

A meeting of the Health & Social Care Committee will be held on Thursday 25 April 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. Revenue and Capital Budget Report – 2018/19 Revenue Projected Outturn as at 28 February 2019 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
NEW BUSINESS	
3. Impact of Welfare Reform on Mental Health Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4. Carers (Scotland) Act 2016 – April 2019 Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5. Review of Inverclyde HSCP Alcohol and Drugs Services – Progress Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.	
PERFORMANCE MANAGEMENT	
6. Appendix 7 relative to Agenda Item 2 providing contractual information concerning a particular project	Paras 6, 8 & 9 p

7.	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	Paras 6 & 9	p
NEW BUSINESS			
8.	Learning Disability (LD) Redesign – Progress Report March 2019 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the outcome of the site options appraisal work as part of Inverclyde HSCP’s Learning Disability redesign and the feasibility study which is currently underway	Paras 6, 8 & 9	p
9.	HSCP Learning Disability Redesign – Direct Contract Award for the Provision of a Consultation and Facilitation Service Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership proposing the direct award of a contract for a consultation and facilitation service for the Learning Disability redesign	Paras 6, 8 & 9	p

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

Report To:	Health & Social Care Committee	Date:	25 April 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/41/19/AP/AE
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Angela Edmiston	Contact No:	01475 712143
Subject:	Revenue & Capital Budget Report – 2018/19 Revenue Projected Outturn as at 28 February 2019		

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 28 February 2019.

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 Fund 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 the 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 £54,102,000.

As at period 11 there is a projected underspend of £793,000, an increase in underspend of £200,000 since last reported to Committee. Of the total underspend £399,000 relates to employee costs (which are detailed below), an increase in underspend of £44,000 since the last report 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 £793,000 underspend are:

- A projected underspend of £69,000 within internal homecare due to vacancies, which are partially offsetting the increased costs of external homecare and a further £72,000 underspend resulting from delay in spending within Ethical Care costs,
- A projected underspend of £231,000 within Learning Disabilities and £130,000 within Addictions employee costs due to service reviews and early achievement of 2019/20 savings targets,
- A projected employee cost underspend of £55,000 within Business Support due to additional turnover savings being achieved,
- A £49,000 projected underspend within Mental Health employee costs due to additional turnover being achieved,
- Projected underspends on client care packages in Day Services £47,000 and Learning Disabilities £73,000 due to changes in care packages. This is in preparation for 2019/20 saving of £174,000 from Learning Disability service,
- £41,000 projected underspend within Advise services,
- A one-off budget underspend on auto-enrolment of £165,000, one-off income from an

external provider of £110,000 and a £46,000 over-recovery on Residential Nursing charging order income.

Offset by:

- A projected £69,000 increase in costs for respite, direct payments and support costs which is a decrease of £33,000 since last reported to Committee,
- A projected £60,000 increase in costs for client commitments within Physical Disabilities which is a £23,000 increase since the last period mainly due to a net increase in packages and service users,
- A projected £84,000 overspend within Mental Health agency staff costs due to increased turnover and demand on the service,
- A one-off £62,000 spend within Addiction services to offset the additional capital expenditure within Wellpark,
- A projected net under-recovery of Homelessness income of £85,000 based on current Tenancy Agreements offset by a projected underspend on rent paid to registered social landlords of £34,000.

2.2 • It should be noted that the 2018/19 budget includes agreed savings for the year of £1,562,000. At period 11 there is a projected over-recovery of £456,000 on the agreed savings; £403,000 of which relates to the Residential & Nursing beds which will be added to the smoothing earmarked reserve. £27,000 relates to over-recovery on posts within Learning Disabilities & Addictions and £26,000 relates to a projected over-recovery of community alarms income. The £403,000 underspend relating to Residential & Nursing beds as mentioned above is contributing towards the £368,000 approved saving for 2019/20.

2.3 The Social Work 2018/19 capital budget is £1,364,000, with spend to date of £538,000. There is projected slippage of £582,000 (42.67%) being reported due to the delays experienced and projected cost reductions in the procurement of the Crosshill replacement project with additional expenditure projected on the Wellpark and Cardoss projects. Expenditure equates to 68.8% of the revised projection.

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 £619,000 received for 2018/19, totalling £1,860,000 at period 11. There is spend to date of £891,000 which is 91.2% 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 £793,000 on the current year revenue budget as at 28 February 2019.

3.2 That the Committee notes the current projected capital position and approves the additional expenditure on the Cardoss and Wellpark projects as outlined in sections 6.3 and 6.6 and reflected within the projected spend of this report and utilisation of the projected underspend within the existing revenue budgets and capital programme contingency to address the additional expenditure.

3.3 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 £793,000 underspend.

5.0 2018/19 CURRENT REVENUE POSITION: Projected £793,000 underspend (1.66%)

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 £42,000 (0.41%) underspend

The projected underspend is £39,000 more than last reported to Committee. Employee costs are projecting online with budget which is a further reduction in spend of £13,000 since last reported to Committee. The decrease in spend is due to additional turnover being achieved due to a delay in vacant posts being filled. Further underspends since period 9 based on current spend to date and projected to year-end are within supplies and services of £12,000 and other expenditure £11,000.

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 11 there is a projected net overspend of £16,000 on children's external residential accommodation, adoption, fostering and kinship and a projected net underspend of £56,000 on continuing care which would be transferred to the earmarked reserve at the end of the financial year.

5.2. Older People: Projected £68,000 (0.28%) underspend

The projected spend is £93,000 less than previously reported and comprises:

- A projected underspend on homecare employee costs of £69,000, a decrease in spend of £9,000 since last reported to Committee due to a decrease in sessional costs,
- A projected overspend of £55,000 within homecare supplies and services mainly due to additional spends for uniforms and gloves,
- A projected overspend on external homecare of £26,000, a decrease in spend of £42,000 since the period 9 report to Committee. This relates to a decrease in the number of client packages. The overall overspend is partially offset by an underspend in employee costs as mentioned above,
- A £72,000 underspend within homecare resulting from a delay in spending within Ethical Care costs,
- A £69,000 increase in costs for respite, direct payments and support costs mainly due to 2 additional respite beds being provided to service users. This is a decrease in spend of £33,000 since last reported,
- A £30,000 overspend for CM2000 costs within homecare and £20,000 overspend within the community alarms Bield contract based on current spend to date,
- A projected underspend of £28,000 within day services employee costs which is a decrease in spend of £1,000 since last reported,
- A projected underspend of £47,000 on day services due to current client numbers, a decrease in spend of £6,000 since last reported,
- A projected over-recovery of income by £61,000 mainly due to a projected increase in community alarms income of £26,000 and £46,000 over-recovery of charging order income within residential nursing which is £31,000 more than previously reported.

