virement Requests

Period 3 1 April 2018 - 30 June 2018

	Budget Head	Increase Budget £000	Decrease budget £000
1	Learning Disabilities Salaries		(14)
	Physical Disabilities Salaries	14	
	Learning Disabilities Salaries		(5)
	A&CM Salaries	5	
	Training Salaries		(44)
	Children & Families Salaries	44	
	OP Day Care External Transport		(5)
	Physical Disabilities External Transport	5	
3	Residential Nursing - Payments to Providers	210	
	Residential Nursing - Income		(210)
		278	(278)

Notes

1 Reallocation of posts between services & reversal of 17/18 transport virement

3 Additional budget for Residential Nursing from Health due to the closure of Ravenscraig

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Health and Social Care Committee**	**Date:**	**23 August 2018**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/37/2018/AS**
Contact Officer:	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No:**	**01475 715283**
Subject:	**LD Redesign – Progress Report August 2018**		

1.0 PURPOSE

1.1 The purpose of this report is to provide the Health and Social Care Committee members with an update in relation to the progress of Inverclyde HSCP's Learning Disability Redesign.

2.0 SUMMARY

2.1 The Strategic Review of Services for Adults with Learning Disabilities in Inverclyde was signed off by the Integration Joint Board in December 2016. Thereafter, a presentation was given to IJB members at the Development Session on 20th November 2017 and further reports were presented in August 2017, January 2018 and May 2018.

2.2 The May 2018 report provided details of additional estates work required to meet essential care needs of the service users to support the closure of the McPherson Centre and the merge into the Fitzgerald Centre planned for September 2018.

2.3 The IJB approved additional funding of £70,000 to meet these requirements.

2.4 This progress report provides IJB members with an update on the progress of Inverclyde HSCP's Learning Disability Redesign.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to note the progress in the decommissioning of the McPherson Centre and the interim move to the Fitzgerald Centre by 28th September 2018 and associated Learning Disability estate changes.

3.2 The Health and Social Care Committee is asked to declare the properties at Golf Road, Gourock and the McPherson Centre, Gourock (when vacated in September 2018) surplus to requirements and to request the Environment & Regeneration Committee to consider the marketing and disposal of the properties.

3.3 The Health and Social Care Committee is asked to note the ongoing appraisal work in the identification of potential sites within Inverclyde suitable for a community based resource hub for people with a learning disability.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Merging of Services

Approval to decommission the McPherson Centre was granted in January 2018 with full integration into the Fitzgerald Centre scheduled for 28th September 2018.

The work within the Fitzgerald Centre to upgrade personal care facilities, storage and sensory areas remains on schedule to meet the timeline. All the remedial work has been undertaken with limited disruption to staff and service users.

A phased approach is being undertaken by the service to work with service users, carers and staff around visits, transport and staffing arrangements in preparation for the merger.

4.2 Learning Disability Site/Property Option Appraisal

The longer term plan remains for a new build or refurbishment of an existing building to design a bespoke Day & Social Community Hub. The vacant former Council Offices on West Stewart Street, Greenock were previously considered as a potential option. However, more detailed scoping found that the layout could not be suitably configured to meet the service requirements.

There are three service model options currently being considered that any potential site/property would have to accommodate. The final service model will be determined by the availability of potential sites and financial modelling.

Option 1 – Day Opportunities Model with Social Enterprise Café element. This is the minimum service which would be transferred to the New Hub.

- Capacity for 50 + service users

Option 2 – As per Option 1 + Support for people with Autism

- Additional service annexe for up to 10 people with Autism

Option 3 – As per Option 1 & 2 + Integrated Community Learning Disability Team

- Additional operating service space for up to 25 staff

A long list of 27 potential sites across community settings in Gourock, Greenock and Port Glasgow has been identified and scrutinised by the Learning Disability Estates Group to take account of the size, location, present council/commercial ownership and any site specific constraints (where known) . This work has reduced the list of potential sites to 8 to allow a more focused scrutiny of the sites for appraisal and evaluation.

Officers will continue to work in partnership with Legal & Property Services to ensure that potential sites/existing property can be identified to be included in the final options appraisal processes for presentation at the Corporate Management Team, Health & Social Care Committee and Integration Joint Board.

4.3 Estates

A number of properties historically used by the service are being decommissioned. Flats at Lynedoch Street and Hope Street are vacant and have been released back to the relevant RSLs. Golf Road (vacated June 2018) and McPherson Centre (September 2018) are Council-owned buildings which when vacated will be sold. Capital receipts raised from this will be reinvested for a new build/refurbished property.

4.4 Communication and Engagement

The programme of positive engagement continues with people with learning disabilities, carers, families, staff, provider organisations and other interested stakeholders across the wider community. The engagement process is in partnership with The Advisory Group and Your Voice to facilitate engagement in partnership with service users, carers and the public strand of the redesign. Information has been disseminated at key milestones through Core Communications Briefings, face to face meetings with all interested stakeholders and opportunities to meet with Senior Management.

Where the views of service users, carers, staff and the wider community are sought, a range of methodologies have been used including small focus groups for service users, small focus groups for carers and the wider community, questionnaires and online consultation in order to reach out the widest range of people able to participate. The most recent views are informing the draft service model.

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
	Learning Disability	March 19	500k		Approved savings of council budget setting march 19

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 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners, and a full programme of ongoing engagement and consultation with service users, carers, the public, staff and providers.

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde HSCP Adult Learning Disability Strategic Review 2016 - 2020.

Inverclyde council

AGENDA ITEM NO: 5

Report To:	**Health & Social Care Committee**	**Date:**	**23 August 2018**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde HSCP**	**Report No:**	**SW/38/2018/DG**
Contact Officer:	**Deborah Gillespie** **Head of Mental Health, Addictions and Homelessness**	**Contact No:**	**01475 715284**
Subject:	**Review of Addictions Services**		

1.0 PURPOSE

1.1 To inform the Committee of the completion of Phase One of the Addictions Review and the workstreams identified for the Phase Two workplan.

2.0 SUMMARY

2.1 A Review of Addiction Services was commenced in late 2017 with an aim to develop a coherent and fully integrated model for Addiction services in Inverclyde. Phase One of the review set out to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population, and is now completed.

2.2 The five key areas for consideration and further action from the Phase One work:

- Current and Future Demand
- Outcome Focused Approach
- Tiered approach to service delivery
- Integrated pathways
- Workforce

2.3 Phase Two of the Review is to develop options for a new model of working with a fully integrated pathway across drugs and alcohol and has been developed around the key workstreams:

- Prevention and Education - To develop options for future delivery of Drug and Alcohol Prevention and Education.
- Assessment, Treatment and Care - To develop an integrated model which includes a tiered approach based on risk and appropriate evidence based Intervention.
- Support Services - To consider a range of services to best support clients and consider internal and external commissioning models.
- Recovery- To develop a recovery model which ensures recovery outcomes are built in at every stage.

In addition the Finance workstream will continue from Phase One and a new one established to ensure the new model has a competent, multi-disciplinary and skilled workforce working within the wider system of care.

2.4 Consultation work with service users is ongoing by the Scottish Drugs Forum, and in order to ensure service users are involved and communication is open, transparent and timeous, there have been discussions to establish a service user reference group supported by Your Voice Advisory Network.

3.0 RECOMMENDATIONS

3.1 That the Committee notes the progress made in the Review of Addiction Services and the considerations from Phase One of the Review.

3.2 That the Committee receives a further update on the outcome of Phase Two of the Addiction Services Review.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality is clear to see. The recently published *NHS GGC Director of Public Health Report: Healthy Minds 2017-19* highlights these issues.

4.2 Since 2012, the Council and NHS Drug and Alcohol teams have been steadily working to become more integrated with ongoing improvement work undertaken in these services, responding to changing demands. Plans are now underway to co-locate the two separate teams within the Wellpark Centre in late 2018. In spring of 2017 a review of the total service was proposed to enable the HSCP to capitalise further on integrated working, both internally and externally with a range of partners.

4.3 The aim of the review is to develop a coherent and fully integrated model for Addiction services in Inverclyde. A Programme Board was established which has been meeting 6 weekly chaired by the Head of Services for Mental Health, Addictions and Homelessness, with sub groups established as required.

4.4 Key principles were established to govern the vision and values for the review:

- •To ensure service users receive the right assessment and treatment, at the right time, that is centred on their needs.
- •To ensure the focus on a recovery pathway in which the service user is fully involved and able to participate in planning their own sustainable recovery.
- •To ensure safe, effective, evidence based and accountable practice focused on delivering quality outcomes.

5.0 PHASE ONE

5.1 The review was split into two phases with the aim of Phase One being: to review 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.

5.2 Four workstreams: data analysis; current pathways; workforce and finance were developed in order to ensure all of the objectives of Phase One were achieved. A full range of work was undertaken to inform the workstreams including sessions with staff to undertake process mapping; meeting with key stakeholders; an externally commissioned report from Brand Improvement Solutions and Associates (BIS) which analysed the balance of capacity and demand within the integrated addiction system of care; the flow of services user referrals and discharges; and the knowledge, skills and experience of the addiction workforce. In addition, work by the Scottish Dugs Forum (SDF) was commenced to review Recovery Orientated Systems of Care (ROSC) with service users. In order to ensure all stakeholders were kept involved in the review process, the Addictions Review Programme Board meeting in March 2018 was extended to invite a full range of stakeholders including addiction staff to see and discuss the data and information that had been gathered at that point.

