Inverclyde
council

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 13 December 2018

A meeting of the Health & Social Care Committee will be held on Thursday 10 January 2019 at 3pm 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.	**Compassionate Inverclyde Evaluation** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB: There will also be a presentation on this item**	**p**
3.	**Revenue and Capital Budget Report – 2018/19 Revenue Projected Outturn as at 31 October 2018** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	**p**
4.	**Inspection of Residential Children's Services** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5.	**Inspection of Adoption Services** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6.	**Inspection of Fostering Services** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
NEW BUSINESS		
7.	**Scottish Attainment Challenge – Care Experienced Children and Young People Funding** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

8.	**Learning Disability (LD) Redesign – Progress Report, January 2019** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
9.	**Carers (Scotland) Act 2016 – October 2018 Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Review of Housing Support Services within Sheltered Housing** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
11.	**Temporary Accommodation Review** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
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.		
PERFORMANCE MANAGEMENT		
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**

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

Inverclyde council

Report To:	Health & Social Care Committee	Date:	10 January 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/05/2019/HW
Contact Officer:	Helen Watson Head of Service Strategy and Support Services	Contact No:	01475 715285
Subject:	COMPASSIONATE INVERCLYDE EVALUATION		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health & Social Care Committee of the independent evaluation report from Compassionate Inverclyde. The evaluation was undertaken by the International Centre for Integrated Care, based at the University of the West of Scotland, and was commissioned and funded by Macmillan. The evaluation was directed to review learning from, and consider the impact of, Compassionate Inverclyde.

2.0 SUMMARY

2.1 The evaluation report considers the following questions:

- What is Compassionate Inverclyde?
- What did it set out to do, and how have its aims and aspirations expanded?
- How has it grown over time, and what has enabled this growth?
- What is it like to be part of Compassionate Inverclyde?
- What is Compassionate Inverclyde known for doing well?
- What difference is it making?
- What challenges have been faced or overcome, and how?
- What can others interested in adopting this type of approach learn?

The substantive report also details some of the positive outcomes that the programme is delivering, for participants and for recipients of the various strands of support that characterise Compassionate Inverclyde.

3.0 RECOMMENDATION

3.1 It is recommended that the Committee notes the independent evaluation of Compassionate Inverclyde, and recognises the value of the grassroots approach that has turned a project into what has been described as a social movement.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 In 2016, Ardgowan Hospice provided initial funding to develop Compassionate Inverclyde. A partnership between the HSCP, Ardgowan, Macmillan, CVS and Your Voice was formed through the creation of a Board, and in 2018 the HSCP and Ardgowan agreed to jointly lead and fund Compassionate Inverclyde (CI). CI has grown to become an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is fundamentally about local people working alongside existing formal services enabling ordinary people to do ordinary things for ordinary people, tapping into our desire to be kind, helpful and neighbourly. Relationships are at the centre, as are shared values that enhance community, relational and individual wellbeing. Ordinary people are part of a dynamic, growing and largely self-organising social movement of fundraisers, volunteers, befrienders, companions, community cafes, compassionate schools, businesses and neighbourhoods. All actions affirm that caring for one another at times of crisis and loss is everyone's responsibility.

4.2 The Compassionate Inverclyde evaluation was commissioned by Macmillan to review learning and see how the process is developing, and if this could be replicated across the country. It undertook in-depth study of the learning, based on information from those involved in CI, including those receiving support, those involved in the development, and those involved in the delivery. This was done to try to identify the essential aspects of the programme that led to or contributed to its success. A suite of research questions was developed, specifically:

- What is Compassionate Inverclyde?
- What did it set out to do, and how have its aims and aspirations expanded?
- How has it grown over time, and what has enabled this growth?
- What is it like to be part of Compassionate Inverclyde?
- What is Compassionate Inverclyde known for doing well?
- What difference is it making?
- What challenges have been faced or overcome, and how?
- What can others interested in adopting this type of approach learn?

4.3 These questions aimed to formalise the learning from an informal, organic programme that was shaped by the values that Compassionate Inverclyde's participants brought.

4.4 The evaluation identifies that Compassionate Inverclyde has taken a new Public Health approach by drawing on assets-based thinking.

4.5 In mapping actions to outcomes, the evaluation considers some tangible elements such as the contribution that aspects like Back Home Boxes and Compassionate Inverclyde as a whole might reasonably be expected to make to specific indicators for readmissions to hospital, delayed discharge from hospital, and the time spent at home or in a homely setting in the last six months of life. It also considers the contribution that No One Dies Alone, the High Five Programme and Back Home Visitors make to the delivery of the national wellbeing outcomes.

4.6 The evaluation also considers some of the less quantifiable aspects such as leadership, engagement and the programme's contribution to improving wellbeing. It also acknowledges that by having multiple streams, Compassionate Inverclyde offers a rich variety of volunteering opportunities to match a wide range of skills, experience and volunteering capacity.

5.0 CONCLUSIONS

5.1 The evaluation makes the following observations:

- Compassionate Inverclyde is first and foremost concerned with ordinary people doing ordinary things for ordinary people to enhance the wellbeing of all local people, their relationships and the community as a whole.
- It centres around the values encapsulated in its logo, of being compassionate, helpful and neighbourly, with kindness increasingly emphasised as the super-nutrient for all.
- It is not policy driven yet aligns with multiple national and local policies, bringing to life the qualities and characteristics advocated by the overarching Scottish approach to public policy.
- It does not espouse allegiance to or use the language of any leadership philosophy yet embodies the tenets of many and the key ingredient in this regard is humility.
- It was not driven by governance or procedural considerations, but loose supportive governance arrangements ensure compliance with all requisite procedures in a seamless way.
- It has not subscribed to a particular methodology or model of spread, yet its growth and reach have captured the attention of many onlookers.
- It purposefully rejected the imposition of a performance framework, instead listening to and placing its faith in the community, guided by intrinsic community values and four key objectives which were not rigidly adhered to but have evolved with learning on the ground.
- It did not start with predetermined outcomes but allowed space to see what outcomes were generated; as it happens, individual outcomes respond to many existing evidence-based Scottish outcomes frameworks for adults and for children and young people (SHANARRI) as well as new distinct outcomes relevant to loneliness and bereavement.
- They align with our new National Performance Framework.
- CI puts relationships at the centre and recognises that community is much more than the sum of individuals who live within it.
- It values community, relational and individual wellbeing as an end in itself and not merely something that may help to alleviate health and care system pressures, yet system contributions can be inferred.
- It has made significant difference to the wellbeing outcomes of those who have received support, as well as those of the helpers and companions.
- What is most striking about Compassionate Inverclyde is its success in bringing together local people of all ages and from all walks of life in an unprecedented way.

5.2 The report also lays out a potential blueprint for developing similar programmes elsewhere, by formally describing how the conditions for Compassionate Inverclyde were created, and outlining the design principles. It also highlights the knowledge exchange visits that have taken place, as well as the action learning that has been facilitated through the International Centre for Integrated Care, and how this in turn has helped to shape the compassionate communities movements in Spain and Latin America.

5.3 At the time of the evaluation:

- 82 No One Dies Alone (NODA) Companions have been recruited and trained, and a peer support network has been established.
- All Inverclyde care homes are signed up to NODA.
- NODA training has been given to IRH staff, to help them understand the importance of NODA to patients and families.
- The Back Home Boxes (BHB) programme has 45 Helpers, who delivered 1,310 boxes in the first year. All of these boxes included get well soon cards or welcome home cards, made by children in local schools. They also contained kindness tokens and blankets made by local volunteers.
- The High Five Programme emphasises the power of kindness, and has been delivered in schools, youth clubs, community groups, Greenock Prison, and local businesses.

5.4 Compassionate Inverclyde has also been recognised through a number of prestigious awards, including:

- Cosla awards: Winner: special gold award, excellent people excellent outcomes.
- Age Concern : awarded a certificate of Highly commended.
- Inverclyde Community Champion: Winner.
- Bees Knees award: Pride of Inverclyde: finalist.
- Royal College of Nursing awards: finalist.
- CVS volunteer award: finalist for volunteer organisation of the year public vote.
- Queen's Award for Volunteering.

5.5 The evaluation highlights the importance of the organic growth of Compassionate Inverclyde, and that the principles, leadership and ethos have been the most important factors in creating this social movement.

6.0 RECOMMENDATION

6.1 It is recommended that the Committee notes the independent evaluation of Compassionate Inverclyde, and recognises the value of the grassroots approach that has turned an award-winning project into what has been described as a social movement.

7.0 IMPLICATIONS

Finance

7.1 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

7.2 No implications

Human Resources

7.3 No implications

Equalities

7.4 Has an Equality Impact Assessment been carried out?

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

Repopulation

7.5 No implications

8.0   CONSULTATIONS

8.1 None

9.0 LIST OF BACKGROUND PAPERS

9.1 Compassionate Inverclyde Evaluation Report.

compassionate
INVERCLYDE

SUMMARY REPORT

Contents

Foreword

In 2016, Ardgowan Hospice provided initial funding to develop Compassionate Inverclyde. This has grown to become an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is fundamentally about local people working alongside existing formal services enabling ordinary people to do ordinary things for ordinary people, tapping into our desire to be kind, helpful and neighbourly. Relationships are at the centre, as are shared values that enhance community, relational and individual wellbeing. Ordinary people are part of a dynamic, growing and largely self-organising social movement of fundraisers, volunteers, befrienders, companions, community cafes, compassionate schools, businesses and neighbourhoods. All actions affirm that caring for one another at times of crisis and loss is everyone's responsibility.

Compassionate Inverclyde had been running for just over two years when the International Centre for Integrated Care (IC4IC) was invited to carry out an independent evaluation. The Centre represents Scotland's collaboration with the International Foundation for Integrated Care (IFIC), a non-profit membership-based organisation to advance the science, knowledge and adoption of integrated care policy and practice throughout the world. Founding partners (the ALLIANCE, IFIC Scotland, and the University of the West of Scotland) are supported by an Advisory Board of local, national and international partner organisations.

We are extremely grateful to Macmillan Cancer Support for funding the evaluation, to IC4IC Advisory Board partners who offered 'critical friend' support and advice to the evaluation team, and to colleagues from Iriss for their creativity and design expertise.

The researchers spent time with around 100 people involved with Compassionate Inverclyde. We are indebted to each and every one for generously sharing their views and experiences in their own words. Spending time with the people of Compassionate Inverclyde over several months has been a pleasure and a privilege. The researchers have come to appreciate the significant contributions of the many individuals involved and the growth of relationships, networks of support, the interconnections within and across Inverclyde, and the social functioning of the community.

In telling the story we have used the metaphor of trees in a community woodland to convey the organic, unforced growth of Compassionate Inverclyde, and to offer some insights into the conditions for growth provided by this particular community, including the essential nutrients of kindness and trust. This metaphor calls attention to the many different trees and branches of Compassionate Inverclyde, and to the depth of the roots and their interconnections, creating communication networks beneath the surface that support the exchange of these essential nutrients. Like human communities, the different trees work together to help each other grow to their full potential.

Compassionate Inverclyde is an inspiring story that offers many lessons for those seeking to co-create health and wellbeing with local communities.

Prof Anne Hendry, **International Centre for Integrated Care, November 2018**

Evaluation Researchers: Dr Karen Barrie, Dr Emma Miller, Madeleine O'Brien
IC4IC support: Marie Curran, Mandy Andrew, Susan Young, Sarah McGhee, and Prof. David Perkins

Introduction

Compassionate Inverclyde has grown from a small local initiative into something which many of the people involved describe as a social movement.

It comprises many different elements, all connected by a strong overarching story about enabling ordinary people to do ordinary things for ordinary people and guided by the community values of being compassionate, helpful and neighbourly.

Compassionate Inverclyde had been running for just over two years when the International Centre for Integrated Care was invited to carry out an independent evaluation. That evaluation aimed to:

- Find out the difference made to the lives of individuals who have been involved in Compassionate Inverclyde in different ways, and the difference made to the local community
- Understand how changes have been achieved, what has helped and what has made things more difficult

Our evaluation questions were:

- What is Compassionate Inverclyde? (And what is it not?)
- What did it set out to do? How have its aims and aspirations expanded?
- How has it grown over time and what has enabled this growth?
- What's it like to be part of Compassionate Inverclyde?
- What is Compassionate Inverclyde known for doing well?
- What difference is it making?
- What challenges have been faced or overcome and how?
- What can others interested in adopting this type of approach learn?

The experience of spending time with the people of Compassionate Inverclyde over several months has been a pleasure and a privilege. We have come to appreciate the significant contributions of the many individuals involved and the growth of relationships, networks of support, the interconnections within and across Inverclyde, and the social functioning of the community.

The evaluation does not offer a blueprint or recipe for how to become a compassionate community. Rather, it tells the story of Compassionate Inverclyde as a dynamic entity, and uses concrete, ordinary yet extraordinary examples to illustrate the enactment of values, principles and good practices in asset-based approaches and leadership that is based on relationships and trust.

The volume of data and richness of learning generated through the evaluation has been vast. Therefore the outputs are presented in a series of reports for readers with different interests.

This Summary Report presents an overview of Compassionate Inverclyde and signposts the reader to where they may view or download additional information about specific aspects of interest.

Navigating the Reports

Summary Report

This report presents an overview of Compassionate Inverclyde, how it has evolved, and in what way it is similar, and different, to other compassionate communities. It presents key messages about the enablers and barriers and offers advice to those considering how they may take this approach forward in their own area. Finally this section reflects on opportunities to learn and to share learning locally, within Scotland, and across the world.

For readers who wish to understand more about 'how' to support a Compassionate Community approach, or specific aspects of it, the following reports and materials may prove informative.

Compassionate Inverclyde Voices

This narrative section aims to tell the story of Compassionate Inverclyde in a human way that stays true to its very essence, so that others may perhaps be inspired by its possibilities. In telling this story we have used the metaphor of community woodland to convey the organic, unforced growth of Compassionate Inverclyde, offer some insights into the conditions for growth provided by this particular community, including the essential nutrients of kindness and trust. Importantly, this report calls attention to the depth of the roots and their interconnections, creating communication networks beneath the surface that support the exchange of these essential nutrients. Like human communities, there are advantages in trees working together to grow to their full potential.

For readers keen to understand the impact of Compassionate Inverclyde, the narrative provides many examples of the positive outcomes directly experienced by hundreds (and indirectly by thousands) of local people of all ages and from all walks of life in many interconnected ways. These include the volunteers and immediate beneficiaries, notably people who would otherwise die alone or return alone home from hospital; alongside school children, prisoners and managers of local businesses learning to be kinder to themselves and to others, and with their family and neighbours; health and care staff; and local residents and organisations more broadly. Together the many examples illustrate Compassionate Inverclyde's contribution to individual, relational and ultimately community wellbeing.

A Deeper Dive

This report explores various aspects of Compassionate Inverclyde – from the outcomes achieved to the policy fit, leadership considerations and the approach to community engagement. Sections include:

Realising Outcomes and Value

Illustrates how the outcomes experienced can be mapped to many local and national outcomes, notably Scotland's new national performance framework published in 2018 and derivative health and wellbeing outcomes and indicators. It considers the contribution that specific initiatives such as Back Home Boxes and Compassionate Inverclyde as a whole might reasonably be expected to make to specific indicators for readmissions to hospital, delayed discharge from hospital, and the time spent at home or in a homely setting in the last six months of life. This section also notes that the qualities evident in Compassionate Inverclyde are those which have been found to have the most influence on an initiative's eventual social value (Ukman, 2017).

Reflections on Leadership

Pulls together reflections on leadership, whether understood as a personal attribute, responsibility or practice, including considerations of the key elements of the multiple leadership philosophies that Compassionate Inverclyde embodies. It presents guiding principles for effective Board engagement and governance and the desired qualities for a Compassionate Community leader.

Policy in Action

Some readers will be interested in what Compassionate Inverclyde tells us about the current Scottish policy context. Although it is important to emphasise that Compassionate Inverclyde was not, and is not policy-driven, this section considers the parallels between Compassionate Inverclyde's community-derived ambitions and Scotland's national purpose and values.

Community Engagement

Provides information about how the practical ideas for kindness and compassionate citizenship taken forward by Compassionate Inverclyde were generated. In describing the approach to listening to and acting with the local community, this section considers the gently provocative questions asked, the community responses, and how ideas for action were progressed to prioritise what matters most to local people.

Improving Wellbeing

Provides more information about the 'High Five' or improving wellbeing initiative that has been successfully implemented in different forms within colleges, high schools, primary schools, nursery schools, one commercial organisation and most recently with prisoners.

Telling Their Story

Has links to audio-visual material captured for local events, for national awards and in preparing this report. It also has a list of the many learning events that have helped to share the Compassionate Inverclyde story.

Further Reading

Includes a bibliography of publications and websites on Compassionate Communities and public health approaches to palliative and end of life care.

Overview

As Compassionate Inverclyde has taken a new public health approach, drawing upon assets-based thinking, we begin by setting out our understanding of the positioning of assets-based approaches to public health in Scotland. Assets-based approaches aim to mobilise and harness the skills, resources, talents and relationships of individuals, families, friends and communities (Morgan and Ziglio, 2007; Morgan, Davies and Ziglio, 2010). In carrying out this evaluation, we were mindful of some academic critiques of such approaches, including concerns about the shifting of responsibilities onto communities, legitimatising welfare retrenchment, replacing sufficiency with aspiration, and allowing respect for personal and community resilience to obscure the root causes and structural drivers of social inequalities (Friedli, 2013). However those in leading public health roles increasingly acknowledge that adopting an assets-based approach is important in its own right and is not – and should not be seen as – a replacement to addressing the social determinants of health (Tannahill, 2012).

Social connections are only part of the jigsaw – but a vitally important part. The desire to belong, to be appreciated and respected is invisible – but is at the core of our needs as human beings. It is therefore not controversial (at least in Scotland) to state that 'community assets can only have a mitigating effect on the structural and social determinants of ill-health and inequality – poor housing, low wages, poverty, lack of jobs (Foot and Hopkins, 2010). Actions related to social contexts are important, but clearly need to be integrated with actions to tackle broader inequalities, to address the historical impacts of deindustrialisation, and to mitigate the impact of current economic and poverty challenges.

From the outset, Compassionate Inverclyde has recognised the importance of families and communities working alongside formal services. As the Compassionate Inverclyde story illustrates, community assets-based approaches can not only have powerful mitigating effects and significant impact, but can also unleash radical possibilities. The assets based approach to palliative and end of life care is specifically inspired by the work of Professor Allan Kellehear, an Australian public health academic, who argues that health is everyone's responsibility, including death, dying and end of life care (Kellehear, 2013). The concept of compassionate communities has grown from the Compassionate City charter which outlines 13 changes required to bring death, dying and caring to the surface of public consciousness in organisations (Kellehear, Wegleitner and Heimerl, 2015). Though often linked to hospices or palliative care services (Horsfall, Noonan and Leonard, 2012), the activists in compassionate communities are ordinary citizens.

Local Context

Inverclyde, an area of great beauty in west central Scotland, has a population of around 80,000. It has areas of high income alongside areas with high levels of poverty, unemployment, disability and single occupancy households. There is one district general hospital, Inverclyde Royal, and it and the health and social care partnership serve three wellbeing communities with similar population sizes but very different geographies. The relatively compact size of Inverclyde, the co-location of several public sector organisations in and around Greenock town centre, the strong cultural identity and pride, and the generosity and friendliness of its people are important factors in creating readiness. Within Inverclyde, Ardgowan Hospice has been a recognised and trusted symbol and source of compassionate caring for over 30 years.

An Emerging Social Movement

In 2016, Ardgowan Hospice provided pump priming funding to develop Compassionate Inverclyde. This has now grown to be an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is fundamentally about local people working alongside existing formal services enabling ordinary people to do ordinary things for ordinary people, tapping into our desire to be kind, helpful and neighbourly, and supporting the development and application of compassionate and caring skills that may have been thwarted by modern day living or system pressures. It offers an agile and creative means of engaging ordinary people, drawing on their strengths, talents and inherent kindness, and fostering relationships for the good of the community as a whole. Relationships are at the centre, as are shared values that enhance community, relational and individual wellbeing.

Compassionate Inverclyde has been driven by the intrinsic values, strengths and aspirations of the community and framed by four purposefully broad strategic objectives:

- Improve wellbeing
- Promote compassionate citizenship
- Raise awareness and education
- Promote compassionate organisations

A series of community engagement events generated many practical ideas for kindness and compassionate citizenship across the life stages. These ideas and actions were designed, developed, taken forward and refined by volunteers, supported initially by skilled facilitation from the Compassionate Inverclyde lead and using a four phase community development approach:

- Discover and Assess
- Focus and Commit
- Build and Launch
- Evaluate and Sustain

However this development framework was kept very loose, iterative and was not linear – indeed sometimes all four phases could be enacted in Inverclyde in the same week. The approach was also influenced by the guidance to support Ambition Six for Palliative and End of Life Care: A national framework for local action 2015-2020 in England (Abel, Sallnow, Murray and Kerin, 2016).

> *"I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways."*
> *— Ambition Six: Each Community is Prepared to Help*

There being no comparable Compassionate Community within Scotland, the lead engaged with the UK learning community and in 2016 was awarded a Florence Nightingale Foundation scholarship to travel and learn from world leaders and exemplars of compassionate communities. In visits to Sydney, Cleveland and Maine in the US, and to London and Somerset in the UK, she learned that each compassionate community is different but all had inspirational and imaginative leaders who brought a personal energy and passion that ignited the hearts and minds of ordinary people. She identified key success factors as passion, people, partnership, programmes and place (Bunce, 2018).

The Compassionate Inverclyde lead has connected with a myriad of community groups, services and organisations to obtain the required permissions and generate shared commitments so that the desired ordinary things could happen. An increasing number of volunteers work alongside community groups, faith groups, integrated health and social care services, voluntary sector organisations, private care providers, hospice, schools, college, community police, Greenock prison and local businesses. Together they are creating vibrant neighbourhood networks and relationships between people who care and can help, enabling and equipping ordinary people to offer kindness, compassion and support to others who are isolated or at times of crisis and loss.

A main difference to other examples of Compassionate Communities has been the shift of focus from palliative and end of life care towards community support for wellbeing, loneliness and social isolation. Compassionate Inverclyde has evolved upstream – listening, hearing and acting with those concerned in the community. This has been matched by a subtle shift in language from compassion and volunteering towards simpler language of kindness, helping and companions, making it appeal more to ordinary people.

Strands of Compassionate Inverclyde

Compassionate Inverclyde continues to grow organically and now has many interdependent strands within the overarching movement...

No One Dies Alone (NODA)
Trains and supports compassionate citizens as companions for people and families in the last hours of life. Initially developed to support people at end of life in hospital it is now spreading to support end of life care in the community, initially in care homes.

High Five Programme
Adapted and delivered to school pupils, college students, youth club, prisoners, community groups and a local business. Each five week programme focuses on the five ways to wellbeing and helps people to understand how they can be kind to self and to others.

Back Home Boxes
Representing community acts of kindness to support people who live alone as they return home from hospital. The boxes are gifted by a local business and are filled with community donations of essential food items, hand crafted kindness tokens, a get-well card made by local school children and a small knitted blanket made by local people and community groups. Volunteers organise collecting the contents from the local community and distributing the Back Home Boxes within the local hospital.

Back Home Visitors
Is a new development based on neighbourliness whereby a volunteer visitor and a young person will visit an older person who lives alone and is socially isolated.

BACK HOME BOX

BROWN BREAD
MILK

Bereavement Café and Support Hub
The initial drop-in bereavement groups in two community cafes have been superseded by a volunteer led support hub in a local Church. The Hub offers a meeting place for volunteers and a friendly haven for anyone in the community who is experiencing loneliness, loss, crisis, or bereavement.

The synergy between each of these community initiatives amplifies their effect, improving the lives of the people of Inverclyde and enhancing the wellbeing of the community. Each day, many people facing bereavement, loneliness, illness and survivorship benefit from community acts of kindness and support that improve their wellbeing, irrespective of age, condition or circumstances.

Lessons

Compassionate Inverclyde is an inspiring story that offers many lessons for those who seek to enable local communities to work alongside existing services to create health and wellbeing. Its growth and reach have captured the attention of many onlookers in Scotland and beyond. What is most striking is its success in bringing together local people of all ages and from all walks of life in an unprecedented way.

The approach is an exemplar of adaptive leadership practice at all levels – by the Board, by the lead and by people in communities – growing something which has no blueprint, constantly adapting to the changing context and drawing on all available resources through empathy and co-creating a shared purpose and story.

The secondment of the lead continues and is currently funded by the Health and Social Care Partnership and by Ardgowan Hospice. All other resources are community donations or support in kind in a collaborative approach that is generating remarkable social value. However the Board members recognise that the Compassionate Inverclyde lead role has been pivotal to the successful growth of the movement – "it wouldn't have been possible without this investment." The lead is well known and respected locally, largely through her substantive role as Director of Care at the Hospice, has the expertise and authority to act in this area, and is at the heart of established, vibrant local social networks. This ability to draw on a network of influential individuals and groups with a commitment to kindness has been instrumental. For example, she has worked well in partnership with Your Voice as another trusted community anchor organisation which has an excellent reach across Inverclyde and expertise in community engagement. Working together has helped to source ideas that are inspired by people with passion, a strong sense of possibility and a desire to make a difference.

Those about to embark on a similar journey should consider the leadership attributes and capacities that they require to steer their work. Undoubtedly such compassionate, collaborative leadership capacity exists in all communities. The trick is to spot the talent,

empower the individuals and give them authority and freedom to operate. This is, however, not a traditional programme management role. It comes from the heart of the leader and the values that they hold. Investment in this leadership capacity at the outset of the journey is critical for success but investment should continue until there is sufficient maturity and sustained growth of the social movement by empowered volunteers and ordinary people.

As with all initiatives, Compassionate Inverclyde has some vulnerabilities. One is a perceived dependency on the nurturing leader of the social movement, albeit this risk is being mitigated as volunteer leaders are increasingly empowered and now participate at Board level. However, as yet, there is no agreement on how to secure longer term funding for the lead post and the required contingency and succession planning is not well developed. The Board is currently considering how to evolve Compassionate Inverclyde to a more sustainable model.

Another vulnerability is the risk of competing for resources (financial and people) within a relatively small system and in a climate of austerity. These are issues that must be considered urgently in the design of the next phase of Compassionate Inverclyde.

Compassionate Inverclyde in Numbers

3 HIGH SCHOOLS

13 ORGANISATIONS REPRESENTED ON THE COMPASSIONATE INVERCLYDE BOARD

20 PRIMARY SCHOOLS AND SOME NURSERIES ENGAGED

OVER 200 PEOPLE INVOLVED IN PUBLIC ENGAGEMENT SESSIONS

70 PEOPLE TRAINED AS NODA companions

1300 PEOPLE HAVE RECEIVED BACK HOME BOXES

20 Local awareness raising and training events facilitated

135 VOLUNTEERS DIRECTLY INVOLVED

30 people have benefited volunteer / NODA companion

360 PEOPLE COMPLETED THE HIGH 5 WELLBEING PROGRAMME

2,396 LIKES FOR COMPASSIONATE INVERCLYDE & 2,435 FOLLOWERS ON FACEBOOK

8 PUBLIC CELEBRATION / COMMEMORATION EVENTS

Touching Lives

I wanted to send you a quick email to express my gratitude for the Back Home Box and the kindness of it. I will explain how much it meant.

My brother was recently in Inverclyde Royal Hospital, very unexpectedly – he had collapsed which is frightening enough for anybody but even more so for him. He has had lifelong severe mental health problems and has had struggles with that over the years. He wasn't in that long but got a box given to him on discharge. I can't tell you how much it meant to him, if you had seen and heard his reaction to it you would have been so moved and would have known that what you are doing is amazing.

He leads a very isolated life and has very little contact with anybody, when I went round to visit him he had a beautiful homemade card in pride of place on his unit, what a fabulous idea and also for the children who make them to give too

and understand about giving. He was so chuffed with it and he told me he'd even got jam and milk too and listed out the box items. It felt like a Christmas hamper! It's not even totally what is in the box but the very idea that somebody can be so kind to a stranger means the world and in a time of need such a tonic as well as being so useful as he hadn't been able to get the shops.

I will be donating items into the collection boxes you have and hope that it means as much to whoever gets them as it did to both my brother and me. I confess I even felt a bit tearful about it, in a good way! He gave me the heart to hang on my twig tree! So a huge thank you to you and everybody involved and the little girl from a school in Largs who made a beautiful get well card.

You are all stars.

The above feedback demonstrates how one box touches many lives. The report highlights many similar stories.

Milestones

2008

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2018

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Key Messages

While there is no real substitute for 'being there' and experiencing Compassionate Inverclyde first-hand, we are tasked with distilling key message for others, as follows:

- Compassionate Inverclyde is first and foremost concerned with ordinary people doing ordinary things for ordinary people to enhance the wellbeing of all local people, their relationships and the community as a whole
- It centres around the values encapsulated in its logo, of being compassionate, helpful and neighbourly, with kindness increasingly emphasised as the super-nutrient for all
- It is not policy driven yet aligns with multiple national and local policies, bringing to life the qualities and characteristics advocated by the overarching (and distinctly) Scottish approach to public policy
- It does not espouse allegiance to or use the language of any leadership philosophy yet embodies the tenets of many and the key ingredient in this regard is humility
- It was not driven by governance or procedural considerations, but loose supportive governance arrangements ensure compliance with all requisite procedures in a seamless way
- It has not subscribed to a particular methodology or model of spread, yet its growth and reach have captured the attention of many onlookers
- It purposefully rejected the imposition of a performance framework, instead listening to and placing its faith in the community, guided by intrinsic community values and four key objectives which were not rigidly adhered to but have evolved with learning on the ground

- It did not start with predetermined outcomes but allowed space to see what outcomes were generated; as it happens, individual outcomes respond to many existing evidence-based Scottish outcomes frameworks for adults and for children and young people (SHANARRI) as well as new distinct outcomes relevant to loneliness and bereavement. They align with our new National Performance Framework
- It puts relationships at the centre and recognises that community is much more than the sum of individuals who live within it
- It values community, relational and individual wellbeing as an end in itself and not merely something that may help to alleviate health and care system pressures, yet system contributions can be inferred
- What is most striking about Compassionate Inverclyde is its success in bringing together local people of all ages and from all walks of life in an unprecedented way

Creating the Conditions

As the Compassion Communities Charter has long recognised, every community is different and every community will have to find its own way to unleash the passion in compassion. There are, however, a number of essential nutrients and enabling conditions:

- Integral to the success of Compassionate Inverclyde are the significant contributions of the many individuals involved, the Board, the lead and of course the 'army' of helpers and local people bound together by shared values
- It takes a special person to lead it, a special Board and particular type of governance, notably a chair who is a positive role model for co-creation and decisiveness
- Local knowledge and established networks are essential
- What is most distinctive about Compassionate Inverclyde is that is truly driven by the intrinsic values of local people, their ideas, can do attitude and kind, friendly and neighbourly actions
- It is fundamentally about taking the time to listen in an authentic way and uncovering, nurturing and appreciating the kindness that's already there
- A community is much more than the sum of individuals – inter-personal relationships, networks of support, community groups and the social functions of the community all play an invaluable role
- Its growth and spread is organic, relying on ordinary language, human connections, touching people's hearts, making things easy, accessible and enjoyable to do, giving permission, saying thank you with sincerity, continuously asking how else can we help people in a neighbourly way, and restoring confidence to offer someone a hand

- It does need a support strap to hold it initially, but this must be kept loose in an informal, non-bureaucratic yet decisive way of working, leaving space to breathe and knowing when to let go
- An active social media presence is invaluable – as are skills in the curation and telling of stories
- There are some pollutants and growing conditions to avoid – especially the permafrost of performance management in its increasingly rigid forms

Design Principles

In the list below we offer a set of design principles for anyone seeking to transfer the learning from Compassionate Inverclyde. However, this advice must be viewed as a 'compass' and not as a tool kit or route map. How you develop your own Compassionate Community must make sense of the unique strengths, ideas and passions of your local people.