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 as at 31 March 2018 is £496,000. At period 11 there is a projected underspend of £403,000 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 £257,000 (3.35%) underspend

The projected underspend is £9,000 less than previously reported and comprises:

- A projected underspend of £231,000 on employee costs which is a decrease in spend of £15,000 since last reported due to a combination of sickness and reduction in allowances. The projected underspend is inclusive of early achievement of 2019/20 budget savings,
- A £33,000 projected one-off underspend within property costs due to closure of properties including the McPherson centre. The resulting budget savings for 2019/20 will be utilised to fund the estates programme,
- A £89,000 projected underspend on client commitments which is an increase in cost of £45,000 since last reported due to changes to packages,
- A £74,000 under-recovery of income, an increase in income of £17,000 since last reported which is mainly due to an increase in income from another local authority.

5.4. Physical Disabilities: Projected £21,000 (0.86%) underspend

The projected underspend is £8,000 more than previously reported and includes:

- A projected underspend of £24,000 on employee costs, a decrease in spend of £21,000 since last reported due to additional turnover savings being achieved,
- A projected overspend of £60,000 on client package, an increase in spend of £37,000 since period 9 mainly due to a net increase in packages, new service users and an increase in rates,
- A projected over-recovery of income of £44,000 mainly due to additional service user income which is an increase in income of £25,000 since last reported to Committee.

5.5. Assessment & Care Management: Projected £17,000 (0.91%) overspend

The projected overspend is £16,000 more than the period 9 report to Committee and includes:

- A £25,000 underspend within employee costs due to additional turnover being achieved. This is an increase in spend of £4,000 since the period 9 report to Committee,
- A £26,000 projected overspend within external transport based on current spend to date.

5.6. Mental Health: Projected £124,000 (10.25%) underspend

The projected underspend is £6,000 less than the period 9 report to Committee and the movement relates to additional turnover savings being achieved offset by an increase in spend within agency costs. A one-off income of £110,000 from an external provider was previously reported to Committee.

5.7. Addictions: Projected £80,000 (8.42%) underspend

The projected underspend is £70,000 less than previously reported to Committee and includes:

- Additional turnover on employee costs of £130,000, a decrease in turnover being achieved of £2,000 since last reported. The projected underspend is inclusive of posts taken as part of 2019/20 budget savings,
- A £37,000 underspend within Client Commitments which is a decrease in spend of £5,000 since last reported and is due to a combination of reduction and changes to packages,
- The projected underspend within Addiction services is funding an increase in spend for the Wellpark centre capital project of £62,000 and a further £38,000 for IT equipment for staff moving to the Wellpark centre. The increase in spend since period 9 is mainly due to these additional costs.

5.8. Homelessness: Projected £36,000 (4.38%) overspend

The projected overspend is £15,000 less than previously reported and is mainly due to additional turnover savings being achieved along with minor projected underspends within other budget lines.

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 £56,000 (3.16%) underspend**

The projected underspend is £5,000 less than previously reported mainly due to:

- A £158,000 overspend within employee costs, £181,000 of which is funded through grant income,
- £41,000 underspend within Welfare Reform based on current spend to date partially offset by a £13,000 increase in spend for Inverclyde Advice provision review and £15,000 overspend for OLM Swift costs partially offset by additional income. This was reported to the last Committee,
- £213,000 projected additional income, £181,000 of grant income to fund employee costs and £33,000 for recharges.

5.10 **Business Support: Projected £199,000 (8.42%) underspend**

The projected spend is £174,000 less than previously reported and is mainly due to:

- A £55,000 underspend within employee costs due to additional turnover savings being achieved which is an increase in underspend of £12,000 since last reported,
- An £21,000 overspend within administration costs mainly printing, postages and telephones which is £3,000 more than previously reported,
- A £19,000 reduction in income due to a reduction in income being received from Criminal Justice which is in line with the previous year. This was reported to Committee in period 9,
- A one-off underspend within Auto-enrolment of £165,000.

6.0 2018/19 CURRENT CAPITAL POSITION

6.1 The Social Work capital budget is £2,382,000 over the life of the projects with £1,364,000 budgeted 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 £582,000 (42.67%) being reported. This is a decrease of £105,000 (7.7%) from the slippage reported to the last Committee. The slippage is in connection with delays and cost reductions experienced in the procurement of the Crosshill replacement project as previously reported with additional expenditure projected on the Wellpark and Cardross projects as outlined below and within appendices. Expenditure on all capital projects to 28th February 2019 is £538,000 (68.8% of the revised projection). 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 completed 1st week in February.
- Site issues had delayed the progress of the foundations and this has now affected the delivery time of the timber kit. Timber kits are manufactured in a production line and the delay caused our order to be rescheduled for production. Production is now in progress and will be delivered to site week commencing 25 March. Works on site had been suspended awaiting delivery and the Contractor temporarily demobilised to reduce the delay costs.
- The Contract Period is 39 calendar weeks with contract completion in July 2019 however

the delay noted above will impact on the completion date. This is currently being evaluated.

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. Technical Services have ascertained the value of the final account subject to the information made available by the Contractor however the Contractor has disagreed with the valuation and may elect to proceed to dispute resolution to settle the account. It should be noted that there is a contractual requirement to process an interim payment reflecting the Council's assessment of the account and the loss and expense in connection with the extension of time awarded to the contractor. The project is reporting an over expenditure and a summary of the current position is included as Appendix 7 within the private section of the agenda.

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

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.
- Procurement of the fire shutter at reception was problematic and caused a delay but has now been installed.
- Additional works have been instructed and described in Appendix 5 attached. The project is reporting an over expenditure of £62K or 53.91% of the current approved budget which is proposed to be funded from a one-off underspend within the 2018/19 Addiction services revenue budget.
- The Target programme is completion at end of March 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 £619,000 received for 2018/19, totalling £1,860,000 at period 11. There is spend to date of £891,000 which is 91.2% 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 There are no virements to report for period 9.