5.3 Phase One is now completed and the outputs and analysis from the workstreams were grouped under five key headings:

Current and future demand - The demands on the services are high. The client group within the services is ageing with multiple morbidities; there are fewer new referrals and a number of service users remaining longer term in services. There is also evidence of missed appointments and unplanned discharges. Within both services there is a cohort of clients who are continuously recirculating. Therefore we need to consider within a new model how this can be responded to. Within drugs there are new and emerging drugs which may require different treatment options in the future. There are small numbers of young people entering the system with no specific services for them. The demand and capacity analysis for the HSCP drug and alcohol services needs us to consider whether the staffing resource is being utilised to best effect.

Outcome focused approach - The services are delivering on a model based on harm reduction, minimising risk and keeping people safe with less of a focus on recovery. There requires to be an agreed view on what are the successful outcomes for clients at each stage of their pathway and for services as an overall whole system approach. There is the need for delivery of both treatment and recovery therefore the system needs to effectively manage to deliver on both. This dichotomy is not just unique to Inverclyde and is being debated nationally.

Tiered approach - The Alcohol and Drug Partnership works in partnership with a range of partners to deliver a coordinated approach. Further conceptualisation of the tiered approach for responses to drug and alcohol misuse Inverclyde which would be helpful to determine what is required at each tier and importantly, who is best placed to deliver. This will help determine the distinct roles and remits of the statutory services and allow commissioning of 3rd sector and other organisations.

Integrated Pathways - There are multiple referral pathways into the drug and alcohol services therefore consideration of a single point of access for assessment, as part of a whole system integrated pathway for all drug and alcohol referrals and enquiries, would allow clients to be diverted away from specialist services directly to community based support and interventions. There are many internal cross referrals, particularly within the alcohol services, and limited referrals onto other organisations. Developing a fully integrated system wide pathway, would allow for a clear outline of treatment and care with referral onto mid and final stage recovery-focused services swiftly and safely once individuals in statutory services are deemed as stable, with the safety net of quick re-access should individuals relapse. This would enable appropriate journeys of care for service users through the system.

Workforce - The analysis shows a dedicated, experienced workforce within the drug and alcohol services. Given the long length of service evidenced, it is likely that a significant number of staff from across the 4 services will be eligible for retirement within the next 5 to10 years. It is important, therefore, to be pro-active with succession planning for the addictions workforce. By developing an integrated service, consideration will be needed as to the range of generic skills required across the drug and alcohol workforce, and identification of the roles that will require specialist skills. There is a requirement to consider the role of other disciplines e.g. pharmacists and other roles e.g. support workers, peer recovery volunteers within the system.

6.0 PHASE TWO

6.1 Phase Two of the Review is 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 a 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.

6.2 At the Programme Board on 29th May 2018 it was agreed that the workplan for Phase Two; whilst taking cognisance of actions, principles and considerations, would be developed around the key workstreams of:

- Prevention and Education - To develop options for future delivery of Drug and Alcohol Prevention and Education.
- Assessment, Treatment and Care - To develop an integrated model which includes a tiered approach based on risk and appropriate evidence based Intervention.
- Support Services - To consider a range of services to best support clients and consider internal and external commissioning models.
- Recovery - To develop a recovery model which ensures recovery outcomes are built in at every stage.

In addition, the Finance workstream will continue from Phase 1 and there would be a new workstream taken forward regarding the Workforce to ensure the new model has a competent, multi-disciplinary and skilled workforce working within the wider system of care. These workstream groups are currently being established.

6.3 Central to all workstream development will be the requirement to ensure all stakeholders, including staff, partner organisations and service users are involved and communication is open, transparent and timeous. In addition to the ongoing service user consultation by the Scottish Drugs Forum on ROSC, there have been discussions to establish a service user reference group supported by Your Voice Advisory Network.

7.0 IMPLICATIONS

7.1 Finance

Financial Implications:

The review will provide opportunity to determine cross over/commonality and unique contribution of all roles/posts within the service, and it is anticipated that forming a single integrated service will provide opportunity to reduce employee costs across the current two teams. This is proposed at £40,000.

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
N/A					

Legal

7.2 No implications

Human Resources

7.3 This review will impact on existing staff within the Alcohol and Addiction Teams. This will include both Council and NHS employees. At this stage, there has been no work undertaken to determine specific mechanisms to deliver staff reduction.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
x	NO -

Repopulation

7.5 No implications

8.0 CONSULTATIONS

8.1 None

9.0 LIST OF BACKGROUND PAPERS

9.1 None

Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Health and Social Care Committee**	**Date: 23 August 2018**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: SW/36/2018/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Service**	**Contact No: 01475 715282**
Subject:	**Inverclyde Community Justice Partnership Annual Report 2017-2018**	

1.0 PURPOSE

1.1 The purpose of this report is to present to the Health and Social Care Committee the Inverclyde Community Justice Partnership Annual Report 2017-2018.

2.0 SUMMARY

2.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for implementation of the new model of community justice. The Act stipulates adherence must be given to the National Strategy for Community Justice; the Community Justice Outcomes Performance and Improvement Framework and associated Guidance in the development of a local Community Justice Outcomes Improvement Plan and subsequent Annual Reports.

2.2 The Inverclyde Community Justice Outcomes Improvement Plan 2017-2022 was submitted to the Scottish Government on 31st March 2017, with full local responsibility for implementation commencing on 1st April 2017.

2.3 Section 23, Community Justice (Scotland) Act 2016 requires the community justice partners of a local authority area to publish an annual report and that this is also submitted to Community Justice Scotland.

3.0 RECOMMENDATIONS

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

a. Notes and gives comment on the Inverclyde Community Justice Partnership Annual Report 2017-2018.
b. Approves submission of the Annual Report to Community Justice Scotland, pending the addressing of any amendments necessary, following comment from the Health and Social Care Committee and partners.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for implementation of the new model of community justice in Scotland. This new model enables strategic planning and delivering of community justice services with a focus on collaboration and involvement at a locality level and with people who use services.

4.2 The Act outlines the functions for community justice partners and expectations around local arrangements and reporting of progress of local Community Justice Outcomes Improvement Plan with the publication of an Annual Report.

4.3 The Annual Report must include detail on each nationally determined outcome and any local determined outcome. Partners must also use the relevant indicators as outlined in the Community Justice Outcomes Performance and Improvement Framework.

4.4 The national community justice outcomes consist of four structural outcomes and three person-centric outcomes as outlined below:

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

4.5 Inverclyde Community Justice Partnership has also agreed six local priorities. These include:

a) Housing and homelessness;
b) Employability;
c) Access to GP services;
d) Prevention and early intervention;
e) Domestic abuse and
f) Women involved in the criminal justice system.

4.6 This is the first Inverclyde Community Justice Partnership Annual Report and it was developed collaboratively as a partnership. A period of consultation commenced on 3rd July and concluded on 13th August as required by the Act. Amendments will be made to reflect stakeholder feedback.

4.7 The Annual Report has two distinct sections. Firstly a community-facing, easy read section that gives an outline of what has been achieved in each of the local priorities and also provides personal stories of the impact made in people's lives.

4.8 The second section of the Annual Report uses the required template provided by Community Justice Scotland and outlines progress against both the national and local outcomes.

4.9 Considerable progress and significant achievements have been made in this first year. This includes the embedding of the community justice agenda across community planning.

4.10 The whole essence of the new Community Justice model is in being able to develop local services based on local need. In going forward, this is an opportune time to adopt a whole systems approach.

5.0 IMPLICATIONS

Finance

5.1 A Community Justice Lead Officer was appointed in September 2015 using the Scottish Government's transition funding allocation of £50,000 to Inverclyde.

5.2 A subsequent funding allocation of £50,000 was agreed by the Scottish Government for the period 2016-2017, 2017-2018 and more recently 2018-2019. However, no further funding has at this stage been agreed by the Scottish Government although discussions are ongoing. This highlights the temporary nature of funding and the need to articulate at appropriate national forums the case for mainstreaming funding for ensuring the successful implementation of the community justice agenda.

Legal

5.3 The Community Justice (Scotland) Act 2016 provides the legal framework to support the new model.

Human Resources

5.4 There are no human resources issues within this report.

Equalities

5.5 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

5.6 There are no specific repopulation issues.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners and people with lived experience of the criminal justice system and local communities engagement.

7.0 BACKGROUND PAPERS

7.1 Inverclyde Community Justice Partnership Annual Report 2017-2018.

Inverclyde Community Justice Partnership

Annual Report

2017 / 2018

Inverclyde Community
Justice Partnership

This document can be made available in other languages, large print, and audio format upon request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgriobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਰੂਪ 'ਚ ਵਿਕਲਾਂਗ ਹੋਇਆਂ ਦੀ ਮੰਗ ਤੇ ਕਿਸੇ ਨਾ ਮਿਲਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Inverclyde HSCP, Hector McNeil House
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Inverclyde Community Justice Partnership

Contents

1. Foreword 3

2. Introduction 4

3. What Did We Achieve 5

4. Success Stories 11

5. Going Forward 19

Appendix A

Inverclyde Community Justice Partnership Annual Report 2017 / 2018 for Community Justice Scotland 20

1. Foreword

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

As Chair of the Inverclyde Alliance Board, the Inverclyde Community Planning Partnership, I welcome the Inverclyde Community Justice Annual Report for 2017 / 2018.

