

PLEASE NOTE TIME OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 30 August 2018

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 11 September 2018 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
**Copy to follow		
1.	Apologies, Substitutions and Declarations of Interest	Page
<u>Item for Action:</u>		
2.	Non-Voting Membership of the Inverclyde Integration Joint Board Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Item for Noting:</u>		
3.	NHS GG&C Musculoskeletal (MSK) Physiotherapy Annual Report 2017/18 for Inverclyde Health & Social Care Partnership Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Action:</u>		
4.	NHS Greater Glasgow & Clyde Oral Health Directorate Report: Inverclyde HSCP 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Moving Forward Together – NHS GG&C Transformation Strategy Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6.	Minute of Meeting of Inverclyde Integration Joint Board of 15 May 2018	p
7.	Minute of Meeting of Inverclyde Integration Joint Board of 18 June 2018	p
8.	Rolling Action List	p
9.	Financial Monitoring Report 2018/19 – Period to 30 June 2018, Period 3 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

10.	Annual Report to IJB and Controller of Audit for Financial Year Ended 30 March 2018 ** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
11.	Inverclyde Community Justice Partnership Annual Report 2017 - 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
12.	Review of Sandyford Sexual Health Services Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
13.	LIAM – “Let's Introduce Anxiety Management” for Children and Young People Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
14.	Five Year Mental Health Strategy Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
15.	Upgrade Requirements of the Joint Equipment Store Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
16.	HSCP Annual Complaint Report 2017 - 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Noting:</u>		
17.	Minute of Meeting of IJB Audit Committee of 20 March 2018	p
18.	Advice Service Biennial Report 2016/2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
19.	LD Redesign – Progress Report August 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
20.	Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	p

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

The papers for meetings of the IJB Audit Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/59>

The papers for meetings of Inverclyde Council's Health & Social Care Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/49>

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

Report To:	Inverclyde Integration Joint Board	Date:	11 September 2018
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/090/18
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Non-Voting Membership of the Inverclyde Integration Joint Board		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in its non-voting membership arrangements.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

2.2 The service user representative member on the IJB, Ms Margaret Telfer, has intimated her resignation from the IJB. It is proposed to appoint Mr Hamish MacLeod in her place.

2.3 This report sets out the revised non-voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

- (1) notes the resignation of Ms Margaret Telfer as the service user representative non-voting member of the Inverclyde Integration Joint Board;
- (2) agrees the appointment of Mr Hamish MacLeod as the service user representative non-voting member of the Inverclyde Integration Joint Board; and
- (3) notes that Ms Margaret Telfer has been confirmed as the proxy member for Mr Hamish MacLeod, for meetings of the Integration Joint Board

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards.
- 4.2 The service user representative member on the IJB, Ms Margaret Telfer, has intimated her resignation from the IJB with effect from 24 August 2018. It is proposed to appoint Mr Hamish MacLeod in her place.
- 4.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one service user representative.
- 4.4 It has been confirmed that Margaret Telfer will be Hamish MacLeod’s named proxy to cover attendance at IJB meetings

5.0 PROPOSALS

- 5.1 It is proposed that the IJB agrees the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

6.0 IMPLICATIONS

Finance

- 6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

- 6.2 The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Human Resources

- 6.3 None.

Equalities

- 6.4 There are no equality issues within this report.

- 6.4.1 Has an Equality Impact Assessment been carried out?

X

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.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

Clinical or Care Governance

6.5 There are no clinical or care governance issues within this report.

National Wellbeing Outcomes

6.6 How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None

People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 CONSULTATIONS

7.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 N/A

Inverclyde Integration Joint Board Membership as at August 2018

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Vice Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Jim MacLeod	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor Elizabeth Robertson
Greater Glasgow and Clyde NHS Board	Mr Simon Carr (Chair) Dr Donald Lyons Mr Alan Cowan Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Chief Medical Officer Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	Proxy – Drew White
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Telfer
A carer representative	Ms Christina Boyd	
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Ms Sandra McLeod, Director of Housing & Customer Services, River Clyde Homes	

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/42/2018/AS

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

Subject: NHS GG&C MUSCULOSKELETAL (MSK) PHYSIOTHERAPY
ANNUAL REPORT 2017/18 FOR INVERCLYDE HEALTH &
SOCIAL CARE PARTNERSHIP

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee members with the summary of NHS GG&C Musculoskeletal (MSK) Physiotherapy Service Annual Report 2017/18 for Inverclyde Health & Social Care Partnership.

2.0 SUMMARY

- 2.1 The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire Health & Social Care Partnership (HSCP) on behalf of all Partnerships and the Acute Service Division of NHSGGC.
- 2.2 In April 2017 the Service had 12,223 patients waiting more than 4 weeks on the waiting list, of whom 687 resided in Inverclyde. By March 2018 this had reduced to 10,177 patients waiting, of which 595 were from Inverclyde.
- 2.3 In 2017/18 the longest a patient waited for a routine appointment in NHS GG&C was 31 weeks in May 2017 (excluding periods of unavailability). By March 2018 this wait had reduced to 20 weeks.
- 2.4 Waiting times continue to be the major challenge for the MSK Physiotherapy Service and will remain a focus for the senior management team in West Dunbartonshire with a service review with the new NHSGG&C AHP Director and National MSK Lead ensuring a safe, efficient and effective service.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the contents of the MSK service (hosted by West Dunbartonshire HSCP) with 6% of Inverclyde patients exceeding the 4 week waiting time.

4.0 BACKGROUND

4.1 The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire Health & Social Care Partnership (HSCP) on behalf of all Partnerships and the Acute Service Division of NHSGGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP and the Service is included within their development plans and governance structures.

4.2 Musculoskeletal (MSK) conditions affect bones, joints, muscles and tendons and interfere with people's ability to carry out their normal activities. MSK Physiotherapists are highly skilled in assessing and treating people with physical problems caused by accidents, ageing, disease or disability.

They aim to:

- Totally relieve or reduce pain
- Provide strategies to manage injuries or conditions
- Help patients recover quicker and return to normal activities
- Help prevent future injuries
- Assist patients to achieve their goals
- Improve flexibility, muscle strength and quality of movement

4.3 Across NHSGGC the number of referrals received from all sources has dropped during 2017/18 from 76,467 referrals to 70,097. It is difficult to state exactly why this happened as there are several factors which could affect referral rates. Staffing numbers had reduced in 2016/17 and the maximum waiting times rose to an all-time high of 31 weeks for a routine appointment. As a result, some GPs and Consultants reported they were not referring as many patients as they would like but were encouraging patients to use information on the NHS Inform website.

4.4 In 2016 the Scottish Government introduced a target that 90% of patients referred with a musculoskeletal problem would be seen within 4 weeks. This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services are ranging from 23.1% seen within 4 weeks to one Board at 92.1%. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks.

4.5 In April 2017 the Service had 12,223 patients waiting more than 4 weeks on the waiting list, of whom 687 resided in Inverclyde. By March 2018 this had reduced to 10,177 patients waiting, of which 595 were from Inverclyde.

4.6 In 2016 the Scottish Government introduced a target that 90% of patients referred with a musculoskeletal problem would be seen within 4 weeks. This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services are ranging from 23.1% seen within 4 weeks to one Board at 92.1%. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks.

The longest wait is recorded on a monthly basis across the whole service as the waiting times are monitored to ensure equity across the service. In 2017/18 the longest a patient waited for a routine appointment was 31 weeks in May 2017 (excluding periods of unavailability). By March 2018 this wait had reduced to 20 weeks.

4.7 During 2017/18 the Did Not Attend rate for new patients for the whole service was averaging 7.5% per month. Text reminders are sent to all new patients with details of their appointment and asking them to call if they are unable to attend.

Within Inverclyde the new patient DNA rate was slightly higher than average at 10.5% (down from 14% in 16/17). In total, 435 new appointments were not utilised in

Inverclyde during 2017/18 and could have been offered to patients on the waiting list if we had been informed that they were no longer required or patients cancelled with enough notice to refill the appointment.

- 4.8 The MSK Physiotherapy Service received a budget allocation for 2017/18 of £5.975m which reflected approved savings of £0.342m. The actual expenditure for 2017/18 was £5.858m.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.0 CONSULTATION

- 6.1 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.

**NHSGGC
Musculoskeletal (MSK)
Physiotherapy Service**



**MUSCLE
OR JOINT
PROBLEMS?**

**Annual Report 2017/18
For
Inverclyde Health & Social
Care Partnership**

Foreword

Musculoskeletal (MSK) disorders continue to be the leading cause of time off work for sickness worldwide. MSK conditions range from those that arise suddenly and are short lived, such as fractures and sprains; to lifelong conditions associated with on-going pain and disability.

MSK conditions significantly limit mobility and dexterity, leading to early retirement from work, reduced accumulated wealth and reduced ability to participate in social roles. These conditions are the second largest contributor to disability worldwide with low back pain being the single leading cause of disability globally.

MSK Physiotherapists have expertise in the assessment, treatment and prevention of muscle and joint conditions. They employ advanced clinical assessment and diagnosis methods and have been trained in a broad range of treatment techniques to help patients recover and return to normal activities. They also have a vital role in preventing ill health, maintaining mobility and encouraging older patients to remain active, thus contributing to falls prevention.

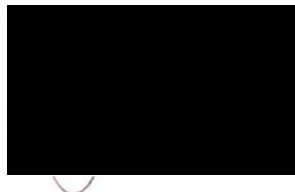
This report details the activities of the Musculoskeletal Physiotherapy Service with respect to residents of Inverclyde and across the NHS Greater Glasgow & Clyde (NHSGGC) area as a whole.

We started 2017/18 with significantly high waiting times for a routine appointment and have worked extremely hard to reduce this wait whilst still maintaining high quality, evidence based care. We continue to seek opportunities to improve efficiency whilst maintaining a safe and effective service.



Janice Miller

MSK Physiotherapy Service Manager & Professional Lead (Partnerships)



Background

Musculoskeletal (MSK) conditions affect bones, joints, muscles and tendons and interfere with people's ability to carry out their normal activities. MSK Physiotherapists are highly skilled in assessing and treating people with physical problems caused by accidents, ageing, disease or disability.

They aim to:

- Totally relieve or reduce pain
- Provide strategies to manage injuries or conditions
- Help patients recover quicker and return to normal activities
- Help prevent future injuries
- Assist patients to achieve their goals
- Improve flexibility, muscle strength and quality of movement

The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire Health & Social Care Partnership (HSCP) on behalf of all Partnerships and the Acute Service Division of NHSGGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP; and the Service is included within their development plans and governance structures.

Our Vision: To offer expert diagnosis and intervention to maximise the potential of people with musculoskeletal (MSK) conditions, the most common cause of disability and work related absence in the UK.

Our key objectives are to:

- Provide an efficient, timely and equitable MSK service.
- Provide an effective MSK service.
- Provide a person centred MSK service.
- Ensure staff wellbeing within the MSK service.
- Provide a safe MSK service.
- Provide a creative and innovative service that will be responsive to current and future challenges.

The Service treats adults over the age of 14 and across NHSGGC received over 70,000 referrals in 2017/18 with over 142,000 return appointments.

The delivery of the service is divided into four geographical quadrants: South, East, West & Clyde. There are 36 sites across Glasgow & Clyde providing MSK Physiotherapy with three sites within the Inverclyde HSCP - Port Glasgow Health Centre, IRH and Greenock Health Centre.

Patient Care

In line with Scotland's Health and Social Care Standards, the MSK Physiotherapy Service is focused on improving people's experience of care.

We strive to ensure patients:

- Experience high quality care and support.
- Are fully involved in all decisions about their care and support.
- Have confidence in the people who support and care for them.
- Have confidence in the organisation providing their care and support.
- Experience a high quality environment.



Regular audits including our record cards and a yearly Consultation and Relational Empathy (CARE) Measure ensure quality of care.

Results from our record card audit are detailed below.

	2016	2017
Quantative results	94%	97%
Qualitative results	91.5%	94.3%

Our average CARE score for 2017 was 48.4 out of 50. This validated patient reported experience measure seeks feedback from our patients on their experience of the therapeutic interaction. The results demonstrate the empathy and interpersonal effectiveness of our excellent clinicians.

We continue to update and use our evidence based clinical pathways which we have established for over 90% of the conditions seen in MSK Physiotherapy. Regular case review sessions link into these pathways which include exit routes and onward escalation guidance if required. All back pain patients are assessed using a validated risk stratification tool to ensure they receive appropriate evidence based care that is safe and effective.

All treatment is based on current research, evidence and appropriate guidelines when available. We will routinely discuss a patient's general health and wellbeing, offering signposting to various health promotion resources including weight management, physical activity, smoking, mental health services, alcohol and employability services.

Developments in 17/18 saw our Patient Reported Outcome Measures (PROMs) included into our IT system to allow us to measure the impact of our physiotherapy interventions. We record pain, function, work status, age, body part, number of treatments, health improvement activity and discharge outcome. We are now finalising the reports from the system to allow us to analyse the information received.

In 2017/18 the MSK Physiotherapy Service received 12 complaints, of which 9 were resolved at the informal stage 1 level. Most of these complaints arise from patients expecting a specific form of treatment or to be seen urgently yet they do not fulfil our criteria for an urgent appointment. The other 3 complaints were all addressed through the formal route and all 3 were partially upheld. If there is any learning from a complaint it is shared at our extended management team meetings. All complaints are scrutinised through the West Dunbartonshire HSCP Clinical & Care Governance Group.

Staff and management receive many thank you cards and letters from patients expressing their appreciation for the care and treatment they have received. Letters this year included the following comments:



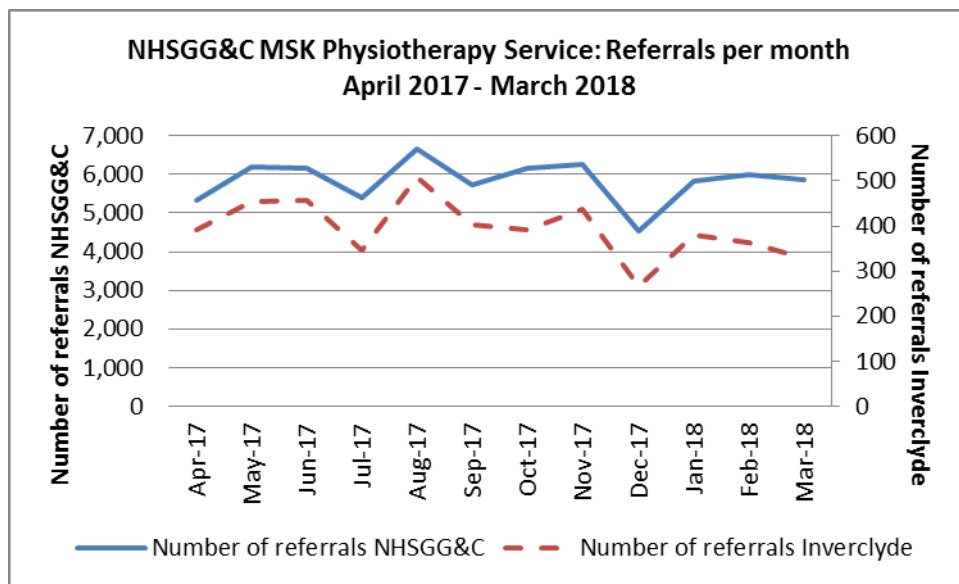
“The care that I have received is outstanding. I really appreciate that X took the time to understand what my goals for recovery were and tailored my treatment accordingly”

“I will never be able to thank X enough for what they did to help me and my family. X has shown a great deal of empathy, determination and genuine care with my case. She looked outside the box and used her experience, knowledge and instinct to diagnose what was debilitating me so badly. Most importantly she listened to me as an individual, a key skill often forgotten in today’s NHS”

Referrals to the Service

Patients can access MSK Physiotherapy via GP referral, self-referral or referral by another Health Care Professional. All referrals are logged onto our electronic system and vetted by a clinical member of staff to identify any clinical priorities. A small proportion of patients are phoned directly as they require an immediate appointment whilst the majority are sent a letter inviting them to call and book an appointment at a time and place suitable to the patient. They are usually offered the first available appointment within their local quadrant but many patients choose to wait for an appointment closest to home or work. Figure 1 below shows the number of referrals into the MSK Physiotherapy Service from across the NHSGGC area and from Inverclyde.

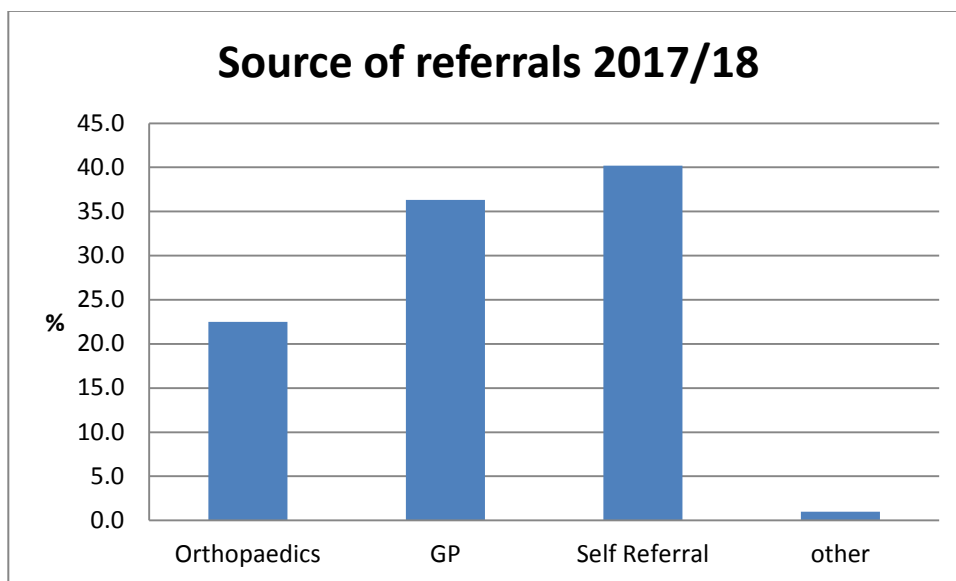
Figure 1



Across NHSGGC the number of referrals received from all sources has dropped during 2017/18 from 76,467 referrals to 70,097. It is difficult to state exactly why this happened as there are several factors which could affect referral rates. Staffing numbers had reduced in 2016/17 and the maximum waiting times rose to an all-time high of 31 weeks for a routine appointment. As a result, some GPs and Consultants reported they were not referring as many patients as they would like but were encouraging patients to use information on the NHS Inform website. Staff have also put a lot of work into supporting patients to manage their own conditions so this may also be reflected in the reduced number of referrals received.

Figure 2 shows the main referral sources into the MSK Physiotherapy Service. As mentioned above, referrals are mainly from GPs or patients referring themselves (usually on the back of a GP suggesting they refer if not resolving). The other main source of referrals is from Orthopaedics.

Figure 2



During 17/18 we worked closely with GPs to develop referral guidance which would clarify where MSK Physiotherapy would make the most impact. Other options for referrals and management were included based on the feedback from GPs.

Service Activity

In 2017/18 there were 54,116 new patient appointments available across the MSK Physiotherapy Service with respect to the NHSGGC area as a whole. Within the Inverclyde HSCP area, 4,167 appointments (7.7%) were available and patients from the area have accessed the service outwith the HSCP area. Figures 3 and 4 below show the new and return appointments available each month across the whole service, the variation is mainly due to periods of annual leave and public holidays.

Less than 3% of all appointments are outwith the HSCP area. These are predominantly at the RAH and Johnstone Health Centre, although Inverclyde residents are accessing the service across the whole of NHSGGC (possibly due to work or family commitments). Less than 3% of all Inverclyde

appointments are used by residents from outwith Inverclyde. Each month in the Inverclyde HSCP area there are between 250 and 450 new appointments, the variation due to the number of days in the month and staff on duty at any one time.

Figure 3

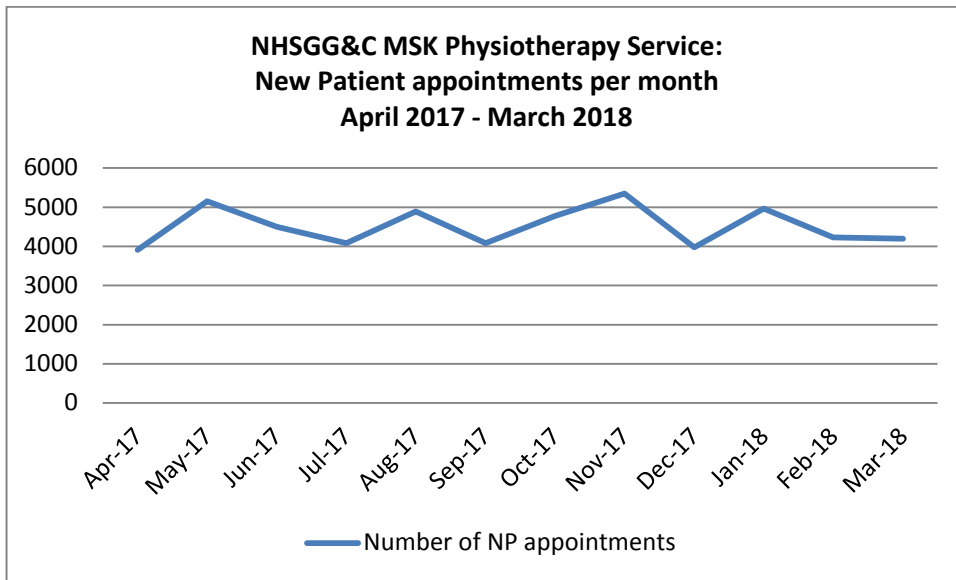
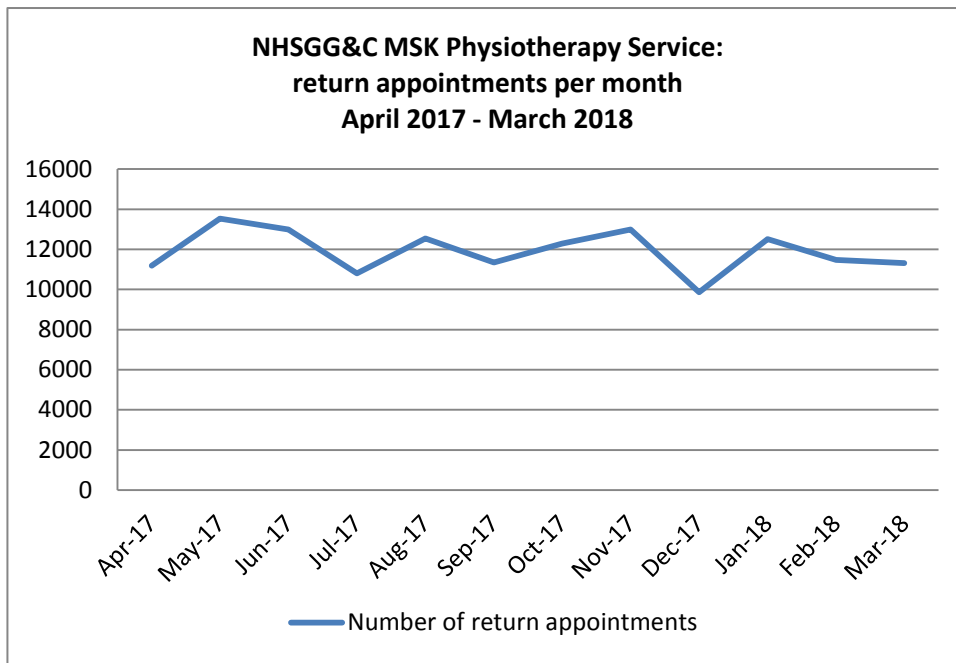


Figure 4



Did Not Attend (DNA) Rates

During 2017/18 the DNA rate for new patients for the whole service was averaging 7.5% per month. Text reminders are sent to all new patients with details of their appointment and asking them to call if they are unable to attend. We encountered problems with the text reminder service during June – August 2017 and our DNA rate rose to an average of 12.3% during this period. This highlights how effective the text reminders are for new patients.

Within Inverclyde the new patient DNA rate was slightly higher than average at 10.5% (down from 14% in 16/17). In total, 435 new appointments were not utilised in Inverclyde during 2017/18 and could have been offered to patients on the waiting list if we had been informed that they were no longer required or patients cancelled with enough notice to refill the appointment.

Rates of DNA for follow up appointments are always slightly higher but have remained at an average of 10% with our text reminders (11.3% during June – August 2017). Inverclyde patients have a slightly better return attendance rate at 8.5% (down from 10.9% in 16/17) but this has still resulted in 936 appointments not attended.

Staff are encouraged to remind patients to cancel appointments as soon as possible so they can be used by other patients and new posters were developed for waiting areas during 17/18 to promote this message.

Waiting List

In 2016 the Scottish Government introduced a target that 90% of patients referred with a musculoskeletal problem would be seen within 4 weeks. This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services are ranging from 23.1% seen within 4 weeks to one Board at 92.1%. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks.

Patients are offered the first available appointment within their quadrant (and outwith their quadrant if requested). The longest wait is recorded on a monthly basis across the whole service as the waiting times are monitored to ensure equity across the service. In 2017/18 the longest a patient waited for a routine appointment was 31 weeks in May 2017 (excluding periods of unavailability). By March 2018 this wait had reduced to 20 weeks.



In April 2017 the Service had 12,223 patients waiting more than 4 weeks on the waiting list, of whom 687 resided in Inverclyde. By March 2018 this had reduced to 10,177 patients waiting, of which 595 were from Inverclyde.

Budget

The MSK Physiotherapy Service received a budget allocation for 2017/18 of £5.975m which reflected approved savings of £0.342m. The actual expenditure for 2017/18 was £5.858m.

Staffing

In June 2017 the Service had 170.66 whole time equivalent (wte) posts, with 224 staff in post. This includes non-qualified support staff, administrative staff, and also 21 Extended Scope Practitioners (ESPs) and 20 rotational staff who are employed by the Acute Division but provide sessions within MSK Physiotherapy. Qualified clinical staff totalled 130.432wte. With on-going consolidation of posts, reviewing skill mix and delivering turnover savings for 2017/18, current staffing sits at 172.55wte, with 226 staff and 132.5wte qualified clinical staff.

	Total wte	No. of staff	Qualified clinical wte
April 2016	180.24wte	243	138.22wte
June 2017	170.66wte	224	130.42wte
April 2018	172.55wte	226	132.5wte

All qualified staff are registered with the Health & Care Professions Council (HCPC) with registration checked on a monthly basis. Staff attend in-service training and courses whilst regular case reviews ensure all patients receive safe and effective treatment, regardless of where they receive their treatment across the NHSGGC area.

The average sickness absence during 2017/18 was 3.3%. This rate is below the 4% set by NHSGGC with all absences closely monitored and managed within the NHSGGC sickness absence policy. We will continue to support the staff governance commitments and promote the health and wellbeing of our staff and patients.

Looking Forward

Waiting times continue to be the major challenge for the MSK Physiotherapy Service and will remain a focus for the senior management team. A service review with the new NHSGG&C AHP Director and National MSK Lead will ensure we are delivering a safe, efficient and effective service.

Work to develop the Advanced Practice Physiotherapist (APP) posts within Primary Care has been progressing during 2017/18. These posts are an alternative first point of contact within GP practices and are being established within all Primary Care Improvement Plans. Recruitment to these posts and subsequent backfill will begin late summer and be closely monitored to ensure no impact on the core MSK Physiotherapy Service.

A project with our colleagues in secondary care through the Trauma & Orthopaedics ACCESS programme (Addressing Core Capacity Everywhere in Scotland Sustainably) continues into 18/19. The project is ensuring patients are seen by the right person at the right time. Hip and knee patients meeting the agreed criteria will be transferred to MSK physiotherapy for conservative management and outcomes will be monitored.

We continue to link with the work developing a new national web based access tool. This tool would allow patients to enter their symptoms online and following specific questions, gain access to relevant exercises, advice and support to self-manage their problem or provide an onward referral to physiotherapy if appropriate.

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/39/2018/HW

Contact Office: Helen Watson
Head of Strategy and Support Services
Inverclyde Health and Social Care Partnership **Contact No:** 01475 715285

Subject: NHS Greater Glasgow & Clyde Oral Health Directorate Report: Inverclyde HSCP (2018)

1.0 PURPOSE

1.1 The purpose of this paper is twofold –

- i. To bring to the attention of the Integration Joint Board, the publication of the above report. This will outline a descriptive summary of the report produced by the Oral Health Directorate for Inverclyde for 2017, using comparative data, where this is available
- ii. To provide an update on developments pertaining to some of the aligned work will be delivered by Inverclyde HSCP.

2.0 SUMMARY

2.1 In context, NHS Greater Glasgow & Clyde's Oral Health Directorate's work is in direct response to the Scottish Government's Oral Health Improvement Plan (OHIP). This strategic approach was recently updated at the beginning of this year and sets the direction of travel for oral health improvement and NHS dentistry for the next generation. The OHIP has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities.

The report highlights that whilst child oral health is poor in Inverclyde, improvements can be seen for Primary 1 and Primary 7 aged children compared to previous data collected in 2012/2013.

The plan can be accessed at <https://www.gov.scot/Resource/0053/00530479.pdf>.

In development, is the NHSGGC Oral Health Directorate's revised strategy that will be published later in the year.

2.2 These reports are produced on an annual basis and rotate for activities specifically for the NHSGGC Oral Health Directorate, which is the case for the

2018 document, and key outputs that extend to the delivery elements within the responsibilities of Inverclyde HSCP.

Throughout the document there is importance placed on performance data that will inform future ways of working; build upon ways to address some of the known challenges; cut across wider preventing dental decay approaches and other resources currently offered by the Oral Health Directorate and the HSCP.