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

Health & Social 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 11 1 April 2018 - 28th February 2019

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	(244)	25	0	(244)	9,967	0	9,967
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	24,647	0	115	0	0	0	24,762	0	24,762
Learning Disabilities	7,143	0	530	0	0	(12)	7,661	0	7,661
Physical & Sensory	2,338	0	61	0	0	0	2,399	0	2,399
Assessment & Care Management	2,048	0	(125)	0	0	(34)	1,889	0	1,889
Mental Health	1,168	0	44	0	0	0	1,212	0	1,212
Addiction / Substance Misuse	973	0	(24)	0	0	0	949	0	949
Homelessness	801	0	0	30	0	(30)	801	0	801
Strategy & Support Services	1,815	0	(33)	0	0	0	1,782	0	1,782
Business Support	(3,567)	0	(57)	0	0	0	(3,624)	0	(3,624)
Totals	47,794	0	268	55	0	(320)	47,797	0	47,797

Supplementary Budget Detail

£000

External Resources

Living wage increases	330
Welfare Reform funding returned to Corporate	(62)
Rapid Rehousing - Redetermination	30
Whole Systems Approach - Redetermination	25

Internal ResourcesSavings/Reductions

323

Social WorkRevenue Budget Projected Outturn

Period 11 1 April 2018 - 28th February 2019

2017/18 Actual £000	Subjective Analysis	Approved	Revised	Projected	Projected	Projected Over/(Under) Spend £000	Percentage Variance
		Budget 2018/19 £000	Budget 2018/19 £000	Outturn 2018/19 £000	Outturn 2018/19 £000		
	25,962 Employee costs	26,297	27,390	26,991	26,991	(399)	(1.46%)
	1,130 Property costs	1,105	1,115	1,034	1,034	(82)	(7.32%)
	967 Supplies & services	837	912	1,071	1,071	159	17.47%
	371 Transport & plant	380	380	401	401	21	5.48%
	786 Administration costs	809	783	792	792	10	1.24%
	38,556 Payments to other bodies	38,551	39,534	38,996	38,996	(538)	(1.36%)
	(14,904) Income	(14,200)	(16,012)	(15,977)	(15,977)	35	(0.22%)
52,867		53,779	54,102	53,309	53,309	(793)	
	(5,980) Contribution from IJB	(5,985)	(5,985)	(5,985)	(5,985)	0	0.00%
	(1,190) Transfer to EMR	0	(320)	(320)	(320)	0	
45,698	Social Work Net Expenditure	47,794	47,797	47,004	47,004	(793)	(1.66%)

2017/18 Actual £000	Objective Analysis	Approved	Revised	Projected	Projected	Projected Over/(Under) Spend £000	Percentage Variance
		Budget 2018/19 £000	Budget 2018/19 £000	Outturn 2018/19 £000	Outturn 2018/19 £000		
	10,278 Children & Families	10,429	10,211	10,169	10,169	(42)	(0.41%)
	0 Criminal Justice	0	0	0	0	0	0.00%
	24,463 Older Persons	24,647	24,762	24,693	24,693	(68)	(0.28%)
	7,053 Learning Disabilities	7,143	7,673	7,416	7,416	(257)	(3.35%)
	2,196 Physical & Sensory	2,338	2,399	2,378	2,378	(21)	(0.86%)
	1,613 Assessment & Care Management	2,048	1,923	1,940	1,940	17	0.91%
	1,215 Mental Health	1,168	1,212	1,088	1,088	(124)	(10.25%)
	1,003 Addiction / Substance Misuse	973	949	869	869	(80)	(8.42%)
	966 Homelessness	801	831	867	867	36	4.38%
	1,740 PHIC	1,815	1,782	1,726	1,726	(56)	(3.16%)
	2,339 Business Support	2,418	2,361	2,162	2,162	(199)	(8.42%)
52,867		53,779	54,102	53,309	53,309	(793)	
	(5,980) Contribution from IJB	(5,985)	(5,985)	(5,985)	(5,985)	0	0.00%
	(1,190) Transfer to EMR	0	(320)	(320)	(320)	0	
45,698	Social Work Net Expenditure	47,794	47,797	47,004	47,004	(793)	(1.66%)

Notes:

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

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

Social Work

Material Variances

Period 11 1 April 2018 - 28th February 2019

2017/18 Actual	Budget Heading	Revised Budget 2018/19	Proportion of budget	Actual to 28/02/19	Projected Outturn 2018/19	Projected Over/(Under) Spend	Percentage Variance
£000	£000	£000	£000	£000	£000	£000	
	Employee Costs						
	0 Auto enrolment	165	141	0	0	(165)	(100.00%)
	7,523 Homecare	7,841	6,702	6,636	7,772	(69)	(0.88%)
	352 Day services	353	302	276	325	(28)	(7.93%)
	2,417 Learning Disabilities	2,534	2,166	1,971	2,303	(231)	(9.12%)
	779 Physical Disabilities	1,032	882	867	1,008	(24)	(2.33%)
	1,573 Assessment & Care management	1,703	1,456	1,424	1,678	(25)	(1.47%)
	1,102 Mental Health	1,123	960	923	1,074	(49)	(4.36%)
	1,113 Addictions	1,217	1,040	923	1,087	(130)	(10.68%)
	1,542 Planning, Health Improvement & Commissioning	1,560	1,333	1,457	1,719	159	10.19%
	1,403 Business Support	1,416	1,210	1,163	1,361	(55)	(3.88%)
17,804		18,944	16,193	15,640	18,327	(617)	(3.26%)
	Other Variances						
	3,765 Homecare - external providers	3,708	3,399	3,006	3,734	26	0.70%
	0 Homecare - ethical care	72	66	0	0	(72)	(100.00%)
	52 Homecare - supplies & services	25	23	72	80	55	220.00%
	122 Homecare - CM2000 costs	99	91	95	129	30	30.30%
	369 Residential Nursing - direct payments, support costs & respite	424	389	373	493	69	16.27%
	256 Older People - day services	388	356	290	341	(47)	(12.11%)
	(374) Residential Nursing - charging order income	(179)	(164)	(192)	(46)	(133)	(74.30%)
	48 Community Alarms - Beid Contract	24	22	30	44	20	83.33%
	0 Community Alarms - Income	(168)	(154)	(194)	(194)	(26)	15.48%
	7,606 Learning Disabilities - client commitments on support packages	8,359	7,073	6,913	8,270	(89)	(1.06%)
	(4,047) Learning Disabilities - Income	(3,992)	(3,659)	(3,569)	(3,918)	74	(1.85%)
	1,647 Physical Disabilities - Client Commitments	1,676	1,536	1,465	1,736	60	3.58%
	(74) Physical Disabilities - Service user & other income	(56)	(51)	(90)	(96)	(40)	71.43%
	0 Mental Health - Agency costs	0	0	52	84	84	(100.00%)
	(2,600) Mental Health - Income	(2,655)	(2,434)	(2,539)	(2,765)	(110)	4.14%
	9 Assessment & Care Management - External Transport Costs	(17)	(16)	(33)	(43)	(26)	152.94%
	472 Addictions - client commitments	449	412	299	412	(37)	(8.24%)
	6 Planning, Health Improvement & Commissioning - PTOB	41	38	0	0	(41)	(100.00%)
	(115) Planning, Health Improvement & Commissioning - Income	(194)	(178)	(319)	(407)	(213)	109.79%
	121 Homelessness - Rent & Feu duties	143	131	98	107	(36)	(25.17%)
	161 Homelessness - Voids	148	136	81	113	(35)	(23.65%)
	(722) Homelessness - Income	(734)	(673)	(460)	(649)	85	(11.58%)
6,701		7,561	6,342	5,378	7,425	(136)	(1.80%)
	Total Material Variances	26,505	22,535	21,018	25,752	(753)	(2.84%)