Inverclyde Community Justice Partnership published its first Community Justice Outcomes Improvement Plan (2017-2022) in March 2017. This is a very ambitious plan and it is evident from this Annual Report that considerable progress has been made.

It is important to read not only about what has been done, but more importantly how community justice is making a difference in individual lives.

I welcome that there is evidence of such a strong sense of partnership working in delivering positive community justice outcomes and look forward to seeing community justice going forward over the coming year.

2. Introduction

This annual report is divided into two parts; the first is intended for a wider audience of people who may be less familiar with the community justice agenda. For this purpose we have used story-boards and individual stories to outline both our achievements as a partnership and individual success stories that illustrate practical examples from a range of partners.

The second part is Appendix A. This is in a template designed by Community Justice Scotland and as part of the Community Justice (Scotland) Act 2016; we are required to submit to Community Justice Scotland.

The Inverclyde Community Justice Partnership published its first Community Justice Outcomes Improvement Plan in March 2017. This is a five year plan that sets out a clear sense of direction in implementing community justice at a local level.

This is our first Annual Report and offers the opportunity to reflect on what we have achieved and if this matches what we said we would do in our plan. We recognise that this is a new partnership but there continues to be a strong drive and ambition in taking this agenda forward and building on our achievements and success stories.

3. What Did We Achieve?

The following story-boards outline the Inverclyde Community Justice Partnership local priorities; summarising what we have done as a partnership and our achievements.

a) Housing and Homelessness

A working group was developed and identified four themes:

- ✓ Prevention and early intervention;
- ✓ Life skills;
- ✓ Health and Wellbeing; and
- ✓ Inclusion

The working group included Housing Services, Children's Services and the Community Justice Partnership.

Focus groups and individual interviews were held with 47 people.
This included:
Unpaid Work
Unpaid Work Women's Group
Action for Children Women's Service
HMP Low Moss including people on short term sentences and life sentences
HMP Polmont including three young people and one woman
HMP Greenock
Proud to Care Group

The event was held on 9th May 2017 and included representation from several RSL's; Children's Services; Criminal Justice Services; Homelessness Services; Addiction Services; Scottish Prison Service and Third Sector representation.

A report was presented to the HSCP Housing Partnership.

A working group has been established to prepare a Young People's Charter.

This includes Housing Services, Children's Services and Community Justice Partnership.

The Charter will be for young people up to the age of 26 years to support transitional planning and will be progressed further in 2018 / 2019.

b) Employability

Inverclyde Council's Employability Service arranged an event "Supporting People with Convictions" on 23rd May. There were a wide range of stakeholders who attended and the Community Justice Partnership gave a presentation outlining local statistical information about the number of people on the various community orders and in custody from the Inverclyde population.

The Community Justice Partnership was invited to sit on the Regeneration and Employability Group.

The Employability Service and Community Justice Partnership prepared a joint bid for the Scottish Government Employability Innovation and Integration Fund. This bid was successful and is to pilot "Inverclyde Resilience Project" targeting employability support to 20 people involved in the criminal justice system who may also have homelessness / housing issues or an addiction problem and is in the early stages of implementation.

c) Access to GP

Access to GP registration has been explored via the Greater Glasgow & Clyde Community Justice Health improvement Group.

The group considered the process of GP registration and a key issue of de-registration when people are in custody for more than six months to enable them to be registered with Prison healthcare GP.

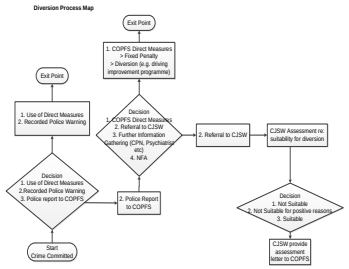
While there was anecdotal service user feedback, we endeavoured to collate any available data. Across Greater Glasgow & Clyde the data suggested there were significant numbers of people being de-registered while in custody and not being recorded as registered afterwards.

New Routes Project also confirmed high numbers of people from Inverclyde in this category.

GG&C Community Justice Lead in conjunction with Inverclyde Community Justice Partnership identified areas of good practice including at HMP Kilmarnock Prison healthcare that have developed a very pro-active approach using automatic letter reminders for people towards the end of their sentence.

One outcome following on from this piece of work is that we are currently seeking views from people returning to Inverclyde from custody on how to enhance their transition into the community.

d) Prevention and Early Intervention



Inverclyde Community Justice Partnership coordinated a regional event alongside Community Justice colleagues from the former North Strathclyde Local Authorities. This event titled “An Upstream View in North Strathclyde”; focused on having an agreed definition across Community Justice partners of prevention and early intervention and the opportunities to develop this further. This recognises the importance of early help and support in reducing re-offending.

A second regional event was held, focusing on diversion. A revised process was agreed by all of the partners involved.

There was also learning from the whole systems approach from Youth Justice.

Inverclyde Community Justice Partnership collaborated with the Scottish Criminal Justice Voluntary Sector Forum and Inverclyde CVS to hold an event inviting Third Sector and Community organisations. The purpose of this was to develop stronger partnership working in the local implementation of the community justice agenda in Inverclyde and collaborative opportunities at the earliest point.

Following the success of this event; a monthly Inverclyde Community Justice Breakfast commenced on 23rd February. This will initially be an opportunity for Third Sector and Community Organisations to network and jointly develop new approaches in Inverclyde. This is with a view to developing collaborative commissioning.

e) Domestic Abuse

Tell us about your experience

In discussion with the Violence Against Women Partnership it was agreed the Community Justice Partnership would support participation to hear women's own experience of domestic abuse and feed this back into both fora.

It was agreed that the Community Justice Partnership would work with Woman's Aid to progress further.

It was agreed to focus on the following themes:

- Health and wellbeing;
- Inclusion;
- Early Help and
- Feeling safe

Staff from the various projects offered by Women's Aid asked women if they would be interested in participating, but these efforts were unsuccessful.

The Community Justice Partnership had an information stand at the Women's Aid Open Day and AGM.

Other methods are being considered as a means of developing participation.

A detailed analysis of the whole system was developed to identify gaps in services.

Consideration is being given to other models of service including a bid for the Caledonian programme and a Healthy Relationships model. The latter could be developed as an early intervention model.

We have had initial discussions with Community Justice Scotland to help progress an early intervention model.

A report highlighting the benefits of an early intervention approach was presented to the Inverclyde Alliance Board, the Community Planning Partnership.

f) Women Involved in the Criminal Justice System

The Community Justice Partnership held a focus group of women involved in the criminal justice system to explore "support".

Using various images depicting support, the women's focus group described a clear sense of their preferred model of "support".

The preferred model was one depicting a "circle of support" and the women described this as not just involving statutory services but included peer support and their own network of support including family and wider community supports.

Current research and evaluations from various women's centres across the UK have been collated and analysed to consider best practice models and approaches that could be replicated in Inverclyde.

A good model that emerged was the Cumnock "Heart and Soul" café; a community development approach and the Wishaw Women's service which is more statutory focused.

A telephone meeting was also held with the Manager of Women's Services in Manchester to learn about what is working well there given it was identified as an area of good practice.

A successful funding bid was made to the Big Lottery that focuses on systems change for women involved in the criminal justice system and aims to develop a new model offering "the right support, at the right time and in the right way".

4. Success Stories

Below are some individual stories to reflect the difference that a range of partners are making in implementing community justice. Please note that we have not used the person's real name.

Kirsty's Story as told by Ashley from Criminal Justice Social Work

Kirsty was put forward for the Diversion from Prosecution Scheme in 2016; the offence was Threatening & Abusive Behaviour. She was assessed as being suitable for this scheme and immediately started the Diversion work. Areas identified were:

- alcohol misuse,
- emotion regulation and
- managing relationships.

I met with Kirsty on a weekly basis for a period of 3 months, covering the above. Kirsty acknowledged her alcohol issue as being binge drinking and this in turn helped her to improve her emotional control. She identified that it would be better for her emotional wellbeing to reduce contact with her ex-partner and to eliminate alcohol from their time together.

This was all put in place over the 3 month period and by the end of the diversion period Kirsty stated that she felt more in control of her life and she could feel the health benefits with her reduction of alcohol consumption.

To date Kirsty has not committed any further offences.

