

**A meeting of the Health & Social Care Committee will be held on Thursday 24 October 2019 at 3pm within the Municipal Buildings, Greenock.**

GERARD MALONE  
Head of Legal and Property Services

**BUSINESS**

1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>PERFORMANCE MANAGEMENT</b>		
2.	<b>Revenue and Capital Budget Report – Projected 2019/20 Revenue Outturn as at 31 August 2019</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	<b>p</b>
<b>NEW BUSINESS</b>		
3.	<b>Inverclyde Community Justice Partnership Annual Report 2018-19</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Update on Rapid Rehousing Transition Plan</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Whole Systems Approach</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
6.	<b>Dementia Update</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Mental Health Strategy and Improvement Programmes</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

<p><b>ITEMS FOR NOTING</b></p> <p>None.</p>	
<p><b>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.</b></p>	
<p><b>PERFORMANCE MANAGEMENT</b></p> <p>8. <b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b>  Report by Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services</p>	<p><b>p</b></p>

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

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>24 October 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>FIN/93/19/AP/SM</b>
	<b>Alan Puckrin Chief Financial Officer</b>		
<b>Contact Officer:</b>	<b>Samantha White</b>	<b>Contact No:</b>	<b>01475 712652</b>
<b>Subject:</b>	<b>Revenue &amp; Capital Budget Report – Projected 2019/20 Revenue Outturn as at 31 August 2019</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the projected outturn on revenue and capital for 2019/20 as at 31 August 2019 (period 5).

## 2.0 SUMMARY

- 2.1 A budget of £56.824 million has been delegated by the Integration Joint Board (IJB), which includes £6.295 million of Social Care funding and gives a net budget of £50.529 million. The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. As at period 5 there is a projected overspend of £15,000, a minor adverse movement of £2,000 from the position reported at period 3 after the approved transfer of funds to the Learning Disability Hub earmarked reserve. The main elements of the overspend are:

- Increased projected overspends of £151,000 and £65,000 within Learning Disabilities and Physical Disabilities respectively against client commitments following a review of the respite projection within Learning Disabilities and additional external packages within Physical Disabilities.
- A £62,000 projected under-recovery of income from other local authorities within Learning Disabilities. This is consistent with current levels of income and last year's outturn.
- A projected overspend of £182,000 on agency workers within Mental Health due to an increased pressure on meeting service demands resulting from staff vacancies and difficulty in recruiting.
- As reported at period 3, a projected overspend of £312,000 due to one client's package cost shared between Criminal Justice and Learning Disabilities.

In the main offset in by:

- Additional turnover savings being projected across services £563,000.
- A £48,000 projected underspend resulting from the partial implementation of Homecare – Reduction 15 minute visits in 2019/20.
- Over-recovery of income for residential fees of £113,000.

- 2.2 The Social Work 2019/20 capital budget is £1.093 million, with spend to date of £247,000. Expenditure equates to 22.6% of the revised budget.

- 2.3 The balance on the IJB reserves at 31 March 2019 was £7.281 million. The reserves reported in this report are those delegated to the Council for spend in 2019/20. The opening balance on these is £1.025 million with an additional £1.376 million received in-year, giving a total for

2019/20 of £2.401 million at period 5. Expenditure to date is £804,000 against the phased budget of £730,000.

2.4 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.
- Learning Disability Hub which was agreed at the previous Committee. It is to be noted that the original agreed reserve of £526,000 has now been revised to £398,000 due to £50,000 being utilised to meet additional spend within Learning disabilities client commitments and £78,000 being used to fund 2 additional social care posts.

It should be noted that £700,000 was transferred from the Residential and Nursing Accommodation smoothing reserve to the IJB Free Reserve during the audit of the 2018/19 IJB annual accounts. The Chief Officer has confirmed that in the event that the remaining Residential and Nursing Accommodation reserve gets exhausted then the first call on any overspend will be against the IJB Free Reserves.

2.5 Any overall 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 current year revenue outturn projected overspend of £15,000 at 31 August 2019.

3.2 That the Committee notes the current projected capital position.

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 2019/20 Social Work revenue and capital budgets and to highlight the main issues contributing to the projected £15,000 overspend.

#### 5.0 2019/20 CURRENT REVENUE POSITION: Projected £15,000 overspend (0.03%)

The table below provides details of this underspend by objective heading. The material variances are identified in Appendix 3.

	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/ (Under) Spend £000	Percentage Variance %
Children & Families	10,474	10,524	10,650	125	1.19
Criminal Justice **	20	20	252	232	12.75
Older Persons	25,384	25,475	25,269	(207)	(0.81)
Learning Disabilities	7,736	7,676	7,690	13	0.17
Physical & Sensory	2,394	2,408	2,455	47	1.94
Assessment & Care Management	2,314	2,181	2,191	10	0.45
Mental Health	1,426	1,426	1,557	131	9.22
Alcohol and Drugs Recovery Service	971	971	757	(214)	(22.08)
Homelessness	1,026	1,026	1,035	9	0.86
PHIC	1,677	1,679	1,669	(10)	(0.57)
Business Support	3,402	3,437	3,316	(121)	(3.53)
	<b>56,824</b>	<b>56,824</b>	<b>56,840</b>	<b>15</b>	<b>0.03</b>
Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0.00
Transfer to EMR	0	(398)	(398)	0	0.00
<b>Social Work Net Expenditure</b>	<b>50,529</b>	<b>50,131</b>	<b>50,147</b>	<b>15</b>	<b>0.03</b>
Earmarked Reserves	Approved Reserves £000	Revised Reserves £000	19/20 Budget £000	Projected Spend £000	Projected Carry Forward £000
Earmarked Reserves	7,266	9,055	3,221	3,745	5,310
CFCR	15	0	15	0	0
<b>Social Work Total</b>	<b>7,281</b>	<b>9,055</b>	<b>3,236</b>	<b>3,745</b>	<b>5,310</b>
** Percentage variance is based on grant total					

#### 5.1 Children & Families: £125,000 (1.19%) overspend

The projected overspend primarily relates to employee costs and in the main relates to residential accommodation where there is a requirement for minimum staffing levels. This is a continuing pressure area.

The projected overspend is £44,000 more than reported at period 3 and is largely due to a £20,000 projected overspend on transport costs due to an increase in taxi usage within Residential services children's units based on current spend levels continuing to the end of the financial year.

Any over/ underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred to the respective earmarked reserve at the end of the year. The balance on the two reserves as at 1 April 2019 is £1,407,000. At period 5 there is a projected net overspend of £183,000 on children's external residential accommodation, adoption, fostering and kinship and continuing care. These costs are not included in the reported projected

spend.

#### 5.2 **Criminal Justice: Projected £232,000 (12.75%) overspend**

The position is unchanged from that reported at period 3.

#### 5.3 **Older People: Projected £207,000 (0.81%) underspend**

The projected underspend is £208,000 more than last reported to Committee and comprises:

- A projected £25,000 underspend on employee costs. This is a reduction in expenditure of £102,000 from the position reported at period 3 and is as a result of slippage in anticipated start dates within homecare, partially offset by increased spend on additional hours and sessionals.
- A projected underspend of £22,000 is now being reported for external transport within day care services based on the continuation of current spend levels.
- A projected overspend of £29,000 on external homecare. This is an increase of £49,000 from the position reported at period 3 and is due to increased number of external homecare clients.
- An increased underspend of £48,000 relating to the partial implementation of Homecare – Reduction 15 minute visits is now projected, up from £35,000 reported at period 3.
- An increased over-recovery of income of £149,000 is now projected, up £102,000 from the position reported at period 3. In the main this is due to additional income projected for residential fees, based on assessed income received to date.
- As reported at period 3, there are projected underspends on external day care of £35,000 and £22,000 against the housing wardens contract.

Any over / underspends on residential & nursing accommodation are transferred to the earmarked reserve at the end of the year. The balance on the residential & nursing accommodation reserve is £226,000 as at 1 April 2019, with £700,000 also available in the IJB free reserves, At period 5 there is a projected overspend of £247,000, which would be funded from the earmarked reserves at the end of the year if it continues. These costs are not included in the reported projected spend.

#### 5.4 **Learning Disabilities: Projected £13,000 (0.17%) overspend**

The projected spend is £94,000 higher than the position reported at period 3 and comprises:

- A projected overspend of £151,000 on client commitments within Payments to other Bodies. This is an increase of £133,000 on the position reported at period 3 and is due to a correction to the respite projection of £96,000 together with the impact of various package reviews.
- Projected under-recovery of income of £72,000 is now being reported, primarily against income from other local authorities. This is consistent with current levels of income and last year's out-turn.
- A projected underspend of £187,000 on employee costs, an increase of £38,000 on the position reported at period 3 and which is due to over-achievement of the turnover target as a result of slippage in filling vacant posts.
- A projected underspend of £26,000 is now being reported for external transport based on the continuation of current spend levels and is in line with last year's outturn.

#### 5.5 **Physical & Sensory: Projected £47,000 (1.94%) overspend**

The projected overspend is £18,000 more than reported at period 3 and mainly comprises an increase of £25,000 in the projected overspend on client commitments, together with other minor movements.

#### 5.6 **Assessment & Care Management: Projected £10,000 (0.45%) overspend**

The projected overspend has increased slightly by £4,000 and comprises:

- The projected spend on employee costs has reduced by £58,000 from the position reported at period 3 to an underspend of £54,000, which in the main is due to additional turnover savings being achieved.
- A projected overspend of £43,000 is now being reported for external transport based on the continuation of current spend levels and is in line with last year's outturn.

#### 5.7 **Mental Health: Projected £131,000 (9.22%) overspend**

The projected spend has increased by £141,000 from the position reported at period 3 and comprises:

- The projected underspend on employee costs has reduced by £17,000 to £50,000 from the position reported at period 3. This is due to vacant posts being filled earlier than anticipated.
- A £22,000 projected underspend within legal costs is now being reported. This is consistent with current levels of income and last year's out-turn.

- A £182,000 overspend on agency workers, an increase of £97,000 from the position reported at period 3 due to the need for additional agency staff for meeting increased pressure on service demands resulting from staff vacancies and difficulty in recruiting.
- The projected spend on externally provided commissioned services has increased by £46,000 to an overspend of £5,000 and is due to a combination of increase in client numbers and changes to packages.

#### 5.8 **Alcohol and Drugs Recovery Service: Projected £214,000 (22.08%) underspend**

The projected underspend has increased by £69,000 from the position reported at period 3 and comprises:

- The projected underspend on employee costs has increased by £51,000 to £185,000 and is mainly due to additional turnover being achieved.
- The projected underspend on client commitments has increased by £19,000 to £29,000 from the position reported at period 3 and is due to a reduction in client numbers.

#### 5.9 **Business Support: Projected £121,000 (3.53%) underspend**

The projected underspend has decreased by £3,000 since period 3 report to Committee and comprises:

- The projected underspend on employee costs has increased to £70,000.
- As reported at period 3 a projected underspend of £68,000 against unfunded criminal justice pay inflation which at this stage is not required.

### 6.0 **2019/20 CURRENT CAPITAL POSITION**

6.1 The Social Work capital budget is £1,861,000 over the life of the projects with £1,093,000 projected to be spent in 2019/20, comprising:

- £995,000 for the replacement of Crosshill Children's Home,
- £55,000 for the upgrade of the equipment store in the Inverclyde Centre for Independent Living,
- £43,000 for projects complete on site.

No slippage is currently being reported. Expenditure on all capital projects to 31<sup>st</sup> August 2019 is £247,000 (22.6% of 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.
- The demolition of the existing Crosshill building was completed in Autumn 2018. Main contract work commenced on site in October 2018.
- Foundation and drainage works were completed 1st Quarter 2019. As previously reported, site issues had delayed the progress of the foundations and this affected the delivery time of the timber kit. The external timber kit and roof trusses have now been installed.
- The first fix of mechanical and electrical works in progress. Internal partitions being sheeted. Pipework for sprinkler system installed.
- The Contractor has intimated further delays which are subject to dispute.
- The original Contract Period was 39 calendar weeks with completion in July 2019. However as previously reported, the delays above have impacted on the completion date. The Contractor is currently intimating completion January 2020.

6.3 Centre for Independent Living:

The works to the above are being progressed in conjunction with essential roofing works. The HSCP funded element addresses alterations to the decontamination area to comply with current hygiene regulations. The replacement of the existing roof covering which contains asbestos is being funded from the Core Property General Allocation. The store will be decanted for the duration of the works.

- The store has been decanted.
- Initial asbestos removal has been completed.
- The contractor for the main works has been appointed and a pre-start meeting held to discuss the restrictions of the site and the operational requirements of the existing service.
- Works should commence mid-October subject to approval of the works method statements,

with a completion in December.

## 7.0 EARMARKED RESERVES

7.1 The balance on the IJB reserves at 31 March 2019 was £7,281,000. The reserves reported in this report are those delegated to the Council for spend in 2019/20. The opening balance on these is £1,025,000 with an additional £1,376,000 received for 2019/20, totalling £2,401,000 at period 5. There is spend to date of £804,000 against the phased budget of £730,000.

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

- Children's Residential Care, Adoption, Fostering & Kinship.
- Residential & Nursing Accommodation.
- Continuing Care.
- Learning Disability Hub which was agreed at the previous Committee.

## 8.0 IMPLICATIONS

### 8.1 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	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					

### 8.2 Legal

There are no specific legal implications arising from this report.

### 8.3 Human Resources

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

### 8.4 Equalities

#### Equalities

(a) 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 substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required



(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO

**8.5 Repopulation**

There are no repopulation issues within this report.

**9.0 CONSULTATIONS**

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

**10.0 BACKGROUND PAPERS**

10.1 There are no background papers for this report.

## Social Work

## Budget Movement - 2019/20

Period 5 1 April 2019 - 31 August 2019

Service	Approved Budget £000	Movements					Amended Budget £000	IJB Funding Income £000	Revised Budget £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000			
Children & Families	10,474	0	50	0	0	0	10,524	0	10,524
Criminal Justice	20	0	0	0	0	0	20	0	20
Older Persons	25,384	0	92	0	0	0	25,475	0	25,475
Learning Disabilities	7,736	0	(60)	0	0	(116)	7,560	0	7,560
Physical & Sensory	2,394	0	14	0	0	0	2,408	0	2,408
Assessment & Care Management	2,314	0	(133)	0	0	0	2,181	0	2,181
Mental Health	1,426	0	0	0	0	0	1,426	0	1,426
Alcohol and Drugs Recovery Service	971	0	0	0	0	0	971	0	971
Homelessness	1,026	0	0	0	0	0	1,026	0	1,026
Strategy & Support Services	1,677	0	2	0	0	0	1,679	0	1,679
Business Support	(2,893)	0	35	0	0	(282)	(3,140)	0	(3,140)
<b>Totals</b>	<b>50,529</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(398)</b>	<b>50,131</b>	<b>0</b>	<b>50,131</b>

## Social Work

## Revenue Budget Projected Outturn - 2019/20

Period 5 - 1 April 2019 to 31 August 2019

2018/19 Subjective Analysis Actual	Approved Budget	Revised Budget	Projected Outturn	Projected Over/ (Under) Spend	Percentage Variance
£000	£000	£000	£000	£000	%
25,962 Employee costs	27,759	27,946	27,383	(563)	(2.01)
1,130 Property costs	1,067	1,071	1,061	(10)	(0.92)
967 Supplies & services	848	960	956	(4)	(0.42)
371 Transport & plant	377	377	394	17	4.44
786 Administration costs	777	744	731	(13)	(1.74)
38,556 Payments to other bodies	40,366	40,634	41,569	935	2.30
(14,904) Income	(14,370)	(14,907)	(15,254)	(347)	2.33
<b>52,867</b>	<b>56,824</b>	<b>56,824</b>	<b>56,840</b>	<b>15</b>	<b>0.03</b>
(5,980) Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0.00
(1,190) Transfer to EMR	0	(398)	(398)	0	0.00
<b>45,698 Social Work Net Expenditure</b>	<b>50,529</b>	<b>50,131</b>	<b>50,147</b>	<b>15</b>	<b>0.03</b>

2018/19 Objective Analysis Actual	Approved Budget	Revised Budget	Projected Outturn	Projected Over/ (Under) Spend	Percentage Variance
£000	£000	£000	£000	£000	%
10,278 Children & Families	10,474	10,524	10,650	125	1.19
0 Criminal Justice <sup>1</sup>	20	20	252	232	12.75
24,463 Older Persons	25,384	25,475	25,269	(207)	(0.81)
7,053 Learning Disabilities	7,736	7,676	7,690	13	0.17
2,196 Physical & Sensory	2,394	2,408	2,455	47	1.94
1,613 Assessment & Care Management	2,314	2,181	2,191	10	0.45
1,215 Mental Health	1,426	1,426	1,557	131	9.22
1,003 Alcohol and Drugs Recovery Service	971	971	757	(214)	(22.08)
966 Homelessness	1,026	1,026	1,035	9	0.86
1,740 PHIC	1,677	1,679	1,669	(10)	(0.57)
2,339 Business Support	3,402	3,437	3,316	(121)	(3.53)
<b>52,867</b>	<b>56,824</b>	<b>56,824</b>	<b>56,840</b>	<b>15</b>	<b>0.03</b>
(5,980) Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0.00
(1,190) Transfer to EMR	0	(398)	(398)	0	0.00
<b>45,698 Social Work Net Expenditure</b>	<b>50,529</b>	<b>50,131</b>	<b>50,147</b>	<b>15</b>	<b>0.03</b>

Earmarked Reserves	Approved Reserves	Revised Reserves	19/20 Budget	Projected Spend	Projected Carry Forward
	£000	£000	£000	£000	£000
Earmarked Reserves	7,266	9,055	3,745	3,745	5,310
CFCR	15	0	0	0	0
<b>Social Work Total</b>	<b>7,281</b>	<b>9,055</b>	<b>3,745</b>	<b>3,745</b>	<b>5,310</b>

\*\* Percentage variance is based on grant total

## Social Work

## Material Variances - 2019/20

Period 5 - 1 April 2019 to 31 August 2019

2018/19 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 31/08/19	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	<b>Employee Costs</b>						
5,440	Children & Families	5,918	2,311	2,238	6,008	90	1.52
1,601	Criminal Justice	1,643	642	604	1,581	(62)	(3.77)
8,488	Older People	8,890	3,473	3,430	8,865	(25)	(0.28)
2,614	Learning Disabilities	2,464	963	902	2,277	(187)	(7.59)
1,739	Assessment & Care Management	1,865	729	725	1,810	(55)	(2.95)
1,160	Mental Health	1,190	465	433	1,140	(50)	(4.20)
1,192	Alcohol and Drugs Recovery Service	1,167	440	391	982	(185)	(15.85)
1,556	Business Support	1,686	659	632	1,615	(71)	(4.21)
23,790		24,823	9,682	9,355	24,278	(545)	(2.20)
	<b>Other Variances</b>						
0	Children Services	5	2	12	25	20	400.00
0	Criminal Justice - unallocated savings	(82)	(21)	0	(13)	69	(84.15)
0	Criminal Justice - package costs	0	0	0	252	252	100.00
21	Older People - day care external transport	42	18	7	21	(21)	(50.00)
0	Older People - ethical care	72	30	0	24	(48)	(66.67)
3,765	Older People - external homecare	3,902	1,201	1,296	3,979	77	1.97
342	Older People - day care contract	397	166	117	362	(35)	(8.82)
313	Older People - housing wardens	263	110	91	241	(22)	(8.37)
(39)	Older People - recoveries	0	0	0	(113)	(113)	(100.00)
120	Learning Disabilities - external transport	109	45	36	82	(27)	(24.77)
8,241	Learning Disabilities - client commitments	8,326	2,864	2,884	8,477	151	1.81
(53)	Learning Disabilities - income from other local authorities	(136)	(57)	(16)	(73)	63	(46.32)
1,780	Physical & Sensory - client commitments	1,607	670	601	1,672	65	4.04
25	Mental Health - legal costs	47	20	3	25	(22)	(46.81)
258	Mental Health - alzheimers scotland	216	108	43	237	21	9.72
85	Mental Health - agency costs	0	0	39	182	182	100.00
398	Alcohol and Drugs Recovery Service - client commitments	453	189	142	417	(36)	(7.95)
0	Alcohol and Drugs Recovery Service	82	32	0	14	(68)	(82.93)
15,256		15,303	5,377	5,255	15,811	508	3.32
<b>39,046</b>	<b>Total Material Variances</b>	<b>40,126</b>	<b>15,059</b>	<b>14,610</b>	<b>40,089</b>	<b>(37)</b>	<b>(0.09)</b>