Social WorkCapital Budget 2018/19

Period 11 1 April 2018 - 28th February 2019

Project Name	Est Total Cost	Actual to 31/3/18	Approved Budget 2018/19	Revised Est 2018/19	Actual to 28/02/19	Est 2019/20	Est 2020/21	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Crosshill Childrens Home Replacement	1,852	154	1,043	356	356	1,067	275	0
Hillend Sprinkler	46	13	33	26	26	7	0	0
Fitzgerald Centre interim upgrade	140	0	125	140	140	0	0	0
Wellpark Centre internal alterations	177	0	105	140	14	37	0	0
Complete on site	167	47	58	120	2	0	0	0
Social Work Total	2,382	214	1,364	782	538	1,111	275	0

APPENDIX 5

**ITEMS REQUIRING SPECIFIC APPROVAL IN TERMS
OF THE COUNCIL'S FINANCIAL REGULATIONS**

WELLPARK CENTRE, GREENOCK, INTERNAL ALTERATIONS

**VARIATIONS IN THE CONTRACT RESULTING IN
THE APPROVED COST BEING EXCEEDED**

1. Additional Works

Add back Conversion of Office to Consulting Rooms on first floor which was omitted as a potential saving	£9,679
Supply, install and commission security access door installations with fire alarm interface and associated electrical works; Pinpoint staff attack/pager system; CCTV installation to meet Health & Safety requirements; air conditioning system in IT Room due to room overheating	£25,437
Supply and erect new fire rated partition with fire door in ground floor corridor; supply and install fire rated reception hatch and fire curtain, include connecting fire curtain to fire alarm control panel and spur point; supply and fit fire rated worktop to match existing; fire seal and soundproof along head of all partitions; create 1 hour fire zone on ground floor; all as required by Building Standards	£11,406
Upgrade ventilation in new treatment room on ground floor, supply and fit larger extract fan complete with new ducting and associated electrical works; all as requested by Building Standards	£3,448
Additional sockets and data points as requested by client; remove sink in ground floor store, cut back pipes and cap; remove wall tiles in store and make good wall; fit shelving supplied by client; box in all exposed heating and existing plumbing pipes; supply and install water supplies and sockets for water coolers	£3,614
<hr/>	
Total increase in contract sum	£53,584
Additional professional fees due to increased scope of works	£8,038
Additional cost of building warrant due to increased scope of works	£200
<hr/>	
Total increase in project works	£61,822
<hr/> <hr/>	

Social WorkEar Marked Reserves

Period 11 - 1 April 2018 to 28 February 2019

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget to Period 11	Actual to Period 11	Projected Spend	Amount to be Earmarked for 2019/20 & Beyond	Lead Officer Update
		2018/19	2018/19	2018/19	2018/19		
		£000	£000	£000	£000	£000	
Self Directed Support	Alan Brown	43	0	0	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	335	315	328	56	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	526	238	242	285	241	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	15	14	14	1	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils. Post main lined from 2019/20.
Community Justice Preparatory Work	Sharon McAlees	169	56	47	55	114	Post to address the changes in Community Justice.
Welfare Reform - CHCP	Andrina Hunter	22	0	20	22	0	Costs for case management system to be incurred over three years, 2018/19 being the final year.
Swift Upgrade	Helen Watson	76	60	39	53	23	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
LD - Integrated Team Leader	Alan Best	66	56	48	56	10	Two year post to develop the learning disability services integration agenda.
LD Service Review	Alan Best	341	147	143	158	183	Funding for 1 grade L post and 3 grade H/I posts to 31/03/2020. One off spend incurred 18/19 on community engagement to address the LD service review. Funding for one year for Your Voice and TAG support.
Service Reviews	Alan Brown	92	70	23	31	61	Funding for two posts to carry out service reviews. Posts appointed to in September 18.
Dementia Friendly	Deborah Gillespie	100	0	0	0	100	Dementia friendly properties. Dementia Strategy still being developed.
Total		1,860	977	891	1,003	857	

Report To:	Health & Social Care Committee	Date:	25 April 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/29/2019/HW
Contact Officer:	Helen Watson, Head of Service	Contact No:	01475 715285
Subject:	Impact of Welfare Reform on Mental Health		

1.0 PURPOSE

The purpose of this report is:

- 1.1 To inform the Committee of the impacts of welfare reform and social security change on people with mental health problems.
- 1.2 To outline specific concerns as to the effects of conditionality rules on clients with mental health problems.
- 1.3 To consider possible HSCP workload implications as a result of points 1.1 and 1.2.