Kevin's Story as told by Chris from Faith in Throughcare

Chris wrote in 2016 we received a phone call from one of our former volunteers to let us know about his friend who had recently been released from a short term prison sentence. We were happy to pass on our drop-in details and at the start of September we met with him at our drop-in at the Wellpark Centre in Greenock. He was a 31 year old male with a history of alcohol dependency and came to us extremely motivated for change. He had been liberated having served 120 days and had managed to stay sober since. He also had cases pending and was still to complete a Community Payback Order which meant it was compulsory to attend the Community Addiction Team (CAT) at the Wellpark Centre and have regular contact with his Criminal Justice Social Worker. This helped us greatly when planning his support as we already had very good working relationships with his CAT worker and his Criminal Justice Social Worker. From his initial action plan it was clear that his main aims were to stay sober and look to make better use of his time while spending it with more positive influences. He also wanted to get a relationship back with his mum and his sibling, which had been broken due to his behaviour when alcohol dependent.

We supported him to attend the Inverclyde Recovery Café and at the end of last year he received an award from them for being their most enthusiastic participant. This was amazing to see him get this award as he was so happy when he was presented with it. He took part in many things at the Recovery Café which included a personal life skills programme and the Christians Against Poverty Money Course to learn budgeting skills.

He appeared back at Greenock Sheriff Court for a review of his CPO and the Sheriff was delighted with the progress that he had made. He was asked to appear again to review the situation. This really was progress for him as previously when attending Court he was given custodial sentences and it was never a good experience for him.

Over the time we had been supporting him he had stated an interest in attending college and we were able to help him to secure a place on a Social Care course. This was a huge step for him and everyone was delighted when he was awarded a place on the course. He also expressed an interest in becoming a volunteer with our organisation and he successfully completed our volunteer training and is now in the process of shadowing staff and more experienced volunteers with the view to him supporting other participants.

He has a real passion for outdoor activities and was delighted to be invited to participate in a Venture Trust programme this summer and was a real positive role model to some of the other younger participants on this course.

He appeared at Court for the final time for review of his CPO and this could not have gone any better for him. His solicitor had said that she had never seen such a positive social work report and the Sheriff admonished him on all charges. This was a very special day for us all and we received personal thanks from him through his solicitor in open Court.

It has been a real honour and privilege for us to see how much he has achieved over these past few months and we are delighted for him to have made such huge improvements to his life. There have been many highlights for him during this period but for us a real standout is the fact that his relationships with his family members are now restored.

Simon's Story as told by Stephen from Turnaround

Simon is a 34-year-old man who resides in Greenock. He was referred to Turnaround from Inverclyde Persistent Offenders programme due to his ongoing and persistent offending behaviour which was linked to his substance and alcohol abuse. Simon had previously been supported by Turnaround during 2017 and he had also previously been admitted into longer term rehabilitation during 2015.

On referral it was clarified and confirmed that one of Simon's main goals was to achieve stability from addictions and offending behaviour in order for him to be in a position to attend Court as a Crown witness in a historical case of sexual abuse against Simon when he was a young child which Simon attributed to him committing an accumulation of offences over an extensive period of his life.

Along with a history of offending behaviour and addictions Simon had a long history of low mood and suicidal ideation. He self-reported to consuming heroin, alcohol and illegal street valium to help him cope with his past trauma. Simon was also diagnosed with Post Traumatic Stress Disorder, anxiety and depression. He was placed on an alcohol detox in which diazepam was prescribed in order to help with withdrawals and reduce the risk of seizures. He was also stabilised on a methadone programme and received various medications to help with his mental health issues.

On admission to Turnaround, it took Simon time to settle into the structure at Turnaround where he struggled for the first couple of weeks and found it very difficult to concentrate due to his upcoming Court case as a Crown witness. Through ongoing and encouraging support from the Turnaround staff, Simon successfully completed his alcohol detox and became more focussed on stabilising from addictions and offending behaviour. This became evident through participation and commitment towards change which he showed during group work and

1-2-1 sessions. Simon's care plan was developed by himself and his key worker where areas of support were identified which were important to him and his ongoing recovery. Area identified included:

- offending behaviour
- poly drug use
- IV drug use
- relapse and recovery
- self-care and nutrition and
- mental and physical wellbeing.

Simon attended group work where he explored the link between his criminal activity and substance misuse by participating in group work themes such as victim empathy, change, drug and alcohol awareness, triggers, anger management, ABC thinking and relapse prevention. He participated well in one-to-one support sessions focusing in the areas identified in his individual care plan.

Support goals achieved:

- Simon completed his Diazepam detox and maintained stability on his Opiate Replacement Therapy.
- Simon attended Blood Bourne Virus awareness course facilitated by Waverly Care receiving advice and test.
- Simon identified the link between criminal activity and substance misuse through Echo group work.
- There has been a significant reduction in criminal activity.
- Simon maintained a healthy balanced diet.
- His mental and physical health has improved.
- He has linked in with Victim Support.

- Simon was supported to attend the High Court as a Crown witness.

Although the subsequent trial was lengthy and painful for the family, Simon coped with the process and has taken steps toward recovery.

Stephen's Story as told by Calum from Inverclyde Council's Community Learning and Development Team

Stephen is in his early 20's with a history of repeat offending involving violent crime linked to drug abuse. Stephen engaged with the CLD worker in HMP Greenock 1 month prior to liberation with a view of accessing support in order to improve his skills accessing his universal job match account and to create a CV.

Stephen highlighted that he can struggle with his spelling especially for formal tasks such as applying for a job. Stephen attended a learning session for a period of time in which he created a CV and also started an online Introduction to Construction course at college.

5. Going Forward

This annual report reflects the work of all of the Inverclyde Community Justice partners working together to make a difference in people's lives and strengthening our communities.

There have been some tangible achievements, both in terms of securing funding to develop more and different services as well as ensuring the voice of people who are involved in criminal justice; witnesses, victims and families is heard and their needs met by the wide range of supports available.

Over the coming year we will continue to focus on what people have told us are the local priorities building on the achievements already made. This will include learning from the pilot in employability, the Resilience Project and applying the successful aspects. We also look forward to making initial plans to develop a new model of supports for women involved in the criminal justice system as part of the Early Action Systems Change project and making a substantial contribution to changing the culture of domestic abuse.

The Inverclyde Community Justice Partnership is committed to continual improvement so will also take the time to reflect and take positive steps to ensure we are well placed to overcome some of the complex challenges involved.

Acronyms

ADP	Alcohol Drug Partnership
CJOIP	Community Justice Outcomes Improvement Plan
CJSW	Criminal Justice Social Work
CLD	Community Learning and Development
COPFS	Crown Office Procurator Fiscal Service
CPO	Community Payback Order
DTTO	Drug Treatment and Testing Order
GG&C	Great Glasgow and Clyde Health Board
HSCP	Health and Social Care Partnership
ICJP	Inverclyde Community Justice Partnership
LAC	Looked After and Accommodated
LOIP	Local Outcomes Improvement Plan
LS/CMI	Level of Service Case Management Inventory
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
POP	Persistent Offenders Partnership
PSP	Public Social Partnership
RSL	Registered Social Landlord
SDS	Skills Development Scotland
SFRS	Scottish Fire and Rescue Service
SPS	Scottish Prison Service
SQA	Scottish Qualification Authority
TPS	Turning Point Scotland

Appendix A

Community Justice Scotland

Ceartas Coimhearsnachd Alba

Annual Report Template
Community Justice Activity for period
1 April 2017 – 31 March 2018

1. COMMUNITY JUSTICE PARTNERSHIP / GROUP DETAILS

Community Justice Partnership / Group	Inverclyde Community Justice Partnership
Community Justice Partnership / Group Chair	Sharon McAlees
Community Justice Partnership / Group Coordinator	Ann Wardlaw
Publication date of Community Justice Outcome Improvement Plan (CJOIP)	31st March 2017
Governance Statement	

The content of this Annual Report on community justice outcomes and improvements in our area has been agreed as accurate by the Community Justice Partnership / Group and has been shared with our Community Planning Partnership through our local accountability arrangements.

Signature of Community Justice Partnership / Group Chair: Date:

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2. GOVERNANCE ARRANGEMENTS

Please outline below your current governance structure for the community justice arrangements in your area
Following the development of the Inverclyde Local Outcomes Improvement Plan; there have been changes to the local community planning landscape. However, the governance arrangements for the Inverclyde Community Justice Partnership (ICJP) remain the same in reporting to the LOIP Programme Board (that replaces the SOA Programme Board) and to the Inverclyde Alliance, the community planning partnership. The Governance arrangements and new LOIP community planning landscape is outlined in the diagram below. The Inverclyde Community Justice Partnership is directly involved in the Community Safety Partnership; Community Learning and Development Group; Regeneration and Employability Group and HSCP Housing Partnership. There is close working with the Violence against Women Service; Child Protection Service; Adult Protection Service; MAPPA and the ADP. The latter is a member of the ICJP as is the Corporate Policy and Partnership Service and the Community Safety Service. An Implementation Group has been established to oversee the process of establishing locality planning and the ICJP is well placed to develop links with each of the Locality Partnerships.