## Social Work

### Capital Budget 2019/20

Period 5 - 1 April 2019 to 31 August 2019

Project Name	Est Total Cost	Actual to 31/03/19	Approved Budget	Revised Estimate	Actual to 31/08/19	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Social Work</b>									
Crosshill Childrens Home Replacement	1,748	582	995	995	247	171	0		0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	55	55	0	15	0		0
Complete on site	43	0	43	43	0	0	0		0
<b>Social Work Total</b>	<b>1,861</b>	<b>582</b>	<b>1,093</b>	<b>1,093</b>	<b>247</b>	<b>186</b>	<b>0</b>		<b>0</b>

## Social Work

## Earmarked Reserves - 2019/20

## Period 5 - 1 April 2019 to 31 August 2019

Project	Lead Officer/ Responsible Manager	2018/19	2019/20								Lead Officer Update
		c/f Funding	New Funding Reserves	New Funding Other	Proposed Write-backs	Total Funding	Phased Budget to Period 5	Actual to Period 5	Projected Spend	Amount to be Earmarked for 2020/21 and beyond	
		£000	£000	£000		£000	£000	£000	£000	£000	
Integrated Care Fund	Louise Long	11		1,042		1,053	365	469	1,006	47	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Full spend is expected for 2019/20.
Delayed Discharge	Louise Long	394		334		728	240	181	592	136	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
Growth Fund - Loan Default Write-off	Helen Watson	25				25	0	0	1	24	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.
Swift Upgrade	Helen Watson	27				27	22	22	27	0	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
Community Justice Preparatory Work	Sharon McAlees	112		0		112	25	23	67	45	Budget is for post to address the changes in Community Justice (£67k), shortfall of savings target for 2019/20 (£20k) and also £25k for Whole Systems Approach.
Frank's Law	Allen Stevenson	34				34		21	34	0	Frank's Law Funding being used to fund 1 FTE Grade K for 6 months.
Self Directed Support	Alan Brown	43				43	0	0	43	0	This supports the continuing promotion of SDS and full spend is projected for 2019/20.
Service Reviews	Alan Brown	60				60	27	28	60	0	Funding for two posts to carry out service reviews. Posts appointed to in September 2018.
LD Service Review	Alan Best	180				180	51	60	174	6	Funding for 1 grade L post and 2 grade H/I posts to 31/03/2020, all posts currently filled. Funding for one year for Your Voice and TAG support.
Dementia Friendly	Deborah Gillespie	100				100	0	0	0	100	Dementia friendly properties. Dementia Strategy still being developed.
RRTP	Deborah Gillespie	30				30		0	30	0	RRTP funding. Proposals being drafted and will be brought to CMT in due course.
Welfare Reform - CHCP	Arlene Mailey	9				9	0	0	9	0	Annual invoice for software licencing fee expected to be paid by September 2019.
<b>Total</b>	Alcohol and Drugs R	<b>1,025</b>	<b>0</b>	<b>1,376</b>	<b>0</b>	<b>2,401</b>	<b>730</b>	<b>804</b>	<b>2,043</b>	<b>358</b>	

<b>Report</b>	<b>Health and Social Care Committee</b>	<b>Date: 24 October 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No: SW/47/2019/SMcA</b>
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Children's Service and Criminal Justice</b>	<b>Contact No: 01475 715282</b>
<b>Subject:</b>	<b>Inverclyde Community Justice Partnership Annual Report 2018-2019</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to present to the Health and Social Care Committee the Inverclyde Community Justice Partnership Annual Report 2018-2019.

## **2.0 SUMMARY**

- 2.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for the model of community justice. The Act stipulates adherence must be given to the National Strategy for Community Justice, the Community Justice Outcomes Performance and Improvement Framework and associated Guidance in the development of a local Community Justice Outcomes Improvement Plan and subsequent Annual Reports.
- 2.2 The Inverclyde Community Justice Outcomes Improvement Plan 2017-2022 was submitted to the Scottish Government on 31<sup>st</sup> March 2017, with full local responsibility for implementation commencing on 1<sup>st</sup> April 2017.
- 2.3 Section 23 of the Community Justice (Scotland) Act 2016 requires the community justice partners of a local authority area to publish an annual report and that this is also submitted to Community Justice Scotland.
- 2.4 Extensive progress has been made over the past year, including the embedding of the community justice agenda across community planning.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Health and Social Care Committee:
- Notes and gives comment on the Inverclyde Community Justice Partnership Annual Report 2018-2019.
  - Approves submission of the Annual Report to Community Justice Scotland, pending the addressing of any amendments necessary.

## 4.0 BACKGROUND

- 4.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for the model of community justice in Scotland. This model enables strategic planning and delivering of community justice services with a focus on collaboration and involvement at a local level and with people who use services.
- 4.2 The Act outlines the functions for community justice partners and expectations around local arrangements and reporting of progress of local Community Justice Outcomes Improvement Plan with the publication of an Annual Report.
- 4.3 The Annual Report must include detail on each nationally determined outcome and any local determined outcome. Partners must also use the relevant indicators as outlined in the Community Justice Outcomes Performance and Improvement Framework.
- 4.4 The national community justice outcomes consist of four structural outcomes and three person-centric outcomes as outlined below:

<b>Structural Outcomes</b>	<b>Person-Centric Outcomes</b>
<ul style="list-style-type: none"> <li>• Communities improve their understanding and participation in community justice.</li> </ul>	<ul style="list-style-type: none"> <li>• Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.</li> </ul>
<ul style="list-style-type: none"> <li>• Partners plan and deliver services in a more strategic and collaborative way.</li> </ul>	<ul style="list-style-type: none"> <li>• People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.</li> </ul>
<ul style="list-style-type: none"> <li>• Effective interventions are delivered to prevent and reduce the risk of further offending.</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals' resilience and capacity for change and self-management are enhanced.</li> </ul>
<ul style="list-style-type: none"> <li>• People have better access to the services they require, including welfare, health and wellbeing, housing and employability.</li> </ul>	

- 4.5 Inverclyde Community Justice Partnership has also agreed six local priorities. These include:
- a) Housing and homelessness;
  - b) Employability;
  - c) Access to GP / Primary Care;
  - d) Early intervention;
  - e) Domestic abuse and
  - f) Women involved in the justice system.
- 4.6 The Annual Report has two distinct sections. Firstly there is a community-facing, easy read section that gives an outline of what has been achieved in each of the local priorities.
- 4.7 The second section of the Annual Report uses the required template provided by Community Justice Scotland and outlines progress against both the national and local outcomes.



4.8 Considerable progress and significant achievements have been made over the last year. This includes the embedding of the community justice agenda across community planning. Highlights of achievements include:

- Following a successful bid with the Employability Service, we have piloted a “Resilience Project”. This is an innovative model of supported employment and the pilot included three key elements. Firstly, the entire model was based on the evidence base of applying the “resilience doughnut”, a strength based tool, for people involved in the justice system. We delivered multi-agency training in the use of this tool. Secondly, Recruit with Conviction delivered training on supporting people with convictions in the application and interview stages, particularly focusing on disclosure of previous convictions. The Scottish Drugs Forum also delivered training on Stigma and a further session on Equality and Diversity in Recovery. The third element was the actual piloting of applying the resilience doughnut in supported employment. Stepwell were commissioned to do this, using their cook school facilities as a supported employment placement. Seventeen people participated in this pilot and we are currently evaluating this.
- We have completed all of the preparatory work necessary to commence the Women’s Project, funded by the Community Fund. This has included establishing a Steering Group and for this Steering Group to prepare a comprehensive Delivery Plan before preparing job descriptions for the project for a Project Manager, Community Worker and Data Analyst. The Community Fund has subsequently released funding for this project whereby we were able to commence the recruitment process.
- We have adopted an innovative model to tackle domestic abuse, Up2U that is an evidence based programme that adopts a healthy relationships approach. This model will be jointly delivered by Criminal Justice Social Work and Children’s Services and will provide a suitable intervention for those who are court-mandated to undertake the programme as well as being available to those who agree to participate in this programme on a voluntary basis.
- The Greater Glasgow and Clyde Health Board Community Justice and Health improvement Group, of which Inverclyde is a member, commissioned a Trauma Training Analysis for Criminal Justice Social Work, Addiction and Homelessness staff and the published findings will now inform how we ensure staff are delivering trauma informed practice and trained at the level required as outlined in the Scottish Psychological Trauma and Adversity Training Plan, published by NHS Education for Scotland.

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

## **5.0 IMPLICATIONS**

### **Finance**

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

5.1.2 Subsequent funding allocation of £50,000 was agreed by Scottish Government for the period 2016-2017; 2017-2018; 2018-2019 and more recently 2019-2020. This highlights the temporary nature of funding and the need to articulate at appropriate

national forums the case for a long-term commitment to funding to ensure the successful implementation of the community justice agenda.

### **Legal**

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

### **Human Resources**

5.3 There are no implications.

### **Equalities**

5.4 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**

5.5 There are no specific repopulation issues.

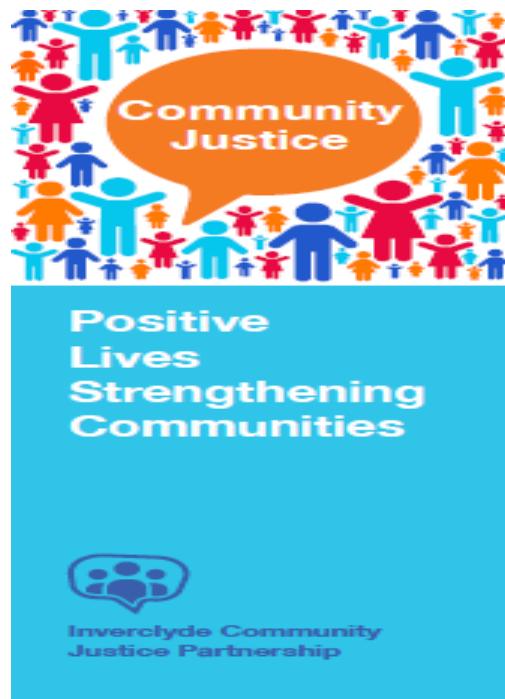
## **6.0 CONSULTATION**

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

## **7.0 BACKGROUND PAPERS**

7.1 Inverclyde Community Justice Partnership Annual Report 2018-2019.

# Inverclyde Community Justice Partnership Annual Report 2018 / 2019



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

## Arabic

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

## Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

## Gaelic

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

## Hindi

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

## Mandarin

本文件也可應要求，制作成其它語文或特大字体版本，也可制作成录音带。

## Polish

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

## Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਤਿਆਰ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ।

## Urdu

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

Inverclyde HSCP, Hector McNeil House  
7-8 Clyde Square, Greenock PA16 1NB  
01475715372  
communityjustice@inverclyde.gov.uk



Inverclyde Community  
Justice Partnership



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## 1. Foreword

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

As Chair of the Inverclyde Alliance Board, the Inverclyde Community Planning Partnership, I welcome the Inverclyde Community Justice Partnership Annual Report 2018 / 2019.

This partnership is still in its infancy, only being established on 1<sup>st</sup> April 2017, and yet there is clear evidence of how very complex issues are being tackled in our communities, demonstrating innovation and best practice.

There is a very real ripple effect of crime that goes beyond the person who has committed a crime, to impact on victims, witnesses, families and our communities. The Inverclyde Community Justice Partnership has a significant role in reducing re-offending by ensuring early help is available that can address the root causes of crime. No single partner agency can achieve this in isolation, but it is only through effective partnership working that we can deliver positive community justice outcomes.

I am looking forward to seeing how the Inverclyde Community Justice Partnership develops in realising their vision of “Improving Lives, Strengthening Communities”.



## 2. Introduction

The Community Justice (Scotland) Act 2016 set out the legislative framework for community justice, including the requirement for partners to prepare an Annual Report outlining their activities to progress the community justice agenda in the specific Local Authority area.

Inverclyde Community Justice Partnership was established on 1<sup>st</sup> April 2017 and includes the following partners:



The Inverclyde Community Justice Partnership also has strong links with other strategic partnerships including:



We produced a five year plan, Inverclyde Community Justice Outcomes Improvement Plan in 2017. This set out a clear direction of travel and actions we anticipated achieving during this time frame. Building on this, we published our first Annual Report in 2018. This detailed both our achievements in this first year and included our local priorities.

This Annual Report is divided into two parts, the first is intended for a wider audience of people, while the second part, Appendix A, is a specific template that Inverclyde Community Justice Partnership is required to submit to Community Justice Scotland.

The Inverclyde Community Justice Partnership published its first Community Justice Outcomes Improvement Plan in March 2017. This is a five-year plan that sets out a clear sense of direction in implementing community justice at a local level. Use this link to read this plan <https://tinyurl.com/ycf5emno>.





### 3. What Did We Achieve?

This section provides an overview of the achievements of the Inverclyde Community Justice Partnership and specifically to each of our local priorities during 2018 / 2019.

#### a. Strengthening Partnership

The Inverclyde Community Justice Partnership has continued to meet every eight weeks. In addition to this, there are separate quarterly meetings with the Crown Office and Procurator Fiscal Service and another with Greater Glasgow and Clyde Health Board. The core function of these meetings is to:



- ✓ Plan what is needing to be done together
- ✓ Do what was agreed
- ✓ Check if what is being done is working
- ✓ Act on what is working and learn from what has not worked well or could have worked better

Highlights of the activities agreed for each of our local priorities are outlined in the remainder of our annual report.



Inverclyde Community Justice Partnership also has an annual development session. This is an essential “taking stock” time. This year we invited two representatives from other areas, Pan-Ayrshire and East Dunbartonshire to learn from their best practice.

From the Development Session the partnership agreed we should:

- ✓ Undertake a Strategic Needs Assessment using available data
- ✓ Further refine our local priorities
- ✓ Develop task groups to drive the work forward



## b. Employability

Following a successful joint funding bid with the Employability Service to Scottish Government's Employability Innovation and Integration Fund, we have been able to provide a pilot project, the Resilience Project. This is targeting people who are involved in the criminal justice system and includes various elements:

The project uses the "resilience doughnut", a strength based tool. Various training sessions were delivered to a wide range of staff in the use of this tool.



In addition Recruit with Conviction delivered training on disclosure requirements and how these are changing as part of supporting people when applying for employment

The Scottish Drug Forum delivered training on Stigma and Equalities and Diversity in Recovery.

An Employer Engagement session was also held with local employers.

A local Social Enterprise were successful in securing the tender for the delivery of a six month pilot using the resilience doughnut with people as a tool as part of a supported employment placement. 17 people who were all involved in the criminal justice system participated in this pilot.



### **Kyle's Story**

*Kyle is a 25 year old who experienced a turbulent childhood and most of his life has involved violence. Kyle has served previous custodial sentences and community orders.*

*Kyle independently approached The Trust, who delivers our local employability pipeline, indicating an interest in the catering industry. Kyle completed a six week accredited training course. Kyle was on a CPO with an Unpaid Work Requirement. A referral was made for Kyle to be part of our employability pilot, the Resilience Project where he could build on learning catering skills while also having access to counselling as part of the project.*

*Kyle successfully completed his CPO and continued with the Resilience Project on a voluntary basis and is currently being supported to seek employment.*

### **c. Housing and Homelessness**

Following on from our Housing and Homelessness event last year, it was agreed to establish a task group to develop a Youth Housing Statement. This group organised a specific event that was co-designed by young people. At this event young people told us what we are doing well in supporting them as well as identifying opportunities for improvement. These formed the basis of our Youth Housing Statement.



There are also strong links between the Community Justice Partnership and the HSCP Housing Partnership. This has enabled a specific section to be included in the HSCP Housing Contribution Statement reflecting the needs of people involved in the justice system as well as agreeing actions as part of this plan for improvement.

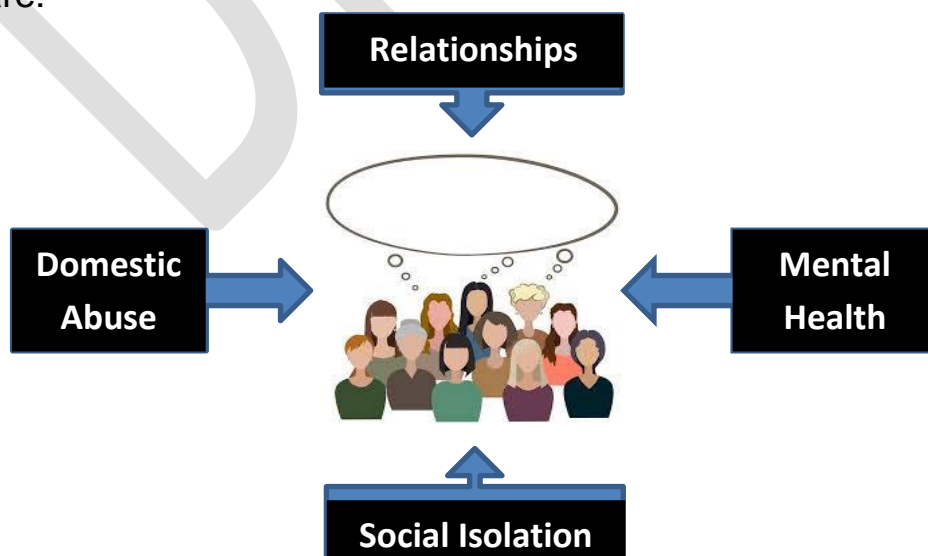
One such action being progressed is consideration of the local implementation of the Sustainable Housing On Release for Everyone standards focusing on people leaving custody following a short term sentence who may experience homelessness. This action is reflected in the HSCP's Rapid Rehousing Transition Plan.

#### **d. Women Involved in the Justice System**

We had outlined in last year's annual report the work we had done in making a successful bid to the Big Lottery for funding from the Early Action System Change fund under the category of women involved in the justice system.

The purpose behind the Early Action Systems Change is to help make a fundamental shift towards effective early intervention in Scotland. The Inverclyde HSCP Women's Project aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, with the ambition of providing women with the support they need at a time and in a way that is right for them.

Women involved in the justice system have told us that their top four needs are:



We have now established a Steering Group for the project. This includes representation from:

- CVS Inverclyde representation;
- Turning Point Scotland representation;
- Your Voice representation;
- Alcohol and Drug Partnership representation;
- Community Justice Partnership representation
- HSCP representation

The Steering Group has developed a detailed plan for the project, including what we aim to achieve by key timescales. They have also developed job descriptions and started the recruitment process. The Community Fund (formerly Big Lottery) released funding for the project on 31st January 2019. At this point the recruitment process was able to commence for the appointment of a Project Manager and Data Analyst (hosted by HSCP) and a Community Worker (hosted by Turning Point Scotland).

### e. Access to GP / Primary Care

We have focused on three distinct pieces of work:

#### ❖ Trauma and Adverse Childhood Experience

As new research has been developed, we have learned from this to give us a much better understanding of the impact of trauma and adverse childhood experiences has had on many people involved in the justice system.



Greater Glasgow and Clyde Health Board, as a Community Justice Partner, commissioned a Trauma Training Needs Analysis that included Criminal Justice Social Work, Addiction and Homelessness staff. All of these staff has now had a level of training, however, the HSCP has recently established a working group to ensure our staff are trauma informed and our services are trauma designed.

#### ❖ Sexual Health Needs of Women in the Justice System

Following the publication of a piece of research undertaken by a Trainee Community Sexual and Reproductive Health Doctor at Sandyford Sexual Health Service, we developed a short life working group to consider this further in the context of women in Inverclyde. This working group brought in experts from a range of fields including Sandyford services, Health Improvement, Criminal Justice Social Work and the Violence Against Women Coordinator. The key focus of this group was to strengthen pathways to Sandyford and to map available training to the range of staff that may be supporting women involved in the justice system.

#### ❖ Health Needs Assessment

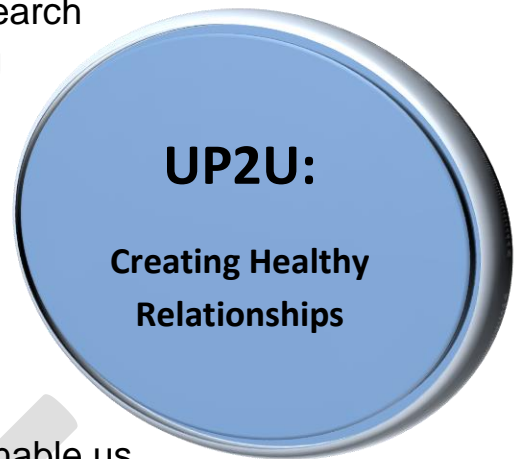
A detailed Health Needs Assessment was published in 2012 relating to people in custody (HMP Barlinnie and HMP Greenock). However, we identified that we did not have the equivalent of this in relation to people serving community sentences. We therefore researched any available data and held focus groups to help us to prepare a paper to ask researchers to undertake a more detailed piece of work that will give us a clear understanding of people's health needs, services that people are accessing as well as any gaps in services or ways we can provide early help.