2.0 SUMMARY

- 2.1 Many people claiming social security entitlements experience mental health problems, which can make navigating the social security system difficult. Problems such as limited concentration, memory problems and reduced planning and problem solving skills can make it more challenging to claim and maintain social security entitlements. Difficulties occur at all stages from making the initial claim through to formally disputing decision making if necessary. Although we do not have fully reliable data capturing the number of people claiming benefits and who have mental health problems, some of the survey work outlined at 4.1.1 helps us to understand the impacts that are being experienced.
- 2.2 Evidence such as that from Scotland's Chief Medical Officer's Annual Report 2016-17, (Practicing Realistic Medicine – <https://www.gov.scot/publications/practicing-realistic-medicine/pages/10/>), indicates that mental health has worsened in recent years amongst those most affected by economic and labour market insecurity, and by welfare reform.
- 2.3 Support provided by HSCP services such as the Community Mental Health Team can result in positive changes in the behaviour and circumstances of clients with mental health problems. There is a risk, however, that gains achieved can be subsequently undermined by conditionality rules and the threat of sanction that underpins Universal Credit.
- 2.4 Significant workload implications may result from the enhanced support HSCP workers are required to give vulnerable claimants with mental health problems to deal with Universal Credit. This might relate to a range of services, including Advice Services; Mental Health Services; Learning Disability Services and possibly Addictions, Homelessness and Community Justice services.

3.0 RECOMMENDATIONS

3.1 That the Committee notes the contents of the report.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 IMPACTS OF WELFARE REFORM

4.1.1 Many people claiming social security entitlements experience mental health problems, which can make navigating the social security system difficult. Problems such as limited concentration, memory problems and reduced planning and problem-solving skills can make it more challenging to claim and maintain social security entitlements. Difficulties occur at all stages from making the initial claim through to formally disputing decision-making if necessary. No complete data as to the prevalence on mental health is available for the UK as a whole, however:

- The Adult Psychiatric Morbidity Survey in England (Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, NHS Digital) found that 33% of economically inactive people and 29% of unemployed people reported a common mental health disorder, compared with 14% of full-time workers.
- Employment and Support Allowance (ESA) is the main income-replacement benefit for people with health conditions and disability. At May 2018, of the 2.25 million claimants of ESA, 1.15 million (51%) were recorded as having a mental or behavioural disorder as their main disabling condition.
- Personal Independence Payment (PIP), replacing Disability Living Allowance for working age claimants, helps claimants with the extra costs associated with disability. As of October 2018, of the total 1.99 million PIP claimants, 690,000 (35%) were recorded as having a mental or behavioural disorder as their main disabling condition.

As DWP do not publish statistics as to how many claimants have a mental or behavioural disorder in addition to another main disabling condition the total numbers with a mental or behavioural disorder will be greater than those given.

Analysis of the impact of the tax and welfare reforms introduced between May 2010 and January 2018, conducted by the Equality and Human Rights Commission, found that the cumulative impact on disabled people by the tax year 2020/21 will be significantly regressive in nature. Findings include:

- Adults with behavioural difficulties will lose around £2,350 a year;
- Adults with learning difficulties will lose around £1,750;
- Adults with mental health conditions will lose just over £1,799.

(The Cumulative Impact of Tax and Welfare Reforms – Equality and Human Rights Commission, April 2018). <https://equalityhumanrights.com/en/publication-download/cumulative-impact-tax-and-welfare-reforms>

In Inverclyde, at 31 March 2019:

- Psychological services were supporting 219 adults with behavioural difficulties
- Our Learning Disabilities services were supporting 517 adults
- Our mental health services were supporting 4754 adults

Not all of these people were claiming benefits, however a significant proportion were either dependent on benefits or at risk of requiring benefits if their conditions worsen.

4.1.2 In March 2019 a report from the Money and Mental Health Policy Institute, 'The Benefits Assault Course', was published. The findings of the report were informed by the evidence provided in a survey of 455 disability benefit claimants with mental health problems. The findings flagged difficulties encountered in all dealings with the social security system from application to assessment to claim maintenance to challenging DWP decision-making:

All reported the application process difficult:

- 82% had difficulty finding the right information to send;
- 93% reported deterioration in condition as a result of assessment;
- 75% required help to attend assessment;
- 81% were unhappy with the decision made by DWP but did not feel able to challenge the system;
- 94% exhibit some level of anxiety in dealing with the benefits system.

<https://www.moneyandmentalhealth.org/wp-content/uploads/2019/MMH-The-Benefits-Assault-Course-Updated.pdf>

- 4.1.3 Behavioural, cognitive and psychological changes associated with mental ill-health can make navigating the social security system challenging and difficult. Comprehending and processing information, memory impairment, restricted planning and problem-solving capabilities, reduced concentration, social anxiety and communication difficulties, increased impulsiveness, low levels of energy and motivation are all factors making meaningful engagement with the social security system problematic. For clients with severe and enduring mental health issues the problematic becomes an almost impossible task without the appropriate support. The consequences of these difficulties can be that people with mental ill-health are not able to engage with the required processes, and are therefore likely to be subject to sanctions and loss of benefits, as a direct result of their illness.
- 4.1.4 Survey results from NHS Mental Health Trust leaders in England, 'Mental Health Services: Addressing the Care Deficit', were released in March 2019. The survey identified widespread concerns as to benefit cuts in general and the impact of Universal Credit in particular. The key finding is that demand for service is outstripping the supply, with demand driven by socio-economic factors such as increased deprivation:
- 98% cited financial hardship;
 - 92% identified changes in benefit including Universal Credit as increasing demand for mental health services, with 63% indicating the impact as high, making social security change as the most significant factor driving demand.

<https://nhsproviders.org/media/606029/mental-health-services-addressing-the-care-deficit.pdf>

Although we do not have comparative data for Inverclyde, it is reasonable to presume that these issues will be present locally.

- 4.1.5 The impact of the rollout of Universal Credit on claimants' mental health was further considered in a report from the Scottish Association for Mental Health, 'Universal Credit and Mental Health', published in March 2019.

https://www.samh.org.uk/documents/ItWasAConfusionReport_online_version.pdf Again, the conclusion encapsulates the concerns that have accompanied the roll out of Universal Credit:

"The reliance on a rigid digital by default system is a significant barrier to people with mental health problems when claiming then managing their Universal Credit entitlement. There are also structural issues with Universal Credit that are direct obstacles to people with mental health problems accessing essential support and financial security. These include the initial five week wait for payment; the reliance on face-to-face assessments to establish eligibility for the disability component of the award; the time-limited nature of Universal Support; and the removal of implicit consent for welfare rights advisors. The central feature of Universal Credit – conditionality – has left claimants lacking control and is not tailored to support people with mental health problems. The conditionality regime relies largely on the discretion of Work Coaches, who are not specialists in mental health or disability. This is compounded by a regime of sanctioning and the threat of sanctions where claimants do not comply with job searching and work related conditions. It is essential that the levels of uncertainty and reliance on discretion is reduced in the system, while Work Coaches should be trained and empowered to make genuinely supportive adjustments to claimants' conditions to support their mental health and well-being."