- 2.3 There is a comprehensive set of recommendations that are suggested by the Oral Health Directorate that have informed further recommendations, both in response and to enable future ways of collaborative working and in order to improve on oral health outcomes.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the content of this paper.
- 3.2 The Integration Joint Board is asked to consider the further recommendations, as detailed in section six.
- 3.3 The Integration Joint Board is asked to agree to receive further updates, particularly in relation to the operational responsibilities for the HSCP.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 At the time the Oral Health Directorate produced the report, the Scottish Government had set targets for child dental health, by 2022, for there to be a 10% increase in Primary 1 and Primary 7 children who have “no obvious dental decay”.

Although Child Oral Health in Inverclyde remains a matter of concern, there are some improvements, however there is still work to be done, particularly in the registration of very young children with an NHS dentist remaining low.

Data presented below demonstrates particular areas where Inverclyde is performing well, against both the GGC-wide and Scottish indicators.

4.2 Oral health in Inverclyde is delivered by three services:

- The NHSGGC Oral Health Directorate, which is hosted by East Dunbartonshire HSCP. The Oral Health Directorate’s Corporate function oversees developments for the local General Dental Services and Public Dental Health Services. From an operational perspective, the NHSGGC Oral Health Directorate delivers support services to local primary schools (up to P3) and the Caring for Smiles Older Persons programme.
- The Inverclyde HSCP’s Health Improvement & Inequalities Team is responsible for the delivery of the Childsmile Core Toothbrushing Programme in pre 5 establishments and has a locus in the consent process and linking with dental practices for the Fluoride Varnishing Programme, with delivery overseen by the Oral Health Directorate. Oral health promotion for the 0-5 age group is carried out by the team.
- The HSCP’s Children & Families Team have their responsibility in delivering the Childsmile Practice component and this provides the important link that has been established between Health Visitors (HSCP’s Children & Families) and the HSCP’s Dental Health Support Workers (DHSW). The work is mainly to visit and support families of new-born babies, thereby providing assistance in locating and visiting a dentist for new parents. Additionally, they provide awareness of the main dental message to encourage good oral health.

4.3 General Dental Services

There are 10 independent contractor practices providing NHS dentistry in Inverclyde.

These practices provide General Dental Services (GDS) and in addition 3 practices provide sedation services. Inverclyde has 1 practice that provides only orthodontic services meaning no patients are registered with them for GDS.

Data available from Information Services Division (March 2016) shows the proportion of patients registered in Inverclyde are:

- 92.3% Children (compared to 93.7% Scotland: 94.3% GG&C)
- 89.7% Adults (compared to 90.0% Scotland: 93.9% GG&C)

The registration data for Inverclyde are consistently lower than the data for Greater Glasgow & Clyde and for Scotland. The Oral Health Directorate suggests this might be attributed to the number of patients, particularly adults, who may be registered with non-NHS dentists, or may travel outside of Inverclyde for dental treatment. As data is not collected for non-NHS practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS.

However, this explanation may not hold as robustly for children, as dentists may hold list numbers with NHSGG&C to provide NHS dental registration and

treatment for children, whilst providing non-NHS treatment for parents.

More detailed data on dental registrations from Information Systems Division (see <http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables.asp?id=1677#1677>) highlight an issue relating to registration of very young children (aged 0-2 years). In Inverclyde the proportion of children aged 0-2 years who are registered with a dentist is 58.3%. This compares to 48.1% for Scotland and 50.9% for NHS GG&C. Although this figure is higher than Scotland and GG&C it remains lower than desired as this starts the oral health journey for a child.

4.4 Public Dental Health Service (PDS)

This service provides comprehensive dental care and oral health education to priority group patients, including those with special needs, adult and paediatric learning disabilities, medically compromised and all groups of children. Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital units and domiciliary visits, prisons and undergraduate outreach clinics.

The following table illustrates the Location and services delivered by the PDS in Inverclyde –

Locations/Services	Paediatric Dentistry	Paediatric Special Care Dentistry	Paediatric Sedation Services	Adult Special Care Dentistry	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
Greenock Health Centre	√	√	√	√	√		√	√
Inverclyde Royal Hospital							√	
Greenock Prison						√	√*	

* A pilot hygiene therapy service is currently taking place in Greenock Prison.

4.5 Dental Public Health

The oral health of children in NHS GG&C has improved significantly over the last 20 years and this can be attributed to the implementation of the Childsmile programme.

Children in Inverclyde have generally demonstrated poorer oral health than the average for Scotland and the average for NHSGG&C, supported by data from the National Dental Inspection Programme (NDIP).

NDIP Data for Primary 1 (Detailed Inspections 2012/16) –

% of Primary 1, with no obvious decay experience			
	2012	2014	2016
Scotland	67.0%	68.2%	69.4%
NHSGGC	63.2%	65.3%	68.2%
Inverclyde	59.7%	65.3%	69.6%

Pr 1 Mean dmft for Children With dmft>0			
	2012	2014	2016
Scotland	4.10	3.97	3.93
NHSGGC	4.38	4.10	4.07
Inverclyde	3.90	4.00	4.00

NDIP Data for Primary 7 (Detailed Inspections 2013/17) –

% of Primary 7, with no obvious decay experience			
	2013	2015	2017
Scotland	72.8%	75.3%	77.1%
NHSGGC	67.8%	72.5%	73.1%
Inverclyde	66.4%	65.4%	69.0%

Pr 7 Mean DMFT for Children With DMFT>0			
	2013	2015	2017
Scotland	2.24	2.16	2.16
NHSGGC	2.33	2.27	2.24
Inverclyde	2.40	2.40	2.40

DMFT = number of decayed, missing or filled teeth

Recent findings from NDIP show that the proportion of P1 children in Inverclyde who have no obvious dental decay experience is similar to that in NHSGG&C and Scotland. However, a lower percentage of P7 children in Inverclyde have no obvious dental decay experience when compared to NHS GG&C and Scotland.

Where children have decay experience, the DMFT (number of decayed, missing or filled teeth) is slightly higher in Inverclyde than the average for Scotland for P7 children. The DMFT figures for P1 children are similar for Inverclyde, NHS GG&C and the average for Scotland.

Comparison of the detailed inspection data between 2014 and 2017 shows some improvement in oral health at a local level for both P1 and P7 children. The proportion of children who do not have obvious dental decay is lower in Inverclyde than in GG&C and Scotland. The differences between Inverclyde and NHSGG&C for P1 children are not significant. However for P7 children, significantly fewer children in Inverclyde have no obvious dental decay when compared to NHS GG&C.

School level data for P1 and P7 Basic NDIP for Inverclyde (2017) is illustrated in the following summary tables, with totals and proportions is also displayed, together with corresponding summary for 2016 for comparison. The letter categories are explained as –

Letter A : child should seek immediate dental care on account of severe decay or abscess
Letter B : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics
Letter C : no obvious decay experience but child should continue to see the family dentist on a regular basis

Basic NDIP Data P1 Schools Inverclyde 2017 (2016 for comparison) –

Number of NDIP Schools	21	
Total number of P1's on Roll	791	
Total number of P1's not receiving NDIP	46	
Number (%) Children Inspected: Letter A	90	12.1%
Number (%) Children Inspected: Letter B	177	23.8%
Number (%) Children Inspected: Letter C	478	64.2%

	2016		2017	
Number of NDIP Schools	20		21	
Total number of P1's on Roll	754		791	
Total number of P1's not receiving NDIP	45		46	
Number (%) Children Inspected: Letter A	86	12.1%	90	12.1%
Number (%) Children Inspected: Letter B	139	19.6%	177	23.8%
Number (%) Children Inspected: Letter C	484	68.3%	478	64.2%

Basic NDIP Data P7 Schools Inverclyde 2017 (2016 for comparison) –

Number of NDIP Schools	21	
Total number of P7's on Roll	804	
Total number of P7's not receiving NDIP	79	
Number (%) Children Inspected: Letter A	15	2.1%
Number (%) Children Inspected: Letter B	277	38.2%
Number (%) Children Inspected: Letter C	433	59.7%

	2016		2017	
Number of NDIP Schools	20		21	
Total number of P7's on Roll	777		804	
Total number of P7's not receiving NDIP	45		79	
Number (%) Children Inspected: Letter A	14	1.9%	15	2.1%
Number (%) Children Inspected: Letter B	256	35.0%	277	38.2%
Number (%) Children Inspected: Letter C	462	63.1%	433	59.7%

The Basic NDIP data show some differences to those seen for the Detailed NDIP results. For both P1 and P7 children, the percentage of children in Inverclyde receiving a “C” letter (which represents “no obvious decay experience”) fell between 2016 and 2017. While a more rigorous method is used for the examination of teeth in the detailed Inspection, more children are seen for a basic inspection at the HSCP level. The findings suggest that some caution is used in interpreting the data in terms of changes in oral health between the two time points.

It is also worth noting that the percentage of “C” letters for P7 will always be somewhat lower than the Detailed NDIP results due to teeth from both the primary and secondary dentition being included in the Basic but not the Detailed NDIP dataset.

4.6 Dental extraction under GA

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic – a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHS GG&C. Data are available for the numbers of referrals of children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health.

The following table represents the Referrals for dental extractions under general anaesthetic for children in Inverclyde (rates calculated from mid 2016 population estimates ages 3-16) -

Post code sector	2013	2014	2015	2016	2017	Total	Pop ⁿ Rate (per 1000) in 2016
PA16 0	5	6	6	7	23	47	
PA16 7	3	6	7	2	15	33	
PA19 1	3	6	3	1	8	21	
Total for Inverclyde	11	18	16	10	46	125	7
Total for GG&C	2339	2340	2413	2007	1900	10,999	9

It should be noted the data rows are raw data and not weighted by population. Nevertheless, the data illustrates there has been an increase in the total number of children referred in Inverclyde, which requires further investigation by the NHSGGC Oral Health Directorate.

4.7 Oral Health Improvement - Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components –

- Childsmile Practice
- Childsmile Core Toothbrushing Programme
- Childsmile Fluoride Varnish Programme.

Childsmile Core Toothbrushing programme, delivered by the Health Improvement & Inequalities Team was established within the Inverclyde area in 2006. All of Inverclyde mainstream schools (n=21) are taking part in the programme, which is in addition to the 100% (n=31) of all pre-5 establishments.

The following table highlights the Inverclyde establishments participating in tooth-brushing for the period 2017-2018, by SIMD area –

SIMD	CHILDREN WITH (AT LEAST ONE) KEPT DHSW APPOINTMENT	CHILDREN WHOSE FAMILIES REFUSED CHILDSMILE	'FAMILY COULD NOT BE CONTACTED'	FAMILIES WITH OUTCOME 'FTA / NOT AT HOME' (FURTHER CONTACT REQUIRED)
1	241	10	0	46
2	70	5	0	7
3	49	2	0	4
4	78	8	0	8
5	49	1	0	5
Total	487	26	0	70

Inverclyde Establishments Participating in Tooth brushing 2016/2017 –

SIMD	NURSERIES	PRIMARY SCHOOLS INCLUDING ADDITIONAL SUPPORT NEEDS SCHOOLS	TOTAL
1	4	2	6
2	10	9	19
3	4	3	7
4	7	6	13
5	5	1	6
Total	30	21	51

*100% of Schools and Nurseries were observed Toothbrushing in the education term.

4.8 2017 National Smile Month (NSM)

During a four-week period between May and June 2017 a variety of events were held to promote National Smile Month. This year the NSM Group planned and developed a campaign to promote the Childsmile programmes and to raise awareness of the importance of tooth brushing to maintain good oral health throughout NHSGGC schools. Introductory e-mails were sent out to all schools inviting the P6 pupils to produce a 2 minute tooth brushing song, which could include diet and dental visits.

25 schools across NHS GG&C participated; unfortunately no entries were received from the Inverclyde schools.

4.9 Caring for Smiles

Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes.

The programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

The table below provides data on the number of Care Home involved in the programme in Inverclyde.

HSCP	Number of Care Homes	Number participating in CFS Training	Number participating in CFS Monitoring	Total number of Residents	Number registered & seen by a dentist within last 12 months	% of residents seen & registered with a dentist within last 12 months
Inverclyde	18*	18*	18*	656*	483*	74%*

*Includes 3 care homes, Quarriers Parklands, Davidson and Kelly registered to provide accommodation and support to adults with physical and sensory disabilities, including epilepsy.

Between 1st April 2016 and 31st March 2017 a total of 23 care home staff have been trained, which brings the total to 440 from 2013, although this will include staff who have left employment.

All establishments are visited by an Oral Health Educator on a monthly basis to check the baseline audit and update the dental registration figures which are reported back.

At the end of March 2017, the number of residents' recorded dental visits observed by the OHE within care homes was 74%* (this is the number of residents who received a dental visit within the last year).

5.0 Summary of Key Findings and NHSGGC Oral Health Directorate Report Recommendations

- 5.1
- There needs to be a focus on improving Childsmile activity reported for Childsmile Practice.
 - There needs to be better understanding of the increase in GA extraction episodes in 2017.

The Oral Health Directorate would be keen to continue to work in partnership so as to improve the oral health outcomes for the local population, with a focus in the following areas and driven forward by the Oral Health Directorate in:

- Aiming to improve links with NHS dental practice and provide support and training for Childsmile.
- Continuing to work with partners, such as the HSCP and Education Services, to improve the uptake and delivery of Childsmile programme.
- Undertake focused work with General Dental Practices to ensure all Childsmile elements of care are delivered (including fluoride varnish) to children in Inverclyde.
- Work with children and families team in Inverclyde HSCP to ensure our continued focus is on improving registration and outcome for NDIP national inspection.
- Work with the HSCP to look for innovative ways to improve the oral health of their population.

- Work with the Care Home Liaison teams to increase dental registration amongst the residents to ensure appropriate dental intervention when required.

6.0 Local Developments and Considerations

6.1 Not only in response to the above findings and recommendations, the HSCP is required to consider the future effectiveness of delivering local oral health services on behalf of the Oral Health Directorate. At present within the HSCP, oral health for children is delivered with two services, the Health Improvement Team and Children and Families Team.

In order to deliver this most effectively, the current provision undertaken by both the Health Improvement & Inequalities Team (HIIT) and those in Children & Families has been reviewed and the decision taken to move the operational delivery of the pre-5 establishments work, its 1.6wte staff and resources to be delivered fully by Children & Families. The Health Improvement Team will retain a strategic remit for overall Oral health and support the transition of the function.

In order to progress this transition, it is proposed that a service improvement process will be created that will identify –

- Scope and Deliverables
- Benefits, Costs and Mitigating Risks
- Governance, Organisation and Reporting
- Project Plan and Timelines
- Reflect any proposed organisational change processes in following the NHSGGC Workforce Change Policy and Procedure, which should ensure the minimum of disruption to individuals and services through this process.
- A working group, consisting of Management (Children & Families and Health Improvement), HR, Staff-side and a staff representative will be convened, responding to the overall service improvement process and to ensure the smooth transition.

7.0 IMPLICATIONS

7.1 FINANCE

There are no financial implications from this report.

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	Other Comments
N/A					

7.2 LEGAL

There are no legal implications from this report

7.3 HUMAN RESOURCES

The human resources implications of 1.6wte staff will be overseen by the working group described in 6.1 above.

7.4 EQUALITIES

7.4.1 Has an Equality Impact Assessment been carried out?

	YES
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.

7.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

7.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications arising from this report.

7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Not specific to the Oral Health Directorate report but for the proposal in a service review, it is anticipated that these are driven by a need to use resources more effectively.

8.0 CONSULTATION

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.
- 8.2 This is as stated in 6.0 of this report and in the creation of a working group to review the HSCP's service delivery of oral health services in Inverclyde, requiring consultation with staff and in line with the NHSGGC Organisational Change Policy.

9.0 BACKGROUND PAPERS

- 9.1 List of NHS Dental Practices in Inverclyde



app1-dental_practice
s_iclyde.pdf

9.2 Scottish Government's Oral Health Improvement Plan (OHIP) – available at <https://www.gov.scot/Resource/0053/00530479.pdf>.

Practice Name	Address	Town	Postcode	Date of Combined Practice Inspection	Date of Sedation Practice Inspection	Orthodontic Practice	Sedation Practice	No Childsmile Practice Activity (Oct-Dec)	0 years - 2 years 11 months	3 years - 5 years 11 months	6 years - 12 years 11 months	13 years - 17 years 11 months	18 years - 64 years 11 months	65 years, 0 months	Grand Total
Infinity Smiles	84 West Blackhall Street	Greenock	PA15 1XG	26/10/16		√			--	--	--	--	--	--	--
Lynton House Dental Surgery	13a Brown Street	Port Glasgow	PA14 5BP	18/12/15					130	199	519	407	4639	1459	7353
Belhaven Dental Surgery	Scarlow House,2 Scarlow St	Port Glasgow	PA14 5EY	27/02/15	24/09/15		√		195	394	935	450	6004	1326	9304
Crosshill Dental Practice	Dubbs Road	Port Glasgow	PA14 5UF	21/09/17	29/01/16		√		191	314	838	604	6676	1266	9889
George Square Dental Centre	6 George Square	Greenock	PA15 1QP	12/02/15				√	51	91	303	254	3091	832	4622
Orangefield Dental Practice	2 Orangefield Place	Greenock	PA15 1YX	16/02/17					66	136	373	391	3021	1384	8371
Ivy Cottage Dental Surgery	Main Street	Inverkip	PA16 0AU	26/11/15	24/09/15		√		54	94	285	230	2053	582	3298
Ardgowan Dental Care	12A Union Street	Greenock	PA16 8JJ	28/10/15					171	229	612	436	5190	1864	8502
Frederick Dental Practice	11a Union Street	Greenock	PA16 8JL	12/12/17					267	420	1134	726	7940	2176	12663
Dentistry on the Clyde	24 Kempock Street	Gourock	PA19 1NA	13/09/17					46	77	218	197	1631	310	2479
Weir & McClafferty Dental Care	Gourock Municipal Buildings	122 Shore Street	PA19 1QZ	30/03/15					141	190	533	411	4678	1778	7731
Kilmacolm Dental Surgery	7 St James Terrace	Kilmacolm	PA13 4HB	28/11/17					21	48	87	99	690	165	1,110
									1333	2192	5837	4205	45613	13142	75322

Details for NHS Dental Practices: Inverclyde

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/41/2018/HW

Contact Officer: Helen Watson **Contact No:** 01475 715285

Subject: **MOVING FORWARD TOGETHER – NHS GG&C TRANSFORMATION STRATEGY**

1.0 PURPOSE

- 1.1 The purpose of this report is to update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'.

2.0 SUMMARY

- 2.1 As outlined in the strategy document, a separate paper specifically focusing on engagement activity carried out in development of the Moving Forward Together strategy, in particular actions within Glasgow City, was presented to the IJB Public Engagement Committee on 29th August 2018.
- 2.2 The Moving Forward Together programme aligns with the Strategic Plan of the IJB and provides further context for the Strategic Plan 2019 – 2022 which is currently being developed.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to consider and provide comments on this report.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The IJB noted a report in November 2017 on work to develop a transformation programme for Health and Social Care for NHS Greater Glasgow and Clyde, known as the 'Moving Forward Together' strategy. The paper considered by the IJB is available at

<https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2014%20-%20Moving%20Forward%20Together%20-%20NHS%20GGC%27s%20Health%20and%20Social%20Care%20Transformational%20Strategy%20Programme.pdf>

4.2 The paper noted that Moving Forward Together was a health board led programme, although officers from across the six Health and Social Care Partnerships were involved in the core project team and programme board.

5.0 MOVING FORWARD TOGETHER STRATEGY

5.1 The Moving Forward Together strategy was approved by NHS Greater Glasgow and Clyde in June 2018, and is available at <http://www.nhsggc.org.uk/media/248849/item-9-18-24.pdf>

5.2 The Moving Forward Together strategy describes a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and able to provide best value. This new system will be designed to:

- support and empower people to improve their own health
- support people to live independently at home for longer
- empower and support people to manage their own long-term conditions
- enable people to stay in their communities accessing the care they need
- enable people to access high quality primary and community care services close to home
- provide access to world class hospital-based care when the required level of care or treatment cannot be provided in the community
- deliver hospital care on an ambulatory or day case basis whenever possible
- provide highly specialist hospital services for the people of Greater Glasgow and Clyde, and for some services in the West of Scotland.

5.3 The Moving Forward Together Strategy identifies the six Integration Joint Boards within the NHS Greater Glasgow and Clyde area as key partners in delivering the vision of this strategy.

6.0 IMPLEMENTATION

6.1 The Moving Forward Together Strategy document describes 'next steps' for implementation as:

Phase One: July to October 2018 (Setting Priorities and Scoping Change)

- Seek IJB confirmation that this framework aligns with their strategic plans
- Establish priority changes which support delivery of the Vision
- Develop and establish a structure based on the priorities and commission work streams and short life working groups
-

Phase Two: November to December 2018 (Develop Detailed Options)

- Develop prioritised options for the delivery of changes with stakeholders
- Complete option appraisals on proposed changes
- Develop business cases for preferred changes
- Assess whole system impact and coherence
- Seek NHSGGC Board and IJB approval, as appropriate, for first tranche of

proposed changes

Phase Three: January 2019 onwards

- Continue to develop implementation plans for approved priority changes
- Continue to assess impact and benefit realisation
- Extend scope to next priority areas

6.2 The project and programme management arrangements for these stages remain under discussion, however it is clear there will remain a role for Health and Social Care Partnerships in future activity. The Health Board on 28 June 2018 also agreed that a financial plan needs to be developed as part of the next stage.

6.3 In addition, the Moving Forward Strategy provides additional context for the development of the IJB Strategic Plan 2019-22 which is currently underway.

7.0 IMPLICATIONS

7.1 FINANCE

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	Other Comments
N/A					

LEGAL

7.2 None.

HUMAN RESOURCES

7.3 No direct implications for staff working within Inverclyde HSCP as a result of this strategy. The strategy document itself notes implications for other NHS staff.

EQUALITIES

7.4 Has an Equality Impact Assessment been carried out?

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

7.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no clinical or care governance implications arising from this report.

7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

The strategy supports delivery of all National Outcomes.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None

Resources are used effectively in the provision of health and social care services.	None
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8.0 CONSULTATION

8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

9.0 BACKGROUND PAPERS

9.1 Moving Forward Together strategy.

INVERCLYDE INTEGRATION JOINT BOARD – 15 MAY 2018

Inverclyde Integration Joint Board

Tuesday 15 May 2018 at 3pm

Present: Councillors J Clocherty, L Quinn and L Rebecchi, Mr S Carr, Mr A Cowan, Ms D McErlean, Dr H MacDonald, Ms D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Mr D White, Ms D McCrone, Mr H McLeod (for Ms M Telfer), Mr I Bruce, Ms C Boyd and Ms S McLeod.

Chair: Mr Carr presided.

In attendance: Ms H Watson, Head of Strategy & Support Services, Mr A Stevenson, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms E Cummings, Programme Manager, Innovation/Primary Care Lead, Ms A Hallac, Team Lead (Assessment & Care), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

29 **Apologies, Substitutions and Declarations of Interest** 29

Apologies for absence were intimated on behalf of Councillor J MacLeod, Dr D Lyons and Ms M Telfer, with Mr H McLeod acting as proxy.

Councillor Rebecchi declared a non-financial interest in Agenda Item 14 (Governance of HSCP Commissioned External Organisations).

30 **Hospital Discharge Performance** 30

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress which the HSCP is making towards achieving the targets relating to Hospital Discharge.

(Ms McLeod entered the meeting during consideration of this item of business).

The Board heard a presentation by Allen Stevenson, Head of Health & Community Care and Ava Hallac, Team Lead (Assessment & Care) on Hospital Discharge performance which, it was emphasised had been achieved through a whole systems approach, and on Home 1st. Thereafter, both Mr Stevenson and Ms Hallac answered a number of questions in relation to the presentation.

Decided: that the Board note the sustained performance against the Hospital Discharge targets

31 **Minute of Meeting of Inverclyde Integration Joint Board of 20 March 2018** 31

There was submitted minute of the Inverclyde Integration Joint Board of 20 March 2018.

Decided: that the minute be agreed.

32 **Rolling Action List** 32

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.

Decided:

(1) that the rolling action list be noted; and

INVERCLYDE INTEGRATION JOINT BOARD – 15 MAY 2018

(2) that item 2 (action plan arising from the recommendations of the People Plan) to be submitted in August 2018 be designated as “in progress”.

33 **Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings** 33

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for both the Inverclyde Integration Joint Board (IJB) and the IJB Audit Committee for 2018/19.

Decided: that approval be given to the timetable of meetings set out in the appendix to the report with meetings of the IJB Audit Committee commencing at 1pm and meetings of the IJB commencing at 2pm.

34 **Review of the Inverclyde HSCP 2017/18 Winter Plan** 34

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) reviewing the Inverclyde HSCP Winter Plan 2017/18 and (2) advising of the key arrangements which will be put in place to manage demand over Winter 2018/19.

Decided:

(1) that the Board note the findings of the review and the key priorities for the development of the Winter Plan 2018/2019; and

(2) that the Board approve submission of the review and forward plan to the Scottish Government.

35 **Big Lottery: Early Action Systems Change Fund** 35

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board that the HSCP's submission to the Big Lottery Early Action Systems Change Fund in the area of Women and Criminal Justice had been successful, resulting in an award of £607,250 with an additional £75,000 test of change monies.

Decided:

(1) that the Board note the contents of the report and approve the strategic direction presented within the Early Action Systems Change submission; and

(2) that a further report providing an update on how the HSCP is progressing with the project be submitted to the Board in six months' time.

36 **Enhancing Children's Wellbeing and Addressing Neglect** 36

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising the Board of progress to date in the Scottish Government supported partnership between Inverclyde Council HSCP and CELCIS (Centre for Excellence for Looked after Children) based at Strathclyde University in relation to enhancing children's wellbeing and addressing neglect and (2) setting out proposals for the next steps aimed at strengthening and supporting the role of the Named Person operating within the Inverclyde GIRFEC (Getting It Right for Every Child) pathway.

Decided:

(1) that the Board note the proposed next steps as set out in the report;

(2) that the Board note the original commitment to continue with the 0.5

INVERCLYDE INTEGRATION JOINT BOARD – 15 MAY 2018

Implementation Lead post from the Children and Families HSCP Improvement Service funded from existing resources;

(3) that the Board note the extension of this work to include a 0.5 Education Lead and 0.4 Lead from Children and Families - Health to support the development of this project, thereby establishing an integrated implementation team;

(4) that the Board note that the initial implementation activity is taking place in the locality of south and southwest Greenock; and

(5) that Members be updated on support being provided in respect of the Inverclyde GIRFEC pathway to enhance children's wellbeing and that an annual report be submitted to the Board.

37 New General Medical Services (GMS) Contract Implementation

37

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of progress made towards implementing the new General Medical Services (GMS) Contract 2018 – 2021.

Decided:

(1) that the Board note progress towards delivery of the GMS Contract to date;

(2) that the Board note the risks associated with implementation, availability, recruitment and retention of appropriately skilled staff;

(3) that delegated authority be granted to the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership to develop and implement the primary care plan;

(4) that a report on the Out of Hours GP service be submitted to the first meeting of the Board after the summer recess; and

(5) that it be noted that a regular update report will be submitted to the November meeting of the Board.

38 Update on Learning Disability Day Services Estate Configuration

38

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the latest position in relation to the Learning Disability redesign, specifically identified additional works required to complete the refurbishment of the Fitzgerald Centre.

Decided:

(1) that the Board note the current position of the additional estates work required;

(2) that the Board approve the identified funding requirements to complete the remedial works; and

(3) that an update report, including information on the additional funding for the Fitzgerald Centre, be submitted to the first meeting of the Board after the summer recess.

39 Budget 2018/19

39

The Chief Financial Officer advised the Board that the offer received from the Scottish Government was broadly in line with the indicative budget that a detailed report would be submitted to the special meeting of the Board in June.

Decided: that the position be noted.

INVERCLYDE INTEGRATION JOINT BOARD – 15 MAY 2018

40 Chief Officer Report**40**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership.

Decided: that the report be noted.

Dr Jones left the meeting at this juncture.

41 Inverclyde Integration Joint Board - Integration Scheme**41**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of updates to the Integration Scheme which have been agreed by Inverclyde Council and NHS Greater Glasgow & Clyde and approved by the Scottish Ministers.

Decided: that the Board note the contents of the report.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.

42 Governance of HSCP Commissioned External Organisations**42**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.

Councillor Rebecchi declared a non-financial interest in this item as a volunteer driver for Inverclyde Voluntary Council of Social Services (IVCSS). He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the Chamber or his participation in the decision making process.

Decided:

(1) that the Board note the governance report for the period 27 January to 19 March 2018; and

(2) that Members acknowledge that officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

INVERCLYDE INTEGRATION JOINT BOARD – 18 JUNE 2018

Inverclyde Integration Joint Board

Monday 18 June 2018 at 1.30pm

Present: Councillors J Clocherty, J MacLeod, L Quinn and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Cowan, Ms D McErlean, Ms D McCormick, Ms L Long, Ms J Cantley (for Ms S McAlees), Ms L Aird, Mr D White, Ms D McCrone, Ms M Telfer, Mr I Bruce, Ms C Boyd and Ms S McLeod.

Chair: Mr Carr presided.

In attendance: Ms H Watson, Head of Strategy & Support Services, Mr A Stevenson, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms A Mailey, Team Lead (Quality & Development Service), Ms G Murphy (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

In attendance also: Mr T Yule, Audit Scotland.