### **f. Domestic Abuse**

Building on from the work we had done last year in having a better understanding the data around domestic abuse; it was agreed to develop an early intervention model that focused on “healthy relationships”.



We have taken time over the past year to research available models before agreeing on adopting the “Up2U” model. We are planning an innovative approach by delivering this model jointly between Children’s Services and Criminal Justice Social Work. This is in recognition of the high number of children that domestic abuse is having an impact but where the people involved may not be on a Community Payback Order. This model will enable us to deliver support as part of an early intervention.



### **g. Early Intervention**

We have established an Inverclyde Community Justice Partnership Network where any third sector and community organisation with an interest in community justice can attend. This network meets every second month and there can be 21 different organisations represented.

This network is an opportunity for those attending to collaborate together on developing practice and joint working.



Each session is organised and hosted by different participants and some of the themes include:

- ✓ Employability
- ✓ Supports for people leaving custody after a short term sentence
- ✓ “Community Connectedness”
- ✓ Victims and how we can support victims
- ✓ Ripple effect of crime beyond the person into our communities



## 4. Going Forward

Inverclyde Community Justice Partnership has continued to work together to improve the lives of people involved in the criminal justice system. This includes providing interventions that are effective in reducing further offending as well as supporting victims and families.

We are adopting innovative practice in tackling the complex issues of each of our local priorities and learning from people's lived experience, including at times, where the justice system has not worked as it should have.

We believe that shifting our focus to "early help" is fundamental for all of our local priorities and that universal service and local community supports have a key role.

This is not to underestimate the challenges, particularly in relation to funding. However, we have confidence in working together in partnership can achieve our ambition of "improving lives, strengthening communities."





## Appendix A



**Community Justice Scotland**  
Ceartas Coimhearsnachd Alba

## Annual Report Template Guidance



## **1. Background**

The introduction of the Community Justice (Scotland) Act 2016 triggered the formal implementation of the new model of Community Justice in Scotland. A number of key documents are associated with the Act including the National Strategy, Justice in Scotland: Vision & Priorities and the Framework for Outcome, Performance & Improvement.

The 2016 Act places a duty on community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlines key local needs & priorities and the plans & actions to address these against a backdrop of the documents noted above. Beyond this, the partners are also tasked with reporting, on an annual basis, the community justice outcomes and improvements in their area – again with reference to the associated strategy and framework documents and, when complete, submit those annual reports to Community Justice Scotland.

This guidance, which underpins the reporting template, was produced as a response to views and opinions gathered by the Community Justice Scotland Improvement Team following the publication of the 2017/18 annual report.

Community Justice Scotland is committed to working in partnership with community justice partners and has designed the template and guidance to support local areas in reporting on their annual outcomes and improvements in a meaningful way that captures necessary data in an effective and efficient manner.

## **2. Statement of Assurance**

The information submitted to Community Justice Scotland using this template is for the purpose of fulfilling the requirement under s27 of the Community Justice (Scotland) Act 2016 for Community Justice Scotland to produce a report on performance in relation to community justice outcomes across Scotland.

The data submitted using this template will be used for this reporting purpose only. In the report, local authority areas will not be specifically identified. However, Community Justice Partnerships should be aware that any information held by Community Justice Scotland is subject to statutory Freedom of Information obligations.



### 3. General principles of the template

The template is designed to capture a range of important data in a way that allows local partners to highlight key aspects of community justice activities, outcomes and improvements over the specified period without it being onerous or time/resource demanding.

Most of the template is self-explanatory and, where this is the case, there is little guidance required. In the sections that require more direction for completion, the text (in blue) will outline what is expected in terms of reporting.

It would be helpful if any given response in each text box is held to a maximum of 500 words (unless otherwise indicated) to ensure the main points are captured and allows for an efficient analysis by Community Justice Scotland on return. The use of bullet points in your answers is acceptable.

Where the template asks for evidence, a written response will suffice and there is no expectation that you send additional supporting documentation – if there are any aspects Community Justice Scotland is unclear on it will be our responsibility to request clarification where necessary.

If any response or evidence requires details about people with lived experience (e.g. evidence in respect of someone's life story) please **NO NOT** include any personal sensitive information (as outlined in Schedules 2 & 3 of the Data Protection Act 1998) as Community Justice Scotland does not require such information. If this is unavoidable then please ensure that the data is fully anonymised.

This is the second iteration of the template and guidance. It is anticipated that this template will remain unchanged for the reporting periods 2018-2019 and 2019-2020.



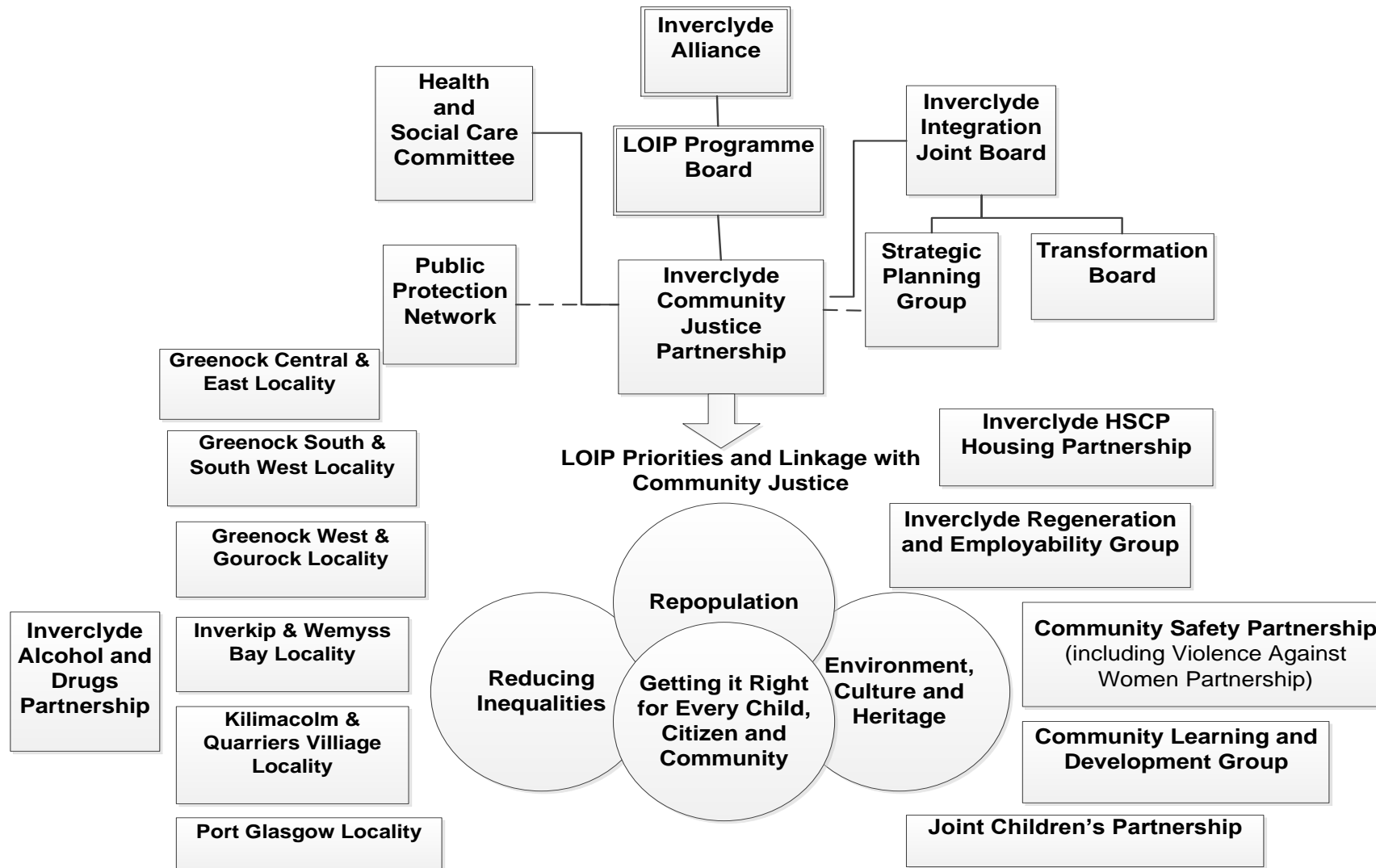
#### 4. Template Completion Guide

1. Community Justice Partnership / Group Details	
Community Justice Partnership / Group	Inverclyde Community Justice Partnership
Community Justice Partnership Group Chair	Sharon McAlees
Community Justice Partnership / Group Co-ordinator	Ann Wardlaw
Publication date of Community Justice Outcome Improvement Plan (CJOIP)	31 <sup>st</sup> March 2017

2. Template Sign-off	
<p>The content of this annual report on community justice outcomes and improvements in our area has been agreed as accurate by the Community Justice Partnership / Group and has been shared with our Community Planning Partnership through our local accountability arrangements.</p>	
Signature of Community Justice Partnership / Group Chair :	Date :
.....	.....

3. Governance Arrangements
<p>Please outline below your current governance structure for the community justice arrangements in your area :</p> <p>The governance arrangements and new LOIP community planning landscape is outlined in the diagram below. The Inverclyde Community Justice Partnership is directly involved in the Community Safety Partnership; Community Learning and Development Group; Regeneration and Employability Group and HSCP Housing Partnership. There is close working with the Violence against Women Service; Child Protection Service; Adult Protection Service; MAPPa and the ADP. The latter is a member of the ICJP as is the Corporate Policy and Partnership Service and the Community Safety Service. An Implementation Group has been established to oversee the process of establishing locality planning and the ICJP is well placed to develop links with each of the Locality Partnerships. More recently, Inverclyde HSCP has appointed a Localities and Engagement Officer for a one year secondment to support the establishment and development of six Locality Planning Groups.</p> <p>The diagram below outlines the community planning landscape and governance structure for the Inverclyde Community Justice Partnership.</p>





#### 4. Performance Reporting – National Outcomes

##### NATIONAL OUTCOME ONE

Communities improve their understanding and participation in community justice

Indicator	Reported?	Useful?	Evidence and Data
Activities carried out to engage with 'communities' as well as other relevant constituencies	Yes	Yes	<ul style="list-style-type: none"> <li>We held our first Employer Engagement Event on 19<sup>th</sup> February. This event was facilitated by Recruit with Conviction as part of our employability project, the Resilience Project. This was attended by a wide range of stakeholders including local employers and members.</li> <li>Inverclyde Community Justice Network is open to third sector and community organisations with an interest in community justice. It meets bi-monthly and 21 different organisations regularly attend.</li> <li>We have used the HSCP Twitter and Inverclyde Council Twitter feeds to publicise community justice activities.</li> <li>We delivered a briefing to the local Justice of the Peace Forum.</li> <li>We have met with a local peer support group, Healing Hearts who offer support to people who have lost a child or family member through crime.</li> <li>We include regular updates to HSCP staff in the HSCP Chief Officers Brief.</li> </ul> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Develop Communication &amp; Engagement Strategy.</li> <li>➤ Develop Communication &amp; Engagement Plan.</li> <li>➤ Develop local measures and feedback process. Link this to an improvement cycle.</li> </ul> <ul style="list-style-type: none"> <li>We have developed a Communication and Engagement Strategy and a question set that we have used in our Citizen's Panel.</li> <li>It is our intention to link in to Locality Partnerships when these are established as part of our Communication and Engagement Plan.</li> </ul> <p><b>Good Progress</b></p>
Consultation with communities as part of community justice planning and service provision	No	Yes	<ul style="list-style-type: none"> <li>Over the past year we have not undertaken any direct consultation with communities. However, we have explored holding community conversations considering restorative justice jointly with the Community Safety Service.</li> <li>The Community Justice Lead participated in locality events to meet with communities as part of the consultation process for the HSCP Strategic Plan.</li> <li>Two of our Community Justice Network meetings have included a focus on victims and a representative from a local peer support group, Healing Hearts, has provided feedback on their experience of the criminal justice system, making suggestions in how this can be improved. We have</li> </ul>



			<p>discussed this feedback with our local Victim Support service.</p> <ul style="list-style-type: none"> <li>Both as part of the Addiction Review and the development of the ADP Strategy; we have consulted with people who have lived experience, local recovery groups and families affected. This has been coordinated by the ADP Stakeholder Network.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>Map consultation for partner plans and link to Community Justice (Inverclyde Communication and Engagement and Capacity Building Network, HSCP, Police, Fire &amp; Rescue, ADP, Housing etc.)</li> <li>Develop a consultation process that feeds into the planning and improvement cycle.</li> <li>Develop a specific consultation process for Unpaid Work and other service users; victims and witnesses, families and children and young people affected by the criminal justice system.</li> </ul> <p><b>Some Progress</b></p>
Participation in community justice, such as co-production and joint delivery	Yes	Yes	<ul style="list-style-type: none"> <li>Our Participation Strategy is being co-designed by someone with lived experience of the justice system.</li> <li>Women who have lived experience have been part of the recruitment process for both the Project Manager and Community Worker posts in our Women's Project.</li> <li>As part of our Resilience Project we have provided multi-agency training on using the Resilience Doughnut. This is a strengths based tool that should support community capacity.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>Develop a Participation Strategy and Plan.</li> <li>Develop an asset based approach and community capacity building.</li> <li>Explore opportunities for joint delivery using community assets.</li> </ul> <p><b>Good Progress</b></p>
Level of community awareness of / satisfaction with work undertaken as part of a CPO	No	Yes	<p>Detailed information is included as part of the CPO Annual Report and will be reported to the Community Justice Partnership thereafter.</p> <ul style="list-style-type: none"> <li>We use the HSCP and Inverclyde Council Twitter feeds to showcase projects that UPW have undertaken.</li> <li>Feedback from recipients of UPW indicates they are very satisfied with the standard of work carried out, attitude and politeness of the workers and they were very likely to use the service again.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>Evaluate the effectiveness of community consultation and customer feedback and link to an improvement cycle.</li> <li>Incorporate customer / community feedback as part of Community Justice Quality Assurance reporting.</li> </ul>

			<b>Some Progress</b>
Evidence from questions to be used in local surveys / citizens' panels and so on	Yes	Yes	<ul style="list-style-type: none"> <li>• A question set was developed in 2016 and used as part of the Citizen's Panel. It was agreed to use this on a bi-annual basis and it was repeated in 2018.</li> <li>• Twenty one percent of respondents said that they are aware of community justice. A further 22% said they think they have heard of it. This rises to 25% among respondents in the Worst 15% of Datatzones and drops to 21% with people in the rest of Inverclyde. Just over half (57%) of all respondents said that they were not aware of community justice.</li> <li>• Twelve percent of respondents said that they have seen information about community justice, for example, on the public information screens in health centres and other public service buildings. The remaining 88% said they have not.</li> <li>• The top three statements that respondents believe are part of community justice are as follows: Supporting victims and witnesses of crime 72% Recognising the impact of crime in local communities 69% Unpaid work projects in the community 66%.</li> <li>• Four percent of respondents said that they think community justice will make a significant difference in Inverclyde. This is followed by 30% who are slightly confident it will make a difference and 33% who said that on balance, it should make a difference. A third of all respondents (33%) said they are not at all confident that community justice will make a difference in Inverclyde.</li> <li>• The most likely way in which respondents will get involved in community justice in Inverclyde is through reading articles in the local media, 51% stating this. A further 48% said that they would respond to surveys. The third most likely way in which people would get involved in community justice would be to receive an e-newsletter (21%). A fifth (20%) of people said that they would not likely get involved.</li> </ul> <p>These findings will be presented at the ICJP and agreed actions identified to improve community awareness.</p> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ Develop a question set that includes awareness, visibility, understanding, confidence and participation.</li> <li>➤ Outline in the Communication and Engagement Plan a programme of opportunities when the question set will be used. (This should link with Inverclyde Communication and Engagement and Capacity Building Network activity)</li> </ul> <p style="text-align: center;"><b>Some Progress</b></p>
Perceptions of the local crime data	Yes	Yes	<ul style="list-style-type: none"> <li>• This is included in the Inverclyde Community Justice Partnership Strategic Needs Assessment.</li> <li>• We have also included exploration of data that</li> </ul>



			<p>shows where the perpetrator of crime lives in the same locality as where the crime was committed.</p> <ul style="list-style-type: none"> <li>• This is helping our understanding of the “ripple effect of crime” and will help us progress community conversations.</li> </ul> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Incorporate this as part of a local community justice performance framework.</li> </ul> <p><b>Good Progress</b></p>
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**Other information relevant to National Outcome One**

A key focus of Inverclyde Community Justice Partnership during 2018/19 has been the development of a robust Strategic Needs Assessment. This will inform the development of a local performance framework. Until this development is completed, we have adopted the national Community Justice Outcomes Performance Improvement Framework and report on these on an annual basis.

The Inverclyde Community Justice Partnership meets every eight weeks and regular update reports are provided that incorporate a range of national and local priorities.

**CJOIP – Local Priorities**

- Raise the profile and promote community justice. Capture examples of good practice and positive case studies to use in communicate.
- Strengthen links with local employers. Identify employment opportunities / placements and skills / training / volunteering opportunities that employer’s need.

Evidence of progress on the local priorities are incorporated into the above national performance indicators.