Design Principles for creating a Compassionate Community:

1. Start with community conversations about what matters most to local people
2. Invest in development support from a trusted, compassionate, authentic and humble leader
3. Develop collaborative leadership at all levels around a shared purpose and intrinsic values
4. Anchor the movement with a local community organisation that has a trusted brand
5. Establish a courageous guiding coalition that gives permission to act, purposefully avoids unnecessary bureaucracy and enables risk taking
6. Connect as ordinary people, find creative ways to make it easy for local people to volunteer and for everyone to be kind, helpful and to have a can do attitude
7. Value and empower all contributors and ensure they have a strong and equal voice
8. Nurture community volunteers through peer support, reflective practice and wholehearted facilitation
9. Use the power of social media as a practical communication and self-organising tool
10. Stay curious and keep learning from other compassionate communities
11. Continue to pay attention to what matters to people and share stories that touch hearts and inspire people to be kind
12. Plan for a sustainable model of leadership and governance that can exploit synergies with other developments and minimises unintended consequences

Local Impact: Improving Lives

Improving Lives is the vision at the heart of the Inverclyde Health and Social Care Partnership. The approach spans the life stages and crosses traditional care groups. To some extent, Compassionate Inverclyde touches on all five of the strategic Commissioning Themes:

- **Employability and meaningful activity** – several volunteers spoke of an inability to take a paid job because of fluctuating health/caring commitments; many speak of the benefits from participating in terms of building confidence, self-esteem, morale and filling a void as a result of retirement, loss of employment or the need to leave the workplace.
- **Recovery and support to live independently** – practical help and kindness at times of crisis, loss or bereavement so that people feel valued, cared about, more hopeful, and better supported to recover and maintain their health and wellbeing.
- **Early intervention, prevention and reablement** – building resilience and connections to encourage physical and meaningful activity, friendships, noticing and kindness; high five wellbeing programme with children and young people; back home boxes and community kindness and support at critical moments in life.
- **Inclusion and empowerment** – listening and responding to people as individuals and as a community; positive applications of social media to increase and sustain connectedness and a sense of belonging; ordinary people reaching out through multiple individual and community acts of kindness, befriending and volunteering; a community support hub that welcomes people who are identified as lonely or isolated in the community; intergenerational work; and bringing people together from different walks of life through the cross-cutting concerns of death, dying, bereavement and loneliness.

- **Support for families** – no one dies alone companions; mobilising neighbourhood networks; support for families through high five programme in schools; work with prisoners separated from families and other absent friends.

Compassionate Inverclyde makes a strong contribution to the ambitions of Inverclyde Alliance, the local Community Planning Partnership (CPP), particularly the outcomes on community action, skills development, health and wellbeing, realising potential and a nurturing Inverclyde.

National Impact

Informing Policy

At the Compassionate Inverclyde event in March 2017, Scottish Government Minister Aileen Campbell noted the contribution it was making to improve the lives of local people and the potential to impact on a number of adverse outcomes associated with inequality.

> *"...wellbeing is created in wider society, in communities and across our public services, and we need all of these partners to work together."*

The revised National Performance Framework (Scottish Government, 2018a) draws together the many different dimensions which influence wellbeing. It describes the Values that underpin Scotland's national Purpose, and the approach to delivering public services in Scotland.

> *"We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way."*

Recent work by the Carnegie UK Trust identifies how kindness and everyday relationships can effect change and support the wellbeing of individuals and communities (Ferguson, 2017). In the Scottish Government report A Connected Scotland, Minister Jeanne Freeman, now Cabinet Secretary for Health, notes the power of kindness and our collective responsibility '' to ensure that our communities are more connected and cohesive, and that principles like kindness get greater traction in society. Whether it is saying hello to your neighbour, taking the time to get to know a regular customer at work, reaching out to someone you haven't seen in a while, or just a small act of kindness that can make a strangers day – all of this can go a long way to helping everyone feel part of their community'' (Scottish Government, 2018b).

Or as Compassionate Inverclyde puts it: "ordinary people helping ordinary people". The so-called 'ordinary' people of Inverclyde have recognised the place of kindness in combating loneliness, tackling social isolation, fostering belonging, restoring a sense of meaning and purpose in the lives of many local people, building a stronger and proud community – and so much more.

A recent round table discussion hosted by the Carnegie UK Trust and the Alliance for Useful Evidence considered what is distinctive about the current policy context in Scotland and the implications for evidence generation and use (Coutts and Brotchie, 2017). The panel discussions indicated:

- The Scottish approach to policy appears to contribute to an interest in not only evidencing impact, but also explaining why and how outcomes are achieved.
- The concern with wellbeing as a multi-dimensional construct compels us to ask if we are making a difference for individuals and communities in the round.
- There is a need to go beyond traditional narrow, intervention-focused evaluations to consider wider contributions and contextual aspects such as such the focus on partnership and asset-based working.
- And a need to consider features and processes of successful collaborations as well as their outcomes –because knowing about these can support the development of more productive partnerships in future.

The panel recognised that generating and using evidence about the participatory, assets-based approaches valued in the Scottish policy context is challenging, as what works is often heavily context-dependent and interventions don't tend to follow linear

structures. Evidence is likely to include people's stories, information on community assets and the quality of relationships. This type of evidence by its nature can be challenging to work with and is not always highly valued in contrast to the typical basket of indicators for social programmes and projects that funders and decision makers have traditionally expected to see.

While there is a distinctly Scottish approach to policy, and to evidence, the panel considered that Scotland's expertise on participative, assets-based, outcomes-focused and relational approaches could be applicable to other jurisdictions too.

We suggest that the Compassionate Inverclyde approach, and the evidence generated, has far-reaching implications for public policy. The parallels that we observe between the key messages from Compassionate Inverclyde and the current policy discourse include:

- Attending to wellbeing in the round
- A commitment to equality – there is no them and us
- A willingness to listen and hear, to soften language to reflect everyday talk
- Privileging the quality of relationships
- Recognising the contribution of communities as more than the sum of individual parts – without shifting responsibility for certain socio-economic determinants of health
- Taking loneliness (in death and in life) seriously
- Restoring the central place of kindness and neighbourliness as our key local and societal values

Knowledge Exchange

Compassionate Inverclyde has graciously hosted many visitors who want to learn more about what has worked. It has a high profile in local media and reports have featured in national media. The considerable progress has been recognised by the award of Inverclyde Community Champion, by reaching the final shortlist in a number of local and national awards, and by winning the 2018 Excellent People; Excellent Outcomes CoSLA award.

Compassionate Inverclyde is firmly on the global map of compassionate communities and has established strong links across the UK, and with the Isle of Man, Australia, US and Spain.

> *"You guys have might want to have a look at how you have inspired our small rural community in Australia. Holbrook Meals on Wheels have just started Back Home Boxes in our local communities."*
> *— Facebook post Oct 2018 by Holbrook New South Wales*

Compassionate Inverclyde now has a wealth of knowledge and experience to share and is well positioned to facilitate and coach other communities who wish to take forward similar initiatives. As each community is different this could not be a traditional knowledge transfer that applies evidence based practice into another setting. It must be more of a social learning and knowledge exchange.

Action Learning

In September 2016, the International Centre for Integrated Care linked Compassionate Inverclyde with colleagues from the New Health Foundation, a not for profit organisation based in Seville which leads the compassionate communities movement in Spain and Latin America (Herrera–Molina et al., 2017).

The Spanish model is similar to the one developed by Inverclyde: based on cooperation, innovation and community involvement in a 'social lab' where citizens, local organisations, public institutions and other community work together to share experiences, understand each other's needs, create a common narrative of change and design actions for a better future through:

- Listening
- Co-creation
- Action and scaling up
- Evaluation and communication

The New Health Foundation has established an action learning community in Spain to bring together compassionate community leaders from different regions alongside their academic partners.

The team offer facilitation, coaching, advice on sustainability, guidance on education and evaluation, and broker peer support across the community of practice. The action learning extends to Latin America.

We suggest there is merit in taking this approach in Scotland, alongside partners who have already expressed interest – colleagues from the Isle of Man and the Republic of Ireland.

It is clear that the Compassionate Inverclyde approach resonates well beyond palliative and end of life care. It exemplifies our ambitions for place based and people centred integrated care at all life stages. Compassionate Communities featured in the first Practice Brief published by the World Health Organisation to support the Global Framework on People-centred Integrated Health Services (WHO, 2018).

Knowledge exchange can be facilitated through the International Centre for Integrated Care and their international special interest groups on Palliative and End of Life Care (led by Hospice Isle of Man); Self Management and Co-production (led by the Health and Social Care Alliance Scotland); and Frailty (with the European Joint Action on the prevention and management of frailty).

Compassionate Inverclyde, Compassionate Seville, Compassionate Getxo and Hospice Isle of Man have already hosted joint webinars and workshops. The New Health Foundation, the International Centre for Integrated Care, and the Scholl Academic Centre are planning a knowledge exchange study day in April 2019 in partnership with the University of Deusto in the Basque Country.

For more information contact:
IFICScotland@integratedcarefoundation.org
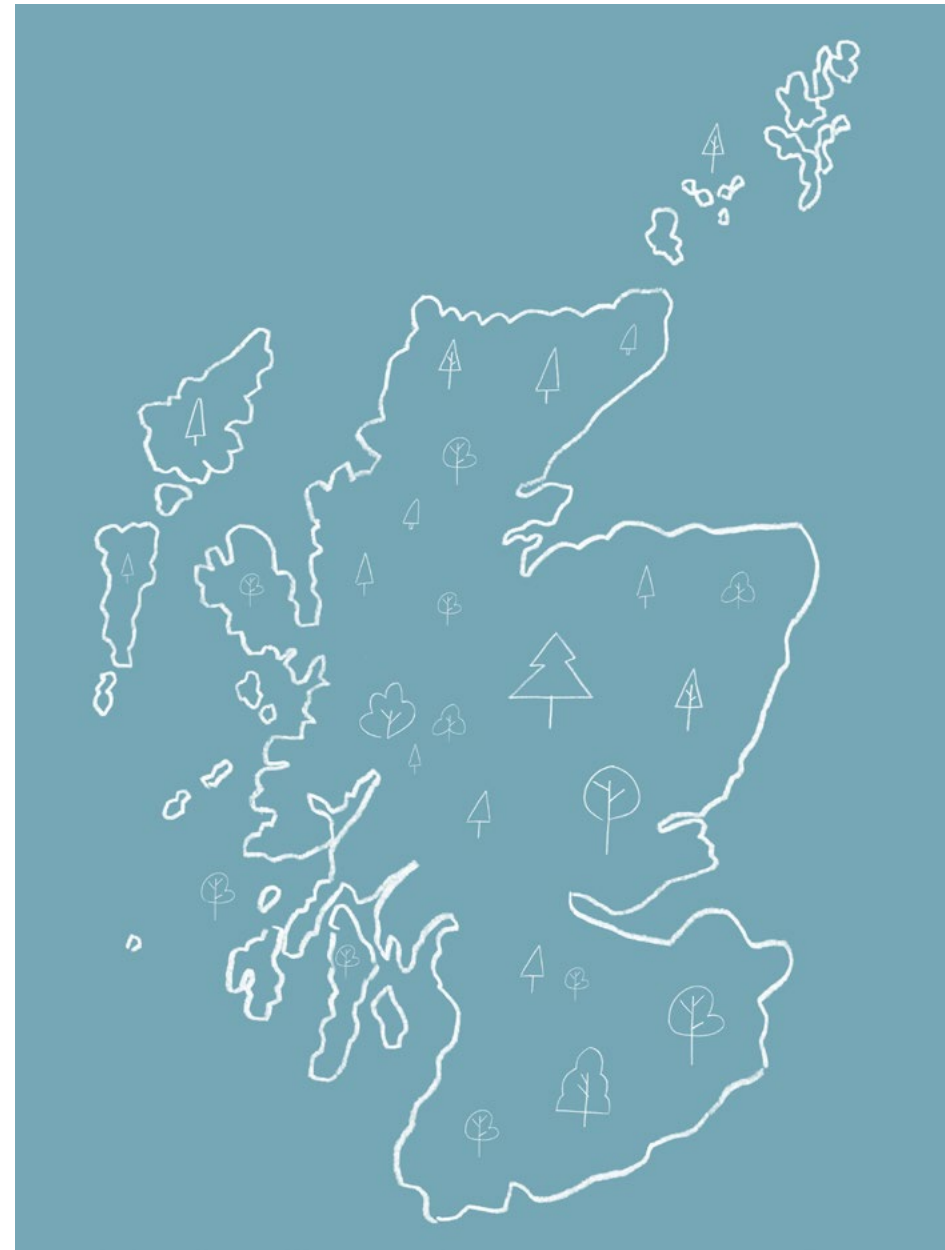
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Note: All URLs accurate as of November 2018

Inverclyde council

Report To:	**Health & Social Care Committee**	**Date:**	**10 January 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care** **Partnership** **Alan Puckrin** **Chief Financial Officer**	**Report No:**	**FIN/125/18/AP/FMcL**
Contact Officer:	**Fiona McLaren**	**Contact No:**	**01475 712652**
Subject:	**Revenue & Capital Budget Report – 2018/19 Revenue Projected Outturn as at 31 October 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 October 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 7, there is a projected underspend of £520,000, an increase in underspend of £440,000 since last reported to Committee. Of the total underspend, £293,000 relates to employee costs (which are detailed below), an increase in underspend of £204,000 since last reported following a detailed review of when vacant posts are expected to be filled. The employee cost underspend is inclusive of service reviews and early achievement of 2019/20 budget savings. An analysis of the main elements of the £520,000 underspend are:

- A projected underspend of £70,000 within internal homecare due to vacancies, which are partially offsetting the increased costs of external homecare below,
- A projected underspend of £122,000 within Learning Disabilities and £107,000 within Addictions employee costs due to service reviews and early achievement of 2019/20 savings targets,
- A projected underspend of £69,000 within Children and Families employee costs due to additional turnover savings being achieved,
- Projected underspends on client care packages in Day Services £45,000 and Learning Disabilities £164,000 due to changes in care packages. This is preparation for 19/20 saving of £174,000 from LD,
- A one-off income from an external provider of £110,000.

Offset by:
- A projected overspend in external homecare of £148,000 due to increased hours as more people are cared for in their own homes. This is a decrease of £57,000 since the

last Committee and relates to decreases in the number of client packages,

- A projected under-recovery of Homelessness income of £85,000 based on current Tenancy Agreements.

2.2 It should be noted that the 2018/19 budget includes agreed savings for the year of £1,555,000. At period 7 there is a projected over-recovery of £276,000 on the agreed savings, £256,000 of which relates to the Residential & Nursing beds which will be added to the smoothing earmarked reserve and £20,000 relates to over-recovery on posts within Learning Disabilities & Addictions.

2.3 The Social Work 2018/19 capital budget is £1,364,000, with spend to date of £86,000. 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 10.19% 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 7. There is spend to date of £575,000 which is 91.85% of the phased budget

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 £520,000 on current year revenue budget as at 31 October 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 £520,000 underspend.

5.0 2018/19 CURRENT REVENUE POSITION: Projected £520,000 underspend (1.08%)

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 £82,000 (0.8%) underspend**

The projected underspend is £115,000 less than last reported to Committee and is primarily due to additional turnover. Employee costs are projecting an underspend of £69,000. There are projected overspends in residential accommodation of £83,000 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, children's external residential accommodation and continuing care are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above figures. At period 7 there is a projected net overspend of £11,000 on children's external residential accommodation, adoption, fostering and kinship and a projected net underspend of £55,000 on continuing care which would be transferred to the earmarked reserve at the end of the financial year.

5.2. **Older People: Projected £27,000 (0.11%) overspend**

The projected overspend is £178,000 less than previously reported and comprises:

- A projected underspend on homecare employee costs of £70,000, a decrease in spend of £34,000 since last reported to Committee mainly due to additional turnover savings,
- Projected underspends totalling £14,000 within employee costs in other Older People services due to additional turnover being achieved, which is a decrease in spend of £44,000 since last reported,
- A projected overspend on external homecare of £148,000, a decrease in spend of £57,000 since the period 5 report to Committee. This relates to a decrease in the number of client packages. The overspend is partially offset by an underspend in employee costs as mentioned above,
- A projected underspend of £45,000 on Day Services current client numbers, a decrease in underspend of £15,000 since last reported.
- A projected over-recovery of income by £22,000 mainly due to a projected increase in Community Alarms income of £29,000.

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 7 there is a projected underspend of £256,000 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 £258,000 (3.49%) underspend**

The projected underspend is £82,000 more than previously reported and comprises:

- A projected underspend of £122,000 on employee costs which is a decrease in spend of £42,000 since last reported due to additional turnover savings. The projected underspend is inclusive of early achievement of 2019/20 budget savings.
- A £164,000 projected underspend on client commitments since last reported due to changes to packages. This is partly due to the full year impact of package changes in 2017/18. This is an increase in underspend of £83,000.
- A £37,000 under-recovery of income from other Local Authorities which is due to a reduction in the number of service users using day centres within Inverclyde.

5.4. **Physical Disabilities: Projected £8,000 (0.33%) underspend**
The projected underspend is £6,000 more than previously reported and includes:

- A £11,000 underspend on employee costs due to an over-recovery of turnover target, a decrease in spend of £39,000 since last reported,
- A projected overspend of £20,000 on client package due to changes mostly within direct payments, an increase in spend of £7,000 since period 5,
- A projected over-recovery of £19,000 in service user income which is a decrease in income of £24,000 since last reported.

5.5. **Assessment & Care Management: Projected £20,000 (1.02%) overspend**
The projected overspend is £3,000 less than the period 5 report to Committee and includes:

- A £27,000 underspend within employee costs due to additional turnover being achieved.
- A £17,000 projected overspend in external transport costs for transport to respite and hospital. This is a decrease in spend of £6,000 since last reported.
- A £24,000 projected overspend within Client Commitments resulting from an increase in client numbers.

5.6. **Mental Health: Projected £136,000 (11.64%) underspend**
The projected underspend is £26,000 more than the period 5 report to Committee and the movement relates to additional underspends within client commitments due to changes in packages. A one-off income of £110,000 from an external provider was previously reported to Committee.

5.7. **Addictions: Projected £108,000 (11.12%) underspend**
The projected underspend is £48,000 more than previously reported to Committee. The underspend mainly relates to additional turnover on employee costs of £107,000 an increase in turnover being achieved of £37,000. The projected underspend is inclusive of posts taken as part of 2019/20 budget savings.

5.8. **Homelessness: Projected £93,000 (11.67%) overspend**
The projected overspend is £80,000 more than previously reported and is mainly due to an under-recovery of Homelessness income of £85,000 based on current Tenancy Agreements.

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 a future Health & Social Care Committee.

5.9 **Planning, Health Improvement & Commissioning: Projected £52,000 (2.94%) underspend**
The projected underspend is £53,000 more than previously reported mainly due to:

- £167,000 overspend within employee costs, £191,000 of which is funded through grant income,
- £18,000 underspend within Welfare Reform and
- £220,000 projected additional income, £191,000 of grant income to fund employee costs and £29,000 for recharges.

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,
- £115,000 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 as previously reported. Expenditure on all capital projects to 31st October is £86,000 (10.19% of the revised budget). Appendix 4 details capital budgets.

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.
- The Contractor commenced on site in October with foundation and drainage works in progress.
- The Contract Period is 39 calendar weeks with projected completion in July 2019.

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 ongoing.

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 have now been completed.

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.
- Decanting of staff has taken place and the service temporarily relocated.
- Contractor currently on site and progressing the works.
- Target programme is completion in January 2019.

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 7. There is spend to date of £575,000 which is 91.85% of the phased budget.

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 and Continuing Care
- Residential & Nursing Accommodation.

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

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 7   1 April 2018 - 31st October 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	15	0	0	0	24,662	0	24,662
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	(125)	0	0	0	1,923	0	1,923
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	(31)	0	0	0	1,784	0	1,784
Business Support	(3,567)	0	364	0	0	0	(3,203)	0	(3,203)
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 Resources

Savings/Reductions

                                                                     268

Social Work

Revenue Budget Projected Outturn

Period 7 1 April 2018 - 31st October 2018

2017/18 Actual £000	Subjective Analysis	Approved Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Outturn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
25,962	Employee costs	26,297	27,390	27,097	(292)	(1.07%)
1,130	Property costs	1,105	1,116	1,070	(46)	(4.15%)
967	Supplies & services	837	912	981	69	7.54%
371	Transport & plant	380	380	388	7	1.88%
786	Administration costs	809	774	801	27	3.51%
38,556	Payments to other bodies	38,551	39,437	39,264	(173)	(0.44%)
(14,904)	Income	(14,200)	(15,962)	(16,074)	(112)	0.70%
52,867		**53,779**	**54,047**	**53,527**	**(520)**	
(5,980)	Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
(1,190)	Transfer to EMR	0	0	0	0	
45,698	**Social Work Net Expenditure**	**47,794**	**48,062**	**47,542**	**(520)**	**(1.08%)**

2017/18 Actual £000	Objective Analysis	Approved Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Outturn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
10,278	Children & Families	10,429	10,194	10,112	(82)	(0.80%)
0	Criminal Justice	0	0	0	0	0.00%
24,463	Older Persons	24,647	24,662	24,690	27	0.11%
7,053	Learning Disabilities	7,143	7,404	7,146	(258)	(3.49%)
2,196	Physical & Sensory	2,338	2,357	2,349	(8)	(0.33%)
1,613	Assessment & Care Management	2,048	1,923	1,942	20	1.02%
1,215	Mental Health	1,168	1,168	1,032	(136)	(11.64%)
1,003	Addiction / Substance Misuse	973	973	865	(108)	(11.12%)
966	Homelessness	801	801	894	93	11.67%
1,740	PHIC	1,815	1,784	1,731	(52)	(2.94%)
2,339	Business Support	2,418	2,782	2,765	(16)	(0.59%)
52,867		**53,779**	**54,047**	**53,527**	**(520)**	
(5,980)	Contribution from IJB	(5,985)	(5,985)	(5,985)	0	0.00%
(1,190)	Transfer to EMR	0	0	0	0	
45,698	**Social Work Net Expenditure**	**47,794**	**48,062**	**47,542**	**(520)**	**(1.08%)**

Notes:

1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.

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

Social Work

Material Variances

Period 7   1 April 2018 - 31st October 2018

2017/18 Actual	Budget Heading	Revised Budget 2018/19	Proportion of budget	Actual to 31/10/18	Projected Outturn 2018/19	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	
	Employee Costs						
5,437	Children & Families	5,477	3,000	2,898	5,408	(69)	(1.26%)
7,523	Homecare	7,840	4,296	4,256	7,770	(70)	(0.89%)
352	Day services	353	194	175	318	(35)	(9.92%)
2,417	Learning Disabilities	2,534	1,390	1,273	2,412	(122)	(4.81%)
1,573	Assessment & Care management	1,703	925	912	1,676	(27)	(1.59%)
1,113	Addictions	1,217	667	608	1,110	(107)	(8.79%)
1,542	Planning, Health Improvement & Commissioning	1,560	813	940	1,727	167	10.71%
1,403	Business Support	1,416	776	753	1,393	(23)	(1.62%)
21,360		22,100	12,061	11,815	21,814	(286)	(1.29%)
	Other Variances						
3,765	Older People - homecare external providers	3,704	2,160	1,809	3,852	148	4.00%
249	Older People - day services	376	219	161	331	(45)	(11.97%)
7,713	Learning Disabilities - client commitments on support packages	8,198	4,782	3,607	8,034	(164)	(2.00%)
1,647	Physical Disabilities - Client Commitments	1,634	953	923	1,654	20	1.22%
0	Community Alarms - Income	(168)	(98)	(132)	(197)	(29)	17.26%
(4,047)	Learning Disabilities - Income	(3,992)	(2,329)	(2,190)	(3,955)	37	(0.93%)
(2,600)	Mental Health - income	(2,621)	(1,529)	(1,453)	(2,731)	(110)	4.20%
(115)	Planning, Health Improvement & Commissioning - Income	(192)	(112)	(154)	(412)	(220)	114.58%
(722)	Homelessness - Income	(734)	(428)	(187)	(649)	85	(11.58%)
5,890		6,205	3,618	2,384	5,927	(278)	(4.48%)
27,250	**Total Material Variances**	28,305	15,679	14,199	27,741	(564)	(1.99%)

Social Work

Capital Budget 2018/19

Period 7   1 April 2018 - 31st October 2018

Project Name	Est Total Cost	Actual to 31/3/18	Approved Budget 2018/19	Revised Est 2018/19	Actual to 31/10/18	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	60	943	294	0
Hillend Sprinkler	46	13	33	33	25	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	125	0	15	0	0
Wellpark Centre internal alterations	115	0	105	105	1	10	0	0
Complete on site	105	47	58	58	0	0	0	0
Social Work Total	**2,320**	**214**	**1,364**	**844**	**86**	**968**	**294**	**0**

Social Work

Ear Marked Reserves

Period 7 - 1 April 2018 to 31 October 2018

Project	Lead Officer/ Responsible Manager	Total Funding 2018/19 £000	Phased Budget to Period 7 2018/19 £000	Actual to Period 7 2018/19 £000	Projected Spend 2018/19 £000	Amount to be Earmarked for 2019/20 & Beyond £000	Lead Officer Update
Self Directed Support	Alan Brown	43	0	0	0	43	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Helen Watson	26	0	0	1	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund	Louise Long	384	287	258	334	50	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Carry forward is a post which is no longer being funded.
Delayed Discharge	Louise Long	462	122	129	430	32	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. Final year of project.
CJA Preparatory Work	Sharon McAlees	69	36	30	69	0	Post for one year to address the changes in Community Justice.
Welfare Reform - CHCP	Andrina Hunter	22	0	13	22	0	Costs for case management system to be incurred over three years, 2018/19 being the final year.
Swift Upgrade	Helen Watson	76	12	0	31	45	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
LD - Integrated Team Leader	Alan Best	66	36	31	56	10	Two year post to develop the learning disability services integration agenda.
LD Review	Alan Best	329	115	110	153	176	Funding for one grade L post for two years and 3 grade H/I posts for two years. One off spend incurred in 18/19 on community engagement to address the LD service review.
Continuing Care Employees	Sharon McAlees	263	4	0	164	99	To address new continuing care legislation issues arising from inspection. There will be costs of £187k transferred from Learning Disabilities at the year end.
Service reviews	Alan Brown	92	14	4	25	67	Funding for two posts in 18/19 to carry out service reviews. Posts appointed to in September 18.
Dementia friendly properties	Deborah Gillespie	100	0	0	0	100	Dementia friendly properties. Dementia Strategy still being developed.
Total		**1,947**	**626**	**575**	**1,300**	**647**	

Social Work

Virement Requests

Period 7 1 April 2018 - 31st October 2018

Budget Head	Increase Budget £000	Decrease budget £000
Carers Act Funding		(143)
Older People - Respite	143	
	143	(143)

Notes

Moving budget from Carers Act Funding to Older People Respite as expenditure being incurred here

Inverclyde
council

Report To:	**Health and Social Care Committee**	**Date: 10 January 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care** **Partnership (HSCP)**	**Report No:** **SW/08/2019/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 the View residential childcare service completed on 10th September 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 which regulates 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 were as follows

1. Quality of care and support   6 Excellent
2. Quality of management and leadership 6 Excellent

3.0 RECOMMENDATIONS

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

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 the View was completed on 10th September 2018.

4.2 The inspection focused on two quality standards.

Quality of care and support
Quality of management and leadership

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 that believes in maximising every individuals unique potential. Particular reference was made to the way young people are supported to be emotionally resilient, having a strong sense of their own identity so that they can address their experiences of trauma and neglect.

4.5 There were several examples of the View's therapeutic approach. Reference was made to their embedded practice for young people to repair relationships with their previous carers when separation had taken place, and the advocacy role of all staff members with other support services.

4.6 The leadership skills of the Manager were highlighted by the ethos that she has founded in making young people's experience of care a positive and by the way that she manages her staff, all of which were reaffirmed by staff.

4.7 There is also a culture of shared leadership, with several excellent examples of staff being encouraged to lead creatively through their shared communication, life story work, and supporting a young person to transition into their own flat.

4.8 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. The View 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.

6.0 CONSULTATION

6.1 None.

7.0 LIST OF BACKGROUND PAPERS

7.1 Care Inspectorate Report.

care
inspectorate

The View
Care Home Service

Cadross Crescent
Greenock
PA15 3HT

Telephone: 01475 715809

Type of inspection:
Unannounced

Completed on:
10 September 2018

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001105

HAPPY TO **TRANSLATE**

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 previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011. At the beginning of 2018, the service previously registered as Neil Street became registered as The View.

A purpose built design, The View is registered to accommodate up to six young people who are looked after and accommodated by the local authority. During our inspection there were six children and young people living there.

The house offers space and comfort to the young people who live within it. The layout has been well considered and the young people have had significant input into its decoration. The house consists of a large kitchen/diner, a dining room, a large lounge, a games room, two bathrooms and a sun room with bi-fold doors that open onto a large area of decking. There are six bedrooms each with en-suite facilities. The staff have access to a small office and the study room which young people can also use for homework and projects. The grounds surrounding the house offer lots of space for outdoor games and relaxation. The service is located in a residential part of Greenock and has good transport links to the town and surrounding areas.

The aims of the service include:

"We aim to provide an environment for young people which actively promotes positive growth and change within a caring and structured residential setting, with caring and motivated staff".

What people told us

We spoke with all six young people who live in the service and also one young person who had recently transitioned into her own tenancy. They consistently told us that the manager and staff cared about them and made a significant effort to try and make their lives better. We also spoke with visiting professionals and family members who reiterated to us that the level of care and commitment from the service was of the highest standard.

"the house feels like a family home".

"When I lived here the staff helped me to feel normal and to have the same opportunities as other young people".

"I really like the view from my bedroom".

"Most of all, I am impressed with the commitment they show to the young people".

"The View know when to pick the right moment with the young people".

"We look beyond the behaviour. Sometimes if you only look at what you are being told you will make the wrong decision".

"We all work together and we communicate with each other".

