

PLEASE NOTE TIME OF MEETING

A meeting of the Health & Social Care Committee will be held on Thursday 11 October 2018 at 1pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

1. Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT	
2. Revenue and Capital Budget Report – 2018/19 Revenue Projected Outturn as at 31 August 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
3. HSCP Annual Complaint Report 2017 – 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
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NEW BUSINESS	
6. Scoping of the Care Homes Market Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7. Inverclyde HSCP Strategic Plan 2019 – 2022 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8. 5 Year Mental Health Strategy Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

<p>9. Big Lottery: Women's Project Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>10. Transport Resilience – Adverse Weather Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>11. Standard Operating Procedure for the Provision of Christmas Lunch/Dinner or Vouchers Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</p>	
<p>PERFORMANCE MANAGEMENT</p>	
<p>12. Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services</p>	<p>p</p>

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

Report To:	Health & Social Care Committee	Date:	11 October 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN 97/18/ AP/FMcL
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Fiona McLaren	Contact No:	01475 712652
Subject:	Revenue & Capital Budget Report – 2018/19 Revenue Projected Outturn as at 31 August 2018		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the projected outturn on revenue and capital for 2018/19 as at 31 August 2018.

2.0 SUMMARY

- 2.1 A budget of £53,779,000 was delegated by the Integration Joint Board (IJB), which includes £5,985,000 of Social Care funding. The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. At period 5 there was additional funding of £330,000 added to the budget for living wage and a budget reduction of £62,000 for funding not required in 2018/19 returned to the Anti-Poverty Fund. The revised 2018/19 budget is £54,047,000.

As at period 5 there is a projected underspend of £80,000. This is a decrease in the underspend of £31,000 since last reported to Committee. The main elements of the underspend are:

- A projected underspend of £76,000 within internal homecare due to vacancies, which are partially offsetting the increased costs of external homecare below,
- A projected underspend of £80,000 within Learning Disabilities and £70,000 within Addictions employee costs due to over-achievement of turnover target,
- Projected underspends on client care packages in Day Services £60,000 and Learning Disabilities £51,000 due to changes in care packages,
- Projected over-recovery of £43,000 on Physical and Sensory service user income based on current income to date,
- A one-off income from an external provider of £110,000.

Offset by:

- A projected overspend in external homecare of £205,000 possibly due to increased hours as more people are cared for in their own homes. This is an increase of £143,000 since the last Committee and relates to increases in the number of client packages,
- A projected overspend in Older People respite of £120,000,
- Projected overspends in other employee costs of £94,000 due to turnover targets not being met.

- 2.2 It should be noted that the 2018/19 budget includes agreed savings for the year of £1,555,000. At period 5 there is a projected over-recovery of £269,000 on the agreed savings which relates to the Residential & Nursing beds and which will be added to the smoothing earmarked reserve.

- 2.3 The Social Work 2018/19 capital budget is £1,364,000, with spend to date of £72,000. There is projected slippage of £520,000 (38.12%) being reported due to the delays experienced and projected cost reductions in the procurement of the Crosshill replacement project. Expenditure equates to 8.5% of the revised budget.
- 2.4 The balance on the IJB reserves at 31 March 2018 was £5,795,000. The reserves reported in this report are those delegated to the Council for spend in 2018/19. The opening balance on these is £1,241,000 with an additional £706,000 received for 2018/19, totalling £1,947,000 at period 5. There is spend to date of £468,000 which is 129.6% of the phased budget due to some ICF expenditure being incurred earlier than anticipated.
- 2.5 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption, Fostering & Kinship,
 - Residential & Nursing Accommodation,
 - Continuing Care.
- 2.6 It should be noted that any underspend will be retained by the IJB in line with the approved Funding Agreement and any overspends will be met by the IJB.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the projected underspend of £80,000 on current year revenue budget as at 31 August 2018.
- 3.2 That the Committee approves the virements listed in Appendix 6.
- 3.3 That the Committee notes the current projected capital position.
- 3.4 That the Committee notes the current Earmarked Reserves position.

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

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2018/19 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2018/19 projected £19,000 overspend.

5.0 2018/19 CURRENT REVENUE POSITION: Projected £80,000 underspend (0.17%)

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

5.1. Children & Families: Projected £34,000 (0.33%) overspend

The projected overspend is £46,000 less than last reported to Committee and is due to additional turnover. Employee costs are projecting an overspend of £34,000. There are projected overspends in residential accommodation of £82,000 where there is a requirement for certain staffing levels, are partially offset by additional turnover in other areas. Staffing in residential accommodation 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 5 there is a projected net overspend of £122,000 on children's external residential accommodation, adoption, fostering and kinship.

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. There are currently £187,000 of costs projected to be spent against this Earmarked Reserve in 2018/19.

5.2. Older People: Projected £206,000 (0.84%) overspend

The projected overspend is £283,000 more than previously reported and comprises:

- A projected underspend on homecare employee costs of £36,000, an increase in spend of £102,000 since last reported to Committee mainly due to one-off backdated atypical allowances being paid and a slight reduction in turnover savings,
- Projected overspends totalling £30,000 within employee costs in other Older People services due to turnover targets not yet being met,
- A projected overspend on external homecare of £205,000, an increase in spend of £143,000 since the period 3 report to Committee. This relates to increases in the number of client packages. The overspend is partially offset by an underspend in employee costs as mentioned above,
- A projected overspend of £121,000 on respite services. This is currently being reviewed.
- A projected underspend of £60,000 on day services on current client numbers, a decrease in spend of £20,000 since last reported to Committee.
- A projected overspend of £20,000 within residential nursing payments to health, which is an increase in spend of £5,000 since the period 3 report to Committee and based on current spend to date and prior year out-turn.

Any over / underspends on residential & nursing 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 £496,000. At period 5 there is a projected underspend of £269,000 on residential & nursing accommodation which would be transferred to the Earmarked Reserve at the end of the year if it continues.

5.3. Learning Disabilities: Projected £176,000 (2.38%) underspend

The projected underspend is £186,000 more than previously reported and comprises:

- A projected underspend of £80,000 on employee costs which is a decrease in spend of £90,000 since last reported due to additional turnover savings,
- A £81,000 projected underspend on client commitments since last reported due to

changes to packages.

5.4. Physical & Sensory: Projected £2,000 (0.09%) underspend

The projected underspend is £31,000 more than previously reported and includes:

- A £28,000 overspend on employee costs due to turnover target not yet being met, an increase in spend of £2,000 since last reported,
- A projected overspend of £13,000 on client package costs due to changes in packages,
- A projected over-recovery of £44,000 in service user income for homecare since last reported based on actual income being received.

5.5. Assessment & Care Management: Projected £23,000 (1.09%) overspend

The projected overspend is £11,000 more than the period 3 report to Committee and includes a £23,000 projected overspend in external transport costs for transport to respite and hospital.

5.6. Mental Health: Projected £110,000 (9.38%) underspend

The projected underspend is £10,000 more than the period 3 report to Committee and the movement relates to additional underspends within employee costs. The underspend is due to one-off income of £110,000 from an external provider.

5.7. Addictions: Projected £60,000 (6.19%) underspend

The projected underspend is £5,000 less than previously reported to Committee. The underspend mainly relates to additional turnover on employee costs of £70,000.

5.8. Homelessness: Projected £14,000 (1.73%) overspend

A fundamental review of the Homelessness service is ongoing. There will be a cost pressure arising from this review, and this is currently being quantified and will be presented in a report to the next Health & Social Care committee.

6.0 2018/19 CURRENT CAPITAL POSITION

6.1 The Social Work capital budget is £2,320,000 over the life of the projects with £1,364,000 projected to be spent in 2018/19, comprising:

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

There is projected slippage of £520,000 (38.12%) being reported due to the delays and cost reductions experienced in the procurement of the Crosshill replacement project. Expenditure equates to 8.5% of the revised budget.

6.2 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 complete.
- Planning approval has been granted for the new building and first stage building warrant has been approved.
- Tenders have been returned, assessed and the Letter of Acceptance (LOA) has been issued.
- A start date of 8 October 2018 has been agreed, subject to the conclusion of the contractor's health & safety plan.
- The Contract Period is 39 calendar weeks, with an estimated completion date of July 2019.
- The revised expenditure projection within Appendix 4 reflects the delay experienced to date in the procurement process as previously reported and the tender return position.

6.3 Neil Street Children's Home replacement (Cardross):

As previously reported to Committee, it should be noted that additional funding may be required

in connection with the project and the extended contract period. This remains subject to resolution of the extension of time claim and agreement of the final account for the project, negotiations on which are on-going.

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

6.5 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. The works are now all complete.

6.6 Wellpark Centre Internal Alterations:

- The works involve the remodelling of part ground, first and second 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 has agreed to have the works undertaken in one phase and to decant staff to provide vacant possession of the building for the works.
- Building warrant application has been submitted.
- Target programme is commencement in mid-October 2018 to complete January 2019 subject to statutory approvals.

7.0 EARMARKED RESERVES

7.1 The balance on the IJB reserves at 31 March 2018 was £5,795,000. The reserves reported in this report are those delegated to the Council for spend in 2018/19. The opening balance on these is £1,241,000 with an additional £706,000 received for 2018/19, totalling £1,947,000 at period 5. There is spend to date of £468,000 which is 129.6% of the phased budget due to some ICF expenditure being incurred earlier than anticipated.

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

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

8.0 VIREMENT

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

9.0 IMPLICATIONS

9.1 Finance

All financial implications are discussed in detail within the report above

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

9.2 Legal

There are no specific legal implications arising from this report.

9.3 Human Resources

There are no specific human resources implications arising from this report

9.4 Equalities

Has an Equality Impact Assessment been carried out?

Yes See attached appendix

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

9.5 Repopulation

There are no repopulation issues within this report.