43 **Apologies, Substitutions and Declarations of Interest** 43

An apology for absence was intimated on behalf of Ms S McAlees, with Ms J Cantley acting as proxy.

No declarations of interest were intimated.

44 **2017/18 Draft Annual Accounts** 44

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) setting out the proposed approach for the Board to comply with its statutory requirements in respect of its Annual Accounts and (2) appending the draft 2017/18 Annual Accounts and Annual Governance Statement.

Decided:

- (1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;
- (2) that approval be given to the Annual Governance Statement included within the Accounts; and
- (3) that the unaudited Accounts for 2017/18 be submitted to the Auditor.

45 **Inverclyde IJB Budget 2018/19** 45

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking agreement of the budget for the Inverclyde Integration Joint Board for 2018/19 in line with the Strategic Plan.

Decided:

- (1) that the contents of the report be noted;
- (2) that it be agreed to accept the proposed funding of £47.795M from Inverclyde Council together with the additional one-off £0.5M for Continuing Care for young people and coverage for other cost pressures around the pay award, Living Wage and other non-pay inflation, once these costs are confirmed;

INVERCLYDE INTEGRATION JOINT BOARD – 18 JUNE 2018

- (3) that the proposed funding of £82.880M from Greater Glasgow & Clyde (GG&C) Health Board be accepted;
- (4) that the proposed net revenue budgets of £47.795M to Inverclyde Council and £82.880M excluding the “set aside” and net hosted budgets to NHS Greater Glasgow & Clyde be accepted and it be directed that this funding be spent in line with the Strategic Plan;
- (5) that the notional budgets of £16.439M for “set aside” and £5.919M for hosted services be agreed;
- (6) that Officers be authorised to issue related Directions to the Health Board and Council;
- (7) that the ongoing discussions and continued budget risk around mental health inpatients be noted;
- (8) that the proposals relating to the creation of and/or use of reserves at the year-end be noted and approved; and
- (9) that the ongoing work in relation to the “set aside” budget and hosted services be noted.

46 **Review of Strategic Plan 2016-19 and Proposed Process for Development of the 2019-22 Strategic Plan** 46

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) appending the review of Inverclyde HSCP's Strategic Plan 2016/19 and (2) outlining the proposed process for developing the next Strategic Plan, covering the period from 2019 to 2022.

The Board heard a presentation by Helen Watson, Head of Strategy & Support Services, Alice Paul of CVS Inverclyde, the Third Sector Interface for Inverclyde, and Diana McCrone, NHS staff side representative relative to the review process and thereafter they answered a number of questions from members of the Board.

Decided:

- (1) that the review of Inverclyde HSCP's Strategic Plan 2016-19 be approved;
- (2) that the process for developing the Strategic Plan 2019-22 be noted; and
- (3) that the Board acknowledge the contribution of Your Voice and the voluntary sector to the review process.

47 **Annual Performance Report 2017-18** 47

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the overall performance of Inverclyde Health & Social Care Partnership during the reporting period 1 April 2017 to 31 March 2018.

Decided:

- (1) that the Board approve the HSCP's second Annual Performance Report, subject to any necessary adjustments to align with the information contained in the draft Annual Accounts 2017/18;
- (2) that future years' reports include (a) a narrative in circumstances where there is concern regarding performance levels and (b) an action plan in relation to areas where performance is deteriorating or is below the Scottish average; and
- (3) that Members acknowledge the improvements achieved during the second year of the Partnership and the further foundations which have been established and which continue to drive forward transformational change.

INVERCLYDE INTEGRATION JOINT BOARD – 18 JUNE 2018

48 Audit Scotland Report: What is Integration? - April 2018**48**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the publication in April 2018 of an Audit Scotland report 'What is Integration?' which provides an outline of the key legislative requirements in setting up integrated Health & Social Care arrangements, based on the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

Decided: that the report be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting during consideration of the following item on the grounds that the business involved the likely disclosure of exempt information as defined in paragraphs 6, 8 and 9 of Part I of Schedule 7(A) of the Act.

49 Non Care Home Providers – Living Wage**49**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership making recommendations in respect of the uplift to be applied to non care home providers' rates to meet the Living Wage commitment.

Decided:

- (1) that Option 3 as set out in the report be approved as the uplift to be applied to all providers regardless of current salary scales, in line with the decision taken in 2017/18;
- (2) that approval be given to the increased payment being backdated to 1 April 2018; and
- (3) that it be noted that a report was considered by the Health & Social Care Committee earlier that day, with the £330,000 cost being added to the 2018/19 Council contribution to the Integration Joint Board.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 March 2016 (Para 24(3))	Report to be submitted on the proposed Named Pilot Project and the proposals for implementation	Sharon McAlees	March 2018	Report on update for GIRGEC	Complete
12 June 2017 (Para 39(3))	Action plan arising from the recommendations of the People Plan to be submitted within 6 months	Helen Watson	August 2018	SPG have established Sub Group to progress the People Plan would be to take to August IJB which will focus on "Employability and Meaningful activity" and report back to SPG then to IJB.	Complete
12 September 2017 (Para 60(2))	Report to be submitted on readiness of HSCP for implementation of Carers (Scotland) Act 2016 in April 2018	Allen Stevenson	March 2018	Strategic Planning consider tools, to measure readiness, update report to next IJB.	Complete
7 November 2017 (Para 76(3))	Explanatory note on budget movements to be submitted to next meeting	Lesley Aird	January 2018	Now contained within finance report.	Complete
7 November 2017 (Para 81(2))	Report to be submitted to January 2018 meeting on interim option to support prescribing/pharmacy pilot projects in 2018/19	Allen Stevenson	January 2018	Include in new Ways and GP contract report to IJB	Complete
7 November 2017 (Para 87(2))	Report to be submitted to March 2018 meeting on matters arising from development session	Louise Long	March 2018	Report to IJB	Complete

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
30 January 2018 (Para 2(2))	Full Adult Mental Health Strategy & Implementation Plan to be submitted to March 2018 meeting	Deborah Gillespie	March 2018	September IJB 2018	Complete
30 January 2018 (Para 7(7))	Information on factors which have resulted in increased administration costs to be included in Financial Monitoring report to March 2018 meeting	Lesley Aird	March 2018	In report	Complete
30 January 2018 (Para 9(2))	Report to be submitted defining criteria used for selecting performance exceptions data as part of the Annual Performance review	Helen Watson	July 2018	Report to be amended for next performance report	In progress
20 March 2018 (Para 20(2))	Carers (Scotland) Act 2016 – Report to be submitted to May/June 2018 meeting providing (a) case studies to illustrate impact/risk levels in connection with eligibility criteria threshold and (b) Communication Strategy proposals	Allen Stevenson	November 2018	Update report to November 2018 IJB	In progress
20 March 2018 (Para 20(3))	Carers (Scotland) Act 2016 – Further update report to be submitted to October 2018 meeting	Allen Stevenson	November 2018	Update report to November 2018 IJB	In progress
15 May 2018 (Para 35(2))	Early Action Systems Change Fund Project – Progress (in 6 months' time)	Sharon McAlees	November 2018	Update report to November 2018 IJB	In progress

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	January 2019	Report to January 2019 IJB	In progress
15 May 2018 (Para 37(4))	Out of Hours GP Service – (After Summer Recess)	Helen Watson	November 2018	Workshops have taken place and new pathways developed. Update report to November 2018 IJB	In progress
15 May 2018 (Para 37(5))	GMS Contract Implementation – Update Report (November 2018 meeting)	Allen Stevenson	November 2018	Report to November 2018 IJB	In progress
15 May 2018 (Para 38(3))	Learning Disability Day Services Estate Configuration - Update Report (After Summer Recess)	Allen Stevenson	September 2018	Report to September IJB 2018	In progress

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long **Report No:** IJB/49/2018/LA
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

Contact Officer: Lesley Aird **Contact No:** 01475 715381
Chief Financial Officer

Subject: FINANCIAL MONITORING REPORT 2018/19 – PERIOD TO 30 JUNE
2018, PERIOD 3

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 3 to 30 June 2018.

2.0 SUMMARY

2.1 This report outlines the financial position at Period 3 to end June 2018. The current year end operating projection for the Partnership is a projected underspend of £0.111m. In addition the IJB is expected to utilise a net £2.847m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and under spends.

2.2 There is a projected underspend of £0.111m on Social Care Services. The main elements of the underspend are detailed within this report and attached appendices.

2.3 While Health services are currently projected to be in line with the overall Health budget there are some issues to note:

- Mental Health Inpatients
As per previous reports, there is still an ongoing, inherited budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work is ongoing to review Mental Health provision across GG&C and it is anticipated that this, together with further work locally, will address this budget pressure for future years. In the current year one off reductions are being made in other areas to offset the overall budget pressure and ensure the budget is in balance overall.
- Prescribing
2017/18 showed unprecedented pressures in relation to Prescribing budgets linked to short supply issues. At that time the risk share arrangement was in place for all IJBs within GG&C with the Health Board covering the final overspend. While the IJB has invested additional monies into prescribing it remains an area of potential financial risk going forward.

- 2.4 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that any overspend in 2018/19 would be funded by the IJB through Reserves and any overall underspend will be carried to General Reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund, Integrated Care Fund and Delayed Discharges money.
- 2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.456m for 2018/19 with an actual spend to end June of £0.046m.
- 2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2018/19 were £5.796m. To date at Period 3, £0.834m has been spent.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
 1. Notes the Period 3 position for 2018/19 (Appendices 1-3);
 2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
 3. Notes the planned use of the Transformation Fund (Appendix 6);
 4. Notes the current capital position (Appendix 7);
 5. Notes the current Earmarked Reserves position (Appendix 8).

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also “set aside” an amount in respect of large hospital functions covered by the integration scheme.

4.2 The IJB Budget for 2018/19 was set on 18 June 2018. The table below summarises the agreed budget and funding together with the projected operating outturn at 30 June:

	Revised Budget 2018/19 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	64,408	64,297	(111)
Health Services	68,185	68,185	0
Set Aside	16,439	16,439	0
HSCP NET EXPENDITURE	149,032	148,921	(111)
FUNDED BY			
Transfer from / (to) Reserves	0	(111)	(111)
NHS Contribution to the IJB	101,237	101,237	0
Council Contribution to the IJB	47,795	47,795	0
HSCP OPERATING SURPLUS/(DEFICIT)	149,032	148,921	(111)
Planned Use of Reserves	(2,847)	(2,847)	
Annual Accounts CIES Position	(2,847)	(2,847)	(111)

5.0 SOCIAL WORK SERVICES

5.1 The Social Work services revised budget after virements and budget adjustments is £64.408m. The projected outturn at 30 June 2018 is a £0.111m underspend.

5.2 The Social Work budget includes agreed savings of £1.555m. It is anticipated that this will be delivered in full during the year and there is a projected over-recovery at Period 3 of £0.080m.

Appendix 2 contains details of the Social Work outturn position. The main variances are detailed below with further detail provided in Appendix 2A.

Underspends due to:

- Overall projected underspend on Older People’s Services of £0.078m due mainly to projected underspend on internal homecare, partially offset by an overspend on external homecare,
- Mental Health - £0.099m projected underspend relating to one off income received from an external provider relating to previous years provision,
- Addictions - projected £0.066m underspend due mainly to higher than anticipated vacancies and turnover.

Offset by:

- Children & Families - projected overspend in relation to residential accommodation £0.079m,
- Various minor over and under spends projected across other services totalling a projected net £0.053m overspend.

6.0 HEALTH SERVICES

6.1 The Health services budget is £84.624m (including £16.439m Set Aside budget) and the

projected outturn as at Period 3 is in line with that budget.

6.2 The total budget pressure for Health was £0.657m which is being funded by savings.

6.3 Mental Health Inpatients

For the past three years, reductions have been made in other budgets to offset the inherited budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work is ongoing to review Mental Health provision across GG&C and it is anticipated that this, together with further work locally, will address this budget pressure for future years. In the current year one off reductions are being made in other areas to offset the overall budget pressure and ensure the budget is in balance overall.

6.4 At Period 3 the year to date overspend on Mental Health is £0.090m.

6.5 The service has successfully addressed elements of the historic overspend. This budget will be closely monitored throughout the year and work will be done to ensure that the underlying budget is sufficient for core service delivery going forward.

6.6 Prescribing

There was a risk sharing arrangement in place in respect of Prescribing budgets across all six Health & Social Care Partnerships last financial year which has now ended. 2017/18 showed unprecedented pressures in relation to Prescribing budgets linked to short supply issues. The risk share arrangement in place at that time meant that the Health Board underwrote any overall overspends. Going forward the IJB will be liable for the full costs. To mitigate the risk associated with this, the IJB agreed as part of its 2018/19 budget to invest additional monies into prescribing. However, due to the volatile, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward.

6.7 Set Aside

- The Set Aside budget in essence is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including: A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward is heavily tied in to the commissioning/market facilitation work that is ongoing

Work is ongoing detailing the Set Aside position within GG&C for each HSCP. Activity data is now available in almost real time and will be converted to “bed days” over the next few weeks. Budgets are being worked up based on this data. Further updates will be brought to the IJB as available.

7.0 **VIREMENT AND OTHER BUDGET MOVEMENTS**

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5. These require both the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

8.0 TRANSFORMATION FUND

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2018/19. Spend against the plan is done on a bids basis through the Transformation Board Appendix 6 details the current agreed commitments against the fund. At Period 3 there is £0.097m committed and £1.186m still available from the fund. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget, which is funded by Inverclyde Council, is £2.320m over the life of the projects with £1.364m projected to be spent in 2018/19, comprising:

- £1.043m for the replacement of Crosshill Children's Home,
- £0.033m for the installation of the Hillend Sprinkler System,
- £0.125m for the interim upgrade of the Fitzgerald Centre,
- £0.105m for the alterations to the Wellpark Centre,
- £0.058m for projects complete on site.

9.2 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.

9.3 Neil Street Children's Home replacement (Crosshill):

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.

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

9.5 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.

9.6 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.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2018/19 was £5.796m. To date at Period 3, £0.834m has been spent. The projected movement in reserves for the year is net spend of £2.847m.

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)

11.1 As part of a prior year audit of the IJBs statutory accounts, Audit Scotland noted that the IJB's budget monitoring reports did not clearly set out the anticipated year-end position in relation to the receipt or use of reserves in year and in particular their impact on the CIES surplus or deficit position within the Statutory Accounts.

11.2 The creation and use of reserves during the year, while not impacting the operating position, will impact the year-end CIES outturn. For 2018/19 it is anticipated that as a portion of the brought forward £5.796m and any new Earmarked Reserves is used the CIES will reflect a deficit. At Period 3, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 9.

12.0 IMPLICATIONS

12.1 FINANCE

All financial implications are discussed in detail within the report above.

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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

12.4 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.

12.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

12.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

12.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently

13.0 CONSULTATION

13.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

14.0 BACKGROUND PAPERS

14.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2018/19 PROJECTED POSITION****PERIOD 3: 1 April 2018 - 30 June 2018**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	48,830	48,416	48,459	42	0.1%
Property Costs	1,217	1,117	1,111	(6)	-0.5%
Supplies & Services	68,368	72,202	72,241	39	0.1%
Prescribing	18,946	17,888	17,888	0	0.0%
Income	(6,686)	(7,029)	(7,216)	(186)	2.6%
HSCP NET DIRECT EXPENDITURE	130,675	132,593	132,483	(111)	2.2%
Set Aside	16,439	16,439	16,439	0	0.0%
HSCP NET TOTAL EXPENDITURE	147,114	149,032	148,922	(111)	-0.1%

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,470	2,511	2,516	5	0.2%
Older Persons	28,348	27,460	27,384	(76)	-0.3%
Learning Disabilities	10,584	11,164	11,174	10	0.1%
Mental Health - Communities	6,028	6,589	6,490	(99)	-1.5%
Mental Health - Inpatient Services	8,341	8,341	8,341	0	0.0%
Children & Families	12,860	13,084	13,163	79	0.6%
Physical & Sensory	2,646	2,821	2,849	28	1.0%
Addiction / Substance Misuse	3,438	3,631	3,565	(66)	-1.8%
Assessment & Care Management / Health & Community Care	7,560	8,107	8,119	12	0.1%
Support / Management / Admin	4,018	4,217	4,195	(22)	-0.5%
Criminal Justice / Prison Service **	0	0	0	0	0.0%
Homelessness	789	801	820	19	2.4%
Family Health Services	21,686	23,571	23,571	0	0.0%
Prescribing	19,163	19,163	19,163	0	0.0%
Change Fund	1,133	1,133	1,133	0	0.0%
Unidentified Savings	627	0	0	0	0.0%
Unallocated Funds	984	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	130,675	132,593	132,483	(111)	-0.1%
Set Aside	16,439	16,439	16,439	0	0.0%
HSCP NET TOTAL EXPENDITURE	147,114	149,032	148,922	(111)	-0.1%
FUNDED BY					
NHS Contribution to the IJB	82,880	84,798	84,798	0	0.0%
NHS Contribution for Set Aside and Hosted Services	16,439	16,439	16,439	0	0.0%
Council Contribution to the IJB	47,795	47,795	47,795	0	0.0%
Transfer from / (to) Reserves	0	0	(111)	(111)	0.0%
HSCP NET INCOME	147,114	149,032	148,922	(111)	-0.1%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	0.0%
Anticipated movement in reserves ***	(2,847)	(2,847)	(2,847)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(2,847)	(2,847)	(2,847)		

** Fully funded from external income hence nil bottom line position.

*** See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 3: 1 April 2018 - 30 June 2018**

2017/18 Actual £000	SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
27,279	Employee Costs	26,461	27,700	27,743	42	0.2%
1,130	Property costs	1,212	1,112	1,106	(6)	-0.5%
1,042	Supplies and Services	811	906	953	47	5.2%
371	Transport and Plant	380	380	386	6	1.6%
1,140	Administration Costs	739	809	820	11	1.4%
37,553	Payments to Other Bodies	39,002	39,205	39,180	(25)	-0.1%
(16,201)	Resource Transfer	(15,739)	(16,613)	(16,613)	0	0.0%
(6,828)	Income	(5,071)	(5,704)	(5,890)	(186)	3.3%
45,486	SOCIAL CARE NET EXPENDITURE	47,795	47,795	47,685	(111)	-0.2%

2017/18 Actual £000	OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
1,860	Strategy & Support Services	1,785	1,826	1,831	5	0.3%
26,868	Older Persons	28,348	27,460	27,384	(76)	-0.3%
10,161	Learning Disabilities	10,130	10,710	10,720	10	0.1%
3,542	Mental Health	2,934	3,495	3,396	(99)	-2.8%
10,088	Children & Families	10,377	10,435	10,514	79	0.8%
2,659	Physical & Sensory	2,646	2,821	2,849	28	1.0%
1,706	Addiction / Substance Misuse	1,603	1,796	1,730	(66)	-3.7%
2,079	Business Support	2,250	2,829	2,807	(22)	-0.8%
1,796	Assessment & Care Management	1,688	2,235	2,247	12	0.5%
(38)	Criminal Justice / Scottish Prison Service	0	0	0	0	0.0%
(16,201)	Resource Transfer	(15,739)	(16,613)	(16,613)	0	0.0%
	Unallocated Funds	984	0	0	0	0.0%
966	Homelessness	789	801	820	19	2.4%
45,486	SOCIAL CARE NET EXPENDITURE	47,795	47,795	47,685	(111)	-0.2%

2017/18 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
47,321	Council Contribution to the IJB	47,795	47,795	47,795	0	0.0%

SOCIAL CARE
PERIOD 3: 1 April 2018 - 30 June 2018

Extract from report to the Health & Social Care Committee

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 if it 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.

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.

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.

Physical & Sensory: Projected £27,000 (1.2%) overspend

Overspend mainly relates to employee costs turnover target not yet being met

Assessment & Care Management: Projected £12,000 (0.58%) overspend

Overspend mainly relates to employee costs turnover target not yet being met.

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.

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.

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.

Business Support: Projected £22,000 (1.11%) underspend

Underspend mainly due to employee costs turnover target being over-recovered by £27,000.

HEALTH**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 3: 1 April 2018 - 30 June 2018**

2017/18 Actual £000	SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,647	Employee Costs	22,369	20,716	20,716	0	0.0%
2	Property	5	5	5	0	0.0%
4,596	Supplies & Services	5,750	7,331	7,331	0	0.0%
23,731	Family Health Services (net)	21,686	23,571	23,571	0	0.0%
18,817	Prescribing (net)	18,946	17,888	17,888	0	0.0%
16,201	Resource Transfer	15,739	16,613	16,613	0	0.0%
(1,865)	Income	(1,615)	(1,326)	(1,326)	0	0.0%
83,129	HEALTH NET DIRECT EXPENDITURE	82,880	84,798	84,798	0	0.0%
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
99,568	HEALTH NET DIRECT EXPENDITURE	99,319	101,237	101,237	0	0.0%

2017/18 Actual £000	OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,898	Children & Families	2,483	2,649	2,649	0	0.0%
5,976	Health & Community Care	5,872	5,872	5,872	0	0.0%
1,728	Management & Admin	1,768	1,388	1,388	0	0.0%
492	Learning Disabilities	454	454	454	0	0.0%
1,683	Addictions	1,835	1,835	1,835	0	0.0%
2,263	Mental Health - Communities	3,094	3,094	3,094	0	0.0%
9,338	Mental Health - Inpatient Services	8,341	8,341	8,341	0	0.0%
731	Strategy & Support Services	685	685	685	0	0.0%
1,236	Change Fund	1,133	1,133	1,133	0	0.0%
21,766	Family Health Services	21,686	23,571	23,571	0	0.0%
18,817	Prescribing	19,163	19,163	19,163	0	0.0%
	Unallocated Funds/(Savings)	627	0	0	0	0.0%
16,201	Resource Transfer	15,739	16,613	16,613	0	0.0%
83,129	HEALTH NET DIRECT EXPENDITURE	82,880	84,798	84,798	0	0.0%
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
99,568	HEALTH NET DIRECT EXPENDITURE	99,319	101,237	101,237	0	0.0%

2017/18 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
99,568	NHS Contribution to the IJB	99,319	101,237	101,237	0	0.0%

Budget Movements 2018/19

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Revised Budget 2018/19 £000
	2018/19 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	
Children & Families	12,860	0	224	0	0	13,084
Criminal Justice	0	0	0	0	0	0
Older Persons	28,348	0	(1,300)	412	0	27,460
Learning Disabilities	10,584	0	580	0	0	11,164
Physical & Sensory	2,646	0	175	0	0	2,821
Assessment & Care Management/ Health & Community Care	7,560	0	547	0	0	8,107
Mental Health - Communities	6,028	0	561	0	0	6,589
Mental Health - In Patient Services	8,341	0	0	0	0	8,341
Addiction / Substance Misuse	3,438	0	193	0	0	3,631
Homelessness	789	0	12	0	0	801
Strategy & Support Services	2,470	0	41	0	0	2,511
Management, Admin & Business Support	4,018	0	199	0	0	4,217
Family Health Services	21,686	0	379	1,506	0	23,571
Prescribing	19,163	0	0	0	0	19,163
Change Fund	1,133	0	0	0	0	1,133
Resource Transfer	0	0	0	0	0	0
Unallocated Funds/(Savings) *	1,611	0	(1,611)	0	0	0
Totals	130,675	0	0	1,918	0	132,593

* Unallocated Funds are budget pressure monies agreed as part of the budget which at the time of setting had not been applied across services eg pay award etc

Virement Analysis

	<u>Increase</u> <u>Budget</u> <u>£000</u>	<u>(Decrease)</u> <u>Budget</u> <u>£000</u>
<u>Reallocation of Unallocated Funds to Individual Services</u>		
Children & Families	180	
Older Persons - initial budget overstated, not in line with prior year figures, now realigned to correct services		(1,300)
Learning Disabilities	599	
Physical & Sensory	156	
Assessment & Care Management/	547	
Mental Health - Communities	561	
Addiction / Substance Misuse	193	
Homelessness	12	
Strategy & Support Services	85	
Management, Admin & Business	199	
Family Health Services	379	
Unallocated Funds/(Savings) *		(1,611)
<u>Social Care Budget Corrections/Tidy Ups</u>		
Children & Families	44	
Older People		(5)
Learning Disabilities		(19)
Physical & Sensory	19	
Assessment & Care Management/	5	
Mental Health - Communities		
Strategy & Support Services		(44)
Management, Admin & Business		
	2,979	(2,979)

Supplementary Budget Movement Detail

	<u>£000</u>	<u>£000</u>
Older People		412
Resource Transfer uplift	412	
Family Health Services		1,506
Uplift to confirmed 2018/19 budget	1,506	
		1,918

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
 (SCOTLAND) ACT 2014

THE INVERCLYDE COUNCIL is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000
SOCIAL CARE	
Employee Costs	27,700
Property costs	1,112
Supplies and Services	906
Transport and Plant	380
Administration Costs	809
Payments to Other Bodies	39,205
Income (incl Resource Transfer)	(22,317)
SOCIAL CARE NET EXPENDITURE	47,795

OBJECTIVE ANALYSIS	Budget 2018/19 £000
SOCIAL CARE	
Strategy & Support Services	1,826
Older Persons	27,460
Learning Disabilities	10,710
Mental Health	3,495
Children & Families	10,435
Physical & Sensory	2,821
Addiction / Substance Misuse	1,796
Business Support	2,829
Assessment & Care Management	2,235
Criminal Justice / Scottish Prison	0
Change Fund	0
Homelessness	801
Unallocated Budget Changes	0
Resource Transfer	(16,613)
SOCIAL CARE NET EXPENDITURE	47,795

This direction is effective from 11 September 2018.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB’s Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000
HEALTH	
Employee Costs	20,716
Property costs	5
Supplies and Services	7,331
Family Health Services (net)	23,571
Prescribing (net)	17,888
Resources Transfer	16,613
Unidentified Savings	0
Income	(1,326)
HEALTH NET DIRECT EXPENDITURE	84,798
Set Aside	16,439
NET EXPENDITURE INCLUDING SCF	101,237

OBJECTIVE ANALYSIS	Budget 2018/19 £000
HEALTH	
Children & Families	2,649
Health & Community Care	5,872
Management & Admin	1,388
Learning Disabilities	454
Addictions	1,835
Mental Health - Communities	3,094
Mental Health - Inpatient Services	8,341
Strategy & Support Services	685
Change Fund	1,133
Family Health Services	23,571
Prescribing	19,163
Unallocated Funds/(Savings)	0
Resource Transfer	16,613
HEALTH NET DIRECT EXPENDITURE	84,798
Set Aside	16,439
NET EXPENDITURE INCLUDING SCF	101,237

This direction is effective from 11 September 2018.

INVERCLYDE HSCP - CAPITAL BUDGET 2017/18**PERIOD 3: 1 April 2018 - 30 June 2018**

<u>Project Name</u>	<u>Est Total Cost £000</u>	<u>Actual to 31/3/18 £000</u>	<u>Approved Budget 2018/19 £000</u>	<u>Actual YTD £000</u>	<u>Est 2019/20 £000</u>	<u>Est 2020/21 £000</u>	<u>Future Years £000</u>
SOCIAL CARE							
Crosshill Children's Home Replacement	1,914	154	1,043	30	717	0	0
Hillend Sprinkler	46	13	33	15	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	0	15	0	0
Wellpark Centre internal alterations	115	0	105	0	10	0	0
Completed on site	105	47	58	1	0	0	0
Social Care Total	2,320	214	1,364	46	742	0	0
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	2,320	214	1,364	46	742	0	0

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 8

INVERCLYDE HSCP

PERIOD 3: 1 April 2018 - 30 June 2018

<u>Project</u>	<u>Lead Officer/ Responsible Manag</u>	<u>b/f</u>	<u>New</u>	<u>Total</u>	<u>YTD Actual</u>	<u>Projected</u>	<u>Amount to be</u>	<u>Lead Officer Update</u>
		<u>Funding</u>	<u>Funding</u>	<u>Funding</u>		<u>Spend</u>	<u>Earmarked for</u>	
		<u>2017/18</u>	<u>2018/19</u>	<u>2018/19</u>	<u>2018/19</u>	<u>2018/19</u>	<u>2019/20</u>	
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>& Beyond</u>	
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
Self Directed Support	Alan Brown	43		43		43	0	This supports the continuing promotion of SDS
Growth Fund - Loan	Helen Watson	26		26		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.
Default Write Off								
Integrated Care Fund	Allen Stevenson	49	335	384	147	384	0	This funding has been allocated to a number of projects, including reablement housing and third sector and community capacity projects
Delayed Discharge	Allen Stevenson	462		462	51	385	77	Delayed Discharge funding has been allocated to specific projects in the Council and Health, including overnight home support and out of hours support. Carry forward is two posts which are one year until June 2019
Veterans Officer Funding	Helen Watson	15		15		15	0	Council's 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		69	13	69	0	Post for one year to address changes in Community Justice
Welfare Reform - CHCP	Andrina Hunter	22		22		22	0	Balance of funding to be used for case management system. Costs will be incurred over a 3 year period - this is the final year of the project
Dementia Friendly	Deborah Gillepsie	0	100	100		100	0	To deliver dementia friendly strategy
Service Reviews	Louise Long	264	271	535	79	361	174	Funding for additional fixed term posts to carry out service reviews - spend to save
C&F Adoption, Fostering	Sharon McAlees	1,112		1,112	61	431	681	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
Residential Budget Smoothing								
Primary Care Support	Allen Stevenson	469		469	469	469	0	New Ways and other Primary Care Improvement funds carried forward for use in 2017/18
Swift Replacement Programme	Helen Watson	76		76		76	0	Funding for a post to progress replacement client information system for SWIFT.
Prescribing	Lesley Aird	310		310		0	310	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years

<u>Project</u>	<u>Lead Officer/ Responsible Manag</u>	<u>b/f Funding</u>	<u>New Funding</u>	<u>Total Funding</u>	<u>YTD Actual</u>	<u>Projected Spend</u>	<u>Amount to be Earmarked for</u>	<u>Lead Officer Update</u>
		<u>2017/18 £000</u>	<u>2018/19 £000</u>	<u>2018/19 £000</u>	<u>2018/19 £000</u>	<u>2018/19 £000</u>	<u>2019/20 & Beyond £000</u>	
Mental Health Transformation	Louise Long	310		310		0	310	Anticipated that this will be required to fund in year budget pressures and additional one off costs linked to service redesign. Funding will be allocated from the fund on a bids basis controlled through the Transformation Board
Residential & Nursing Placements	Allen Stevenson	496		496		0	496	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
LD - Integrated Team Leader	Allen Stevenson	66		66	14	57	9	Two year post to develop the learning disability services integration agenda.
Contribution to Partner Capital Projects	Lesley Aird	572		572		572	0	Funding to support capital projects linked to HSCP service delivery
Continuous Care	Sharon McAlees	152	111	263		179	84	To address new continuing care legislation and address issues arising from inspection
Transformation Fund	Louise Long	1,283		1,283		500	783	Funding will be allocated for transformation projects on a bids basis controlled through the Transformation Board
TOTAL		5,796	817	6,613	834	3,664	2,949	

b/f Funding 5,796
Earmark to be carried forward 2,949
Projected Movement in Reserves **(2,847)**

Report To:	Inverclyde Integration Joint Board	Date:	11 September 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	IJB/45/2018/SMcA
Contact Officer:	Sharon McAlees Head of Children's Services & Criminal Justice	Contact No:	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 Integration Joint Board 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 of the 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 Integration Joint Board:
- Notes and gives comment on the Inverclyde Community Justice Partnership Annual Report 2017-2018.
 - Approves submission of the Annual Report to Community Justice Scotland, pending the addressing of any amendments necessary following comment from the Integration Joint Board.