"I got transferred here and the manager had a plan for me. It was flawless. I feel like a new worker and I am full of energy".

Self assessment

Not required

From this inspection we graded this service as:

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

What the service does well

During this inspection we considered the quality themes relating to Care and Support and Management and Leadership. Further to speaking with young people, parents, members of the staff team, other professionals and reviewing written evidence, we concluded that the service was performing at a level of excellence for both quality themes.

We found that young people who live in The View get the most out of life because the service has an embedded enabling attitude that believes in maximising every individuals unique potential. Furthermore, they are supported to be emotionally resilient, have a strong sense of their own identity and can address any experiences of trauma or neglect. This is being achieved because the service has a significant strength in trauma informed practice. The local children and adolescent mental health team told us that the service complimented their work and jointly they were effectively addressing young people's historical trauma.

We were hugely impressed by the significant level of thinking that went into planning a young person's day to day care. We heard from staff, the manager and external professionals that a lot of time was spent trying to understand behaviour as they sought to meet the needs of the young people. As a result the outcomes for young people were of a consistently high standard. Where there was an opportunity to support a young person the service moved to seize those moments in an attuned and timely manner. For example, during difficult periods at school it was commonplace for the staff to go into school and support the young people until they were settled again.

There were several excellent examples of care and support that had benefitted from The View's therapeutic approach. It was embedded practice for young people to repair relationships with previous carers when a separation had taken place. We observed staff working incredibly hard to get alongside parents to ensure they supported the care plan, often from positions of initial difficulty. We considered that the services nurturing approach brought families back together and families told us they were delighted with the support their children received.

The manager had founded a clear ethos in the service that young people's experiences in care should be positive. We heard from young people that they were comfortable living in the house because the staff and manager worked so hard to support them.

We found that young people felt enabled to have their friends visit and that anyone involved with them was made to feel very welcome. This created a family home environment and we observed warm and understanding interactions between the young people.

Like a supportive family, the service focused on consistency. The staff made an enormous effort to communicate with one another so that young people received the same guidance and direction. The manager led by example, with a passion and vigour that drove the team forward and promoted the best experiences for the young people. We were told that the rules in the house were fair and there was evidence that all decisions were discussed with young people to support understanding.

We spent time in the house looking at the life story work the young people had completed. It was evident to us that they were proud of their achievements but also of the many activities and experiences they had shared with the staff and management team. It was common place for the service to go on holiday with the young people to destinations that built a sense of routine and comfort. In the last year two young people had completed the West Highland Way with the staff team which was a significant achievement.

The staff told us that they were encouraged to think creatively by the manager and they considered that their views and ideas, alongside those of the young people, were integral to the service development plan. The manager had an understanding of each individual's strengths and weaknesses which made them feel supported and inspired them to take on new opportunities. We heard from several staff members of the high level of support and nurturance they received from the management team, which we believed had directly founded the excellent level of care and support.

We spoke with staff from local high schools who told us about the pioneering advocacy demonstrated by the staff and manager. For one young person the manager had attended a school in-service day in order to meet all of their teachers. The manager had presented an overview of the young person's needs and this had significantly up skilled the teachers' ability to nurture the young person, to support the wider care plan and importantly support educational attainment.

Prior to the inspection the service had successfully transitioned one young person into her own flat and another young person had moved in. From our observations both transitions were examples of best practice. The transition into the service was completed over a period of time. Despite the ending placement being under pressure it was supported to ensure that everything was completed at the pace of the young person. As well as this, contact with the previous carers continued, ensuring relationships were maintained and the young person retained an understanding of their journey.

Across all our findings the experiences of young people were consistently of the highest level. We concluded that this was because the service was focused wholeheartedly on positive lifelong outcomes for the people they looked after.

What the service could do better

During our inspection we observed a culture of continuous improvement. As a result we shared discussions with managers about developing staff into leaders for the future. We were assured that the service has a clear strategy in place to ensure that the very high quality performance will be maintained going forward.

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	
4 Sep 2017	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent Not assessed
30 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
31 Aug 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	5 - Very good 5 - Very good 5 - Very good 4 - Good
16 Jan 2014	Unannounced	Care and support Environment	5 - Very good 4 - Good

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	4 - Good
17 Jan 2013	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
24 Aug 2011	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	Not assessed
		Management and leadership	Not assessed
28 Jan 2011	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Aug 2010	Announced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	6 - Excellent
20 Jan 2010	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	6 - Excellent
		Management and leadership	Not assessed
10 Jun 2009	Announced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
8 Jan 2009	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
11 Aug 2008	Announced	Care and support	6 - Excellent
		Environment	5 - Very good

Date	Type	Gradings	
		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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Inverclyde council

Report To:	**Health & Social Care Committee**	**Date:**	**10 January 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde HSCP**	**Report No:**	**SW/10/2019/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Children Services and** **Criminal Justice**	**Contact No:**	**01475 715365**
Subject:	**INSPECTION OF ADOPTION 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 announced (short notice) inspection carried out by the Care Inspectorate in respect of the Adoption Service completed on 31st August 2018.

2.0 SUMMARY

2.1 Inverclyde Adoption Service is subject to regular inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body which regulates 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 were as follows
   1. Care and Support   5 Very Good
   2. Management and Leadership   6 Excellent

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde Adoption Service is registered with the Care Inspectorate and is inspected on a regular basis. An announced (short notice) inspection of the Adoption Service was completed on 31st August 2018.

4.2 The inspection focused on two quality standards:-

- Quality of Care and Support
- Quality of Management and Leadership

4.3 Following discussions with adopters, birth parents, managers and Panel members, including a review of written evidence, the service was graded as very good for care and support and performing at a sector leading level of excellence for management and leadership.

4.4 The Care Inspectorate noted that care and support were of a very high standard with some areas of excellence. They noted that learning and development of adopters was of a high level and highlighted the support offered through the Birth Ties Support Project improving the provision offered to birth family members affected by adoption.

4.5 There is a strong improvement focus within the agency and they noted that the quality of staff was outstanding and noted the passion and drive to provide the best possible service from a nurture perspective.

4.6 They noted the positive and enhanced care and support provided to young people affected by adoption through the introduction of child appreciation days. The development in support offered to those seeking information regarding their birth family was also recognised.

4.7 The Adoption Service has recently rebranded which has enhanced ongoing recruitment campaigns and incorporated the voice of adopters sharing their experience.

4.8 There were no recommendations or requirement issued. It was noted that the service could strengthen the involvement of young people and their views through the service and adoption panels; this is an area within the Adoption Service's continuous improvement plan. Other areas the service continue to develop include later life letters and life story information, transition for children and young people into permanent placements and support for the friends and family of adoptive parents.

5.0 PROPOSALS

5.1 The Adoption Service will continue to build on the positive feedback of the inspection and continue to ensure the service develops.

6.0 IMPLICATIONS

Finance

6.1 No 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

6.2   No implications

Human Resources

6.3   No implications

Equalities

6.4   Has an Equality Impact Assessment been carried out?

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

Repopulation

6.5   No implications

7.0   CONSULTATIONS

7.1   None

8.0   LIST OF BACKGROUND PAPERS

8.1   Care Inspectorate Report

Inverclyde Council Adoption Service
Adoption Service

Inverclyde HSCP
Hector McNeil House
7 - 8 Clyde Square
Greenock
PA15 1NB

Telephone: 01475 715365

Type of inspection:
Announced (short notice)

Completed on:
31 August 2018

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2005087048

About the service

Inverclyde Council's Adoption Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011. They provide a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children who cannot live with their birth parents or extended family members, and whose needs have been assessed.

Since the last inspection, the service have approved two adopter households with a further five potential adoptive households undergoing assessment. The service also provides formal post adoption support for two families.

Inverclyde Council Fostering Service was inspected at the same time and a separate report is available.

The service is part of Inverclyde's Health and Social Care Partnership, that brings together community health services and social work services.

As the findings of this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every service user.

What people told us

During this inspection, we spoke to the Manager and the two full time members of staff. We spoke to two adopters during home visits and a further six during a focus group.

Staff informed us that they felt highly supported and involved by the service and were receiving high levels of support to develop their own skills and in turn the service as a whole.

Staff told us:

"The Manager is very pro-active and we have regular team meetings and development days to review the progress of the service and to consider new ways of improving things".

Adopters told us:

"Our social worker made the assessment process as easy as she could. We were kept fully informed at all times and nothing came as a surprise during the assessment".

"After the intensity of the assessment and the panel we felt a bit in limbo. We were told to expect this and we are not sure what else the service could have done to support us at this time".

"The spotlight training sessions and support groups are great ways to meet with other adopters and to learn more information in which helps us care for our young people".

"The service always has someone there for you to speak to if needed".

Birth parents told us:

"The social workers helped me share information about my life with my children who had been adopted and supported to write a letter for them'".

"The service has helped me come to terms with the decision made for my children to be adopted and I hope that I have been able to give something back to my children with their help".

One adoptee told us:

"The social worker went above and beyond to help me find out about and locate my birth mum. We have not met but we do send emails and I feel I have been helped to get answers about some parts of my life"

Self assessment

A self-assessment was not requested for this inspection year, however, we looked at the last self-assessment completed in 2016 and spoke with the manager who provided an adoption service development plan and evidence of recent work and practice highlights.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	6 - Excellent

What the service does well

Care and support was of a very high standard with some areas of excellence and systems of multi-disciplinary matching prior to placements indicated the strong improvement focus within the agency.

Learning and development for carers was supported through Spotlight sessions and support to adopters was of a high level during the assessment process and post adoption.

The service is at the early stages of the delivery of appreciation days for young people. The evidence seen of those which have recently taken place were positive and enhanced the care and support provided to young people.

The quality of staffing was outstanding and the approach to learning and development evidenced a passion and a drive to provide the best possible service from a nurture perspective. All staff had regular supervision and were encouraged to be reflective and keep up to date with research and best practice. Staff felt very well-supported by managers and had opportunities to develop leadership skills by contributing to improvement activities.

The manager of the service was improvement focused and had used person centred planning to review the plan for the team. The manager was recognised at a national level for her outstanding commitments to supporting vulnerable people in Inverclyde at the Scottish Social Services Awards.

The service has developed its Birth Ties Support Project, improving provision offered to birth parents to give more support to those going through the process. This service also assists in ascertaining views for children's futures and assisting with writing of later life letters. This project was a finalist in the making research & evidence real

category at the Scottish Social Services Awards. It evidenced joint working with Celcis and sharing of knowledge at a Celcis practice exchange workshop and the Adoption and Fostering Alliance conference and there have been other Local authorities seeking advice in relation to taking such a service forward in their area.

The service has rebranded and enhanced its recruitment campaigns through the use of an online interactive journey using the voice of adopters.

The service is developing its Origins counselling provision to support those looking for their birth families.

We looked at child protection procedures and practice and were satisfied that there were procedures and practice in place to ensure service users are protected.

What the service could do better

We found that the service could strengthen the involvement of young people and their views throughout the service and in the adoption panels.

Whilst the service has made efforts to increase the provision of Later life letters, they are aware that this is an areas which still requires further development. The Birth Ties Support project has the potential to improve this feature of the service.

As was identified at the last inspection, transitions remain a key element through all discussions with adopters and the service should work to increase the understanding and planning for transitions. The service already have a group of staff focusing on this. Some adopters were of the view that post adoption support for friends and family could be improved to ensure a continued understanding of the processes and in turn the support they offer to the adoptive family.

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	
12 Aug 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
8 Jan 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
14 Mar 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

Inspection report

Inverclyde council

Report To:	**Health & Social Care Committee**	**Date:**	**10 January 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde HSCP**	**Report No:**	**SW/09/2019/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Children's Services** **And Criminal Justice**	**Contact No:**	**01475 715365**
Subject:	**INSPECTION OF FOSTERING 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 short notice inspection carried out by the Care Inspectorate in respect of Inverclyde's Fostering Service completed on 31st August 2018

2.0 SUMMARY

2.1 Inverclyde Fostering Service is subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body which regulates care services across Scotland ensuring that service users and foster carers 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 it performed against two quality themes. The summary of the grades awarded were as follows:

Quality of care and support   5 very good
Quality of management and leadership   5 very good

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde's Fostering Service is registered with the Care Inspectorate and is inspected on a regular basis. An announced short notice inspection was completed on 31st August 2018.

4.2 The inspection focused on two quality themes:

- Quality of Care and Support
- Quality of Management and Leadership

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 a very good standard in both quality themes.

4.4 The Care Inspectorate noted that participation of young people had improved since the last inspection with various forums and advocacy in place; the Champions Board was a particular area of strength. The good outcome for children and young people was linked to the high level of support provided to foster carers by the service.

4.5 Staff presented as child centred in their approach and were skilled and knowledgeable about the fostering task. The level of support to foster carers was viewed as relevant and proportionate of the needs to foster carers and the children and young people in their care.

4.6 The inspectors noted that improvements had been made in the standard of foster home review documentation and timescales since the last inspection and that weekly reviews were now been held with the Quality Improvement and Planning Officers to try to prevent drift when planning for children. Written reports for foster home reviews were now more consistent and outcome focused.

4.7 The inspectors observed a disruption meeting and were impressed by the depth of knowledge participants had about the young person's experiences and that thorough and relevant information was discussed. Although this was seen as strength, they asked that improvement be made. One area was a more independent chair and this has been taken forward and the Team Lead for Permanence and Adoption will now chair the meetings.

4.8 There have been a number of staff changes since the last inspection and team morale has been noted as good. The care and support to foster carers and children has remained a key priority. Cohesion and stability were viewed as an improving picture from the inspector's discussions with staff and carers. Staff appreciated line management support. The co-location of social work staff was seen as a particular strength.

4.9 The inspectors discussed with management the need to register as an adult service to take account of the young people who have opted for continuing care and this has been completed.

4.10 There were three recommendations from the report.

1. The service should ensure that it obtains robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within appropriate timescales.

2. When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.

3. The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements.

5.0 PROPOSALS

5.1 The Fostering Service has noted the recommendations and these will be included within the service development plan.

6.0 IMPLICATIONS

Finance

6.1 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

6.2 No implications

Human Resources

6.3 No implications

Equalities

6.4 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

6.5 No implications

7.0   CONSULTATIONS

7.1 None

8.0   LIST OF BACKGROUND PAPERS

8.1   Inspection Report

Inverclyde Council Fostering Service
Fostering Service

Hector Mc Neil House
7-8 Clyde Square
Greenock
PA15 1NB

Telephone: 01475 715365

Type of inspection:
Announced (short notice)

Completed on:
31 August 2018

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2005087054

About the service

Inverclyde Council's Fostering Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011.

The service provides a fostering and family placement resource for children and young people aged from birth to 18 years who are assessed a needing the service. The service recruits and supports carer families to provide a range of fostering placements including interim, long term and permanent foster carers . Four foster carer households had been approved since the last inspection. At the time of the Inspection, one carer household had just been approved and another potential foster care family were in the process of being assessed.

At the time of the inspection 38 children from Inverclyde Council were placed within Inverclyde's 34 approved foster care households. Five children had also been placed with external registered foster carers on a permanent basis. Inverclyde council also have a large number of children in kinship care placements. Kinship carers' are assessed and provided with on-going support from the family placement team. Kinship care arrangements are provided by a child's extended family or by a close friend who had a pre-existing relationship with the child.

Inverclyde Council Adoption Service was inspected at the same time and a separate report is available.

The fostering service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

What people told us

We met with one child during a home visit, observed two very young children, and spoke with twenty five foster carers in total. We also received five responses to questionnaires that were sent to foster carers prior to the Inspection starting, and we also spoke with locality social workers.

The majority of the feedback from foster carers we spoke with was very positive, however, we had mixed views within the returned questionnaires. Suggestions about improvements received from foster carers during the Inspection were shared with Managers at feedback. We were confident that these comments had been taken seriously and that they are likely to be used to improve service delivery.

Comments from foster carers Included:

'We know all the staff and managers right to the top of the team, I can't speak highly enough about Inverclyde'

'Typically the wellbeing assessment is very helpful, but does not tell you about the behaviour of the child'

'A lot of us have been carers with Inverclyde for a long time, and that tells you something'

'Training opportunities have been great so far. I give regular feedback via my social worker which is always fed back. We get feedback forms after panel meetings and training'

'I think they do well at supporting the foster carers to access any resources that may help the children to thrive. I have also always felt that care was taken to make sure I myself felt supported through regular respite breaks'

'We feel it was left to us to push for additional support, tutors especially, we had to request every school session. Without this he would not have gone onto university'

'Our worker had helped us greatly throughout the years, he is knowledgeable and understands the challenges of fostering'

As the findings of this inspection are based on a sample of foster carers, children and young people, Inspectors cannot assure the quality of experience for every single child receiving a service.

Self assessment

A self assessment was not requested for this Inspection year. The Manager provided us with their 2018/2019 development plan for the service.

From this inspection we graded this service as:

Quality of care and support   5 - Very Good
Quality of staffing   not assessed
Quality of management and leadership   5 - Very Good

What the service does well

Foster carers were focused on providing a positive nurturing environment for children and young people and understood that to do this they needed to build positive attachments. Carers informed us that training had improved since the last Inspection and was overall of a very good quality. Foster carers appreciated that they could request specific training which was tailored to the needs of children and young people. An example of this would be training on change, loss and grief, foster carers were also able to request support from independent specialist consultants if they felt they required this. It was evident that carers were motivated to learn and were confident in seeking out additional knowledge through, for example online training.

Participation for children and young people had improved since the last Inspection, with various forums being available for young people to express their views and receive independent advocacy if required. The introduction and development of the Champions Board was a particular area of strength. This type of forum creates a unique space for care experienced young people to meet with key decision makers and elected members to influence the design and delivery of services which directly affect them. The forum provides an opportunity for children and young people's achievements to be celebrated, and to enjoy socialising and engaging in purposeful activities to raise their self esteem.

It was clear that the good outcomes we identified for children and young people were linked to the high level of support provided to foster carers by the service, and through embedded collaborative practice with locality teams. Examples of good outcomes included, young people engaging and attaining to a high level at school, and for some this had led to success at university. Improvements in children's emotional regulation and general wellbeing were noted, and in some cases successful rehabilitation enabling children to return to their birth family. Children's aspirations were encouraged by foster carers and when agreed, opportunities were provided to maintain and build upon important positive relationships with family and friends. The majority of carers informed us that young people were strongly supported by the service during periods of transition.

Staff presented as child centred in their approach and were skilled and knowledgeable about the fostering task. The level of support given was generally proportionate to the needs of the carers and young people in their care.

Home visits and the level of developmental work were increased appropriately if there were any difficulties within the foster home. A particular strength of the service was that staff were confident and able to address any practice issues with carers in a supportive yet robust manner.

Since the last Inspection, there had been improvements in the standard of annual foster care review documentation, and additional weekly meetings were now also being held with independent reviewing officers. These developments enabled foster carer reviews to be held within more appropriate timescales, and written reports presented to the review were now more consistent and outcomes focused. We were advised by the manager and the reviewing officer, that meeting more regularly had been beneficial in terms of identifying areas of drift for any child or young person during the care planning process. We informed managers about the importance of formally reviewing the foster carers family support network during the annual review, which was not currently always covered, and were assured that this would be taken forward.

The fostering and permanence panel provided an important quality assurance mechanism for the service, and we observed an advice panel carrying this task out effectively during the inspection. We were impressed by individual panel members' knowledge and expertise, as well as their ability to reflect on difficult issues objectively. The panel clearly understood the importance of remaining child focused, and demonstrated thoughtful and sound decision making throughout.

When placements for young people ended prematurely, the service always held meetings to provide all key individuals (including the young person when appropriate), with an opportunity to share information, agree the factors that led to a sudden end and identify learning opportunities. We observed one of these meetings during this Inspection, and were impressed by the participants in depth knowledge about the young persons experiences, and the thorough and relevant discussions that took place. Although this type of practice was considered as an area of strength, we asked managers to consider making some further improvements, please see 'what the service could do better'.

There had been a number of changes within the staff team, since the last inspection including a change of manager, new workers had been recruited and changes to the way cases had been allocated. Despite these sometimes unsettling changes, the care and support of foster carers and their children had remained a key priority. Creating stability and cohesion throughout the service had also been a focus for managers, and it was evident that there was an improving picture from our discussions with staff and carers. Staff informed us that morale within the team was good, and new members of staff advised that they had been provided with a helpful and appropriate induction, and that they had been made to feel very welcome.

Staff appreciated line management support, and told us that they were provided with regular supervision and training opportunities to help them carry out their work. The co-location of social work services was seen by all as a real strength and we would agree that this appears to have helped maintain respectful relationships with other social work staff which were in the best interests of children.

We discussed with Managers the necessity to register the service as an adult placement provider with the Care Inspectorate. This is in line with the Scottish Governments Continuing Care Agenda where the aim is to provide young people with a more graduated transition out of care, reducing the risk of multiple disruptions and helping them to maintain supportive relationships. In terms of Inverclyde's young people, this will enable them to have a seamless transition from foster care to supported care, as carers' will be dual approved. Managers were receptive to taking this forward are were proactive in their approach to securing young people's futures. We will look at this area during the next service Inspection.

What the service could do better

The following are areas identified to build on current practice regarding sudden end of placement meetings:

1. The service should decide on a timeframe regarding when meetings should be held following the sudden end of a placement. It is important that these meetings are not held too soon after the placement breakdown when participants may be traumatised, or held too long after when participants may be less able to recall contributing factors.

2. At the time of the invitation to the meeting, a written report should be requested from interested parties. It is imperative that as much information as possible is provided to the chair in advance to allow time for analysis.

3. It is important that the person chairing the meeting is independent and always able to give an objective view of the circumstances. The service should make sure that an appropriate person is always identified to carry out this role.

At the last Inspection we recommended that improvements were required in relation to having a consistent and robust approach to the implementation of individual safer caring policies alongside risk assessments for children and young people. When we examined these documents during this Inspection, we continued to find weaknesses in areas such as, timescales for them to be completed and some records not holding up to date or accurate information. This will form a repeat recommendation (1)

Referral information about children and young people (including chronologies) received from social work teams could vary in terms of what was provided and when. While we were confident that staff were proactive in trying to obtain relevant information which carers require, we discussed with management the need to strengthen this area with social work colleagues over what information is required by carers prior to a child being placed. This will form recommendation (2)

During the Inspection we noted that a theme appeared to exist in relation to permanent placements for young people ending suddenly as carers struggled to support children through adolescence. Managers agreed that this is an area that requires attention, and we would ask the service to review the pattern of placement disruptions and develop a plan to reduce the unplanned ending of placements. This will form recommendation (3)

During the inspection, we noted that the service had not submitted all notifications to the Care Inspectorate. We discussed with management the need to develop a more robust system to ensure accidents and incidents are reported in a timely manner.

The areas we have identified for improvement did not call into question the overall very good practice highlighted within this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service should ensure that they obtain robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within an appropriate timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am protected from harm, because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

2. When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4).

3. The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty " (HSCS 3.18).

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	
12 Aug 2016	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
8 Jan 2015	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
28 Feb 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

Inspection report

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Inverclyde council

Report To:	**Health & Social Care Committee**	**Date:**	**10 January 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde HSCP**	**Report No:**	**SW/07/2019/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Children's Services &** **Criminal Justice**	**Contact No:**	**01475715282**
Subject:	**SCOTTISH ATTAINMENT CHALLENGE – CARE EXPERIENCED CHILDREN AND YOUNG PEOPLE FUNDING**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee about additional funding for care experienced children and young people aimed at improving education outcomes through the *Scottish Attainment Challenge – Care Experienced Children and Young People Funding.*

1.2 The report outlines the spending allocation for Inverclyde in conjunction with the implementation and governance arrangements.

2.0 SUMMARY

2.1 The Getting It Right for Every Child (GIRFEC) approach underpins the Scottish Attainment Challenge to improve outcomes and support the wellbeing of children and young people affected by poverty and deprivation across Scotland.

2.2 The Care Experienced Children Attainment Funding is designed to enable local authorities as corporate parents to make decisions that improve the attainment of care experienced children and young people. It provides the opportunity for the Chief Social Work Officer and Chief Education Officer to work collaboratively to deliver additional interventions and resources specifically targeted at care experienced children and young people. The funding cannot be used to replicate existing provision but should be utilised where an additional provision would enhance a care experienced child or young person's capacity, and readiness to learn.

2.3 It is recognised that in order to improve attainment, support may be required in all aspects of a child's wellbeing and as such, the strength of the funding is that it is located within the child's planning process. The child or young person's social worker (who is the Lead Professional) and the Child's Planning and Improvement Officer will have a pivotal role in ensuring that attainment is clearly addressed within planning and review processes. Regular reviews will provide the forum to evaluate the impact of this funding on each child or young person.

2.4 It is proposed to establish a Participatory Support Board (PSB) which will be a sub-group of Inverclyde's Champions Board. The PSB will be made up of a Participation Assistant, Education Psychologist, Quality Improvement Officer Education Services, Children's Rights Officer and Continuous Improvement Officer Children's Services. It will meet monthly or more frequently if required to review applications based on how this supports readiness to learn. Further information is detailed in the attachments in section 7.

2.5 The PSB, as well as being a screening group to allocate funding, will also be the responsible forum that tracks and measures the impact of this spending.

2.6 Inverclyde Corporate Parenting Group and Champions Board will receive regular reports from the Participatory Support Board on the impact of the funding to support readiness to learn and improve education outcomes. The Chair of this Group will also provide updates as required to the Scottish Government.

2.7 The governance arrangements outlined in this report may be subject to change once guidance from the Scottish Government is published.

2.8 Measuring the impact of this funding on attainment outcomes will be both quantitative and qualitative. The existing data through the Attainment Challenge will be used as a baseline, with children and young people's experiences of this spend being triangulated with the impact on outcomes in the Child's Plan.   The role of the Child's Planning and Improvement Officer is pivotal through their chairing of 3 monthly and six monthly reviews to what changes have brought about an improvement.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to note the content of the report and endorse the development of the Participatory Support Board.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Reducing inequalities is the cornerstone of making Inverclyde one of the best places to live in Scotland. Building confidence and participatory experiences to access learning are important to this vision, with attainment being the key to promoting opportunities that can address inequalities through having choices.

4.2 Learning, achievement and skills for life are one of Inverclyde's four Corporate Parenting priority areas. This funding stream enables the Chief Social Work Officer and Chief Education Officer to make strategic decisions around how best to improve the attainment of care experienced children and young people.

4.3 In June 2018 the Scottish Government announced additional funding via the Scottish Attainment Challenge to provide additional support for looked after children to improve education outcomes. The allocation methodology and funding agreement reached with COSLA is based on the annual Scottish Children Looked After Survey (CLAS) specific to children age 5- 15 years As at 31st July 2017, this amounted to 144 children. For this part financial year the allocation amounts to £800 per child and thereafter £1,200 per child.

4.4 Local Authorities will be accountable for the allocation of funding and will be required to report on the spending and outcome measures based on a test of change to improve outcomes for our most vulnerable population. It is of interest to note that 'children in the most deprived 10% of small neighbourhoods in Scotland are nearly 20 times more likely to be looked after in care or on the child protection register than children in the least deprived neighbourhood' (Child Welfare Inequalities Project, June 2017).

In order to help address this need, the following process will be in place:

- The Lead professional (social worker) will have carried out an assessment of need and the outcome of this will be included in the Child's Plan.
- The Lead professional with the child and family will formulate a plan to use the additional support and will apply to the PSB using the attached application form.
- The PSB as outlined is a multi-agency partnership that will allow the Child's Plan to be shaped from a range of sources including the ASN Forum, where appropriate.
- On receipt of funding, the Child's Planning and Improvement Officers will be informed of the decision making of the PSB. Their role is pivotal to review the impact of this spending through the Child's Plan.

4.5 This first year of the funding will operate utilising a test of change methodology and will be developed by the PSB in partnership with the Lead Professional, representatives from Education Services and the Child's Planning and Improvement Officers.

4.6 The Lead Professional and Child's Planning and Improvement Officers will feedback to the Participatory Support Board quarterly, and they will report to the Champions Board annually. Reporting templates will be developed at the first PSB meeting.

4.7 The strength of this process is an inclusive partnership with children, young people and their families that aims to empower them to be more involved in the individual goals that aim to enhance the attainment journey.

4.8 Inverclyde's Champions Board was formally launched on 10th September and this event provided the platform to announce the funding to corporate parents and young people.

5.0 IMPLICATIONS

Finance

5.1 Additional funding of £115, 000 for the duration of the Parliament. Future allocation methodology will be subject to further discussion with COSLA.

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 There are no legal issues within this report.

Human Resources

5.3 There are no human resource 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 -

Repopulation

5.5 No implications

6.0   CONSULTATIONS

6.1 Consultation took place with the Proud2Care Group, social workers who consulted with their families and the Child's Planning and Improvement Officers. Independently, there was a coherence of feedback that included assisting children and young people to engage in clubs and buy additional equipment to assist this. The underpinning value of this is to enhance their confidence by children and young people having opportunities to develop their sense of what they liked to do and enjoy by having additional experiences of new activities.

7.0 LIST OF BACKGROUND PAPERS

7.1 Participatory Support Board Protocol and Attainment Funding Application

Inverclyde council

Report To:	**Health and Social Care Committee**	**Date:**	**10 January 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care** **Partnership (HSCP)**	**Report No:**	**SW/03/2019/AS**
Contact Officer:	**Allen Stevenson,** **Head of Service, Health and** **Community Care Inverclyde Health** **and Social Care Partnership** **(HSCP)**	**Contact No:**	**01475 715283**
Subject:	**LEARNING DISABILITY (LD) REDESIGN – PROGRESS REPORT JANUARY 2019**		

1.0 PURPOSE

1.1 The purpose of this report is to provide members of the Health and Social Care Committee with an update in relation to the progress of Inverclyde HSCP's Learning Disability (LD) Redesign development of a service/site appraisal document.

2.0 SUMMARY

2.1 The Strategic Review of Services for Adults with Learning Disabilities in Inverclyde was signed off by the Integration Joint Board in December 2016. Both the Integration Joint Board and the Health and Social Care Committee have been given regular progress updates on the LD Review.

2.2 The Health and Social Care Committee of 23 August 2018 declared the properties at Golf Road, Gourock and the McPherson Centre, Gourock as being surplus to requirements. These have since been forwarded to the Environment & Regeneration Committee for marketing and disposal.

2.3 This report updates Health and Social Care Committee members on the ongoing work to develop three service options and the appraisal of potential sites for the new learning disability service hub against each of these options.

2.4 This report provides members with an update of the ongoing consultation work which has supported the redesign to date. This is informing the Draft Service Model version 1.0.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to:

Note the work around the Options Appraisal and the partnership arrangement being developed with hub West Scotland (hWS) to support the feasibility study, business case and ongoing project management of the proposed new hub.

3.2 Note the contents of the Draft Service Model version 1.0 and the ongoing consultation work which has supported this and the wider redesign with service users, carers, staff and other relevant stakeholders.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Merging of Services

The closure of the McPherson Centre went ahead as scheduled on 28th September 2018. Work within the Fitzgerald Centre to upgrade personal care facilities, storage and sensory areas was undertaken with minimal disruption to staff and service users within the defined timeline to support this timeline.