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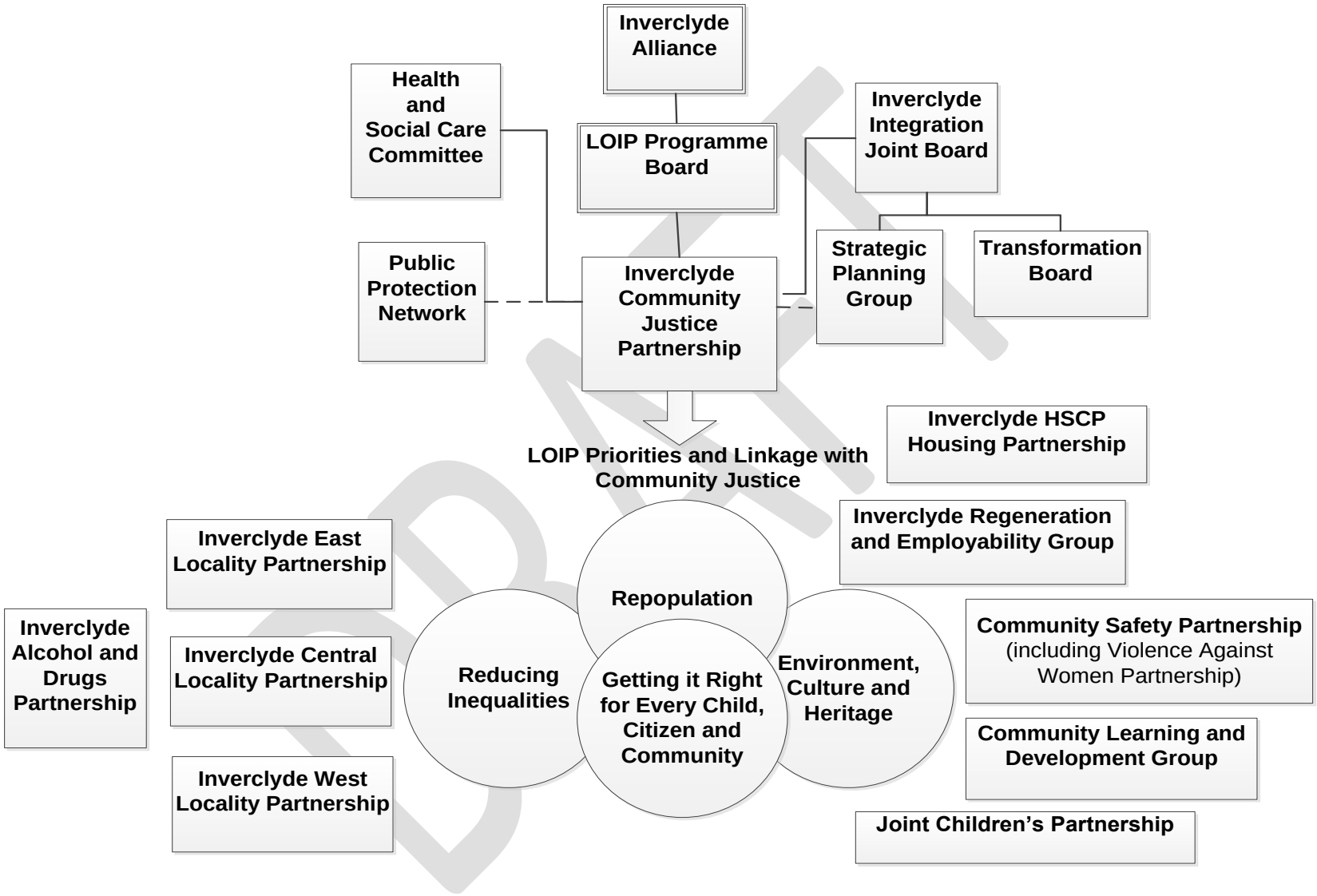
Inverclyde Alliance
Health and Social Care Committee
LOIP Programme Board
Inverclyde Integration Joint Board
Public Protection Network
Inverclyde Community Justice Partnership
Strategic Planning Group
Transformation Board
LOIP Priorities and Linkage with Community Justice
Inverclyde HSCP Housing Partnership
Inverclyde Regeneration and Employability Group
Inverclyde East Locality Partnership
Inverclyde Alcohol and Drugs Partnership
Inverclyde Central Locality Partnership
Inverclyde West Locality Partnership
Repopulation
Reducing Inequalities
Getting it Right for Every Child, Citizen and Community
Environment, Culture and Heritage
Community Safety Partnership (including Violence Against Women Partnership)
Community Learning and Development Group
Joint Children's Partnership

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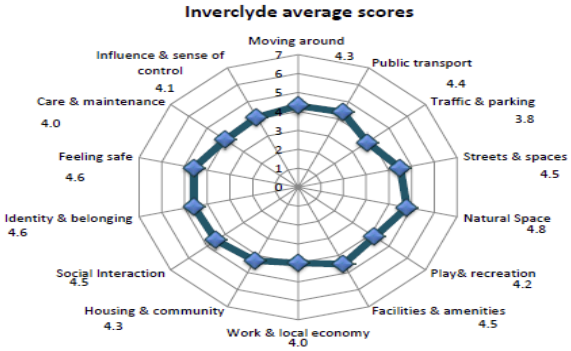
3. PERFORMANCE REPORTING

SECTION A - National Outcomes				
Describe the progress you made in respect of the seven national outcomes, your use of the common indicators and any comments you want to highlight,				
	National Outcome	**Progress Reporting**	**Common Indicators used**	**Comments**
1	Communities improve their understanding and participation in community justice	ICJP is part of the wider Inverclyde Community Engagement and Capacity Building Network where, recently the focus has been on developing the LOIP. Events and a survey incorporating the Place Standard was used. This included vital feedback with regards to “feeling safe” and other topics relevant to community justice.  	Inverclyde Community Justice Partnership has used the following common indicators: 1. Activities carried out to engage with ‘communities’ as well as other relevant constituencies. 2. Consultation with communities as part of community justice planning and service provision. 3. Participation in community justice, such	

		It has been agreed to use the local Citizen's Panel on a two yearly cycle repeating Community Justice questions posed in November 2016. ICJP information stands were at Women's Aid open day; Inverclyde Child Protection Annual Conference and several information articles were included in the Inverclyde CVS Newsletter. Key partners participated in the Doors Open Day including Unpaid Work; Greenock Sheriff Court and HMP Greenock. To publicise the role of Unpaid Work as the most visible element of a Community Payback Requirement, ICJP used Inverclyde HSCP Twitter and Inverclyde Council Twitter to give an update on various projects. The analytics of Inverclyde HSCP are shown below.	as co-production and joint delivery. 4. Level of community awareness of / satisfaction with work undertaken as part of a CPO. 5. Evidence from questions to be used in local surveys / citizens panels etc. 6. Perceptions of the local crime rate.	

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Month	Profile Visits	Tweet Impressions	Mentions
April	504	3,542	110
*May	455	6,636	38
*June	1015	14.7k	54
July	804	8,347	62
August	1,119	14.2k	112
September	1,504	28.9k	191
November	1,792	32.8k	244
January	621	21.3k	111

* Our Place Our Future Survey and Events using the Place Standard

Demographic data tells us approximately 75% of people sentenced to a CPO live in areas among the most deprived in Scotland i.e. 20% most deprived quintile. The impact of poverty was further illustrated during service user consultation activity where individuals commented that affording transport costs to attend unpaid work could be challenging and when they did attend this was often without having had any

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		breakfast and/or the means to afford their lunch. The ICJP has sought to respond to this challenge in a variety of ways, including: • Nutritional awareness along with promotion of free exercise activities. • "Eat better, Feel better" cooking classes. • Healthy affordable lunch options which individuals could bring to their unpaid work placement. Criminal Justice Social Work (CJSW) sought the views of those sentenced to CPO unpaid work requirements on the future operating model for its unpaid work provision, for example, length of hours worked per day; weekend arrangements etc. as well as how to support positive behaviour on placement. HSCP Healthier Inverclyde project have provided drug and alcohol awareness education to unpaid work service users as part of prevention and harm reduction initiative. There are clear connection to individuals in recovery being part of the community and how Citizenship and TPS CONNECTS links together. Qualitative data focus group evidence on community engagement and participation. CJSW seeks feedback from recipients of unpaid work		

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		activities. For example 100% of respondents were 'very satisfied' with the standard of work carried out. Among the comments received from individuals were • "I was very pleased with the work done and how well they tidied up, very pleased." • "The team were very professional and the work carried out was to a high standard." Some comments from organisations who received this Service: • "Found everyone very friendly and well mannered, work ethic excellent as is the standard of work." • "Our wonderful premises are now open and your hard work has greatly assisted...As a result of your help, we are now able to provide social activities for 51 children on a weekly basis, support for youth and drop in for parents."		
2	Partners plan and deliver services in a more strategic and collaborative way	ICJP meets regularly and has an annual development session, which is used to "take stock" and agree partnership priorities. ICJP has an agreed set agenda that includes a meeting theme presented by a range of partners.	Inverclyde Community Justice Partnership has used the following common indicators: 1. Services are planned for and delivered in a	

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		Inverclyde led on two regional events on prevention and early intervention in 2016 / 2017. It was agreed that a third event inviting Third Sector and Community Organisations should be a local Inverclyde event. This was organised and facilitated by the Criminal Justice Voluntary Sector Forum as part of their "Strengthening Engagement" project. Forty people attended representing 25 different organisations. This led to a regular Inverclyde Community Justice Breakfast forum being established which we believe will support collaborative commissioning. ICJP has established a Practitioners Group meeting on an annual basis. This is an opportunity for front-line staff to be involved and identify new ideas. GG&C have established a Community Justice Health Improvement Group that has agreed strategic priorities. COPFS have also established a quarterly engagement meeting with Community Justice partners. ICJP has worked with the Inverclyde Violence Against Women Partnership in relation to domestic abuse. This is a local priority and is discussed further in Section B.	strategic and collaborative way. 2. Partners have leveraged resource for Community Justice. 3. Development of community justice workforce to work effectively across organisational / professional / geographical boundaries. 4. Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA.	