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 the 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
<ul style="list-style-type: none"> • Communities improve their understanding and participation in community justice. 	<ul style="list-style-type: none"> • Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.
<ul style="list-style-type: none"> • Partners plan and deliver services in a more strategic and collaborative way. 	<ul style="list-style-type: none"> • People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.
<ul style="list-style-type: none"> • Effective interventions are delivered to prevent and reduce the risk of further offending. 	<ul style="list-style-type: none"> • Individuals' resilience and capacity for change and self-management are enhanced.
<ul style="list-style-type: none"> • 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:
- Housing and homelessness;
 - Employability;
 - Access to GP services;
 - Prevention and early intervention;
 - Domestic abuse and
 - 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, which were minor in nature, have been 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 on 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

5.1 FINANCE

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	Other Comments
N/A					

- 5.1.1 A Community Justice Lead Officer was appointed in September 2015 using the Scottish Government's transition funding allocation of £50,000 to Inverclyde. There is however an annual shortfall and the Criminal Justice Social Work budget is currently being utilised to meet these costs.
- 5.1.2 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

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

HUMAN RESOURCES

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

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES
√	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.

- 5.4.1 How does this report address our Equality Outcomes?

The local priorities of the Inverclyde Community Justice Partnership offer opportunities to make a positive contribution in all aspects of the equality outcomes.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None

Resources are used effectively in the provision of health and social care services.	None
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6.0 CONSULTATION

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.
- 6.2 As part of the consultation period, several focus groups were held with people involved in the criminal justice system and wider community groups. Encouragingly, this feedback indicated those consulted were generally impressed with the work identified within the Plan and the implementation of the strategy.

7.0 BACKGROUND PAPERS

- 7.1 Inverclyde Community Justice 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 sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, ciò nas motha agus air taip ma tha sibh ga iarraidh.

Hindi

अनुोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छायाई और सुनने वाले माध्यम पर भी उपलब्ध है।

Mandarin

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。

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 ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ 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
7-8 Clyde Square, Greenock PA15 1NB
01475715372
communityjustice@inverclyde.gov.uk



Inverclyde Community
Justice Partnership

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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. The overarching focus of community justice is about reducing offending and offers new opportunities in partnership working to fully realise this. There is a ripple effect of crime that involves not only the person committing the offence; but extends to the impact on their families; victims and their families and the impact on wider communities.

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. Use this link to read this plan <https://tinyurl.com/ycf5emno>.

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

An 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 outlining findings.

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.

Contributing to this partnership will help to ensure the voice of those with lived criminal justice experience is heard.



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 that 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.

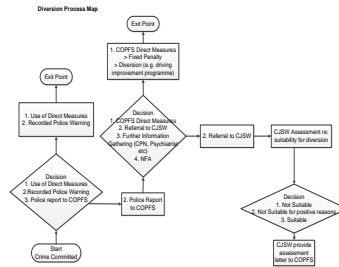
While there was anecdotal service user feedback, we endeavoured to collate any available data. Across Greater Glasgow & Clyde the data suggested there were significant numbers of people being de-registered while in custody and not being recorded as registered on release from custody.

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 proactive approach using automatic letter reminders for people towards the end of their sentence.

One outcome following on from this piece of work is that, having listened to feedback, are considering ways of supporting people returning to Inverclyde from custody ensuring they are registered with a GP.

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



Providing support when and where you need it



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 Borne 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.

Nathan's Story as told by Tracey from Families Outside

Tracey received a referral from Nathan's Pupil Support Teacher (PST), from Inverclyde who had attended a previous in-prison Teacher CPD session. The PST was supporting Nathan as his behaviour and attendance at school had recently become concerning. The PST discovered that Nathan had been refusing to attend school as other children were talking about him, and calling him names as a result of his dad's recent imprisonment.

Nathan was clearly impacted by 4 or more of the 10 Adverse Childhood Experiences, imprisonment being one of those. Recognising this and responding to his needs Tracey supported Nathan by providing one-to-one support using 'My Diary', Impact cards, and discussion allowing him the opportunity to have a voice and be heard. Further support was provided by Tracey liaising and working in partnership with education, Social Work, carer, and Prison Family Contact Officer, to facilitate appropriate supported in-prison contact through their 'Learning Through Play' sessions for Nathan with his dad in prison. The combination of ongoing supports has enabled Nathan to return to school, have the opportunity to explore the impact of his dad's imprisonment on him as a person, and have contact with his dad providing the opportunity for them to maintain their relationship.

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



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)	31 st 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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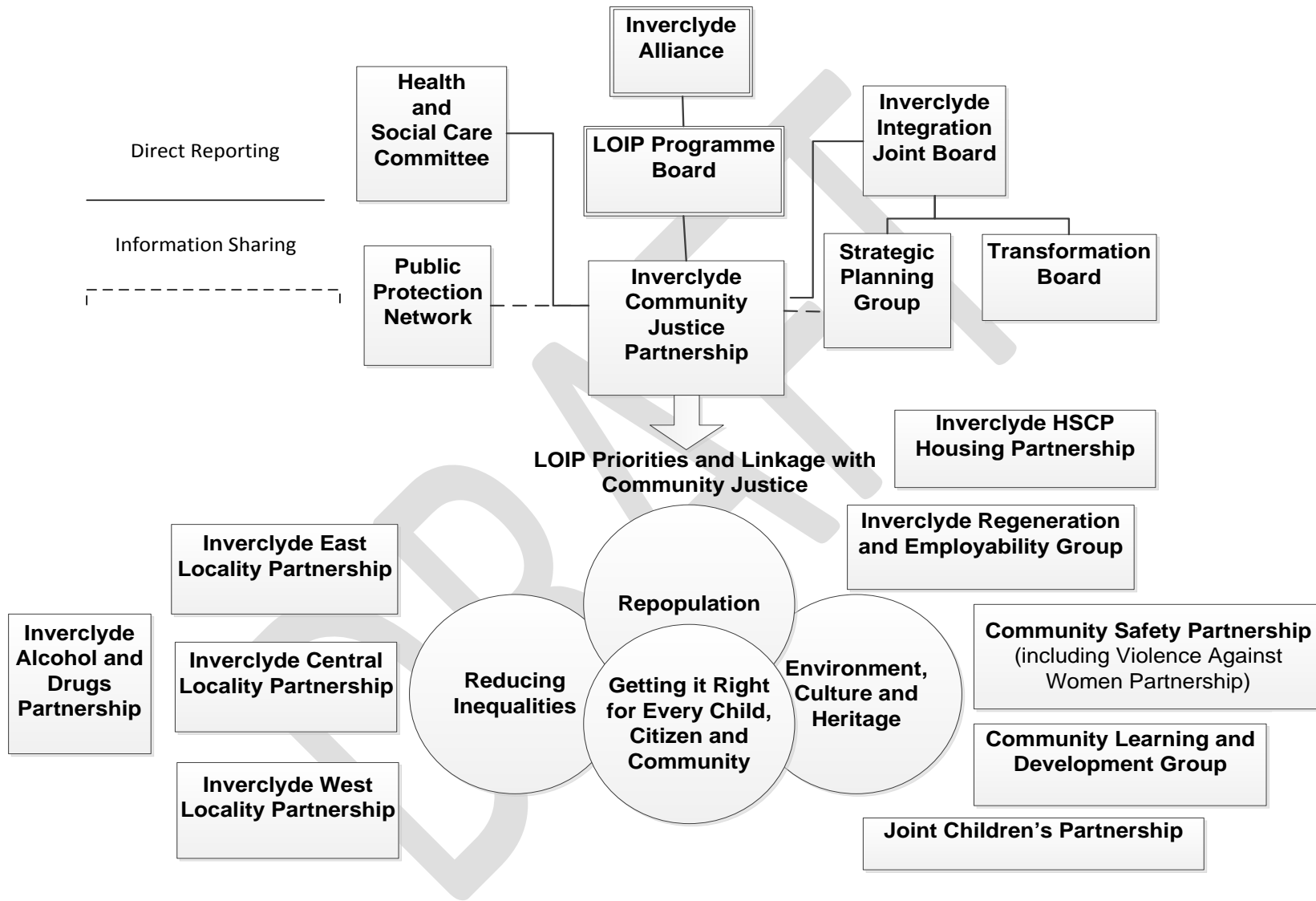
2. GOVERNANCE ARRANGEMENTS

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.



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	<p>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.</p> <p>Inverclyde average scores</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Moving around</td><td>4.3</td></tr> <tr><td>Public transport</td><td>4.4</td></tr> <tr><td>Traffic & parking</td><td>3.8</td></tr> <tr><td>Streets & spaces</td><td>4.5</td></tr> <tr><td>Natural Space</td><td>4.8</td></tr> <tr><td>Play & recreation</td><td>4.2</td></tr> <tr><td>Facilities & amenities</td><td>4.5</td></tr> <tr><td>Work & local economy</td><td>4.0</td></tr> <tr><td>Housing & community</td><td>4.3</td></tr> <tr><td>Social Interaction</td><td>4.5</td></tr> <tr><td>Identity & belonging</td><td>4.6</td></tr> <tr><td>Feeling safe</td><td>4.6</td></tr> <tr><td>Care & maintenance</td><td>4.0</td></tr> <tr><td>Influence & sense of control</td><td>4.1</td></tr> </tbody> </table>	Category	Score	Moving around	4.3	Public transport	4.4	Traffic & parking	3.8	Streets & spaces	4.5	Natural Space	4.8	Play & recreation	4.2	Facilities & amenities	4.5	Work & local economy	4.0	Housing & community	4.3	Social Interaction	4.5	Identity & belonging	4.6	Feeling safe	4.6	Care & maintenance	4.0	Influence & sense of control	4.1	<p>Inverclyde Community Justice Partnership has used the following common indicators:</p> <ol style="list-style-type: none"> 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 	
Category	Score																																	
Moving around	4.3																																	
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Traffic & parking	3.8																																	
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Influence & sense of control	4.1																																	

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.

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

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.

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 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.

		<p>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.</p> <p>HSCP Healthier Inverclyde project have provided drug and alcohol awareness education to unpaid work service users as part of prevention and harm reduction initiative.</p> <p>There are clear connection to individuals in recovery being part of the community and how Citizenship and TPS CONNECTS links together. Qualitative data from focus groups evidence community engagement and participation.</p> <p>CJSW seeks feedback from recipients of unpaid work activities. For example 100% of respondents were 'very satisfied' with the standard of work carried out. Among the comments received from individuals were</p> <ul style="list-style-type: none">• "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."		
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		<p>Some comments from organisations who received this Service:</p> <ul style="list-style-type: none"> • “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	<p>Partners plan and deliver services in a more strategic and collaborative way</p>	<p>ICJP meets regularly and has an annual development session, which is used to “take stock” and agree partnership priorities.</p> <p>ICJP has an agreed set agenda that includes a meeting theme presented by a range of partners.</p> <p>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</p>	<p>Inverclyde Community Justice Partnership has used the following common indicators:</p> <ol style="list-style-type: none"> 1. Services are planned for and delivered in a strategic and collaborative way. 2. Partners have leveraged resource for Community Justice. 3. Development of community justice workforce to work effectively across 	

	<p>collaborative commissioning.</p> <p>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.</p> <p>GG&C have established a Community Justice Health Improvement Group that has agreed strategic priorities.</p> <p>COPFS have also established a quarterly engagement meeting with Community Justice partners.</p> <p>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.</p> <p>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.</p> <p>SDS has a key role at a national level. The local SDS representative facilitated the themed discussion on employability.</p> <p>There is close working between Children's Services</p>	<p>organisational / professional / geographical boundaries.</p> <p>4. Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA.</p>	
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	<p>and CJSW to ensure a child centred approach in transitional planning.</p> <p>North Strathclyde MAPPA has delivered sixteen awareness sessions to a range of organisations to support the exchange of information in relation to public protection.</p> <p>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.</p> <p>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.</p> <p>In addition TPS's role within the Shine PSP sees partnership working with SPS and 8 other third sector organisations.</p> <p>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.</p> <p>The SFRS has strong links with all housing providers and the HSCP Inverclyde Centre (homelessness)</p>		
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		<p>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.</p> <p>Families Outside, in partnership with SPS HMP Greenock staff, delivered a Teacher CPD session to 18 staff, offering them the opportunity to explore the impact that imprisonment of a close relative can have on children and to learn how school communities can provide support for them and their carers. These events offered participants</p> <ul style="list-style-type: none"> • An opportunity to visit a prison and to enter into the stories of children affected; • An insight into the issues facing children and families who have a close relative in prison; • Practical ways in which teachers and school communities can help families affected by imprisonment. <p>Feedback from participants who attended the training sessions was extremely positive with waiting lists for future dates;</p> <p>"A very worthwhile session to attend. I have a better understanding of how imprisonment can affect a child".</p> <p>"A great opportunity to hear about the support</p>		
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		<p>available and how prison visits are catered towards children”.</p> <p>Inverclyde Community Justice Partnership alongside Families Outside produced a poster and business cards which have been distributed throughout Inverclyde. This is to raise awareness of the support and services available to families affected by imprisonment in Inverclyde, and of the partnership working. A Community Justice Partnership stand with this information was also on display at the annual Inverclyde Child Protection Conference.</p>		
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<p>3</p>	<p>Effective interventions are delivered to prevent and reduce the risk of further offending</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>CLD links with CJSW’s Unpaid Work, to access CLD learning as part of other activity within CPOs. Taster sessions offered include:</p> <ul style="list-style-type: none"> • Eat better feel better • Gain a Qualification • Personal Development <p>The partnership has moved to embed accreditation opportunities with a focus on the SQA’s Personal Achievement award.</p> <p>A weekly rolling programme of ‘Other Activity’ sessions are offered as part of CPO Unpaid Work</p>	<p>Inverclyde Community Justice Partnership has used the following common indicators:</p> <ol style="list-style-type: none"> 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 	<p>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.</p>
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	<p>Requirements including topics such as:</p> <ul style="list-style-type: none"> • Assertiveness / Communication • Problem Solving • Anger Management • General Offending 1& 2 • Drugs / Alcohol <p>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.</p> <p>CJSW and Children's Services work collaboratively to support young people who require 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.</p> <p>Adults managed through MAPPA will have a co-ordinated risk management plan that is regularly reviewed and evaluated by a number of partnership agencies.</p> <p>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.</p>	<p>problem drug and alcohol use [NHS Local Delivery Plan (LDP Standard)].</p> <p>7. Numbers of police recorded warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs).</p> <p>8. Number of short term Sentences under 1 year.</p>	
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	<p>Currently 70% of social workers have received training to effectively assess risks of serious harm within the accredited risk assessment tool LSCMI.</p> <p>In 2016/2017 questionnaires completed by individuals made subject to a CPO indicated:</p> <ul style="list-style-type: none"> • 82.05% had learned new skills. • 97.44% felt more confident in their ability to avoid offending in the future. <p>Overall respondents rated the Service they received as follows:</p> <ul style="list-style-type: none"> • Excellent 64.10% • Very Good 25.64% • Adequate 10.26% <p>Some individual comments were:</p> <ul style="list-style-type: none"> • “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.” <p>CJSW performance in relation to the number of individuals commencing their CPO unpaid work</p>		
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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.

Baseline and Trend Information – 2014-2017

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

		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		

	Fiscal Compensation	-	4	4		
	Fiscal Fixed Penalty	-	0	0		
	(Pre-SJR)					
	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		

	Throughcare			
	RLO's	-	-	0
	Diversion	18	32	35
	Requests from Court for Bail Information*	254	250	193
	<p>There is also the facility for bail supervision to be provided for women through dedicated funding. However, demand has been low.</p> <p>Please note some data is classified as “experimental data” and has only been broken down to Local Authority level from 2015 / 2016.</p>			

			2014 / 2015	2015 / 2016	2016 / 2017		
		Short term sentence of <1Year	-	115	111		
		Average number of people on remand	-	Total	Total		
				25.25	30.83		
				Males	Males		
				23.66	29.25		
				Females	Females		
				1.58	1.58		
4	People have better access to the services they require, including welfare, health and well-being, housing and employability	<p>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.</p> <p>ICJP supported a successful submission to the Scottish Government's Employability, Innovation and Integration Fund. It focuses on supporting people</p>				<p>Inverclyde Community Justice Partnership has used the following common indicators:</p> <ol style="list-style-type: none"> Partners have identified and are overcoming structural barriers for people accessing services. Existence of joint 	

		<p>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.</p> <p>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.</p> <p>Having listened to feedback, we are considering ways of supporting people returning to Inverclyde from custody.</p> <p>Inverclyde HSCP with the support of the ICJP; has secured Big Lottery funding for women involved in the criminal justice system. See Section B.</p> <p>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.</p>	<p>working arrangements such as processes / protocols to ensure access to services to address underlying needs.</p> <ol style="list-style-type: none"> 3. Initiatives to facilitate access to services. 4. Speed of access to mental health services. 5. % of people released from a custodial sentence: <ol style="list-style-type: none"> a. Registered with a GP; b. Have suitable accommodation; c. Have had a benefits eligibility check. 	
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	<p>Poverty can be a barrier in personal care. DTTO staff have access to funds to purchase personal care items for services users in crisis.</p> <p>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.</p> <p>CJSW works with Community Police to promote a positive, safe working environment within Unpaid Work and to challenge negative perceptions about Policing.</p> <p>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.</p> <p>The ICJP liaise with the Community Link Workers aligned to GP practices, and a representative attends the monthly Inverclyde Community Justice Breakfast.</p> <p>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</p>		
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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	2017-2018	2017-2018	2017-2018
Apr-June	July-Sept	Oct-Dec	Jan-March
96.46%	97.76%	98.55%	98.39%

		<p>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.</p> <table border="1"> <tr> <td>2014-2015</td> <td>2014-2015</td> <td>2014-2015</td> <td>2015-2015</td> </tr> <tr> <td>April-June</td> <td>July-Sept</td> <td>Oct-Dec</td> <td>Jan-March</td> </tr> <tr> <td>96%</td> <td>95.10%</td> <td>95%</td> <td>94%</td> </tr> <tr> <td>2015-2016</td> <td>2015-2016</td> <td>2015-2016</td> <td>2015-2016</td> </tr> <tr> <td>April-June</td> <td>July-Sept</td> <td>Oct-Dec</td> <td>Jan-March</td> </tr> <tr> <td>86%</td> <td>83%</td> <td>86.4%</td> <td>94.3%</td> </tr> <tr> <td>2016-2017</td> <td>2016-2017</td> <td>2016-2017</td> <td>2016-2017</td> </tr> <tr> <td>April-June</td> <td>July-Sept</td> <td>Oct-Dec</td> <td>Jan-March</td> </tr> <tr> <td>98%</td> <td>86.7%</td> <td>81%</td> <td>82.7%</td> </tr> </table>	2014-2015	2014-2015	2014-2015	2015-2015	April-June	July-Sept	Oct-Dec	Jan-March	96%	95.10%	95%	94%	2015-2016	2015-2016	2015-2016	2015-2016	April-June	July-Sept	Oct-Dec	Jan-March	86%	83%	86.4%	94.3%	2016-2017	2016-2017	2016-2017	2016-2017	April-June	July-Sept	Oct-Dec	Jan-March	98%	86.7%	81%	82.7%		
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5	<p>Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed</p>	<p>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</p>	<p>Inverclyde Community Justice Partnership has used the following common indicators:</p> <p>Individuals have made Progress against this outcome.</p>																																					

	<p>deprived quintile. Thus are likely to be in greater need in terms of the support they require to successfully complete their Court orders.</p> <p>TPS Turnaround Residential and Community 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).</p> <p>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.</p> <p>Brian's Story</p> <p>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</p>		
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		<p>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.</p> <p>Brian remains in the community, having refrained from further offending behaviours and has been re-assessed and his risk of reoffending has reduced accordingly.</p> <p>He was provided with clothing for employment interview and has recently secured local employment.</p>		
6	<p>People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities</p>	<p>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.</p> <p>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%).</p>	<p>Inverclyde Community Justice Partnership has used the following common indicators:</p> <p>Individuals have made Progress against this outcome.</p>	

		<p>Stephen's Story</p> <p>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 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.</p> <p>Stephen successfully completed his Order and there is no longer Children's Service involvement.</p> <p>Stephen has not committed any further offences and is now in employment.</p>		
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.	Inverclyde Community Justice Partnership has used the following common indicators: Individuals have made	

	<p>Lisa's Story</p> <p>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, 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.</p> <p>Lisa feels more resilient than at any point during her life and is focused on being the best parent she can be.</p> <p>Lisa has not committed any further offences.</p> <p>David's Story</p> <p>David has a conviction for a sexual offence and is currently subject to MAPP. 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</p>	<p>Progress against this outcome.</p>	
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		independent living skills. CJSW have undertaken specialist training to be able to deliver sexual offending programmed intervention that is mindful of learning difficulties.		
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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.

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 downstream 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.

- 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. This involved three focus groups timed at approximate three monthly intervals. One focus group used a variety of images to depict different types of support. This enabled a deeper level of unpicking the concept of support.
- 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:

- 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 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.

5. Employability;

- a) An event focused on supporting people involved in the criminal justice system on employability. This initial session was for the purpose of strengthening partnership working and having a better understanding of each other's roles. The Community Justice Partnership is now part of the Inverclyde Regeneration and Employability Group where a key focus is on supporting people into employment who have lived experience of the criminal justice system.
- 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 need 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 work streams...

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;
 - 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. Undertake a strategic needs assessment.
3. 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.

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 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.

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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.

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.

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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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First published March 2018
(Document Version 1.2 (02.03.2018))

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Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/43/2018/HW

Contact Officer: Helen Watson
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Inverclyde Health and Social Care
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Subject: Review of Sandyford Sexual Health Services

1.0 PURPOSE

1.1 The purpose of this paper is twofold –

- i. To bring to the attention of the Integration Joint Board, the recent review of Sandyford Sexual Health Services.
- ii. To provide an update on developments pertaining to some of the aligned work that will be delivered locally.

2.0 SUMMARY

2.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

2.2 In February 2017, Glasgow City IJB gave its approval to commence a review of Sandyford Sexual Health Services under the auspices of Glasgow City HSCP's transformational change programme. The review aimed to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways.
- Encourage those who could be self-managing to be supported differently.
- Ensure that Sandyford Services are accessible and targeting the most vulnerable groups.

2.3 A final report to the Glasgow City IJB was approved at their March 2018 meeting, including findings of the service review and setting out recommendations for the intended direction of travel for future delivery of all Sandyford Services.

As part of this paper, senior colleagues from Sandyford engaged with each of the HSCPs to gather their views and comments. This was supported by the setting up of an Implementation Group to oversee the smooth delivery of the recommendations.

2.4 From an Inverclyde perspective, strategic oversight for sexual health is the

responsibility of the Sexual Health Local Implementation Group (SHLIG). This multi-agency partnership group has a population approach and is chaired by the Corporate Director of Education, Communities and Organisational Development. The HSCP's representation is from both Health Improvement and Children & Families. Sandyford have representation at this group, along with Community Learning & Development.

- 2.5 Currently the local Sandyford Service operates three times per week on Mondays, Wednesdays and Thursdays from 9.00am – 5.00pm in Greenock Health Centre. Under the recommendations for the review, detailed below, there are considerations and implications. It should be borne in mind that given the timing of this report and the timescales for implementation, much of this work is in its early stages of discussion and negotiation, particularly the recommendations for the Young People's service developments.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is requested to note the content of this paper.
- 3.2 The Integration Joint Board is requested to engage with the Sexual Health Implementation Group (SHLIG), via the Chief Officer, to ensure there are the minimum amount of implications for the Inverclyde area.
- 3.3 The Integration Joint Board is requested to agree to take a further progress paper that outlines the direction of travel that is fit for local purpose.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

The Sandyford vision is that the population enjoys good and positive sexual health and wellbeing. Where people need support, care or treatment they can easily access specialist sexual health services. Their focus will be on prevention of poor sexual health, early intervention and supported self-management.

4.2 Sandyford has developed its strategic and service responses for sexual health, through its Sexual Health Strategic Plan 2017-20 for Health & Social Care Partnerships in the Greater Glasgow and Clyde – see <http://www.sandyford.org/professionals/sexual-health-strategic-plan-2017-20/>.

4.3 The review was initially predicated on the achievement of £250,000 efficiencies for 2017/2018 and this has been achieved. Further financial pressure has resulted in the scope of the review process widening to consider an additional 15% over the next three years.

4.4 Following the establishment of a Programme Board in May 2017, which was to oversee the review and agree the establishment of the following workstreams:

- 1) **Clinical Services** – to develop a service specification detailing what services Sandyford offers and specifying the services which Sandyford will no longer offer, including detail on where these needs will now be met.
- 2) **Accessibility** – to develop proposals to deliver sexual health services to the right people in the right place at the right time.
- 3) **Young People** – (re)engage with young people on their sexual health service access needs in order to define an efficient and cost-effective service model for young people's sexual health care, which is acceptable to them.
- 4) **Workforce and Localities** – to develop proposals for a revised team structure for the service to be delivered across localities or specific geographic areas.

5.0 REVIEW RECOMMENDATIONS

5.1 A copy of the paper to the IJB paper is available at <https://glasgowcity.hscp.scot/meeting/21-march-2018>, item 8.

Clinical Service Model

It is recommended that the future service model should comprise 3 tiers of service provision for clients who need to see specialist sexual health services:

- Tier 3 - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services;
- Tier 2 - a few larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care;
- Tier 1 - a number of smaller, local services which will offer routine scheduled and emergency care.

This model for service modernisation will aim to offer care to clients with non-complex sexual health needs in innovative ways and with involvement of other stakeholders and partners.

5.2 Tier 3

The specialist service will be the main site for delivery of urgent/undifferentiated, complex and specialist care, based at various Glasgow City Centre locations operating over 5 days.

5.3 Tier 2

To meet the requirements of a tier 2 service, the site will be open on a *minimum* of 3 full days a week, but ideally 5 days a week, in order to ensure that access to urgent/undifferentiated care within 48 hours is available. Locations are to be determined but early discussions that Paisley may be one of the options.

5.4 Tier 1

To meet the requirement of a tier 1 service, the site will be open on a *minimum* of 2 full days a week.

5.5 Service Locations

The future service model will consist of a network of sexual health clinics, with one specialist (tier 3) service, four tier 2 services (covering east, south, west and north-west areas), and a number (to be determined) of tier 1 services, which will be located in areas of need and which cover the geographical spread of Greater Glasgow and Clyde. Specialist services will remain at Sandyford Central for the foreseeable future.

5.6 Accessibility

The Sexual Health website will be developed to cater for the appropriate support for clients' needs. This will be achieved, in addition to the website, through several other communication and accessible information platforms.

5.7 Young People

Sandyford will re-engage with young people to realise the levels of service attendance experienced in 2011. In order to achieve this, the future service model will continue to have dedicated Young People clinics as a priority component of the Sandyford services. The clinics will run after school hours and into the evening (7.30pm), will offer a mix of walk in services with some appointments.

5.8 Workforce & Localities Management

5.8.1 Workforce:

This component will fall to the responsibility of the *Workforce and Financial Modelling Group* (see 6.4.2 below), with accountability to the Implementation Board.

5.8.2 Localities Management:

General Management arrangements will be extended in Sandyford and there will be a move to have a professional leadership model separate from the operational management, which is in line with other services across Glasgow City HSCP.

6.0 PROGRESSING TO IMPLEMENTATION

6.1 To facilitate the implementation process, the Programme Board responsible for the review developments requested there be a Service Review Implementation Board to oversee the development of an Implementation Plan. This will also include a financial framework, proposed service locations, and associated savings and efficiencies, and the final submission of this and a fuller report to the Glasgow City IJB in December 2018.