4.2 CONDITIONALITY

- 4.2.1 Conditionality and threat of sanction is central to much of the social security system in general and Universal Credit in particular. To receive Universal Credit the claimant has to agree to undertake specific requirements by way of a claimant commitment. If the claimant fails to meet these requirements the claimant may be sanctioned. Claimants found 'fit for work' must undertake all work related activity including intensive job search. Claimants found to have limited capability for work must take steps to prepare for work. Claimants found to have limited capability for work and work related activity are exempt from conditionality.

- 4.2.2 In 2017, Mind, the mental health charity, surveyed 3,000 people with mental health problems and experience of the social security system. Nine in ten of those who were sanctioned, or threatened with a sanction, said it had led to a deterioration in their mental health. The Scottish Government report, 'The Impact of UK Welfare Policy on Disabled People', found nearly half of those sanctioned under Employment and Support Allowance (ESA) in the 12 months to March 2017 were recorded as having mental and behavioural disorders. DWP data from, 'Equality Analysis: The Universal Credit (Amendment) Regulations 2016, shows that 6 out of 10 ESA claimants who were sanctioned were people with a mental health condition or learning disability. The November 2018 briefing on, 'Benefit Sanction Statistics', by Dr David Webster, Honorary Senior Research Fellow, Urban Studies, University of Glasgow, found the average Universal Credit sanction rate over the previous 12 months averaged at 6.4% per month, far in excess of the rates for legacy benefits such as ESA. The clear evidence is that sanction rates are rising as more claimants are migrated to Universal Credit.
- 4.2.3 Research conducted by the Equality and Human Rights Commission in 2018, 'The Cumulative Impact of Tax and Welfare Reforms and Welfare to Work Programmes: An Evidence Review', highlighted concerns that sanctioning has negative impacts on mental health, including depression and anxiety. Evidence also indicated that sanctions could undermine the process of recovery for people with addiction or mental health problems. The British Psychological Society, the UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy, the British Psychoanalytic Council, and the British Association of Behavioural and Cognitive Psychotherapies have all called for the current sanction regime to be suspended and reviewed, blaming sanctions for causing destitution, disempowerment and increased rates of mental health problems. ('Scrap Benefits Sanctions Or Risk Mental Health Crisis, Psychologists Warn – open letter to the Independent 26/2/17). NHS Scotland have concluded that the current sanctions regime is costly and wasteful in terms of human health and public money and that consideration should be given to undoing, preventing and mitigating more effectively against its adverse health impacts.
- 4.2.4 Advocates of conditionality perhaps assume that all claimants are able to make decisions and respond to the threat of sanctions in a rational manner. This may not necessarily be the case for claimants with mental health problems who may have a limited comprehension of the conditionality requirements placed upon them and the consequences of sanction. If claimants with mental health problems agree to inappropriate conditionality they will in all probability be unable to comply with that conditionality. The exact conditionality requirements placed on a claimant are set at the discretion of the claimant's Work Coach. This should take cognisance of the claimant's particular set of circumstances or vulnerabilities including any mental health problems. The onus, however, is on the claimant at the initial meeting with the Work Coach to disclose factors such as mental health problems that should be a relevant consideration in the setting of conditionality requirements. The need for disclosure can create a significant barrier and source of distress to the claimant in terms of the need to discuss their mental health with a Work Coach. Many claimants with mental health problems will perhaps lack the necessary insight as to their mental health problems and how it affects them to allow them to discuss the matter with a Work Coach in the first instance. The situation is compounded by the findings from DWP's own research, 'Universal Credit Full Service Survey 2018', that found Work Coaches felt overwhelmed by the number of claimants with health conditions, lacked the time or means to identify vulnerable claimants, and did not have the confidence to apply reasonable adjustments to conditionality requirements. Further research from DWP, 'A Synthesis of Qualitative Research with Work Coaches', published in 2017 focused on ESA but with a view to inform DWP as to the needs of Work Coaches under Universal Credit, found that Work Coaches often lack experience of working with claimants with mental health problems and find conversations about mental health, 'difficult, personal and uncomfortable to handle'.
- 4.2.5 One solution would be to impose a legal duty on DWP to advise claimants as to how to make a request for a reasonable adjustment and easement of any conditionality requirements before any claimant commitment is imposed on the claimant.

4.3 WORKLOAD IMPLICATIONS FROM INCREASING CLIENT NEED

- 4.3.1 The weight of evidence demonstrating that welfare reform, conditionality in particular, results in hardship and ill health will have a direct correlation to increasing pressures on HSCP services

such as the Community Mental Health Team and Advice Services. The stress experienced by claimants in dealing with the social security system can have such a serious impact on a client's mental health to the extent that it distracts from clinical care. The link between poverty and ill health is well documented. A recent report from NHS Scotland, 'Health Inequalities, Impact of Economic Downturn and Social Security Change', outlined the adverse impacts of welfare reform that include negative impact on both physical and mental health, most notably in terms of stress illness resulting in increased treatment costs to the NHS.

- 4.3.2 Universal Credit creates a constant cycle of demand for workers who support Universal Credit claimants resulting in significant workload pressures. There is the initial strain to ensure vulnerable claimants are not left destitute without money, food and other basic essentials whilst the claim for Universal Credit is processed:

"Once the claim was submitted, advice workers supporting UC claimants described inconsistent and contradictory advice from DWP staff, difficulties correcting mistakes and failure to secure backdated UC payments, even when claimants had health issues or disabilities. The apparently arbitrary nature of UC decision making and lack of transparency, led to frustrations for advice workers."