**Good Progress**

**NATIONAL OUTCOME TWO**

Partners plan and deliver services in a more strategic and collaborative way

Indicator	Reported?	Useful?	Evidence and Data
Services are planned for and delivered in a strategic and collaborative way	Yes	Yes	<ul style="list-style-type: none"> <li>• Inverclyde Community Justice Partnership Network meets on a bi-monthly basis and includes representation of 21 third sector and community organisations. The primary focus of this network is to create collaborative opportunities.</li> <li>• We have been successful in two different funding bids, both of which were done in collaboration with a range of partners. One relates to piloting an employability project, Resilience Project and the second involves scoping the development of a local women’s project. A Steering Group has been established to drive the women’s project forward and this includes several third sector and community organisations as well as key HSCP service partners.</li> <li>• Domestic abuse is a local priority following on from an exercise of mapping available data of the justice journey for those</li> </ul>

			<p>involved in domestic abuse. This highlighted the need to shift to a more early intervention approach. Following a tendering process, Portsmouth City Council were successful in securing a contract to deliver Up2U training to CJSW and Children's Services staff. This is a domestic abuse programme that will be jointly delivered by these staff.</p> <ul style="list-style-type: none"> <li>• Following the publication and presentation of the Sexual Health Needs of Women Involved in the Criminal Justice System in Greater Glasgow and Clyde report; a short life working group, Sexual Health Working Group was developed. The focus of this group has been to map referral pathways and consider opportunities for multi-agency training. A final report will be presented to the ICJP including making any recommendations.</li> <li>• We have held Initial discussions with partners scoping the development of a local Police Hub, focusing on Early Intervention.</li> <li>• A Young People's Statement has been co-produced with young people jointly with the HSCP Housing Partnership and the Community Justice Partnership.</li> <li>• Inverclyde Community Justice Partnership held an annual Development Session. This included representatives from East Dunbartonshire CJP and Pan-Ayrshire CJP to learn form best practice from these areas.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ A high level self-evaluation will be undertaken on an annual basis as part of a quality assurance cycle.</li> <li>➤ A regional (across six NSCJA Local Authorities) Prevention and Early Intervention Strategy will be developed.</li> <li>➤ A Community Justice Strategic Commissioning Strategy will be developed. This will include identifying potential opportunities for tests of change.</li> <li>➤ Develop a Participation Strategy and Plan.</li> <li>➤ Ensure transition planning is in place, including for young people and that this is reflected in both community justice and integrated children's service planning.</li> </ul> <p><b>Good Progress</b></p>
Partners have leveraged resources for community justice	Yes	Yes	<ul style="list-style-type: none"> <li>• A Steering Group has been established for the Women's Project that includes a range of public sector, third sector and community organisations. Partners have agreed what organisations are best placed to host the various project posts as well as agreeing their respective contribution in kind for the</li> </ul>

			<p>duration of the project. The Steering Group have developed the Delivery Plan for the project. A range of partners have also contributed towards the recruitment process.</p> <ul style="list-style-type: none"> <li>• Inverclyde Community Justice Partnership Network includes a range of third sector and community organisations who have an interest in community justice. Partners have taken an active role in hosting and facilitating network sessions as well as mapping the variety of supports available.</li> <li>• As part of our employability project, the Resilience Project, we held an introductory session for all partners involved in community justice and employability and then delivered multi-agency training on: <ul style="list-style-type: none"> <li>➢ using the Resilience Doughnut tool;</li> <li>➢ understanding and responding to stigma;</li> <li>➢ equalities and recovery</li> </ul> </li> <li>• The Resilience Doughnut training was also delivered to the Alliance Board, our community planning partnership.</li> <li>• We held an Employer Engagement event organised by partners who all contributed to this.</li> <li>• GG&amp;C Community Justice Health Improvement Group commissioned a Trauma Training Needs Analysis of key services including Criminal Justice, Addiction and Homelessness staff. The findings from the final report are currently being progressed in line with the NES training programme.</li> <li>• A mapping of community justice partner's data in relation to domestic abuse highlighted a need for early intervention and a different type of approach. In considering models from other areas; it has been agreed to adopt the Up2U model that will be delivered jointly between Criminal Justice and Children's services.</li> <li>• The Community Justice Lead has taken an active role in liaising with the CJS Lead for Commissioning in CJS development of a Commissioning Framework.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➢ A Community Justice Strategic Commissioning Strategy will be developed.</li> <li>➢ The Community Justice Partnership will explore every opportunity for leverage of resources and report on this as part of the performance framework.</li> </ul> <p><b>Good Progress</b></p>
Development of community justice	Yes	Yes	<ul style="list-style-type: none"> <li>• GG&amp;C Community Justice Health Improvement Group commissioned a</li> </ul>

workforce to work effectively across organisational/professional /geographical boundaries			<p>Trauma Training Needs Analysis of key services including Criminal Justice, Addiction and Homelessness staff. The findings from the final report are currently being progressed in line with the NES training programme.</p> <ul style="list-style-type: none"> <li>• Interface meetings have been developed between Criminal Justice, addiction, homelessness and mental health with a view to improving operational pathways.</li> <li>• We have strengthened strategic partnership links between Community Justice Partnership, Community Safety Partnership, Alcohol and Drugs Partnership, Violence Against Women Partnership, Employability Partnership and Housing Partnership. This has enabled an understanding of shared outcomes and being able to develop joint approaches to addressing cross-cutting themes.</li> <li>• Regular reports are provided to senior personnel relating to community justice including to the Alliance Board (community planning partnership), Integration Joint Board, Health and Social Care Committee as well as to the Corporate Management Team at Inverclyde Council.</li> <li>• Regular updates of community justice activities are included in the monthly HSCP Chief Officers Brief that is cascaded to all HSCP staff.</li> <li>• As part of our employability project, the Resilience Project, we held an introductory session for all partners involved in community justice and employability and then delivered multi-agency training on: <ul style="list-style-type: none"> <li>➢ using the Resilience Doughnut tool;</li> <li>➢ understanding and responding to stigma;</li> <li>➢ equalities and recovery</li> </ul> </li> <li>• The Resilience Doughnut training was also delivered to the Alliance Board, our community planning partnership.</li> </ul> <p>CJOIP</p> <ul style="list-style-type: none"> <li>• A Workforce Plan will be developed and incorporated into the Strategic Community Justice Commissioning Strategy. This will take cognisance of existing community justice partner's workforce developments.</li> </ul> <p><b>Some Progress</b></p>
Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA	No	No	<p>This information is reported in the North Strathclyde MAPPA Annual Report. Our MAPPA arrangements are well established and include a robust performance and quality assurance framework which has supported a well evidenced commitment to staff training and development.</p>

			<p>It is not helpful to duplicate efforts and reporting when such long established arrangements are already in place.</p> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Existing arrangements will continue with regards to the delivery of MAPPA. These will be reviewed on an annual basis.</li> </ul> <p><b>Good Progress</b></p>
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**Other information relevant to National Outcome Two**

CJOIP – Local

- Improve partnership information sharing. - Map existing information sharing protocols and review these where appropriate. Develop opportunities to share good practice and for joint training.
- Inverclyde Community Justice Partnership has actively promoted the SHORE Standards in relation to our local priority of Housing and Homelessness. This has resulted in these standards being reflected in the HSCP Housing Contribution Statement and as part of our Rapid Rehousing Transition Plan.
- The Community Justice Lead is a member of several groups reviewing key service in Inverclyde including the Mental Health Programme Board, the Rapid Rehousing Transition Plan group and the Addiction Review Programme Board. This has created opportunities to improve partnership information sharing as part of the process of designing new models of service delivery.
- As part of the Women’s Project we have developed a Partnership Agreement that details the roles and responsibilities of both host organisations.
- SPS have presented a Data Sharing Agreement to the Inverclyde Community Justice Partnership which is being considered in relation to improving our local Throughcare arrangements.

**Good Progress**

**NATIONAL OUTCOME THREE**

People have better access to the services that they require, including welfare, health and wellbeing, housing and employability

Indicator	Reported?	Useful?	Evidence and Data
Partners have identified and are overcoming structural barriers for people accessing services	Yes	Yes	<ul style="list-style-type: none"> <li>• We have undertaken a comprehensive Community Justice Strategic Needs Assessment to help us identify areas that require a “deep dive” to consider areas for improvement.</li> <li>• Our employability project, the Resilience Project not only delivered multi-agency training but also provided a supported employment approach to 17 people who have a current involvement in the criminal justice system.</li> <li>• Through the Housing Partnership and Rapid Rehousing Transition Plan Group we have highlighted the needs of people involved in the criminal justice system and shared people’s stories and experiences. In addition, as an active member of the Homelessness Review Programme Board, we have been able to influence the proposed new model of Housing First. We are at the initial stages of considering the SHORE standards and the SPS Data Sharing Agreement, both of which we anticipate will help to further reduce structural barriers to accessing</li> </ul>

			<p>housing.</p> <ul style="list-style-type: none"> <li>• GG&amp;C have taken a lead role in facilitating regular meetings of the Community Justice and Health Improvement Group to help us reduce any barriers to accessing GP / Primary Care. Work through this group includes <ul style="list-style-type: none"> <li>➤ Commissioning a Trauma Training Needs Analysis for CJSW, Addiction and Homelessness staff across GG&amp;C. The final report and findings are now being progressed in line with NES.</li> <li>➤ The scoping of a Health Needs Assessment for people on community orders, including undertaking several focus groups.</li> <li>➤ The development of a Short Life Working Group to consider the sexual needs of women in the criminal justice system.</li> </ul> </li> <li>• We have also had local discussions with Community Link Workers both as a link for people leaving custody as well as for those on community orders.</li> <li>• The Addiction Programme Board is developing a new service delivery model that aims to improve access and referral pathways. This will include the development of a complex needs team. In addition, we have established interface meetings between CJSW, Addiction, Homelessness and Mental Health services to improve communication at a management level of these services and to ensure effective collaboration in cross-cutting themes.</li> <li>• The Mental Health Programme Board and planning for the spend of new Mental Health monies has enabled a local focus on early intervention within police custody and exploring with the Violence Reduction Unit of the Navigator model. This work is underpinned by statistical analysis which identified an overwhelming need for intervention at this early point.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ Barriers are identified and included in the Community Justice Profile and self-evaluation.</li> <li>➤ Develop an Improvement Plan detailing appropriate steps to address each barrier.</li> </ul> <p><b>Good Progress</b></p>
Existence of joint-working arrangements such as processes / protocols to ensure access to services to address underlying needs	Yes	Yes	<ul style="list-style-type: none"> <li>• We are considering local implementation of the SHORE standards and SPS Data Sharing Agreement.</li> <li>• CLD facilitated one of the Inverclyde Community Justice Network sessions using the justice journey to map the supports available by third sector and community organisations. This will inform both our local offer to victims as well as to those leaving custody and families affected by crime.</li> <li>• We have had initial discussions with Community Link Workers to consider their role to assist with GP registration for people leaving custody.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ Review existing arrangements, including processes and protocols ensuring appropriate</li> </ul>

			<p>access to services at every part of the recovery journey. This will include welfare, health and wellbeing, housing and employability.</p> <ul style="list-style-type: none"> <li>➤ Develop an Improvement Plan detailing appropriate steps to address any gaps and barriers to services.</li> </ul> <p><b>Some Progress</b></p>
Initiatives to facilitate access to services	Yes	Yes	<ul style="list-style-type: none"> <li>• The GG&amp;C Community Justice and Health Improvement Group initiatives include: <ul style="list-style-type: none"> <li>➤ Commissioning a Trauma Training Needs Analysis for CJSW, Addiction and Homelessness staff across GG&amp;C. The final report and findings are now being progressed in line with NES.</li> <li>➤ The scoping of a Health Needs Assessment for people on community orders, including undertaking several focus groups.</li> <li>➤ The development of a Short Life Working Group to consider the sexual needs of women in the criminal justice system.</li> </ul> </li> <li>• We have also had local discussions with Community Link Workers both as a link for people leaving custody as well as for those on community orders.</li> <li>• Our employability project, Resilience Project is a pilot of supported employment using the Resilience Doughnut as a strength based tool.</li> <li>• We have held an Employer Engagement Event as an initial approach to local employers to improve access to employment.</li> <li>• We have had initial discussions with The Trust, who delivers our local employability pipeline and with Riverclyde Homes to explore opportunities for people on Community Payback Orders and to develop links with Unpaid Work. We are building on earlier work with CLD and adult literacies to better integrate their services into the CPO “other activity” offer.</li> <li>• An individual with lived experience of the criminal justice system is helping to co-design our Participation Strategy.</li> <li>• Inverclyde Community Justice Partnership Network meets bi-monthly and creates an opportunity for third sector and community organisations to network and strengthen referral pathways for people.</li> <li>• We are in discussions with Greenock Morton to develop a joint initiative of peer support for men.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ Consider the responsiveness of services and local supports available to aid access to services.</li> <li>➤ Review current pathways in place on specific initiatives including mentoring, throughcare, employability, education and other pro-social activities.</li> <li>➤ Develop performance measures and include these in the performance reporting framework.</li> </ul> <p><b>Some Progress</b></p>

Speed of access to mental health services	Yes	No	<ul style="list-style-type: none"> <li>• While we include the data in our annual report, the indicator of itself is unhelpful as it is whole population and only in relation to psychological therapy and does not reflect the wide range of mental health supports available for the whole population or more specifically, for people involved in the justice system.</li> <li>• The Mental Health Programme Board and planning for the spend of new Mental Health monies has enabled a local focus on early intervention within police custody and exploring with the Violence Reduction Unit of the Navigator model. This work is underpinned by statistical analysis which identified an overwhelming need for intervention at this early point.</li> <li>• We have committed to establishing interface meetings between CJSW and Mental Health services to improve communication at a management level and to review the use of CPO mental health requirements.</li> </ul> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ 90% of patients to commence psychological therapy based treatment within 18 weeks of referral, recognising that the data will include the whole community.</li> </ul> <p><b>Some Progress</b></p>
<p>% of people released from a custodial sentence :</p> <p>a) registered with a GP</p> <p>b) have suitable accommodation</p> <p>c) have had a benefits eligibility check</p>	Yes	Yes	<p>While this indicator is very helpful, there is no current mechanism to capture data. However, Access to GP / Primary Care and Housing and Homelessness are two of our local priorities and have cited elsewhere examples progress made.</p> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Incorporate these measures into the performance reporting framework and improvement cycle.</li> </ul> <p><b>Some Progress</b></p>
Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending	Yes	Yes	<ul style="list-style-type: none"> <li>• We have undertaken a comprehensive Community Justice Strategic Needs Assessment that includes both trend information and analysis of current targeted interventions.</li> <li>• The Community Justice Partnership Network has representation from 21 different third sector and community organisations providing a range of interventions and early help supports. The network has created an opportunity to collaborate and consider transition planning that is person-centred. This network will inform future commissioning strategy.</li> <li>• We currently have a Prolific Offenders Project service that as part of the local Addiction service Review, will be changing to become a complex needs team. This will provide targeted interventions to some of our most vulnerable people in our communities.</li> <li>• We have developed a greater level of support available to young people.</li> </ul>



			<ul style="list-style-type: none"> <li>• We have established links with the Venture Trust, who have provided input on courses and activities available aimed at improving life chances and skills for individuals involved in the criminal justice system. CJSW made 14 referrals to this service.</li> <li>• We have piloted an employability project, Resilience Project, where 17 people attended this supported employment placement.</li> <li>• We have liaised closely with CJS Lead for Commissioning in CJS development of a Commissioning Framework.</li> <li>• CJSW has developed a process of quality needs assessment; with the initial stage of using LS/CMI Quick Score at the Court Report stage to inform an effective disposal, followed by a newly developed CJSW Needs Review Tool where people self-score at the first and final review stage. In addition, a LS/CMI Management Plan will be developed and this can be adapted to ensure needs and risks identified are actioned.</li> </ul> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ Map existing intervention options and evaluate the effectiveness of these.</li> <li>➤ Identify gaps and develop an Improvement Plan.</li> <li>➤ Develop a Community Justice Strategic Commissioning Strategy, including targeted interventions and community capacity building opportunities.</li> </ul> <p><b>Some Progress</b></p>
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**Other information relevant to National Outcome Three**

CJOIP – Local

- Improve access to housing for those involved in the criminal justice system. Strengthen links with local housing providers and strategic housing forum. Develop an annual practitioner forum to promote best practice relating to homelessness and housing.
- Enable people to engage with services. Gain a better understanding of the barriers that exist that prevent engagement with services.
- Staff providing universal and specialist adult services have an understanding of community justice. Raise the profile of community justice across universal and specialist adult services. Develop “ambassadors” of community justice in key services.
- Explore local health and wellbeing resources. Strengthen links with local leisure / sports providers and community organisations.

Evidence of progress on the local priorities are incorporated into the above national performance indicators.

**Some Progress**

**NATIONAL OUTCOME FOUR**

Effective interventions are delivered to prevent and reduce the risk of further offending

Indicator	Reported?	Useful?	Evidence and Data
Use of 'other activities requirements' in CPOs	Yes	Yes	<p>The numbers of other activity hours carried out in 2018/19 were 483. This is a marked decrease from the previous year, however, we have improved our rolling programme in March 2019 and it is anticipated that this will improve our offer of "other activity".</p> <p>Our employability pilot, Resilience Project, has supported 17 people involved in the criminal justice system on a supported employment placement, the majority of whom are on a CPO.</p> <p>We have had initial discussions with our local college, Riverclyde Homes and The Trust to explore opportunities to increase community capacity in the offer of "other activity".</p> <p>In addition, response to individuals, who during our UPW consultation activity, intimated that they were often attending placements without having had any breakfast and/or the means to afford their lunch CJSW has sought to develop further its 'Other Activity' to address this. A sample of some of the initiatives taken forward are detailed below:</p> <ul style="list-style-type: none"> <li>• With support from HSCP Health Improvement, interactive sessions were provided on nutritional awareness, including healthy affordable lunch option, along with promotion of free exercise activities such as the "Walk a Million Miles Challenge".</li> <li>• Inverclyde Community Learning and Development Service provided "Eat better, Feel better" cooking classes. These offered opportunities to cook easy meals with accessible ingredients. Feedback indicated those participating found the sessions enjoyable, particularly in terms of being able to take home food that they had prepared and cooked themselves.</li> <li>• Venture Trust has supported 14 people on courses aimed at improving life chances and skills.</li> <li>• Greater Glasgow and Clyde Health Board undertook a health needs consultation, using the vehicle of 'Other Activity', with a view to identifying and improving access to services in the future.</li> </ul> <p>In addition to the above, CJSW has, with the assistance of colleagues from the Council's Community Learning Development Team established a framework whereby individuals subject to Unpaid Work Requirements are able to have their work formally recognised by the SQA. It is hoped that in addition to building self-confidence this recognition could also assist with employability. The current focus is on the Personal Achievement: Community Activity Unit (SCQF L2). The unit can be used as a free-</p>

			<p>standing unit or as part of a Personal Achievement Award should the individual wish to progress further. There is a £7.50 fee for registration with SQA, which our Community Learning Development colleagues are currently funding. Since 1<sup>st</sup> November 2018 the number of SCQF Level 2 Personal Achievement awards total 7.</p> <p>There are also examples of individuals on UPW Requirements being proactive with regard to identifying 'Other Activity' opportunities themselves and discussing these with staff, who have facilitated this where appropriate.</p> <p>Utilising the resources of the wider HSCP / CPP, the Service is committed to further developing initiatives/approaches which help to address the broader issues of inequalities that are identified by staff and service users as part of their individual action/case management plans.</p> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Evaluate the current use of "other activities requirement" in CPO's, ensuring these are person-centred.</li> <li>➤ Identify community capacity opportunities and develop an Improvement Plan.</li> </ul> <p><b>Good Progress</b></p>
Effective risk management for public protection	Yes	Yes	<p>Core Public Protection issues are scrutinised by the Chief Officers Group which is chaired by the Chief Executive of the Council. Both he and the Corporate Director of the HSCP are directly sighted on key issues such as high risk situations, Care Inspectorate notifications, ViSOR developments etc. The CSWO, who is the senior manager of the Service, chairs the Community Justice Partnership, Child Protection Committee, and the Public Protection Forum and is a member of the Community Safety Partnership and the Adult Protection Committee thus ensuring strong connections across the public protection arena.</p> <p>MAPPA processes are well embedded including multi-agency risk assessment and risk management planning. With regard to SA07, this is routinely completed jointly with Police Scotland OMU colleagues. It is agreed practice for MAPPA Risk Management Plans within North Strathclyde to routinely include a minimum of one joint home visit by CJSW and Police Scotland OMU within the review period.</p> <p>Central to our MAPPA processes and practice is attention to victim safety planning which forms a discrete part of all MAPPA Risk Management Plans (RMPs). This can include; joint work with Children's Services to identify potential victims and/or to ensure parents/carers have both the information and necessary insight to act as safe-guarders, restrictions</p>

			<p>on the MAPPA managed individual to limit or exclude their access to particular areas and, the monitoring of compliance with safety plans/licence conditions.</p> <p>To complement the above, the Environmental Risk Assessment (ERA's) process within MAPPA supports the identification of potential victim access issues and consideration of what actions may need to be taken by partners for the property to be viewed as 'manageable'. MAPPA partners are fully compliant with the requirements of NASSO Guidance.</p> <p>An extensive programme of training has been undertaken by the North Strathclyde MAPPA Unit, hosted by Inverclyde, targeting partners who are not routinely involved in MAPPA processes such as Children's Services, Registered Social Landlords and Library staff etc. to ensure they have an appropriate awareness. Recently this has been extended to include UPW staff, with Inverclyde being the first to pilot this staff group.</p> <p>As part of North Strathclyde MAPPA Performance Management and Quality Assurance Strategy developed by Inverclyde, there are regular multi-agency audits of case file at all levels. These consider the quality of risk assessments, the implementation of the risk management plans and compliance with MAPPA operational standards.</p> <p><b>Good Progress</b></p>
Quality of CPOs and DTTOs	No	Yes	<p>This information is not currently available but will be included as part of the CPO Annual Report and will be reported to the Community Justice Partnership thereafter.</p> <p>The CJSW Service's approach to capturing the views of individuals on the quality and impact of their CPO has developed and strengthened over time. Prior to April 2018, this Service endeavoured to gather service user views on the completion of the CPO. However, from April 2018 this has moved to a two-stage approach, applied at the start and end of all community sentences. This will undoubtedly yield more informative data. There remains the task of feeding this information into the Community Justice Partnership and to do so in a way that enables partners to consider ways in which they can add value to the community sentence experience.</p> <p>We intend to incorporate this into the CJP performance framework.</p> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Develop a quality assurance and reporting framework.</li> </ul> <p><b>Some Progress</b></p>