It is anticipated the group will meet 4 times up to October 2018.

6.2 In terms of the span of the Implementation Plan, this has its focus on how the service is delivered rather than what it delivers. This includes all Sandyford services with the exception of the Gender Identity service, which is a developing service with a national agenda.

6.3 Aligned to this work is the creation of short-life working groups, to meet up to 4 times up to October 2018, which are associated with the review recommendations mentioned above. These are –

	Group's Scope
Service Delivery Group	The group will focus on the implementation of the recommendations of the Sexual Health review Clinical Services Workstream and the Young People's Services Workstream. This will include delivery of core sexual and reproductive health and complex genitourinary medicine (GUM) and gynaecology.
Workforce and Financial Modelling Group	The group will focus on the implementation of the workforce related recommendations of the Sexual Health review Workforce and Localities Workstream. The Group will work within existing HR policies and within the financial envelope available in the light of efficiencies savings.
Locations and Accessibility Group	The group will focus on the implementation of the Localities related recommendations of the Sexual Health review Workforce and Localities Workstream and the recommendations of the Accessibility Workstream.

Local representation on the above groups has been drawn from the Inverclyde SHLIG, with the exception of the Workforce and Financial Modelling Group, where there are links in place that are carried out by Sandyford colleagues.

- 6.4 In each of the groups' agendas, there are standing items to inform the membership of updates from other groups. There are associated governance processes for these groups' outputs reported into the Service Review Implementation Board.

7.0 CONSIDERATIONS FOR INVERCLYDE SANDYFORD SERVICES

- 7.1 In light of all of the above, it is proposed that Inverclyde will be allocated a Tier 1 service, which will operate 2 days per week in Greenock Health Centre. While this may look like a change, there are extended opening times, with the clinics opening from 9.00am to 7.30pm. This would prove to be a positive move for all populations, particularly for young people, where it is known are challenged in the current service provision, given there are intended dedicated appointments for young people from 3.30pm to 7.30pm.
- 7.2 In the discussion stages is the development of a Tier 2 service in Paisley that will be accessible by our local population and this would cater for anyone who requires this service, as per 5.4 above.
- 7.3 Higher level data that has been presented by Sandyford at the working group meetings requires further detailed analysis. This is in light of anecdotal information that many young people from Port Glasgow are currently disadvantaged with the move, in December 2016, from Boglestone to Greenock. Having this detailed analysis will help inform the negotiations for the proposed service delivery and development of the Sandyford EqlA processes.
- 7.4 It is understood that there is to be the removal of a consultant's time for one of the days that Sandyford are operating in Greenock and this requires further impact analysis.
- 7.5 In particular to some of our most vulnerable groups, such as women offenders (both in prison and the wider community), LAC, Child Protection and Adult Protection, there is further detailed work required, in collaboration with Sandyford, to ensure there are appropriate pathways in place, ensuring the correct support is provided by those in need.
- 7.6 Local vulnerable individuals, especially for the more/most complex issues will continue to be expected to travel into Glasgow. While this has been the expectation for a number of years, there are risks associated that the inequalities gap continues to widen.
- 7.7 It is suggested that there is a requirement for an increased level of support from the Sexual Health Implementation Group (SHLIG), notwithstanding this review of the Sandyford Services but also to support its implementation.
- 7.8 Through discussions at the above-mentioned working groups and at the SHLIG, Sandyford will be encouraged to further inform the users of their services, regarding finalised changes.

8.0 IMPLICATIONS

FINANCE

- 8.1 There are no financial implications from this report.

Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

LEGAL

8.2 There are no legal implications from this report

HUMAN RESOURCES

8.3 There are no HR implications from this report

EQUALITIES

8.4 Has an Equality Impact Assessment been carried out?

	YES.
X	NO – However, support by the SHLIG will be provided to Sandyford colleagues in the development of and EqIA.

8.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

8.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no clinical or care governance implications at this time.

8.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

9.0 CONSULTATION

9.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP. The developments pertaining to the review and its implementation have been discussed at the Inverclyde Sexual Health Implementation Group.

10.0 LIST OF BACKGROUND PAPERS

10.1 N/A

Report To:	Inverclyde Integration Joint Board	Date: 11 September 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/46/2018/SMcA
Contact Officer:	Sharon McAlees Head of Children's Services & Criminal Justice	Contact No: 715282
Subject:	LIAM – 'Let's Introduce Anxiety Management' for Children and Young People	

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board about planned work to be carried out following training by the Inverclyde school nursing team to support children and young people aged 8 years to 18 years in low intensity anxiety management. The programme 'Let's Introduce Anxiety Management' (LIAM) is a cognitive behavioural therapy (CBT) informed intervention for mild to moderate anxiety. The programme has been developed by NHS Education for Scotland in conjunction with Professor Paul Stallard.
- 1.2 This integrated programme has also been offered to other partners with Education Services and Barnardo's joining the training and will be part of an Implementation Plan for a wider system approach.

2.0 SUMMARY

- 2.1 Anxiety disorders are among the most common mental health difficulties experienced by children and young people, with an estimated prevalence of 12% per year. Anxiety issues are often under-recognised and under-treated (CAMHS Matrix, 2015).
- 2.2 LIAM develops practitioner skills in the delivery of a Cognitive Behaviour Therapy (CBT) informed approach. CBT has the most robust evidence base of interventions for children and young people experiencing difficulties with anxiety. Research suggests CBT has an approximate 50 – 60% success rate (CAMHS Matrix, 2015).
- 2.3 The LIAM training includes an on-line module and 2 day face to face direct learning delivered by the NES funded NHS GG&C Early Intervention Pilot Project team which introduces CBT-informed techniques that can be used during 6-8, 1-1 sessions with the child or young person. Follow up skills coaching and case review sessions will be provided by the NHS GGC Early Intervention to support staff to develop the required skills and ensure the intervention is delivered safely and effectively. Clear links have been established with CAMHS Inverclyde and Inverclyde Psychological Services are also involved in supporting the implementation.
- 2.4 Inverclyde HSCP will be the first pilot site within NHS GG&C. We believe that this may

be the only site in Scotland where LIAM will be implemented as a multi-agency approach across an entire local authority including practitioners from health, Barnardo's and education.

- 2.5 The training was due to take place jointly with Barnardo's staff on 21st and 29th August 2018. The plan is to roll out the programme across Port Glasgow Campus from September 2018 then roll out to other areas following preliminary evaluations. This will be done in consultation with Education and Barnardos colleagues across Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 The Integration Board is asked to note the plans currently in place and approve the direction of travel set out in the paper. There is an intention to update the Board following training, further planning and roll out.
- 3.2 The Integration Board is asked to note that this will support areas of Scottish Government mental health strategy 2017-2027 recommendations and the NHSGGC 5 year mental health strategy around prevention.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Across Scotland, the number of referrals to Child and Adolescent Mental Health Services (CAMHS) has been increasing. Recommendations have been made for services to be made available for children and young people who experience a mental health problem that does not meet the requirement for a Tier 3 CAMHS level of intervention (Scottish Government, June 2018).
- 4.2 Funding has been made available by NHS Education for Scotland (NES) to develop the 'Training in Psychological Skills – Early Intervention for Children' (TIPS-EIC) project across all Scottish Health boards. This is being led by CAMHS Psychologists.
- 4.3 The aim of the TIPS-EIC project is to enhance psychologically informed skills in the existing children's workforce to promote early intervention for mild mental health difficulties and ultimately reduce pressure at Tier 3 CAMHS level. The implementation of the LIAM package is one aspect of the NES TIPS-EIC project.
- 4.4 The LIAM package has been developed using an implementation science model. It therefore includes ongoing skills coaching sessions for all practitioners delivering the package to ensure that they are able to consolidate and utilise skills gained through the 2-day training course.
- 4.5 Difficulties with anxiety are common and research suggests that over the course of childhood approximately 10-11% of all children and young people experience difficulties considered as an anxiety disorder (CAMHS Matrix, 2005).
- 4.6 Research suggests that anxiety disorders in children and young people are under – recognised and under-treated. For example, in a sample of 8 to 17 year olds 72% of those with an anxiety disorder did not receive any treatment (CAMHS Matrix, 2005).
- 4.7 LIAM is an evidence based intervention delivered across 6-8 hourly sessions at Tier 2 level. The intervention is suitable for children and young people aged 8-18 years old. Currently there are few evidence-based interventions to support children and young people who may be experiencing impairment and distress; these children may be seen by GPs or be referred to CAMHS.
- 4.8 Currently within Inverclyde HSCP, children and young people can access psychological interventions including CBT from Inverclyde CAMHS if their difficulties are considered to be moderate or severe in nature. LIAM will provide access to a psychological intervention for children and young people experiencing mild or moderate difficulties with anxiety. This will therefore widen access to psychological therapy and allow for earlier intervention.
- 4.9 There will be regular planned referral and case review discussions to ensure delivery of a quality service, appropriate referral and where necessary transfer from the tier 2 intervention to other supports and services such as tier 3 CAMHS.
- 4.10 With appropriate informed consent from families, routine outcome measures will be collected from children, young people and parents/carers throughout the implementation of LIAM. This, along with basic demographic data, will allow for a local evaluation of the LIAM pilot within Inverclyde by the NHS GGC Early Intervention Pilot Project Team. In addition, this will contribute to a national evaluation of LIAM across Scotland led by NES and reported to Scottish Government.
- 4.11 Training was scheduled to take place on the 21st and 29th of August targeted on the Port Glasgow shared campus. Thereafter staff will begin offering the intervention to pupils within the campus .

5.0 IMPLICATIONS

5.1 FINANCE

This is currently contained within the existing budget

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	Other Comments
N/A					

LEGAL

- 5.2 The programme is designed and supported by NES. The project is in line with many aspects of the Scottish Government's Mental Health Strategy 2017 – 2027. There appear to be no legal issues evident within the programme.

HUMAN RESOURCES

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

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

There are no equalities issues evident within the programme.

	YES
√	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.

- 5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None

HSCP staff understands the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 The programme is supported fully by NES/ NHS GG&C Early Intervention Pilot Project.

There are no clinical or care governance implications arising from this report.

- 5.6 “The NHS GG&C Early Intervention Pilot Project team will provide ongoing skills coaching and case review sessions for those delivering LIAM in addition to their existing clinical and/or line management supervision. The NHS GG&C Early Intervention Pilot Project team are responsible for the advice and guidance they provide relating to the LIAM intervention however, clinical governance and responsibility for the case overall will remain with the service.”

5.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

The programme will support children and young people with anxiety issues at tier 2 level. The programme includes methods and values found within GIRFEC and the ‘Children and Young People (Scotland) Act. The programme uses evidence and experience which should support the wellbeing of children and young people across Inverclyde.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None

Resources are used effectively in the provision of health and social care services.	None
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6.0 CONSULTATION

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.0 BACKGROUND PAPERS

- 7.1 Let's Introduce Anxiety Management for Children and Young People (LIAM).
- 7.2 LIAM Anticipated Time Commitment for Staff
- 7.3 Early Intervention Pilot Project Quarterly Report June 2018

8.0 REFERENCES

- 8.1 Rejected Referrals to Child and Adolescent Mental Health Services (CAMHS): A Qualitative and Quantitative Audit, *Scottish Government*, June 2018:
<https://www.gov.scot/Resource/0053/00537523.pdf>

The Matrix A Guide to Delivering Evidence-Based Psychological Therapies in Scotland, *NHS Education for Scotland*, 2015:
https://www.nes.scot.nhs.uk/media/3405552/matrix_-_children_youngpeopletablesfinal_2015.pdf

Let's Introduce Anxiety Management for Children and Young People (LIAM)

Introduction

Anxiety disorders are among the most common mental health difficulty experienced by children and young people (CYP), with an estimated prevalence of 12% per year. In fact, over the course of childhood approximately 10-11% of all CYP experience anxiety disorders. Anxiety disorders in CYP, while common, are very likely to be under-recognised and under-treated. In a sample of 8 to 17 year-olds, 72% of those with an anxiety disorder, that was causing impairment, did not receive any treatment, and in this respect they fair worse than children with behaviour problems, or those with depression. Amongst those who are recognised, cognitive behavioural therapy (CBT) is the treatment of choice, with an approximate 50-60% success rate (CAMHS MATRIX, 2015).

LIAM aims to increase access to an evidence-based intervention for mild to moderate anxiety presentations in CYP. To that end, LIAM develops practitioner skills in the delivery of a Cognitive Behaviour Therapy-informed approach. It was designed by NHS Education for Scotland along with Professor Paul Stallard, from the University of Bath, who is an internationally renowned expert in the treatment of anxiety in CYP. It is suited to a range of professionals who work with CYP, e.g., School Nurses, Teachers, Pastoral Care / Guidance Teachers, Social Workers...

The tiered training package has the following components:

- An online anxiety e-learning module which should be completed first
 - This module is useful for all people who work with CYP even if they do not undertake any further training in anxiety management
- A one-day training workshop that aims to raise awareness in staff in CYP's services about anxiety
- A second day of training which introduces the CBT-informed techniques that can be used during six one-to-one sessions with CYP to help them to learn how to manage their anxiety
- For those who complete the online module and both days of training there will be follow-up coaching sessions aimed to give on-the-job support to help develop the CBT-informed skills with CYP

Intended learning Outcomes

By the end of the full training (module + two-day training + coaching) the learner should:

1. Have knowledge about the nature of anxiety in CYP from a CBT perspective
2. Understand the importance of watchful waiting to ensure any intervention is warranted
3. Be able to deliver a six-session CBT-informed intervention to CYP with the support of a LIAM coach

Please note the training does not provide staff with the skills and competencies to be a Cognitive Behaviour Therapist.

Assessment

All learners must complete the e-learning module. The training days are intended to raise awareness about anxiety in CYP and about CBT-informed approaches. To deliver the six-session CBT-informed approach to CYP, practitioners must engage in the follow-up coaching with a LIAM coach. Coaching sessions will focus on adherence to the manualised treatment protocol and will make use of CYP's outcomes on standardised questionnaire measures to gauge the impact of interventions.

Further information is available from:

For more information about how to access LIAM training in your area, please contact:

NES Early Intervention with Children project

Programme Director: Dr Suzy O'Connor

Contact details: suzy.oconnor@nes.scot.nhs.uk

Programme Director for Early Intervention

NHS Education for Scotland

2 Central Quay, 89 Hydepark Street

Glasgow, G3 8BW.

Local LIAM trainer / coach (*Please insert details*):

Name Dr Rona Craig,

NHS GG&C Early Intervention Pilot Project

Templeton Business Centre

4th Floor, 62 Templeton Street

Glasgow, G40 1DA

Email Rona.Craig2@ggc.scot.nhs.uk, **Team Email:** EarlyIntervention.Camhs@ggc.scot.nhs.uk

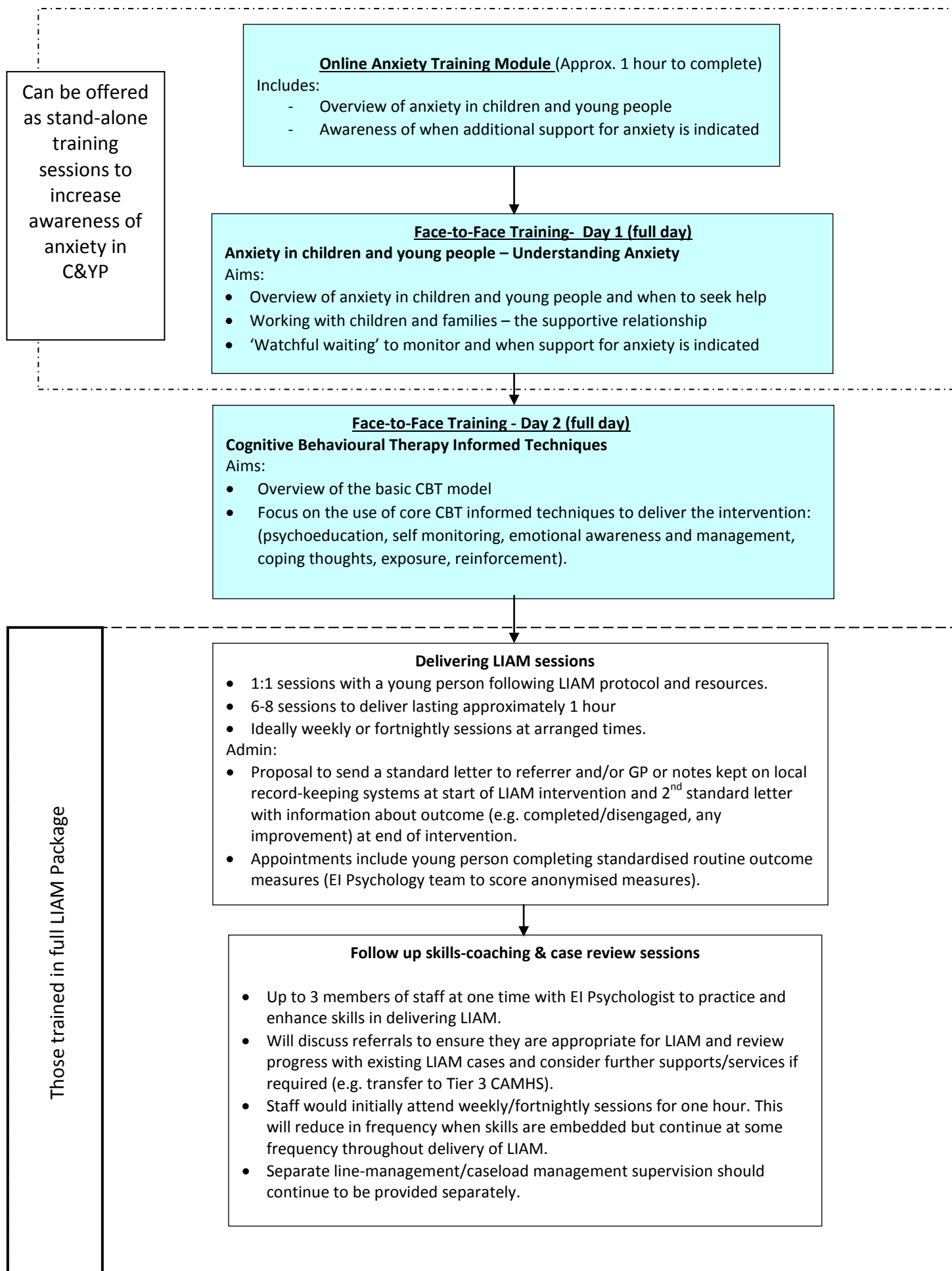
Contact Phone Number: 0141 277 7526

Reference:

CAMHS MATRIX (2015):

[http://www.nes.scot.nhs.uk/media/3405552/matrix -
_children_youngpeople_tables_final_2015.pdf](http://www.nes.scot.nhs.uk/media/3405552/matrix_-_children_youngpeople_tables_final_2015.pdf)

'Let's Introduce Anxiety Management' (LIAM) – Low-Intensity Anxiety Management Package Anticipated Time Commitment for Staff



EARLY INTERVENTION PILOT PROJECT QUARTERLY REPORT (JUNE 2018)



INTRODUCTION

Welcome to the first Early Intervention Pilot Project Quarterly Report. This report outlines the background to the project across Scotland and the specific aims within the Greater Glasgow & Clyde area (GG&C). It also provides information on the current team members and the work undertaken and planned so far.

PROJECT BACKGROUND & CONTEXT



Funding has been made available through NHS Education for Scotland (NES) for psychology time to develop the project across 11 Health Boards in Scotland. The overall aim of the project is to enhance psychologically informed skills in the existing children's workforce, to reduce the pressure at tier 3 CAMHS and promote early intervention. By working with and providing training to interagency colleagues, we hope to increase access to psychologically informed approaches for children and young people who have a mental health difficulty identified, but do not meet threshold for CAMHS. For our purposes, the children's workforce includes a wide range of professionals who work with children and young people and who would have a role in supporting their mental health (e.g. education staff, social work, school nursing, third sector staff).

The project is in line with many aspects of the Scottish Government's Mental Health Strategy 2017-2027. Each Health Board may take slightly different approach to the project, depending on local services and need. Within NES, the project work stream is called 'TIPS-EIC' (Training in Psychological Skills – Early Intervention Children). This project also links in with other NES work-streams such as Trauma, CBT Training and Psychology of Parenting Project (PoPP).

GG&C EARLY INTERVENTION PILOT PROJECT AIMS



Given the size of the team and the overall project remit, there are no plans to see individual families. However, we are really keen to explore ideas with colleagues in CAMHS and other agencies about how we can creatively achieve our aims and be as helpful as we possibly can be.

We are at the early stages of setting up the team and working out which projects and training we will trial. Our intention is to set up different projects across GG&C and we have presented our pilot projects in this report.

We are currently trying to identify areas where we might be able to support the wider children's workforce in terms of knowledge, skills or confidence about children and young people's mental health. Our remit is to be a resource to all agencies within the children's workforce in the GG&C area. We would prefer that our input is led by the needs of the children's workforce and are therefore encouraging CAMHS services and our colleagues in other agencies to contact us with ideas.

As this is a very new project and we are a small team, we have not yet been able to contact all of the agencies that we are keen to work with across the GG&C area. We would encourage you to contact us if you have any ideas of how we could link up. For example, if there are any specific training needs or existing projects around child and adolescent mental health that our input may complement. Similarly, please feel free to distribute this newsletter to other colleagues or agencies that you think may be interested.

CURRENT STAFFING

We are a small team of CAMHS psychologists comprised of the following staff:

Dr Clare Roberts, Consultant Clinical Psychologist (0.1 WTE)

Dr Rona Craig, Principal Clinical Psychologist (1 WTE)

Jo Storrar, Child & Adolescent Therapist (0.6 WTE)

Gillian Bickerstaff, Child & Adolescent Therapist (1 WTE)

We are also currently recruiting for another Clinical Psychologist (1 WTE) to join the team as well.

CONTACT DETAILS

We are based on the 4th floor in Templeton Business Centre, 62 Templeton Street, Glasgow, G40 1DA. Please feel free to pop in for a cuppa or a chat if you are ever nearby! If you need to contact us, we can be reached at **0141 277 7526** or by email: earlyintervention.camhs@ggc.scot.nhs.uk For NHS GG&C staff you can find us on the global address list individually or email us all by finding "CAMHS Early Intervention".



CURRENT PILOT WORK WITHIN GG&C

Let's Introduce Anxiety Management (LIAM) Training –Inverclyde

The LIAM package consists of training in awareness of anxiety in children and young people and a cognitive behavioural therapy (CBT) informed intervention for mild anxiety symptoms. This was designed by NES in conjunction with Professor Paul Stallard, Consultant Clinical Psychologist.

LIAM is a tiered package with an accompanying implementation science-based protocol. Here is a brief outline of the training:

- Short online e-learning module on childhood anxiety: completion of this is prerequisite for attendance at the training.
- Day 1: To develop knowledge of anxiety in children and young people, the nature of watchful waiting and when further input is indicated (this can be delivered as a standalone day).
- Day 2: Describes the 6-8 session intervention which contains CBT informed strategies help with feelings of anxiety.
- Ongoing skills coaching sessions to support skill development and management of governance & risk issues.



Our team has now been trained as trainers in the LIAM package. As a pilot, we hope to run a LIAM training with a group of multi-agency practitioners in Inverclyde including school nursing, Barnardo's and education. These practitioners would then deliver LIAM on a one-to-one basis with children and young people aged 8-18 years. We are hoping to deliver training to the first group of Inverclyde practitioners in August 2018. Following completion of both training days, we would then provide ongoing skills coaching to support them throughout the implementation phase.

In some of the other Scottish Health Boards where there is a lesser resource due to health board size, delivering LIAM training and the ongoing coaching is the entirety of the Early Intervention TIPS-EIC project.

Redirected Referrals – South CAMHS

In South Glasgow CAMHS we are currently undertaking a redirected referrals pilot project. For referrals that do not meet criteria for CAMHS, we are writing therapeutic letters to families. This is a validating letter, acknowledging the concerns outlined, but it also includes detailed information on services and organisations available within the area and how to contact them. The letters contain written information and leaflets as well as suggested websites, online resources and apps. We are trying to promote existing projects such as Ayemind and SafeSpot by signposting families to these where appropriate. Double copies of all letters are being sent to families with the suggestion of giving a copy to school, nursery and health visiting staff, encouraging an open dialogue. Links have been made with Barry Syme, City Principal Psychologist in Glasgow City Psychological Service who plans to inform all Head Teachers in the local area of this project.

This pilot is also allowing us to identify any patterns or themes to the redirected referrals which may help inform our work in future.

Library Project – Glasgow City

We have established links with Glasgow Libraries who have kindly agreed to stock a core selection of recommended self-help texts books in 32 community libraries and 29 secondary school libraries across the Glasgow City boundary. We are currently exploring which resources would be most



helpful and may contact your team for recommendations. We envisage the books within the community libraries will be focused on common mental health difficulties such as anxiety and low mood and also some parenting-focused texts. The books within secondary schools may be similar but include common issues relating to this age group such as exam stress. Each library will have a fuller range of titles available on their catalogue but we hope having a core resource in every library will be helpful.

We plan to circulate the core list of resources once it has been agreed. This means CAMHS staff and other professionals can direct families they are working with to relevant texts at their local or school library, confident in the knowledge the library will stock those specific books. We are in the process of developing a joint leaflet with Glasgow Library Services including details of all the titles.

EARLY INTERVENTION LINK PERSON FOR NHS GG&C CAMHS

To ensure strong links between this project and CAMHS, we are suggesting a “link” person from our team be assigned to each of the CAMHS teams as follows:

NORTH CAMHS	Jo Storrar
EAST CAMHS	Gillian Bickerstaff
SOUTH CAMHS	Rona Craig
WEST CAMHS	Rona Craig (until further recruitment)
RENFREWSHIRE CAMHS	Jo Storrar
EAST RENFREWSHIRE CAMHS	Gillian Bickerstaff
INVERCLYDE CAMHS	Rona Craig
WEST DUMBARTONSHIRE CAMHS	Gillian Bickerstaff (until further recruitment)

We plan to keep the CAMHS teams informed of any relevant 3rd sector services or resources we come across that may be useful. The link clinician will be in touch soon to introduce themselves and would be happy to attend a team meeting if this would be helpful.

LINKS WITH OTHER AGENCY COLLEAGUES

Within the project to date we have been busy developing links with colleagues in agencies out with CAMHS. This includes Glasgow City Psychological Services (Educational Psychology) and NHS Health Improvement. We are considering whether we might be able to join up with both agencies to contribute to their existing training packages such as the 'What's the Harm' self-harm training package. We have been in contact with some state and private schools, however hope to have links with more schools in the future.

We have also been in touch with a range of agencies and professionals such as: NHS Health Scotland; Sports Scotland; Place2Be School Mental Health Champions in Glasgow City and Glasgow City Central Parenting Team. We look forward to continuing to discuss how we might be able to work together.

FUTURE PLANS

Despite being a small resource, we are keen to be as helpful as possible to our colleagues in CAMHS and other agencies across GG&C. We plan to send quarterly newsletters to all our colleagues to keep them updated on our work but also encourage them to get in touch with any ideas they may have. Our newsletters will accompany our quarterly reports.

Early Intervention Pilot Project

Phone: 0141 277 7526

Email: earlyintervention.camhs@ggc.scot.nhs.uk



If you do not wish to receive any future updates from our team, please let us know by emailing: earlyintervention.camhs@ggc.scot.nhs.uk

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/47/2018/DG

Contact Officer: Deborah Gillespie
Head of Service **Contact No:** 715284

Subject: 5 YEAR MENTAL HEALTH STRATEGY

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on the developments for implementation of the Mental Health Strategy within Inverclyde.
- 1.2 The report also advises of the new Mental Health monies available, and seeks approval for the plan for the use of these monies.

2.0 SUMMARY

- 2.1 In January 2018 the Integration Joint Board received a report and presentation about the development of the 5 year Mental Health Strategy developed in partnership with NHS Greater Glasgow and Clyde and the six Health and Social Care Partnerships. The Board authorised the Chief Officer to engage with the other HSCPs to develop the implementation plan for the Strategy.
- 2.2 There is continuing work to take forward the implementation of the 5 year Mental Health Strategy through the GG&C wide Programme Board and key work streams which includes representatives from Inverclyde. The Programme Board reports to the Chief Officers Group.
- 2.3 The 5 year strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by the Scottish Government's Mental Health Strategy 2017-2027. In December 2017 the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027).
- 2.4 In May 2018 the Scottish Government wrote to Chief Officers of Integration Authorities to advise of the funding being made available to each Integration Authority over a four year period, and the process by which this would be released. This required a local plan to be developed by July 2018 that outlined the goals for improving capacity within the settings outlined in Action 15. A further detailed plan is required to be submitted to the Scottish Government in September 2018.

- 2.5 The initial plan for Inverclyde has been developed in partnership with all services within Inverclyde HSCP, and has taken account of the outcome of consultation with service users with events focusing on recovery held in April 2018.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the report and agree the proposals outlined in the accompanying Action 15 Plan for Inverclyde.
- 3.2 The Integration Joint Board is asked to authorise the Chief Officer to prepare a further plan for submission in September 2018, and to engage with other HSCPs in preparation of this plan.
- 3.3 The Integration Joint Board is asked to agree that the Action 15 plan and strategy implementation plan for Inverclyde are presented to the next meeting of the IJB.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The 5 year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by a range of documents including the Scottish Government's Mental Health Strategy 2017-2027 and the Healthy Minds 2017 report by NHS GG&C's Director of Public Health. The proposals within the Mental Health Strategy are consistent with the Health Board's vision for Moving Forward Together and are aligned to the national strategic direction and deliver a whole system programme across Mental Health.