The service users and staff teams are embedding well into the rearranged service, despite the limitations of the Fitzgerald Centre as an interim measure until a new hub is developed.

4.2 Estates

Decommissioning of buildings has so far released an indicative budget of £120,000, which includes a reduction in transport costs. This figure yet to be finalised. Capital receipts from the sale of the property at Golf Road, Gourock and the McPherson Centre, Gourock will be used to offset the cost of the new service hub once properties are disposed of.

4.3 Options Appraisal

Work is ongoing to identify and deliver a bespoke Day & Social Community Hub supported by colleagues within Property Services. Support will also be given by hub West Scotland (hWS) in the development work.

In April 2018 a refreshed long list of 28 sites were identified across Gourock, Greenock and Port Glasgow. An initial review of the long list identified obvious size, location and other constraints which reduced the list to 8 sites. A request was made that one other site (Homebase) was added to the list but has since been removed as it is unavailable for this development. The 8 sites require more detailed options appraisal work to evaluate their potential. At present there are no existing buildings available for refurbishment.

The LD Estates Sub Group has 3 service options which have been developed based on the Strategic Review, Draft Service Model and the Draft Client Brief underpinned by national and local guidance referenced across each of these documents. More recently the Scottish Government has just published *Coming Home - A Report on Out of Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs (2018).* This report identifies the lack of local provision for those with complex needs including co-existing autism, which has resulted in increased numbers of out of area placements, often at significant cost but with lack of strategy for identifying and delivering on individual outcomes.

The new hub design takes cognisance of these needs. As services have merged, it has become more apparent that there is a lack of accessible leisure facilities for people with a Learning Disability across Inverclyde and this has been identified within the new hub requirements.

The service currently provides transport and staffing on a daily basis for a number of service users to attend out of local authority area services e.g. the Onyx Centre, Linwood, the Lagoon Centre, Paisley, Bowlplex, Braehead and the Experience, Hillington for accessible leisure facilities to ensure they remain active and that their health and wellbeing needs are met.

The three service options which have been developed are:-

Option 1 - Day Opportunities and Autism Support

- Capacity for 50+ service users
- Service space for up to 45 Day Opportunities staff
- Flexible space accessible by the community
- General outdoor space
- Therapeutic outdoor space
- Staff car parking

- Space for service and private transport
- Accessible for independent travel
- Additional service annexe for up to 10 people with Autism
- Additional therapeutic space for people with Autism
- Social Enterprise opportunities

Option 2- Day Opportunities, Autism Support and Inverclyde Community Learning Disability Team

As per Option 1 plus the Inverclyde Community Learning Disability Team. The additional requirements are office/meeting space for up to 25 staff*.*

Option 3 – Day Opportunities, Autism Support, Inverclyde Community Learning Disability Team & The Experience

As per Option 1 and Option 2 plus an additional aspirational plan to ensure that people with a learning disability are visible, play an active role, are included in and contribute to their own communities by having a range of local, accessible leisure, recreational and development opportunities to support identified needs and outcomes as part of the Hub. This was based on a discussion in the estates group – being really aspirational.

4.4   Site Selection Criteria

In order to assess each of the potential sites against the options to be considered, Site Selection Criteria have been developed. Information Fact Sheets outlining what is known about each site and the surrounding area have been developed to aid the selection process. This will support an appraisal of each site against the criteria set out below.

Criteria	Weighting	Descriptor
Public, staff and user access	35%	Consider ability for independent/supported travel opportunities, bus stops, train station, routes, frequency, walking and wheelchair considerations, inclines, safe crossing etc
Environmental Quality	25%	Boundaries/external walls, current condition of site, existing buildings, light and noise
Integration and Wider Community	20%	Access to local community resources/ close to shops/ leisure/ green environmental etc
Catalyst for Change	10%	Scope for any future changes to service/ Any other community plans for surrounding area
Contribution to the Local Economy	10%	Gains to local community from service being there

The shortlisting is due to take place on 7 December 2018. A verbal update will be provided at Committee in January 2019.

We will work in partnership with hub West Scotland (hWS) to develop the feasibility study and support for the ongoing project development of the new hub. It is proposed that the Full Business Case will be presented to the Health & Social Care Committee and Integration Joint Board in May 2019. The sites remain confidential at this desktop stage.

4.5   Communication and Engagement

A Communication and Engagement Plan is in place. A programme of positive engagement continues with people with learning disabilities, carers, families, staff, provider organisations and other interested stakeholders across the wider community. In collaboration with The Advisory

Group (TAG) and Your Voice, information has been disseminated, particularly at key milestones through Core Communications Briefings, face-to-face meetings with different groups and a number of opportunities to meet with Senior Management.

Where the views of service users, carers, staff and the wider community are sought to inform the progress of the redesign, a range of methodologies including small focus groups for service users, small focus groups for carers and the wider community, questionnaires and online consultation has been available to ensure a wide range of participation. There have been opportunities for service users, carers and staff to meet with senior management throughout the redesign.

We have used the National Standards for Community Engagement which set out key principles, behaviours and practical measures that underpin effective engagement as a benchmark to periodically review and continuously improve the quality and processes of engagement.

5.0 IMPLICATIONS

Finance

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

5.2 There are no legal issues within this report.

Human Resources

5.3 There are no human resources issues within this report.

Equalities

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

Repopulation

5.5 There are no human resources issues within this report.

6.0   CONSULTATIONS

6.1   None.

7.0   LIST OF BACKGROUND PAPERS

7.1   None.

Inverclyde council

Report To:	Health & Social Care Committee	Date:	10 January 2019
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde HSCP**	Report No:	**SW/01/2019/AS**
Contact Officer	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde HSCP**	Contact No:	**01475 715283**
Subject:	**CARERS (SCOTLAND) ACT 2016 – OCTOBER 2018 UPDATE**		

1.0 PURPOSE

1.1 This report provides an update to Health and Social Care Committee members regarding local implementation of the Carers (Scotland) Act 2016 and the financial commitments relating to carer and young carer services across Inverclyde.

2.0 SUMMARY

2.1 A progress report was submitted to the Integration Joint Board on 20 March 2018 and 6 November 2018.

2.2 This report provides a range of case studies to demonstrate application of the Inverclyde Carers and Young Carers Eligibility Criteria and a Communication Plan which are detailed below.

2.3 This update also provides Health and Social Care Committee members with an illustration of the HSCP financial commitment in relation to carers and; an update on how the HSCP and partners are progressing the Short Breaks Services Statement as we move towards full implementation of the Act.

3.0 RECOMMENDATIONS

3.1 That the Committee

- Notes the Inverclyde HSCP Local Eligibility Criteria based on illustrative examples;
- Notes the Draft Communication Strategy;
- Notes the financial commitment to support carers across Inverclyde;
- Notes ongoing work in relation to the Short Breaks Services Statement.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 **Introduction**

The Carers (Scotland) Act 2016 was enacted on 1 April 2018. Local implementation is progressing at a pace commensurate with other responsible authorities as we develop arrangements to meet the statutory duties. Dialogue continues between Carer Leads, COSLA and the Scottish Government to establish clarity on some aspects of the statutory guidance.

4.2 **Local Eligibility Criteria for Carers and Young Carers**

The local policy which reflects national guidance has been extensively consulted upon with carers and carer groups. There are three key aspects to determine the eligible needs for carers:

- Assess the impact caring has on each specific area of a carer's life and the level of risk this presents to the carer in continuing in their caring role;
- The locally agreed threshold at which a carer is deemed eligible for support for each outcome;
- The type of support or services that follows application of the criteria to meet identified carer needs.

The examples outlined in *Appendix 1* give members insight into the application of the criteria and the type of supports that follow.

4.3 **Communication and Engagement**

Inverclyde HSCP is working in partnership with Inverclyde Carers Centre and Barnardo's to ensure full implementation of the Act for Carers and Young Carers.

Work is ongoing to develop the suite of tools and processes to assist staff within the HSCP and partner agencies as the Act is fully embedded. A range of communication and engagement methods are in place to support this.

Your Voice is funded to undertake communication and engagement work with carers and young carers throughout the implementation. As we move through the local implementation plan, ongoing engagement will continue with all stakeholders to seek feedback on our progress, and make revisions if required. The Communication and Engagement Plan is outlined in *Appendix 2*.

4.4 **Short Breaks Services Statement**

The purpose of the statement, due for publication in December 2018, is to provide information to carers about short breaks available locally and across Scotland for carers and the cared-for person. Short Breaks are defined in the Act and can cover a few hours or weeks as a break from the caring role.

The statement will cover both short breaks services available as a form of support via the HSCP where a carer's identified needs are in an Adult Carers Support Plan or Young Carers Statement. Inverclyde currently has a Short Break Bureau which works directly with Carers to arrange a variety of flexible support through respite. We also contract with Inverclyde Carers Centre to manage a budget on our behalf to allow carers to access one off breaks without the need for referral to the HSCP.

Initial engagement has informed carers of the type and range of supports which constitute a break from caring. Before finalising the statement we are keen to ensure further consultation with carers so that their views on short breaks are reflected.

5.0   IMPLICATIONS

FINANCE

5.1   **Financial Implications**

The Scottish Government identify that it will cost £19million across Scotland to implement the Act in year one 2018-2019, rising to £90 million in year five.

We are able to identify direct funding to support Inverclyde carers amounting to £1,225,741. This does not consider the costs of assessment and support services we currently provide as it is difficult at this point to determine services that benefit the supported person or carer. This is in addition to support delivered to carers secured by partner agencies within Inverclyde. The budget allocation and expenditure are detailed in *Appendix 3.*

Inverclyde HSCP has been allocated £357,000 to support the implementation of the Act for this financial year. This payment covers funding previously released to Health Boards as Carers Information Strategy which amounts to £76,740 plus part employee costs for the Carers Act Implementation Officer of £49,972.

The remaining funds of £230,279 are required to cover any cost linked to waiving of charges.

Waiving Charges for Carer Services

The 2016 Act details the intention to waive charges for services that support a carer and young carer in their caring role.

There are ongoing challenges in determining whether services or supports are meeting the identified needs of the carer or the cared for person. Categorising this will determine whether support is charged for or whether charges are waived.

A national short life working group has been formed to consider case studies and review these against the statutory guidance. As this work develops, the Scottish Government will consider whether there are aspects of the guidance and/or COSLA Guidance on Care Charging which need revision. The full financial impact of this along with the demand for support are yet unknown.

The HSCP also endorsed a joint bid between the Carers Centre and Barnardo's who were successful in obtaining over £10,000 directly from the Scottish Government Carers Act Transformation Support (CATS) to improve IT systems and support census data collection requirements.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

REPOPULATION

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

6.0   CONSULTATIONS

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners in Inverclyde Carers Centre.

7.0   LIST OF BACKGROUND PAPERS

7.1 None.

Local Eligibility Criteria – Case Study Examples

Case Study 1 Mrs D
Mrs D is 58 and has been caring for her neighbour for the past six years. Mrs D has been coping well with her caring responsibilities, which include checking in on her neighbour, doing her shopping and cleaning and helping her with the cooking every other day. Mrs D works 20 hours a week at the local school, and also helps her daughter out with childcare by picking up her grandchild after school. Mrs D's son is concerned that she is taking on too much and notices that she is tired. Her son persuades her to ask for an Adult Carer Support Plan.

Cares For	Needs	Impact	Result
Her neighbour with COPD.	Mrs D enjoys the variety that her working life and caring role provide. She would like to be able to spend more time with her grandchild in the afternoons, but recognises there is a balance between doing this and caring for her neighbour. Her caring role sometimes impacts on her ability to get along to her yoga class twice a week which she enjoys.	The situation is impacting on Mrs D's personal outcomes: • *Health and Wellbeing – Low Impact/Risk* • *Life Balance – Low Impact/Risk* Whilst she enjoys the responsibility of caring for her grandchild, this along with work and caring for her neighbour she would like more free time. On the other hand, her caring roles are fulfilling so although Mrs D is tired at the end of the day, does not think her wellbeing is significantly affected. Mrs D needs to also consider • *Future planning – Low Impact/Risk* Particularly if her neighbour needs more care or if Mrs D is no longer able to continue to provide the level of support she	On completion of the ACSP, Mrs D agreed that her health and wellbeing, life balance and future planning outcomes were of low impact and risk. There is no impact on any other aspect of carer outcomes. The Carers Centre have suggested that Mrs D talks to her neighbour about the lunch club in her local community centre and ordering food online rather than doing her shopping. Her neighbour's niece has also agreed to visit weekly to coincide with Mrs D's yoga class. . There is a relaxation class at the Carers Centre which Mrs D can also attend if she cannot get to her yoga class. The Carers Centre have given Mrs D advice about how her neighbour is

		currently provides.	entitled to an assessment in her own right which will identify her outcomes and needs which may offer other opportunities for support.

Case Study 2

Mr S is 38 and cares for his mother who has early-stage dementia. His mother has telecare, but he still checks in on her daily, and does her shopping, cooking and laundry. Mr S is a divorced father of two children, who live with him every other week. He works fulltime in an IT company and has come forward for an Adult Carer Support Plan as he is starting to feel unable to cope with his various responsibilities in the weeks when he looks after his children. Mr S has an arrangement with his employer to work longer hours on the weeks when the children are with their mother and fewer when he has the children.

Cares For	Needs	Impact	Result
His mother with early stage dementia	Mr S wants to spend more time with his children, in particular free up an hour in the afternoon to help them with their homework, so it doesn't have to be done in the evening when the children are tired. He is unable to fully undertake the caring role for his mother and his children. Mr S also finds it difficult to engage in recreational activities such as a badminton class at the local community centre each week.	The situation is impacting on Mr S's personal outcomes: *Relationship – moderate impact/risk:* Mr S's caring role is resulting in him finding it difficult to get the balance between caring for his mother and his children impacting on the previous amicable relationship he had with his ex-wife and their two children *Employment – moderate impact/risk* Mr S is worried	Mr S agrees that his needs are moderate but he would benefit from additional support to maintain or reduce the impact caring has on his own outcomes. Mr S's mother has undergone an assessment and has a support plan in her own right. She will receive a direct payment to have a support worker help her with meal planning/preparation and cooking on the weeks Mr S has his children. Until this is fully implemented the Carers Centre will utilise "Better Breaks" funding to provide domiciliary respite on a fortnightly basis to support his outcome. The local Carers Centre are encouraging local employers to

		that he will put his employment in jeopardy unless he has more support.	become "Carer Friendly Employers" and will support Mr S to speak again to his employers.
		Health and Wellbeing – moderate impact/risk He appears stressed and anxious.	The local district nursing service work collaboratively with the Carers Centre and will undertake a health screening with Mr S.
			Mr S has been offered emotional support and relaxation therapy through, flexible to his availability. .

Case Study 3

Mr A is 23 years old. He supports his mother who has a drug and alcohol addiction and has been living with her from time to time. His employer has recently sacked him due to his poor timekeeping and attendance. As a result he is in debt with his housing provider and a number of other companies, who are now threatening him with court action. Mr A attended the local Carers Centre stating he felt like he was not coping and did not know where else to turn. A support worker who has undertaken Mental Health First Aid immediately met with him to discuss his issues.

Mr A's mother is now engaging with services and getting support in her own right to address her outcomes.

During the meeting, Mr A was distressed.

Cares for	Needs	Impact	Result
His mother who has a drug and alcohol addiction	Mr A is not coping with his mother's addiction and feels that he has taken on too much responsibility for her in the past. Although he is relieved that his mother is now engaging with services to support her needs, Mr A is frustrated that he has put his own employment and financial situation into crisis, resulting in him feeling very stressed and vulnerable.	The situation is impacting on Mr A's personal outcomes: *Health and Wellbeing: Substantial Impact/Risk.*

Relationship: Moderate Impact/ Risk.   This is improving as his mother is engaging with services in her own right. | The support worker was able to support Mr A to make an appointment with his GP regarding his stress and feeling vulnerable. The worker checked that he had attended the appointment and was able to offer him a place for group emotional support. Mr A has been offered Family Support through addiction services when he is in a |

			position to accept this but he does not feel able to attend this at the moment.
		Employment: Critical Impact/Risk Finance: Critical Impact/Risk	Mr A has no source of income due to his employer sacking him due to poor attendance and timekeeping.

An urgent referral to Financial Fitness was made to provide Mr A with welfare benefit advice and claim relevant benefits he may is entitled to and money advice service to help manage his debt.

Mr A is keen to return to employment but knows that he is unable to do so at the moment. The Carers Centre have offered support if he wished to speak to his former employer about helping employees with a caring responsibility. |

Inverclyde HSCP

Implementation of Carer (Scotland) Act 2016
Draft Communications Plan

The purpose of the project is to effectively implement the Carer (Scotland) Act 2016 across Inverclyde HSCP with partner agencies. As a key driver for change, implementing the Act will require staff training, updates to processes, procedures and staff practice to ensure that the service and support offered to Carers across Inverclyde is fitting of the statutory requirements and spirit of the Act.

Effective internal and external communication is important to ensuring that carers in Inverclyde, staff and other key stakeholders are engaged, informed and understand the implications the Act.

We will apply the following principles:
• To be open and transparent in the process of developing various aspects of the Act;
• To ensure timely, accurate and relevant communication;
• To ensure a consistent message is conveyed;
• To widen access to the review by communicating using appropriate language and formats for the target audience;
• To encourage involvement, dialogue and feedback;
• To listen and provide responses to incoming communications.

	Audience Group	Method/ Mechanism	Lead	Dates/Notes
1.	Carers and the wider public across Inverclyde	Develop Carer Briefings in the run up to and post implementation of the Act. • Carer Briefings - Local media Social media Update HSCP Website – Information for Carers Adapt Coalition of Carers leaflets for local use • Carer Feedback - Develop engagement sessions and paper/online questionnaire to seek views on specific aspects of the Act, particularly where carers have influence. • Consider methodology for review of feedback, analysis of data, reporting using CE Standards.	Communications Group/ Corporate Communications/ Inverclyde Carers Centre ICC HSCP/ICC/ Your Voice	March /April 2018 Watching brief over national communications Website update May 2018 Oct 2017 March 2018 April 2018 May 2018 November 2018 Update publicity December 2018 and March 2019
2.	HSCP Staff/ Wider staff group – partner agencies	• Representation from across HSCP and partner agencies in contributing to various aspects of the Act; • Develop staff briefings; • Awareness raising at staff meetings; • Suite of Training	Alan Brown/Gail Kilbane /Jane Cantley/ Inverclyde Carers Centre /Barnardo's	Directors brief Update to HSCP website April 2018 December 2018

	Audience Group	Method/ Mechanism	Lead	Dates/Notes
		Resources delivered post implementation. • Roll out EPiC Training across services /teams/ partner agencies • Update Support Planning Training to link to ACSP/YCS • Strengthen links between children and adult services to ensure identification of young and adult carers across services		Training Roll out EPIC- August – November 2018 Support Planning – September & November 2018 Team Briefings – Sept – Dec 2018 Updates as guidance is clarified
4.	HSCP Managers	• Progress Reports – overview of Act, current position, development of procedures, financial and staffing implications, issues arising from Act, reporting arrangements.	Allen Stevenson /Alan Brown	Extended Managers - Feb 2018 Transformation Board - May 2018 Updates as required
5.	Elected Members/ Integration Joint Board	• Progress Reports when required; • Approval for policies/ procedures/ processes when required; • Approval for financial proposals when required.	Allen Stevenson	IJB report March 2018 IJB report November 2018 IJB report January 2019 Updates as required

Carer Services - Budget Allocation 2018 - 2019

Budget Type	Service	Provider	Allocated Amount	Sub-total
HSCP Grant	Carers Council	Carers Council	£4,500	
	Respite Sitter	Inverclyde Carers Centre	£14,000	
	Respite Group Holiday	Inverclyde Carers Centre	£5,900	
	Inverclyde Carers Centre Core	Inverclyde Carers Centre	£ 100,450	£124, 850
Integrated Care Fund	Carer Support Workers Transitions	Inverclyde Carers Centre	£55,000	
	Carer Support Workers Health centre	Inverclyde Carers Centre	£40,000	£95,000
SG Grant (Incorporates Carers Information Strategy)	Emotional Support	Inverclyde Carers Centre	£16,740	
	Carer Passport	Inverclyde Carers Centre	£15,292	
	Young Carer support Service	Youth Support Team - Young Carers Service	£21,000	
	Thrive Project – YC group support	Barnardo's	£4,000	
	Outreach Carers Service	Financial Fitness	£25,000	
	Inverclyde Carers Network	Your Voice	£5,000	
	Carers Act Engagement	Your Voice	£3,115	
	Inverclyde Carers & Young Carers Strategy	HSCP/Inverclyde Carers Centre	£5,000	
	CA Implementation Officer	HSCP	£49,972	£ 145,119
HSCP Recurring Core funding	Short Breaks Bureau	Inverclyde HSCP	£ 41,702	
	Short Breaks Budget	Inverclyde HSCP	£ £46,460	
	Adults and Older Adults Respite	Inverclyde HSCP	£110,000	
	Hillend Respite Service	Inverclyde HSCP	£249,000	
	Learning Disability Respite	Inverclyde HSCP	£225,000	
	Children's Services Respite	Inverclyde HSCP	£146,560	
	Young Carers Worker	Inverclyde HSCP	£42,050	£860,772
Total spend				**£1,225,741**

Draft Short Breaks Services Statement

Adult and Young Carers

December 2018

1. Introduction

Inverclyde Health and Social Care Partnership recognise that Carers and Young Carers have better outcomes when they are able to take regular breaks from their caring role. Improving opportunities to take a break from caring, including improving prospects to access work, education and/or leisure activities are vital to ensuring positive outcomes for Carers and Young Carers.

2. Legislation

As a Carer legislation is in place to ensure that your rights are protected.

- **Carers (Scotland) Act 2016** places a legal requirement on Inverclyde HSCP to provide amongst other things, support to Carers including short breaks;
- **Children & Young People (Scotland) Act 2014** places a duty on public services such as health, education and social work to identify Young Carers. These services are required to work together to ensure that Young Carers are provided with the support they need.
- **Social Care (Self-Directed Support) Scotland Act 2013** states that Inverclyde HSCP must provide information about the four Self Directed Support to give people choice about how their support is provided. It is intended to encourage people to consider new ways of being supported or cared for rather than accept traditional services

A Carer is defined as an individual who provides or intends to provide unpaid care for another individual. A Young Carer is defined as a Carer under the age of 18, or aged up to 18 if still at school.

In the census of 2011 8,252 people identified themselves as unpaid Carers. However, 4,000 are known to Inverclyde Carers Centre. As more people are supported within the community and the Carers (Scotland) Act 2016 is fully embedded there is likely to be increased requests for support by carers including having a break from caring.

3. Aims of the Short Breaks Statement

The aim of the statement is to help Carers and Young Carers and people with support needs understand:

- What short breaks are;

- Who can access them;

- What short breaks are available in Inverclyde;

- What short breaks are available across Scotland;

- How to access short breaks and where to access further information.

4. What is a Short Breaks Service Statement?

Inverclyde Health and Social Care Partnership is required by the Carers (Scotland) Act 2016 to give information to Carers and the person they care for about short breaks. This statement has been informed by local consultation during the development of the Inverclyde Carer and Young Carer Strategy 2017 – 2022 and through ongoing consultation with Carers as the HSCP has implemented the Act in conjunction with Inverclyde Carers Centre and other partners.

The statement provides information about the range of local supports and services to help you as a Carer to get the right break, at the right time, in the right place.

5. Who is the Short Breaks Statement for?

The Short Breaks Statement is for Adult Carers and Young Carers and people who receive care.

This statement can help practitioners involved in supporting Carers identify flexible solutions to take a break from caring.

The Short Breaks Statement provides information to Carers and the cared for person so that people:

- are aware of the range of different ways you can take a break from caring;
- have information about short breaks available;
- are able to identify how a short break can meet your identified needs and outcomes;
- have choice and control over the support you can access.

6. Definition of a Short Break

Inverclyde HSCP has adopted the Shared Care Scotland definition of short breaks:

"A short break is any form of service or assistance which enables the Carer(s) to have sufficient and regular periods away from their caring routines or responsibilities".

The purpose is to support the caring relationship and promote the health and wellbeing of Carers, the supported person and other family members affected by the caring situation. There are lots of ways to take a Short Break and there are different ways of accessing and funding short breaks.

Breaks from caring can:

- be for a short time during the day, as a one off occasion or regularly;
- be overnight;
- take place for extended periods such as for a weekend or longer;
- enable Carers to have a break away without the need for replacement care;
- enable Carers to have a break away with replacement care to support the cared for person if required;
- enable the Carer and the person they care for having a break together, with assistance if necessary, to provide a break from the demands of their daily routines.

7. How to Access Short Breaks

The type and length of a break will be proportionate to every situation.   To access short breaks, Adult Carers should be supported to complete an Adult Carers Support Plan and Young Carers should be supported to complete a Young Carers Statement. Once the plan is completed, the local Carers eligibility criteria is applied.

For Eligible needs, carer is given opportunity to choose from the 4 SDS options

ACSP/YCS Completed

Can needs be met through universal carer services/ services to cared for person

Identify outstanding carer needs

Consider whether this includes break from caring (with our without replacement care)
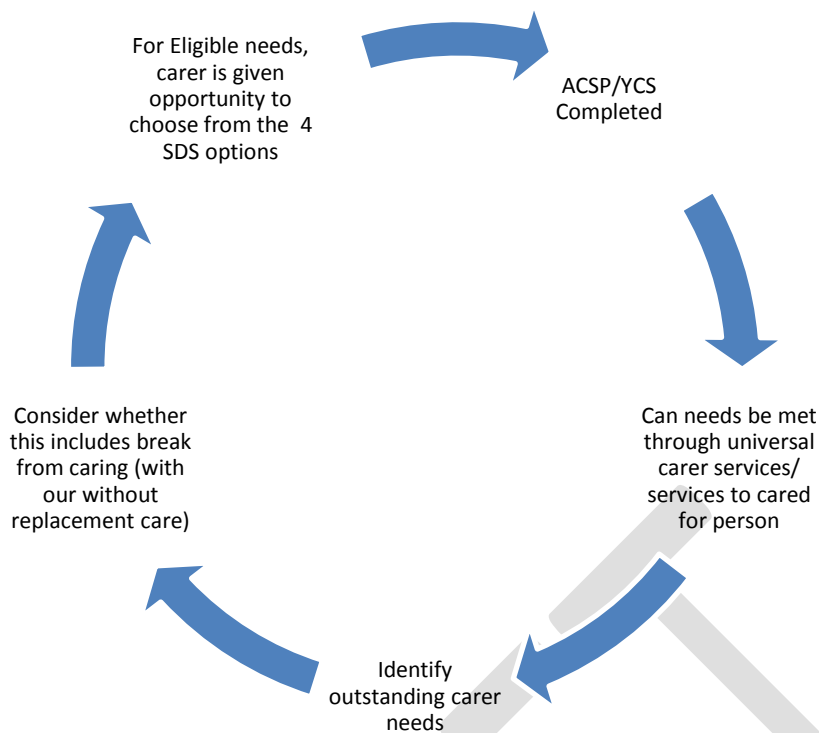
If it is identified that you as a Carer have eligible needs which includes taking a break from your caring role (including replacement care where required), you will be given the opportunity to choose one of the options for self-directed support as follows:

Option 1: A direct payment. You will receive a budget which enables you to plan and direct support or services which will enable you to take a break from your caring role;

Option 2: Individual Service Budget. You direct the available support. You can still plan and identify the support or services to enable you to take a break from your caring role but the budget for this is arranged by the local authority;

Option 3: You can still be involved in identifying the support to enable you to take a break from the caring role but the planning and arranging of the support and the budget is managed by the HSCP;

Option 4: "mix and match". You might prefer a combination of two or more of the options to provide a flexible approach no meet your circumstances.

8. Short Break Bureau

The Inverclyde HSCP Short Break Bureau provides Carers who have completed an Adult Carer Support Plan and have identified eligible needs with practical support and advice to plan a short break. Referrals to the Short Breaks Bureau usually come from HSCP professionals or the Inverclyde Carers Centre who will have undertaken an Adult Carer Support Plan or Young Carer Statement with you.

The Bureau staff will work directly with you to consider a variety of options in order to best meet your needs and circumstances. It is recognised that there will always be a need for some individuals to have a break within care home or other residential environments, there is also a need to develop more flexible short breaks which result in better outcomes for the cared for person and their carers.

9. Inverclyde Carers Centre

Inverclyde Carers Centre supports Carers to take a break through regular or one-off individual or group activities. This can be either through a small budget which they manage on behalf of the HSCP where Carers can access one-off breaks without a full referral to the HSCP or through a range of services, projects and other funding streams.

Type of Break	Description	Access/Eligibility Requirements
Group Break	**Holiday type breaks can meet the accommodation costs which can be on any board basis, may include entertainment or activities and travel costs.** **A maximum of £150 per Carer per break will apply.**	**All Carers, who are registered with Inverclyde Carers Centre and have not had an overnight break away from their caring role in the last 12 months.** **Short application completed by centre staff.**

Family Break

Holiday type breaks for Carers of young people and the Carers immediate family. In the past this has typically been a few nights break in a caravan with the opportunity to participate in leisure activities and travel costs.

A maximum of £500 per Carer per break will apply.

Carers of young people with disabilities or additional support needs who have not had an overnight break away from their caring role in the last 12 months.

Short application completed by centre staff or other professional.

Time To Live

Alternative breaks for Carers to do something they enjoy. For example to exercise, spend time in the garden, go hill walking, develop skills, try a new hobby, learn to play an instrument or maybe you have something else in mind. It can help include buying or hiring equipment you may need or paying a membership fee. A maximum of £300 per Carer will apply.

All Carers registered with the centre who have not accessed this type of break in the last 12 months.

Short application completed by centre staff.

Sitter Service

Replacement Care enables carers are able to:

- **Attend appointments**

- **Go to a family celebration**

- **Meet up with friends**

- **Take time for themselves in the comfort of their own home**

- **Take part in training, support groups or leisure activities**

Sitter service is provided by registered care providers occasionally or for a short period up to 12 weeks.

All Carers with registered with the centre can access sitter service for one off events.

A designated member of staff will work with you to arrange sitter service at a time which suits your needs and supports the person being looked after.

Events

The centre provide a variety of social activities which are open to Carers and in some circumstances the person being cared for. Examples include Pantomimes, Christmas Cheer and Quiz Nights.

All Carers registered with the centre can access.

National Resources

https://www.sharedcarescotland.org.uk/directory/?action=search

https://www.sharedcarescotland.org.uk/funding-your-break/funding-directory/

https://www.euansguide.com/

https://www.aliss.org/

http://shortbreakstories.org.uk/

http://www.autism.org.uk/directory.aspx

http://www.careinspectorate.com/index.php/care-services

Inverclyde
council

Report To:	Health and Social Care Committee	Date: 10 January 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No: SW/02/2019/AS
Contact Officer:	Allen Stevenson Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)	Contact No: 01475 715283
Subject:	Review of Housing Support Services within Sheltered Housing	

1.0 PURPOSE

1.1 The purpose of the report is to provide an update on the review of housing support services within sheltered housing.