<p>Reduced use of custodial sentences and remand :</p> <p>a) Balance between community sentences relative to short custodial sentences under one year</p> <p>b) Proportion of people appearing from custody who are remanded</p>	<p>Yes</p>	<p>Yes</p>	<p>Reported in Annual report and CJP SNA. Helpful in terms of planning for PASS</p> <p>*Shift in Balance of Community v's Custodial Sentence:</p> <table border="1" data-bbox="770 344 1417 842"> <thead> <tr> <th></th> <th>2015 / 2016</th> <th>2016 / 2017</th> <th>2017 / 2018</th> </tr> </thead> <tbody> <tr> <td>Community Overall:</td> <td>83.63%</td> <td>85.27%</td> <td>85.12%</td> </tr> <tr> <td>Community Males:</td> <td>81.06%</td> <td>83.33%</td> <td>82.98%</td> </tr> <tr> <td>Community Females:</td> <td>96.82%</td> <td>94.74%</td> <td>95.77%</td> </tr> <tr> <td>Custody Overall:</td> <td>16.37%</td> <td>14.73%</td> <td>14.88%</td> </tr> <tr> <td>Custody Males:</td> <td>18.94%</td> <td>16.67%</td> <td>17.02%</td> </tr> <tr> <td>Custody Females:</td> <td>3.18%</td> <td>5.26%</td> <td>4.23%</td> </tr> </tbody> </table> <p>*This includes all types of community sentence and all lengths of custodial sentence. The above statistical information has been extracted from the Criminal Proceedings in Scotland Experimental Data publication.</p> <p>Balance between community sentence relative to short custodial sentences under one year:</p> <table border="1" data-bbox="770 1059 1417 1252"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>*Community Sentences</td> <td>207</td> <td>214</td> <td>168</td> </tr> <tr> <td>Custodial Sentences &lt;1 year</td> <td>104</td> <td>110</td> <td>105</td> </tr> </tbody> </table> <p>*This only includes those categorised as "community sentence" in the Criminal Proceedings in Scotland experimental data publication.</p> <table border="1" data-bbox="770 1375 1417 1565"> <thead> <tr> <th></th> <th>2016/17</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Average Number of People on Remand per Month</td> <td>25.25</td> <td>30.83333</td> <td>34.5</td> </tr> </tbody> </table> <p>*The above information has been extracted from the monthly SPS statistical report.</p> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Develop a quantitative measure to outline the impact of initiatives to shift the balance between custody and non-custodial measures and sentences. Incorporate this into the Community Justice Performance Framework.</li> </ul> <p><b>Good Progress</b></p>		2015 / 2016	2016 / 2017	2017 / 2018	Community Overall:	83.63%	85.27%	85.12%	Community Males:	81.06%	83.33%	82.98%	Community Females:	96.82%	94.74%	95.77%	Custody Overall:	16.37%	14.73%	14.88%	Custody Males:	18.94%	16.67%	17.02%	Custody Females:	3.18%	5.26%	4.23%		2015/16	2016/17	2017/18	*Community Sentences	207	214	168	Custodial Sentences <1 year	104	110	105		2016/17	2017/18	2018/19	Average Number of People on Remand per Month	25.25	30.83333	34.5
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<p>The delivery of interventions</p>	<p>Yes</p>	<p>Yes</p>	<p>We do not receive any information of the number of ABI's in criminal justice healthcare settings. However</p>																																																

targeted at problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]			<p>progress has been made via the following:</p> <ul style="list-style-type: none"> <li>The ADP and CJ Leads work closely together, including considering the development of meaningful performance measurements.</li> <li>The CJ Lead is a member of the Addiction Review Programme Board whereby a new service delivery model is being developed.</li> </ul> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Develop a measure to report on the number of Alcohol Brief Interventions delivered in criminal justice healthcare settings. Include this in the Community Justice Performance Framework.</li> <li>➤ Develop a measure to report on the number of referrals from criminal justice sources to drug and alcohol specialist treatment. Include this in the Community Justice Performance Framework.</li> </ul> <p><b>Some Progress</b></p>																																																								
Number of Police Recorded Warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs)	Yes	Yes	<p>Reported in annual report and included in CJP SNA. Will be incorporated into CJP performance framework.</p> <table border="1" data-bbox="770 931 1422 2018"> <thead> <tr> <th>Type of Intervention</th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>CPO</td> <td>347</td> <td>308</td> <td>263</td> </tr> <tr> <td>DTTO</td> <td>12</td> <td>11</td> <td>3</td> </tr> <tr> <td>Fiscal Fine</td> <td>527</td> <td>342</td> <td>280</td> </tr> <tr> <td>Fiscal Fixed Penalty (COFP)</td> <td>70</td> <td>77</td> <td>86</td> </tr> <tr> <td>Fiscal Combined Fine with Compensation</td> <td>20</td> <td>30</td> <td>20</td> </tr> <tr> <td>Fiscal Compensation</td> <td>4</td> <td>4</td> <td>8</td> </tr> <tr> <td>Fiscal Fixed Penalty (Pre-SJR)</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Anti-Social Behaviour Fixed Penalty Notice</td> <td>413</td> <td>262</td> <td>183</td> </tr> <tr> <td>Police Formal Adult Warning</td> <td>61</td> <td>5</td> <td>4</td> </tr> <tr> <td>Recorded Police Warning</td> <td>40</td> <td>156</td> <td>93</td> </tr> <tr> <td>Fiscal Work Orders</td> <td>1</td> <td>20</td> <td>6</td> </tr> <tr> <td>Statutory Throughcare (in community &amp; custody)</td> <td>84</td> <td>113</td> <td>111</td> </tr> <tr> <td>CJSW Voluntary Throughcare</td> <td>11</td> <td>13</td> <td>3</td> </tr> </tbody> </table>	Type of Intervention	2015/16	2016/17	2017/18	CPO	347	308	263	DTTO	12	11	3	Fiscal Fine	527	342	280	Fiscal Fixed Penalty (COFP)	70	77	86	Fiscal Combined Fine with Compensation	20	30	20	Fiscal Compensation	4	4	8	Fiscal Fixed Penalty (Pre-SJR)	-	-	-	Anti-Social Behaviour Fixed Penalty Notice	413	262	183	Police Formal Adult Warning	61	5	4	Recorded Police Warning	40	156	93	Fiscal Work Orders	1	20	6	Statutory Throughcare (in community & custody)	84	113	111	CJSW Voluntary Throughcare	11	13	3
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Number of short-term sentences under one year	Yes	Yes	<p>Reported in annual report and included in Community Justice Partnership Strategic Needs Assessment. Will be incorporated into CJP performance framework.</p> <table border="1"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>Custodial Sentences &lt;1 year</td> <td>104</td> <td>110</td> <td>105</td> </tr> </tbody> </table> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ Capture a measure to profile the risks and needs of people and identify projected demand in services related to the number of custodial sentences imposed where the full term was for less than 12 months. Include this in the Community Justice Performance Framework. This will be informed by the national timeline of this national agenda.</li> </ul> <p><b>Good Progress</b></p>		2015/16	2016/17	2017/18	Custodial Sentences <1 year	104	110	105
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**Other information relevant to National Outcome Four**

CJOIP

- Adopt a recovery model approach in interventions. Consider current recovery models and apply learning from these. Develop an asset based and strength based model of recovery.
- Identify gaps in services. Evaluate current provision relating to domestic abuse and consider ways to enhance supports. Identify appropriate options as tests for change.
- Consider early intervention on a regional basis. Develop a regional Early Intervention Strategy.

- Our employability pilot, the Resilience Project, has piloted the use of the Resilience Doughnut as strength based tool that enables a move away from a deficit model to identify and build on people’s strengths and assets. We are exploring testing this model further to form the basis of a “community plan” for people involved in the justice system with colleagues from CLD to support

the transition when completing an order / sentence. In addition, the Community Justice Partnership Network is considering reframing this network to become a “Resilience Network”.

- We completed a mapping of services and data relating to domestic abuse that has resulted in agreement to progress to adopt the Up2U programme. This will be jointly delivered by CJSW and Children’s Services social workers. A programme of training is being delivered over the coming year prior to implementation.
- While we previously held a number of regional events considering early intervention, it was agreed that a local plan for each area was preferred. For Inverclyde this has included analysing data from police custody and exploring the development of a hub model in Greenock Police Station. We are also in discussions about developing an arrest referral scheme.

**Good Progress**

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**NATIONAL OUTCOME FIVE**

Life chances are improved through needs, including health, financial inclusion, housing and safety, being addressed

Indicator	Reported?	Useful?	Evidence and Data																																
Individuals have made progress against the outcome	No	Yes	<table border="1"> <thead> <tr> <th>Other issues</th> <th>2013</th> <th>2019</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Financial problems</td> <td>34%</td> <td>31.32%</td> <td>2.68% ↓</td> </tr> <tr> <td>victim of physical assault</td> <td>27%</td> <td>28.57%</td> <td>1.57% ↑</td> </tr> <tr> <td>evidence of emotional distress</td> <td>24%</td> <td>25.82%</td> <td>1.82% ↑</td> </tr> <tr> <td>accommodation issues</td> <td>20%</td> <td>29.12%</td> <td>9.12% ↑</td> </tr> <tr> <td>Mental disorder</td> <td>18%</td> <td>10.44%</td> <td>7.56% ↓</td> </tr> <tr> <td>Problem solving deficits</td> <td>50%</td> <td>61.64%</td> <td>11.64% ↑</td> </tr> <tr> <td>anger management</td> <td>34%</td> <td>28.57%</td> <td>5.43% ↓</td> </tr> </tbody> </table>	Other issues	2013	2019	Change	Financial problems	34%	31.32%	2.68% ↓	victim of physical assault	27%	28.57%	1.57% ↑	evidence of emotional distress	24%	25.82%	1.82% ↑	accommodation issues	20%	29.12%	9.12% ↑	Mental disorder	18%	10.44%	7.56% ↓	Problem solving deficits	50%	61.64%	11.64% ↑	anger management	34%	28.57%	5.43% ↓
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<p>The above table is an extract from LSCMI life factors. This reaffirms our focus on housing and homelessness, piloting the resilience doughnut and our focus on addressing trauma.</p>																																			
<p>In April 2018 CJSW introduced a bespoke Criminal Justice Needs Review tool which individuals subject to statutory involvement are asked to complete both at the start (stage 1) and end (stage 2) of their involvement. The aim is to capture from the individual's perspective their view of their needs, particularly in terms of the extent to which these needs are considered by them to be an issue and, thus an appropriate target for intervention. The individual is also asked to repeat this exercise when their involvement with the Service is drawing to an end. In addition, the individual on the second application of the tool is asked to rate the quality and impact of the Service they received, along with identifying which partner organisations they were referred to. This is to try and capture distance travelled. The tool includes nine separate lifestyle areas: health, self-care, emotional well-being, alcohol and drug use, offending behaviour, training and employment, housing, relationships with friends and family life where people self-score.</p>																																			
<p>To date, 76 forms at stage 1 and 31 at stage 2 have been completed. An early analysis of the information available to date is provided at indicator 2.1.</p>																																			
<p>Comments captured on changes that individuals' had made whilst engaged with CJSW include:</p>																																			
<ul style="list-style-type: none"> <li>• 'I now have a job. I have a home. I am drug and alcohol free.'</li> <li>• 'I am better at budgeting. I am less impulsive. I think before acting.'</li> <li>• 'I think things through more. I think about how my behaviours have affected others.'</li> <li>• 'I now have a structured routine and am in employment. I have more responsibilities within my employment role.'</li> <li>• 'I have a good understanding of my offending behaviour and how not to reoffend. I have learnt IT skills to help me find employment and housing. Overall my experience with Inverclyde Criminal Justice has been positive.'</li> </ul>																																			

			<ul style="list-style-type: none"> <li>• 'I have improved my behaviour and am now looking at education. I am doing my Highers. This Order has opened my eyes and I am grateful to the workers involved who have supported me.'</li> </ul> <p>This tool is designed to further embed a person-centric approach, identify unique outcome measures for service users and to address those outcomes research has evidenced supports desistance. Where appropriate the form sits alongside the LS/CMI assessment and helps to ensure our wider aims of a broader public health approach is adopted. In addition, the data gathered will also assist with strategic planning/commissioning in terms of providing aggregated data with regard to identified needs and frequently accessed organisations/services.</p> <p>CJOIP</p> <ul style="list-style-type: none"> <li>➤ As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome.</li> </ul> <p><b>Some Progress</b></p>
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**Other information relevant to National Outcome Five**

While there are examples of individual progress; it is difficult to evidence this is an impact following on from steps taken by the CJP. Inverclyde Community Justice Partnership has undertaken a comprehensive Strategic Needs Assessment that will inform the development of a CJP Performance Framework. This is an action in our CJOIP. As a partnership, we also need to agree outcomes and develop a systematic approach to measuring impact. This may include multi-agency audits.

CJOIP

- Explore models of supported employment. Consider personal placement and individual support programme models.

As cited in earlier sections, we have piloted a supported employment model in our Resilience Project where 17 people have participated. We are in the process of evaluating this project.

**Good Progress**

**NATIONAL OUTCOME SIX**

People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities

Indicator	Reported?	Useful?	Evidence and Data
Individuals have made progress against the outcome	No	Yes	<ul style="list-style-type: none"> <li>• We have cited elsewhere in this annual report about our employability pilot, the Resilience Project where 17 people have been provided a supported employment placement.</li> <li>• CJSW alongside the Council's Community Learning Development Service, established a framework whereby individuals subject to Unpaid Work Requirements are able to have their work formally recognised by the SQA. It is hoped that in addition to</li> </ul>

			<p>building self-confidence this recognition could also assist with employability. The current focus is on the Personal Achievement: Community Activity Unit (SCQF L2). The unit can be used as a free-standing unit or as part of a Personal Achievement Award should the individual wish to progress further. There is a £7.50 fee for registration with SQA, which our Community Learning Development colleagues are currently funding. Since 1<sup>st</sup> November 2018 the number of SCQF Level 2 Personal Achievement awards total 7.</p> <ul style="list-style-type: none"> <li>• We are also in discussion with Greenock Morton with a view to developing peer support and football.</li> <li>• Our Participation Strategy is being co-designed with someone currently involved in the criminal justice system.</li> <li>• Following the publication of the Trauma Training Needs Analysis report, we have recognised the importance of relationships and this is now informing how we design our services to ensure they are trauma informed.</li> </ul> <p><b>Kyle's Story</b></p> <p>Kyle is a 25 year old who experienced a turbulent childhood and most of his life has involved violence. Kyle has served previous custodial sentences and community orders.</p> <p>Kyle independently approached The Trust, who delivers our local employability pipeline, indicating an interest in the catering industry. Kyle completed a six week accredited training course. Kyle was on a CPO with an Unpaid Work Requirement. A referral was made for Kyle to be part of our employability pilot, the Resilience Project where he could build on learning catering skills while also having access to counselling as part of the project.</p> <p>Kyle successfully completed his CPO and continued with the Resilience Project on a voluntary basis and is currently being supported to seek employment.</p> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome.</li> </ul> <p><b>Some Progress</b></p>
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**Other information relevant to National Outcome Six**

While there are examples of individual progress; it is difficult to evidence this is an impact following on from steps taken by the CJP.

Inverclyde Community Justice Partnership has undertaken a comprehensive Strategic Needs Assessment that will inform the development of a CJP Performance Framework. This is an action in our CJOIP.

As a partnership, we also need to agree outcomes and develop a systematic approach to measuring impact. This may include multi-agency audits.

**NATIONAL OUTCOME SEVEN**

Individuals' resilience and capacity for change and self-management are enhanced

Indicator	Reported?	Useful?	Evidence and Data
Individuals have made progress against the outcome	No	Yes	<p>The key element and inspiration of our employability pilot, the resilience Project, was the use of the Resilience Doughnut. This is a strength based tool that supports people to use positive inquiry to identify people's assets and focus on strengthening these with the aim of building people's resilience.</p> <p>Multi-agency training has been delivered to support staff in using the tool. Participants were so impressed with this training that it was also delivered to members of the Alliance Board, our Community Planning Partnership.</p> <p>We are considering ways of expanding the use of this tool and are in discussions with CLD to explore using this tool as a way of developing person-centric community plan as part of transitional planning. This is following feedback from people involved in the criminal justice system who describe being "terrified" of the thought of their order coming to an end.</p> <p>The resilience Doughnut will also be a central part of our Participation Strategy.</p> <p>Within our CJSW Service, consideration is being given to the impact trauma has in relation to an individual's engagement and compliance with a community sentence. As first steps on this journey CJSW staff attended a two day Trauma Informed Practice Pilot. Feedback from staff who attended was positive and CJSW will now reflect on how to take forward learning in terms of informing its model of service delivery.</p> <p><b>Jane's Story</b></p> <p>Jane is a 25 year old mother of two children. Jane started using heroin along with other substances. Jane agreed for her children to be cared for by their grandparents. However, Jane's life soon became chaotic as her drug use increased. Jane served several short sentences in prison. While on a CPO Jane was referred to Shine in view of the increased risks of Jane breaching this order.</p> <p>Over time, trust developed between Jane and the Shine worker. At this point positive inquiry was used to explore who was Jane at age 7, 13, 17 to understand Jane's experience while also identifying her strengths.</p> <p>A very practical tool of using a diary in order to keep appointments was used. Jane started to use her diary and manage her own appointments but also reminded the Shine worker of their own appointments.</p> <p>Jane successfully completed her CPO and while achieving</p>

			<p>very positive outcomes of securing a new tenancy and re-building contact with her children and family; it was the simple skill of using a diary in order for Jane to manage her life better that made the lasting change for Jane.</p> <p><b>CJOIP</b></p> <ul style="list-style-type: none"> <li>➤ As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome.</li> </ul> <p><b>Some Progress</b></p>
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**Other information relevant to National Outcome Seven**

While there are examples of individual progress; it is difficult to evidence this is an impact following on from steps taken by the CJP.

Inverclyde Community Justice Partnership has undertaken a comprehensive Strategic Needs Assessment that will inform the development of a CJP Performance Framework. This is an action in our CJOIP.

As a partnership, we also need to agree outcomes and develop a systematic approach to measuring impact. This may include multi-agency audits.

**CJOIP**

- Better understanding of reasons for offending to ensure appropriate interventions are provided.
- Develop a recovery model that is person-centred and incorporates trauma informed practice.
- Develop training opportunities for staff and any necessary guidance. Explore peer support and mentoring opportunities as part of an intervention support.

**Good Progress**

## 5. Priority Areas of Focus

Inverclyde Community Justice Partnership has identified six local priorities that overlap with the national community justice outcomes. The local priorities include:

1. Access to GP / Primary Care
2. Prevention and Early Intervention
3. Women involved in the justice system
4. Domestic abuse
5. Employability
6. Housing and Homelessness

The following provides further detail of the first three local priorities.

### 1. Access to GP / Primary

The support of the GG&C Lead for Community Justice and Health Improvement has been pivotal to the Inverclyde Community Justice Partnership adopting a public health approach to community justice. While considerable effort has continued to be made to understand the context of GP registration, particularly for those on short term sentences; we have been able to consider other aspects of health and wellbeing.

An example of this is the sexual health needs of women within the criminal justice system. A presentation of a health needs assessment led by a trainee Community Sexual and Reproductive Health Doctor at Sandyford Sexual Health Service, was given to our partnership, where it was agreed to develop a short-life working group to consider this in the context of Inverclyde. This working group brought in experts from a range of fields including Sandyford services, Health Improvement, CJSW and the Violence Against Women Coordinator. The key focus of this group was in relation to strengthening pathways to Sandyford services at the time when these services were under review. Another key focus was on mapping available training to the range of staff that may be supporting women involved in the justice system.

A further example from this local priority was in undertaking a Trauma Training Needs Analysis across CJSW, Addiction and Homelessness services. Findings from this report have been helpful to NES as they have rolled out the national framework of training and are piloting this in several Local Authorities, one being Glasgow. However, as this work has been led through the GG&C Community Justice and Health Improvement group, we can continue to learn from this pilot. This is all more relevant as Inverclyde HSCP has established a working group to consider trauma training.

Finally, while a comprehensive health needs assessment was undertaken in 2012 focusing on people in custody (HMP Barlinnie and HMP Greenock); such a study has never been done for those on community orders. An initial series of focus groups were held to scope out the requirements for a tender to commission such a study.

Locally, we have also strengthened ties with Community Link Workers and those with a key role in developing Primary Care planning.

### 2. Prevention and Early Intervention

There are three main strands to this local priority:

- a. The establishment of the Inverclyde Community Justice Partnership Network. This was developed following the joint event held with Criminal Justice Voluntary Sector Forum "Strengthening Engagement". The purpose of this network is primarily networking by bringing together on a bi-monthly basis both Third Sector and Community Organisations who have an interest in community justice. The network is an opportunity to explore collaborative practice and will inform our development of a local Community Justice Commissioning Framework. It is hosted and facilitated by representatives from Third Sector and Community Organisations and regular updates of network meetings are fed back to the Community Justice Partnership. In an attempt to change the language at a local level, we are currently considering reframing this network to become a "Resilience Network" with a strong focus on recovery. CVS Inverclyde is

recommending this as an action at their Annual Conference.