(Qualitative Study, Universal Credit Roll Out, Health and Social Care Institute Teesside University and Institute of Health and Society Newcastle University)

- 4.3.3 The study from Teesside and Newcastle Universities finds Universal Credit is not working for vulnerable claimants and significantly adds to the workload of staff supporting claimants. In summarising the authors conclude:

"These findings suggest that the roll out of Universal Credit is contributing to the pressure on a health and social care system which is already under severe strain given the high levels of mental health conditions which exist. Staff who participated in this study anticipated increases in survival crime, theft and shoplifting with associated costs to the criminal justice system. They expressed concerns about the impacts on UC claimant's welfare, but also described the adverse effects on their own health, wellbeing and stress levels. The start of the managed migration will see many more people with complex claims and multiple disadvantages moving to UC and needing additional support to adapt to it."

5.0 PROPOSALS

- 5.1 That the Committee notes the contents of the report.

6.0 IMPLICATIONS

Finance

- 6.1

Financial Implications:

There are no 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)
X	NO -

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Chief Medical Officer's Annual Report 2016-17, Practising Realistic Medicine, April 2018;
The Cumulative Impact of Tax and Welfare Reforms, Equality and Human Rights Commission, April 2018;
Benefits Assault Course, Money and Mental Health Policy Institute, March 2019 (includes links to DWP research cited at 4.2.4);
Mental Health Services: Addressing The Care Deficit, NHS Providers, March 2019;
Universal Credit and Mental Health, SAMH, March 2019;
Equality and Human Rights Commission, Written Submission to House of Commons Work and Pensions Committee, May 2018(includes links to evidence cited at 4.2.2 and 4.2.3)
Health Inequalities, Impact of Economic Downturn and Social Security Change, NHS Scotland, September 2018;

Report To: Health and Social Care Committee **Date:** 25 April 2019

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/27/2019/AS

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

Subject: CARERS (SCOTLAND) ACT 2016 – APRIL 2019 UPDATE

1.0 PURPOSE

- 1.1 This report provides the Committee with an overview of the progress to date in implementing the Carers (Scotland) Act 2016, with specific focus on waiving of charges for residential respite and short breaks.

2.0 SUMMARY

- 2.1 The Carers (Scotland) Act 2016 gives a clear duty to local authorities to waive charges for short breaks and respite where this is of benefit to the carer and allows for a continuation of that caring role.
- 2.2 There is no timescale attached to this; the view is it should be implemented as soon as is practically possible. The Scottish Government has recently released guidance around how the waiving of charges could be implemented and it is now reasonable to consider the waiving of charges.
- 2.3 The Scottish Government has allocated recurring funding to cover the roll out of the Act and this money can be used to cover the costs of waiving charges.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to approve the waiving of charges for all eligible carers for respite and short breaks from April 1st 2019.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Implementation of the Carers (Scotland) Act 2016 continues to progress with roll out of the Adult Carer Support Plan and Young Carer Statement and final development of associated processes and backroom systems near completion.

4.2 This will support the good collaborative work between the HSCP, Inverclyde Carers Centre and other partners and provide evidence that we are meeting our statutory duties and ensure carers are receiving the right level of support from the most appropriate agency.

4.3 The Short Breaks Services Statement has been drafted in consultation with carers. It is designed to advise carers of the different range and types of short breaks and residential respite available to them.

4.4 Legislative Framework

The Children (Scotland) Act 1995, the Self-directed Support (Scotland) Act 2013 and the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014 give local authorities the power to provide all carers with support to help them continue in their caring role and to waive any charges associated with provision of such support.

The Carers (Scotland) Act 2016 requires local authorities to consider a break from caring as an option if carers are willing and able to continue in their caring role.

4.5 Breaks From Caring

A break from caring can be any form of support that helps a carer to have time away from their caring responsibilities. This can be within or away from their home, for a few hours, days or longer and can be taken on their own or with the person they care for, with or without additional help. Where a break from care is agreed as meeting eligible carer needs then charges must be waived.

The current HSCP position is that Alternative Short Breaks are attributed to meet the needs of the carer so no means testing or client contribution are made.

With regard to accessing residential respite, this is currently attributed to meet the needs of the service user therefore the Charging Policy currently applies.

It can be clearly evidenced that service users access residential respite as a result of critical or substantial carer needs within the existing service user support plan, therefore this report recommends that charges should be waived in line with the statutory guidance.

4.6 Client Contributions

The client contribution is detailed below:

Client Group	Weekly Contribution	Cost per Night
Children in receipt of Middle Rate DLA	£57.30	£ 8.19
Children in receipt of Higher Rate DLA	£85.60	£12.23
Adults 18 - 24	£ 64.45	£ 9.21
Adults 25 - 59	£ 79.65	£11.37
Adults 60 +	£136.00	£19.43

Around 200 older people and 45 people with a learning disability have accessed

residential respite in 2017/18. It is clear that waiving of charges will be of direct benefit to carers and service users in terms of their disposable income.

4.7 **Total Client Contributions received from 2017/2018:**

Older People-Hillend-Respite	£ 33,028.58
Older People-Nursing-Respite	£ 39,068.31
Older People-Residential-Respite	£ 2,260.15
Adult-Learning Disability-Respite	£ 23,163.64
Older People-Nursing-Respite	£ 246.91
Total Client Contributions for Year	£ 97,767.59

4.8 **Total Client Contributions anticipated for 2018/2019:**

Older People-Hillend-Respite	£ 34, 058.28
Older People-Nursing-Respite	£ 63, 920.00
Older People-Residential-Respite	£ 3, 380.57
Adult-Learning Disability-Respite	£ 14, 462.17
Adult Physical Disability Respite	£ 963.61
Total Client Contributions	£ 116,784.63

Total client contributions for Children's Services is approximately £4,000.

If Waiving of Charges for Residential Respite is approved by the committee then the financial commitment to the HSCP in the financial year 2019-2020 is anticipated to be at least £120,000.

4.9 **Anticipated Future Costs**

This will be a recurring cost dependent on future demand from identified eligible carer needs following completion of an Adult Carer Support Plan.

The Scottish Government funded £323,000 in 2018/19 and a further £181,000 in 2019/20 to meet the obligations of implementing the Carers Act. It is anticipated all costs will be met from this funding.

4.10 **Decision Panel**

A national short life working group was formed to provide additional information to Local Authorities to support decision-making on whether charges are waived in particular circumstances. A number of case studies have been released by the working group to further verify application of the guidance.

The Scottish Government has provided case examples to support decision-making. Some cases may pose potential challenges for assessors to determine whether charges should be waived or where the local charging policy applies. This includes instances where carers are also Service Users; Replacement Care; and Equal Benefit to both carer and service user. It is proposed that a Decision Panel is set up to review and provide governance over such cases.