4.2 The strategy identifies priorities for mental health services which include:

Medium to long term planning for the prevention of and early intervention with mental health problems; this includes wellbeing oriented care including working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start;

Recovery oriented care: supporting people to develop the capacity to manage their own health, and developing a range of community based supports and services to underpin this, including within inpatient services;

Productivity initiatives in community services to enhance capacity while maintaining quality of care;

Unscheduled care across the health system including responses to distress (linked to prevention), crisis, home treatment and acute hospital liaison;

Shifting the balance of care identifying the plan for a review and reduction in inpatient capacity.

4.3 The work to take forward the implementation of the 5 year Mental Health Strategy is being developed through the Programme Board. The terms of reference, membership and governance are attached as appendix 1. In addition there are work streams now established, tasked with taking forward the detailed work required for implementation as follows:

1. Prevention, Early Intervention and Health Improvement
2. Effective and Efficient Community Services
3. Primary Care, PCMHT, and Physical Health (including prescribing)
4. Unscheduled Care
5. Adult Acute beds and site issues
6. Rehabilitation
7. Recovery Oriented and aware services
8. Users and Carers
9. Workforce
10. Finance
11. Communications and Engagement
12. Older peoples Strategy

4.4 The development of the implementation plan is continuing in respect of priority actions required which will enable the shifts anticipated within the strategy.

4.5 In December 2017 the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027).

4.6 In May 2018, the Chief Officer received a letter in relation to Action 15 planning and

funding. Nationally the funding to support additional mental health workers will increase over four years to £32 million by 2021-22, with an initial £11 million being made available to support the first phase of this commitment in 2018/19. Inverclyde's allocation of this funding is £181,485 in 2018/19, rising to £527,957 in 2021/22. The phased approach is to allow local and national service providers to coordinate service developments to provide effective models of care and efficient use of resources. The letter outlines the timescales for funding release and the requirement to submit an initial plan by the end of July 2018 about our approach and initial use of funds released in year 1, to be followed by a further plan of how spend will be profiled over the four years, to the Scottish Government by mid September 2018.

4.7 Financial allocations are as follows for Inverclyde:

	NHS GG&C 22.33%	Inverclyde HSCP 1.65%
2018 – 2019 share of £11 million total	£2,457,118	£181,485
2019 – 2020 share of £17 million total	£3,797,395	£280,477
2020 – 2021 share of £24 million total	£5,360,986	£395,568
2021 – 2022 share of £32 million total	£7,147,981	£527,957

4.8 A further £5 million has been identified for Children's mental health services across the country. The details of this funding are awaited.

4.9 The Scottish Government expects that the Action 15 stream of funding and the additional funding for primary care are coordinated to ensure there are effective and coordinated pathways for service users.

4.10 In response to the funding allocation Inverclyde has developed an initial plan which outlines our intended approach going forward. The initial plan was submitted to the Scottish Government at the end of July and is attached at appendix 2.

4.11 This will be developed further to support key priorities of the mental health strategy with the aim of developing some Board wide coherence in the development of new services in the context of the mental health system across the Board, whilst meeting the needs of Inverclyde. This means sharing our proposals and it is anticipated that some developments will require support financially on a proportionate basis by HSCPs within the Board area from their individual allocation of Action 15 funds. This is currently being coordinated via the Programme Board and with the Chief Officers.

4.12 Locally the intention is to develop a steering group for Mental Health Strategy implementation work of which Action 15 will form a part.

5.0 IMPLICATIONS

5.1 FINANCE

The funding allocation for Action 15 is contained, as identified above. A further detailed plan for spend will be developed for submission in September.

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	Other Comments

N/A					
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LEGAL

5.2 There are no legal consequences arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?
This will be undertaken as part of the implementation work.

	YES
√	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.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Action 15 initiatives aim to increase access to mental health support.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The 5 year mental health strategy includes actions to promote mental health and destigmatise mental health to support inclusion and recovery.
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	The service user and carer reference group is engaged with the 5 year mental health strategy.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	A key element of the strategy is on prevention, early intervention and improving self management
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The strategy aims to enable people with significant mental illhealth to remain within their own community with appropriate support
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A key element of the strategy is the further development of supports that enable peoples recovery and inclusion.
Health and social care services contribute to reducing health inequalities.	A central aim of the mental health strategy is to ensure people with mental ill health receive care and treatment that has parity with physical health needs.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The focus on prevention and early intervention will address the needs of carers.
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The strategy includes the development of the workforce, both in mental health and to develop the awareness of mental health needs across the wider HSCP workforce.
Resources are used effectively in the provision of health and social care services.	The strategy implementation is supported by the development of a financial framework, and includes GG&C wide service provision where this enables an effective, safe and responsive service.

6.0 CONSULTATION

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.0 BACKGROUND PAPERS

- 7.1 Adult Mental Health Strategy; report to IJB 30th January 2018. Report no: IJB/07/2018/DG

14y Mental Health Collegiate Programme Board Function

Greater Glasgow and Clyde Mental Health Programme Board

Terms of Reference and Membership

V June 2018

1) Objectives

1. To develop strategies for adult and older people's mental health supported by an implementation plan, workforce plan and financial framework set within a national and local vision for mental health services. The programme will also oversee the delivery of mental health prevention and health improvement work in relation to children and young people, including where this is delivered through child and adolescent service mechanisms. The programme of work will seek to identify consequential impacts as a result of bed modelling and oversee the delivery of implementation and related adult and older peoples workforce proposals.

2) Context

1. HSCPs recognise that significant challenges face adult and older people's mental health services over coming years in terms of rising demand, standardising performance, improving outcomes and financial uncertainties. There remains a desire to shift the balance of care while protecting front line services
2. Services have a history of whole system planning and in-patient / estate rationalisation with appropriate community development.

3) Outputs

1. A core element will be a bed model including numbers, mix and locations
2. Identification of community, social care and health infrastructure required to support a smaller in patient cohort
3. The development of HSCPs mental health commissioning proposals
4. A financial framework that supports shifts in the balance of care within the HSCP financial plans
5. Development of a performance and accountability framework

4) The outputs will be informed by the following

1. National strategies and guidance
2. Local visions
3. UK and local benchmarking analyses
4. Best practice and best value

5) Governance

1. In terms of reporting and accountability the Programme Board will report on a regular basis to the Chief Officers and through them to the Moving Forward Together Health and Social Care Transformation Programme.

6) The Programme Board will receive reports from the Finance Group comprising Chief Finance Officers and Joint Planning Group for Older people's mental health services

7) To deliver the work a range of HSCPs staff will be required. It was agreed by HSCP Chief Officers the function and individual elements of the programme be delivered via supplementing the collegiate Adult Mental Health Planning Group (GG&C wide) to implement the function of the programme approach. The Programme Board membership will include:

14y Mental Health Collegiate Programme Board Function

• Programme Sponsor & Chair	Designated Lead Director for Mental Health Services GG&C system wide	David Walker
• East Dunbartonshire HSCP	Head of Mental Health, Learning Disability, Addictions Services and Health Improvement	Caroline Sinclair (David Aitken)
• East Dunbartonshire HSCP	Commissioning	<i>via Head of Mental Health, Learning Disability and Addictions</i>
• East Renfrewshire HSCP	Head of Mental Health & Partnerships	Cindy Wallis
• East Renfrewshire HSCP	Commissioning	<i>via Head of Mental Health & Partnerships</i>
• Inverclyde HSCP	Head of Mental Health, Addictions & Homelessness	Deborah Gillespie
• Inverclyde HSCP	Commissioning	<i>via Head of Mental Health, Addictions & Homelessness</i>
• Renfrewshire HSCP	Head of Mental Health & Addictions	Christine Laverty
• Renfrewshire HSCP	Commissioning	<i>via Head of Mental Health & Addictions</i>
• West Dunbartonshire HSCP	Head of Mental Health, Addictions and Learning Disabilities	Julie Lusk
• West Dunbartonshire HSCP	Commissioning	<i>via Head of Mental Health, Addictions and Learning Disabilities</i>
• Glasgow City HSCP	Assistant Chief Officer Older Peoples Services	Stephen Fitzpatrick
• Glasgow City HSCP	Assistant Chief Officer Adult Services	Jacqueline Kerr
• Glasgow City HSCP	Heads of Adult Services x 3	Colin McCormack Katrina Phillips Fiona McNeill
• Glasgow City HSCP	Heads of Older Peoples Services	Anne Mitchell
• Glasgow City HSCP	Commissioning	Debbie Miller
• Staff Partnership	MHP Staff Partnership representative	Claire Craig Andrew Gray Kenny Mathews Diana McCrone Greg Usrey
• User & Carer	Mental Health Network	Ann Jones
• Governance - Clinical Model	Lead Associate Medical Director, Mental Health	Michael Smith
• Governance - Clinical Model	Clinical Director for Old Age Psychiatry GG&C	Liz Quinn
• Chair Primary Care Group	Clinical Director	Kerri Neylon
• Professional Lead	Nursing – Mental Health	Linda Hall
	Clinical Psychology	George Ralston
	Occupational Therapy – Mental Health	Julie McKelvie
• NHS GG&C Regional Services	General Manager – Forensic Psychiatry	James Meade
• Health Improvement	Head of Health Improvement & Inequality Glasgow City CHP	Fiona Moss
• Organisational	Head/s of Organisational	Isla Hyslop

14y Mental Health Collegiate Programme Board Function

Development	Development	
• Human Resources	Head/s of People and Change	Sybil Canavan
• Planning	Head/s of Planning Adult	Janet Hayes
• eHealth	Business Intelligence Manager	Francis Paton
• Facilities	General Manager	David Pace
• Finance	Head of Finance / Management Accountant	Margaret Hogg
• Planning	Planning Strategy input for Mental Health Services	David Harley
• Programme Management	Planning Strategy input for Mental Health Services	David Harley

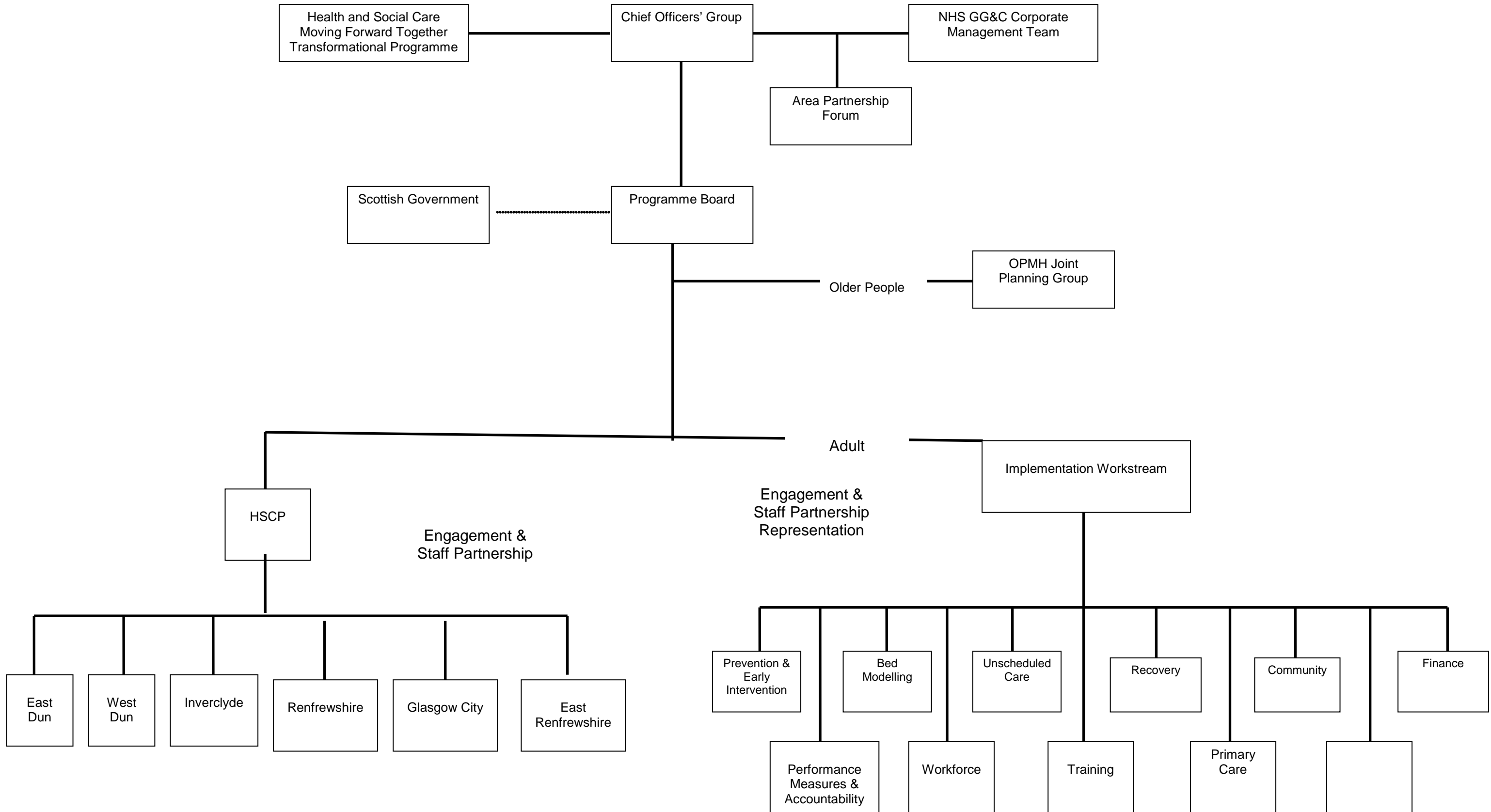
* Other members may be co-opted as required

1. Communication

1.1 HSCP and service colleagues will have a collective communication role to the meeting responsible for delivering the programme objectives in addition to their responsibility to their HSCP and

- confirming the mechanisms for monitoring reports on progress (e.g. system wide community and bed management system)
- identifying any potential risks following bed modelling
- Close working between all HSCP mental health services
- Engaging and communicating with user and carer fora
- Engaging and communicating with staff

Glasgow Greater and Clyde Mental Health Strategy and Implementation Planning: Governance Group





Inverclyde Health & Social Care Partnership

Inverclyde Mental Health Action 15 Implementation Plan 2018/19

Mental Health Action 15 Implementation Plan 2018 – 2019

Our Vision:

Inverclyde's Health and Social Care Partnership's Strategic Plan for 2016 – 2019 presents the partnerships vision "Improving Lives", underpinned by our values:

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

The partnership is focussed on delivering outcomes for everyone in Inverclyde based on five strategic commissioning themes, which enables the partnership to work across the services that will contribute to:

- Early Intervention, prevention and reablement
- Employability and meaningful activity
- Recovery and support to live independently
- Support for families
- Inclusion and empowerment.

In delivering on these Inverclyde Health and Social Care Partnership aims to make a positive contribution to the national health and wellbeing outcomes as defined by the Scottish Government¹. The national Health and Wellbeing outcomes are as follows:

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5 - Health and social care services contribute to reducing health inequalities.

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

Outcome 7 - People using health and social care services are safe from harm.

¹ <http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Our Approach to Mental Health:

Our approach to improving mental health within Inverclyde is based on developing a population wide approach, with the development of partnerships across agencies and sectors in our community to enable better awareness of actions and approaches that support mental wellbeing as well as responding to people with mental health needs. Inverclyde, as part of our Mental Health Implementation Plan, will develop a range of initiatives to deliver on the prevention and early intervention agenda.

Our Mental Health Services are an important part of delivering on our outcomes. Mental Health services benefit from a single system approach within NHS Greater Glasgow and Clyde, which has strengthened service planning, management and governance across Health and Social Care Partnerships. Cross system interdependencies are strong and complex and need to be coordinated in an NHS GG&C context. This coordination is led by Glasgow City HSCP Chief Officer but requires a continuing collegiate approach across HSCP's and NHS GG&C.

NHS Greater Glasgow and Clyde in partnership with the six HSCP's has developed a five year mental health strategy. The strategy takes a whole system approach, linking the planning of services across the whole Health Board area, incorporating the priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027.

The NHS Greater Glasgow and Clyde five year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

Currently Inverclyde is developing a wider Mental Health Strategy Implementation plan in collaboration with NHS GG&C and the other HSCP's.

National Mental Health Strategy - Action 15

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal is to 'Increase the workforce to give

access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.'

Funding to support the delivery of this commitment is being provided to each Integration Authority and this requires the development of this local plan that sets out the goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

This plan is required to demonstrate how it contributes to the broad local improvement principles in the key areas for action 15, and requires to show the application of additional resources resulting in additional services commensurate with the commitment to provide additional mental workers by 2021-22. The additional capacity can be broad ranging including roles such as peer and support workers, and may include the provision of services through digital platforms or telephone support. It may also include development of staff who are not currently working within the field of mental health. The initial plan is identified below, and this will be supplemented by a detailed Action 15 plan by the end of September 2018.

At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. This is equivalent to 13.2 additional workers within Inverclyde. Whilst this will be the basis for the full Inverclyde plan it remains essential that Inverclyde work with the Health Board and other HSCPs across boundaries in a collaborative approach due to the way that mental health services are delivered, and this will enable us to optimise use of resources in support of delivery of the GG&C wide Mental Health Strategy. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agreed pan-GG&C investments based on NRAC shares. The priority areas for investment are currently being identified, and this Action 15 plan will form part of our wider local mental health strategy implementation plan.

Interface with Primary Care Improvement Plan:

Within the National Mental Health Strategy 2017-27 there are a number of commitments that are linked to the transformation programme for primary care. These include

- Action 23 – Scottish Government will "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019".
- Action 15 - to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and prisons. Over 5 years the Government has committed to additional investment to recruit 800 additional mental health workers in these key settings.

This plan will have a focus on the interface between primary care and specialist Mental Health services and the resources required to enable primary care responses to low level mental health need, and ensure effective pathways for those patients coming into and going out of specialist Mental Health services.

Interface with Children's Services

A significant part of NHSGG&Cs Mental Health Strategy focuses on early intervention and prevention. It recognises that mental illness in children, young people and adults is strongly

correlated with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs) are an established indicator to trauma.

Inverclyde, as part of our Mental Health Implementation Plan, will develop a range of initiatives to deliver on the prevention and early intervention agenda and specifically focussing on children's services. These will in part be directed towards the specific funding identified by the Scottish Government to improve mental health for children and will also be included within Action 15 considerations.

Interface with Community Justice:

Action 15 specifically identifies the need to improve access to mental health support within prisons and police custody suites. Inverclyde has HMP Greenock, and an extensive Police Custody suite in Greenock Police Station. Whilst the responsibility for provision of mental health care in these settings rests with NHS GG&C Police Custody Healthcare and Prison Healthcare services hosted by Glasgow City HSCP, proposed developments for these settings in context of Action 15 will require further discussion including in respect of local contributions. This will be addressed in the full plan in September 2018. We also recognise the opportunity to develop further approaches to mental health improvement for people within criminal justice services, including throughcare from prison and specifically within our women offenders development work.

Interface with Alcohol and Drugs Partnership

Inverclyde will continue to develop connectivity between the work of the Mental Health Implementation Programme and the Alcohol and Drugs Partnership. It will particularly focus on and tailor services to those adults with complex needs who access both services and require significant support from accident and emergency, criminal justice services and primary care. We will develop a more generic recovery pathway across the whole system to facilitate better signposting and use of services, including the development of a Recovery Hub.

Engagement and Consultation:

This initial plan has been developed in partnership with all the service areas within Inverclyde HSCP which includes our Children's services, Criminal Justice Partnership representation, and representation from the local Primary Care Improvement Implementation Group. The plan has also taken into account the outcome of consultation with service users with events focussing on recovery held earlier in 2018.

We anticipate developing a Programme Board for the Mental Health Strategy Implementation work, of which Action 15 will form a part, and which will also include local NHS GG&C acute sector representatives. The initiatives in respect of A&E within this initial plan are based on existing work with our acute colleagues as reflected in the 5 year Mental Health Strategy for Greater Glasgow and Clyde. This will also include representatives from our local community and service users and carers.

Financial allocations are as follows for Inverclyde:

	NHS GG&C 22.33%	Inverclyde HSCP 1.65%
2018 – 2019 share of £11 million total	£2,457,118	£181,485
2019 – 2020 share of £17 million total	£3,797,395	£280,477
2020 – 2021 share of £24 million total	£5,360,986	£395,568
2021 – 2022 share of £32 million total	£7,147,981	£527,957

Other linked plans/planning processes

This plan will link through the three locality planning partnerships who have responsibility for the Inequalities outcome within Inverclyde's Community Planning Partnership; Inverclyde Alliance, Local Outcome Improvement Plan (LOIP). Other relevant plans include:

- IJB Strategic Plan
- Children's Service Plan
- Corporate Parenting Plan
- Community Justice Plan
- ADP Development Plan
- Locality Planning/Local Improvement Plans

Areas identified for investment of Action 15 money - Year 1 2018/19

Proposal	Strategic Links
Investment in Primary Care Mental Health Pathways - developing and extending provision of brief psychological interventions for older people	Action 15; Primary Care Improvement Plan; Action 23
Development of age appropriate MH promotion literature. Working to destigmatise MH issues across older people service user group	Action 15; 5 year Mental Health Strategy
Extend access to Psychiatric Liaison service within A&E and acute hospital care	Action 15; 5 year Mental Health Strategy
Responses to Stress and Distress to extend training to additional groups and individuals eg carers; develop distress response for primary care and direct access	Action 15; Primary Care Improvement Plan
Young people with parental mental ill health and substance misuse - widen the current approach for children affected by parental substance misuse to mental health	Action 15; 5 year mental health strategy
Prevention and Recovery Practice development to build resilience through primary care prevention and supporting sustained recovery. This will include capacity building, peer support, additional training and digital access pathways	Action 15; 5 year Mental Health Strategy
Young Onset Dementia GG&C wide project to increase access to post diagnostic support and psychological interventions	Action 15

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/48/2018/AS

Contact Officer: Allen Stevenson **Contact No:** 715283

Subject: Upgrade **UPGRADE REQUIREMENTS OF THE JOINT EQUIPMENT STORE**

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the IJB of the requirement to upgrade the decontamination of areas of the Joint Equipment Loan Store to conform to best practice and health and safety requirements.

2.0 SUMMARY

- 2.1 The current design of the Joint Equipment Store is not fit for purpose to comply with decontamination best practice giving rise to the requirement to upgrade the cleaning area to ensure that soiled equipment is not received into the warehouse without being cleaned. There requires to be a separate area within the Store for soiled equipment awaiting cleaning, a cleaning and drying area and a servicing area separate from the main warehouse area where cleaned equipment is stored awaiting issue.
- 2.2 The service has been scoping out the minimum requirements to comply with the recommendations and working with property services to design and cost the works required. The building works and decant of the service decontamination costs are estimated at £70,000 and will take in the region of 6 weeks to complete. Property Services are also scoping out the costs around the roof repair/replacement, as works will be done in tandem; there is a requirement to decant from the building for 2-3 months. There are several potential options to ensure that the service remains operational during this period. The identification of a suitable base is required to cover this timeframe.
- 2.3 The wider Independent Living Service is no longer being considered as part of the cohort of staff for the new Health Centre. Optimally the store and service would be situated together or in close proximity. The service will be delivered on this site for the medium term (3/4 years) giving rise for the need for works.

3.0 RECOMMENDATIONS

- 3.1 That approval be given to funding for the decontamination works required at the Joint Equipment Store.

**Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP**

4.0 BACKGROUND

4.1 Joint Equipment Loan Service

The store loans equipment to support people in Inverclyde who have frailty and/or disability in order to allow them to live safely and as independently as possible within their own homes. It also supplies equipment to support carers to provide safe systems of care.

4.2 Service Activity

In the financial year 2016 -17, the service responded to over 4,000 requests for equipment loan to Inverclyde residents with around 7,000 pieces of equipment issued.

4.3 Value of Equipment Recycled for Reissue

In 2017/18 the service uplifted and decontaminated and recycled and reissued equipment to the value of just under £740,000. The service has recycled in excess of £3.55 million worth of equipment in the last 5 years.

4.4 Decontamination

Decontamination is the combination of processes used to make a reusable item safe for handling by staff and further use on or by service users in order to reduce the transmission of infectious agents.

4.5 Store facilities

The current facilities within the store design do not allow for a separate door to take clean equipment out of stores and bring soiled equipment in. There is a very small cleaning area, with no drying area or servicing area incorporated. Soiled equipment although stored separately from clean equipment within the large warehouse is still stored in the same open area with clean equipment. The facilities for the staff cleaning are cramped with no facilities to hose equipment down. Soiled mattresses are bagged and stored within the main store area waiting uplifting from specialist cleaning company.

4.6 Upgrade Requirements to meet Health and Safety

In order to comply with Health and Safety at work and infection control recommendations the service has been scoping solutions within the current store to rectify the limitations of the current store layout. A process is required that ensures beginning to end procedures for soiled equipment being received by the service, cleaned dried, serviced recorded for issue before being moved the separate "clean" area of the warehouse. The following works require to be carried out to ensure that the store decontamination purposes are fit for purpose:

- Opening up of an external door (currently not used)
- Removal of a toilet and cupboard
- Redesign of layout of store to give a sealed cleaning area with drained floor hose system and deep sinks as well as draining boards
- Ventilation
- Storage of cleaning materials
- Area for washer dryer

4.7 Independent Living Services Accommodation/Roof Repairs

The wider Independent Living Service is no longer being considered as part of the cohort of staff for the new Health Centre. Optimally in the future the store and service would be situated together or in close proximity. The service will continue to be

delivered on this site for the medium term (3-4 years) giving rise for the need for works to the store roof. Property Services are scoping the costs associated with replacing the roof as part of the property upgrade. The roof replacement works are currently being costed as part of the capital improvements to Council buildings.

4.8 Costings and disruption to the service

The service has been scoping out the minimum requirements to comply with the decontamination recommendations and working with Property Services to design and cost the works required. The building works are estimated at £65,000 and will take in the region of 6 weeks to complete. Discussions are underway around the works being completed in correlation to minimise the disruption to the service. This would require vacation on the store site and a decant to another site while the full works are being carried out (estimate 8-12 weeks). Several potential sites are under consideration to decant the service during this period.

5.0 IMPLICATIONS

5.1 FINANCE

The service has visited several other equipment stores to scope out requirements and has been working with the Property Service colleagues to scope out the resources required to upgrade the facilities. The costing of the proposed work is £65,000. There is likely to be costs associated with the decant - estimate £5,000

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A	<i>Transformation Fund</i>		70,000		<i>From Transformation Fund</i>

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	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.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 There is a requirement to upgrade facilities to ensure that they meet standards required for decontamination and infection control in line with Medical Devices Agency (1998) recommendations for Equipment Management and the Medicines and Healthcare products Regulatory Agency (2003), NICE Guidelines, Community Equipment Loan Stores – Guidance on Decontamination DB2003 (06) and the HSE recommendations. They are to be used in addition to the PC Infection Control Policy.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Equipment provision supports this
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Equipment provision supports this
Health and social care services contribute to reducing health inequalities.	.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Equipment provision supports this

People using health and social care services are safe from harm.	Potential risk health from cross contamination of soiled /clean equipment
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	Potential to reduce some outsourcing of decontamination work

6.0 CONSULTATION

6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.0 BACKGROUND PAPERS

7.1 None.

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/38/2018/HW

Contact Officer: Helen Watson
Head of Service,
Strategic and Support Services **Contact No:** 01475 715285

Subject: HSCP ANNUAL COMPLAINT REPORT 2017 – 2018

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board members of the annual performance of health and statutory social work complaints within Inverclyde Health and Social Care Partnership. The current statutory procedures are determined by the Scottish Government Guidance and Directions (SWSG5/1996) and health service procedures are determined by the policies of Greater Glasgow and Clyde NHS Board.

2.0 SUMMARY

2.1 The annual report provides the following information:

- i. Performance Information
- ii. Analysis of complaints activity
- iii. Update of learning from complaints.

The report highlights that there has been an increase in the number of front line resolutions due to the change to the NHS procedure. Complainants have the right or recourse or appeal with the Ombudsman if they are dissatisfied with the outcome from the HSCP. Over the course of the year only one complainant referred their case to the Ombudsman who made recommendations for improvement in this case.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that IJB members note the annual performance of the Inverclyde HSCP Integrated Complaints Procedure and comment as required.
- 3.2 It is recommended that IJB members note this report alongside the new IJB Complaint Handling Procedures Report

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Inverclyde Integration Joint Board (the IJB) of the annual performance of the NHS and Statutory Social Work complaints procedures. This procedure is operational until April 2017.
- 4.2 The Inverclyde Integrated Complaints Procedure supports the Scottish Government's Policy of Health and Social Care Integration and its Public Bodies (Joint Working) (Scotland) Regulations 2014 in respect of the integration of Health and Social Care complaint handling processes. This document aligns the requirements of the NHS Patients' Rights (Scotland) Act 2011 (Health Complaints); the NHS Greater Glasgow & Clyde Complaints Policy; and the Statutory Social Work (Representation and Procedures) (Scotland) Directions 1996 (SI 1990/2519) hereafter referred to as Social Work Complaints. It applies to all services managed by the HSCP.
- 4.3 The Quality & Development Service has the lead responsibility for managing, co-ordinating and recording complaints across the HSCP.
- 4.4 Independent Health and Social Care Services have their own complaint procedures but are required to report information to the HSCP.
- 4.5 The report contains:
- Annual Performance of Frontline Resolution & Investigated Complaints
 - Analysis of complaints
 - Learning from Complaints, Compliments, Comments and Thanks.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

- 5.2 There are no legal issues within this report.