- b. We have strengthened the local links with our Community Safety Partnership and the Community Justice Partnership. This is in recognition that there is a level of overlap, particularly around tertiary prevention. We have worked closely together to consider a local response to the restorative justice agenda and hate crime. We are exploring holding community conversations to consider these. This would be an innovative approach.
- c. Following analysis of data outlining the needs of people in police custody; we have had initial meetings to scope the development of a police hub at Greenock Police Station.

### 3. Women Involved in the Justice System

We had outlined in last year's annual report the work we had done in making a successful bid to the Big Lottery for funding from the Early Action System Change fund under the category of women involved in the justice system.

The purpose behind the Early Action Systems Change is to help make a fundamental shift towards effective early intervention in Scotland. The Inverclyde HSCP Women's Project aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, with the ambition of providing women with the support they need at a time and in a way that is right for them.

Following the award decision a project Steering Group has been established. This includes:

- CVS Inverclyde representation;
- Turning Point Scotland representation;
- Your Voice representation;
- Alcohol and Drug Partnership representation;
- Community Justice Partnership representation
- HSCP representation

To date the Steering Group has:

- Developed a Terms of Reference;
- Agreed the guiding principles for the project;
- Agreed the key stages and milestones for the project;
- Developed job descriptions and progressed the recruitment process;
- Developed a comprehensive Delivery Plan.

In addition it was agreed by the Third Sector partners on the Steering Group that Turning Point Scotland is the host organisation for the Community Worker post for the initial two year period of the project. At this point with the revising of the Delivery Plan; the Steering Group will consider the future direction and requirements of this post to best fit the needs of the project.

The Community Fund (formerly Big Lottery) released funding for the project on 31st January 2019. At this point the recruitment process was able to commence.

## 6. Case Studies

As cited in last year's annual report, we secured Scottish Government funding following a joint bid involving Inverclyde Regeneration and Employability Partnership (IREP) and Inverclyde Community Justice Partnership (CJP). The funding focused on piloting a "Resilience Project". This was an innovative approach to supported employment that included several elements that were all tested. These included:

- a. Delivering multi-agency training in the use of the "Resilience Doughnut". This tool formed the basis of the model of enabling strength-based conversations with people involved in the justice system as an asset approach to employability. Two sessions were delivered to partners from

both partnerships and a third session was provided to operational staff. Following positive feedback from these sessions, a further session was delivered to members of the Alliance Board, our Community Planning Partnership.

- b. Recruit with Conviction delivered training to partners and operational staff outlining changes to the legislative framework and employability to enable staff were up-to-date with this as well as improving practice in supporting people as they navigate through the employability pipeline. Recruit with Conviction also facilitated an Employer Engagement event.
- c. The Scottish Drugs Forum provided two sessions of both Stigma training and Equality and Diversity in Recovery training to operational staff.

This level of training was fundamental in laying the foundation for the delivery element of the “Resilience Project” pilot as it enabled partners and staff to adopt a shared language.

The delivery element was delivered by a local social enterprise. Their delivery model is “Whole Life Restore” and their strong value base was a comfortable fit with the approach of implementing the Resilience Doughnut as a central plank of support. The pilot targeted people involved in the criminal justice system who may also have an addiction or homelessness issue. Partners were keen to pilot an approach that specifically targeted what they considered as a “hard to reach” group of people who did not quite fit into the existing employability pipeline due to the severity of the impact of these complex issues. Underlying this professional assessment was people’s own experience of feeling a sense of hopelessness in even considering employment.

The resilience doughnut offered the opportunity to have strength based conversation that did not focus on deficits and barriers. At the same time, people participating in the pilot could also access Stepwell wider therapeutic services including counselling if this were required.

An information leaflet about the project was cascaded to all partners alongside a referral form. The majority of referrals were from CJSW where people were on a CPO. Overall 17 referrals were made.

While the pilot is still being evaluated, feedback from people has been positive with some people choosing the catering industry as their career path.

Throughout the pilot regular updates were provided to both the Inverclyde Regeneration and Employability Partnership and Inverclyde Community Justice Partnership and there was clear partner buy-in with all aspects of this project.

This pilot has enabled a deeper level of exploration of employability including in relation to Unpaid Work and involving a much wider range of partners to achieve shared outcomes. There is now an increased interest in how the resilience doughnut can be rolled out further.

## 7. Challenges

There have been several key challenges that were also reflected in our Development Session. These include:

1. Implementation of the CJOIP – There has been a high turnover of representatives from key partners who were not involved in the development of our CJOIP. A practical example of this is it was originally agreed as part of our terms of Reference that we would adopt a “portfolio leads” model for each of the four structural outcomes. However, three of these original people are no longer involved in the CJP. By undertaking a Community Justice Strategic Needs Assessment, it is hoped this helps to provide a clear focus and support the development of a Community Justice Performance Framework.
2. Our development session identified a need to develop a collaborative model of partnership. This would include “being smarter with strategy” and the wide range of cross-cutting themes. It would also make it clearer for each partner of what their unique contribution is towards meeting the community justice agenda and using the available leverage of resources. We recognise that our



CJP is still in its infancy.

3. Two of the statutory partners do not attend our local partnership, although we do provide information to identified single points of contacts.
4. The funding of community justice remains uncertain which brings a level of difficulty when attempting to horizon scan and strategic planning.

## 8. Additional Information

DRAFT

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>24 October 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP</b>	<b>Report No:</b>	<b>SW/48/2019/DG</b>
<b>Contact Officer:</b>	<b>Deborah Gillespie Head of Mental Health, Addictions and Homelessness</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>Update on Rapid Rehousing Transition Plan</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the progress of the Inverclyde Rapid Rehousing Transition Plan and the proposed use of the funding allocation from the Scottish Government.

## 2.0 SUMMARY

- 2.1 In 2018 the Scottish Government announced significant funding for homelessness and rough sleeping and requested all local authorities to develop Rapid Rehousing Transition Plans.
- 2.2 Inverclyde's plan was developed and submitted to the Scottish Government in December 2018. Feedback on the initial plan and the 2<sup>nd</sup> iteration was received from the Scottish Government in May and September 2019 with areas of clarity and change required.
- 2.3 Year One funding of £53,000 to support the implementation of the RRTP has been received from the Scottish Government based on a national funding formula rather than the resource request within the plan. This allocation was significantly less than previously requested and indications from the Scottish Government that further funding is unlikely to meet the £3m request in our original plan.
- 2.4 The 3<sup>rd</sup> RRTP submission therefore has focused on the implementation of Housing First in order to support services users into their own sustainable tenancy. Through successful implementation of this new model, further transformational change including the impact on the current temporary accommodation model and the financial implications, will require to be the subject of review in the future

## 3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the content of this report and notes the submission of the 3<sup>rd</sup> reiteration of the Rapid Rehousing Transition Plan to the Scottish Government.
- 3.2 That the Committee agrees to progress the implementation of a Housing First approach and to discuss with the RSLs the requirement for a RRTP Partnership Officer employed by an RSL.
- 3.3 That the Committee agrees to future Rapid Rehousing Transition Plan updates once the Housing First model is implemented

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

## **4.0 BACKGROUND**

- 4.1 The Scottish Government initially announced investment of £15million for rapid rehousing following the publication of the National Homelessness and Rough Sleeping Action Group recommendations in June 2018. Recently, an additional £9m in funding commitment has become available with £24million now available to support rapid rehousing and housing first approaches.
- 4.2 Inverclyde, along with all other local authorities, was requested to submit its Rapid Rehousing Transition Plan by the 31 December 2018. An initial allocation of £30,000 from the government to help support the development of the plan was received and the plan developed by the Inverclyde RRTP Working Group, supported by Arneil Johnson and the Scottish Housing Network. The plan was discussed at CMT in December 2018, and was subsequently submitted to the Scottish Government with approval at the Environment and Regeneration Committee in January 2019. Feedback from the Scottish Government on the plan was received in March 2019 and a meeting with them to discuss the plan was held in May 2019.
- 4.3 The 2<sup>nd</sup> reiteration was submitted to the Scottish Government in June 2019 and contained further detailed information; an EQIA and a revised funding model. Through more detailed work, the plan projected a requirement for an investment of £3.09million over the 5 year period to support the delivery of Rapid Housing in Inverclyde. This averaged at £618k per annum. A potential resource release of £701,860 from years 4 and 5 was identified, however this required to be reviewed against other service demands
- 4.4 The Scottish Government advised that the 32 plans received from local authorities significantly exceeded the national funding available to support the transition. The Scottish Government and CoSLA have stated their intention that RRTPs will go on to directly inform allocations of funding, however they advised that Year 1 funding (£8 million) would be based on a three year average of 2014/15 to 2016/17 homelessness assessments. This comes from published national homelessness statistics (HL1), considered to be the best proxy for need relating to delivery of RRTPs available.
- 4.5 The Scottish Government has recently advised that Inverclyde's share of the 2019/20 allocation is £53,000. This is lower than expected therefore work is underway to review previous and current HL1 submissions to the Scottish Government to ensure any funding is based on the correct information.
- 4.6 Further feedback on the 2<sup>nd</sup> submission was received in mid-September 2019 with the main areas of feedback related to the financial resource plan costs and the current temporary accommodation (Inverclyde Centre). As part of the feedback the Scottish Government indicated that costs were high and should be based on the national pathfinder costs which are significantly lower than the costs submitted by Inverclyde.

## **5.0 3rd SUBMISSION PROPOSAL**

- 5.1 Inverclyde approached the development of the initial 5 year RRTP plan as a fundamental transformational change to all areas of existing service delivery, including the future efficacy of our temporary accommodation model. It is evident through the current funding allocation, and the understanding that future allocations will be lower than previously requested, that a reframing of what will be expected and achievable through RRTP funding is required.
- 5.2 The 3<sup>rd</sup> submission requests total funding of £628,500 over the 5 year period which is significantly reduced from the previous request of £3.09M. The plan therefore focuses on a few key elements rather than the full transformational change approach initially outlined. The focus will now be on preventing homelessness through full implementation of Housing Options; mainstreaming support for those that require minimum support to sustain tenancies; and implementation and delivery of Housing First approaches to support at least 75 cases over

the 5 year period.

- 5.3 This will require improved partnership working with RSLs; 3<sup>rd</sup> sector providers; homelessness services; and wider HSCP and Council services. Therefore additional capacity to work more closely with the RSL's and 3<sup>rd</sup> sector and achieve successful tenancy sustainment is required. In order to facilitate this, a RRTP partnership officer based within a lead RSL is proposed.
- 5.4 The current temporary accommodation service, available through the Inverclyde Centre and temporary furnished flats, will continue however through successful implementation of Housing First approaches the demand on this accommodation will hopefully reduce. As the current service is funded in part through rental income, any decrease in use of the centre or temporary flats will have a financial implication. Discussion and decision on the future efficacy of the accommodation model will be required and over the next 12 months, scoping of the financial impact will be undertaken.
- 5.5 The implementation of Housing First will be subject to regular reporting and progress reports which will help determine the sustainability of this approach and the future of homelessness accommodation within Inverclyde. The initial RRTP was presented to the Environment and Regeneration Committee in January 2019 however as the homelessness services is within the HSCP, regular reporting will be to the Health and Social Care Committee, and thereafter to the Environment and Regeneration Committee for noting.

## 6.0 IMPLICATIONS

### Finance

- 6.1 The year one costs to deliver are £77,700 and therefore can be contained within the year 1 allocation (£53k) and previous funding for RRTP (£30k) from the Scottish Government already secured. Year 2 will be reviewed depending on the allocation from the Scottish Government.

#### Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
		Year 1	£52,500 £25,200		Housing First  6 months for a RSL RRTP Partnership Officer

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

## Human Resources

6.3 Proposed RRTP Partnership Officer employed by an RSL

## Equalities

6.4 Has an Equality Impact Assessment been carried out?

x	YES (see attached appendix) Submitted with the refreshed RRTP
	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

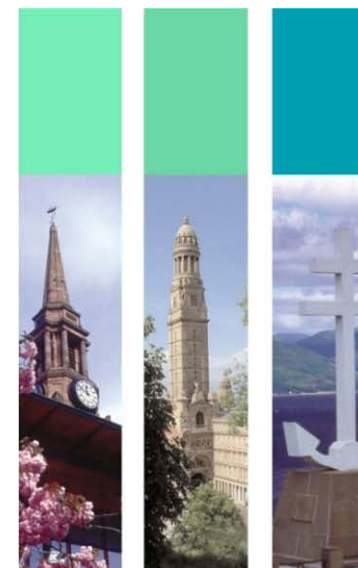
6.5 There are no specific repopulation implications arising from this report.

## 7.0 CONSULTATIONS

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP and the Council's Housing Strategy service.

## 8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Rapid Rehousing Transition Plan.



# Rapid Rehousing Transition Plan



3<sup>rd</sup> Submission October 2019



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## Rapid Rehousing – Inverclyde’s Vision:

**“To reduce the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment”**

### Introduction

The Homelessness and Rough Sleeping Action Group (HARSAG) was set up by the Scottish Government in October 2017 to produce short and long-term solutions to end homelessness and rough sleeping. Led by best evidence, the cornerstone of recommendations to address homelessness is a transition to a Rapid Rehousing approach utilising a Housing First model where necessary.

Rapid rehousing utilises a housing led approach for rehousing people who have experienced homelessness, making sure they reach a settled housing option as quickly as possible, with time spent in temporary accommodation reduced to a minimum. Where people require temporary accommodation it should be mainstream housing, furnished and within a community location which minimises disruption to their daily lives.

The Housing First model works on the premise that a safe, secure, settled home is the best base for recovery for people who face multiple disadvantages beyond housing including childhood and early years trauma; domestic abuse; mental ill health; addictions; and time spent in local authority care or prison. It offers personalised, open-ended, flexible support for people to help end their experience of homelessness and address their wider needs. The model separates the provision of housing and support, offers choice and control to tenants and works to the principles of harm reduction.

Those who are homeless and for whom rapid rehousing or Housing First would not yet be suitable (either because they do not want to move into mainstream accommodation, or because their specific needs dictate that they cannot safely be rehoused in mainstream accommodation) should be provided with accommodation which deals with their particular needs with the required specialist support. For this smaller group, specialist units within a psychologically informed environment are most suitable.

On 28th June 2018 the Scottish Government wrote to Local Authorities (LA) reiterating their intention to end homelessness in Scotland; and expressing their intention to take forward the recommendations from the Homeless and Rough Sleeping Action Group (HARSAG), published in May 2018.



This includes a specific action for LAs to produce a Rapid Rehousing Transition Plan (RRTP), with an expectation that each authority will develop their plans in collaboration over a planned and costed phase of 5 years (2019-20 to 2023-24). RRTPs will be fully integrated into Health and Social Care Partnership strategic plans, reflected in the Local Housing Strategy (LHS), and reviewed annually as part of the Strategic Housing Investment Programme (SHIP) process.

To transition to a rapid rehousing approach, Inverclyde will re-assess the balance and accessibility of available housing and support options. This responsibility lies with Registered Social Landlords (RSLs), Inverclyde Health and Social Care Partnership (HSCP), Inverclyde Council, and all parts of the public sector responsible for supporting vulnerable people.

Those with complex support needs often fail to sustain tenancies, leading to repeat presentations to the Homelessness service. Without the appropriate support this cycle will continue. To address this, Inverclyde Council and partners began reviewing our temporary accommodation provision model in 2017.

The Homelessness service in Inverclyde lies under the directorate of the HSCP who have set up a RRTP working group with members from across HSCP, RSLs, Housing Strategy, Commissioning and Finance to discuss implementing the HARSAG recommendations and producing the RRTP.

The Rapid Rehousing Transition Plan is designed to be a working tool which:

- Sets out the local housing market and homelessness context in Inverclyde;
- Provides the baseline position of temporary accommodation supply;
- Sets out Inverclyde's 5-year vision for temporary accommodation supply;
- Identifies support needs to enable rapid rehousing;
- Details the actions required to achieve our vision for temporary accommodation supply and settled housing options for homeless households; and
- Provides a rapid rehousing resource plan required to deliver the plan and evidence the co-ownership and resourcing of the Plan with wider partners.

The Scottish Government will use the Plans to assess progress towards the 5-year vision of rapid rehousing and assist in the allocation of resources for LAs and their partners to reach their rapid rehousing transition to a system of ensuring homeless households are able to secure appropriate settled accommodation.

## The housing market and homelessness context in Inverclyde

There are an estimated 37,650 households in Inverclyde. The population of Inverclyde has suffered a steady decline from 101,182 in 1981 to 79,860 in 2014, with a loss of over 21,322 people. The population is projected to continue to decrease from 78,461 in 2016 to 65,014 in 2036 (627 per year) and the number of households is projected to decline at a rate of 145 per year from 37,299 in 2012 to 33,666 in 2037. Inverclyde also had the smallest household growth across the whole of Scotland in the last decade. There may be a slight positive correlation with the declining population and the fall in homelessness presentation numbers in the area.

Owner occupation is the largest housing sector in Inverclyde (63%), though the number of houses both in absolute and relative terms has decreased. The social rented sector accounts for 27% and the private rented sector (PRS) comprises 10% of the stock in Inverclyde. Recent large-scale demolition programmes to eliminate poor quality, older stock are largely complete and the affordable housing development programme continues to restructure the area and add to existing stock levels.

Following a stock transfer in 2007, Inverclyde Council no longer has housing to rent. Ownership and management of the former council housing stock was transferred to River Clyde Homes and Cloch Housing Association at that time. At present, households seeking access to social housing can choose to register through River Clyde Homes and/or the Inverclyde Common Housing Register, which includes Cloch Housing Association, Oak Tree Housing Association, Larkfield Housing Association and Sanctuary Scotland.

The social rented sector's capacity to respond to demand is dependent on the number of properties available to let each year. There were 462 re-lets across Inverclyde in 2015/16, representing a turnover of around 10% on average. The greatest pressure is for smaller one bedroom properties at 20.1 applicants per property however there is below average pressure for bedsits (0.1), 2 bed (4.6) and 3 bed (5.6) properties. These figures illustrate that the overall pattern of unmet need is associated variously with supply issues, location suitability, demand pressures and shortfalls in specific property types and sizes.

Between 2005 and 2015, the PRS doubled and now represents around 10% of all dwellings in Inverclyde. It now plays an important role for a variety of different households including households who cannot access mortgages and for whom the deposit required to purchase a property remains a constraint.

Local affordability analysis shows rents are significantly higher in the PRS than for social rented properties, this makes the PRS unaffordable for a significant proportion of lower income households. Increasingly, problems such as poorly maintained and managed properties are being found

in the PRS. The poor condition of some PRS stock can be attributed to the stock profile: pre-1919 tenements are linked to poor energy efficiency and issues of disrepair.

For the Renfrewshire/ Inverclyde broad market area, analysis shows a trend of increasing PRS rents from 2010-2017, which is the same for Scotland as a whole. Table 1 below illustrates that between 2016 and 2017, the Renfrewshire/ Inverclyde area saw an increase in rent for all bedroom sizes, with the exception of 1 bedroom properties. 2 bedroom properties saw an increase of 2.8%, with 3 bedroom property rents having a more moderate increase of 1.3%. Rent for 4 bedroom properties increased by 31.4% between 2010 and 2017, which was higher than the average for Scotland as a whole<sup>1</sup>.

**Table 1: Private Sector Rent - Renfrewshire/ Inverclyde broad rental market area (BRMA)**

1 bedroom Properties	2010	2016	2017	2010-17 Change	2016-17 Change
<b>Renfrew/Inverclyde</b>	£374	£392	£387	3.3%	-1.3%
<b>Scotland</b>	£436	£482	£501	15%	4%

2 bedroom properties	2010	2016	2017	2010-17 Change	2016-17 Change
<b>Renfrew/Inverclyde</b>	£473	£494	£508	7.3%	2.8%
<b>Scotland</b>	£536	£616	£642	19.9%	4.4%

3 bedroom properties	2010	2016	2017	2010-17 Change	2016-17 Change
<b>Renfrew/Inverclyde</b>	£612	£643	£652	6.5%	1.3%
<b>Scotland</b>	£679	£753	£787	15.9%	4.6%

4 bedroom properties	2010	2016	2017	2010-17 Change	2016-17 Change
<b>Renfrew/Inverclyde</b>	£834	£1,015	£1,095	31.4%	8%
<b>Scotland</b>	£959	£1,089	£1,143	19.2%	4.9%

<sup>1</sup> Private Sector Rents Statistics, Scotland, 2010-2017

Inverclyde has an average household income of £21,600, which is lower than the Scottish average of £26,700<sup>2</sup>. This indicates that there are affordability issues, which is reflected by Scottish Index of Multiple Deprivation (SIMD) data as 14 of the 5% most deprived data zones in Scotland are located within Inverclyde. Affordability analysis shows that PRS rents are unaffordable for a significant proportion of lower income households.