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		ICJP, Children's Services and Housing Services arranged an event. Extensive engagement was undertaken. ICJP is linked to the HSCP Housing Partnership. A working group continues to meet targeting vulnerable young people. SDS has a key role at a national level. The local SDS representative facilitated the themed discussion on employability. There is close working between Children's Services and CJSW to ensure a child centred approach informs this area of work. North Strathclyde MAPPA has delivered sixteen awareness sessions to a range of organisations to support the exchange of information in relation to public protection. Inverclyde HSCP directly funds the shortfall in funding for the Community Justice Lead Officer recognising the pivotal role this position has in supporting the partnership. Turning Point Scotland worker is co-located within CJSW office to provide person centred support to individuals being released from prison and those on CJ orders through Turnaround and the Shine PSP. In addition TPS's role within the Shine PSP sees		

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		partnership working with SPS and 8 other third sector organisations. Inverclyde Persistent Offenders Partnership (POP) has continued to target high risk groups. Liaison between drug and alcohol services, police, SPS and CJSW has supported an early intervention and prevention approach. The SFRS has strong links with all housing providers and the HSCP Inverclyde Centre (homelessness) with a view to improving people's safety. This includes reducing the risk of house fires for people with an alcohol and / or drug addiction. The North Strathclyde MAPPA consists of the MAPPA Operational Group (MOG) which reports to the MAPPA Strategic Oversight Group (SOG).		

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3	Effective interventions are delivered to prevent and reduce the risk of further offending	Use of accredited risk assessment tools informs the intervention strategies and action planning for all CJSW service users. CJSW take into consideration additional needs to tailor an individualised holistic person centred management plan. CJSW offers an individualised Management of Intimate Partner Violence Risk Programme for those on Court Orders where domestic abuse is a factor in their offending. TPS Turnaround Residential service provides 6-8 weeks intensive support for men with offending histories to address the underlying issues that led to their offending. CLD links with CJSW's Unpaid Work, to access CLD learning as part of other activity within CPOs. Taster sessions offered include: • Eat better feel better • Gain a Qualification • Personal Development The partnership has moved to embed accreditation opportunities with a focus on the SQA's Personal Achievement award. A weekly rolling programme of 'Other Activity' sessions are offered as part of CPO Unpaid Work	Inverclyde Community Justice Partnership has used the following common indicators: 1. Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending. 2. Use of "other activities requirement" in Community Payback Orders (CPOs). 3. Effective risk management for public protection. 4. Quality of CPOs and DTTOs. 5. Reduced use of custodial sentences and remand. 6. The delivery of Interventions targeted at	Some of the measures indicated in the national outcomes and performance framework do not have a mechanism in place to collate and report. This includes GP registration on leaving custody; access to housing and a benefits check. In addition, while data is available with regards to ABI's in each SPS establishment; this does not advise how many of those people were from Inverclyde.

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		Requirements including topics such as: • Assertiveness / Communication • Problem Solving • Anger Management • General Offending 1& 2 • Drugs / Alcohol Although a relatively small number (4%) of CPOs made in 2016/2017 were with Drug Requirement or Alcohol Requirement, many service users will attend addictions services on an informal basis. CJSW and Children's Services work collaboratively to support young people who required to be managed through the MAPPA process. This approach maintains the importance of having a child centred plan within a framework of robust public protection. Adults managed through MAPPA will have a co-ordinated risk management plan that is regularly reviewed and evaluated by a number of partnership agencies. ICJP partners contribute to the MARAC process. Partners make referrals and share information about interventions that have taken place to protect and assist women make safe choices for themselves and their children.	problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]. 7. Numbers of police recorded warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs). 8. Number of short term Sentences under 1 year.	

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		Currently 70% of social workers have received training to effectively assess risks of serious harm within the accredited risk assessment tool LSCMI. In 2016/2017 questionnaires completed by individuals made subject to a CPO indicated: • 82.05% had learned new skills. • 97.44% felt more confident in their ability to avoid offending in the future. Overall respondents rated the Service they received as follows: • Excellent 64.10% • Very Good 25.64% • Adequate 10.26% Some individual comments were: • "Staff all very helpful and do what they can do to help." • "Any problems I had could be discussed logically and rationally whilst engaging with all officers/staff." • "I learned a lot that I could not do without them giving me help and advice." CJSW performance in relation to the number of individuals commencing their CPO unpaid work		

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		placements within 7 working days of the CPO being imposed has consistently been higher than the national average. This was acknowledged by the Scottish Government in March 2018 when a request was made to share our good practice in this area. The quality of DTTO provision is evident in the efforts made by staff to tailor their support to service users in an individualised holistic person centred manner.		

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Baseline and Trend Information – 2014-2017

	2014 / 2015	2015 / 2016	2016 / 2017
Shift in Balance of Community v's Custodial Sentence:	Community Overall:	Community Overall:	Community Overall:
	87.01%	83.63%	85.27%
Community Sentences:	Community Males:	Community Males:	Community Males:
	85.30%	81.06%	83.33%
	Community Females:	Community Females:	Community Females:
	94.67%	96.82%	94.74%
Custodial Sentences:	Custody Overall:	Custody Overall:	Custody Overall:
	12.99%	16.37%	14.73%

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Custody Males:	Custody Males:	Custody Males:
14.70%	18.94%	16.67%
Custody Females:	Custody Females:	Custody Females:
5.33%	3.18%	5.26%

Intervention	**2014 / 2015**	**2015 / 2016**	**2016 / 2017**
CPO	292	347	308
DTTO	14	12	11
Fiscal Fine	-	516	352
Fiscal Fixed Penalty (COFP)	-	70	77
Fiscal Combined Fine with Compensation	-	22	29

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		Fiscal Compensation	-	4	4		
		Fiscal Fixed Penalty (Pre-SJR)	-	0	0		
		Anti-Social Behaviour Fixed Penalty Notice	-	410	263		
		Police Formal Adult Warning	-	60	5		
		Recorded Police Warning	-	38	156		
		Fiscal Work Orders	-	1	20		
		Statutory Throughcare	98	84	113		
		CJSW Voluntary	28	11	13		

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Throughcare				
RLO's	-	-	0	
Diversion	18	32	35	
Requests from Court for Bail Information*	254	250	193	

There is also the facility for bail supervision to be provided for women through dedicated funding. However, demand has been low.

Please note some data is classified as "experimental data" and has only been broken down to Local Authority level from 2015 / 2016.

DRAFT

			2014 / 2015	**2015 / 2016**	**2016 / 2017**		
		Short term sentence of <1Year	-	115	111		
		Average number of people on remand	-	Total 25.25	Total 30.83		
				Males 23.66	Males 29.25		
				Females 1.58	Females 1.58		
4	People have better access to the services they require, including welfare, health and well-being, housing and employability	Detailed engagement relating to housing was undertaken with forty-seven people in 2017 who have lived experience of criminal justice and / or young people who are looked after. Messages from this informed an event that included local RSL's. The Community Justice Partnership is now a member of the HSCP Housing Partnership; the key decision-making forum. ICJP supported a successful submission to the Scottish Government's Employability, Innovation and Integration Fund. It focuses on supporting people				Inverclyde Community Justice Partnership has used the following common indicators: 1. Partners have identified and are overcoming structural barriers for people accessing services. 2. Existence of joint	

DRAFT

		involved in the criminal justice system that may also have an addiction or be affected by homelessness with regards to employability. The project will use the "resilience doughnut" as a shared tool across the employability pipeline. Work has been undertaken around GP registration for people leaving custody. 92% of people under 25 years of age working with a PSP from Inverclyde are not registered with a GP on leaving HMP Barlinnie; HMP Low Moss or HMP Greenock. This work is ongoing and has included learning from other areas and utilising GG&C Business Intelligence data analysis. An information wallet is in development to distribute across prison establishments to people returning to Inverclyde, which will detail key local contacts. Inverclyde HSCP with the support of the ICJP; has secured Big Lottery funding for women involved in the criminal justice system. See Section B. CJSW and CLD have established a framework whereby individuals sentenced to unpaid work are able to have their work formally recognised by the SQA. It is hoped that in addition to building self-confidence this recognition could also assist with employability.	working arrangements such as processes / protocols to ensure access to services to address underlying needs. 3. Initiatives to facilitate access to services. 4. Speed of access to mental health services. 5. % of people released from a custodial sentence: a. Registered with a GP; b. Have suitable accommodation; c. Have had a benefits eligibility check.	