10.0 CONSULTATIONS

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

11.0 LIST OF BACKGROUND PAPERS

11.1 There are no background papers for this report.

Social Work Budget Movement - 2018/19

Period 5 1 April 2018 - 31st August 2018

Service	Approved Budget 2018/19 £000	Movements					Amended Budget 2018/19 £000	IJB Funding Income £000	Revised Budget 2018/19 £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000			
Children & Families	10,429	0	(236)	0	0	0	10,194	0	10,194
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	24,647	0	(128)	0	0	0	24,519	0	24,519
Learning Disabilities	7,143	0	261	0	0	0	7,404	0	7,404
Physical & Sensory	2,338	0	19	0	0	0	2,357	0	2,357
Assessment & Care Management	2,048	0	18	0	0	0	2,066	0	2,066
Mental Health	1,168	0	0	0	0	0	1,168	0	1,168
Addiction / Substance Misuse	973	0	0	0	0	0	973	0	973
Homelessness	801	0	0	0	0	0	801	0	801
Strategy & Support Services	1,815	0	(33)	0	0	0	1,782	0	1,782
Business Support	(3,567)	0	365	0	0	0	(3,202)	0	(3,202)
Totals	47,794	0	268	0	0	0	48,062	0	48,062

Supplementary Budget Detail

£000

External Resources

Living wage increases 330
Welfare Reform funding returned to Corporate (62)

Internal ResourcesSavings/Reductions

268

Social WorkRevenue Budget Projected Outturn

Period 5 1 April 2018 - 31st August 2018

2017/18 Actual £000	Subjective Analysis	Approved	Revised	Projected	Projected	Percentage Variance
		Budget 2018/19 £000	Budget 2018/19 £000	Outturn 2018/19 £000	Over/(Under) Spend £000	
25,962	Employee costs	26,297	27,330	27,241	(89)	(0.32%)
1,130	Property costs	1,105	1,112	1,111	(1)	(0.11%)
967	Supplies & services	837	906	953	48	5.25%
371	Transport & plant	380	380	396	16	4.16%
786	Administration costs	809	809	820	11	1.37%
38,556	Payments to other bodies	38,551	39,451	39,382	(69)	(0.18%)
(14,904)	Income	(14,200)	(15,941)	(15,936)	5	(0.03%)
52,867		53,779	54,047	53,968	(80)	
(5,980)	Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
(1,190)	Transfer to EMR	0	0	0	0	0
45,698	Social Work Net Expenditure	47,794	48,062	47,983	(80)	(0.17%)

2017/18 Actual £000	Objective Analysis	Approved	Revised	Projected	Projected	Percentage Variance
		Budget 2018/19 £000	Budget 2018/19 £000	Outturn 2018/19 £000	Over/(Under) Spend £000	
10,278	Children & Families	10,429	10,194	10,227	34	0.33%
0	Criminal Justice	0	0	0	0	0.00%
24,463	Older Persons	24,647	24,519	24,725	206	0.84%
7,053	Learning Disabilities	7,143	7,404	7,228	(176)	(2.38%)
2,196	Physical & Sensory	2,338	2,357	2,355	(2)	(0.09%)
1,613	Assessment & Care Management	2,048	2,066	2,088	23	1.09%
1,215	Mental Health	1,168	1,168	1,058	(110)	(9.38%)
1,003	Addiction / Substance Misuse	973	973	913	(60)	(6.19%)
966	Homelessness	801	801	815	14	1.73%
1,740	PHIC	1,815	1,782	1,781	(1)	(0.04%)
2,339	Business Support	2,418	2,783	2,776	(7)	(0.24%)
52,867		53,779	54,047	53,968	(80)	
(5,980)	Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
(1,190)	Transfer to EMR	0	0	0	0	0
45,698	Social Work Net Expenditure	47,794	48,062	47,983	(80)	(0.17%)

Notes:

1 £11.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.

2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.

Social WorkMaterial Variances

Period 5 1 April 2018 - 31st August 2018

2017/18 Actual	Budget Heading	Revised Budget 2018/19	Proportion of budget	Actual to 31/08/18	Projected Outturn 2018/19	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	
	Employee Costs						
5,437	Children & Families	5,477	2,160	2,066	5,511	34	0.62%
7,523	Homecare	7,837	3,092	3,035	7,801	(36)	(0.46%)
2,417	Learning Disabilities	2,534	1,002	913	2,454	(80)	(3.16%)
779	Physical Disabilities	1,032	382	425	1,060	28	2.71%
1,113	Addictions	1,217	480	445	1,147	(70)	(5.75%)
17,269		18,097	7,116	6,884	17,973	(124)	(0.69%)
	Other Variances						
3,765	Older People - homecare external providers	3,704	1,543	816	3,908	204	5.51%
249	Older People - day services	376	156	84	316	(60)	(15.96%)
7,713	Learning Disabilities - client commitments on support packages	7,918	3,299	1,688	7,837	(81)	(1.02%)
(45)	Physical Disabilities - income	(26)	(11)	(13)	(70)	(44)	169.23%
9	Assessment Care & Management - external transport	17	7	12	39	22	129.41%
(2,600)	Mental Health - income	(2,621)	(1,092)	(767)	(2,731)	(110)	4.20%
9,091		9,368	3,902	1,820	9,299	(69)	(0.74%)
26,360	Total Material Variances	27,465	11,018	8,704	27,272	(193)	(0.70%)

Social WorkCapital Budget 2018/19

Period 5 1 April 2018 - 31st August 2018

Project Name	Est Total Cost	Actual to 31/3/18	Approved Budget 2018/19	Revised Est 2018/19	Actual to 31/08/18	Est 2019/20	Est 2020/21	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Crosshill Childrens Home Replacement	1,914	154	1,043	523	55	943	294	0
Hillend Sprinkler	46	13	33	33	16	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	125	0	15	0	0
Wellpark Centre internal alterations	115	0	105	105	0	10	0	0
Complete on site	105	47	58	58	1	0	0	0
Social Work Total	2,320	214	1,364	844	72	968	294	0

Social WorkEar Marked Reserves

Period 5 - 1 April 2018 to 31 August 2018

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget to Period 5	Actual to Period 5	Projected Spend	Amount to be Earmarked for 2019/20 & Beyond	Lead Officer Update
		2018/19	2018/19	2018/19	2018/19		
		£000	£000	£000	£000	£000	
Self Directed Support	Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Helen Watson	26	0	0	1	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund	Louise Long	385	165	237	334	50	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Louise Long	462	63	91	386	76	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Carry forward is two posts which are one year until June 19.
Veterans Officer Funding	Helen Watson	15	0	0	15	0	Council's 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	21	22	69	0	Post for one year to address the changes in Community Justice.
Welfare Reform - CHCP	Andrina Hunter	22	0	0	22	0	Balance of funding to be used for case management system. Costs will be incurred over 3 year period.
Swift Upgrade	Helen Watson	76	0	0	76	(0)	One year post from October 18 to progress replacement client information system for SWIFT plus upgrade costs.
LD - Integrated Team Leader	Alan Best	66	21	22	57	10	Two year post to develop the learning disability services integration agenda.
LD Review	Alan Best	329	91	95	153	176	Funding for two posts for two years and one off spend in 18/19 on community engagement to address the LD service review.
Continuing Care Employees	Sharon McAlees	263	0	0	64	199	To address new continuing care legislation & to address issues arising from inspection. Carry forward is funding for two year post.
Service reviews	Alan Brown	92	0	0	92	0	Funding for two posts in 18/19 to carry out service reviews. Posts are being interviewed September 18.
Dementia friendly properties	Deborah Gillespie	100	0	0	100	0	To deliver dementia friendly strategy
Total		1,947	361	468	1,411	536	

APPENDIX 6

Social Work

Virement Requests

Period 5 1 April 2018 - 31st August 2018

Budget Head	Increase Budget £000	Decrease budget £000
1 Residential Nursing - RT Income	79	
1 Strategy & Support Services - RT Income	35	(114)
1 Business Support - RT Income		
2 Learning Disabilities - Payments to Other Bodies	280	(280)
2 Children & Families - Payments to Other Bodies		
	394	(394)

Notes

- 1 Reallocation of resource transfer income between services to reflect actual expenditure
- 2 Reallocation of continuing care funding due to clients moving between services

Report To:	Health & Social Care Committee	Date:	11 October 2018
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/42/2018/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 Health & Social Care Committee of the annual performance of health and statutory social work complaints within Inverclyde Health and Social Care Partnership.

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.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Committee notes the annual performance of the Inverclyde HSCP Integrated Complaints Procedure and comments as required.

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

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Health and Social Care Committee of the annual performance of the NHS and Statutory Social Work complaints procedures.
- 4.2 Independent Health and Social Care Services have their own complaint procedures but are required to report information to the HSCP.
- 4.3 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:

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

Annually Recurring Costs/ (Savings)

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

Legal

5.2 No implications

Human Resources

5.3 No implications

Equalities

5.4 Has an Equality Impact Assessment been carried out?

	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.
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Repopulation

5.5 No implications

6.0 CONSULTATIONS

6.1 None

7.0 LIST OF BACKGROUND PAPERS

7.1 HSCP Complaints Annual Report – Appendix 1



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	33	26	31	25
NHS	15	6	0	7
Total	48	32	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

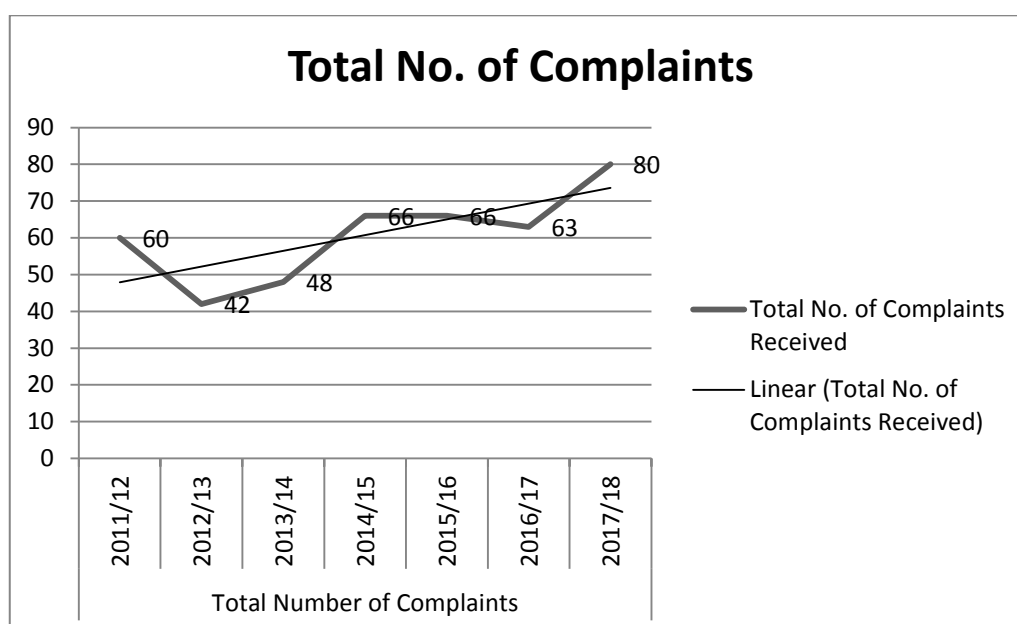


Figure 2: Total number of complaints for 2017/18, compared to 2016/17.

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).

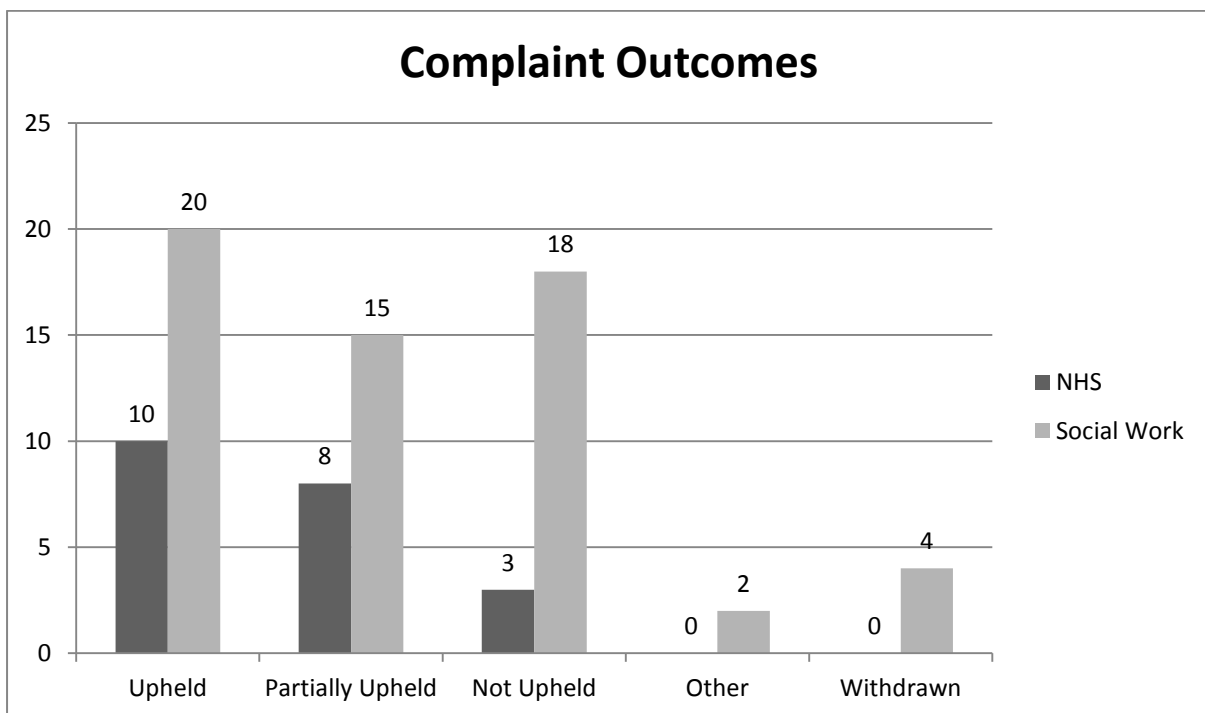
From the outset, when a complaint is logged centrally, Investigating Officers are advised of the required date for completion. Additional reminders are in place to support timely completion.