1.2 The review has been carried out in consultation with sheltered housing providers which are River Clyde Homes, Cloch Housing, Blackwood Care, Abbeyfield Society, Little Sisters of the Poor and Trust Housing Association.

2.0 SUMMARY

2.1 The purpose of the review is to create a new model of service delivery for housing support within sheltered housing. The aim is to develop a modernised, transformational, sustainable and equitable service model which reflects the needs of the individuals who reside in sheltered housing.

2.2 Engagement with tenants has been facilitated by Your Voice who met with 120 people. This highlighted that the service is very much valued and the feedback will inform the service specification due to commence in April 2019. The review recognises the importance of the current service provided in enabling tenants with complex needs to live independently within the community and as an alternative to moving to a care home.

2.3 The new contact arrangements will clearly define the housing support tasks to facilitate governance and monitoring. The intention is that negotiated contracts will be in place for 2 years. During this period, market analysis will be undertaken by the HSCP to assess the local position in respect of potential housing support providers within sheltered housing.

2.4 The implementation of the review recommendations will facilitate a change in culture within the housing support service supporting people to optimise their own assets, target resources to those with greatest need and to build capacity amongst residents to organise and lead activities. The redesign will encourage involvement within the wider community recognising people's strengths and contribution.

2.5 There is a wide range of TEC equipment available on the market to keep people safe at home which is a key element within sheltered housing. As the Scottish Government continues to invest in technology enabled care through local authorities and other

organisations, the HSCP is committed to continuing to work in partnership with RSLs in sharing skills and knowledge as well as contributing to future planning arrangements.

2.6 The importance of maintaining housing support has been underlined throughout the review linking with the Scottish Government Health and Social Care Delivery Plan which highlights shifting the balance of care. The HSCP will continue to support the existing housing support staff team to deliver a high quality housing support service tailored to meet individual outcomes.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to note the positive work undertaken in relation to changes in the housing support service model within sheltered housing.

3.2 The Committee is asked to note that negotiated contracts will be awarded to providers for a period of 2 years from April 2019.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 In 2003, the supporting people grant was introduced for Local Authorities in Scotland to fund a housing support provision. As part of this initiative, most Local Authorities implemented housing support within sheltered housing using the 21 tasks agreed nationally. This funding remained in place, ring fenced, until March 2008. In April 2008 supporting people ceased to exist as a funding stream, however housing support continued to be delivered across Inverclyde and throughout Scotland under mainstream funding.

Over the past few years, housing providers have independently remodelled and redesigned provision, including reductions to the level of warden cover and the removal of overnight support. In April 2013, Bield Housing commenced the process of de-registering their housing support provision, moving to a retirement housing model across Scotland, which impacted on Armadale Court, Carwood Court and Crosshill Gardens. In July 2017 Bield further made the decision to change their very sheltered housing provision to retirement housing with options, which includes meal provision. This affected two complexes in the Inverclyde area, Jamaica Court and Rowan Gardens.

4.2 Contractual Position

All five providers are contracted for a housing support service until 31st March 2019. Many of these agreements have been in place for a number of years and are very outdated.
Notice has been served on all providers to terminate their current contract in preparation for the commencement of the new agreement starting on 1st April 2019.

5.0 CURRENT POSITION

5.1 Current Provision

Housing support is provided to individual tenants according to need and personal outcomes and recorded in a support plan. All tenants within sheltered housing are eligible for housing support and the provider has a responsibility to assess, review and plan the care. Sheltered housing providers or Registered Social Landlords (RSLs) employ wardens who provide both housing management and housing support services. For most RSLs the housing support service is embedded as part of the tenancy agreement which has led to varying levels of housing support provided and undefined boundaries between support and housing management tasks. Wardens work closely with care at home, primary care services and other wider community resources.

At present within Inverclyde, there are 5 sheltered housing providers with a total of 14 complexes, offering 369 Sheltered Housing Tenancies. The five providers are:-

- Abbeyfield Society
- Cloch Housing (Warden Service provided by Blackwood Care)
- Little Sisters of the Poor
- River Clyde Homes
- Trust Housing Association

The review recognises the importance of the current service provided enabling tenants with significant needs to live independently within the community and as an alternative to moving to a care home. The review group also considered the need to maintain services while identifying and planning future tasks and priorities.

5.2 Care and Support at Home Services

People living in sheltered housing have a varied level of need which may reflect admission criteria/allocation policies across RSLs. It can be argued that some complexes have a tenant group with a higher level of need and therefore require increased support and resources. The issue of targeting housing support appropriately has been raised and consideration is being given to flexibility within the funding to enable providers to respond to need as required.

5.3 Technology Enabled Care

The review allowed the opportunity to look at the kinds of technology being used across sheltered housing and for what purposes, with a view to trying to maximise its use more innovatively and standardise how the HSCP supports housing in the future.

It is acknowledged that there are a variety of call systems being used within sheltered housing and most of these are responded to by wardens, mainly during office hours, and are then transferred to a call handling provider such at Bield (BR24) or Hanover. Where tenants have been assessed by the HSCP as requiring assistance during out-of-hours periods, or a physical response from the HSCP mobile response team, then in many cases a second alarm has been installed which is responded to via the HSCP's call handler. While this may cover the tenants' needs, it is a duplication in service as well as equipment, and is a dual cost to both the HSCP and housing providers who currently bill tenants through their service charge. Inverclyde HSCP introduced a charge for their community alarm service of £2.50 per week in July 2018. This has not been passed on to tenants within Sheltered Housing at present as it could be viewed as double charging.

There is a wide range of equipment available on the market to keep tenants safe and independent for longer at home. As the Scottish Government continues to invest in further developments and technology-enabled care through local authorities and other organisations, the HSCP is committed to continuing to work in partnership with RSLs in sharing skills and knowledge as well as contributing to future planning arrangements.

5.4 Consultation

Engagement with tenants was facilitated by Your Voice which produced posters and fliers for a number of sessions within complexes throughout July and August, with 120 tenants taking part in the consultation. There was also the opportunity for people to have a conversation on a one-to-one basis if preferred.

From the feedback, it is apparent that the community element and social activities were important for tenants. Tenants highlighted the importance of feeling included, having access to an alarm system and the morning check, all of which assisted in tenants feeling safe and secure and in turn enhancing their wellbeing. It is clear that the housing support service is valued by people living in sheltered housing.

5.5 CAPA (Care About Physical Activity)

Inverclyde has been involved in the CAPA programme which has been successful in working with care at home, housing support and day services for older people to equip staff to promote physical activity and scope resources required to be developed.

There are many benefits from being involved in this innovative programme. The participating services gained a greater understanding and obtained skills to encourage increasing levels of physical activity with those they are working with. It has supported an improvement in overall care, quality of life and wellbeing for those using services and has potentially reduced hospital admissions. Staff reported improved knowledge and skills in enabling those they care for to move more often; resources and tools, including improvement methodology have helped to embed CAPA techniques into

their practice. Services have also been keen to build networks locally across health and social care to support the sustainability of the improved care.

5.6 Risks

There is a risk to the smaller RSLs from the proposed funding model. One provider has indicated they will commence consultation with tenants regarding a number of options, one of which is to cease providing housing support and move to a retirement housing model rather than the current sheltered model.

Due to demographic pressure and increasing frailty within the community, there is a likelihood of increasing demand for sheltered accommodation which enables people to live in the community and reduce unscheduled care. From the review, we are aware there is a high unmet demand for sheltered housing within the town centre area. If there is future development within sheltered housing this may cause a budget pressure in terms of providing an appropriate level of housing support.

The proposal to transfer the supply of alarm equipment to providers is reliant on stage 3 grant funding from the Scottish Government which requires an assessment for each individual which has resource implications for both the HSCP and RSLs.

6.0   CONCLUSION

6.1   The importance of maintaining housing support has been underlined throughout the review linking with the Scottish Government Health and Social Care Delivery Plan which highlights shifting the balance of care.

Throughout the review there has been joint agreement from Providers and the HSCP that future services should improve the lives of tenants, meet their needs and deliver on individual outcomes**.** Service should be flexible and responsive to changing need. RSLs and the HSCP recognise tenants' feedback that having a warden within complexes increases their safety and security which is very much valued by tenants. It is recommended that the use of technology is developed as it is important that the service keeps a pace with advances in technology. The future housing support service should focus mainly on activities and preventing social isolation for tenants.

The recommendations of the review support people who live within sheltered housing to optimise their own assets to live as independently as possible, target the resources to those within this community with greatest needs and to build capacity amongst residents to influence organise and lead, where appropriate, activities within their complex and wider community. The HSCP will continue to support the existing housing support staff team to deliver a high quality housing support service tailored to meet individual outcomes.

6.2   Budget

The 25% efficiency will be achieved by a combination of the implementation of the new service specification and Bield's internal redesign of their service. The service specification, due to commence in April 2019, will focus on the priority tasks required for future provision taking account of service user consultation.

The suggested future funding model for housing support in sheltered housing is as follows:-

Fewer than 10 flats   =   10 hours of service per week
10 to 30 flats   =   20 hours of service per week
More than 30 flats   =   30 hours of service per week

The rate will be paid at £16.54 per hour which is the supported living indicative rate.

Housing Support is a chargeable service, however at present the HSCP does not invoice the tenants for any part of the cost. Generally providers charge for the housing management part of the warden service and the alarm system; some also include the housing support element. If the HSCP were to charge for Housing Support this would be perceived as double charging. 40% of tenants currently receive home care service and therefore already receive a charge; this proportion of tenants is likely to increase in the future. The cost of implementing a charge to the HSCP is likely to outweigh any income. Also the Housing Support service is not calculated as time spent with individual service users rather as a group which makes it difficult to calculate an appropriate individual charge.

6.3 Tec Recommendations

It is proposed that all community alarms and call systems are provided solely by sheltered housing providers and the HSCP withdraw from providing additional alarm equipment. Where it is considered there is an assessed need for a tenant to be able to call for a physical response by the HSCP mobile response team out of hours, this will be provided by the HSCP. Where it is assessed that an individual tenant requires additional sensors or peripheries to keep them safe at home, the RSL should look at funding options and consult with HSCP.

Through steering group meetings it has been identified that there is funding available to RSLs in the form of a Stage 3 Grant which can be applied for to purchase alarm equipment. The only side issue around this is that the application would have to be completed for each individual flat supported by an OT assessment which the HSCP would be required to provide.

As part of the review, there has been discussion around the potential use of technology to ensure tenants' welfare on a daily basis instead of the current practice of wardens physically calling on tenants. Concerns have been raised regarding the prevention of social isolation and loneliness as contact with the warden is valued by tenants; this will be highlighted within the new service specification. The new service specification very much focuses on promoting independence, facilitating activity and encouraging a community environment. It will also be taken into account where tenants receive support from other agencies and informal carers.

6.4 Future Commissioning

The new contact arrangements will clearly define the housing support tasks to facilitate governance and monitoring. The intention is that negotiated contracts will be in place for 2 years, commencing 1st April 2019. During this period, market analysis will be undertaken by the HSCP to assess the local position in respect of potential housing support providers within sheltered housing. Market analysis will require input from partners and providers and this will shape the procurement strategy moving forward.

6.5 Recommendations

The final recommendations of the review are as follows:-

1. That a change of culture be facilitated within housing support services to maximise opportunities in promoting tenants independence.

2. That the HSCP remain committed to supporting sheltered housing within a redesigned service specification.

3. That a negotiated contract be awarded to providers for a period of 2 years from April 2019.

4. That CAPA techniques and technology be used to support tenants' wellbeing on a daily basis.

5. That responsibility for the supply of the alarm call system and additional sensors transfer to RSLs. Where there is an individual assessed need, the HSCP will provide a response service through the community alarm team on an out- of-hours basis.

6. That a short life working group be established in conjunction with RSLs to look at how the HSCP assessment information could inform allocation procedures.

7. That the revised funding model be implemented, taking account of the agreed efficiency within a negotiated contract.

8. That the HSCP housing OT continue liaison with RSLs to consider future demand and requirements for Sheltered Housing, linking with the Housing Partnership Group.

9. That consideration be given to calculating an appropriate charge for housing support, applied by the RSLs through tenancy agreements, as part of the HSCP Charging Policy review.

10. That the HSCP continue to work in partnership with RSLs in line with the Contract Management Framework for providers.

7.0 IMPLICATIONS

FINANCE

7.1 **Financial Implications**:

Total saving of £93,000 of which £71,000 has been achieved in 2018/19 an over achievement of £36k. All redesign has allowed service to reshape and contract will achieve the additional £22,000 for 2019/20.

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
Housing Support	Payments to other bodies	2018/19	71		Saving Achieved
Housing Support	Payments to other bodies	2019/20	22		Saving achieved through new contract

LEGAL

7.2   There are no legal issues within this report.

HUMAN RESOURCES

7.3   There are no human resources issues within this report.

EQUALITIES

7.4   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

7.5   There are no repopulation issues within this report.

8.0 CONSULTATION

8.1   None.

9.0 LIST OF BACKGROUND PAPERS

9.1   None.

Report To:	Health and Social Care Committee	Date:	10 January 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/06/2019/DG
Contact Officer:	Deborah Gillespie Head of Service Mental Health, Addictions and Homelessness	Contact No:	01475 715284
Subject:	Temporary Accommodation Review		

1.0 PURPOSE

1.1 The purposes of this report are:

To inform the Health and Social Care Committee of the outcome of the review of Inverclyde's temporary accommodation undertaken by Arneil Johnston; and

To consider the proposals to take forward the recommendations to enable development of a temporary accommodation strategy for Inverclyde.

2.0 SUMMARY

2.1 The homelessness landscape is complex with recent legislative changes and the impact of Welfare Reform presenting major challenges to the provision of temporary accommodation in terms of cost, availability and fit of tenancies required.

2.2 Arneil Johnston was commissioned in April 2017 to undertake detailed work to inform the development of a strategy for the future provision and develop options for the range of accommodation solutions which will best meet the needs of our local population. This work is now concluded, with a final report which recommends the complete recommissioning of the temporary accommodation model in Inverclyde. The full report is attached at Appendix 1.

2.3 A partnership workshop event was held in June 2018 to bring together partners involved in assessing, accommodating and supporting households which may be at risk of or are experiencing homelessness. The participants discussed the review findings and generated ideas and options on how to develop a more sustainable and effective temporary accommodation resource.

2.4 Further work has been undertaken on the financial implications of changes to Housing Benefit subsidy payable to Local Authorities in respect of temporary accommodation, and the issues identified within the review report. Steps have been taken to address the shortfall for the Homelessness service within the current financial year 2018/2019. This resulted in a shortfall to the Homelessness service of £55,930 in year and recurringly. This will be met by the HSCP from the Social Care Fund.

2.5 The requirement to take this work forward will be supported by the requirement for Local Authorities, and their housing partners to develop a 5 year Rapid Rehousing Transition plan, (RRTP). The RRTP will sit within the Local Improvement Outcome Framework and Local Housing Strategy, and be an integral part of the Strategic Housing Investment Plan.

3.0 RECOMMENDATIONS

3.1 That the Committee agrees the recommendations from the review work.

3.2 That the Committee agrees the proposals to take this work forward as outlined in section 5 of this report, with establishment of a programme board and the three work streams, and notes that this will link directly to the Rapid Rehousing Transition Plan work.

3.3 That the Committee receives further reports on the development of the Rapid Rehousing Transition Plan, and the future temporary accommodation model.

3.4 That the Committee notes that the management charge will be removed from the temporary accommodation and that costs will be met from the Social Care Fund.

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

4.0 BACKGROUND

4.1 Inverclyde HSCP, Inverclyde Council and Partners are committed to ensuring that homeless households are provided with sufficient access to appropriate safe and secure temporary accommodation which meets their needs. This is combined with a need to develop a model of temporary accommodation which is financially sustainable, and which delivers best value.

4.2 Arneil Johnston have developed a temporary accommodation modelling tool which allows analysis of current and projected need in terms of housing size and area and required level of support for people accessing temporary accommodation.

4.3 This identified a shortfall in the supply of housing units, with an imbalance in size and location related to local needs. There is an oversupply of hostel accommodation at the Inverclyde Centre, within a building which is in relatively poor repair and expensive to maintain.

4.4 The review identified that there is a gap in current provision for supported accommodation for those unlikely to sustain settled accommodation without a structured resettlement programme, and to enable vulnerable or chaotic service users to become tenancy ready. Housing First provides ordinary, settled housing with support as a first response for people with complex needs. Inverclyde does not currently operate the recommended Rapid Rehousing/Housing First model.

4.5 An improved Housing Options process has been developed locally and the number of people proceeding to Homeless applications in Inverclyde has fallen dramatically over recent years due to prompt diversion into available housing stock. Further progress to develop this approach is recommended by Arneil Johnston as one of the key areas for consideration.

4.6 In conclusion, the review proposed three phases of work to transform temporary accommodation provision to better meet the needs of those at risk of or experiencing housing crisis, and to develop a more financially sustainable model of provision. These phases are best viewed as interrelated workstreams:

Phase 1: Recommission the temporary accommodation model in partnership with partner agencies.

Phase 2: Implement a collaborative and proactive Housing Options model across all housing providers and third sector agencies who meet the needs of homeless households in Inverclyde.

Phase 3: Implement a rapid resettlement model in partnership with specialist colleagues in the HSCP to address the gap in supported accommodation.

4.7 A partnership workshop event was held in June 2018 to consider the outcome of the review and generate ideas and options on how to develop a more sustainable and effective temporary accommodation resource. The following partners and agencies contributed to the event: Inverclyde Council; Inverclyde HSCP; Cloch Housing Association; Oaktree Housing Association; Larkfield Housing Association; and River Clyde Homes. Participants were split into groups and tasked with providing answers to three questions relating to the implementation of Phase 1 of the temporary accommodation strategy. The outcomes paper detailing the discussion, debate and option identification of participants at the workshop event will be a useful resource in building delivery partnerships and an implementation strategy.

4.8 The Review also considered the impact of welfare reform, and changes to DWP regulations in respect of the payment of housing benefit subsidy for temporary or short term accommodation. This anticipated a significant fall in rental income. Alongside the review, the Homelessness service has been working with Finance to address this. This is not reflected in the outcome report from Arneil Johnson. The detail of this is included in section 6.

4.9 The review of the budgets within Homelessness has been undertaken to consider the financial impact of these changes, including reduction in the number of temporary dispersed flats. The shortfall of £55,930 within the budget will be met from the Social Care Fund.

5.0 PROPOSALS

5.1 The approach to modernising our temporary accommodation model requires a longer term strategic approach and to sit within the Inverclyde Rapid Rehousing Transition Plan.

5.2 Three distinct though inter-related work streams have been identified and it is suggested that each of the three work streams will help inform the remit of separate working groups:

- **Recommission Temporary Accommodation (RTA) Working Group**

- **Housing Options (HO) Working Group**

- **Rapid Resettlement Transition Plan (RRTP) Working Group**

Clear communication of ideas, progress, and actions between the three groups will be essential to the further development of partnership approaches to deliver Inverclyde's new temporary accommodation model.

5.3 In order to take this work forward it is proposed that a Temporary Accommodation Programme Board be established to lead the work, which each working group will report to. The Programme Board will then input to each of the Housing Partnership Group, Health & Social Care Committee and Integration Joint Board. The diagram below is the proposed planning and governance structure.

5.4
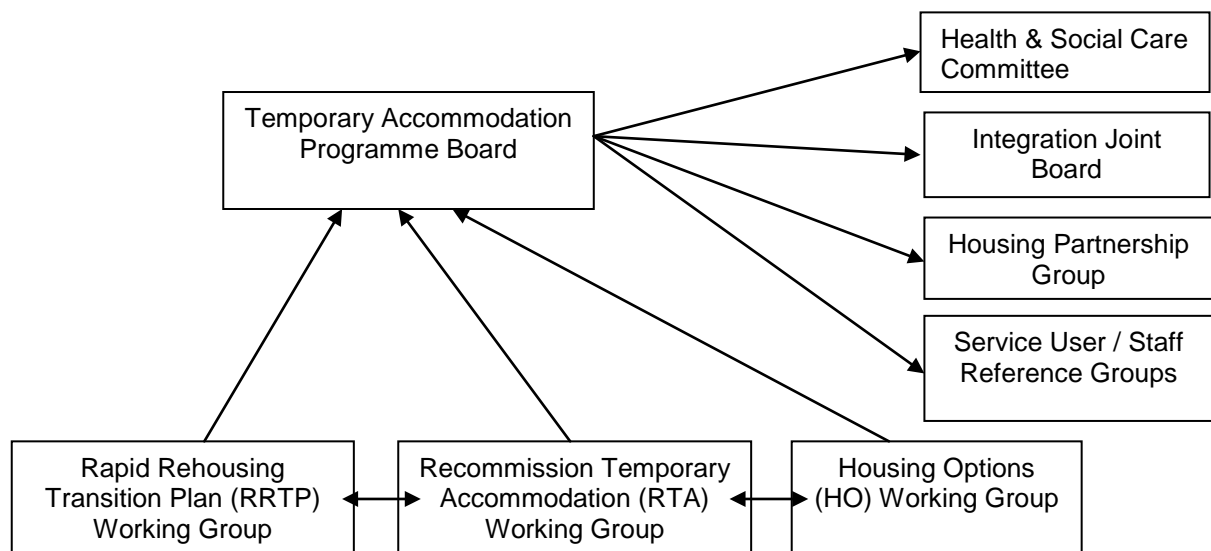
5.5 The Temporary Accommodation Programme Board membership will include Senior Management representatives from:

- Registered Social Landlords with stock in the area;
- Inverclyde Council (Finance, Strategic Housing, Property);
- Inverclyde HSCP;
- 3rd Sector partner representation.

6.0 IMPLICATIONS

Finance

6.1 Under Universal Credit the Council was unable to reclaim the management charge currently included in all homelessness rents. This shortfall was met on a temporary basis by Discretionary Housing Payment (DHP) funded from the Anti Poverty EMR. The UK Government have acknowledged this issue and will now move all homelessness clients back to Housing Benefit across all types of temporary accommodation.

For clients in the Inverclyde Centre, we would continue to charge a management fee which can be fully reclaimed from DWP. There would be no impact on current rental income budgets.

For clients in temporary accommodation, the proposal is to remove the management charge from the rent.

The total cost of these changes is £175,000 however there is £104,000 available to partially offset this plus other reductions in ancillary costs, leaving a recurring funding shortfall of £55,930. The £104,000 derives from funding received by the Council from Scottish Government Grant when changes were made to the housing benefit subsidy for temporary accommodation in 2018/19. The HSCP will meet the shortfall from the Social Care Fund.

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
Social Care Fund			56		

Legal

6.2 No implications

Human Resources

6.3 No implications

Equalities

6.4 Has an Equality Impact Assessment been carried out?

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

Repopulation

6.5   No implications

7.0   CONSULTATIONS

7.1   None

8.0   LIST OF BACKGROUND PAPERS

8.1   Report to Health and Social Care Committee – SW/12/2016/DG

8.2   Report to Health & Social Care Committee – SW/40/2017/DG.

Inverclyde Council

Temporary accommodation requirements in Inverclyde

March 2018

Table of Contents

1   Introduction

In March 2017, Inverclyde Council commissioned Arneil Johnston to develop a comprehensive model to review demand for temporary accommodation and to build a delivery plan and financial model to support the implementation of a temporary accommodation strategy.

Inverclyde Council and the Inverclyde Health & Social Care Partnership (HSCP) are seeking to develop a model of temporary accommodation which is financially sustainable, can meet the needs of homeless households and delivers best value. The analysis delivered in this research study provides credible evidence on the extent and nature of need for temporary accommodation over the short, medium to long term so that a fundable business plan can be developed to ensure that the Council has capacity to meet its statutory duties and to deliver positive outcomes to homeless households.

This final report sets out the background, context, methodology, analytical outcomes and recommendations associated with the implementation of the study.

1.1 Background

In recent years, a number of factors including financial pressures on the delivery of public services as well as DWP changes to the Housing Benefit subsidy framework for temporary accommodation; have placed considerable pressure on the delivery of temporary accommodation with a need to deliver models with optimum efficiency. Wider factors, such as the delivery of housing options services have also influenced the dynamics of demand for temporary accommodation services.

As a result, the Council and HSCP wish to explore the impact of a range of interventions which will enable the funding the homelessness and temporary accommodation services, deliver positive outcomes for homeless customers and minimise the requirement for substantial additional General Fund or HSCP contributions moving forward.

1.1.1 Study objectives

In order to meet the Council & HSCP research objectives, Arneil Johnston performed the following analytical tasks, which represent key stages in the delivery of the study:

1. Establish a realistic income profile for temporary accommodation which is informed by:
    - the profile of current and projected demand for temporary accommodation in Inverclyde, including a detailed assessment of client support requirements;
    - the sufficiency and suitability of existing temporary accommodation relative to the extent and nature of needs identified;
    - changes to the Housing Benefit subsidy framework, particularly given the Department for Work & Pensions' definition of "exempt accommodation"; and
    - benchmark costs for the delivery of temporary accommodation (ALACHO, April 2014).

2. Scenario test the impact on future income and expenditure from service redesign on financial viability and the commissioning model.

Arneil Johnston worked with the project steering group from the Council, HSCP and wider partners throughout the assignment. Members of the steering group included:

- Charlie McKendrick, Team Leader: Casework Services and Operations, Inverclyde HSCP;

- Fiona Cannie, Team Leader: Homelessness Service, Inverclyde HSCP;

- Bob McLean, Service Manager, Addictions & Homelessness, Inverclyde HSCP;

- Deborah Gillespie, Head of Service, Mental Health Addictions and Homelessness, Inverclyde HSCP;

- Asa Brooks, LHS Officer, Inverclyde Council;

- Ross Scullion, LHS Analyst, Inverclyde Council; and

- Steve McLachlan, Head of Customer Services, Riverclyde Homes.

The following report sets out all the findings, learning outcomes and recommendations associated with each stage of the project.

2   The temporary accommodation modelling tool

Arneil Johnston has developed a temporary accommodation modelling tool which projects the need for temporary accommodation relative to current demand placed on the service and the profile of existing temporary accommodation provision available locally.

The DWP have introduced new rules which place restrictions on the Housing Benefit subsidy payable to Local Authorities in respect of temporary or short term accommodation. These recent changes may lead to a substantial drop in rental income for specific temporary accommodation products which means that for some, existing models of provision may be no longer tenable or viable from a financial perspective.

To test the impact of this and to enable scenario planning of alternative options, the model (i) assesses the need for temporary accommodation, (ii) defines the supply model required to

Temporary accommodation model & strategy	Stage 1 **Analysing the need for temporary accommodation**	Stage 2 **Defining the temporary accommodation supply model**	Stage 3 **Developing a temporary accommodation business plan**

meet this need in practice, and (iii) projects the income and expenditure associated with the revised temporary accommodation supply profile.

The Arneil Johnston temporary accommodation modelling tool translates the need for temporary tenancies into stock numbers. The modelling tool projects the need for temporary stock by (i) area, (ii) property size and (iii) the type of accommodation required according to an assessment of client support needs. The detailed profile of demand for temporary accommodation forms the basis of the model's input data.

The model projects forward the need for temporary accommodation based on a number of planning assumptions including future demand projections and the acceptance rate of applicants who are offered temporary provision. In order to translate the requirement for tenancies into an appropriate number of temporary units, assumptions on the

Model inputs & assumptions: need for temporary accommodation	Model calculations	Model outputs: temporary accommodation stock & income
Detailed profile of need for temporary accommodation by property size, type & location

Can be varied by changes in client group or service assumptions | Length of stay in temporary accommodation is a key driver

Consider resettlement model by client group

Identifies mix of provision required | Establishes number of unit required to meet need

Models income according to rental assumptions

Benchmarks to gross expenditure |

timescales required to provide an appropriate level of resettlement support are applied.
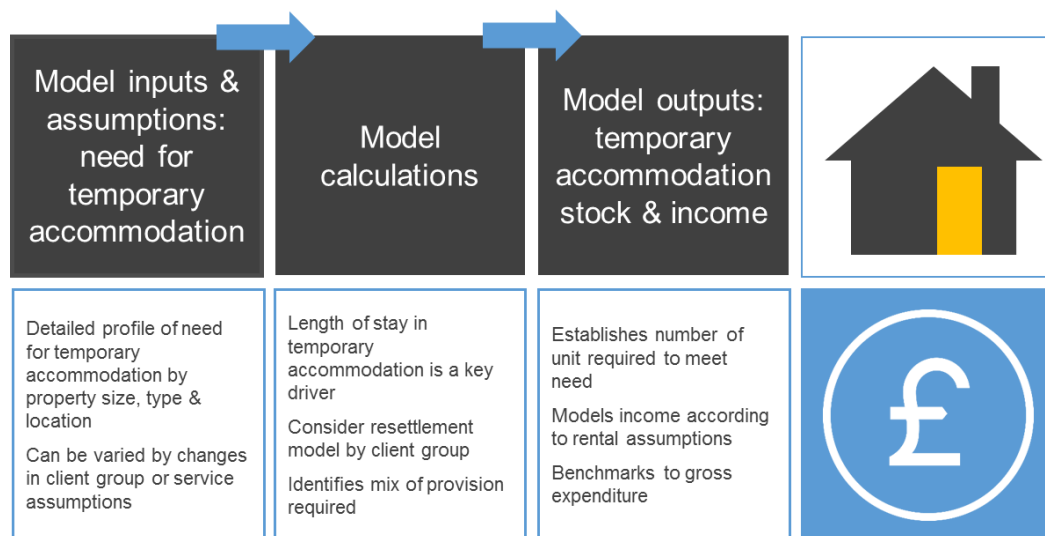
The model is both flexible and user friendly to enable the scenario testing of different models of provision to be considered. The output of the model is to establish a detailed profile of requirements which can be matched to existing and projected provision to quantify the extent and nature of temporary units to be commissioned.

2.1   Model principles

Establishing a detailed evidence base of the need for temporary accommodation was the first, central aspect of defining a stock base focused upon both a person-centred approach to service delivery and a viable model of provision.

In order to develop a clear understanding of the number, household type, age, gender and location of homeless applicants; detailed analysis of the HL1 statistical dataset for the last full year of applications (2016/17) was performed.

In the absence of detailed HL1 statistics on the extent and nature of applicant support needs, the type of temporary accommodation required and the length of stay that could support appropriate resettlement; frontline Homeless Team case workers officers performed a customer profiling exercise. This exercise segmented temporary accommodation requirements into supply categories according to the scale and complexity of support needs exhibited by each customer. Frontline officers informed the definition of both the temporary accommodation categories and associated support requirements as follows:

Temporary Accommodation Category	Customer support profile
Housing options	Homelessness prevented or resolved without the need for temp accommodation
Direct access accommodation	Habitual repeater: unlikely to sustain any form of tenancy on a long term basis
Dispersed self-contained	No or low level support needs: can sustain tenancy independently
Hostel - supervision	Chaotic: need on site supervision to manage challenging behaviour
Hostel - support	Vulnerable: need onsite support to manage moderate-high support needs
Specialist supported accommodation	Need specialist housing based supported accommodation
Refuge accommodation	Sanctuary accommodation for households fleeing domestic abuse

The development of such a detailed and comprehensive evidence base on demand for temporary accommodation has helped to define an associated supply model, which accurately reflects the number, type and size of units required to discharge the Council's statutory duties.