DRAFT

		Poverty can be a barrier in personal care. DTTO staff have access to funds to purchase personal care items for services users in crisis. CJSW made available one off funding to service users experiencing significant financial hardship. This included the purchasing of formal clothes to support service users attending for employment interviews with recipients indicating they felt more confident when attending interviews. CJSW works with Community Police to promote a positive, safe working environment within Unpaid Work and to challenge negative perceptions about Policing. TPS offers volunteering opportunities and paid Peer Support Worker to assist those with lived experience overcome barriers to employment. TPS seeks views of those with lived experience to co-produce and develop services. The ICJP liaise with the Community Link Workers aligned to GP practices, and a representative attends the monthly Inverclyde Community Justice Breakfast. Utilising the DTTO addiction nurse who is qualified in mental health interventions; a protocol was established whereby CJSW service users who have no other formal mental health provision are screened		

DRAFT

and offered short term interventions.

Shine and SPS have joint working protocols in place to share information and work jointly with Throughcare Support Officers to plan support for women after they are liberated back into the community.

CLD Adult Literacies have a partnership with HMP Greenock to support short term prisoners with the transition to liberation. Examples of this focus on Universal Credit, guidance on learning opportunities and CV preparation.

Baseline and Trend Information 2014-2017

90% of patients to commence psychological therapy based treatment within 18 weeks of referral.

2017-2018 Apr-June	2017-2018 July-Sept	2017-2018 Oct-Dec	2017-2018 Jan-March
96.46%	97.76%	98.55%	98.39%

90% of clients will wait no longer than 3 weeks from referral received to an appropriate drug or alcohol treatments that supports their recovery. % Seen Within 3 Weeks.

DRAFT

		2014-2015 April-June	2014-2015 July-Sept	2014-2015 Oct-Dec	2015-2015 Jan-March			
		96%	95.10%	95%	94%			
		2015-2016 April-June	2015-2016 July-Sept	2015-2016 Oct-Dec	2015-2016 Jan-March			
		86%	83%	86.4%	94.3%			
		2016-2017 April-June	2016-2017 July-Sept	2016-2017 Oct-Dec	2016-2017 Jan-March			
		98%	86.7%	81%	82.7%			
5	Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed	In 2016/2017, 70% of those individuals sentenced to Community Payback Orders successfully completed these which is higher than the national figure of 67%. This is a significant achievement given approximately three quarters of those sentenced to unpaid work component of the CPO 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. Thus are likely to be in greater need in terms of the support they require to successfully complete their Court orders. TPS Turnaround Residential and Community					Inverclyde Community Justice Partnership has used the following common indicators: Individuals have made Progress against this outcome.	

DRAFT

		services began using the Scottish Government's Recovery Outcome tool this year. The purpose of this was to more accurately measure changes in a service user's life as a result of an intervention delivered by Turnaround or specialist partner services. The Recovery Outcomes tool is a validated tool which has been developed by the Scottish Government in line with the new Drug and Alcohol Information System (DAISy). In addition to this tool, TPS use Attribution questionnaires with service users to measure how they feel the service impacted upon their recovery and progress. **Brian's Story** Brian was released from prison on Throughcare licence. He was assessed as presenting a very high level of risk of re-offending and has an extensive record of criminal convictions. A multi-agency in depth action plan was developed in partnership with Brian and other agencies. A number of meetings with RSL's and housing support were undertaken to discuss their fears about Brian's return and to ensure he had a safe and secure tenancy upon release. CJSW secured white goods for the tenancy and additional practical support.		

DRAFT

		Brian remains in the community, having refrained from further offending behaviours and has been re-assessed and his risk of reoffending has reduced accordingly. He was provided with clothing for employment interview and has recently secured local employment.		
6	People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities	TPS Turnaround Residential and Community services developed an attribution questionnaire for individuals nearing the end of their period of engagement to gather their views on what they felt were the main attributing factors to positive change in their outcomes. These findings help adapt and shape the service to meet the changing needs of the service user group as well as report to the Scottish Government through quarterly reports. Turnaround – total number of engagements between 2012-2017 was 43,628. 1 to 1 = 8,469 (19%), groups = 14,131 (32.4%), health interventions = 20,890 (47.9%) and family visits = 138 (0.3%). **Stephen's Story** Stephen was released from remand and was made subject to a Drug Treatment and Testing Order. He was using illicit Diazepam on a daily basis which correlated with his offending behaviour and was	Inverclyde Community Justice Partnership has used the following common indicators: Individuals have made Progress against this outcome.	

DRAFT

		categorised as a high risk needs level using LS/CMI risk assessment. Children's Services were involved with the family due to his drug and offending behaviour. DTTO staff worked with Stephen to lower his drug use. Work was also undertaken to help support him to gain employment. Stephen successfully completed his Order and there is no longer Children's Service involvement. Stephen has not committed any further offences and is now in employment.		
7	Individuals resilience and capacity for change and self-management are enhanced	TPS Turnaround's ECHO Programme covers topics such as anger management, victim empathy, thinking about my offending, triggers, change, alcohol and behaviours, relapse prevention, what is addiction and drug awareness. Again, this is measured through the Scottish Government's Recovery Outcomes tool and Attribution questionnaires for every individual. **Lisa's Story** Lisa is serving a community sentence. Lisa experienced a traumatic childhood and was LAAC. As an adult she has also experienced significant destructive behaviours including domestic abuse,	Inverclyde Community Justice Partnership has used the following common indicators: Individuals have made Progress against this outcome.	

DRAFT

		financial exploitation, and drug use. Lisa is now a parent. CJSW has developed an extensive network of support amongst partnership agencies to provide a robust individualised package of support including specialist services to address her experiences of domestic abuse. Lisa feels more resilient than at any point during her life and is focused on being the best parent she can be. Lisa has not committed any further offences. **David's Story** David has a conviction for a sexual offence and is currently subject to MAPPA. He presents with significant difficulties following a traumatic childhood, learning difficulties and limited social skills. A holistic package of support is improving his social skills, improving education attainment and adult literacy, providing budgeting support, and doing life story work to address childhood trauma, providing support to manage his learning difficulties, and improve his independent living skills. CJSW have undertaken specialist training to be able to deliver sexual offending programmed intervention that is mindful of learning difficulties.		

DRAFT

SECTION B - Local Priorities
1. Local Priorities: What were your local priorities for 2017/18? (please list below)
Inverclyde Community Justice Partnership priorities during 2017 / 2018 have included: 1. Prevention and early intervention; 2. Housing and homelessness; 3. Domestic abuse; 4. Women involved in the criminal justice system; 5. Employability and 6. Access to GP registration and primary care for people leaving prison. Some of the above priorities are elements of the structural outcomes and others were included as local priorities in our Community Justice Outcomes Improvement Plan including domestic abuse; and specific aspects relating to housing and homelessness and employability. Women involved in the criminal justice system, while not identified in the Community Justice Outcomes Improvement Plan as a local priority; has (for reasons outlined below) become a local priority. The focus of this also cuts across prevention and early intervention.

DRAFT

2. Local Priorities: *How* did you identify each of your priorities?

Inverclyde Community Justice Partnership has adopted an improvement cycle approach that continuously triangulates information from what people with lived experience are telling us; what staff are telling us and what our data tells us.

The Inverclyde Community Justice Partnership has from the outset listened to people's experience of the criminal justice system and each of the local priorities has arisen directly from this continual engagement. These topics have also been echoed at the Inverclyde Community Justice Practitioners Forum and by a wide range of stakeholders including statutory partners; third sector and community organisations. In addition, where data has been available; this is included as part of our Community Justice Profile of strategic needs information. Learning from this analysis and any relevant research on these topics has informed our approach in taking them forward.

3. Local Priorities: *How* did you measure each priority?

1. Prevention and early intervention;

This is a change and impact outcome and we are focusing on three different but aligned elements:

a) The change element is having a shared understanding of what we mean by "prevention and early intervention".

b) A further change element is in considering diversion as an early intervention approach and how this can be extended and made available to more people as an option. This is also a quantitative measure.

c) The long-term impact for prevention and early intervention relates to a culture shift and potential resource shift from down-stream to up-stream. This will also be measured with regards to collaborative commissioning.

2. Housing and homelessness;

This is a change and impact outcome focusing on:

a) Developing clear pathways and partner commitment for young people 16-26 years who have been looked after or leaving custody secure sustainable housing.

DRAFT

b) Reducing the number of people leaving custody currently going through the homelessness route (which is both a long-term impact and we hope a quantitative measure will be developed as part of the SHORE Standards).

3. Domestic abuse;

This is a change and impact outcome focusing on:

a) We used available data from all community justice partners to plot against a process map of the perpetrator journey.

b) This exercise highlighted the current down-stream focus and lack of focus on prevention and early intervention.

c) The intended long-term outcome is to reduce the number of incidents of domestic abuse by changing the culture towards this.

4. Women involved in the criminal justice system;

This is a change and impact outcome focusing on:

a) Listening to women's stories to consider different "support" options.

b) Questionnaires of women serving a CPO to identify needs.

c) Data available from various strategic needs assessments to create a baseline of information.

d) Research articles and learning from visiting different types of women's centres.

e) The long-term impact is to develop early action systems change and shift resources from a down-stream view to up-stream focusing on prevention and early intervention for women involved in the criminal justice system.