		2017/18		2016/17	
		Timescale Met	Timescale Not Met	Timescale Met	Timescale Not Met
Social Work	Stage 2 - Investigated Complaints Acknowledged within Timescale	28	0	23	1
	Stage 2 - Investigated Complaints Completed within Timescale	23	5	15	10
	Stage 1 - FLR Complaints Acknowledged within Timescale	25	0	31	0
	Stage 1 - FLR Complaints Completed within Timescale	22	3	30	1
NHS	Stage 2 - Investigated Complaints Acknowledged within Timescale	6	0	6	1
	Stage 2 -	5	1	7	0

	Investigated Complaints Completed within Timescale				
	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

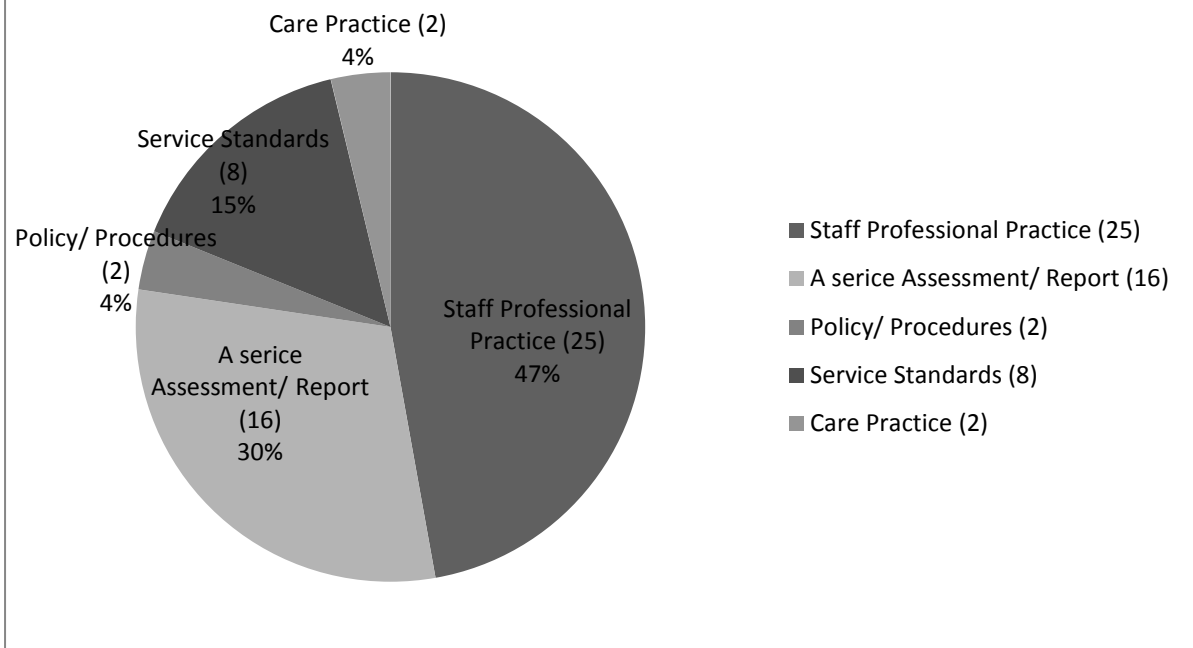
Of the **74** complaints, **30** (41%) were fully upheld, **23** (31%) were partially upheld and **21** (28%) were not upheld.



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.

HSCP Complaint Themes - Upheld & Partially Upheld



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.

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 Scottish Public Services Ombudsman (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.

Improvement recommendations where:

Complaint number	What we found	What the organisation should do	Evidence SPSO needs to check that this has happened and the deadline
2	The complaint was not dealt with in accordance with IHSCP procedures.	<p>Apologise to you for failing to deal with your complaint in a timely manner in accordance with stated procedures.</p> <p>The apology should meet the standards set out in the SPSO guidelines on apology available at https://www.spsso.org.uk/leaflets-and-guidance</p>	<p>A copy or record of the apology made.</p> <p>By: 14 March 2018</p>
1	There was no evidence that a comprehensive history or a comprehensive mental state assessment had been done.	The quality of medical note-taking should be improved.	<p>Evidence that Medical staff involved in this case have been reminded of their obligation to complete notes in accordance with General Medical Council</p> <p>By: 14 March 2018</p>
1	There was no evidence of planned, structured nursing engagement with the patient.	Nursing staff must ensure that there is a daily, structured engagement with patients, and that there is a record made of this engagement.	<p>Evidence that nursing staff are reminded of their obligation to engage daily with patients in a structured way and that they record such engagement.</p> <p>By: 14 March 2018</p>

2	The complaint was not dealt with in accordance with IHSCP procedures.	Complaints are responded to in accordance with IHSCP stated procedures.	Evidence that this case has been used as a learning tool for relevant staff to ensure that the stated complaints procedure is adhered to. By: 14 May 2018
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Evidence was then submitted to SPSO in relation to addressing these.

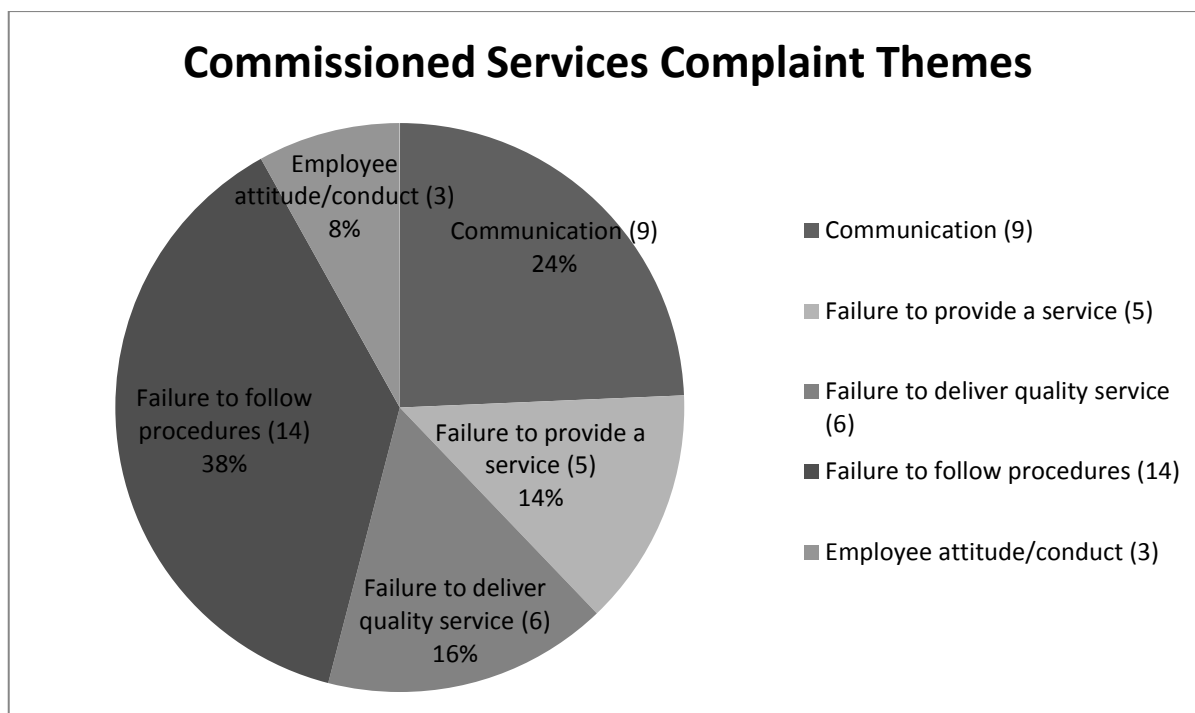
3 Contracted and Commissioned Services Complaints

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.

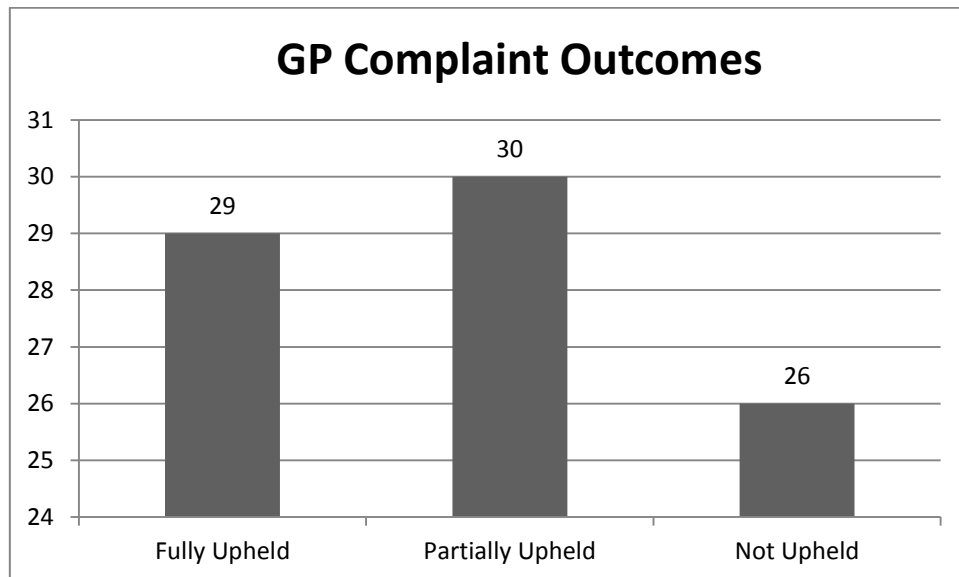
Independent Contractors have their own processes for responding to complaints and undertaking service improvements in response.

There were no complaints on record from Dental Practitioners.

One 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 Ms A who rang the dept to give me feedback on our nursing service on behalf of herself and her son

MS A is recently bereaved of her husband Mr A.

MS A was cared for at home predominantly by staff & 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 particularly asked for warm thanks and appreciation to go to staff who visited Mr A frequently.

MS A said they both deserve a platinum (not a gold) star and they should be proud of themselves and stand 10 feet tall !!

It was full some praise indeed and she chatted with me for 15 minutes or more by phone

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.