2.1.1 Defining the temporary accommodation supply model

In order to translate the need for temporary tenancies into unit numbers, the temporary accommodation modelling tool works on the following basis:
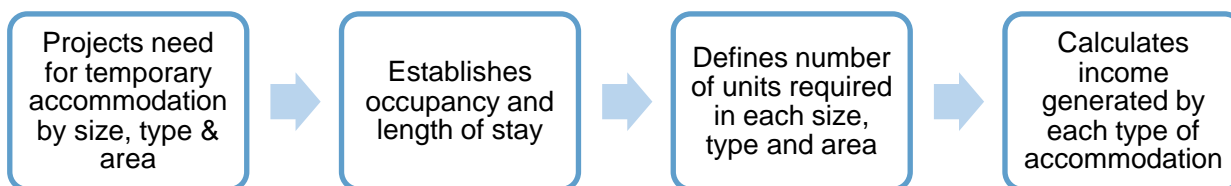
Projects need for temporary accommodation by size, type & area → Establishes occupancy and length of stay → Defines number of units required in each size, type and area → Calculates income generated by each type of accommodation

The modelling tool projects the need for temporary stock by (i) area, (ii) property size and (iii) the type of accommodation required (according to applicant support needs). The requirement for the following types of temporary accommodation are modelled as follows:

1. Housing Options;
2. Direct access accommodation;
3. Dispersed self-contained;
4. Hostel - supervision;
5. Hostel – support;
6. Specialist supported accommodation, and

7.   Refuge accommodation.

The detailed profile of demand for temporary accommodation forms the basis of the model's input data. In order to translate the requirement for tenancies into an appropriate number of temporary units, assumptions on the length of stay of applicants are applied. These assumptions provide a turnover rate, which when applied to the total number of tenancies required, calculates the total temporary stock needed.

The model is both flexible and user-friendly to enable the scenario testing of different models of provision to be considered. The output of the model is a detailed profile of accommodation requirements which can be matched to existing and projected provision to identify shortfalls or surpluses in supply.

Defining the extent and nature of temporary accommodation required over time will enable delivery planning to be focused on key housing system and operational issues which will influence commissioning decisions, e.g.

- The availability of appropriate stock in the required area by the size and type specified. Stock availability will be a material factor in defining the approach to procurement which may, for example, include:

  o   leasing from RSLs or private sector landlords; and

  o   engagement with a specialist developer or third sector provider.

- The requirement for stock to be developed as direct access or supported accommodation, including facilities for staff or supervision.

3 Projecting demand for temporary accommodation

3.1 Analysing the need for temporary accommodation

In order to develop a model for the provision of temporary accommodation which is responsive to the needs of the homeless population in the area, detailed analysis was undertaken of all available homelessness statistics and datasets. This includes extensive analysis of the 2016/17 HL1 dataset to create a detailed profile of applications by:

- household type;
- household size;
- age of main applicant;
- gender of main applicant; and
- extent and nature of support needs.

This detailed and comprehensive evidence base is used to define a temporary accommodation supply model which accurately reflects the scale and nature of housing stock and specialist provision required. This chapter presents the outcomes of this analysis of demand.

It should be noted that numerical figures which are outcomes of the temporary accommodation model have been rounded up or down to the nearest whole number within this report.

3.2 Global demand for temporary accommodation

The level of current demand for temporary accommodation was informed by analysis of HL1 statistics for the last full year of homelessness presentations (2016/17). In 2016/17, a total of 314 homeless presentations were made to Inverclyde Council this was cleansed to remove repeat applicants, this left a total of 312 applicants.

The 312 homeless applicants are profiled by size and household type in Table 3.1 below.

Apt size	All adult household	Household with children	Single parent	Single person	Total	%
Shared<35	0	0	0	122	**122**	*39%*
1	1	0	0	122	**123**	*39%*
2	9	4	33	0	**46**	*15%*
3	2	10	4	0	**16**	*5%*
4	0	2	0	0	**2**	*1%*
5+	0	3	0	0	**3**	*1%*
Total	**12**	**19**	**37**	**244**	**312**	**100%**

Table 3.1: HL1 applicants by household type and size (2016/17)

In terms of the gender of the HL1 applicants from the year 2016/17, Graph 3.1 below outlines the gender and age group of HL1 applicants in Inverclyde.

Demand by age group and gender

	16-17	18-24	25-34	35-44	45-54	55-64	65+
Male	2	39	62	48	41	11	4
Female	2	23	29	27	17	7	0
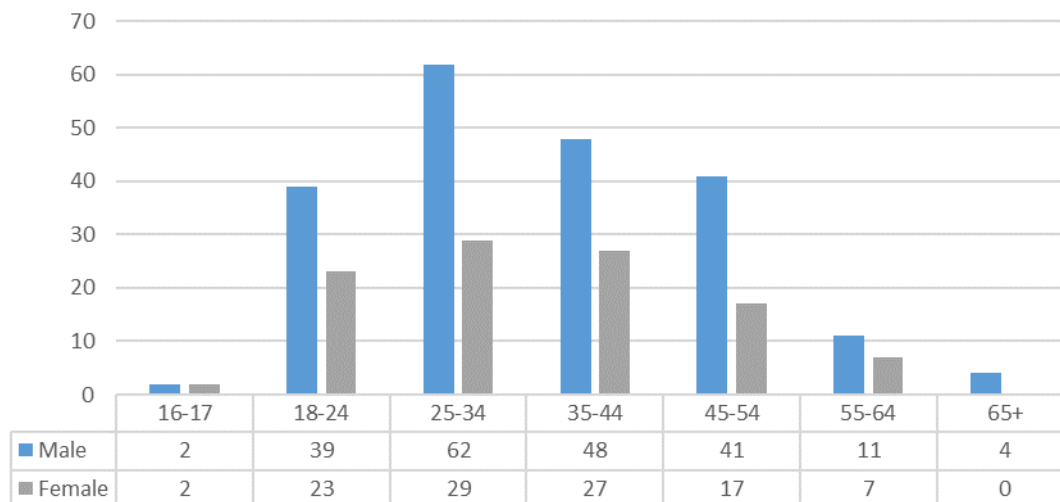
Graph 3.1: HL1 applicants by gender and age band (2016/17)

The majority of homeless applicants in Inverclyde are male, accounting for 66% of the homeless population in 2016/17. This is the case across most age groups, particularly applicants aged 25-34 years old and 45-54 years old; the number of male applicants in these age bandings is more than double the number of females. The only exception is among younger applicants, with even numbers of male and female applicants aged 16-17. Older applicants aged 65 + account for only 1% of homeless applicants in 2016/17 but all 4 applicants are male.

The graph below shows the profile of household type by age banding. The HL1 requires local authorities to capture the number of adults and children within the household, as well as whether, where applicable, two adults in the household are living as a couple. This data has been used to categorise households into single parent, household with children, all adult household and single person. Graph 3.2 below shows the homeless applications by household type and age groups and table 3.1 above shows the property sizes required for each household type.

	16-17	18-24	25-34	35-44	45-54	55-64	65+
Household with Children	0	4	7	3	5	0	0
All Adult Household	0	1	2	6	2	1	0
Single parent	0	7	14	13	3	0	0
Single person	4	50	68	53	48	17	4
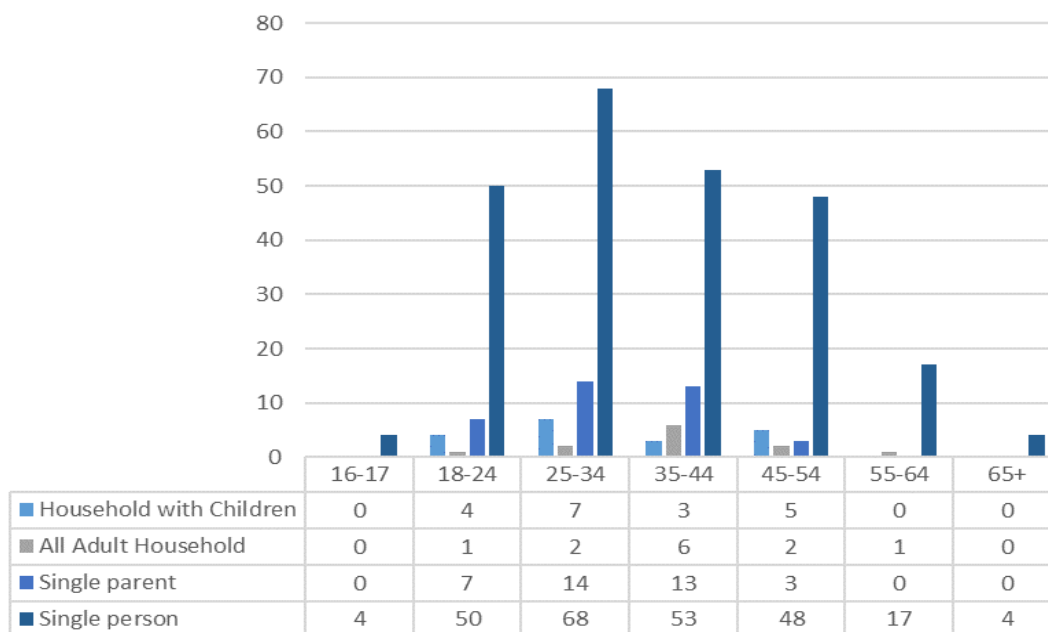
Graph 3.2: Household type population in Inverclyde by age banding (2016/17)

Given that most (78%) of the HL1 applicants are single person households, of which 50% are under 35, the greatest requirement for Inverclyde Council is for 1 apartment properties and 2 apartment properties.

As part of the HL1 data capture, local authorities are required to record homeless applicants' last settled address. The graph below highlights the demand for temporary accommodation based on this information, providing an area profile.

Demand by Area
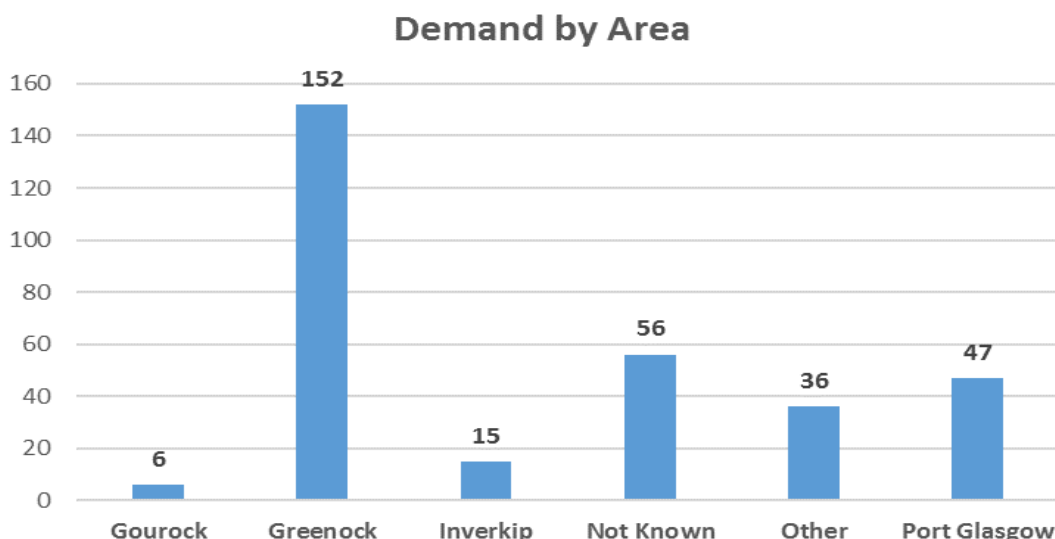
Graph 3.3: HL1 applicants by area

Graph 3.3 above highlights that almost half of homeless applicants are from Greenock (49%) compared to only 15% from Port Glasgow, 5% from Inverkip and 2% from Gourock. 12% of applicants that presented themselves to Inverclyde Council in 2016/17 are from outside the Council area and a further 18% of applicants' previous address is unknown, this equates to 30% of Inverclydes' homeless applications in 2016/17.

3.3   Support requirements of homeless applicants

The forthcoming changes to the housing benefit subsidy framework mean that temporary accommodation provision will be subject to benefits caps. The government has however, recognised that their welfare reform provisions, such as the benefits cap, would cause "unintended consequences" for housing benefit (HB) claimants who live in supported accommodation. Consequently, the government has amended HB legislation in order to clarify which types of supported accommodation should be exempt from welfare reform provisions in order to negate these unintended consequences. Given the protection available to residents of this extended category of accommodation, it is important that all Specified Accommodation, including Supported Exempt Accommodation, is identified to ensure that benefit claimants residing in such accommodation receive their full benefit entitlements and continue to have their housing costs covered by HB.

It is worth noting that a key factor as to whether supported accommodation falls into the exempt category is if the landlord is a local authority, RSL, charity or voluntary body. Where the specified accommodation is owned by a local Authority, it is only exempt if it is refuge or non-self-contained hostel accommodation.

The table below provides a summary of the current DWP proposals.

HRA Units	RSL Units	PSL	Specified accommodation			
			Exempt	**Managed Projects**	**Refuge**	**Hostel**
Single formula = LHA + management fee £45			Offers care, support or supervision to support resettlement	Offers care, support or supervision to support resettlement	Sanctuary accommodation provided on temporary basis for those fleeing domestic abuse	Offers care, support or supervision to support resettlement
	Bedroom tax doesn't apply			Care provided by 3rd party under funding structure		Not self contained/ those with high support needs
			Not affected by Direct Payments, Benefit Cap or Bedroom Tax. Not subject to caps & thresholds			

Table 3.2: DWP definitions (SHN defining specified accommodation for housing benefit purposes)

A key aspect of the study is to examine the link between support needs of the applicant and the model of accommodation which may be best matched to address these needs in practice. The HL1 monitoring system records if the household has a support need and the basic nature of that need. The extent of applicant support needs is not adequately recorded on the HL1 system for the purposes of profiling temporary accommodation requirements.

In order to understand the type of temporary accommodation required, and specifically to identify needs that could be classified as a requirement for "exempt" accommodation, Homeless Team caseworkers undertook an exercise to categorise each homeless applicant into one of the following temporary accommodation categories, also logging the level of support need and reason for support need:

Temporary accommodation category	Level of support need	Reason for support
Housing Options	None	Mental health
Direct access accommodation	Low	Learning or physical disability
Dispersed self-contained	Medium	Medical condition
Hostel-supervision	High: Chaotic	Drug/alcohol dependency
Hostel - support	High: Vulnerable	Independent living skills
Refuge accommodation		
Specialist supported accommodation		

Diagram 3.1: Temporary accommodation categories

It should be highlighted that applicants whose reason for homelessness was identified as 'domestic abuse', as recorded in the HL1 dataset and by Council officers, have been categorised as requiring refuge accommodation.

Graph 3.4 below illustrates the distribution of the 312 HL1 applicants to each type of temporary accommodation provision.

	Housing options	Direct access accommodation	Dispersed self-contained	Hostel - supervision	Hostel - support	Specialist supported accommodation	Refuge accommodation
■ Single Person	27	43	84	30	37	18	5
■ All Adult Household	3		7	2			
■ Single Parent	13		21		1		2
■ Household with children	5	1	13				
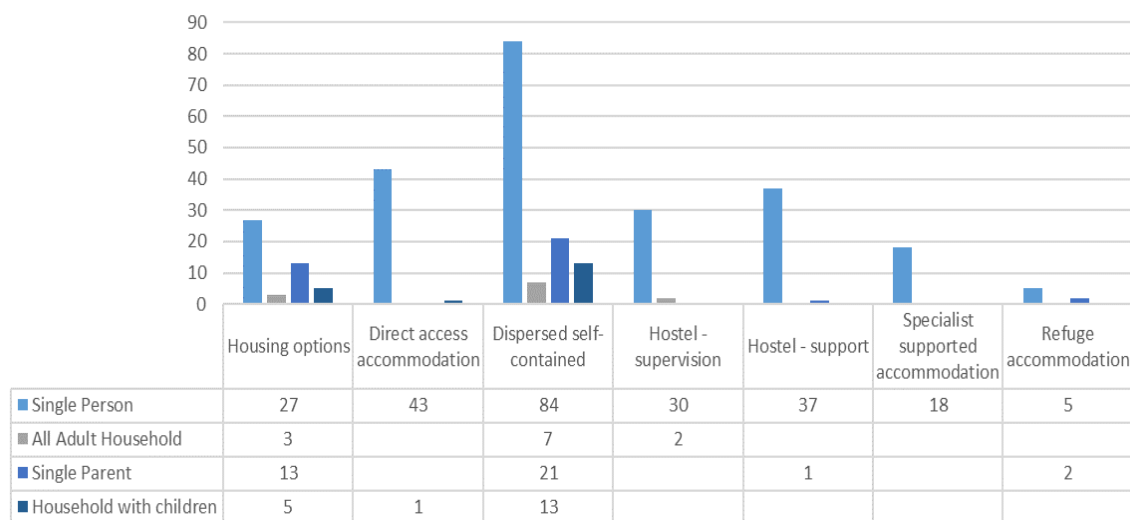
Graph 3.4: Accommodation requirements of homeless population in Inverclyde by temporary accommodation category and household type (2016/17)

The graph above illustrates the profile of HL1 applicants by temporary accommodation category. 40% of applicants (125) require dispersed self-contained accommodation. Around 12% of applicants (38) require hostel support accommodation, with a further 10% applicants (32) in need of hostel supervision accommodation. A relatively small number (18), 6% of applicants require specialist supported accommodation and only 2% (7) of applicants require refuge accommodation.

14% of applicants require direct access accommodation, these applicants are unlikely to sustain any form of tenancy on a long-term basis.

It's also evident that over 90% applicants who require supported accommodation, supervised accommodation, direct access accommodation or specialist supported accommodation are single person households.

Support Needs by Household Type

	All Adult Household	Household with children	Single Parent	Single Person
■ No support needs	4	10	19	56
■ Need for supervision (chaotic behaviour)	2		1	70
■ Need for housing support (vulnerability)	6	9	17	101
■ Need for accommodation based support (intense vulnerability)				17
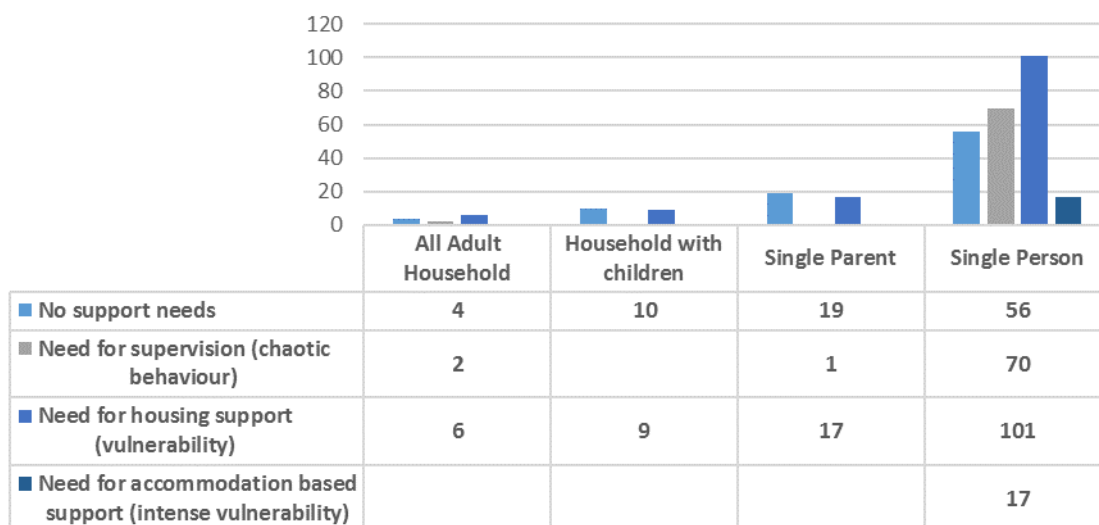
Graph 3.5: Homeless population in Inverclyde by temporary household category and support needs (2016/17)

Graph 3.5 above shows that around a third of homeless applicants do not have any support needs (29%), with a further 133 (43% of homeless population) applicants having a need for housing support (vulnerable). 23% of homeless applicants have a need for supervision (chaotic behavior) and 5% (17) have a need for accommodation support (intensely vulnerable). Subsequently, the majority of homeless applicants require supported or supervised accommodation of which 171 are single person households. Diagram below demonstrates the top 3 support needs by household type:

Single Person	Drug & Alcohol Dependency = 109	Lack of independent living skills = 54	Mental Health = 41
Household with children	Lack of independent living skills = 10	Mental Health = 5	Physical disability = 2
Single Parent	Lack of independent living skills = 14	Mental Health =11	Drug & Alcohol Dependency = 3
All adult Household	Mental Health = 4	Drug/ Alcohol Dependency = 4	Anti Social Behaviour = 2

Diagram 3.2: Applicants support needs by household type (2016/17)

Diagram 3.2 above shows that the main support need for single person households and all adult households is drug and alcohol dependency, however the main support need for households with children and single parents is lack of independent living skills. Graph 3.5 and Diagram 3.2 show that support needs of applicants from the HL1 data varies based on household type.

Inverclyde Council currently doesn't own, manage or lease all of these types of accommodation. The Council's temporary accommodation stock profile – i.e. stock the Council can access to use as temporary accommodation - is illustrated in the Graph 3.6 below.

3.4   Temporary Accommodation Stock Profile

Graph 3.6 below shows that the Council has access to 60 temporary accommodation units. Inverclyde Council own and manage the 31 units of temporary accommodation units at the Inverclyde Centre, with 4 of these units offering shared accommodation. The remaining 29 units offer dispersed self-contained accommodation.

No of Units and Average Rents for Self-Contained and Shared Accommodation

	Inverclyde Centre Shared Facilities No.	Inverclyde Centre Shared Facilities Rent Value	Inverclyde Centre Self Contained No.	Inverclyde Centre Self Contained Rental Value	Other Self-contained No.	Other Self-Contained Stock Averge Rental Value
Greenock	4	42.99	27	83.3	24	83.93
Gourock					2	116.11
Port Glasgow					3	83.23
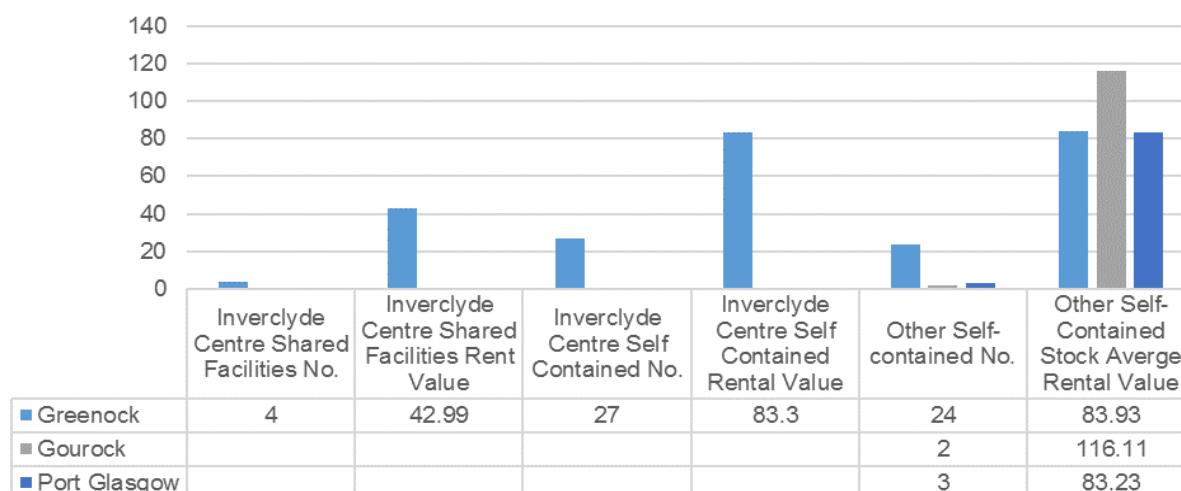
Graph 3.6: Inverclyde Council temporary accommodation stock profile

These self-contained dispersed units are leased from the following four RSLs who own and manage stock in the Inverclyde area:

- Riverclyde Homes = 6 units;
- Cloch = 9 units;
- Link = 1 unit; and
- Oaktree = 13 units.

In terms of geography, 92% of Inverclyde's temporary accommodation is located in the Greenock area. This is a poor match to the area origin of homeless applicants, where approximately 50% originate from the Greenock area. Equally, just 5% of temporary accommodation is located in Port Glasgow, whilst 15% of applicants originate from Port Glasgow. Currently there is no temporary accommodation located in Inverkip but 5% of the homeless applicants originate from Inverkip.

3.5   Length of stay in temporary accommodation

In order to translate demand for temporary tenancies into units of accommodation, the number of tenancies required is divided by accommodation turnover rates (i.e. the number of times a temporary tenancy becomes vacant). The levels of turnover will vary according to the type of accommodation (i.e. dispersed, hostel and/or supported accommodation categories) and the length of stay by applicants.

Turnover rates have been calculated using the average length of stay in each of the accommodation types within Inverclyde. In 2016/17, the length of stay varied across the accommodation types, with the averages ranging from 11 days to 127 days. Using this analysis, as well as applying assumptions to the accommodation categories which the Council currently does not have access to, the project Steering Group agreed the length of stays which should be applied to each accommodation type for modelling purposes.

The diagram below illustrates the basis of assumption for length of stay which has been applied to each of the accommodation types (to translate the demand for temporary tenancies into units of accommodation).

Category	Description	Basis of Length of Stay	Length of Stay (Weeks)
Housing options	Homelessness prevented or resolved without the need for temp accommodation	16/17 average length of stay in Inverclyde Dispersed Accommodation (127 days/22 weeks)	22
Direct access accommodation	Habitual repeater: unlikely to sustain any form of tenancy on a long term basis	16/17 average length of stay in Inverclyde B&B accommodation (5 days/1 weeks)	1
Dispersed self-contained	No or low level support needs: can sustain tenancy independently	16/17 average length of stay in Inverclyde Dispersed Accommodation (127 days/22 weeks)	22
Hostel - supervision	Chaotic: need on site supervision to manage challenging behaviour	16/17 average length of stay in Inverclyde Centre (55 days/7.8 weeks)	7.8
Hostel - support	Vulnerable: need onsite support to manage moderate - high support needs	Agreed with the steering group that it should be based on target length of stay of 6 months for those clients who have moderate to high support needs.	26
Specialist supported accommodation	Need specialist housing based supported accommodation	Agreed with the steering group that it should be based on target length of stay of 12 months for those clients who require specialist supported accommodation.	52
Refuge accommodation	Sanctuary accommodation for households fleeing domestic abuse	16/17 average length of stay in Inverclyde Dispersed Accommodation (127 days/22 weeks)	22

Table 3.3: Length of stay assumptions for the temporary accommodation modelling tool

Although 312 HL1 applications represent the demand profile in the baseline year of the model, it is never the case that every applicant who presents for assistance will then go on to require or accept temporary accommodation, as a result of a number of factors including:

- the applicant fails to fully complete the homelessness assessment process and either withdraws or loses contact with the service; or

- the applicant makes independent arrangements to accommodate themselves until an offer of secure accommodation is made.

On this basis, total demand for assistance should be adjusted to establish the actual number of applicants who will then take up places in temporary accommodation.

To this end, as well as agreeing the length of stay assumption for the modelling tool, the steering group also agreed the acceptance rate which should be applied. As shown below, alongside the agreed length of stay, it was agreed for the baseline that the acceptance rate would be set at **70%** across all accommodation categories.

The stock requirement for each accomodation category is then translated into stock provision categories that either exist or that the steering group would like to measure as a need for part of their commisioning plans. The diagram below illustrates how each of the accomodation categories have been matched to the exisiting stock provision and how this has been used to inform the three stock categorisation categories that will be used for future commisioning plans.

Type	Currentt Accomodation Match	Final Stock Categorisation
Housing Options	Housing options	Dispersed
Direct Access	B&B	Hostel
Self -contained	Dispersed	Dispersed
Hostel Supervision	Inveclyde Centre	Hostel
Hostel Support	Inverclyde Centre	Hostel
Specialist supported	No current provision by IC	Specialist Supported
Refuge	No current provision BY IC	Dispersed

Diagram 3.3: Accommodation categories to Stock Categorisation
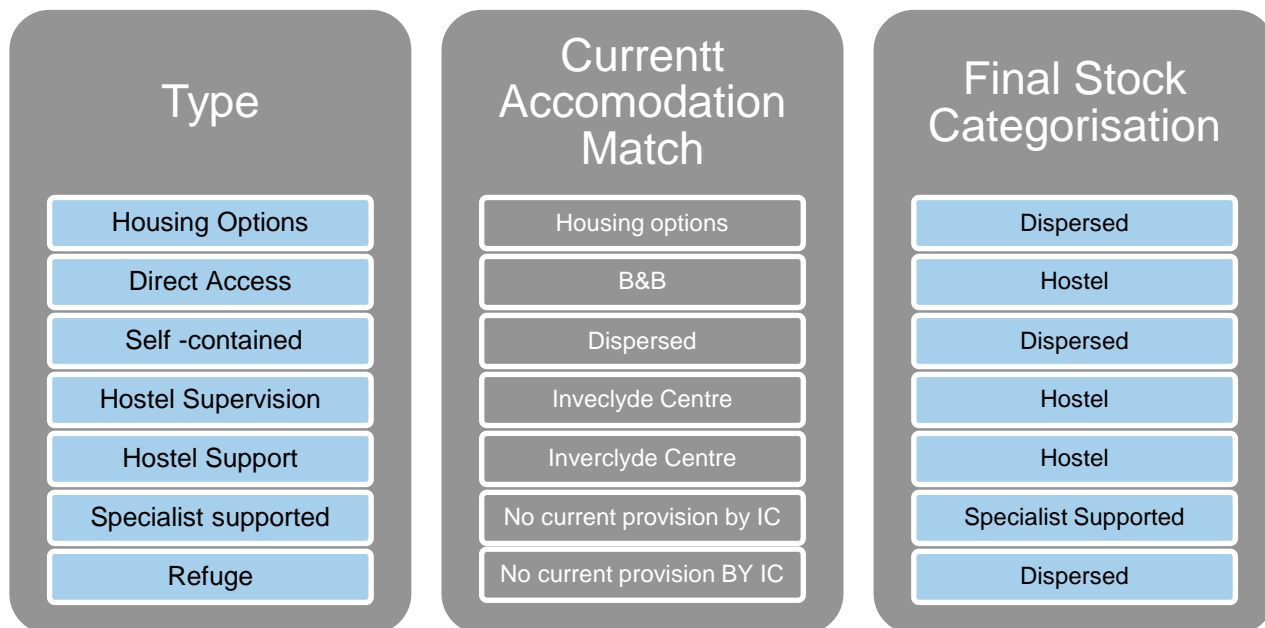
3.6   Temporary accommodation stock requirements - baseline

In order to translate the HL1 profile into a stock requirement for temporary accommodation, the assumptions outlined above on the acceptance rate and length of stay have been applied. The table below shows the units of stock which are required by temporary accommodation category and household size:

Temporary Accommodation Category	Stock catgorisation	Shared <35	1	2	3	4	5	Total	%
Housing options	Dispersed	5	4	4	1	0	0	14	33%
Direct access accommodation	Hostel	0	0	-	0	1	-	1	45%
Dispersed self-contained	Dispersed	10	15	8	3	0	1	37	27%
Hostel - supervision	Hostel	2	1	0	-	-	-	3	63%
Hostel - support	Hostel	7	6	0	-	-	-	13	53%
Specialist supported accommodation	Specialist Supported	8	5	-	-	-	-	13	61%
Refuge accommodation	Dispersed	0	1	1	-	-	-	2	14%
Total		**32**	**32**	**13**	**4**	**1**	**1**	**83**	**100%**

Table 3.4: Stock requirements by temporary accommodation category

Having applied the acceptance rate and length of stay assumptions, it has been calculated that 83 units of temporary accommodation stock is required to meet the needs of applicants in the baseline temporary accommodation model (i.e. 312 homeless applicants from the 2016/17 HL1 profile).