The Clydeplan Housing Need and Demand Assessment (HNDA), 2015 received 'Robust and Credible' status from the Scottish Government Centre for Housing Market Analysis in 2015. It covers Inverclyde and provides the main strategic evidence on housing need and demand over the next five years and beyond. It has also informed development of the proposed Local Development Plan.

The HNDA estimates the number of additional homes required within Inverclyde by tenure over the lifetime of the area's Local Housing Strategy (LHS). This information, combined with housing market trends analysis and local pressure analysis has provided a clear understanding of housing need across the authority.

HNDA 2015 indicates that there is a net housing need of approximately 120 for Social Rented Sector/Below Market Rent and Private Sector housing. However, the HNDA process does not fully quantify the impacts of poor quality and lower demand housing and the subsequent need for replacement of existing housing stock. As a result, other evidence was considered to provide a more nuanced and realistic estimate of future new build requirements.

Inverclyde's LHS 2017-2022 prescribes the Housing Supply Targets (HST) for private and affordable housing, and the desired housing outcomes for the area; and the annual Strategic Housing Investment Plan (SHIP) establishes priorities to meet the outcomes and achieve the affordable HST. Considering all determining factors, it was calculated that a realistic and deliverable HST for Inverclyde would be 90 affordable units and 170 private sector units per annum over the lifetime of the LHS.

As previously mentioned, Inverclyde is one of the few local authority areas with a population which is projected to decrease; however the annual HST reflects the continued need to replace poor quality and unsuitable stock.

The core purpose of the SHIP is to set out the investment priorities for affordable housing over a five year period which reflect and help to achieve the outcomes set out in the Inverclyde LHS 2017-22. It is developed in partnership with Registered Social Landlords (RSL), the Inverclyde HSCP, Planning, and Property Services.

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<sup>2</sup> Scottish Household Condition Survey

421 homes for social rent have been provided utilising Scottish Government grant from 2015-2017. The Scottish Government's Affordable Housing Supply Programme (AHSP) has committed £3 billion to fund the delivery of new affordable homes nationally over a 5 year period. At least £31.982m will be made available in Inverclyde to support the development of affordable housing from 2018/19 to 2020/21, with 918 proposed new homes by April 2024. This increased supply of stock will be a key component in transitioning to a rapid rehousing approach in the area.

The temporary accommodation currently available in Inverclyde is comprised of 31 units within the Inverclyde Centre which is run by the homelessness service within the HSCP; and 29 self-contained dispersed units. The 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
- Oaktree = 13 units.

92% of Inverclyde's temporary accommodation stock is located in the Greenock area. However, only approximately 50% of homeless applicants originate from the Greenock area. Equally, only 5% of temporary accommodation is located in Port Glasgow, while 15% of applicants originate from Port Glasgow. Currently there is no temporary accommodation located in Inverkip, and 5% of applicants originate from this area. This highlights a poor match of stock to the area origin of homeless applicants.

## Rapid Rehousing Baseline Position

Inverclyde has a relatively small homeless population in comparison to the rest of Scotland and as table 2 below shows, homeless applications in Inverclyde have reduced in recent years while the number of presentations to the service has increased. This is due in large part to preventative work by our Homelessness service and health and social care partners but highlights the increased requirement for support.

**Table 2: Rapid Rehousing Baseline Position**

The Housing Scotland Act 2001 confers on the council a duty to prevent Homelessness. Inverclyde Council has been operating a Housing Options

Factor	Measure		
<b>Total presentation and homeless applications</b>	<u>2015/16</u> Presentations: 740 Applications: 244	<u>2016-17</u> Presentations: 778 Applications: 236	<u>2017/18</u> Presentations: 888 Applications: 191
<b>Open homeless cases as at 31st March</b>	<b>101</b>		
<b>Total households who said they slept rough at least once in the last 3 months (self-reporting)</b>	<b>15</b>		
<b>Total households living in temporary accommodation at 31st March</b>	<ul style="list-style-type: none"> <li>• Households in TA: 50</li> <li>• Households with children/pregnancy in TA: 5</li> <li>• Change on 16/17: -67%</li> <li>• No. children in TA: 15</li> <li>• Change on 16/17: -25%</li> </ul>		
<b>Average length of stay in temporary accommodation</b>	<ul style="list-style-type: none"> <li>• 22 weeks the current length of stay in temporary accommodation before an offer of settled accommodation is made</li> <li>• 8 weeks the current length of stay in hostel accommodation in Inverclyde</li> <li>• 52 weeks target length of stay for customer who need support to build independent living skills to achieve a settled outcome</li> </ul>		

Service since 2010, with a central goal of preventing homelessness, where possible.

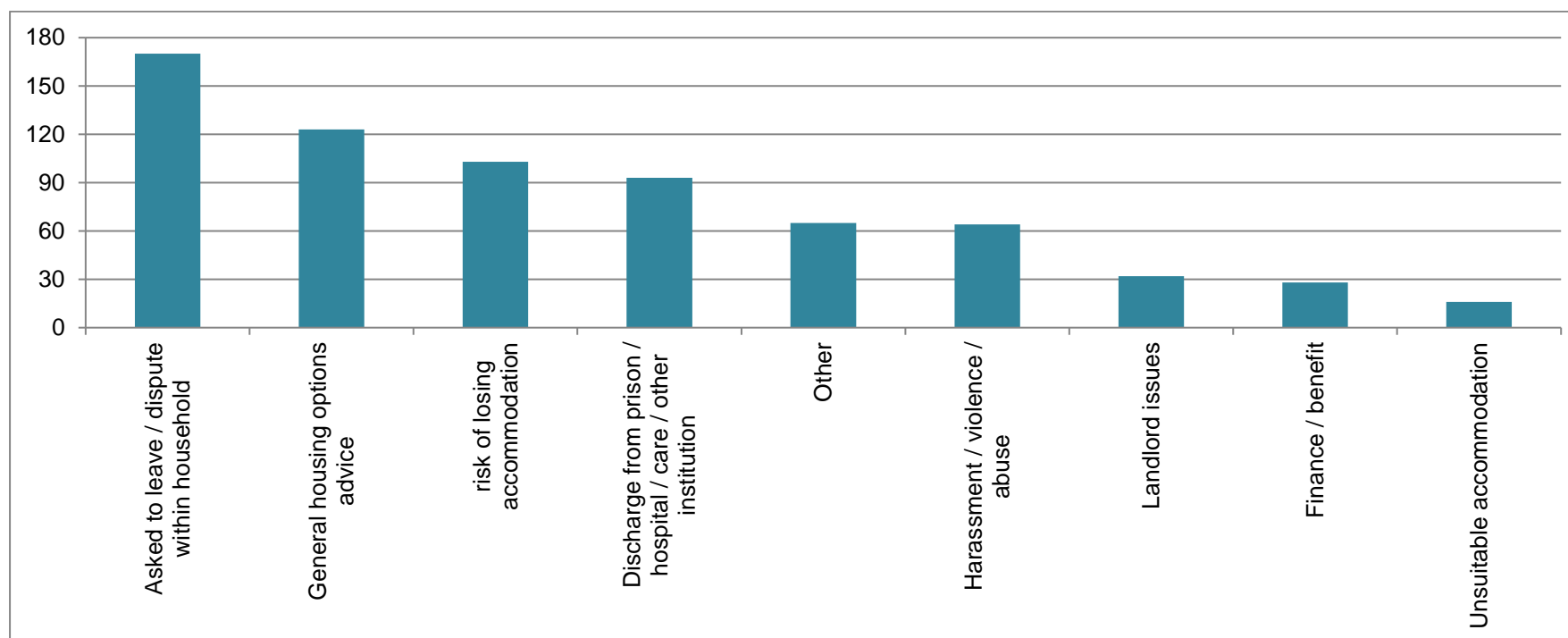
The service focuses on people's personal circumstances, helping them to explore all options including Housing Association tenancies and private residential tenancies. The service provides family mediation where applicable and seeks to provide support for issues which can underpin housing problems such as debt, family breakup and mental health problems.

The aim is to inform people about what we can do, how we can help and how to access the service. Engaging people earlier in the process may not prevent their need to be re-housed but it can alleviate the crisis of homelessness.

The Housing Options service works in partnership with the HSCP, other Council Services and the voluntary sector to prevent and alleviate homelessness. Current services and partners include the Homelessness Assessment and Support team (which includes two Homemakers); the Homelessness Health team (which includes a community nurse, an alcohol worker, and a drug worker); the Community Safety Team, Money Advice services; Integrated Drug and Alcohol services; Social Work Services; Legal and Advocacy Services; and Women's Aid.

This network of support addresses many of the factors which lead to homeless applications with the result that rather than simply helping applicants to make a homeless application, Homelessness officers can work with other services to help people before they reach crisis point. For Inverclyde, partnership working is an essential component in the delivery of our Housing Options Service and similarly with our plans for rapid rehousing. Figure 1 below displays the reasons people have for approaching the Housing Options service.

Figure 1: Reason for approaching the Housing Options Service



Inverclyde faces particular challenges as a LSVT authority in seeking to overcome barriers to access due to the operational separation of statutory homelessness from the broader social housing system. Within Inverclyde we have developed a number of homelessness prevention pathways, particularly for people leaving institutions such as prisons and hospitals.

**Prisons** - We ensure that effective through-care arrangements are in place to enable people to have access to accommodation support to help sustain tenancies and/or support on liberation. Inverclyde has a higher proportion of males in custody and this has a considerable impact on the number of people leaving custody who seek an assessment for homelessness (approx. 38 for the period 2018/19). However, the homelessness service attend regular appointments at HMP Greenock, HMP Low Moss, HMP Kilmarnock and HMP Barlinnie (78 appointments in total during 2018/19) as part of prevention work. In addition support is made available to those in custody from other prison establishments as required. In

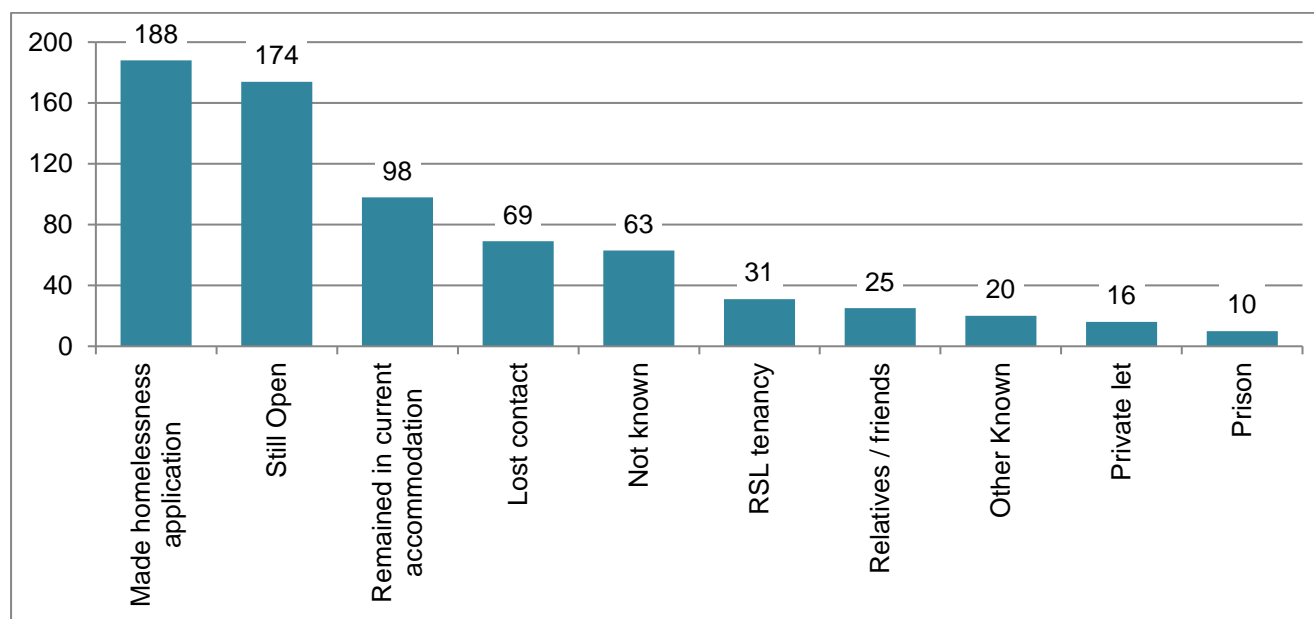


view of this identified need, Inverclyde Community Justice Partnership and the HSCP Housing Partnership Group will jointly consider prevention and early intervention in line with the SHORE (Sustainable Housing on Release for Everyone) standards. It is anticipated that the introduction of a Housing First model will mitigate the need for those leaving custody to present through the homelessness route.

**Hospital Discharge** - There is a protocol between Hospital discharge teams and the Homelessness Service to ensure clear pathways in hospital care planning and discharge procedures for those who require information on Housing Options and/or to make a statutory homelessness application. We provide an outreach service to all hospitals in West Central Scotland as required.

**Veterans and Service Leavers** - The Homelessness Service has developed close links with the Armed Forces charity SSAFA, Help for Heroes, and the Scottish Veterans Housing Association to ensure that veterans are assessed and supported by specialist providers. Inverclyde Council is committed to improving access to services for veterans, service personnel, reservists and their families. Since the signing of the Armed Forces Community Covenant in 2012, Inverclyde Council's Customer Service Centre continues to offer specific advice and support; ensuring veterans get the help they need and refer on to services where specialist support is provided such as medical treatments, Benefits, Homelessness/Housing or Employment.

Figure 2: Prevent 1 Outcomes 2018/19



Homeless households can present to the local authority with a range of vulnerabilities and support needs which can become a barrier to maintaining and securing permanent accommodation and often result in an extended period of time spent in a homelessness situation. Housing Support is a key element to enable households to move through the system and our RRTP has a specific focus on the nature of these support needs, the priority groups who are most susceptible to homelessness and the need to develop and improve the pathways to settled housing for these individuals.

**Domestic Abuse** - The Homelessness Service works in partnership with Women's Aid and the Violence against Women Multi-agency partnership to ensure access to appropriate safe accommodation and support for those who have experienced domestic abuse. We provide an outreach service to those who require to explore Housing Options and/or make a statutory homelessness application.

**Care Leavers** - The Homelessness Service works in partnership with Social Work, Children and Families and Throughcare services. Positive interfaces exist between Social Work Services and the local housing associations and agreements set out the pathway for many care leavers

and young people, thus preventing many from accessing the Homelessness Service. Whenever a crisis occurs, we provide temporary accommodation with a view to engaging all appropriate services and seek to access suitable permanent housing and support their transition to independent living.

The joint new build housing project between Cloch Housing Association and Oak Tree at Kings Glen will benefit from consultation with colleagues in HSCP who identified a requirement for throughcare accommodation in the area and this has been taken into account in the housing mix proposals with four 2 bedroom cottage flats to be provided as throughcare accommodation.

Improving responses to youth homelessness has been a focus of activity in recent years. The measures introduced in the Children and Young People [Scotland] Act 2014 for care leavers aims to offer a smoother transition out of care, and to enable positive relationships between young people and their carers to be maintained into adulthood. If effectively implemented these provisions should ensure that people leaving care, and other young people do not have to rely on the statutory homelessness service to find accommodation. A number of key strategic policies and the legislative framework deliver on services for both parents and children and ensure the provision of adequate support where needed, helping to facilitate better and earlier responses to young people's housing needs.

Within Inverclyde, alongside the statutory services, Barnardos run programmes in all schools and offer family support for children from pre-birth to 5 years. The Home Start project offers peer parenting support such as support with money advice, mental health issues (CAMHS, Mind Mosaic), providing additional childcare places, and attainment monies in schools. This project appears to have positively impacted on the numbers of children and households with children/pregnancy taking up Temporary Homelessness Accommodation.

**Section 11** - The Homelessness etc (Scotland) Act 2003 places a duty on landlords to inform the Homelessness Service when they raise proceedings for possession of a dwelling house. The duty applies when proceedings are raised in court and a significant amount of the cases involve rent arrears and to a lesser extent anti-social behaviour. This provides an early warning system that allows the Homelessness service to target their support and prevent the crisis of homelessness.

**Section 5** - Table 3 below shows that the number of Section 5 Referrals received by RSLs was slightly less in 2017/18, but the overall acceptance rate of Section 5 Referrals has decreased. This can be as a result of stock pressures for some RSLs. Larkfield for example, has minimal stock turnover and a greater number of larger properties; this is not conducive to housing the homeless applicant profile in Inverclyde which is

predominantly single males. For other RSLs, low acceptance can be attributed to the number of repeat applications from people who have significant support needs and whose tenancies have failed in the past due to unmet support needs.

**Table 3: Section 5 referrals by RSL**

	2016/17			2017/2018		
	No. of S5 received	No. of S5 relets	Acceptance rate	No of S5 received	No of S5 relets	Acceptance rate
<b>RCH</b>	68	55	80%	70	33	47%
<b>Cloch</b>	26	7	27%	24	12	50%
<b>OT</b>	32	20	63%	23	15	65%
<b>Larkfield</b>	6	0	0	9	2	22%
<b>Total</b>	132	82	62%	126	62	49%

The social rented sector is the biggest sector for rehousing homeless applicants; only 10 people were rehoused in the PRS in 2017/18. The social sector is expected to remain the largest sector for rehousing homeless applicants in Inverclyde. A recent report commissioned by Social Bite on behalf of HARSAG calculated that the proportion of social lets required to meet all homeless need in Inverclyde would need to increase from 11% at present, to 25%. However it is envisioned that PRS lets will increase with future engagement and through the use of the deposit guarantee scheme where appropriate.

**Table 4: Social Bite forecast need for additional social lets**

	Proportional increase in lets across sectors to meet annual new demand and backlog (%)	Proportion of all social lets to homeless IF social rent was to meet ALL homeless need (%)
<b>Scotland</b>	45	52
<b>Inverclyde</b>	103	25

## Rapid Rehousing Plan

Inverclyde HSCP operates the homelessness service in Inverclyde. Housing consultants, Arneil Johnston were commissioned in April 2017 to undertake detailed work to inform the development of a strategy for the future provision of temporary accommodation and develop options for the range of accommodation solutions which best meet the needs of our local population. Table 5 below details information from our recent temporary accommodation review which provided key information on the stock imbalance of our current temporary accommodation provision:

*Table 5: Inverclyde Temporary Accommodation composition*

Temporary Accommodation Requirement across Inverclyde	83 units
Current stock	60 units
Oversupply of hostel units	14 units
Undersupply of 1 bedroom units	33 units
Oversupply of 4-5 bedroom units	22 units
Net shortfall of supported accommodation units	13 units
Areas most in need of additional Temporary Accommodation	Inverkip and Port Glasgow

A shortfall of 23 housing units was identified in the initial 'baseline' year. There are imbalances in both size and location of the stock with an oversupply of 4-5 bedroom units and hostel accommodation, and an undersupply of 1 bedroom units. The review identified three key areas of focus which align with the requirements of rapid rehousing:

- Implementation of a collaborative and proactive Housing Options Model across all housing providers and third sector agencies who meet the needs of homeless households in Inverclyde;
- Recommission the temporary accommodation model in partnership with RSLs; and
- Implement a rapid resettlement model to address the gap in supported accommodation

The Scottish Government requirement for each LA to present a plan detailing how they will transition to a rapid rehousing with Housing First approach dovetailed with the conclusion of our temporary accommodation review. The existing working group (from the review of temporary accommodation) met to develop our strategy and identified three areas of focus:

- Development of the vision for a rapid rehousing model;

- Completion of the rapid rehousing transition toolkit based on updating the data and information analysis already undertaken through the review to support the plan and including financial modelling; and
- A workshop for the local authority, HSCP and RSL partners to develop stakeholder engagement with the plan.

## Identifying support needs to enable rapid rehousing

Transitioning to rapid rehousing requires the rejection of a ‘tenancy ready’ language and culture. The majority of people must be seen to be capable of sustaining a home, with the required support to do so. Support needs analysis has revealed that 58% of those experiencing homelessness in Inverclyde have little or no support needs. However the Inverclyde homeless population has significant levels of people who require specialist support needs which are currently not being fully met; this leads to repeated tenancy breakdown and re-engagement with the Homelessness service. Detailed support analysis from the Temporary Accommodation Review in 2018 shows that Inverclyde’s homeless challenges are primarily the result of complex support needs. Without appropriate support this cycle will continue and the number of people with continued engagement with the Homelessness service will increase.