Report To:	Health & Social Care Committee	Date:	11 October 2018
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/49/2018/AH
Contact Officer:	Andrina Hunter Service Manager	Contact No:	715285
Subject:	HSCP Advice Service Biennial Report 2016-18		

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee 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 Health and Social Care Committee is asked to agree the content of the Biennial Report for 2016/18 for publication on the Council's website.

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

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 clients' 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 Carers' 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

Finance

- 5.1 No finance implications

Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

5.2 No implications

Human Resources

5.3 No implications

Equalities

5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – An EQIA is not required as this is an annual report

Repopulation

5.5 No implications

6.0 CONSULTATIONS

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 LIST OF BACKGROUND PAPERS

7.1 N/A

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

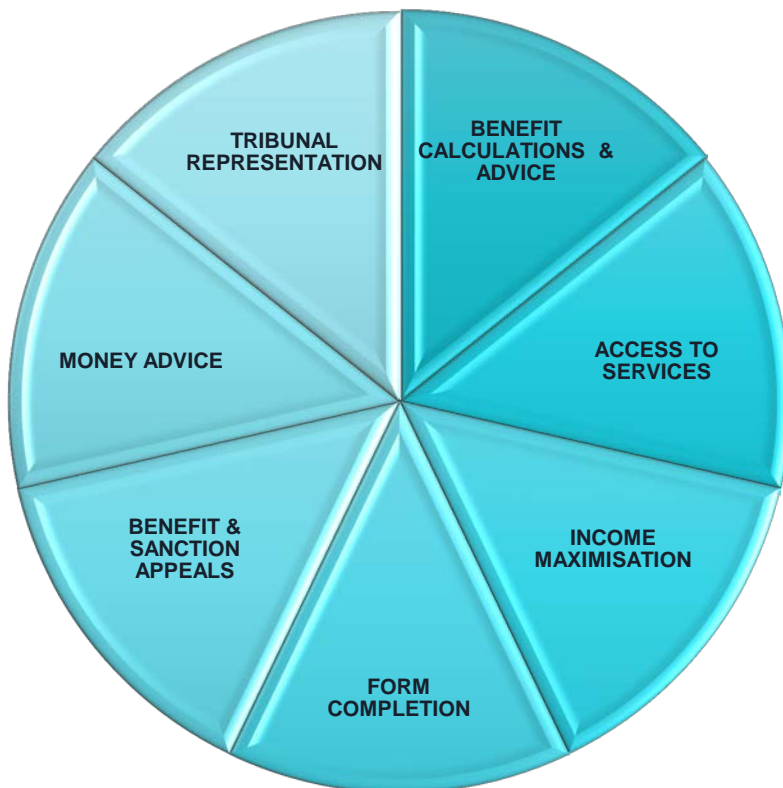
INTRODUCTION

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

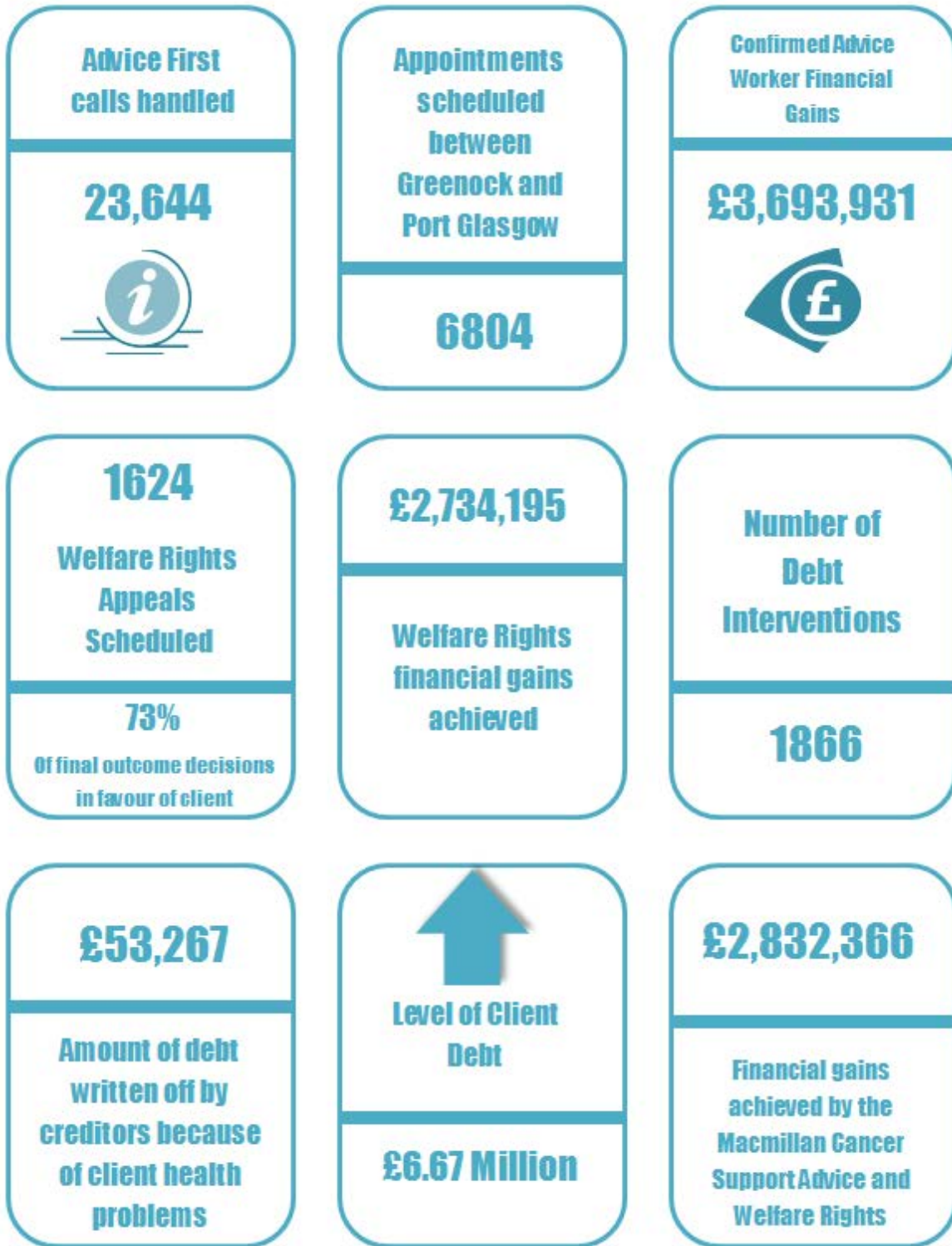
FORM COMPLETION

ACCESS TO SERVICES



INCOME MAXIMISATION

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.

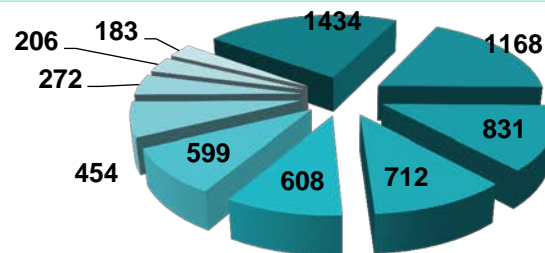
The single biggest role for Advice Workers is related to assistance given in the completion of benefit applications. Given the complexity of the benefit system, claimants often fail to include all the necessary and relevant information required by the Department of Work and Pensions (DWP). Advice Workers 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.

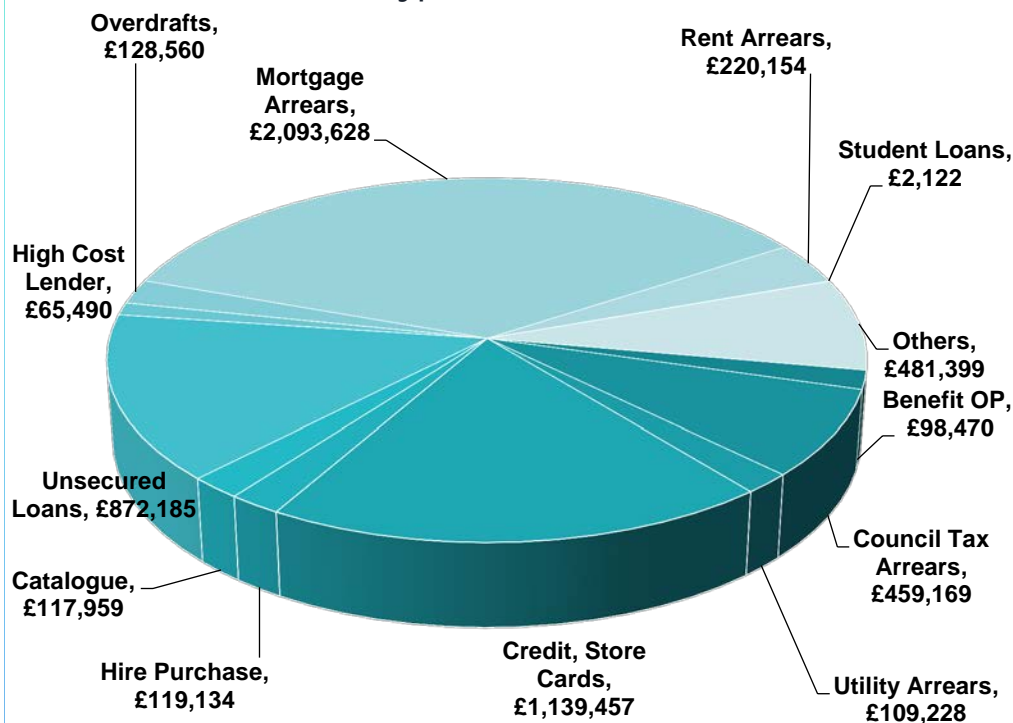
HSCP Money Advice offers client’s access to a free money advice service that can offer a comprehensive package of support options that may otherwise be unavailable to many residents unless willing and able to pay the fees charged in the private sector.

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

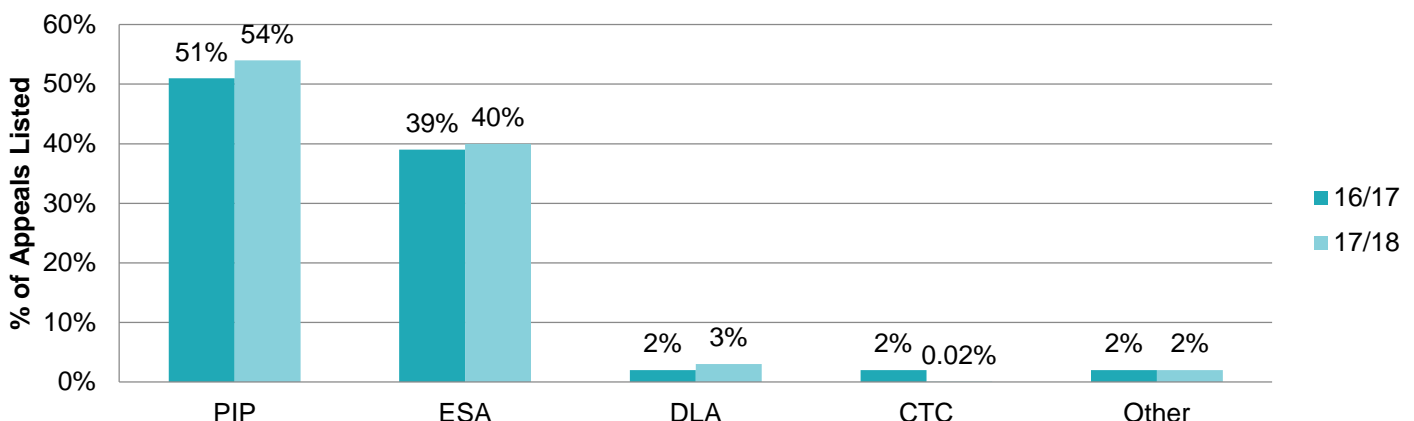
Awards of PIP are based on a points scoring system. DWP held that points could only be awarded for supervision if harm was likely to occur on more than 50% of the time a claimant attempted an activity. For example, DWP would not award points to a claimant with epilepsy for preparing food unless it could 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: Health and Social Care Committee **Date:** 11 October 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
SW/45/2018/SMcA

Contact Officer: Sharon McAlees
Head of Children Services and
Criminal Justice **Contact No:** 01475 715365

Subject: INSPECTION OF RESIDENTIAL CHILDREN'S SERVICES

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of the unannounced inspection carried out by the Care Inspectorate in respect of Kylemore residential childcare service completed on 17th August 2018

2.0 SUMMARY

2.1 Inverclyde Residential Childcare Services are subject to regular inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body who regulate care services across Scotland ensuring that service users receive a high level of care and support.