The greatest level of demand is for dispersed self-contained temporary accommodation at 53 units (64%), with lower levels of demand being demonstrated for hostel accommodation (17 units) and specialist accommodation (15%).

Stock catgorisation	shared<35	1	2	3	4	5	Total	%
Hostel	9	7	1	0	-	-	17	21%
Dispersed	15	20	12	4	1	1	53	64%
Specialist Supported	8	5	-	-	-	-	13	15%
Total	**32**	**32**	**13**	**4**	**1**	**1**	**83**	**100%**

Table 3.5: Stock requirements by temporary accommodation category

Tables 3.5 – 3.7 illustrate projected temporary accommodation stock requirements by property size and area for each temporary accommodation category.

Hostel Accommodation	1	2	3	4	5	Total	Percentage of total Hostel Accommodation	Percentage of total Temporary Accommodation
Gourock	-		-	-	-	-	0%	0%
Greenock	8		-	-	-	8	47%	10%
Inverkip	2		-	-	-	2	12%	2%
Port Glasgow	2		-	-	-	2	12%	2%
Other	4	1	-	-	-	5	29%	6%
Total	**16**	**1**	**-**	**-**	**-**	**17**	**100%**	**20%**

Table 3.6: Hostel accommodation requirements by property size and area

Dispersed Self-Contained Accommodation	1	2	3	4	5	Total	Percentage of total Dispersed Self Contained	Percentage of total Temporary Accommodation
Gourock	1	-	-	-	-	1	2%	1%
Greenock	16	6	2	1	1	26	49%	31%
Inverkip	2	1	-	-	-	3	6%	4%
Port Glasgow	4	4	1	-	-	9	17%	11%
Other	10	3	1	-	-	14	26%	17%
Total	33	14	4	1	1	53	100%	64%

Table 3.7: Dispersed accommodation requirements by property size and Area

Specialist Supported Accommodation	1	2	3	4	5	Total	Percentage of total Specialist Supported	Percentage of total Temporary Accommodation
Gourock	1	-	-	-	-	1	8%	1%
Greenock	8	-	-	-	-	8	62%	10%
Inverkip	-	-	-	-	-	-	0%	0%
Port Glasgow	1	-	-	-	-	1	8%	1%
Other	3	-	-	-	-	3	22%	4%
Total	13	-	-	-	-	13	100%	16%

Table 3.8: Specialist Supported Stock requirements by Size and Are

All Accommodation	1	2	3	4	5	Total	Percentage of all Accommodation
Gourock	2	0	-	-	-	2	2%
Greenock	32	6	2	1	1	42	51%
Inverkip	4	1	-	-	-	5	6%
Port Glasgow	7	4	1	-	-	12	14%
Other	17	4	1	-	-	22	27%
Total	62	15	4	1	1	83	100%

Table 3.9: All Accommodation requirements by property size and Area

The tables above illustrate that the greatest demand in temporary accommodation is for 1-bedroom properties in Greenock (39%). The table above also demonstrates that there is considerable demand for accommodation in Port Glasgow (15%), with a smaller demand for temporary accommodation in Inverkip (6%) and Gourock (2%). Information is not known on area preference for 27% of the stock due to those applicants whose previous address' are unknown or those who lived out with the Inverclyde area.

3.7 Future requirements

The temporary accommodation tool has also been designed to facilitate scenario testing changes in the demand profile over time. It was agreed with the Steering Group that the following scenarios should be applied to model to reflect changes in policy and practice aligned the strategic agenda for homelessness in Scotland, plus changes to wider operating environment around the delivery of homelessness services.

It was agreed that the model should assume that over the next 3 years, those applicants who fall under the 'housing options' category should be removed from the model. It is assumed that their need for temporary accommodation will be prevented through the implementation of a collaborative and proactive housing options model which resolves housing crisis without the need for temporary accommodation.

This scenario results in the following changes in demand for temporary accommodation at Year 3 of the model:

Stock catgorisation	shared <35	1	2	3	4	5	*Total*	%
Hostel	9	7	1	0	-	-	17	25%
Dispersed	10	16	9	3	0	1	39	57%
Specialist Supported	8	5	-	-	-	-	13	18%
Total	**27**	**28**	**10**	**3**	**0**	**1**	**69**	**100%**

Table 3.10: Stock requirements by temporary stock category

Table 3.10 illustrates that demand for temporary accommodation is projected to reduce from 83 to 69 units by Year 3. This scenario reduction is applied to the dispersed accommodation category with demand for dispersed accommodation reducing from 53 units to 39 units.
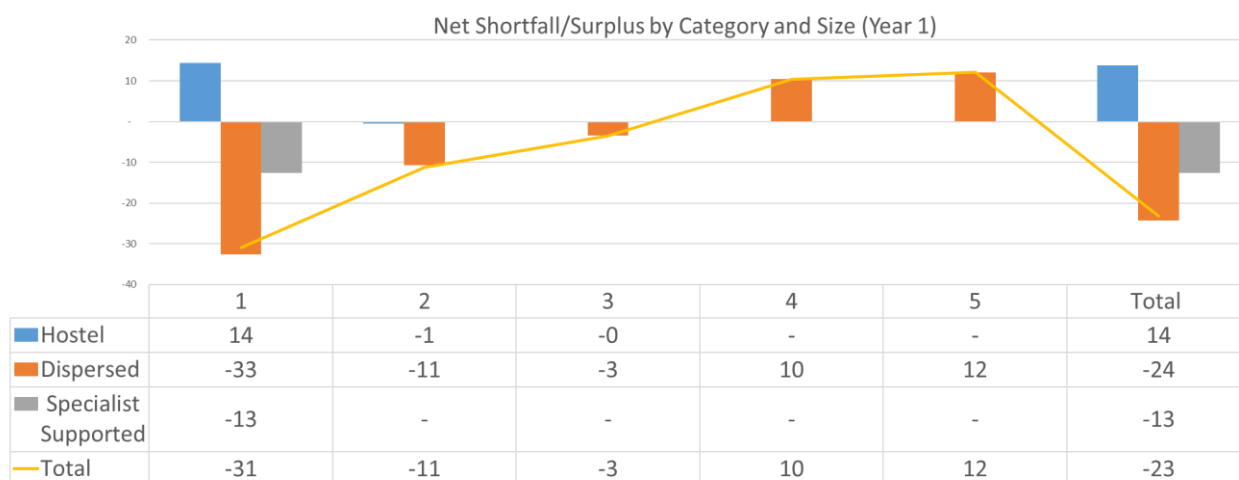
3.8   Net temporary accommodation provision – baseline

Graph 3.4 in this report outlined the profile of temporary accommodation stock which can be used by Inverclyde Council to meet the needs of homeless households. To summarise, the Council has access to 60 units of temporary accommodation, with:

- 29 dispersed accommodation units leased from locally operating RSLs;

- 31 hostel accommodation units owned by Inverclyde Council in the Greenock based Inverclyde Centre; and

- currently no supported accommodation units to meet the interim accommodation needs of those who may be too vulnerable or chaotic to sustain settled accommodation without the delivery and completion of a structured support plan, which is focused on resettlement.

In addition, currently the Council has no access to designated refuge accommodation to meet the needs of those experiencing domestic abuse.

Based on the projected demand profile and by applying the agreed assumptions on acceptance rate and average length of stay, the total requirement for temporary accommodation equals 83 units in the baseline year of the model. Graph 3.7 below compares this baseline profile of demand with the Council's available stock, and shows that there is an overall **shortfall of 23 units** across the various temporary accommodation categories.

Net Shortfall/Surplus by Category and Size (Year 1)

	1	2	3	4	5	Total
Hostel	14	-1	-0	-	-	14
Dispersed	-33	-11	-3	10	12	-24
Specialist Supported	-13	-	-	-	-	-13
Total	-31	-11	-3	10	12	-23

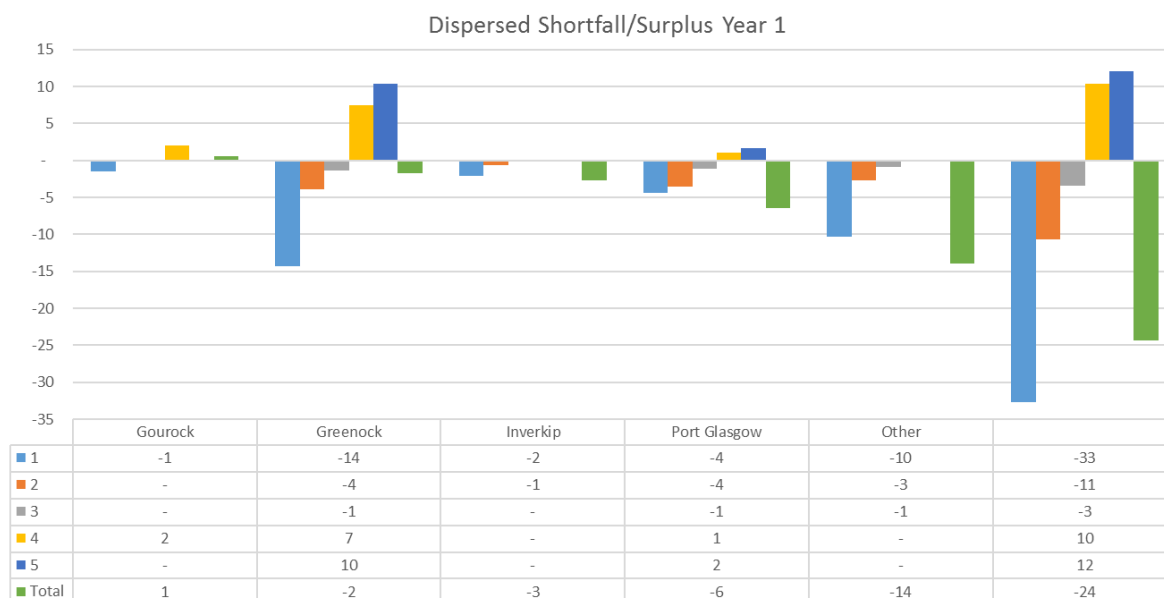**Graph 3.7: Net provision of temporary accommodation (baseline)**

Based on the assumptions applied in the temporary accommodation model, a total annual requirement of 53 units of dispersed accommodation has been calculated, with a supply of 29 available; resulting in a net shortfall of 24 units of dispersed accommodation across Inverclyde.

However, it is also important to consider the extent to which the supply meets the demand in terms of property size. As shown above, there is a surplus of 4 and 5 dispersed accommodation units; with the total shortfall primarily driven by the shortfall of 1 and 2-bedroom properties. The opposite of this is demonstrated for hostel accommodation, where a surplus of 14 units is demonstrated.

As there is currently no existing supply of specialist supported accommodation to meet the needs of those seeking temporary accommodation, the model projects a shortfall of 13 units.

3.9 Net temporary accommodation provision – Dispersed (Size and Area)
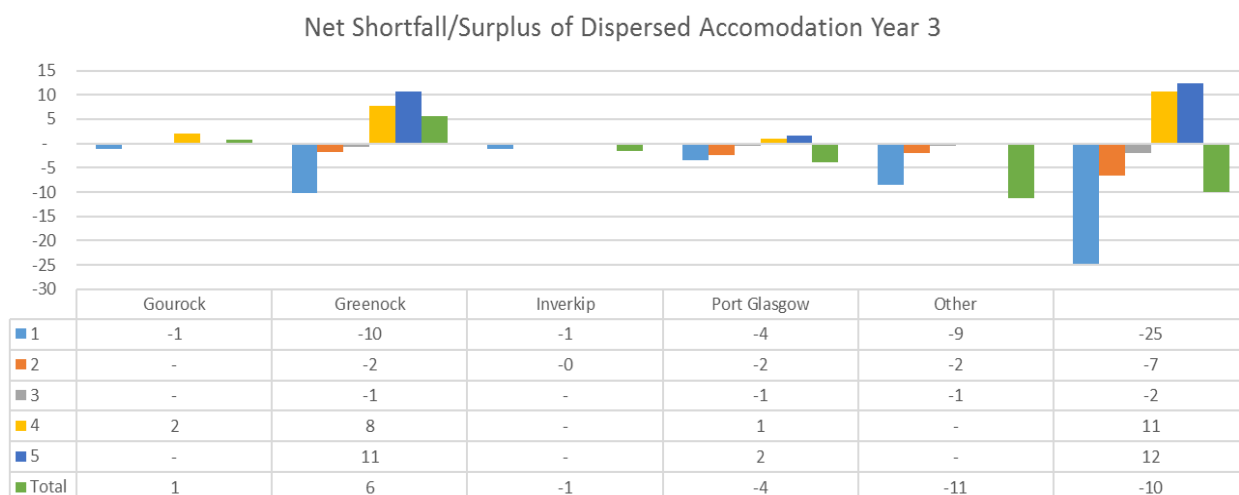
Graph 3.8 details the net surpluses and shortfalls of dispersed temporary accommodation by property size and area by benchmarking projected need against existing provision in Year 1 of the model.

	Gourock	Greenock	Inverkip	Port Glasgow	Other	
■ 1	-1	-14	-2	-4	-10	-33
■ 2	-	-4	-1	-4	-3	-11
■ 3	-	-1	-	-1	-1	-3
■ 4	2	7	-	1	-	10
■ 5	-	10	-	2	-	12
■ Total	1	-2	-3	-6	-14	-24

Graph 3.8: Net provision of dispersed temporary accommodation by size and area (Year 1)

Graph 3.8 above demonstrates that there are clear imbalances in the existing supply of dispersed accommodation provision by both property size and area. Whilst there is an overall shortfall of dispersed accommodation across Inverclyde, there is surplus accommodation evident in 4 and 5 bedroom properties, which is particularly acute in Greenock. The total shortfalls are primarily driven by shortfalls of 1 and 2 bedroom properties in Greenock (-18 units) and Port Glasgow (-10 units).

As outlined in Section 3.7, it is assumed that applicants who fall under the 'Housing Options' category will be removed from Year three. This scenario results in reducing the net shortfall for dispersed accommodation from 24 units to 10 units. The imbalances by size and area at year 3 are shown in the Graph 3.9 below:
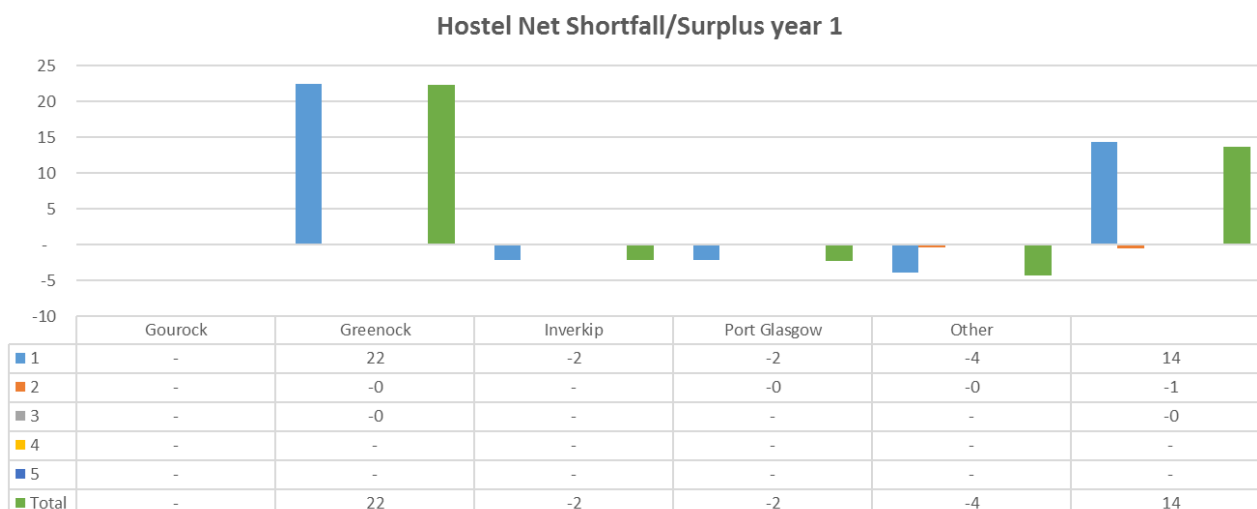
Net Shortfall/Surplus of Dispersed Accomodation Year 3

	Gourock	Greenock	Inverkip	Port Glasgow	Other	
■ 1	-1	-10	-1	-4	-9	-25
■ 2	-	-2	-0	-2	-2	-7
■ 3	-	-1	-	-1	-1	-2
■ 4	2	8	-	1	-	11
■ 5	-	11	-	2	-	12
■ Total	1	6	-1	-4	-11	-10

Graph 3.9: Net provision of dispersed temporary accommodation (year 3)

Graph 3.9 above demonstrates that by Year 3 Inverclyde Council will have a short fall of 10 dispersed accommodation units. Whilst there will be a short fall across Inverclyde there will continue to be a surplus of 4 and 5 bedroom properties in Greenock.

By year 3, there is still a mismatch between the profile of projected demand and existing supply, therefore, in order to correct these imbalances a complete recommissioning of the temporary accommodation model in Inverclyde needs to be considered.

3.10 Net temporary accommodation provision – Hostel (Size and Area)

Graph 3.10 details the net surpluses and shortfalls of hostel accommodation by property size and area by benchmarking projected need against existing provision in Year 1 of the model.

Hostel Net Shortfall/Surplus year 1

	Gourock	Greenock	Inverkip	Port Glasgow	Other	
■ 1	-	22	-2	-2	-4	14
■ 2	-	-0	-	-0	-0	-1
■ 3	-	-0	-	-	-	-0
■ 4	-	-	-	-	-	-
■ 5	-	-	-	-	-	-
■ Total	-	22	-2	-2	-4	14

Graph 3.10: Net provision of temporary accommodation (scenario 1)

The table above demonstrates that whilst there is an overall surplus of 14 units of Hostel accommodation, shortfalls are evident in Inverkip and Port Glasgow.

The total annual requirement of 59 units of hostel accommodation has been calculated, with a supply of 49 available; resulting in a shortfall of **10 units** of hostel accommodation across Invercyde Council.

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3.11 Conclusions

In conclusion this section of the report has provided analysis on the applicant profile, household type and household needs of the HL1 data and profiled this information against current temporary accommodation stock to provide a detailed assessment as to how sufficiently the current stock is meeting the needs of homeless applicants in Inverclyde. The following information summaries the key findings:

The analysis above illustrates that most (78%) of the HL1 applicants are single person households, of which 50% are under 35, the greatest requirement for Inverclyde Council is for 1 apartment properties and 2 apartment properties. of all the homeless applicants. The limited existing supply of 1 bedroom properties, creates a significant mismatch between households and homes.

When considering how the Council will manage the short fall of 1 bedroom properties, there should be consideration into whether there is a sufficient supply of 1 bedroom properties locally that can meet the needs of applicants or where alternative models such as shared accommodation might be necessary.

The analysis demonstrates that their shortfall of dispersed temporary accommodation in year 1 (24 units) and year 3 (10 units). By year three there is a shortfall across all areas in Inverclyde, however a surplus of 4 and 5 bedrooms in Greenock. Given that frontline officers suggested that there is a territorial nature of communities in Inverclyde and applicants will rarely accept an 'out of area' temporary placement, this creates a real need to completely recommission the current arrangements in place with RSLs leasing the dispersed stock.

The analysis demonstrates that there is a surplus of 14 hostel units, in Greenock this raises questions about the future of the Inverclyde Centre and the extent to which it can be described as fit for purpose. Looking to the future a strategic appraisal of Inverclyde Centre's long term future should be undertaken to determine whether a strategy of:

- Decommissioning and disposal;

- Reconfiguration and investment; and

- Re-designation to meet the need of an alternative client group.

Currently the council has no specialist supported accommodation to meet the needs of those who require a structured approach to resettlement and require a support planning process, our analysis indicates that the council requires 13 units that provide this type of temporary accommodation to meet the needs of applicants.

4 Policy changes to temporary accommodation

Within recent Housing Benefit Circulars produced by the Department for Work & Pensions (DWP), there are a number of proposed changes to housing benefit subsidy for households in temporary accommodation, as well as changes to the definition of supported and exempt accommodation in relation to this subsidy.

4.1 Housing benefit subsidy in temporary accommodation

In terms of the changes to the housing benefit subsidy, the diagram below illustrates the main elements of the reform.
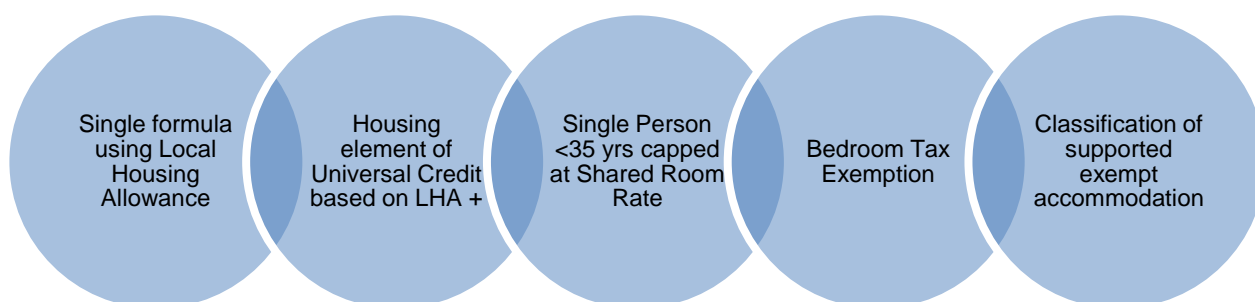

Diagram 4.1: DWP reform of temporary accommodation subsidy

The first change to housing benefit subsidy applied to temporary accommodation is that there will be a single formula, using the Local Housing Allowance (LHA) applied to the rent charges for all temporary accommodation. This is regardless of whether the local authority owns or leases the accommodation from an external agency. However, the exception to this rule is "exempt accommodation", which will be defined in the following section of this report.

The final change to housing benefit subsidy in temporary accommodation is with regards to accommodation which the local authority leases from a housing association for the provision of temporary accommodation. Where this occurs, given that the temporary accommodation subsidy formula is based on the LHA which uses its own size criteria, the under-occupation deduction ("bedroom tax") will not apply.

4.2 Housing benefit subsidy in supported temporary accommodation

In terms of housing benefit subsidy in supported accommodation, the DWP has issued a circular to all local authorities to provide additional clarity on the definition of supported and exempt accommodation. Within this circular, the DWP has confirmed that supported accommodation is now defined as "specified" accommodation; within which there are four types of temporary accommodation, namely:

1. **Exempt accommodation** – a resettlement place, or accommodation which is provided by a county council, RSL, registered charity where that body or person acting on their behalf provides the claimant with care, support and supervision;

2. **Managed projects** – designed to cover cases which fall out of the exempt accommodation definition, solely because the care is not provided by the landlord or on their behalf often due to the nature of funding and/or care structures put in place;

3. **Refuges** – person living in accommodation fleeing domestic violence and likely to be a temporary arrangement; and

4. **Hostels** – local authority hostels that provide care, support or supervision. This relies on the property not being self-contained, and specializes in accommodating individuals with high support

needs. Non- self-contained is defined as accommodation which one or more of the following is shared with another household:

- Kitchen;

- Bathroom; or

- Toilet.

The final category, i.e. hostels, has been extended to include local authority hostels most likely in order to protect households from the benefit cap and certain aspects of Universal Credit.

The table below provides a summary of the rules which apply under each temporary accommodation provision, by landlord and care/support provider.

				Specified Accomodation			
	HRA Units	**RSL Units**	**PSL**	**Exempt**	**Managed projects**	**Refuges**	**Hostels (Shared Accom)**
Exempt from weekly bedroom cap	✗	✗	✗	✓	✓	✓	✓
Exempt from bedroom tax	✗	✓	✓	✓	✗	✗	✗
Housing Benefit paid direct to landlord	✗	✗	✗	✓	✓	✓	✓
Landlord	HRA	RSL	PSL	RSL, Charity or vol body	RSL, Charity or vol body	LA, RSL, Charity or vol body	LA, RSL, Charity or vol body
Care, Support or Supervision	Nil	Nil	Nil	By landlord or on behalf of landlord	Anyone and does NOT have to be on behalf of landlord	No care or support provison requirement	Anyone and does NOT have to be on behalf of landlord

Table 4.1: DWP subsidy framework for each category of temporary accommodation

It is worth noting, that the definition of 'exempt' accommodation is currently under review and that further changes may be applied to this definition. Therefore, given the uncertainty around this classification the next section of this report assesses the impact on general fund of a range of service delivery scenarios relating to welfare reform changes.

5   Temporary Accommodation: Financial impact assessment

Having assessed the net requirements for temporary accommodation across Inverclyde, the research now focuses on calculating the income which can be recovered to support the provision of temporary accommodation services, based firstly on the existing model of provision and secondly, on the projected model of provision required. The current weekly charges for each existing category of temporary accommodation in Inverclyde, are illustrated in Table 5.1 below:

Temporary Accommodation Type	Average (52 week)
Dispersed (Average charge)	£224
Inverclyde Hostel (self-contained)	£225
Inverclyde Hostel (non-self-contained)	£185

Table 5.1: Scenario 1 income profile summarised by category

Based on the charges above, the Council currently budgets for an income of around £730k from 60 temporary accommodation units, with the breakdown of income by type of temporary accommodation provision as follows:

- Dispersed Units = 29 units @ £224 per 52 weeks = £378k; and

- Inverclyde Centre = 4 units @ £185 and 27 units @ £225 per 52 weeks = £353k.

The current LHA rates applied in Inverclyde, which could form the basis of new subsidy rules under the DWP's welfare reform changes, are as follows:

	Shared	1 bed	2 bed	3 bed	4 bed
Weekly LHA	£60	£80.55	£101.54	£125.42	£190.80
Current IC average rent charge	£185	£224	£224	£224	£224
Difference IC V LHA	£164	£143	£122	£99	£33
% Difference	65%	64%	55%	44%	15%

Table 5.2: Inverclyde LHA Rates

The table above illustrates that current council temporary accommodation shared room rate rents are 65% above the LHA shared room rate and between 64% to 15% above the LHA rate for a 1 bedroom to 4-bedroom property. The differential in charges will result in a significant reduction in rental income if the LHA cap was to be applied to all temporary accommodation stock. The potential impact of this change is discussed in section 5.1 below.

5.1   Financial Scenario 1: LHA Cap Implemented

If we assume that rents in temporary accommodation will be set based on the new subsidy rules (LHA rates) as opposed to the current weekly rental charges; the income recovered from temporary accommodation will reduce by approximately **£417k** to approximately £313k. The net impact of this, by temporary accommodation category is illustrated in Table 5.3 below:

Category	Exempt from LHA CAP	Shared Units	1 bed Units	2 bed Units	3 bed Units	4 bed Units	Total Units	Current Income (Current charges table 5.1)	Revised Income (LHA CAP table 5.2)	Difference
Dispersed	NO	9	2	2	2	14	29	£378,000	£201,365	-£176,635
Hostel	NO	17	14				31	£353,000	£111,958	-£241,042
Total		**26**	**16**	**2**	**2**	**14**	**60**	**£731,000**	**£313,323**	**-£417,677**

Table 5.3: Scenario 1: Temporary Accommodation Income profile (Impact of LHA cap on the current Temporary Accommodation stock profile in Inverclyde)

The table above illustrates that the greatest drop in income would be from the RSL owned dispersed temporary accommodation units. This is due to the fact that the LHA rate is below current rent levels for all property sizes. One of the key drivers in this drop of income relates to the fact that single persons under the age of 35 are capped at the shared room LHA rate of £60 per week. Based on the 16/17 HL1 stats around 39% of single person applicants are under 35. By accommodation type 28% of single person applicants below 35 require dispersed accommodation and 54% of single person applicants required dispersed accommodation. The calculations in table 5.3 above assume that these households would be subject to the £60 per week shared room LHA rate.

Given the scale of the financial impact on Inverclyde Council as a result of these changes, Arneil Johnston has tested a number of service delivery scenarios to mitigate the financial impacts of changes in the housing benefit subsidy rules as a result of welfare reform changes. Each scenario is outlined in detail, including the justification for each and the impact on the scale of deficit to the temporary accommodation budget if these options were realised.

5.2 Financial Scenario 2: Hostel Accommodation remains exempt from LHA cap

As illustrated in Table 4.1, shared accommodation that provides care, support or supervision **that is not self-contained**, falls under the "*exempt accommodation*" category. This means that the LHA cap will not apply and that rents could be set based on the 'actual' costs of managing this type of temporary accommodation.

Unfortunately, the majority of temporary accommodation units within the Inverclyde Centre would not meet this definition as the majority of the accommodation is self-contained. However, for the purposes of assessing the impact of this exemption being applied to this accommodation category, a scenario was developed to test the impact of remodeling the units in the Centre to meet the non-self-contained criteria, resulting in the following financial impact:

Category	Exempt from LHA Cap	Shared Units	1 bed Units	2 bed Units	3 bed Units	4 bed Units	Total Units	Current Income (Current charges table 5.1)	Revised Income	Difference
Dispersed	No	9	2	2	1	15	29	£378,000	£201,365	-£176,635
Hostel (1)	Yes	17	14				31	£353,000	£353,000	0
Total		**26**	**16**	**2**	**1**	**15**	**60**	**£731,000**	**£554,365**	**-£176,635**

Table 5.4: Scenario 2 (Inverclyde Centre: Remodeling all accommodation as non-self-contained exempt accommodation)

For the purpose of this calculation current rent levels charged for hostel accommodation are applied. Therefore, the LHA Cap would only be applied to Dispersed accommodation. Table 5.4 above shows that by implementing Scenario 1, £554k of income could be generated. This is around £176k below current income levels.