5. Employability;

This is a change and impact outcome focusing on:

DRAFT

a) The Community Justice Profile includes a wide range of local employability data providing a local context.

b) The intended long-term impact is that more people having had involvement with the criminal justice system will be in employment. This is a quantitative measure that needs to be developed as we currently do not capture this as a partnership.

6. Access to GP registration and primary care for people leaving prison.

This is a change and impact outcome focusing on:

a) Mapping the current process for transition planning between prison healthcare and community primary care.

b) Collating available data and highlighting the gaps in this.

c) Recognising the wider public health context and higher level of needs as outlined in various health needs assessments of people involved in the criminal justice system.

4. Local Priorities: *What* progress did you make in relation to each priority?

1. Prevention and early intervention;

a) The Criminal Justice Voluntary Sector Forum facilitated an engagement event with local third sector and community organisations where forty different representatives attended. The purpose of this was to develop stronger partnership working in the local implementation of the community justice agenda in Inverclyde and collaborative opportunities at the earliest point.

b) A third sector organisation facilitates a regular Community Justice Breakfast. This offers a forum where organisations can strengthen their relationships and offers the potential for collaborative commissioning.

2. Housing and homelessness;

a) Extensive engagement informed a joint event between ICJP and the Children's Services. It focused on prevention and

DRAFT

early intervention; inclusion; health and wellbeing and life skills in respect of housing and homelessness with the aim of developing shared thinking around this agenda. Partners who attended included RSL's; CJSW; Homelessness; Children's Services; SPS and community organisations. The Care Inspectorate also attended as part of the local Children and Young People's inspection.

b) A report of findings and agreed actions was presented to the HSCP Housing Partnership and the Community Justice Partnership is now a member of this group. This is a key forum for identifying local housing needs and contributing to the local Housing Strategy and HSCP Housing Contribution Statement.

c) A small working group continues to meet and is developing a Young People's Charter targeting 16-26 year olds in preventing homelessness and ensuring suitable support and accommodation.

3. Domestic abuse;

a) Using available ICJP data, a detailed analysis of the perpetrator pathway was developed that included data at key points. Analysis of this and the long term trends informed a report that was presented to the Inverclyde Alliance, the community planning partnership.

b) Met with CJS to seek support for developing an early intervention model of support based on the concept of promoting "healthy relationships".

4. Women involved in the criminal justice system;

a) In considering options for a delivery model; there was a focus group with women to explore the concept of "support". A report of findings was central to the preparation of a successful Big Lottery bid to the Early Action Systems Change – women in the criminal justice system fund.

b) Research and evaluation from across the UK on women's centres has been analysed to consider model options. Site visits have also helped with this to learn from best practice.

DRAFT

5. Employability;

    a) An event focused on supporting people involved in the criminal justice system on employability. The Community Justice Partnership is now part of the Inverclyde Regeneration and Employability Group.

    b) The Employability Service and Community Justice Partnership prepared a successful bid to the Scottish Government's Employability Innovation and Integration Fund to pilot a "resilience project" targeting people involved in the criminal justice system that may also have an addiction and / or are homeless as part of a recovery model.

6. Access to GP registration and primary care for people leaving prison.

    a) Collated available data and following a site visit to consider a good practice example prepared and presented a report to the GG&C Community Justice Health Improvement Group.

    b) Collated anecdotal evidence that indicates this is a barrier for people that needs to be addressed.

5. Local Priorities: *What* are the areas you need to make progress on going forward?

ICJP agreed as part of the annual development session to continue to focus on existing priorities as outlined below and also to consider further adult literacy and the area of trauma. Both of these will be progressed via existing workstreams.

1. Prevention and early intervention;

    a) Research best practice models of collaborative commissioning to inform an ICJP Strategic Commissioning Framework.

2. Housing and homelessness;

    a) Take forward the work with Children's Services to launch a Young People's Charter.

    b) Learn from pilots of SHORE standards with a view to local implementation.

3. Domestic abuse;

DRAFT

a) Submit an application for the Caledonian programme.

b) Continue to develop an early intervention model and seek funding for this.

4. Women involved in the criminal justice system;

   a) Establish a Steering Group for this project.

   b) Provide regular updates to the ICJP.

5. Employability;

   a) Develop clear pathways for people involved in the criminal justice system into the existing employability pipeline. This will include elements of more specialist support.

   b) Engage with local employers to secure additional opportunities for work placements and employment.

6. Access to GP registration and primary care for people leaving prison.

   a) Seek the views of people with lived experience of being in custody as to how to develop support in returning to their local community.

   b) Consider seeking the advice of the Health and Justice Board in agreeing a way of addressing this issue.

The ICJP also considered the “building blocks” outlined in our CJOIP and agreed to:

1. Undertake a self-evaluation of the ICJP.

2. Develop a Participation Strategy.

In addition, in light of the new LOIP and Locality Planning arrangements; it was agreed to undertake a mapping of existing multi-agency groupings and structures to further enhance partnership working.

DRAFT

SECTION C - Good Practice
Please outline ***what went well*** for you in terms of community justice in your area
A key area of good practice ICJP would like to highlight is related to the local priority of women involved in the criminal justice system. This arose at a time when due to a reduction in overall funding; CJSW could no-longer sustain a women's service in its current form. The Community Justice Partnership held a series of focus groups of women at the final stages of the women's service and a further focus group of women (some who had previously received a service from the women's service). The women were extremely supportive and highly valued the women's service. In order to enable the women to consider a future model; the Community Justice Lead used pictures to illustrate different types of support. From this exercise the women were very clear that they needed more than a signposting service, while also finding it unhelpful having too many people involved. The model they suggested was a "circle of support" that included peer support and community networks and not just statutory services. This was about "being held" while "moving on to a better place". They also indicated that for many of them, they had not had any contact with their family for a considerable time, but felt "lonely" in their own community. The Big Lottery Early Action System Change Fund then became available and we submitted a bid using all of the feedback from women for the category of women in the criminal justice system. There were several stages of the bidding process and women continued to be involved, including in preparing a video clip for the final presentation. The bid was successful and the overall project is for a five year period. The funding will be used to employ a Project Manager; Community Worker and Data Analyst. The project comprises of two time periods. The initial two year period will focus on participation; research and developing a model. If the proposed model is approved; the second phase will include tests of change and implementation. The top four issues identified by women were relationships; domestic abuse; mental health and isolation. The essence of the project is about systems change and the shift of resource from down-stream to up-stream. While the system change will primarily focus on the HSCP; it will include the wider criminal justice system and how we can improve this for women at the different stages. The impact for the women involved in all the focus groups to date has been their input in bringing into fruition (from a place where an

DRAFT

existing service was being pulled back) a successful bid that has secured funding for them to be directly involved in co-designing a model of support.

DRAFT

SECTION D - Challenges
Please outline what were the challenges for your partnership/group in terms of community justice in your area ***and*** identify any you see going forward
Some of the challenges for ICJP include: 1. Ensuring a sustainable community justice partnership where all partners are supported to have an active role and contribution. This can be challenging when it is difficult for partners to provide a consistent representative. The ICJP is however committed to exploring this further as part of the self-evaluation. 2. ICJP adhered to the guidance with regards to the development of our CJOIP and deliberately structured this to be explicit about the national outcomes (using the national outcomes performance framework) while also reflecting local priorities. Subsequently there appeared to be suggestions that there were intentions to review the outcomes performance framework. In view of this ICJP agreed to focus on our local priorities, while acknowledging the local priorities cross-cut with aspects of the structural outcomes. 3. Inverclyde is a small local authority and we recognise that many partners are involved in several strategic groups. As a means of trying to be “smarter” about this; we will undertake a mapping of all of the multi-agency groupings to attempt to streamline these. 4. Many statutory partners are national organisations and some have struggled to provide a consistent level of support to local partnerships without over-stretching themselves. It would be helpful if this could be considered by the national partner representatives as part of the national Development and Improvement Group. 5. The temporary funding of community justice constrains ICJP being able to commit work to the Community Justice Lead beyond the current year. Inverclyde CJOIP is an ambitious five year plan however, the focus of activity is on what can be achieved in the short-term. 6. While experimental data has been made available since 2015 / 2016; there remains key measures that no mechanism for collating has been developed as yet, for example, GP registration for those leaving custody. As previously indicated, it would be helpful if the Health and Justice Board could consider this.

DRAFT

7. There is a commitment towards shifting the balance of custodial sentences towards community alternatives. There needs to be an appropriate level of funding community supports and recognising the complexity of needs of people involved in the criminal justice system.

DRAFT

SECTION E - Additional Information
Please add any additional information that you think appropriate in the context of your annual report
As illustrated throughout this annual report, there has been considerable progress made in a short space of time in implementing community justice at a local level. It also demonstrates the significance of having this agenda focused on our local communities. This is particularly pertinent to driving forward prevention and early intervention. This includes having a better understanding of adverse childhood trauma and adult trauma as well as listening to people's stories of their life. We have adopted a public health model in relation to community justice that considers the whole system and how this impacts on all aspects of a person's life. This is an important culture change and has the potential to realise substantial benefits in going forward.

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