2.2 A full public report of the inspection and grades is available on the Care Inspectorate website.

2.3 The service was graded on how they performed against two quality standards. The summary of the grades awarded was as follows

1. Care and Support 6 Excellent
2. Environment 6 Excellent

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to note the outcome of the Inspection report.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 All of Inverclyde's residential childcare services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of Kylemore was completed on 17th August 2018.

4.2 The inspection focused on two quality standards.

Quality of Care and Support
Quality of Environment

4.3 Following discussions with young people, parents, staff, managers and external professionals including a review of written evidence the service was graded as performing at a sector leading level of excellence.

4.4 The Care Inspectorate noted that young people get the most out of life because the people and the organisation have a nurturing and enabling attitude and believe in their potential. Warmth, love and person centred support are threaded throughout interaction between staff and young people and this extends to the young people's family.

4.5 There is a culture of shared leadership and several excellent examples of staff leading on areas of work with families were noted.

4.6 Care planning was outcome-focused with observed milestones aimed at moving young people's education, employment, relationships and health forward. A culture of achievement was observed and this encouraged young people to reach for their goals.

4.7 The young people were actively encouraged to participate in service improvements and this was done in the spirit of genuine partnership. As well as opportunities to make improvements at Kylemore Inverclyde has a Champions' Board and participation groups which young people can contribute to. The Children's Rights Officer continues to have an excellent working relationship with Kylemore, having worked together to achieve UNICEF Rights Respecting Awards.

4.8 The locality of Kylemore ensures that family predominantly live nearby and young people have access to education. Furnishings were observed to be immaculate and young people's bedrooms and personal space were all personalised with young people having a say in the décor.

4.9 No recommendations or requirements were issued. Kylemore is recognised as a sector leading establishment and over the past year has supported the Care Inspectorate in their improvement work, in addition to contributing to the National Care Review and going forward will continue to do so.

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

REPOPULATION

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 None.

7.0 LIST OF BACKGROUND PAPERS

7.1 Care Inspectorate Report.



Kylemore Care Home Service

13 Kylemore Terrace
Greenock
PA16 0RY

Telephone: 01475 715789

Type of inspection:

Unannounced

Completed on:

17 August 2018

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Service no:

CS2003001106



About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was registered with the Care Inspectorate on 10 December 2014.

Kylemore is a purpose built residential children's house. It is located in a residential area of Greenock. Under its current registration the service provides care and accommodation for up to six children and young people who are looked after and accommodated by the local authority. At the time of this inspection Kylemore had applied to provide care and accommodation for up to seven young people. During our inspection there were seven young people living there. This change had not impacted on the high level of service delivery.

A bespoke design, Kylemore offers quality accommodation, with two large lounges, kitchen, dining room and sun room. All of the bedrooms within the service have either an en-suite or access to their own bathroom. Outdoor space is laid mainly to lawn, with an area of decking. The garden is enclosed and offers ample space for outdoor play and relaxation.

The aims and objectives include: "to provide a person centred approach which will incorporate a holistic assessment of need for each individual young person, taking account of their own life experiences. In doing so, individual care plans will be tailored to meet these effectively within an environment that promotes safe caring".

What people told us

"We build relationships"

"It's just like a family"

"Staff always ask us what we want"

"I feel less stressed now I live here. I love our dog she is my stress relief"

"The manager asks us about how things should be different"

"As a staff team we challenge stereotypes"

"Kylemore is the first house in the world to receive a silver award from UNICEF. It continues to lead in terms of participation"

"My son is saving up to buy a house and a car. He is happy here and if he is happy I am happy."

We spent time with five of the seven young people living in Kylemore. We were heartened to receive a consistently high level of feedback from each young person. We observed a family environment and this was evidenced by young people interacting warmly with one another. The young people were delighted with the environment in which they lived and all were of the view that they would not adjust the way they were cared for in Kylemore.

We spoke with 11 staff members enjoying working in Kylemore and who shared an ethos focused on building effective relationships and ensuring that young people attained the highest possible outcomes.

Self assessment

Not required this year.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of environment	6 - Excellent
Quality of staffing	not assessed
Quality of management and leadership	not assessed

What the service does well

During this inspection we considered the quality themes of Care and Support and Environment. Further to discussions with young people, parents, managers, staff, external professionals and review of written evidence, we concluded that the service was performing at a sector leading level of excellence for both quality themes.

The young people living in Kylemore get the most out of life because the people and the organisation have a nurturing and enabling attitude and believe in their potential. Warmth, love and person centred support are threaded throughout the interactions between staff and young people but also with the young people's family and professional supports. Kylemore is an incredibly welcoming environment and we consistently had this fed back to us from stakeholders.

There is a culture of shared leadership. The manager leads by example but actively encourages the staff team to lead on their ideas. One staff member had led on a project considering trauma informed practice and the language of love. This was completed in consultation with the young people. There were several excellent examples of staff members leading on work with families and we heard directly from young people how these links helped create a sense that they had one large family. This was in part due to how welcome family members were made to feel when visiting Kylemore.

We reviewed the outcome focused care plans and observed clear milestones aimed at moving young people's relationships, education, employment and health forward. The culture within Kylemore is one of achievement. Young people are encouraged as the result of an enabling culture to reach for their goals. For example, all of the young people are supported to learn to drive when they reach legal age, something that enables them to plan forward. One young person was seeking to move on from Kylemore into his own purchased property which is a remarkable achievement.

The young people in Kylemore are actively encouraged to participate in the improvement of the service, in a spirit of genuine partnership. It was apparent to us that the managers and staff consulted with the young people about all changes. The introduction of 'tea time talks' had been implemented in place of residents meetings. We heard that this had created a more informal approach to discussing developments over dinner. As well as in house opportunities to discuss improvements, Inverclyde has an active champion's board and participation groups which Kylemore's residents contribute to.

The house has an excellent relationship with the children's rights officer who continues to seek pioneering ways to enable young people. Since the last inspection the service had received the silver award from UNICEF's rights respecting schools award.

Kylemore is the only residential house in the world to have achieved this. In receiving the award the young people had led the assessors through the house on a journey of participation. Subsequently they produced a charter of rights which is displayed as piece of art within the dining room.

The young people in Kylemore benefit from a high standard of joined up working which ensures that multi-agency professional partnerships are focused on young people's best interests. This was evidenced in our conversations with the community Police officer who saw her role as part of the wider support network. We heard how she effectively challenged her colleagues to understand the young people and she was an effective aspect of improving outcomes. Offending behaviour was viewed through a trauma informed lens and further evidenced our findings that in Kylemore there is significant commitment to understanding young people's behaviour.

The environment continues to be maintained to a standard of excellence. The young people can use an appropriate mix of communal and private spaces. The location ensures that family members predominantly live close by and young people can maintain access to friends and education. The furnishings are immaculate and significant effort is made by staff to ensure young people's bedrooms are a space for relaxation and personalisation. The young people are consulted prior to any changes being made. There is a major effort by the management team to ensure all decisions are completed in partnership.

Kylemore is a sector leading service. Over the course of the last year they have supported the Care Inspectorate in their improvement work by hosting several other services. They have agreed to continue this role going forward.

What the service could do better

Kylemore operates in a culture of continuous improvement. Whilst they deliver an excellent service they strive for improvement. They are currently fine tuning their care plan system to be more outcome evaluative and we have agreed to support them with this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
15 Aug 2017	Unannounced	Care and support Environment Staffing Management and leadership
		6 - Excellent Not assessed Not assessed 6 - Excellent
30 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 5 - Very good
15 May 2015	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good 5 - Very good 5 - Very good 5 - Very good
29 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 5 - Very good 5 - Very good 5 - Very good
3 Sep 2013	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good 5 - Very good 6 - Excellent 5 - Very good
28 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership
		6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
31 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership
		6 - Excellent 6 - Excellent Not assessed Not assessed
24 Jan 2011	Unannounced	Care and support Environment Staffing
		6 - Excellent Not assessed Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
27 Jul 2010	Announced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	6 - Excellent
19 Mar 2010	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	6 - Excellent
		Management and leadership	Not assessed
5 Oct 2009	Announced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
11 Feb 2009	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
15 Oct 2008	Announced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Report To:	Health & Social Care Committee	Date:	11 October 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde HSCP	Report No:	SW/44/2018/AS
Contact Officer:	Allen Stevenson Head of Health and Community Care Inverclyde HSCP	Contact No:	01475 715283
Subject:	SCOPING OF THE CARE HOMES MARKET		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an overview of the current nursing and residential care home market within Inverclyde and provide an update to the Committee regarding the feasibility of constructing and running a care home as an in-house provision.

This report will also provide an overview of the current issues in relation to the provision of Nursing and Residential Care Home places in Inverclyde.

2.0 SUMMARY

- 2.1 Inverclyde HSCP completed a feasibility study around provision of an in-house care home in June 2018.

- 2.2 It is well documented that the demographic profile for older people has been changing, with people living longer but also with more chronic long term health conditions. This has led to increasing demand on health and social care support.

Since 2013 the strategic priority for older people is for them to be cared for as long as possible in their own home, only moving to residential care where there is no possibility for them to remain safely in their own home. We are working towards this strategy by adopting the Home 1st plan which has the key principle that we should afford an older person the greatest opportunity to remain or return to their own home.

In order to do this in an affordable way is to invest in flexible community services rather than building based support.

- 2.3 Currently there is no view that the care home capacity requires to increase in Inverclyde. We have worked to increase the number of people we support in their own home and have successfully reduced the demand for care home placements in line with the Older Persons' Strategy. The current quality of care and support provision by independent providers is high with no concerns over this that may require direct intervention into this market.

Although the local authority could provide residential care where the overwhelming requirement is for nursing care placements, such a facility would be enormously expensive and also undermine the current market and impact directly on local providers, potentially leading to closure of care homes and disruption to people and the care they receive.

- 2.4 The cost of constructing and running a care home is not a viable economical proposal and does not meet the requirements of best value for the Council. It would increase the cost of provision thus impacting directly on the care home budget and the capacity to provide the number of placements we require as well as support to people in their own home.