This panel will comprise:

- Alan Brown, Service Manager, Assessment and Care Management
- Jane Cantley, Service Manager, Children's Services
- Gail Kilbane, Learning Disability Review, Implementation & Carers Act Lead
- Lorna MacDonald, Manager, Inverclyde Carers Centre

4.11 The role of the panel is to ensure that all relevant facts have been obtained to allow a decision to be made, ensure the relevant legislation, policy and process have been appropriately applied and to ensure transparent methodology to evidence the decision

made in each case.

Summary

Carers Leads across the country report that no authority has waived charges for all residential respite for the current financial year. Other authorities are considering this but if approved, Inverclyde will be the first local authority in Scotland to deliver this commitment.

Inverclyde HSCP already spends a minimum of £1.2 million which can be directly attributed to supporting carers. Current provision of residential respite can be evidenced as clearly meeting the needs of carers by enabling them to have a break from their caring role.

As a result, waiving charges from April 2019 evidences our commitment to carers by ensuring they are not financially disadvantaged as a result of their caring role. However, we need to also make sure that the additional cost is manageable within the carers financial envelope.

It is the intention to provide the Health and Social Care Committee with an update on implementation of Waiving of Charges in early 2020.

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
Various	Income	01/04/2019	120	N/A	Loss of income will be contained with Scottish Government Funding.

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)
X	NO

6.0 CONSULTATION

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

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Report To:	Health & Social Care Committee	Date:	25 April 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/23/2019/DG
Contact Officer:	Deborah Gillespie Head of Mental Health, Addictions and Homelessness	Contact No:	01475 715284
Subject:	Review of Inverclyde HSCP Alcohol and Drug Services - Progress Update		

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Committee on the progress of the Inverclyde HSCP Review of Alcohol and Drug Services.

2.0 SUMMARY

- 2.1 A Review of Inverclyde HSCP Alcohol and Drug Services was commenced in late 2017 with an aim to develop a coherent and fully integrated model for the services in Inverclyde. Phase One of the Review set out to review the current delivery models and was completed in June 2018 and Phase Two which will provide the direction of travel is currently underway with a number of workstreams established.
- 2.2 The workstream groups have undertaken a range of work across all five areas and the recommendations for the future integrated service delivery model are in development. The Alcohol and Drug Review Programme Board is meeting regularly to oversee this work.
- 2.3 The co-location of both the Alcohol and Drug services on the refurbished Wellpark site from the end of March 2019 will aid the development of a cohesive and fully integrated new model of delivery.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the progress being made in terms of the Review of the HSCP Alcohol and Drug Services and agrees to a further report being submitted once the Phase Two recommendations are developed.

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

4.0 BACKGROUND

4.1 A Review of Inverclyde HSCP Alcohol and Drug Services was commenced in late 2017 with an aim to develop a cohesive and fully integrated model for the services in Inverclyde. The review was governed by three overarching principles which anchors the service user at the heart of the new delivery model.

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

4.2 Since the commencement of this work, the Scottish Government has published both the new Drug/Alcohol Strategy Rights, Respect and Recovery (2018) and also the new alcohol framework, Preventing Harm (2018). In addition, Inverclyde HSCP has developed its Strategic Plan (2019-24) which includes six big actions with Big Action 5 focused on “together we will reduce the use of, and harm from alcohol, tobacco and drugs”.

4.3 Phase One of the review set out to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population, and was completed in June 2018 The five key areas for consideration and further action from the Phase One work were :

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

4.3 The workplan for Phase Two, whilst taking cognisance of actions, principles and considerations from Phase 1, was developed around the key workstreams:

- Prevention and Education
- Assessment, treatment and Care
- Wider Multi-disciplinary Services
- Recovery
- Workforce

4.4 Central to the workstream development was the requirement to ensure all stakeholders, including staff, partner organisations and service users were involved and communication is open, transparent and timeous.

5.0 PROGRESS TO DATE

5.1 Workstream groups were established, suitable chairs and members identified from the HSCP services and partners and action plans developed with regular reporting back to the Alcohol and Drug Service Review Programme Board. The workstream groups have undertaken a range of work to help identify a new model for delivery. Core to this will be a tiered approach which helps identify the key areas of focus of the HSCP service going forward. (Appendix 1).

Examples of work to date:

The Prevention and Education workstream has carried out scoping to look at what was available across Inverclyde in relation to prevention and education (adults and young people) and what partners/services are delivering this area of work. In addition they have examined the most up-to-date national and local policies available to ensure current and future delivery meets evidence based practice. The initial findings are that a more joined up approach to prevention across the

whole population, including schools network and wider communities, can only strength progression of the prevention model.

The Assessment Treatment and Care Workstream has identified new access criteria for the service. In addition, they are developing new models of delivery to establish a clear and visible single service model which includes a single point of access (SPOA), a single pathway through the service and ensure effective liaison with acute and primary care colleagues to best support service users with drug and/or alcohol issues.

The Wider Multi-disciplinary Workstream has identify a range of wider supports and interfaces across HSCP services that will ensure robust joint working and better pathways to support service users.

The Recovery Workstream has started to develop Recovery Orientated Systems of Care (ROSC) approaches to ensure recovery outcomes are integral at all stages of the service user's journey and in addition is considering a future commissioned Recovery Hub approach delivered by 3rd sector partners.

The Workforce Workstream has been working to ensure staff are supported in the transition to a new integrated model and ensure all staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs. Development days; shadowing and other opportunities for joint learning are underway. The delivery of both alcohol and drug services on the newly refurbished collated site of Wellpark will enhance these opportunities for closer working ahead of full integration.

- 5.2 A Service User Reference Group for the Review was established and supported by YourVoice and will continue meeting to ensure that service users have an opportunity to have their views heard as part of the ongoing work around alcohol and drug service remodelling.
- 5.3 The work of these workstream groups has been utilised to develop the future vision, direction of travel and proposed new ways of working for Inverclyde HSCP alcohol and drug services. A draft Phase Two Review report with recommendations is currently in development.

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 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO -

Repopulation

6.5 No implications.

7.0 CONSULTATIONS

7.1 Staff have been involved in a number of the workstream groups with staff representation on the overall programme Board. Staff briefings are ongoing and a newsletter is currently in development.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Alcohol & Drug Tiered Model of Care