HUMAN RESOURCES

- 5.3 . There are no human resources issues within this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	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.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) in conjunction with the Quality and Development Team.

7.0 BACKGROUND PAPERS

7.1 None.



APPENDIX 1

Inverclyde Health and Social Care Partnership Annual Complaints Report 2017 – 2018

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1. Introduction

1.1 Background

Inverclyde Health and Social Care Partnership (IHSCP) is a fully integrated partnership incorporating functions and services from Inverclyde Council and NHS Greater Glasgow and Clyde Health Board, to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. This brings together community and primary healthcare, social work and social care adult services. Inverclyde HSCP goes beyond the minimum requirements of the Act, in that it includes Children & Families and Criminal Justice Services too.

Our vision '*Improving Lives*' is underpinned by the values that:

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

Inverclyde Health and Social Care Partnership has approximately 2,000 members of staff employed by either NHS Greater Glasgow and Clyde Health Board or Inverclyde Council to serve a population of 79,160 people.

Within Inverclyde Health and Social Care Partnership our staff strive to work in partnership with individual service users, carers, patients and the local community to ensure that services are user led and shaped in collaboration with the people who use them. To support this there are a number of involvement opportunities at individual, strategic and service level across Inverclyde to bring about change and continuous improvement.

Complaints form a valuable part of this continuum of engagement with service users, carers and other members of the community affected by the HSCP. They provide a vital source of management information to analyse a situation or service provision to pinpoint any recurring, underlying or potential problems. They can support the organisation and services to identify areas for improvement.

1.2 Current Procedures

The HSCP co-ordinates and records complaints, including any complaints about services that we contract from other providers.

Although there are slight differences between health and social work complaints, the HSCP Integrated Model Complaints Handling Procedure 2017 was updated to provide a quick, simple, streamlined process with a strong focus on local, early resolution. This enables issues or concerns dealt with close to the event which gave rise to making the complaint.

As far as possible the complainant should be actively and positively engaged with the process from the outset.

The procedure incorporates health and social work requirements for model complaint handling.

Frontline Resolution: Frontline resolution should be attempted where there are straightforward issues, potentially easily resolved with little or no investigation. This should be completed within 5 working days.

Investigation Stage: Where complaints cannot be resolved at the frontline stage, or those which are complex, serious or high risk, a thorough investigation will be undertaken. This typically requires more thorough examination in order to establish facts prior to reaching a conclusion. This should be completed within 20 working days.

Scottish Public Service Ombudsman: Appeals of complaints outcomes are reviewed by the SPSO.

1.3 Governance Arrangements

Governance arrangements are in place to report and analyse complaints within the HSCP as follows:

- Heads of Service Meetings;
- HSCP Management Team Meetings;
- Clinical and Care Governance;
- Quarterly Service Reviews.

There are also reporting systems within our partner organisations NHS Greater Glasgow and Clyde Health Board and Inverclyde Council which the Inverclyde HSCP contributes to.

Health and social work complaints are logged in two systems – datix for health complaints and lagan for social work complaints. This is supported by a central point of contact for recording, administering and reporting the process.

2. Summary of Performance

2.1 Number of Complaints

In the reporting period 01 April 2017 – 31 March 2018 Inverclyde HSCP received a total of **80** complaints about NHS and Social Work services. **59** related to social care services and **21** related to NHS services. **4** were logged but later removed from the complaints procedure, and **2** were addressed through other appropriate avenues.

Therefore **74** complaints were investigated in line with the complaints procedure. This is a slight increase from 63 investigated in the previous year.

42 of these complaints were resolved as Stage 1 - frontline resolutions and **32** required Stage 2 - full investigation.

	Number of Frontline Resolution 2017/18	Number of Investigated Complaints 2017/18	Number of Frontline Resolution 2016/17	Number of Investigated Complaints 2016/17
Social Work	30	23	31	25
NHS	15	6	0	7
Total	45	29	31	32

Figure 1: Total number of complaints for 2017/18, compared to 2016/17.

For the first time, the number of NHS complaints resolved as frontline resolution (**15**) exceeds the number of complaints requiring investigation (**6**).

This reflects a more responsive approach to customer service, with early resolution being the preferred position of most complainants. Most customers were satisfied with the way their complaint was dealt with at first point of contact, which did not result in any further investigation or appeal.

2.2 Complaint Trends

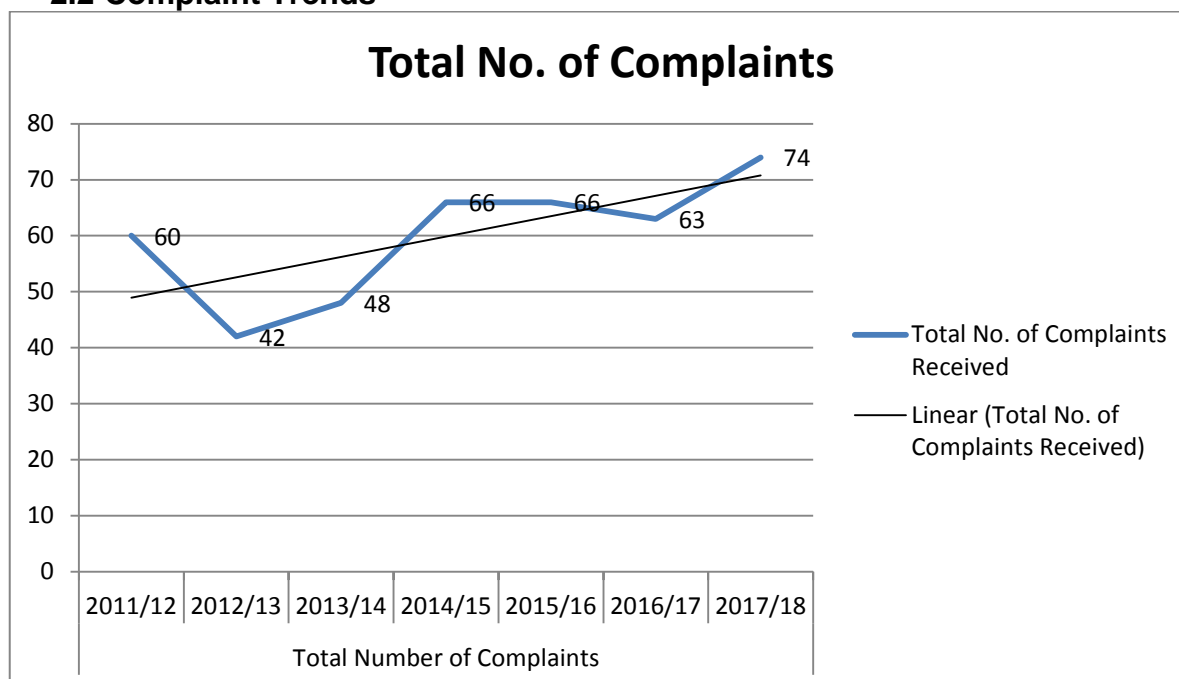


Figure 2: Total number of complaints for 2017/18, compared to 2016/17.

Figure 2 shows the number of complaints for each year, going back to 2011/12. Although the trend is upwards, we believe this is due to better recording practice and customers being actively encouraged to submit a complaint if they are not satisfied with the service they have received. We are also encouraged that the overall number of complaints is low, in the context of the hundreds of thousands transactions that take place between HSCP staff and the people that we serve.

2.3 Timescales

We aim to resolve complaints quickly and close to where we provided the service. Where appropriate, this could mean an on-the-spot apology and explanation if something has clearly gone wrong and immediate action to resolve the problem.

Sometimes we will have to make some enquiries before we can respond to complaints. If we cannot resolve the complaint at this stage, we will explain why and move to stage two.

Stage two deals with two types of complaint: those that have not been resolved at Stage one and those that are complex and require detailed investigation.

When using Stage two we will:

- acknowledge receipt of your complaint within three working days;
- where appropriate, discuss your complaint with you to understand why you remain dissatisfied and what outcome you are looking for; and

- give you a full response to the complaint as soon as possible and within 20 working days.

If our investigation is likely to take longer than 20 working days, we will agree revised time limits with you and keep you updated on progress.

Whilst it is to be commended that services are proactive in receiving and dealing with complaints at source, this has on occasion resulted in missed timescales for acknowledgement (see figure 3 below).

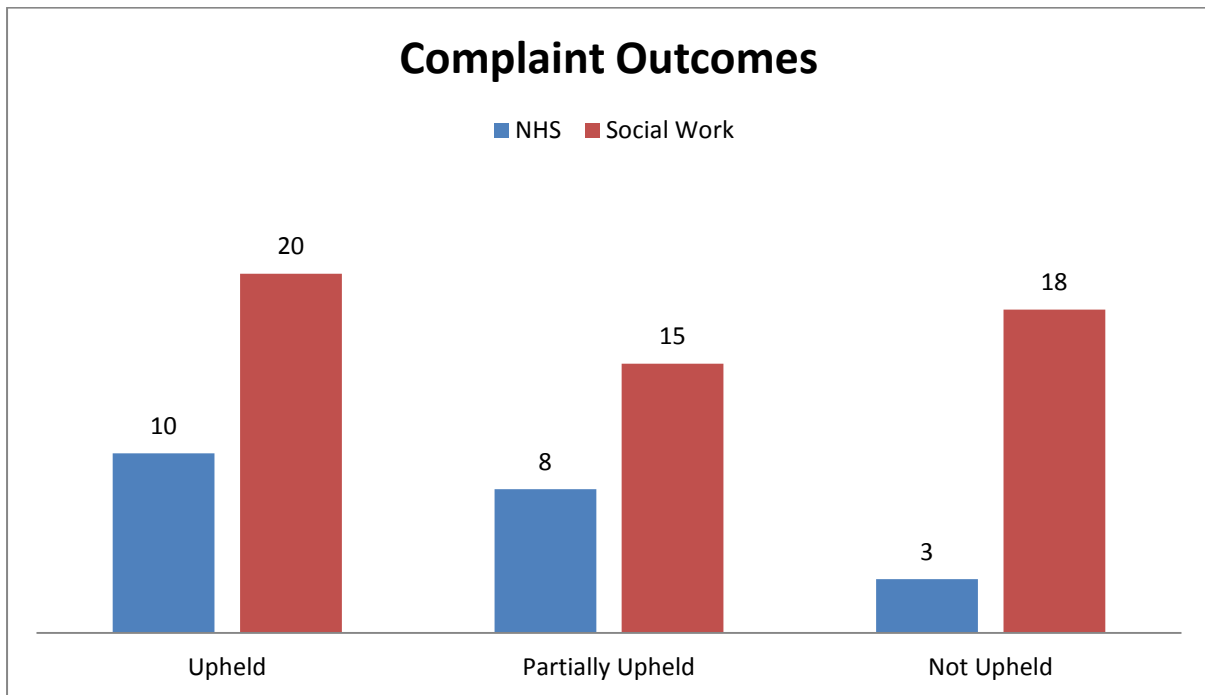
From the outset, when a complaint is logged centrally, Investigating Officers are advised of the required date for completion. Additional reminders are in place to support timely completion.

		2017/18		2016/17	
		Timescale Met	Timescale Not Met	Timescale Met	Timescale Not Met
Social Work	Stage 2 - Investigated Complaints Acknowledged within Timescale	25	0	23	1
	Stage 2 - Investigated Complaints Completed within Timescale	20	5	15	10
	Stage 1 - FLR Complaints Acknowledged within Timescale	22	0	31	0
	Stage 1 - FLR Complaints Completed within Timescale	19	3	30	1
NHS	Stage 2 - Investigated Complaints Acknowledged within Timescale	6	0	6	1

Stage 2 - Investigated Complaints Completed within Timescale	5	1	7	0
Stage 1 - FLR Complaints Acknowledged within Timescale	15	0	0	0
Stage 1 - FLR Complaints Completed within Timescale	15	0	0	0

2.4 Complaint Outcomes

Of the **74** complaints, **30** (38%) were fully upheld, **23** (29%) were partially upheld and **21** (26%) were not upheld.

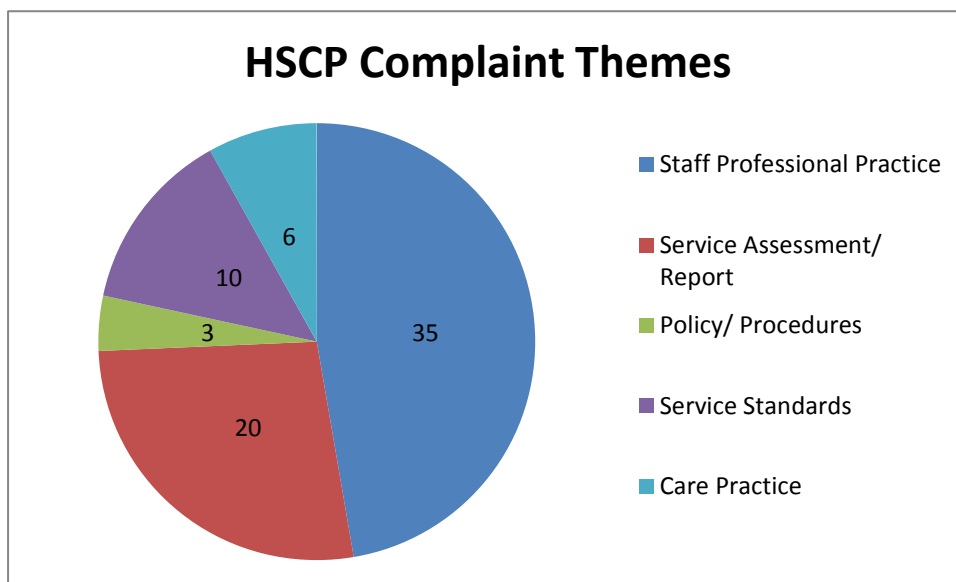


2.5 Complaint Themes

The 53 complaints which were upheld or partially upheld were examined for key themes. The complexity of some situations results in a number of complaints which are multifaceted in their presentation. Below are the number of complaints by theme.

HSCP Complaint Themes

Staff Professional Practice	35
Service Assessment/ Report	20
Policy/ Procedures	3
Service Standards	10
Care Practice	6



2.6 Learning from Complaints

Inverclyde HSCP is committed to reflecting on occasions when we may not get it right in order to highlight opportunities for improvement. As such where a complaint has been upheld or partially upheld, the service determines what actions are required to support continuous improvement and prevent a repeat of the circumstances that led to the complaint. Areas for improvement have been highlighted in the final outcome letter. Some recommendations were made immediately and it is reassuring that services have identified their own areas for improvement.

2.7 Appeals

Following a stage 2 investigation and written response, if a complainant remains dissatisfied with the outcome they have the right to appeal that decision with the SPSO.

2.7.1 SPSO Review

The ombudsman reviewed one case relating to Inverclyde HSCP.

The complaint related to NHS services for the period 2015/16, and resulted in a Serious Clinical Incident review which in turn informed the complaint outcome in relation to the points raised. Following review, in February 2018 the SPSO upheld the complaint and highlighted 4 improvement recommendations for the HSCP.

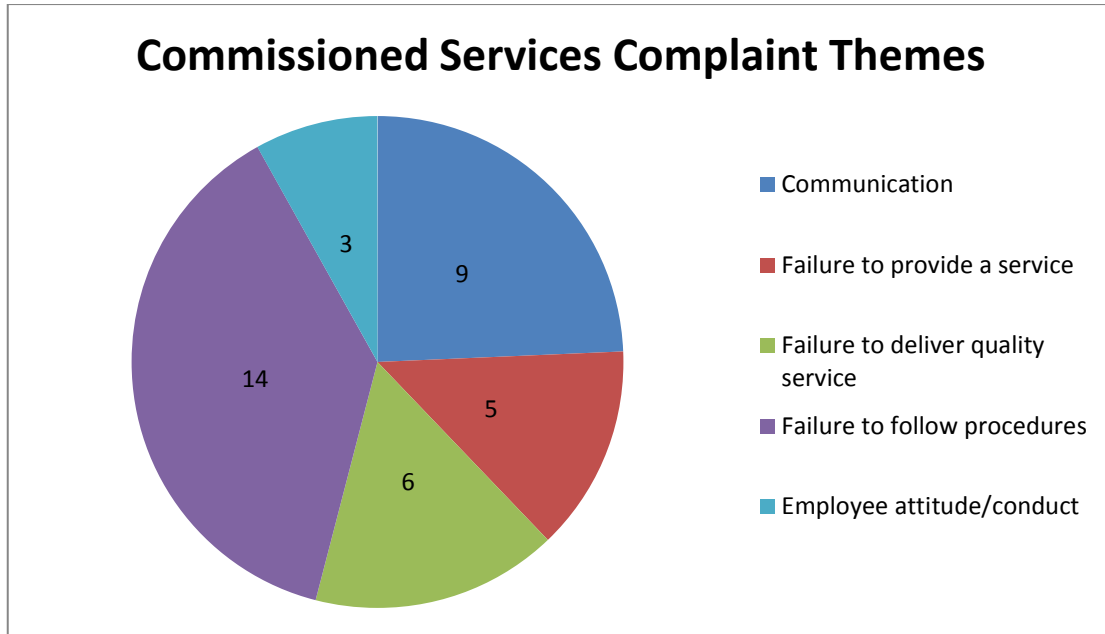
3 Contracted and Commissioned Services Complaints

3.1 Commissioned Services Complaints

The HSCP contracts with **130** external care providers who deliver services ranging from Care and Support at Home to Care Homes that meet a range of needs (including Older People; Learning Disability); Supported Accommodation (such as Sheltered Housing and group living accommodation), and some therapeutic services. **20** different services reported receiving complaints which were upheld or partially upheld in the reporting period.

Outcome	2017/18		2016/17	
	Number	%	Number	%
Upheld	18	49%	32	55%
Partially Upheld	9	24%	6	10%
Not Upheld	10	27%	20	35%
Withdrawn	0	0%	0	0%
Ongoing	0	0%	0	0%
Total	37	100%	58	100%

Of the **37** complaints, a number identify multiple themes around services failure to correctly follow their own procedures and lack of communication involving staff.



4. Contracted and Commissioned Services Complaints

4.1 NHS GG&C Contracted Health Services

Independent providers such as Pharmacists, Optometrists and Dental Practitioners are contracted to deliver community health services on behalf of the NHS.

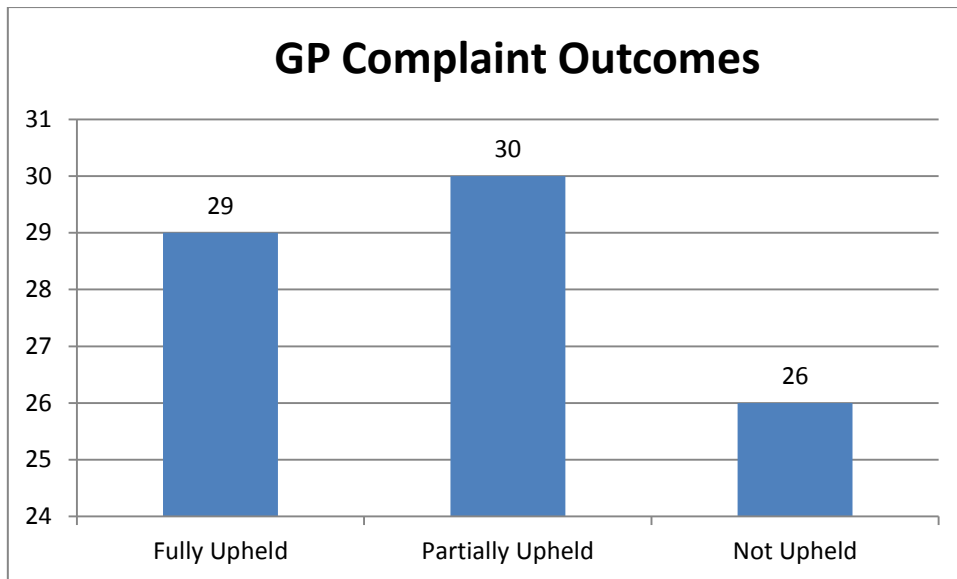
Independent Contractors have their own processes for responding to complaints and undertaking service improvements in response.

There were no complaints on record from Dental Practitioners.

1 complaint was made about Optometry which was partially upheld.

4.2 GP Practices

There were 85 complaints received by the 16 GP practices within Inverclyde during the reporting period April 2018 to December 2018.



5. Positive Feedback

Compliments

I had a lovely telephone conversation with a Mrs A who rang the dept to give me feedback on our nursing service on behalf of herself and her son

Mrs A is recently bereaved of her husband.

Mr A was cared for at home predominantly by Gourock DN team but also had input from OOH colleagues and weekend DN Team

She has asked me to pass on, by virtue of an e mail, her heartfelt gratitude to the visiting District Nurses

The lady feels she can't praise staff enough for the care and compassion shown not only to her late husband but to both herself and her son

She believes the care and commitment of staff was way beyond the call of duty and can't commend you all highly enough

She was very keen that her feedback should be included in any HSCP management reports.

6. Conclusion

Inverclyde HSCP is committed to investigating, learning from, and taking action as a result of individual complaints where it is found that standards have fallen below the level we expect and where services could be improved. By listening to the views of service users and carers who make a complaint, we can improve our services.

Going forward, additional reporting requirements from the SPSO will require complaint information to be published on a quarterly basis which will support the focus on learning across the HSCP.

Equally, we can be confident that the increased levels of frontline resolution and the positive feedback received regarding the care and support is reassuring as we seek to deliver positive outcomes to the people of Inverclyde.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 20 MARCH 2018

Inverclyde Integration Joint Board Audit Committee

Tuesday 20 March 2018 at 2.10pm

Present: Councillors L Quinn and L Rebecchi, Mr A Cowan, Dr D Lyons, Mr I Bruce and Ms D McCrone.

Chair: Councillor Rebecchi presided.

In attendance: Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms L Aird, Chief Financial Officer, HSCP, Ms S McAlees, Head of Children’s Services & Criminal Justice, Ms H Watson, Head of Strategy & Support Services, Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

In attendance also: Mr D Jamieson and Mr T Yule, Audit Scotland.

5 Apologies, Substitutions and Declarations of Interest 5

No apologies for absence or declarations of interest were intimated.

6 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 30 January 2018 6

There was submitted minute of the meeting of the Inverclyde Integration Joint Board Audit Committee of 30 January 2018.

Decided: that the minute be agreed.

7 Internal Audit Progress Report – 8 January to 23 February 2018 7

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 8 January to 23 February 2018.

Decided: that the Committee note the progress made by Internal Audit during the period from 8 January to 23 February 2018.

8 External Audit – Annual Audit Plan 2017/18 8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the External Audit Plan for 2017/18 produced by Audit Scotland.

Decided:

- (1) that the Committee note the annual Audit Plan 2017/18; and
- (2) that the Committee note the proposed Audit Fee and authorise officers to write to Audit Scotland direct, querying this and asking for an urgent review of the proposed fee.

9 Local Code of Governance 9

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership proposing establishment of a local Code of

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 20 MARCH 2018

Governance Framework with sources of assurance for the Integration Joint Board.

During the course of discussion on this item, reference was made to the process for self-assessment as an Integration Joint Board and Ms Aird indicated that work was underway in relation to self-assessment and the preparation of an associated action plan which would be reported in due course.

Decided:

- (1) that the Committee note the contents of the report;
- (2) that the Committee approve the local Code of Governance Framework attached at Appendix A; and
- (3) that the Committee note that officers will carry out an evaluation of compliance of the IJB's governance arrangements against the local Code of Governance Framework and that this evaluation will be reflected in the annual Governance Statement.

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/40/2018/HW

Contact Officer: Helen Watson **Contact No:** 715285

Subject: **ADVICE SERVICE BIENNIAL REPORT 2016/2018**

1.0 PURPOSE

- 1.1 To update the Integrated Joint Board on the activities of Inverclyde HSCP Advice Service highlighting the different ways social security benefit, money and debt advice, and assistance have been provided to the citizens of Inverclyde.

2.0 SUMMARY

- 2.1 The Advice Services Team is firmly embedded within Inverclyde HSCP delivering support by way of free advice, assistance and representation in relation to income maximisation, money and debt issues, and the provision of Social Security Tribunal representation for all those requiring such a service across the community of Inverclyde.
- 2.2 For the reporting period 1st April 2016 to 31st March 2018, Inverclyde HSCP Advice Service facilitated 6804 Advice Worker face-to face client appointments, provided 1866 debt interventions, and represented at 1624 social security appeal Tribunals, securing a collective financial gain of £9,260,492 for citizens of Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 The Integrated Joint Board is asked to note the content of the Biennial Report for 2016/18.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 Inverclyde HSCP Advice Services provides social security benefit advice, money and debt advice, welfare rights Tribunal representation, and referral on to other specialist advice providers in Inverclyde where required, and is predicated on a rights-based perspective that helps tackle and alleviate the effects of poverty and debt in the Inverclyde community.
- 4.2 Inverclyde HSCP Advice Service has a direct role in helping to improve the quality of life and wellbeing of people living in Inverclyde by addressing the material socioeconomic circumstance of individuals that underpin sustainable health improvements.
- 4.3 Key outcomes for the period April 1st 2016 to March 31st 2018 include:
- 23,644 Advice First calls handled and 6804 scheduled face-to-face appointments made;
 - 1866 debt interventions addressing a level of debt of £6,670,000;
 - 1624 scheduled Appeal Tribunals with 73% of outcomes in the client's favour;
 - 782 clients affected by cancer supported, securing £2,832,366 in additional entitlement;
 - 722 vulnerable outreach clients (addictions, homelessness, and mental health engaged with);
 - £9,260,462 confirmed financial gains as a result of the combined activities of Inverclyde HSCP Advice Services.
- 4.4 In addition to the continued challenges presented by the continued roll out of Full Service Universal Credit in Inverclyde, the Scotland Act 2016 has transferred new social security powers to the Scottish Parliament, allowing Scottish Ministers the opportunity to develop social security policies that can help address issues of inequality and poverty. A Social Security agency for Scotland has been established and a mechanism for paying a Carer's Allowance Supplement over the summer of 2018 is now in place. During the course of the next twelve months, further policy will be formulated relating to a Young Carers Grant, Best Start Grant, and Funeral Expense Assistance all to be rolled out in 2019. Longer term reform will include assessment procedures for disability and ill-health benefits.

Inverclyde HSCP Advice Services will look to make a positive contribution to the process of designing the landscape of the social security system in Scotland over the next period.

5.0 IMPLICATIONS

5.1 FINANCE

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	Other Comments
N/A					

LEGAL

5.2 There are no legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	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.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Many of the clients of Advice Service have a protected characteristic such as disability or affected by socio-economic disadvantage.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Addressing issues of socio-economic disadvantage has a direct correlation with health improvement.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	Advice support with the process of income maximisation has a positive impact on quality of life.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 CONSULTATION

6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.0 BACKGROUND PAPERS

7.1 None.

HSCP Advice Services

Biennial Report
2016/2018

The right advice
From the right person
At the right time



INVERCLYDE'S ONE-STOP
SHOP FOR BENEFIT ADVICE
AND SPECIALIST WELFARE
RIGHTS AND MONEY ADVICE

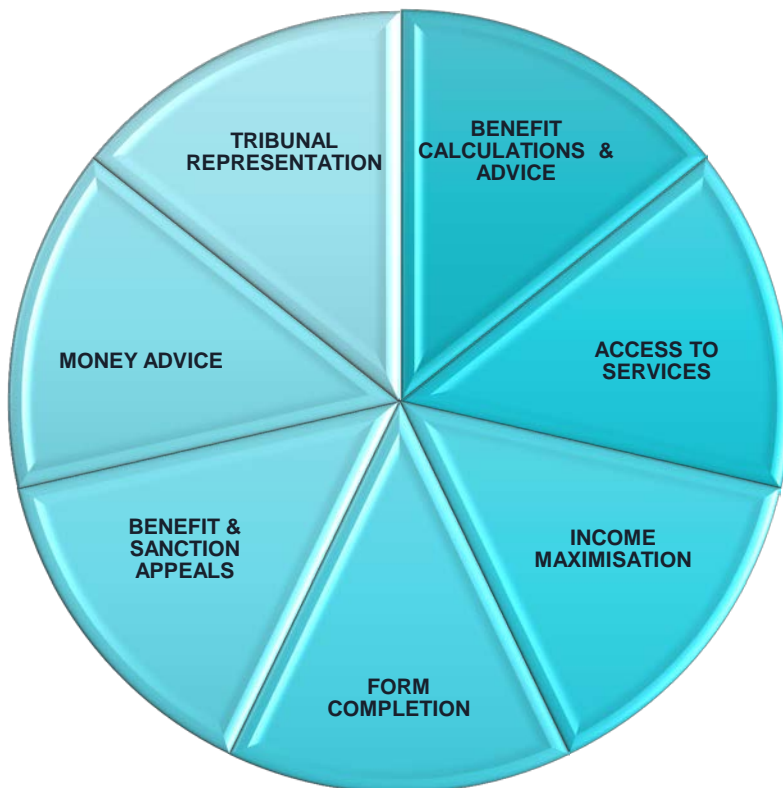
INTRODUCTION

Inverclyde HSCP Advice Service providing money advice, benefits advice and welfare rights representation, is predicated on a rights-based perspective that contributes to the alleviation of poverty and effects of debt in the community.

It plays a vital role in working to protect the well-being of vulnerable claimants and consumers; and also supports the wider Inverclyde economy by ensuring residents receive the support they require during these times of change and uncertainty.