The capital costs are also prohibitive for any new build. Care Home providers are keen to develop services and new provision and if there was a requirement, then any new build could be met by an independent provider. Similarly, the recurring costs of managing a care home are up to 40% more expensive than current costs under the National Care Home Contract.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the contents of this report and the outcome of the feasibility study into the provision of long term care for Older People.
- 3.2 That the Committee agrees with the recommendation not to pursue the development of a Council facility at this point.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Demographic Change in Older People Population

The demographics of Older People are changing and have been well documented statistically. For some time the impact of these changes upon the demand for services is proving to be more difficult to quantify or predict.

By 2039 there is a projected 17% increase in the population that is of pensionable age (over 67) and an increase of 68% in the number of people aged over 75 years.

This means an increasing demand on Health and Social Care services as people are living longer with more significant long term health conditions.

4.2 Reshaping Care and Home 1st

The Reshaping Care for Older People (A Programme for Change 2011-2021) provides a long term and strategic approach to delivering change so we can achieve our vision for future care for older people in Inverclyde.

Our vision is that 'Older People are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting'. This ambition is central to our work as we develop and implement the Reshaping Care programme.

Inverclyde introduced the Home 1st plan in 2015 as individuals and families tell us that home is always their preferred option in terms of their wish to remain independent and live as active a life as possible in their own local community.

This drives our approach to Home 1st and we are committed to working in partnership with all sectors in Inverclyde to ensure we maximise the opportunities for adults and older people to live at home for as long as possible.

The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community; developing self-directed support self-managed care and carer support to ensure a Personalisation approach to care where choice and control is in the hands of the service user.

4.3 Inverclyde Older People Commissioning Strategy

The Older People's Commissioning Strategy, agreed as a 10 year plan for Inverclyde in 2013, had a stated aim of reducing care home provision and releasing funding for community based alternative provision of care. This Inverclyde Home 1st initiative has a basic principle that we should afford an older person the greatest opportunity to remain in or return to their own home and this has driven the successful implementation of the Strategy.

The strategic priority for older people is for them to be cared for as long as possible in their own home, only moving to residential care where there is no possibility for them to remain safely in their own home. Target to reduce the number of purchased Care Home Beds to 600 and supporting more people at home has been met 5 years ahead of the 2023 target.

4.4 The Local Market

Inverclyde currently has 15 care homes, 11 nursing and 4 residential, with a bed capacity of 639 Nursing and 99 Residential respectively. The current split between funded care home placements is overwhelmingly Nursing Care as opposed to Residential placement on a 91% / 9% split.

The homes are a mix of local and nationally owned independent provision, with a mixture of standalone homes combined with some who are part of a larger company.

Beds are occupied with a combination of residents wholly and partially funded by the local authority, as well as some who are entirely self-funding from within and outwith the locality. To date, we have largely managed to place individuals in a home of their choice; there are currently 49 vacancies of which 37 are nursing vacancies and 12 residential vacancies. In the eventuality of a Care Home closing we would be in a position to meet the demand in term of placements. A smaller home could be accommodated in the remaining car homes in Inverclyde. Larger units of 60-90 beds are likely to be seen as viable businesses by other Care Home providers. There is currently no need to increase the number of care home placements in Inverclyde at this point or in the foreseeable future.

Inverclyde Council would only provide residential care (unless we went into partnership with a provider who was able to provide a Nursing Care Support). This would not be viable as the greatest demand is for Nursing Care placements.

4.5 Quality of Care

Table 1 details the current Care Inspectorate Grades for care homes in Inverclyde. All care homes currently have grades above good for all areas rising to very good and excellent in many cases. The Care Inspectorate grading scale is:

1 = Unsatisfactory, 2 = Weak, 3 = Adequate, 4 = Good, 5 = Very Good, 6 = Excellent.

Inverclyde is categorised by high quality of care provided in this sector as evidenced by these figures. There are no great concerns over the care provided and there is currently a close and productive partnership between the HSCP and care home providers which is focused on the sustainable provision of high quality care and support to older people and their families.

Care Home	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Alt-Na-Craig House	4	-	4	-
Bagatelle	4	-	4	-
Balclutha Court	4	-	-	5
Belleaire House	5	-	-	4
Campbell Snowdon House	6	-	6	-
Glenfield House	6	-	-	6
Holy Rosary	4	5	4	-
Kincaid House	5	-	5	-
Larkfield View	5	-	-	5
Marchmont	4	3	4	4
Marcus Humphrey	5	-	4	-
Merino Court	5	-	5	-

Newark	3	3	3	3
Sir Gabriel Wood's	4	4	5	4
Woodside	4	4	-	-

Table 1 Care Inspectorate Grades September 2018

Current care home providers have the knowledge and expertise to deliver high quality care home placements across Inverclyde to meet the needs of our residents. Current care home providers have a trained workforce who delivers excellent standards of care across Inverclyde. The HSCP no longer has a skilled workforce in place to run a modern care home. It is likely we would be in direct competition with already established providers in terms of attracting staff to a Council run facility.

4.6 **Costs**

Capital costs

The cost of constructing and running a care home is not economically viable and would increase the cost of overall provision of this care. Benchmarking with neighbouring local authority suggest that constructing a 60 bedded unit would be around £10 million. This amount of a loan (£10million) would impose a cost to the Council of around £60,000 per year over a 40 year period taking into account loan charges and payments. The commissioning design and construction of a building is likely to take with a 3-5 year run in to completion.

Recurring Costs

As part of the benchmarking process, local authority managed beds cost between £900 -£1,000 per week which is an annual gross cost of £48,000 to £52,000. As opposed to average national cost of £24,000 under the national care home contract. The difference in cost is around terms and conditions, pension contribution and management on costs. This excludes client contributions and loan charges costs. Independent providers do pay good levels of wages in line with the Scottish Living Wage but are also able to focus successfully on provision of care in this area thus providing efficiencies not obtainable by local authorities. Under the national care home contract we pay a fixed amount to care home providers for each placement and this is not dependent on the size of the care home.

4.7 **Conclusion of Feasibility Study**

Inverclyde HSCP completed a feasibility study around provision of an in-house care home in June 2018. There are some advantages of providing in-house provision of residential care:

As an active participant in the market we could directly influence quality of care though this would be marginal given the current high grades achieved by the majority of independent care homes.

It would reflect a mixed economy approach as is seen in community based resources and enhance the ability to work in partnership, though we may also be viewed as a competitor.

There are however significant disadvantages. The development would mean a major change in the current Older People Strategy and impact on the ability to provide flexible and person-centred support in the community.

It is likely that we could only provide residential care, against a backdrop of greatest need being for nursing care. The lead-in time is likely to be up to 5 years, during which time existing market provision could change considerably and this would limit our ability to react proactively.

To effectively lead a market of almost 750 beds, our stake would need to be at least 25% (equal to 187 beds).

From benchmarking with neighbouring local authorities, we understand recurring costs of provision are in excess of the national rates, cost £900 or more per week, an additional cost for a budget already under pressure. This would be additional to construction and start-up costs of around £10m. (60 bedded unit).

The future direction of policy is to focus further on shifting the balance of care to older people living in their own home until end of life.

5.0 PROPOSALS

- 5.1 At this point there is no requirement to increase the number of long term beds for older people in Inverclyde, particularly around residential care.
- 5.2 The Committee acknowledges that the expertise around Nursing and Residential care provision lies with the independent sector and this is reflected in the current Care Inspectorate grades. Any future requirement for increasing care home beds should be a partnership approach with independent providers.
- 5.3 The Council re-commits to the Older People Strategy to develop flexible community based resources to support older people to remain living at home in a safe and supportive environment.
- 5.4 Those future demographic pressures are looked at holistically and in partnership with housing providers.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

The construction of a new care home would cost in the region of £10m and have significant running costs greater than purchasing care through the National Care Home contract.

Total costs around construction would incur estimated recurring loan repayments of £60,000 p.a. and recurring revenue costs in the region of £3.1million p.a.

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

Annually Recurring Costs/ (Savings)

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

LEGAL

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

HUMAN RESOURCES

6.3 There are no human resources implications in respect of this report.

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

7.0 CONSULTATIONS

7.1 None.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Report To: Health and Social Care Committee **Date:** 11 October 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/47/2018/HW

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

Subject: INVERCLYDE HSCP STRATEGIC PLAN 2019-2022

1.0 PURPOSE

- 1.1 The purpose of this report is to outline to the Health and Social Care Committee the proposed process for developing the second Inverclyde HSCP Strategic Plan, which is due to be approved by the Inverclyde Integration Joint Board before the current Strategic Plan expires at the end of March 2019.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014, requires that all HSCPs develop a Strategic Plan that sets out their intentions and priorities.
- 2.2 The first Strategic Plan was a statement of intent setting the vision and direction of travel for the partnership over a three year period building on a range of plans and strategies that the HSCP already had in place.
- 2.3 The 2016-2019 Strategic Plan has been reviewed by the Strategic Planning Group. The review will assist in the process of developing our second overarching Strategic Plan, ensuring that it is meaningful for the people of Inverclyde and truly reflects the priorities of our communities.
- 2.4 Consultation will take place in localities across October to ensure the public priorities are considered within the new strategic planning process. That consultation will also seek stakeholder views with regard to the proposed duration of the second Strategic Plan.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the proposed approach to development of the second HSCP Strategic Plan.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Public Bodies Joint Working (Scotland) Act 2014 requires that all Health and Social Care Partnership (HSCPs) develop a Strategic Plan that sets out their intentions and priorities.
- 4.2 The Strategic Plan 2016-2019 was developed by the Strategic Planning Group, and built upon the plans and planning arrangements the HSCP already had in place.
- 4.3 The 2014 Act requires that a Strategic Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the new Strategic Plan, which will take effect from April 2019.
- 4.4 The Strategic Needs Assessment along with our three health and wellbeing locality profiles will identify the key priorities for the Strategic Plan which will set the direction of travel for the partnership, outlining the services for which Inverclyde HSCP has responsibility and describing our aspirations for all citizens, across the whole of Inverclyde.
- 4.5 The new Strategic Plan requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to the new Strategic Plan.
- 4.6 The Strategic Plan will be produced by the Strategic Planning Group and will take account of all our existing plans in place.

5.0 PROPOSALS

- 5.1 The Key Stages to develop the new Strategic Plan are:
 - Establish a writers' sub group
 - Engagement and information gathering
 - 1st draft of plan (December 2018)
 - Final consultation phase (January – March 2019)
 - Final plan (March 2019)
- 5.2 A writers' sub group has been established to develop the new Strategic Plan. The group consists of Strategic Planning Group members, representatives across the partnership, third and independent sectors.
- 5.3 The group will agree the approach to develop the Strategic Plan and will gather information and engage with stakeholders, public and staff.
- 5.4 Public consultation will be integral to the development of the Plan, via the engagement networks that underpin the Strategic Planning Group, with wider public consultation taking place throughout October 2018.
- 5.5 The public consultation will be across all three Inverclyde Localities on the following dates;

Inverclyde Central, 11th October 10am-1pm at Beacon Arts Centre, Greenock
Inverclyde West, 25th October, 10am -1pm at Gamble Hall, Gourock
Inverclyde East, 29th October, 10am -1pm at Port Glasgow Town Hall
- 5.6 There will be staff engagement and a staff survey issued during the month of October.
- 5.7 The writer's group will produce the first draft by the end of December 2018; this will be

presented to the January 2019 Health and Social Care Committee for comment.