It should also be borne in mind that whilst remodeling the units in the Inverclyde Centre will generate additional income into the temporary accommodation budget, there will be additional expenditure associated with the costs of re-modelling. This investment could only feasibly be justified if it could be proven that an increase in non-self-contained hostel accommodation could make a positive contribution to meeting the needs of homelessness applicants in Inverclyde. Given the net surpluses in hostel accommodation (+14 units) increasing the number of non-self-contained hostel units to 31 would not appear to be an effective strategy in meeting housing need.

5.3   Financial Scenario 3: Increasing supply to reflect demand – exempt hostel and refuge

As outlined in Chapter 3 of this report, demand for temporary accommodation in Inverclyde focuses on the needs of 312 homeless applicants and if baseline model assumptions are applied, it is estimated that approximately 70 units of temporary accommodation are required (excluding the need for specialist supported accommodation of which there is no current provision).

As illustrated in Table 4.1 above, local authority 'owned' self-contained refuge and shared accommodation that provides care, support or supervision that is not self-contained, fall under the "*exempt accommodation*" category. This means that the LHA cap would not apply and that rents could be set based on the 'actual' costs of managing this type of temporary accommodation.

Assuming that stock is re-configured to meet the projected demand profile; that dispersed accommodation rents are set to reflect DWP definitions; and hostel and refuge accommodation can be made to comply with the "exempt accommodation" criteria, the following financial impact could be delivered:

Category	Exempt from LHA Cap	Shared Units	1 bed Units	2 bed Units	3 bed Units	4 bed Units	Total Units	Current Income (Current charges table 5.1)	Revised Income	Difference
Dispersed	No	15	18	12	5	1	**51**	£378,000	£230,885	-£147,115
Dispersed - Refuge accommodation	Yes	0	1	1	-	-	**2**		£24,147	£24,147
Hostel (1)	Yes	9	7	1	0	-	**17**	£353,000	£201,852	-£151,148
Total		**24**	**26**	**14**	**5**	**1**	**70**	**£731,000**	**£456,884**	**-£274,116**

Table 5.5: Scenario 3 (Supply meets demand and exemption applied to hostel and refuge)

For the purpose of scenario 3, current rent levels are applied to exempt accommodation units. Table 5.4 shows that by implementing Scenario 2, i.e. providing 10 additional units of temporary accommodation overall and addressing the imbalances in temporary accommodation by reducing the number of hostel units by 14 and increasing the number of dispersed units by 24, could generate £456k of income. This is around £274k below current income levels.

Whilst additional supply generates additional income into the temporary accommodation budget, there will be additional expenditure associated with reconfiguring existing supply and setting up new provision. The expenditure associated with temporary accommodation is discussed further in section 5.6 below. There is also the question over whether colleagues in Housing Benefit will approve 2 units of Refuge accommodation as exempt under DWP definition of exempt accommodation.

5.4 Financial Scenario 4: Increasing supply to reflect demand & all accommodation remains exempt

This scenario is the same as scenario 3, however it assumes that all stock remains exempt from the LHA cap.

Category	Exempt from LHA Cap	Shared Units	1 bed Units	2 bed Units	3 bed Units	4 bed Units	Total Units	Current Income (Current charges table 5.1)	Revised Income	Difference
Dispersed	Yes	15	18	12	5	1	**51**	£378,000	£596,781	£218,781
Dispersed - Refuge accommodation	Yes	9	7	1	0	-	**17**	-	£24,147	£24,147
Hostel (1)	Yes	0	1	1	-	-	**2**	£353,000	£201,852	-£151,148
Total		**24**	**26**	**14**	**5**	**1**	**70**	**£731,000**	**£822,780**	**£91,780**

Table 5.6: Scenario 4 (Supply meets demand and exemption applied to hostel and refuge)

Table 5.6 shows that implementing Scenario 4 would generate £822k of income, which is £91k more than current budgeted levels of income. This is on the assumption that dispersed self-contained accommodation will become exempt from the LHA cap, which is potentially the **least likely scenario** to plan for.

Similar to scenarios 2 & 3, whilst additional supply generates additional income into the general fund, there will be additional expenditure associated with reconfiguring existing resources and setting up new provision.

5.5 Financial Scenario 5: Increasing supply to reflect demand (at year 3) & all accommodation remains exempt

As discussed in section 3.7 above, the steering group agreed that the model should assume that over the next 3 years, those applicants who fall under the 'housing options' category should be removed from the model and that their need for temporary accommodation will be prevented through the implementation of a collaborative and proactive housing options model which resolves housing crisis without the need for temporary accommodation.

This scenario assumes that stock is re-configured to meet the projected demand profile; that dispersed accommodation rents are set to reflect DWP definitions; and hostel and refuge accommodation can be made to comply with the "exempt accommodation" criteria, the following financial impact could be delivered:

Category	Exempt from LHA Cap	Shared Units	1 bed Units	2 bed Units	3 bed Units	4 bed Units	Total Units	Current Income (Current charges table 5.1)	Revised Income	Difference
Dispersed	Yes	10	15	8	3	1	37	£378,000	£166,137	-£211,863
Dispersed - Refuge accommodation	Yes	9	7	1	0	-	17	-	£24,147	£24,147
Hostel (1)	Yes	0	1	1	-	-	2	£353,000	£201,852	-£151,148
Total		**19**	**23**	**10**	**3**	**1**	**56**	**£731,000**	**£392,136**	**-£338,864**

Table 5.7: Scenario 5 (Supply meets demand year 3 and exemption applied to hostel and refuge)

For the purpose of scenario 5, current rent levels are applied to exempt accommodation units. Table 5.7 above shows that by implementing Scenario 5, i.e. reducing temporary accommodation supply by 4 units of temporary accommodation overall and addressing the imbalances in temporary accommodation by reducing the number of hostel units by 14 and increasing the number of dispersed units by 10, could generate £392k of income. This is around £338k below current income levels.

Whilst additional supply generates additional income into the temporary accommodation budget, there will be additional expenditure associated with reconfiguring existing supply and setting up new provision. However, the reduction in hostel units should result in a net reduction to expenditure on hostel type accommodation.

This scenario also assumes that housing options will have the desired effect of reducing the need for temporary accommodation through the implementation of a collaborative and proactive housing options model.

5.6 Summary of income projection scenarios

The diagram below provides a summary of each of the financial scenarios modelled in section 5.1 to 5.4 above:

Scenario 1 : LHA Cap applies

- Current stock provision: 60 Units
- Income reduces from £730k to £313k

Scenario 2: Inverclyde centre units remodelled to meet exempt definition

- Increased stock provision: nil
- Income reduces from £730k to £554k

Scenario 3: Increased stock provision & application of to hostel and refuge accomodation

- Stock provision:
  - Increase Dispersed : 29 to 53 Units
  - Decrease Hostel : 31 to 17 Units
- Income reduces from £730k to £456k

Scenario 4: Increased stock provision & exemption applies to all stock

- Stock provision:
  - Increase Dispersed : 29 to 53 Units
  - Decrease Hostel : 31 to 17 Units
- Income increases from £730k to £822k

Scenario 5 : Increased stock provision (Year 3 Projections) & application of to hostel and refuge accomodation

- Stock provision:
  - Increase Dispersed : 29 to 39 Units
  - Decrease Hostel : 31 to 17 Units
- Income decreases from £730k to £392k

Diagram 5.1: Financial Scenario Analysis Summary

It is clear from the analysis presented in subsequent sections of this report that there is a clear substantial mismatch between the profile of projected demand and existing supply. With a surplus of hostel units (+14) and shortfall of dispersed units (-22 to -10 at year 3) being evidenced.

Based on current DWP definitions the majority of Inverclyde council temporary accommodation provision would not fall under the exemption classification, which could result in an estimated £417k loss to the temporary accommodation budget.

The most likely scenario to plan for is that exemption will be applied to hostel and refuge accommodation with dispersed accommodation being subject to the LHA cap. This will mean that if

stock is re-provisioned to meet demand, the reduction of income to the temporary accommodation account will range from £274k to £338k.

However, it is important to test the cost implications of each of these models and understand whether cost efficiencies could be realized through remodeling hostel accommodation and recommissioning dispersed accommodation. Section 5.7 discusses the temporary accommodation cost implications and efficiency options further.

The financial scenarios above do not consider the gap in current provision for supported accommodation for those unlikely to sustain settled accommodation without a structured resettlement programme to enable vulnerable or chaotic service users to become tenancy ready. A net shortfall of -13 supported accommodation units is evidenced in the baseline version. It was agreed with the steering group that the model **should not** make the assumption that these households needs should be met through temporary accommodation but that a rapid rehousing approach should be strongly considered for this client group.

5.7   Reviewing the cost implications

Given the imbalances in the current provision of temporary accommodation provision by size, type and area relative to projected need, re-configuring the temporary accommodation portfolio could ensure that the demand for temporary accommodation is met more effectively (circa 70 units).

However, although additional income could be generated through additional rents, there are also cost implications associated with the management and maintenance of the temporary accommodation stock which need to be carefully considered in the context of developing a viable model. The following diagram illustrates key considerations which relate to these costs:

		Supervision & management *What are the direct staff costs associated with managing TA?*	Payment to external agencies *What payments are made for the management of TA?*
	Repairs & maintenance *What are the additional repair costs associated with TA not included in the core rent charge?*	Property management *What are the additional property management costs associated with TA not included in the core rent charge?*	Furniture & storage *What are the furniture & storage costs associated with TA?*

Diagram 5.2: Management & maintenance costs associated with TA

At the moment, there are different management and maintenance arrangements in place for Inverclyde hostel and dispersed self-contained stock.

5.7.1 Expenditure Profile: Dispersed stock leased from RSLs

The arrangements in place for dispersed temporary accommodation leased from RSLs is that Inverclyde Council/HSCP collect the rent from the temporary accommodation tenants and re-pay a rent to each RSL for the use of this stock as temporary accommodation. It is normal practice that this

charge should cover an element of supervision & management, overheads, repairs, other maintenance and any capital investment associated with managing the stock.

As detailed in Diagram 5.2, over and above this, there are additional costs associated with the management of temporary accommodation stock and the model of supervision or support that is in place. Based on analysis of budgeted and historic expenditure on dispersed accommodation, it would appear that Inverclyde Council/HSCP also are responsible for void rent loss, bad debts, repairs and voids, gas/ electricity, furniture and cleaning costs.

As the Inverclyde Centre is in the full ownership of Inverclyde Council, the Council pays for all costs associated with managing the Centre.

Analysis was performed on both the Inverclyde Centre and the dispersed accommodation account for 2017/18 budget expenditure. This analysis concluded that on average the cost and cost per unit for managing dispersed stock is as follows:

Expenditure	Dispersed Annual expenditure	Dispersed Cost per Unit per week	Inverclyde Centre Annual expenditure	Inverclyde Centre Cost per Unit per week
Void Rent Loss (VRL)	£82k	£51.40 (22% of rent income)	£65k(18% of rent income)	£40
Bad Debt	£8.7k	£5.70		
Staff costs	n/a	n/a	£488k	£303
Landlord payment	£142k	£95.50	n/a	n/a
Cleaning	£4k	£2.60	£12k	£7.50
Council Tax, Water and Rates	£7k	£4.75	£26.5k	£16.50
Furniture and Fittings	£13k	£8.80	£31k	£19.40
Gas and Electricity	£3k	£2.16	£20.7k	£12.80
Repairs and Maintenance	£19k	£12.71	£28.6k	£17.80
Total Expenditure	**£281k**	**£186.40**	**£673k**	**£417**

Table 5.8: Temporary accommodation account budgets

Table 5.8 illustrates, the Council currently budget for expenditure of around £281k per annum on dispersed temporary accommodation stock and £673k on the Inverclyde Centre.

The highest proportion of dispersed accommodation expenditure relates to the rental payments to RSL landlords (50%) and on income lost through void rent loss (29%). The highest proportion of Inverclyde Centre expenditure relates to staff costs (72%). The total staff costs charged to the Inverclyde Centre budget is £812k, this figure includes assessment staff which have been net off the figure of £488k presented above to ensure that the costs only cover Inverclyde Centre Staff.

Currently the rental income stream for the Inverclyde Centre does not cover the costs of managing the stock and in fact a budgeted shortfall of -£320k is evident. This shortfall however is based on the current charging structure and assumes that the LHA cap is not applied. Therefore, if the LHA cap was to be applied, the net deficit position would increase by **£241k** as illustrated in Table 5.3 above.

The 2017/8 budgeted dispersed temporary accommodation account currently projects an annual surplus of £97k. However, if the LHA cap was to be applied, income would reduce by £176k (as outlined in Table 5.3 above) which would mean that an overall shortfall of around £79k would occur. This reduction in income is mainly driven by the fact that the dispersed accommodation cost per unit per week (£186) is significantly more than the LHA rate which ranges from £60 to £190 per week depending on property size (£111 per week on average).

5.7.2 Benchmarking

Given the financial pressures that could be placed on the temporary accommodation account through the application of the LHA cap, current costs have been benchmarked to identify potential efficiencies which could be applied to the budget profile.

On this basis, Arneil Johnston have applied a series of temporary accommodation cost benchmarks based on a model developed by ALACHO (the Association of Local Authority Chief Housing Officers) to quantify the impact of welfare reform on local authority homelessness budgets. This model establishes benchmark costs per unit of temporary accommodation based on a consultation outcomes and benchmarking completed with local authorities across Scotland.

The diagram below outlines the benchmark cost per unit for managing temporary accommodation in the ALACHO model.

Expenditure Benchmarking Category	Dispersed (ALACHO Benchmark)	Dispersed IC Current Spend	Hostel (ALACHO Benchmark)	Inverclyde Centre Current Spen
Void Rent Loss (VRL)	5%	22%	5%	18%
Property costs e.g electricity	£6 per unit per week	£10 per unit per week	£16 per unit per week	£37 per unit per week
Repairs	£20 per unit per week	£13 per unit per week	£20 per unit per week	£18 per unit per week
Furniture & Storage	£19 per unit per week	£9 per unit per week	£19 per unit per week	£19 per unit per week

Table 5.9: Cost per unit benchmarks for temporary accommodation expenditure

When comparing these benchmarks to the current per unit per week spend in Inverclyde; void levels and other property costs are considerably higher than ALACHO's costs.

Given the pressures placed on local authority budgets and the financial implications of DWP reform, a financial scenario model was developed to assess the impact of reducing high spend areas on both dispersed and hostel accommodation.

Table 5.10 and 5.11 below illustrates the level of efficiencies that could be generated on both types of temporary accommodation managed by the Council/HSCP, by applying efficiencies which benchmark Inverclyde closer to the ALACHO model. Table 5.10 below illustrates that by applying ALACHO benchmarks to the management of the current 29 dispersed units, efficiencies of £70k per annum could be generated as follows:

	Dispersed Current	Benchmarks
Voids	-22%	-5%
Bad Debts	-1%	-1%
Rent Payable	96	96
S&M Per Unit	-	
Repairs Per Unit	13	13
Furniture Per Unit	9	9
Other Property Costs	10	6
Total Cost	127	123
Baseline		
Input Units	29	29
Input Rental Income	378,000	378,000
	Dispersed Current	Benchmarks
Voids	84,672	18,900
Bad Debts	5,400	5,400
Rent Payable	144,014	144,014
S&M Per Unit	-	-
Repairs Per Unit	19,152	19,604
Furniture Per Unit	13,270	13,270
Other Property Costs	14,341	9,048
Total Cost	280,849	210,236
Net Income	**97,150.92**	**167,763.60**
Efficiency	**70,612.68**	

Table 5.10: RSL owned temporary accommodation expenditure profile: current and benchmark

Landlord payments (£94 per week rent charge) are around the same level or above the LHA cap for a shared room (£60 per week) and 1-bedroom property (£80 per week). Despite this, the Council also pay a further £31 per further property costs and assume full responsibility for void rent loss periods. This provides no incentive for proactive performance by the RSL to minimise voids and does not reflect leasing arrangements elsewhere across Scottish local government.

Therefore, the Council should consider if there are opportunities to negotiate the terms of the leasing arrangements for managing temporary accommodation stock in order to mitigate the further loss of income as a result of partnership arrangements which are further exacerbated by the LHA cap.

Furthermore, Table 5.11 below illustrates that by applying ALACHO benchmarks to the management of the 31 units at the Inverclyde Centre, efficiencies of £117k per annum could be generated.

	Hostel	Benchmarks
Voids	-18%	-5%
Bad Debts		
Rent Payable	-	
S&M Per Unit	303	303
Repairs Per Unit	18	18
Furniture Per Unit	19	19
Other Property Costs	37	16
Total Cost	377	357
Baseline		
Input Units	31	29
Input Rental Income	353,000	353,000
	Hostel	Dispersed
Voids	64,952	17,650
Bad Debts	-	-
Rent Payable	-	-
S&M Per Unit	488,436	457,386
Repairs Per Unit	28,694	27,144
Furniture Per Unit	31,273	29,271
Other Property Costs	59,322	24,128
Total Cost	672,676	555,579
Net Income	- 319,676	- 202,579.42
Efficicency	117,097	

Table 5.11: TA Efficiency scenario

The scenario outlined in Table 5.11 applies benchmark efficiencies to only voids and property costs.

However, the greatest proportion of Inverclyde Centre management costs relate to staffing expenditure. Therefore, over and above improving operational performance, Inverclyde Council/HSCP should consider whether there is an opportunity to review the staffing model associated with managing the Inverclyde Centre in order to generate further efficiencies in the context of the potential impact of further loss of income through the implementation of the LHA Cap.

6 Conclusions & recommendations

The analytical modelling of temporary accommodation requirements in Inverclyde has identified the required projected profile of provision based on analysis of the demand from homeless households. The financial implications of these requirements for the temporary accommodation budget has also been defined, taking into account the impact of the housing benefit subsidy changes on the overall deficit funded position.

6.1 Rebalancing temporary accommodation provision: Conclusions

The analysis of demand relative to supply has been used to determine the net requirement for temporary accommodation by property size and area across the various categories of temporary accommodation either in place or required in Inverclyde. Using both the demand data and scenarios relating to target and current average length of stay, it is calculated that there is a net requirement for 83 units of temporary accommodation in Inverclyde in the base year of the model.
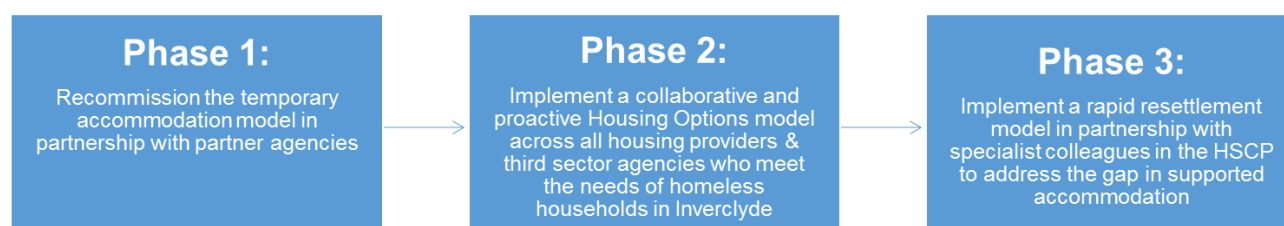
With a current stock profile of 60 units, there is a net shortfall of 23 of temporary accommodation units in overall terms. However, within this apparent shortfall, there is a substantial mismatch between the profile of projected demand and existing supply focused on:

- an oversupply of hostel units (+14), which when viewed in the context of the extent of budgeted shortfall (-£320k per annum) associated with the Inverclyde Centre, must cast uncertainty over its future role both in terms of its capacity to meet need and its cost efficiency;

- the extreme mismatch in the dispersed accommodation profile by both area and property size with particular imbalances focusing on the undersupply of 1-bedroom units (-33 units) relative to the oversupply of 4-5 bedroom units (+22); as well as the area shortfalls evident in Inverkip and Post Glasgow. The strategy for recommissioning dispersed accommodation also provides an important opportunity to recover up to £73k in benchmark efficiencies through renegotiating current leasing arrangements with RSLs which place every cost and risk associated with managing temporary accommodation with Inverclyde Council/HSCP; and

- the gap in current provision for supported accommodation for those unlikely to sustain settled accommodation without a structured resettlement programme to enable vulnerable or chaotic service users to become tenancy ready. A net shortfall of -13 supported accommodation units can be evidenced in the baseline version of the temporary accommodation model.

6.2 Rebalancing temporary accommodation provision: Recommendations

Given the evidenced shortfall (-23), the assumptions relating to prevention which reduce this shortfall to -10 units by Year 3 of the model, and major questions over the profile and suitability of current provision; it is clear from the outcomes of the analytical modelling exercise that a complete recommissioning of the temporary accommodation model in Inverclyde needs to be considered. This commissioning strategy needs to sit in a wider framework of service development which focuses on the aim of reducing the requirements for temporary accommodation as a result of successful prevention (for those with no or low level support needs) or rapid resettlement (for those with acute support needs).

On this basis, there are perhaps three specific phases of a temporary accommodation strategy which should be developed as the basis of transforming provision to better meet the needs of those at risk or experiencing housing crisis and to develop a more financially sustainable model of provision, namely:

Phase 1:	Phase 2:	Phase 3:
Recommission the temporary accommodation model in partnership with partner agencies	Implement a collaborative and proactive Housing Options model across all housing providers & third sector agencies who meet the needs of homeless households in Inverclyde	Implement a rapid resettlement model in partnership with specialist colleagues in the HSCP to address the gap in supported accommodation

The key considerations associated with each proposed stage of the strategy for building a more effective and financially sustainable model of temporary accommodation in Inverclyde are set out in turn below:

Phase 1: Recommission the temporary accommodation model in partnership with partner agencies

The first stage in recommissioning the current model of temporary accommodation in Inverclyde should focus on remodeling the supply of dispersed accommodation units to address imbalances in provision. This will include:

- Decommissioning dispersed units which are surplus to requirements by area or property size e.g. 4/5-bedroom properties, decreasing the volume of units in Greenock; and

- Commissioning dispersed units which are address shortfalls in provision including e.g. 1/2-bedroom properties, increasing the volume of units in Inverkip and Port Glasgow.

This review of the commissioned model for dispersed accommodation will require negotiation with both existing landlords (RSLs) and new landlords (Third Sector and/or commercial agencies) to source an appropriate property mix by size and area. Furthermore, new approaches to commissioning will require to negotiate current leasing arrangements with landlords to ensure there is an adequate sharing of risk and return with a movement away from the model which places all cost and risk with Inverclyde Council/HSCP.

The second stage in recommissioning the current model of temporary accommodation in Inverclyde should focus on the strategic assessment of the role of shared accommodation options to meet the needs of an extensive and growing client group of homeless applicants who are single and under the age of 18.

Finally, based on the outcomes of this assessment of shared accommodation, a strategic option appraisal of the future purpose of the Inverclyde Centre requires to be commissioned to determine whether it has a viable, long term future in the context of the Inverclyde temporary accommodation strategy. At a minimum, short term interventions should focus on a review of the staffing model associated with the Centre which appear to be significantly beyond the supervision and management benchmarks associated with the running of hostel accommodation according to analysis by ALACHO.

Strategic questions which should be addressed in the context of Phase 1 of Temporary Accommodation strategy development include:

For dispersed accommodation:
- Working with RSLs, is there an ability to address the shortfalls and imbalances in dispersed stock given identified imbalances by size and type and area?

- What type of partnership arrangements need to be negotiated in order to lease accommodation in a viable way i.e. what assumptions do we set for future expenditure on dispersed accommodation within leasing agreements and better management of the stock?
  a. Voids – current benchmark 5%
  b. Rent charge – negotiated, fixed rents over a defined period
  c. Repairs – reasonable allowance for response repairs given turnover
  d. Furniture – specification options based on sector benchmarks (average spend is £20 per property per week)
  e. Other property costs (gas, electricity, council tax, grounds maintenance, security) – efficiency options to be considered and discussed

- What are the issues associated with transforming the profile of leased accommodation to match the size, type and area profile identified e.g. are there issues with breaking long term lease arrangements that would restrict options to transform the stock?

- What are the main opportunities and barriers that should be taken into account in renegotiating leasing arrangements with local RSLs?

- Are there alternative commissioning options for dispersed accommodation that should be considered?

For shared and hostel accommodation:

1. Which of the following strategic options should be considered for the Inverclyde Centre:
   a. Retention with cost efficiency plan put in place?
   b. Remodeling and service development plan?
   c. Closure and disinvestment?
   d. Partnership with external provider(s) to develop new accommodation and support models?

2. What are the commissioning strategy options for developing alternative accommodation options given the extent and nature of support needs identified?

3. How does this fit with the Strategic Commissioning Plan for Inverclyde?

Phase 2: Implement a collaborative and proactive Housing Options model across all housing providers & third sector agencies who meet the needs of homeless households in Inverclyde

Whilst the housing options model in Inverclyde has been successful in reducing the number of homeless applications through a more choice based and proactive approach to prevention activity; so far, it has largely been the responsibility of statutory homeless services to deliver the prevention model.

If the prevention assumptions within the temporary accommodation model are to be realised, the framework for delivering housing options in Inverclyde should focus on a more ambitious and collaborative delivery framework that boosts capacity through partnership and widens the access points for advice and assistance. Given Inverclyde's status as an LSVT local authority that has transferred its housing stock to the Housing Association sector, the principles of the Glasgow housing options model could provide the basis of developing an effective framework. These design principles include:

- the development of a comprehensive advice and support service for any customer who approaches frontline services (i.e. Council, RSLs or Third Sector agencies) with a housing problem or enquiry including interventions to:

  - sustain the customer in their current home;

  - a partnership referral using a dedicated network of 'named contacts in health, social care and criminal justice to delay the urgent need to move home; and

  - a partnership referral using a dedicated network of RSL partners to secure alternative accommodation.

- recognition that the availability of social housing is limited and cannot be the answer to the housing needs of every customer. This avoids an initial assumption that a social rented tenancy or homeless application is the most appropriate solution for that person;

- promoting independence, choice and increased opportunities by offering advice on all housing tenures, suitable for their circumstances, including owner occupation and private renting;

- the provision of housing advice linked to advice on health, social care and employment with the aim of sustaining people in their tenancies or helping them secure a different alternative accommodation as their needs change; and

- the development of new services and partnership networks aimed at enhancing the options available and resolving customer risks through early intervention and without having to resort to statutory provision, including:

- mediation services for young people and their families;
- money and debt advice services aligned to improving financial capability;
- new Common Housing Registers and housing application processes; and
- new access routes into the private rented sector.

In summary, based on an approach to frontline practice which offers a more diverse range of options within a person-centred assessment of need, the essential principles of the Glasgow housing options model include:

- a much improved housing advice platform for both self-service and supported interventions;
- an authority wide culture of supporting the customer whichever door they come to;
- a consistent set of tools to support delivery; and
- an increasing and evolving range of options which customers and staff can rely on.

On this basis, a relaunched housing options model in Inverclyde could promote front line partnership and collaboration across the RSL, health, social work and Third sectors to improve customer outcomes by improving the synergies between care management and housing management processes.

To achieve this, service development should focus on making better use of existing resources across all partners using service redesign as the foundation for improving customer outcomes and shifting operational culture. As well as making better use of existing resources, service development should invest in developing new front line support materials and networks for staff to ensure a comprehensive range of options are available for consideration with every housing options customer.

Phase 3: Implement a rapid resettlement model in partnership with specialist colleagues in the HSCP to address the gap in supported accommodation

Finally, to address the gaps in supported accommodation for those households unable to make the transition to independent living in settled accommodation without a planned resettlement process, assessing the feasibility of implementing a rapid rehousing approach should be strongly considered.

The position of the current HARSAG (Homelessness & Rough Sleeping Action Group) formed by the Scottish Government in 2017 is clear - that better outcomes (both housing sustainability, social, economic and health) are aligned with a rapid rehousing model which minimises time spent in any form of temporary accommodation, with the fewer transitions the better. In order to meet the needs of homeless applicants with complex needs who are not tenancy ready, it is recommended that a rapid rehousing model be scrutinised in the context of Phase 1 and 2 outcomes outlined above.

HARSAG's position is that the evidence supporting rapid rehousing models (including Housing First) is overwhelming. On this basis, the Action Group wants to create a new mechanism to (i) significantly upscale and transition to Housing First as default for homeless people with complex needs; (ii) ensure rapid rehousing in the context of Scotland's homelessness legislation for most other households; and (iii) by exception, offer options for shared accommodation with quality support. To achieve this, HARSAG has recently commissioned research to develop a practical framework to assist Housing Options Hubs, Integration Joint Boards and delivery partners to plan, commission and deliver change towards a rapid resettlement model at a local level.

Building on the published finding of HARSAG on how to transition to a rapid rehousing model (expected in Summer 2018), Inverclyde Council/HSCP should consider:

- What partnership arrangements need to be negotiated to ensure that a rapid rehousing model can be pursued for those with complex support needs in Inverclyde?

- What are the commissioning options for developing supported accommodation options as an exception? and

- How do these priorities fit with the Strategic Commissioning Plan for Inverclyde?

6.3   Temporary accommodation: financial implications

Given the recent changes to the housing benefit subsidy framework introduced by the DWP, if the rental values for temporary accommodation must be decreased to the LHA cap; based on the current stock profile and costing schedule, these changes could result in an estimated £417k loss to the temporary accommodation budget. The ability of the Council/HSCP to bridge this funding gap is likely to be extremely limited, given the financial pressures experienced across the public sector.

On this basis, a number of interventions have been suggested to mitigate the impact of the growing funding deficit, including:

- Given that an oversupply of hostel units (+14) is evidenced, and the Inverclyde Centre currently budgets for a shortfall (-£320k per annum). Strategic options must be considered regarding the future role of the Inverclyde Centre both in terms of its capacity to meet need and its cost efficiency.

- Currently, the majority of Hostel Accommodation at the Inverclyde Centre is self-contained unit and to meet the DWP current 'exempt accommodation' definition, hostel units would require to be re-modelled as non- self-contained.   Therefore, prior to any re-modelling or additional investment, a cost benefit exercise should be undertaken to ensure that it the benefit of the increased rental stream from exempt accommodation will outweigh the cost of investment and that an increase in non-self-contained hostel accommodation could make a positive contribution to meeting the needs of homelessness applicants in Inverclyde.

- Inverclyde Council/HSCP should consider whether there is an opportunity to review the staffing model associated with managing the Inverclyde Centre to generate further efficiencies in the context of the potential impact of further loss of income through the implementation of the LHA Cap.

- The council/HSCP should enter in to dialogue with Housing Benefit to ensure that they will approve the classification of Dispersed Refuge accommodation as exempt under the DWP definition of exempt accommodation.

- Current Landlord payments are around the same level or above the LHA cap for a shared room and 1-bedroom property. Despite this, the Council also pays for further property costs and assume full responsibility for void rent loss periods. The Council should consider if there are opportunities to negotiate the terms of the leasing arrangements for managing temporary accommodation stock to mitigate the further loss of income as a result of partnership arrangements which are further exacerbated by the LHA cap.