The challenges facing Inverclyde residents are diverse and vary from the effects of continuing austerity, growing reliance on personal debt and continued welfare reform.

The provision of an effective one stop, holistic advice service is an effective method of delivering advice and is relevant to the statutory duty of Inverclyde Council to deliver advice and assistance to promote the social welfare of Inverclyde residents.



Background

This is the second report of Inverclyde HSCP Advice Services.

The Report covers a two year period from 1st April 2016 to 31st March 2018.

It builds on much of the information presented in the first Annual Report in 2015/2016.

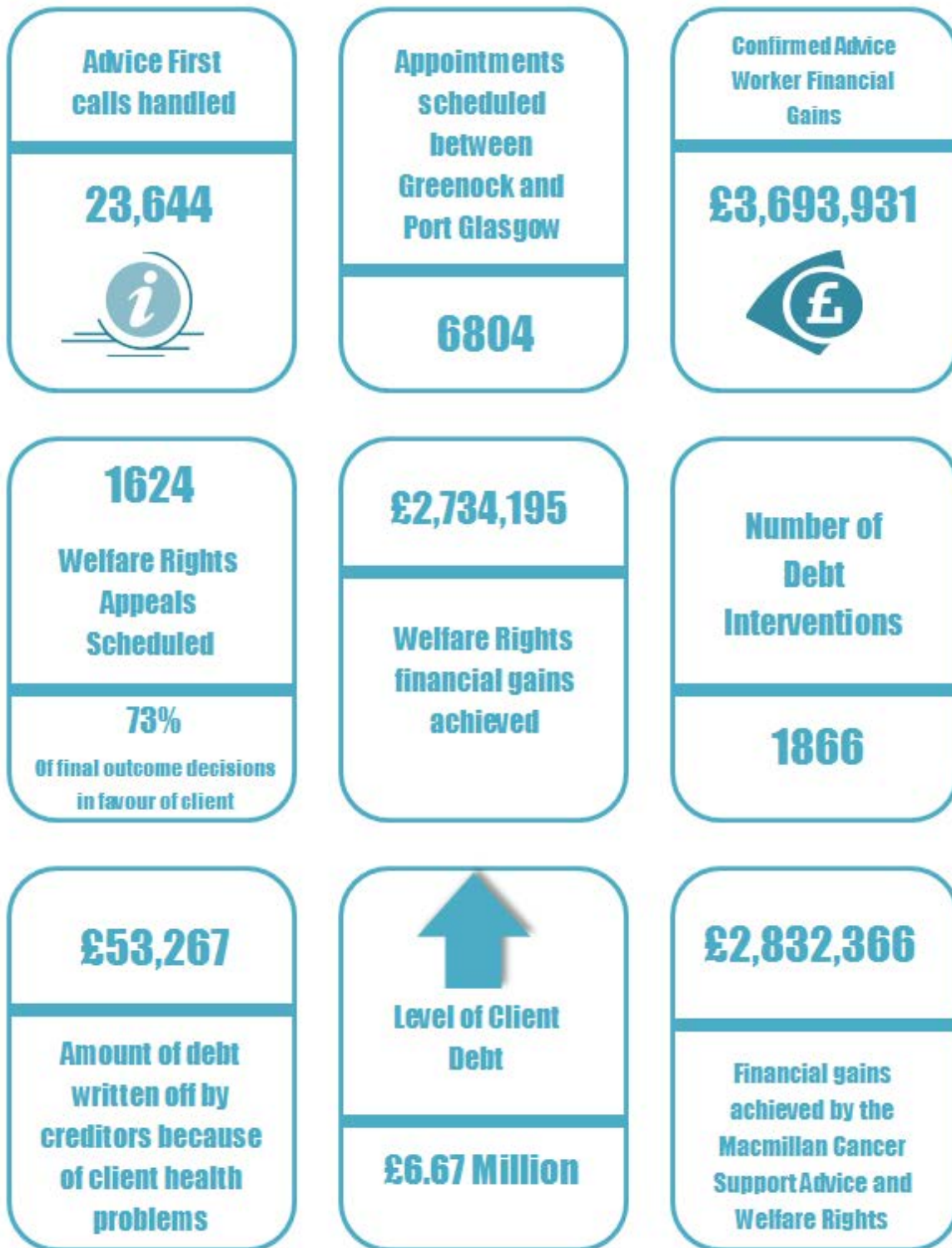
BENEFIT & SANCTION APPEALS
BENEFIT CALCULATIONS & ADVICE

FORM COMPLETION

ACCESS TO SERVICES



Advice Service Quick Facts 1 April 2016 – 31 March 2018



Total Confirmed Financial Gains for Advice Services:
£9,260,492

Analysis by Service

Whilst Advice Services is one integrated service, it covers three distinct areas of work:

- ▶ Social Security Advice and Information
- ▶ Welfare Rights Representation
- ▶ Specialist Money Advice Services

All 3 teams are supported by the recent development of an integrated case management system. The system mirrors the model of a single point of access and has allowed Advice Services to refresh and revitalise the way in which we deliver the service, helping mitigate the impacts of rising personal indebtedness and welfare reform.

As well as supporting the provision of an efficient, quality service to users – the system ensures that our service keeps clear, concise

records of advice given and actions taken, and we are able to generate data that allows the monitoring of the types of work undertaken by advisers and the time taken on each case.

The system provides an immediate view of current case numbers to ensure work is fully represented, that advisers work within their capacity, and reports fully on financial gain secured by the service on behalf of clients.

The system has time bound triggers to allow the service to follow up on the outcome of benefit applications, respond to legal deadlines in relation to debt; or to assist clients challenge an adverse social security decision within the statutory timeframes, or respond to a sheriff court summons.



Advice First, Duty Advice Service and Access to Service

The Advice Service telephone helpline, known as Advice First, is the main point of access to Advice Services.

Many of the clients who contact the service often have multiple issues, many of which can be resolved over the telephone, thus either removing the need for an appointment or addressing some of the issues prior to attending an appointment.

To ensure the service is as accessible as possible, there is a monitored email address where referrals are received from other agencies, clients and other HSCP services.

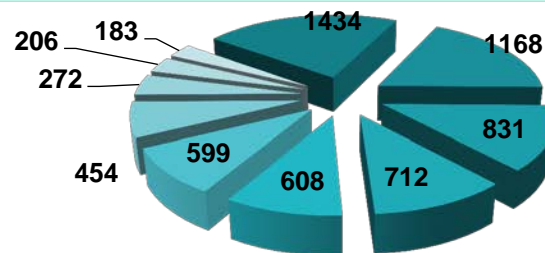
The single biggest role for Advice Workers is related to assistance given in the completion of benefit applications. Given the complexity of the benefit system, claimants often fail to include all the necessary and relevant information required by the Department of Work and Pensions (DWP). Advice Workers are familiar with the claims and decision making process and are aware of what is relevant to an application.

The nature of the support provided by Advice Workers to claimants has changed over the past couple of years, becoming more intensive with

increasing numbers of claimants requiring enhanced levels of ongoing support over many months. The one-off advice intervention is being replaced with the need to remind claimants of the continuing obligations to furnish DWP with information and certificates such as fit notes; of the two stage processes of challenging decisions and the strict statutory time limits involved, and assistance with the long term management of claims in general.

The Advice Service is committed to assisting Inverclyde residents to navigate the welfare benefits system successfully.

Top 10 Enquiry Types



- General Entitlement Enquiries: 1434
- Personal Independence Payment Advice: 1168
- Personal Independence Payment Dispute: 831
- Employment and Support Allowance Dispute: 712
- Universal Credit Advice: 608
- Employment Support Allowance Advice: 599
- Foodbank Referral: 454
- Attendance Allowance Advice: 272
- Universal Credit Dispute: 206
- General Housing Enquiry: 183

Another key aspect of the Advice Service is providing a single point of access for people who need assistance with daily living tasks and require support to maximise their ability to live as independently as possible at home.

This service is available to people living within the community whether alone or as a member of a family. Services include:

- ▶ Homecare
- ▶ Re-ablement
- ▶ Community Alarms
- ▶ Tele-healthcare
- ▶ Respite at Home

The routes available to access services are currently under review and may be subject to change over the coming months.

Specialist Money Advice

HSCP Money Advice provides a holistic service for residents of the Inverclyde area and is the only service which acts as a gateway for consumers who are seeking access to statutory debt remedies such as the Debt Arrangement Scheme and Scottish bankruptcy.

Although money advisers can help their clients by securing financial gains for them, unlike the functions of Welfare Rights and advice workers, the primary role of a money adviser is to help consumers become more financially resilient by addressing their problem debt.

They also assist residents to understand their finances better, by drafting financial statements and looking at means of helping them minimise their expenditure and maximise their income.

Importantly they can also assist clients with the now well established relationship between unmanageable debt and mental health problems.

“The Royal College of Psychiatrists, for example, has found one in two adults with debt have a mental health problem, noting that debt can cause, and be caused by, mental health problems”.

Seeking debt advice can both help a client’s mental health from getting worse and assist a client to feel more in control of their situation.

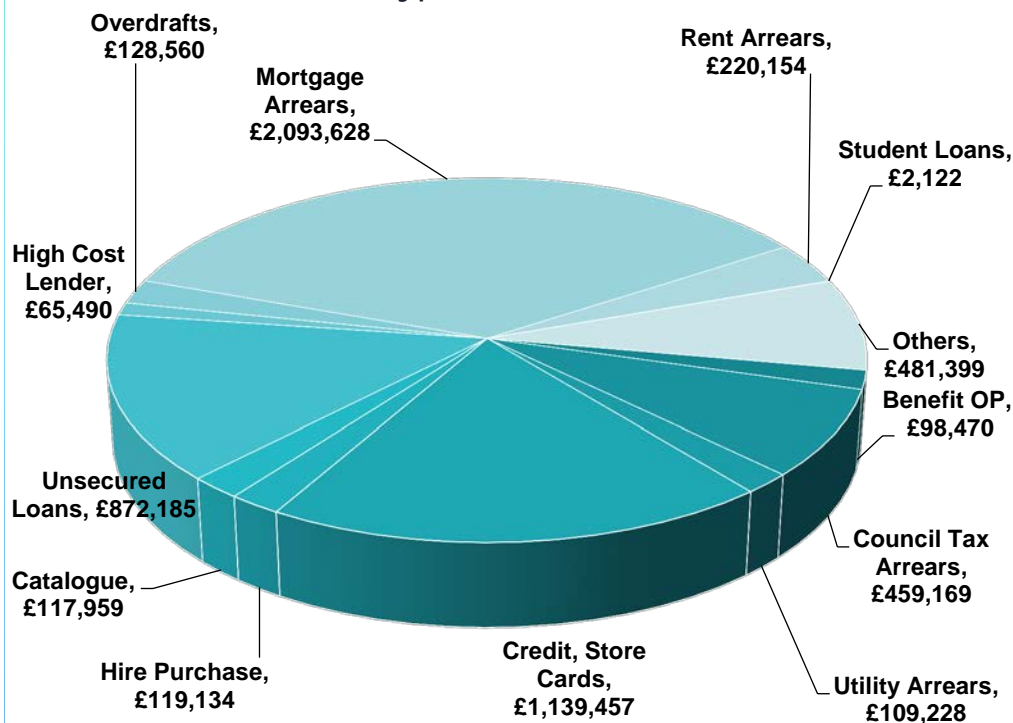
HSCP Money Advice offers client’s access to a free money advice service that can offer a comprehensive package of support options that may otherwise be unavailable to many residents unless willing and able to pay the fees charged in the private sector.

These services include dealing with debts such as benefit overpayments, council tax arrears, and mortgage and rent arrears (when the home is at risk) and normal unsecured, consumer credit debts. The service also provides lay court representation in relation to a number of areas under consumer credit, debt enforcement and personal insolvency legislation.

In 2016-18, HSCP Money Advice opened 591 complex, debt cases, involving Inverclyde residents, many of whom formed parts of households with multiple residents, including children, dealing with £6.67 million of personal debt. The average debt per client was £11,297.21.

The service also made 1,866 interventions on behalf of those clients in relation to their creditors and dealt with £459,168 in council tax arrears. The Financial gains for Inverclyde Council Residents over the 2016-18 period was £2.3 million, with £90,531 of debts being voluntary written off by creditors.

Types of Debts



Welfare Rights

The core task of Welfare Rights is to help claimants prepare for appeal by:

- ▶ Gathering evidence and researching relevant case law
- ▶ Preparing submissions and providing representation for claimants at oral hearings
- ▶ Finding errors of law in the First Tier Tribunal statement of reasons
- ▶ Preparing submissions to and attending hearings before the Upper Tribunal (UT)

The driver of demand for representation is a combination of social security legislative change and DWP policy and practice.

Where appropriate, Welfare Rights Officers also provide representation at the Upper Tribunal (Administrative Appeals Chamber). This is a superior court of record whose decisions are binding so we can contribute to establishing new case law. Appeals to the UT are based

on legal argument only.

Establishing Case Law Precedent

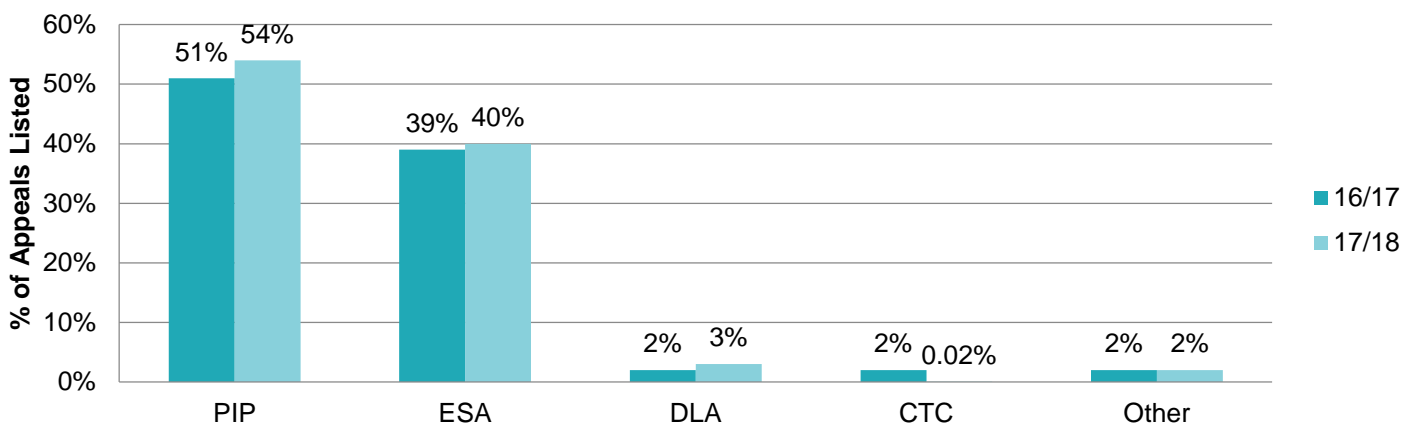
Awards of PIP are based on a points scoring system. DWP held that points could only be awarded for supervision if harm was likely to occur on more than 50% of the time a claimant attempted an activity. For example, DWP would not award points to a claimant with epilepsy for preparing food unless it could be shown that it was more likely than not the claimant would have a seizure each time they cooked a meal. This view was challenged by Inverclyde HSCP Welfare Rights at a three Judge UT hearing held in Edinburgh. The argument made by welfare rights that the correct approach was to focus on the real possibility that harm might occur was accepted by the UT. On 2 November 2017 the Minister of State for Disabled People, Health and Work announced the Government would not look to challenge the decision

One case from Inverclyde HSCP Welfare Rights establishing new case law, increasing PIP entitlement across the UK to the tune of £41,600,000 per year

and issue new DWP guidance to reflect the new case law:

“This will increase entitlement for a number of both new and existing claimants... The Department estimates approximately 10,000 claims will benefit by £70 - £90 per week in 2022/23.” Penny Mordaunt (Minister of State for Disabled People, Health and Work)

Appeal Hearing by Top 4 Benefit Types



Specialist Services

Vulnerable Groups Outreach: Homelessness, Addictions, Mental Health

The impact of Universal Credit on clients of the Homelessness Team quickly proved to be of significant concern in terms of establishing and maintaining claims and securing the correct levels of housing costs.

Given the continuing success of the outreach Advice Worker it was decided to replicate that model in terms of clients affected by homelessness.

Worker post, funded until April 2020, working with clients in the Inverclyde Centre in particular.



Council Anti-Poverty monies have allowed for the creation of a second outreach Advice

Kinship

For the reporting period Welfare Rights continued to provide dedicated support to Kinship.

'Services for Children and Young people in Inverclyde':

their income, which has been nationally recognised as a model of good practice."

The value of this support was recognised in the recently published 'Care Inspectorate, joint inspection, report on

"The detrimental impact of welfare reform was alleviated for many families through the involvement of welfare rights staff. Of particular note was the work undertaken to maximise



Macmillan Welfare Rights Officer

The work of the HSCP/Macmillan WRO was recognised with the worker being short listed for the final of the prestigious UK Macmillan Excellence Awards held in Birmingham in November 2016. Although not named the overall winner, the worker in reaching the final

was recognised for their 'vision and commitment that has led to tangible, lasting improvements in the quality of service offered to people with cancer.'



From 2016 to 2018 782 clients were provided with assistance, with £2,832,366 secured.

Healthier Wealthier Children

As part of Inverclyde's strategy to tackle child poverty and improve lives, Advice Services have continued to deliver the Healthier Wealthier children project.

and families with children under the age of five.

Referrals are received from community and hospital midwives; health visitors and GPs.



The focus is to maximise the income of pregnant women

The links between poverty and ill health are well documented, as are the links between debt and mental health problems.

Advice Services has a clear role in improving the quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

As was noted in the 2015/16 Annual Report, partnership between Advice Services and health care providers have the potential to affect system change.

Improving the material socio-economic circumstances of people presenting at primary care can underpin sustainable improvements in health relating to poverty and deprivation. Recognition of the importance of socioeconomic influences on health is a key consideration for ensuring that Advice Services remains firmly entrenched as an integral component in the portfolio of services Inverclyde HSCP has to offer.

This has become an area of particular interest to the Scottish Government which is keen to explore the potential for embedding welfare rights and money advisers within GP practices. A limited number of projects are already established elsewhere in Scotland with independent evaluation demonstrating these services not only address health inequalities, but ease some of the pressures faced by health service providers in some of Scotland's most deprived communities.

With improved financial and social circumstances, patients experienced improved feelings of health and general well-being, and practice staff makes better use of time, focussing on clinical interventions.

Inverclyde HSCP will look to explore the possible application of such a model in Inverclyde in the coming months.



Working in Partnership and to Standards

Inverclyde residents are facing many challenges which may affect their ability to become financially included.

As the UK struggles to recover from the recession and the international banking crisis, there are still existing issues with employment, rising personal debt and sustainability of housing.

This coupled with the reforms to the welfare system, which have already been highlighted, have resulted in profound effects for the Inverclyde population.

All of these challenges have brought about a higher demand on financial inclusion services.

It is, therefore, essential that to give the Inverclyde community the best possible support, Advice Services work in partnership with a range of organisations to explore areas where joined up working can maximise the much needed advice and support.

Financial Inclusion Partnership

Many of these initiatives have been developed through Inverclyde HSCP being the lead for Inverclyde's Financial Inclusion Partnership.

This partnership is made up of a range of public and 3rd sector organisations that are working towards:

- ▶ ***Ensuring that everyone's incoming money is maximised;***
- ▶ ***that they have access to appropriate financial services and products which enable them to manage their money on a day to day basis; and***
- ▶ ***that they can plan for the future and deal effectively with unexpected financial pressures***

The following highlights some of Advice Services' achievements through working with others.

Development of Referral pathways

Discussion with the Council's Revenue and Benefits service revealed through their housing benefits data systems that they were able to identify clients known to them who had been:

- ▶ sanctioned for non-compliance with the DWP conditionality arrangements;
- ▶ those clients who had been negatively affected by the migration from Disability Living Allowance (DLA) to Personal Independence Payments (PIP); and
- ▶ those clients impacted by the benefit cap.

This information is now passed through a secure email, with the client's consent, to Advice Services, who then contact the client to offer support with financial issues and offer advice relating to challenging adverse decisions if appropriate.

This is all underpinned by a robust data sharing agreement between the services.



Inverclyde Delivering Effective Advice and Support Project (I:DEAS)

The Inverclyde Financial Inclusion Partnership was successful in its funding bid for £2.3 million to deliver a 3 year programme, aiming to increase the financial capacity and improve the social inclusion of the most disadvantaged individuals and households in Inverclyde.

The programme will aim to help individuals in workless, lone parent or low income households and will provide

new services to improve financial capability and reduce debt, complementing the current range of core services available locally.

All participants will have an action plan based on their individual needs and a local mentor to support them.

Delivery of the project commenced in September 2017.



Working to National Standards

The Scottish Government has re-launched the Scottish National Standards for Information and Advice Providers (SNSIAP), placing responsibility for the development of a new accreditation and audit model in the hands of the Scottish Legal Aid Board (SLAB).

Inverclyde HSCP Advice Services has submitted an application to SLAB for peer review audit.



Continuing Impacts of Welfare Reform

Findings of the Scottish Governments Annual Report published June 2017, “Welfare Reform (Further Provisions) (Scotland) Act 2012” concluded that as a result of the reduction in welfare spending from the Westminster Government, that by 2020/21 the loss per adult, per annum, in Inverclyde will be £298.

In October 2017, Sheffield Hallam University’s Centre for Regional Economic and Social Research, supported by the Joseph Rowntree Foundation produced a further report, ‘The Real Level of Unemployment 2017.’

The report presents alternative estimates of the level of unemployment based on a re-working of official ONS and

DWP statistics for every local authority area in England, Scotland and Wales.

In the top 50 districts with the highest rates of real unemployment Inverclyde ranks 9th (highest ranked Scottish Local Authority) with a real unemployment rate of 10.5% of the working population.

Universal Credit Full Roll-out

It was noted in the previous annual report that Universal Credit Full Service (UCFS) roll out was due to commence in Inverclyde on 23 November 2016.

The experience to date has been one of claimants reporting difficulties in communicating with DWP, making even relatively straightforward issues difficult to resolve.

As a consequence of DWP policy at a national level relating to the issue of explicit consent there are now significant barriers to DWP sharing client information with Advice Services, when acting on behalf of a client, making meaningful engagement with DWP at times problematic.

As UCFS continues to roll out in Inverclyde it will be important to ensure Advice Services has the capacity to absorb the additional demands arising from that roll out. In December 2017 approximately 3760 (34%) households claimed UC, around 7,200 (66%) claimed ‘legacy’ benefits.

Claiming benefits can be a bewildering process. Having the support of an Advice Worker who understands DWP terminology and the complexities of the social security system can be pivotal in securing timely and fair outcomes for claimants.

Inverclyde HSCP Advice Service has developed a positive relationship with DWP at a local level and other operational stakeholders to try and ensure the most effective roll out of UCFS in Inverclyde that is possible.



Growing Indebtedness and Future Demands on Money Advice

In March 2017, the level of UK personal debt was £1.52 trillion. This was £5 billion more than it was at the beginning of the financial year, when it stood at £1.47 trillion. Personal debt again is on the rise after years of stagnation following the credit crunch and is now expected to continue rising in the next period, driven by stagnating earnings and social security benefits and inflationary pressure on household costs.

As interest rates now begin to enter a period of increases, most informed commentators are of the opinion that the rise in personal debt is a trend that will continue for the foreseeable future, with the Bank of England expressing its concerns in relation to the level of personal loans, credit cards and car finance agreements being entered into by consumers.

It is anticipated demands on local authority money advice services will increase in the coming period, with rising debt levels being forecast. The Improvement Service has called for local authorities to consider how they can transform their services to meet that demand and has said transformational change will be required.

In Inverclyde, HSCP Money Advice offers two main channels for delivery of advice: face to face and by telephone. There are online money advice services and telephone services, delivered free by the third sector. However, there remains a significant demand for face to face services for vulnerable clients dealing with complex debt problems, which often do not fit into any of the above formal and informal solutions. Many of these clients struggle daily with household budgets

that are constantly in deficit.

HSCP Money Advice will continue to explore whether additional channels for delivering money advice can be utilised to address what is expected will be a growing demand, including referring more simple debts to generic advisers and advice agencies in the Inverclyde area and also to other third sector providers of telephone and online services. It is not anticipated this will remove the need for face to face services, but in a landscape where that demand is growing, may help mitigate the pressures the services will face.



The Next 12 Months

The Social Security (Scotland) Act 2018 is now on the statute books alongside The Child Poverty (Scotland) Act 2017. The continuing roll out of devolved social security and the requirements of the Child Poverty (Scotland) Act will undoubtedly influence the direction of travel for Inverclyde HSCP Advice Services over the next period.

Section 10 of the Child Poverty (Scotland) Act requires local authorities along with the relevant Health Board to prepare and publish a local poverty action report on an annual basis. The Report 'must in particular', describe income maximisation measures taken in the area of the local authority. A key task for

Advice Services will be to revisit the 'Healthier Wealthier Children' income maximisation model currently operating in Inverclyde to consider improvements in referral pathways and explore how to further extend the coverage and effectiveness of the initiative.

Within the context of the continuing impacts of welfare reform and devolved social security, Inverclyde Council has commissioned a review of all advice provision across Inverclyde. This offers the opportunity for Inverclyde HSCP Advice Service, and other partner organisations, to consider if the current models of service delivery best meet the needs of service users going forward. The findings will be available autumn 2018.

In March 2018 the positioning statement of Social Security Scotland (SSS) was published with a strapline of 'Dignity, Fairness, Respect. Advice Services have engaged in a discussion with SSS to explore job shadowing opportunities for SSS workers to understand the role of Advice Services and the challenges of dealing with the current social security system. SSS are keen for this to happen viewing it as, "an opportunity that will be of great benefit."

In this as with all other activities and undertakings Advice Service remains as committed as ever to make an active contribution to Inverclyde HSCP's vision of improving lives.



Appendix 1: Case Studies

Client A

An EEA national, presented to Inverclyde Advice Services having had their claim for Income Support rejected, as the DWP did not believe they had Genuine Prospect for Work or meet the Habitual Residence Test. This also impacted their eligibility for Housing Benefit and Council Tax Reduction. In addition to this the client's Child Tax Credits had stopped and the client was destitute.

The client had sufficient National Insurance Contributions and was in ill health and, therefore, we made a claim for Contribution Based Employment Support Allowance and renewed the Tax Credits.

A mandatory reconsideration was submitted for the Income Support, which was subsequently rejected.

The client was then represented at a First tier Tribunal by the Welfare Rights Unit and it was found in the client's favour, meaning that the client was eligible for Housing Benefit and Council Tax Reduction, both of which were backdated.

The annual financial gain for Client A was £23,067.

Client B

As part of the Benefit Cap Project an Advice Worker had identified a lone parent with 4 dependent children.

The client was unaware that the cap was going to affect them and was going to be worse off by £144.04 per week.

The client was in a private tenancy as it was a much more suitable property for the family's needs. There was a shortfall in the Local Housing Allowance and the Advice Worker assisted the client to successfully apply for Discretionary Housing Payments, which was awarded at £54 per week.

In addition, one of the children had a disability and a successful application for Personal Independence Payment (PIP) was made, allowing the client to claim Carers Allowance for the care which was already being provided. Due to the successful claim for PIP, the household is now exempt from the Benefit Cap and the household is better off by £5,798 per annum.

A referral was also made to Inverclyde Centre for Independent Living for a full Occupational Therapist assessment for aids and adaptations to be put in place.

Appendix 2: Client Feedback

"... We wouldn't have known or requested this (benefit application form) without your assistance and it is very much appreciated"

"...I am pleased to inform you I am entitled to Attendance Allowance. Was totally shocked when reading how much then had to sit down... Thank you"

"... amazing and helpful worker. Totally respectful and so patient. He made us feel better.... Highly recommended service"

"Thank you very much! As I said both of you made my life much better..."

"Thank you for guiding us through the process. We couldn't have done it without you!"

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

Report By: Louise Long **Report No:**
Corporate Director, (Chief Officer) IJB/36/2018/AS
Inverclyde Health and Social Care
Partnership (HSCP)

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

Subject: LD REDESIGN – PROGRESS REPORT AUGUST 2018

1.0 PURPOSE

1.1 The purpose of this report is to provide the Integration Joint Board 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 Integration Joint Board is asked to note the progress in the decommissioning of the McPherson Centre and the interim move to the Fitzgerald centre by 28 September 2018 and associated Learning Disability estate changes.

3.2 The Integration Joint Board is asked to note that the Health and Social Care Committee on 23 August declared the properties at Golf Road, Gourrock and the McPherson Centre, Gourrock (when vacated in September 2018) surplus to requirements and requested the Environment & Regeneration Committee to consider the marketing and disposal of the properties.

3.3 The Integration Joint Board 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 Options Appraisal

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

In April 2018 a refreshed long list of potential sites across Gourock, Greenock and Port Glasgow was identified. Taking account of the size, location and constraints of the sites, the list of potential sites has been reduced to eight and appraisal work will continue to identify potential sites for evaluation. At present, there are no existing buildings that can be refurbished.

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 to 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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

5.4.1 How does this report address our Equality Outcomes.

5.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.

5.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

5.4.1.3 People with protected characteristics feel safe within their communities.

5.4.1.4 People with protected characteristics feel included in the planning and developing of services.

5.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.

5.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

5.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

5.6 How does this report support delivery of the National Wellbeing Outcomes?

- 5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5.6.5 Health and social care services contribute to reducing health inequalities.
- 5.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- 5.6.7 People using health and social care services are safe from harm.
- 5.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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.