- 5.8 A final draft will be presented to the Health and Social Care Committee in early 2019 for a final presentation and comments before being presented to the Inverclyde Integration Joint Board for approval.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

There are no financial implication from this report

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

Annually Recurring Costs/ (Savings)

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

LEGAL

- 6.2 The HSCP (Inverclyde Integration Joint Board) is required in terms of the Public Bodies Joint Working (Scotland) Act 2014 to produce a Strategic Plan for health and social care services and to direct the Council and the Health Board to deliver those services in line with the Strategic Plan. The 2014 Act states that the plan must be reviewed at least every three years. As part of the consultation process, the draft Strategic Plan must be sent to the Council, as a prescribed stakeholder in terms of the 2014 Act, for comment.

HUMAN RESOURCES

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

EQUALITIES

- 6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES
X	NO

REPOPULATION

6.5 There are no repopulation issues within this report.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Strategic Planning Group.

8.0 LIST OF BACKGROUND PAPERS

8.1 Public Bodies (Joint Working) (Scotland) Act 2014.

<https://www.inverclyde.gov.uk/assets/attach/7899/HSCP%20Strategic%20Plan%202016%20-%202019.pdf>

Report To:	Health & Social Care Committee	Date: 11 October 2018
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: SW/50/2018/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 Health & Social Care Committee of the development of a whole system five year strategy for mental health services.
- 1.2 The report also advises of the new Mental Health monies available, and the plan for the use of these monies.

2.0 SUMMARY

- 2.1 Within Inverclyde the 2006 Clyde Modernising Mental Health Strategy established the framework for development of comprehensive local community services and the reconfiguration of inpatient beds as part of the whole system of mental health care. The recent opening of Orchard View concluded implementation of the Clyde Strategy.
- 2.2 Work to develop a new five year strategy was undertaken in 2017 in partnership with NHSGG&C and the six Health & Social Care Partnerships. It is based on a whole system approach and was initiated as a result of the need to address the consistent pressure of demand on inpatient beds, the need to continue to implement the recommendations from the clinical services review, the continuing increasing demand on mental health services including in the context of prevailing financial challenges for HSCPs.
- 2.3 Work continues to take forward the implementation of the 5 year Mental Health Strategy through the GG&C wide Programme Board and key work streams which include representatives from Inverclyde. The Programme Board reports to the Chief Officers Group.
- 2.4 The 5 year strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2027 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).
- 2.5 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.

- 2.6 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 Health & Social Care Committee is asked to note the report and the proposals outlined in the accompanying Action 15 Plan for Inverclyde.
- 3.2 The Health & Social Care Committee is asked to agree the strategic direction outlined in the Action 15 implementation plan.

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 strategy requires system wide engagement by all HSCPs, and of the NHS GG&C Board. The following principles underpin the 5 year strategy:

Key Principles

- A whole-system approach to Mental Health across the NHS GG&C Board area, recognising the importance of interfaces with primary care, Acute, public health, health improvement, social care and third sector provision.
- A model of stepped/matched care responding to routine clinical outcome measurement and with an emphasis on using low-intensity interventions whenever appropriate.
- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.
- Identification and delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.
- Attention to trauma and adversity where that influences the presentation and response to treatment.
- Prevention and early intervention.
- Recognition of the importance of recovery-based approaches, including peer support.
- Meaningful service user and carer engagement and involvement to help guide the implementation process.

- A workforce development approach that supports staff through the change process and equips staff with the necessary training and skills for the future.
- A robust risk management process to inform and guide the implementation process.

4.4 The “care needed” means timely access to the full range of interventions recommended by NICE, SIGN, the Matrix and other accepted care standards in Scotland. Using a “stepped” or “matched” care model, services tailor the intensity of care provided to meet patient needs. To this end, five levels of care were identified within the Clinical Services Review:

- public health interventions
- open access services that did not require referral and supported self-care
- early responses and brief interventions
- longer-term multi-disciplinary ongoing care
- intensive treatment and support.

An “unscheduled care” element is also needed to respond to crises and emergency needs, for all conditions and setting.

4.5 Mental Health services benefit from a single system approach within GGC, which has strengthened service planning, management and governance across HSCPs. Cross system interdependencies are strong and complex and need to be coordinated in a GGC context. This coordination is led by Glasgow City HSCP Chief Officer but requires a continuing collegiate approach across HSCPs and NHS GGC.

4.6 The work to take forward the implementation of the 5 year Mental Health Strategy is being developed through the Programme Board. The governance has been agreed. 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 People’s Strategy

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

4.8 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).

4.9 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.

4.10 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

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

4.12 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.

4.13 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 1.

4.14 This is being developed further to support key priorities of the mental health strategy with the aim of ensuring 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. The final plan will include some developments that 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.

4.15 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.

REPOPULATION

5.5 There are no repopulation implications arising from this report.

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.



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: Health and Social Care Committee **Date:** 11 October 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
SW/48/2018/SMcA

Contact Officer: Sharon McAlees
Head of Children's Services &
Criminal Justice **Contact No:** 715282

Subject: Big Lottery: Women's Project Update

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on progress in the Women's Project.

2.0 SUMMARY

- 2.1 On 8th March 2018, Inverclyde HSCP was advised it had been successful in a bid to the Big Lottery Early Action Systems Change Fund in the category for Women and Criminal Justice.
- 2.2 Inverclyde HSCP is the only area from across Scotland that was successful in the category of Women and Criminal Justice.
- 2.3 The purpose behind the Early Action Systems Change is to help make a fundamental shift towards effective early intervention in Scotland.
- 2.4 The Inverclyde HSCP Women's Project aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, with the ambition of providing women with the support they need at a time and in a way that is right for them.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee:
- a. Agrees the content of the report and the strategic direction presented in taking forward the Women's Project.
 - b. Requests a further report that updates how the HSCP is progressing with the project.
 - c. Delegates authority to the Chief Social Work Officer (CSWO) to submit a delivery plan to the Big Lottery in November.

4.0 BACKGROUND

- 4.1 The Commission on Women Offenders (2012) championed the establishment of Women's Centres, aimed at improving consistent access to a range of specific services focused on the needs of women. To date these are located in large cities. There is a need to use learning from existing models of Women's Centres and develop a model that fits the needs of women in a small Local Authority setting.
- 4.2 Conversations with women involved in the criminal justice system in Inverclyde suggest that women have high levels of vulnerability and complex needs, as opposed to presenting a high risk of harm to others. The current intervention cycle can be one driven by crisis. In contrast, a more progressive approach would focus on early help.
- 4.3 This suggests that a broader conversation is needed, one which is not limited solely by a focus on justice. Indeed it points to a radical shift being required to the lens applied to women in the justice system, to one that encompasses a public health perspective and requires a whole systems approach.
- 4.4 Following a competitive assessment and application process, the HSCP was advised on 8th March 2018 that its application for £607,250, with an additional £75,000 test of change monies had been successful.
- 4.5 The funding secured covers a five year period and is split into two parts. The first is awarded to develop and research a plan for service redesign and the second part is awarded to begin transition and implementation and is conditional on developing a viable and adequately funded design for services. The Women's Project will employ three staff: a project manager, a community worker and a data analyst to provide additional capacity to bring about this whole system change.
- 4.6 Following the award decision, a project Steering Group has been established. This includes:
- CVS Inverclyde representation;
 - Turning Point Scotland representation;
 - Your Voice representation;
 - Alcohol and Drug Partnership representation;
 - Community Justice Partnership representation;
 - HSCP representation.
- 4.7 To date, the Steering Group has developed Terms of Reference and agreed the guiding principles for the project. A development session was also held that provided an opportunity to brain-storm ideas across the key stages of the project. In addition the Steering Group have agreed job descriptions and job specifications. Agreement has also been reached for the HSCP to host the Project Manager and Data Analyst posts while Turning Point Scotland will host the Community Worker post.
- 4.8 Currently the Steering Group is focusing on developing a Delivery Plan. This will be submitted to the Big Lottery on or before November 2018. There has also been a meeting with the Big Lottery on 11th September 2018 to clarify expectations around the content of the Delivery Plan. On approval, funding will be released and the recruitment process can begin.
- 4.9 There are six distinct phases for the project. These include:

Phase 1 – Recruitment of staff and establishing project.

Phase 2 – Research and participation of women to gain in-depth understanding of their lived experience of the criminal justice system and how this can be improved.

Phase 3 – Pulling together key findings from Phase 2 and constructing hypotheses and new models of support for women. Following stakeholder engagement, consensus will be reached on identifying one large test of change or a range of smaller tests of change.

Phase 4 – Piloting test(s) of change.

Phase 5 - Implementation of what has worked well in the tests of change.

Phase 6 – Evaluation of whole project and sustainability planning.

5.0 IMPLICATIONS

Finance

- 5.1 The grant award amounts to £607,250, with an additional £75,000 test of change monies. With the exception of the test of change monies, this funding will be used to fund three posts: a Project Manager; Community Worker; and Data Analyst. These posts will be temporary and will initially cover a two year period, where the aim is to develop and research a plan for service redesign.
- 5.2 Projects are expected to aim at realising a shift in their organisational expenditure from acute services to early action approaches of somewhere in the region of 5%.

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

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

Human Resources

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

Equalities

5.5 Has an Equality Impact Assessment been carried out?

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

Repopulation

5.6 There are no specific repopulation issues.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

7.0 BACKGROUND PAPERS

7.1 None.

Report To: Health and Social Care Committee **Date:** 11 October 2018

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

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

Subject: Transport Resilience - Adverse Weather

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee members with an update in relation to the key learning from the adverse weather conditions from last winter which includes resilience across HSCP services relating to 4x4 transport.

2.0 SUMMARY

- 2.1 From 28th February until 1st March 2018 saw the longest period of cold temperatures since December 2010. Inverclyde did not escape this weather and for a number of days record snowfall was recorded across the Local Authority area.
- 2.2 Both Council and HSCP services were affected by the snowfall and staff showed their determination to continue to look after the most vulnerable members of our community during this period. The individual effort made by staff to keep visiting people at home during this period of heavy snowfall was impressive.
- 2.3 One of the most significant areas of learning from this period was our inability to secure adequate 4x4 capacity. Access to 4x4 vehicles was limited to one vehicle operated by Roads and one vehicle operated by the Coastguard and Maritime Agency. Access to national 4x4 vehicles was patchy and subject to national priorities. The overriding view of managers across services was that the HSCP needed to be less reliant on others to access 4x4 capacity.
- 2.4 This report highlights the need for the HSCP to actively review its current vehicle stock and where appropriate replace some vehicles with cars capable of delivering 4x4 capability. This would ensure the HSCP is less reliant on 4x4 external support which is always stretched during periods of adverse weather.

This pragmatic approach to building 4x4 capacity has already commenced with vehicles currently leased by the NHS District Nursing team based at Greenock Health Centre. The service will shortly have access to a number of new leased vehicles with 4x4 capability. These vehicles have been leased with the available budget.

The HSCP are also aware of the Ultra-Low Emission Vehicle Procurement Support Scheme and will link with the appropriate Council officers when making decisions regarding the replacement of current stock to ultra-low emission vehicles.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to approve a review of current vehicle stock across the HSCP with a view to securing an appropriate number of vehicles with 4x4 capability within the available budget.
- 3.2 The Health and Social Care Committee is asked to note the efforts made by staff to continue to provide services across Inverclyde during the adverse weather.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Adverse Weather

From 28th February until 1st March 2018 saw the longest period of cold temperatures since December 2010. Inverclyde did not escape this weather and for a number of days record snowfall was recorded across the Local Authority area.

Both Council and HSCP services were affected by the snowfall and staff showed their determination to continue to look after the most vulnerable members of our community during this period. The individual effort made by staff to keep visiting people at home during this period of heavy snowfall was impressive.

One of the most significant areas of learning from this period was our inability to secure adequate 4x4 capacity. Access to 4x4 vehicles was limited to one vehicle operated by Roads and one vehicle operated by the Coastguard and Maritime Agency. Access to national 4x4 vehicles was patchy and subject to national priorities. The overriding view of managers across services was that the HSCP needed to be less reliant on others to access 4x4 capacity.

Both NHS and Council services were affected during the periods of heavy snowfall. Our care at home staff struggled to access parts of Inverclyde due to the sheer amount of snow that accumulated on the roads across the area. Many staff could not get their own vehicles to many of the housing areas due to lack of 4x4 capacity. Many families and neighbours stepped in to check on older people during these days and our staff walked to many visits during this time. Day services at Hillend Centre, Fitzgerald and McPherson were all affected during this time.

4.2 Key Learning

There are a number of key areas of learning from the severe weather noted below:

- **4x4 capacity** in relation to access to vehicles capable of negotiating snowfall better than the average vehicles currently used by services.
- **Key holders'** availability to open buildings. A number of key holders live outwith Inverclyde and struggled to get to work to open buildings.
- **Fire escape** signs outside buildings being clearly visible from outside our buildings.
- **Shut down communication** ensuring all HSCP staff in buildings across Inverclyde followed the same procedure in terms of decision-making regarding closing services.

4.3 Next Steps

The issues relating to key holders, fire escapes and communication have all been addressed. The only outstanding issue across the HSCP relates to building capacity within the service in relation to access to 4x4 capacity. We have started to address this issue across the NHS leased vehicle stock and will shortly take delivery of two new leased vehicles with 4x4 capacity. This will make a significant difference in terms of giving staff an opportunity to access home visits when heavy snow falls. The next step is to complete a similar review of the Council vehicle stock and identify appropriate opportunities to replace some existing vehicles with cars fitted with 4x4 capacity.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs: None, this will be done within the existing budget

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.

REPOPULATION

5.5 There are no repopulation implications in respect of this report.

6.0 CONSULTATION

6.1 The SMT spent time after the adverse weather period understanding the key issues and learning from the unprecedented weather conditions experienced during February and March 2018. Further discussions will also take place with Finance and Transport colleagues moving forward.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Report To:	Health & Social Care Committee	Date:	11 October 2018
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/51/2018/HW
Contact Officer:	Helen Watson Head of Strategy & Support Services	Contact No:	01475 715280
Subject:	Standard Operating Procedure for the Provision of Christmas Lunch/Dinner or Vouchers		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health & Social Care Committee members of the Standard Operating Procedure for the annual provision of Christmas lunch/dinner or vouchers to vulnerable groups of people living within the Inverclyde area.

2.0 SUMMARY

- 2.1 Policy Statement: Inverclyde HSCP works hard to improve and support the community spirit in Inverclyde and part of this is providing financial support to some local groups to provide a Christmas lunch/dinner or vouchers to vulnerable people living within Inverclyde.
- 2.2 The responsibility for delivering this policy lies with the Provost's Office; the HSCP Health and Community Care Services; the Your Voice Team, the HSCP Chief Officer; and the Finance Team.
- 2.3 It was recognised that a new procedure with appropriate accountability needed to be introduced.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee agrees the Standard Operating Procedure for the provision of Christmas Lunch/Dinner or Vouchers for Inverclyde's older people and comments as required.

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

4.0 BACKGROUND

- 4.1 Inverclyde HSCP works hard to improve and support the community spirit in Inverclyde and part of this is providing financial support to some local groups. This can be in the form of funding for the provision of a lunch/dinner over the Christmas festivities for elderly and vulnerable people in the community.
- 4.2 There are inconsistencies in the current approach, which needs to be amended to give assurance of adherence to appropriate commissioning and legal standards, and ensure that we are operating in an equalities-sensitive manner. A new Standing Operating procedure has therefore been developed.
- 4.3 The HSCP will continue to fund Christmas lunches, and we will identify a list of people who are eligible for the lunch/dinner or voucher.
- 4.4 The Your Voice team will check the list and the details of the groups or clubs who have requested the funding and administer the process on the HSCP's behalf.
- 4.5 GDPR – The HSCP does not require consent to share this information as the lawful basis of Public Task will apply. The letters refer to the Privacy Notice with reference to sharing information with Your Voice, and there is a requirement for a Data Processing Agreement with Your Voice to ensure compliance.

5.0 PROPOSAL

- 5.1 The proposal is to implement a new procedure that will comply with commissioning and legal standards and ensure we have a robust system in place with a new, revised process and documentation to be agreed by the Health & Social Care Committee and implemented for this year, 2018.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

For 2017 there were 1130 people who had a Christmas lunch or dinner and 361 people were provided with a voucher if that was the preferred option.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
00035 000 61019			22		

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

Legal

- 6.2 No implications

Human Resources

- 6.3 No implications

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES
✓	NO

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Standing Operating Procedure.

Inverclyde Health and Social Care Partnership

**Standard Operating Procedure for the
Provision of Christmas Lunch/Dinner
or Vouchers**

Version control: 1st Draft

Review Date: September 2019

1. Policy Statement

Inverclyde HSCP works hard to improve and support the community spirit in Inverclyde and part of this is providing financial support to some local groups. One aspect of this is in the form of funding for the provision of a lunch/dinner over the Christmas festivities for elderly and vulnerable people in the community. Groups or clubs of people who can attend for a Christmas lunch/dinner will be invited via the Your Voice team. People who are housebound or unable to attend will be provided with a Christmas voucher instead. There is no entitlement to both.

Funding is provided from the Inverclyde Health & Social Care Partnership (HSCP).

2. Responsibility

The Provost's office and the HSCP Health and Community Care Service will provide a list of people who may be eligible for the lunch/dinner or voucher. The Your Voice team are responsible for checking the list and the details of the groups or clubs who have requested the funding. The Chief Officer will agree the requests for the funding, and the finance team are responsible for the processing of the payment.

3. Criteria

The criterion for lunch/ dinner is that the individual should be over 65 years of age. The criterion for vouchers is that the individual should be over 65 years of age and housebound, however in some cases we may give vouchers instead of a meal to qualifying people who are not housebound. Only one voucher will be given to each household. If two qualifying individuals stay at the same address, they are only given 1 voucher. Lunch/dinner is provided to the value of £15 per person. Vouchers are provided at £15 per household.

4. Procedure

- The Provost's office and the HSCP Health and Community Care service provide a list of names who may be eligible for the Christmas voucher.
- The 'Your Voice' team writes out to all groups or clubs to ask that they provide a list of members attending for their Christmas lunch/dinner.
- Bank details for the group or club are required.
- Once the groups or clubs provide their list of names, these names are cross checked with those people eligible for a Christmas voucher and any duplicates are removed (from either the lunch/dinner list or the voucher list – they are given the choice).
- Once lists have been finalised these are passed to the Chief Officer for authorisation and payment to the nominated bank account per group or club.
- Evidence of goods purchased for the lunch/dinner from the group or club is required e.g. Invoice/receipts.

5. Further information

Further information is available from the HSCP Business Support Service.

Appendix 1

Process Flow

Provost Office & HSCP Health and Community Care Service provide a list of names who may be eligible for Christmas meal or voucher

Your Voice team writes out to local groups or clubs requesting their members names who will be attending for their lunch/dinner

Lists are collated by Your Voice and any duplicates contacted and choice is given for lunch/dinner or voucher

Final list is presented to the Chief Officer for authorisation

Once authorised, finance make payment to group or club

Vouchers are purchased and sent out to people who have opted for this choice

Clubs or groups provide evidence of the supplies purchased for the lunch/dinner

Appendix 2

Invite for funding letter



12 Clyde Square, Greenock,
PA15 1NB

Tel: 01475 728628 Fax: 01475
728605

Textphone: 01475 728608

Xth October 2018

Dear Sir / Madam

FINANCIAL ASSISTANCE TO SENIOR CITIZEN'S CLUBS CHRISTMAS DINNER

As in previous years Inverclyde HSCP will make a contribution to the cost of providing Christmas Dinners for Senior Citizen's Clubs.

Accordingly, I would be obliged if you would update the attached list of names you provided last year including the names, addresses and dates of birth of your members who will be attending your dinner. Please also ensure that the bank details we have for you are correct, as funds will be transferred to your group's account electronically.

It should be noted that it is the intention of the HSCP that each senior citizen should only have the benefit of one contribution. It will, therefore, be necessary for senior citizens who are members of two or more clubs to indicate to which club they wish their contribution to be made. I would be obliged if you will take account of this provision when you make your return of members. Please note that all your members must reside within Inverclyde. Members who attend more than one group can only be given funding for one lunch. As such funding for individuals who attend more than one group will be given on a first come first served basis. To avoid disappointment, it is recommended that you return your list of group members as soon as possible.

In the meantime if you have any queries, please contact **Amanda McEwan** on **01475 728628** or email:- amanda.mcewan@yourvoice.org.uk

In order that you receive your funding as quickly as possible, it is vitally important that I receive your list by **Monday XXth October 2018**, to allow funds to be processed. To assist you to return the list as soon as possible, I have enclosed a stamped addressed envelope.

Inverclyde HSCP privacy notice can be found at www.inverclyde.gov.uk/privacy.

Your Voice privacy notice can be found at <http://www.yourvoice.org.uk/our-service.html>

Yours sincerely

A solid black rectangular box used to redact the signature of Louise Long.

Louise Long
Inverclyde HSCP Chief Officer

Yours sincerely

A solid black rectangular box used to redact the signature of Neil McFadden MBE.

Neil McFadden MBE
Honorary President

Appendix 3

Form used by Your Voice to collate names

Title	First Name	Surname	Flat No	Address	Town	Postcode	Group	DOB	LUNCH	VOUCHER

0

0

Appendix 4
Letter confirming contribution



XXth December 2018

12 Clyde Square, Greenock,
PA15 1NB
Tel: 01475 728628 Fax: 01475
728605
Textphone: 01475 728608

John Galt House

Dear XX

CHRISTMAS LUNCHES

On behalf of the Inverclyde Provost and Members of the Council, I am writing to advise that the amount of **£XX** which is the HSCP's contribution to your Senior Citizens Christmas Lunch will be paid into your account. The information was sent to the HSCP on Monday **XXth December 2018** for processing and will be transferred to your account on or around week beginning **XXth December 2018**.

I have enclosed a copy of the individuals who were included on your list for the Christmas Lunch. I hope your Christmas Lunch is very enjoyable and may I take this opportunity to wish you and your members the compliments of the season.

If you have any queries, please contact **Amanda McEwan** on **01475 728628** or email:- **amanda.mcewan@yourvoice.org.uk**

Inverclyde HSCP privacy notice can be found at www.inverclyde.gov.uk/privacy.

Your Voice privacy notice can be found at <http://www.yourvoice.org.uk/our-service.html>

Yours sincerely

Yours sincerely

Louise Long
Inverclyde HSCP Chief Officer

Nell McFadden MBE
Honorary President
[Your Voice Inverclyde Community Care Forum](http://www.yourvoice.org.uk)



September 13, 2018