*Table 6: Level of support needs required by applicants*

Percent of clients	Level of support need
15%	Homelessness could be prevented or resolved without the need for temporary accommodation.
43%	No or low level support needs – could transition to a settled housing position very quickly.
12%	Moderate – high support needs: independent living skills would enable positive sustainment outcomes.
10%	Hostel dweller: chaotic behaviour necessitates need for on-site supervision. Limited engagement.
14%	Habitual repeater: most complex and disadvantaged unlikely to sustain any form of tenancy on a long term basis.
6%	Very complex needs: require specialist supported accommodation options.

Our research has highlighted six groups of homelessness applicants with varying requirements for support. The 2016/17 analysis shows that 58% of all clients who presented at the homeless service could access settled accommodation quickly with little or no support requirements. This means that the need for temporary accommodation could be reduced overtime with improved access to suitable RSL properties and dispersed temporary accommodation being converted into a permanent tenancy.

It is expected that in Scotland there will be a reduction in the volume of temporary accommodation and a reduction in the length of stay in temporary accommodation as people are rehoused into settled housing. This is also the aspiration in Inverclyde, as those who are in dispersed temporary accommodation with little or no support needs should be moved to settled accommodation, which will expand the potential for housing options models with support.

It is estimated that the most significant challenges will be around responding to, and supporting the group with '*Moderate – high support needs, where independent living skills would enable positive sustainment outcomes*'. This group are in the middle of the homeless support needs scale identified in Inverclyde. Establishing a sustained and positive outcome for this group will be effected by their varied needs as a group and previous experience shows that they are the least likely to engage with support services.

It is locally understood that those who have very complex needs require specialist supported accommodation to break the cycle of repeat homelessness. For more complex, habitual homeless applicants it is also about responding to the driving factors behind a homeless application, however solutions for those who have moderate needs are not as clear. It is vital moving forward that the response is person centred, flexible and with a clear mapped out support process that reduces once the person is settled and needs have been addressed.

In recent years an improved Housing Options process has been developed locally and the number of people proceeding to homeless applications in Inverclyde has fallen dramatically. This is matched by the availability of accessible housing stock in the area. Inverclyde is fortunate in its supply of housing stock; however it is clear that those who have experienced homelessness have significant needs which the provision of housing cannot address. Moving forward work must be done around housing related support and responding to individual needs.

Analysis from 2017-18 highlighted the continued trend from 2016/17 that a significant proportion (47%) of people who made homeless applications had low level support needs, such as basic housing management or a requirement for assistance with independent living.

*Table 7 Homeless Applications – Specialist needs*

<b>Specialist Need</b>	<b>Per cent of homeless applications</b>
<b>Learning Disability</b>	6%
<b>Physical Disability</b>	11%
<b>Medical Condition</b>	21%
<b>Drug or Alcohol Dependency</b>	24%
<b>Basic Housing Management/Independent living Skills/Housing Support</b>	47%
<b>Mental Health Problem</b>	49%

Currently the Health and Social Care Partnership is developing a cohesive and integrated approach to people with multiple needs relating to mental health and addictions. We will be investigating the opportunities which this provides linking in additional investment from the mental health strategy and ADP additional funding.

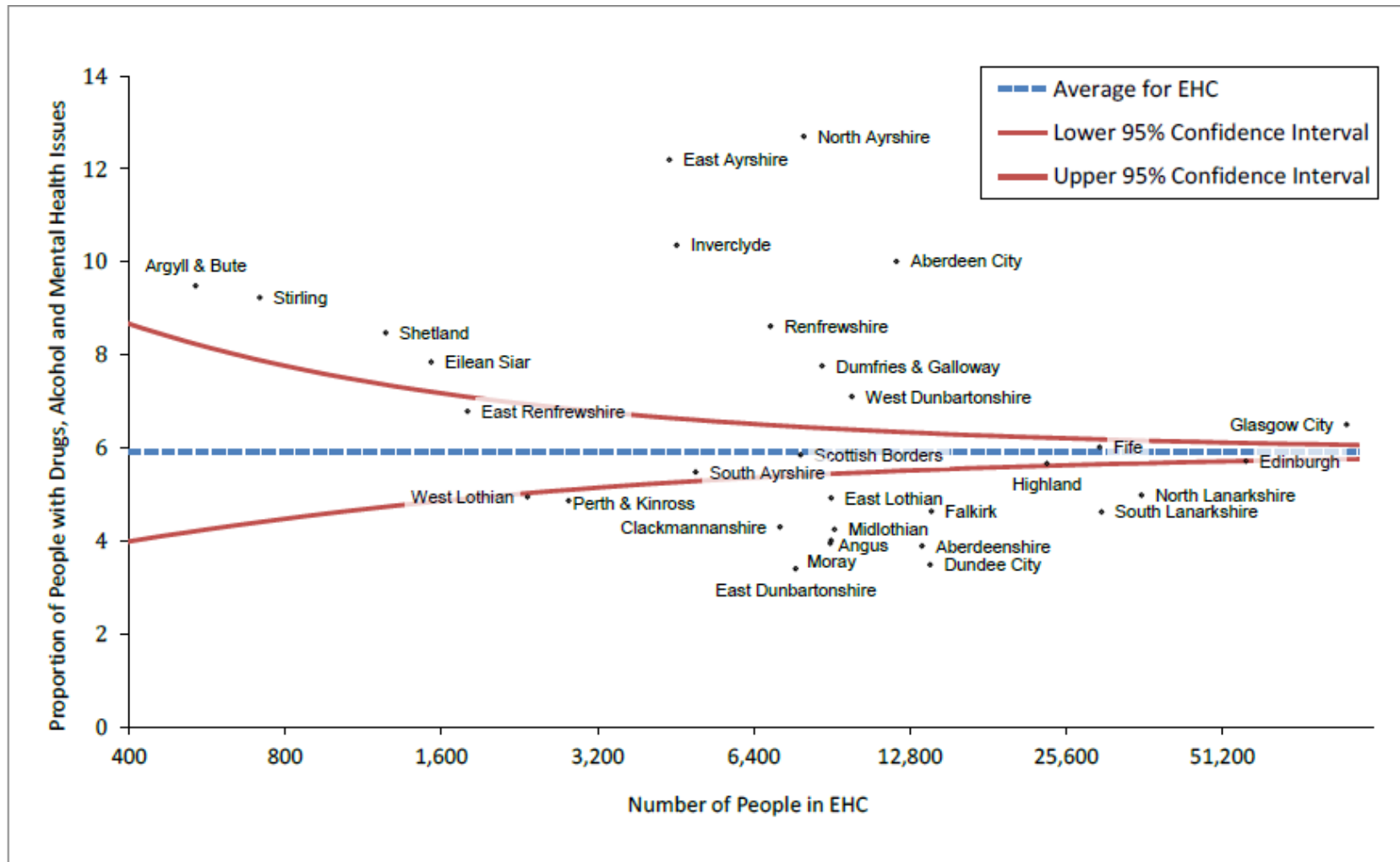
The relationship between poor health and homelessness is undisputed. Recent Scottish Government research matched homelessness and health datasets at a national level for the first time<sup>3</sup>. The research undertook a comparison between 3 groups created by the researchers from SIMD data. The Ever Homeless Cohort (EHC) contained data from individuals with 1 or more homeless application between 2001 and 2016. Each person in the EHC was matched on age and sex to a non-homeless individual from the 20% least deprived areas of Scotland: Least Deprived Cohort (LDC); and a non-homeless individual from the 20% most deprived areas of Scotland: Most Deprived Cohort (MDC).

The research revealed that the EHC were over-represented in A&E attendance, acute hospital admissions, and admission to mental health specialities in comparison to the other cohorts. The EHC cohort also had a death rate 2.1 times higher than the MDC and 5.3 times higher than the LDC. As displayed in the graph overleaf, the research revealed that Inverclyde has the third highest proportion of homeless population with drug, alcohol and mental health issues in Scotland. A significant number of those who presented as homeless in Inverclyde in 2017/18 had a mental health problem (49%) or a drug/alcohol dependency (24%).

<sup>3</sup> <https://www.gov.scot/Resource/0053/00536908.pdf>

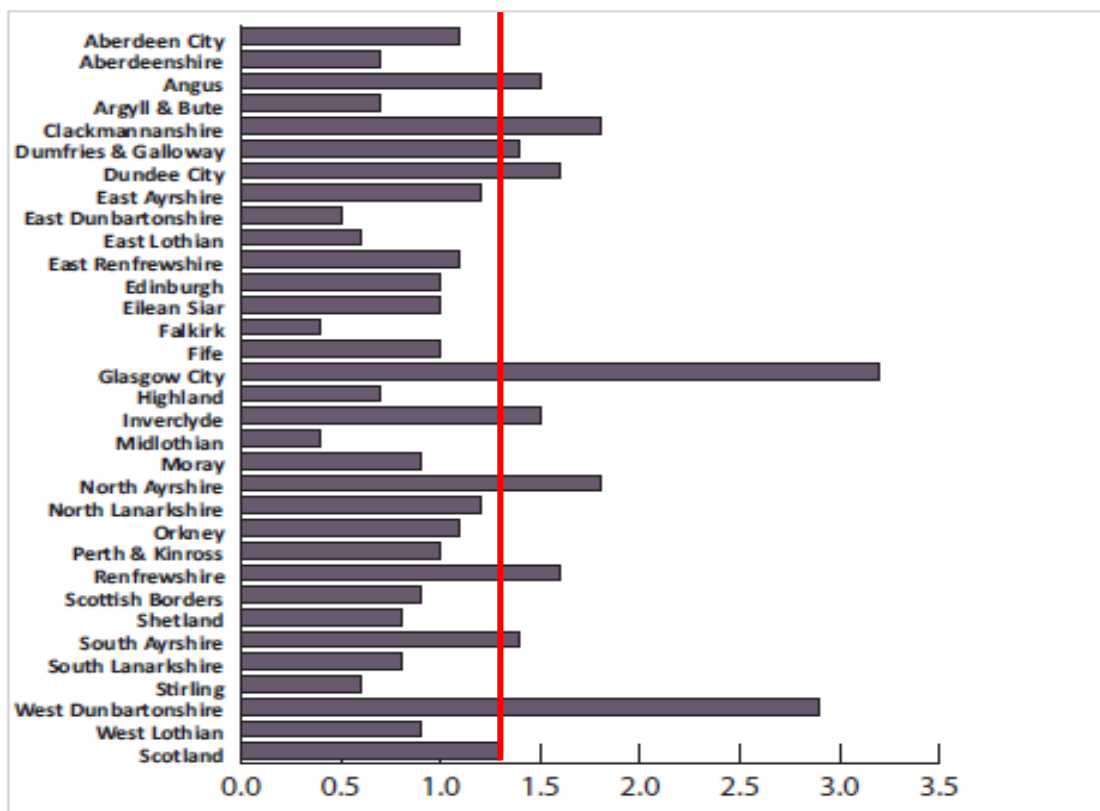


## Proportion of people in the Cohort with Drug, Alcohol-Related and Mental Health Issue by LA



With regards to Severe and Multiple Disadvantage (SMD) Inverclyde ranks in the top quartile, however in terms of overall incidence of homelessness Inverclyde is comparatively lower than the case for Scotland. The support needs of people presenting to homelessness services in Inverclyde are significant and not currently fully met by existing service provision.

## SMD per 1000 of Population by Local Authority Area



Overall, responding to the additional support needs of those who present as homeless is the biggest challenge in Inverclyde. Analysis over the last 2 years has exposed that the homelessness problem in Inverclyde should be framed from a mental health and addictions perspective, as it is clear that people have more specialist requirements above their housing need. In the case of homelessness in Inverclyde, housing is not the primary issue but rather, providing the right support, at the right time and for the right length is the ultimate driver for reducing homelessness.

## 5-year vision to achieve Rapid Rehousing

The RRTP working group discussed what our vision for rapid rehousing in Inverclyde should be. Our vision succinctly echoes the objective of a transition to a rapid rehousing approach for Inverclyde:

### Our Vision:

**“To reduce the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment”**

The Transition Tool (excel spreadsheet) supplied with the Scottish Government RRTP guidance was utilised to gather relevant data in a systematic way, and to populate key indicators for local analysis. The tool informed a subsequent 5 year action plan which identified 4 high level objectives and prescribed actions over a five year period to help to realise our goals.

#### **Objective 1 - Reduce the need for temporary accommodation by preventing homelessness**

The prevention approach does not require housing or support. We will assess homelessness prevention models implemented by LSVT landlords to design a more effective Inverclyde Housing Options model. This collaborative and proactive Housing Options model will be implemented across RSLs, Third Sector partners, and named contacts in Health and Social Work services. We will develop common tools including needs assessment;

introduce consent to share and referral pathways enabling proactive intervention; and provide training and skills transfer on risk and prevention. (15% of recent homeless applicants would benefit from this method)

### **Objective 2 - Enable service users with no/low support needs to access settled housing quickly**

Housing is the main requirement for this client group, with little or no support required.

We will define annually revised targets of allocations to homeless households to reduce length of stay by roughly 50% from 22 weeks to 12 weeks in 5 years by developing combined allocations policy and nomination agreements amongst our RSLs to increase the number of homes allocated to homeless households with no or low support needs. We will build SHIP assumptions on per cent of allocations to homeless households and discuss with our RSL partners how to eliminate the backlog of homeless households awaiting settled accommodation. (42% of recent homeless applicants would benefit from this method)

### **Objective 3 - Implement a Housing First model which enables excluded service users to achieve housing sustainment**

The client groups who would benefit from this housing first approach have moderate to high support needs and include current or previous hostel dwellers who exhibit chaotic behavior. Independent living skills would enable positive sustainment outcomes.

This may require recruiting or appointing a dedicated support team and our multi-agency working group will ensure the most efficient access to the most appropriate (statutory) wrap around support services. (up to 36% of recent homeless applicants could benefit from this method)

### **Objective 4 - Enable service users who need specialist supported housing to access commissioned HSCP services**

The client group which would benefit most from this approach are those with very complex needs who should not be considered homeless applicants as they require specialist supported accommodation options. (6% of recent homeless applicants require specialist supported accommodation).

Our working group will evidence need for specialist supported accommodation to the HSCP Resource Group, and capacity within commissioned resources will be identified to meet evidenced need for specialist accommodation. A personal housing plan process will be developed in partnership with the HSCP Resource Group and we will identify opportunities in the SHIP planning process to meet evidenced need for specialist accommodation. No additional funding is requested to meet the needs of this group as they should not be considered part of the homeless population. Existing HSCP commissioning services will be realigned to address their needs.

The success of our RRTP plan will be dependent on continuing to shift our resources towards prevention and housing sustainment and form the basis of a new, proactive partnership model to meet the underlying needs of the homeless population locally.

To deliver our RRTP vision successfully over the five-year planning period we will require a level of upfront funding towards budgetary and staffing resources. This section of the document describes our current Homeless service resource costs, the funding framework for Rapid Rehousing and the impact that investment in rapid rehousing will have on Inverclyde resources over the 5-year planning period.

Table 8 below details the resources currently funded by Inverclyde Council and the annual cost of delivering the existing homeless services in Inverclyde. This table shows the Council’s contribution of £959k per annum and the rapid rehousing costs detailed in table 12 on page 28 excludes this contribution.

*Table 8: Inverclyde Homeless Service cost*

Homeless Service	Current Cost £000
Inverclyde Centre (Net Rental Income)	(163)
Inverclyde Centre Accommodation based staff	351
Dispersed Accommodation	91
B&B	7
Casework Team	371
Support Services (see breakdown below)	295
Payments to Other Bodies	7
<b>Total Costs</b>	<b>959</b>

The next two tables breakdown the current costs by accommodation (and staffing of accommodation) and support services. Table 9 details the current Inverclyde temporary accommodation portfolio and associated costs.

*Table 9: Temporary Accommodation portfolio funding assumptions (Current)*

Type of Accommodation	Owned/Managed	Units	Client group	Net cost £000
Hostel Supported	Inverclyde Centre	31	Single	187.0
Mainstream furnished	RSLs	29	All	90.0
B&B	Private	0	0	6.5

Inverclyde also has an in-house housing support provision and commissions a range of services to assist in the discharge of the Housing Support duty as detailed in table 10 below.

*Table 10 Housing Support Provision within Inverclyde*

Service	Amount £
Women's Aid	132,300
Mental Health Addictions Support	56,470
Inverclyde Homeless Service (2 x FTE Homemaker)	51,590
Legal Services	55,000
<b>Total</b>	<b>295,360</b>

The accommodation, staffing and support services comprise the majority of the Council's current contribution to address homelessness and are included within the total £959k per annum cost mentioned in table 10 above.

Through the next 5 years we will work in partnership to design our Inverclyde Housing First model and by doing so will investigate the requirement and efficacy of the current temporary provision, the Inverclyde Centre and our temporary flats. Until Housing First models are embedded Inverclyde will continue to have temporary accommodation provision. No costs associated with this have been included in our plan.

### **Cost assumptions to transition to Rapid Rehousing Model**

Due to the significant support needs of people presenting to the Homelessness Services in Inverclyde, we have determined a requirement for 75 Housing First cases over the 5 year planning period. The funding assumptions in respect of Housing First are based on national Housing First Pathfinder costs.

The cost assumptions around housing first are detailed in the diagram below:

**Figure 3: Housing First Assumptions**

Number of Clients	Costs	Duration of Support
<ul style="list-style-type: none"><li>• 7 new clients a year</li><li>• Year 1 - 7 clients</li><li>• Year 2 - 14 clients</li><li>• Year 3 - 18 clients</li><li>• Year 4 - 18 clients</li><li>• Year 5 - 18 clients</li></ul>	<ul style="list-style-type: none"><li>• Initial - £1,500 set up costs per new client</li><li>• Recurring - £6,000 per client per year from Year 1</li></ul>	<ul style="list-style-type: none"><li>• 50% drop-off after 2 years</li><li>• 100% drop-off after 3 years</li></ul>



Figure 3 above illustrates that the funding plan assumes £1,500 of furniture set up costs for each new housing first client. The model provides support at a cost of £6,000 per annum based on a 1:7 ratio. Each client would be supported for an average of 2.5 years. Table 11 below illustrates the detailed costs of Housing First over the 5 year transition to a Rapid Housing model.

**Table 11: Housing First cost assumptions**

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
No. of new clients	7	7	7	7	7	<b>35</b>
No. of clients supporting	7	14	18	18	18	
<i>Cost per person per year</i>	<i>6,000</i>	<i>6,000</i>	<i>6,000</i>	<i>6,000</i>	<i>6,000</i>	
Housing Support costs	42,000	84,000	108,000	108,000	108,000	450,000
Set up costs £,1500 per person in 1st year	10,500	10,500	10,500	10,500	10,500	52,500
<b>Total costs</b>	<b>52,500</b>	<b>94,500</b>	<b>118,500</b>	<b>118,500</b>	<b>118,500</b>	<b>502,500</b>

The 5-year cost of £502,500 is over and above the Council's current Homeless Service contribution of £959,000 per annum, which would continue alongside this proposal for the time being.

To determine the resources required to deliver rapid rehousing, a five-year budget projection tool was created to establish the extent to which the delivery of Housing First would require additional funding or generate efficiencies. Additional to the funding required to implement Housing First, there is a requirement for a Rapid Rehousing Partnership Officer for the first three years to develop and embed new ways of working.

The proposed financial resource plan to implement a Housing First model is summarised in Table 12 below. The Resource Plan on page 38 provides further breakdown of the required financial resources.

**Table 12: Rapid Housing Costs**

Rapid rehousing costs	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Housing First Partnership Officer (Grade 8)</b>	25,200	50,400	50,400			126,000
<b>Housing First</b>	52,500	94,500	118,500	118,500	118,500	502,500
<b>Total requirement</b>	<b>77,700</b>	<b>144,900</b>	<b>168,900</b>	<b>118,500</b>	<b>118,500</b>	<b>628,500</b>

The table above illustrates that our calculations project a requirement for an investment of £629k over the 5 year period to support the delivery of Housing First in Inverclyde.

Investment is required to transform our approach to homelessness. The configuration of service within Inverclyde currently does not provide the optimum environment or financial resources within which we can deliver a new Rapid Rehousing model over the five-year planning period. We will require a level of front funding towards budgetary and staffing resources. This front funding will allow us to invest in the type of service delivery that enables a shift in resources from the provision of temporary accommodation to the delivery of person-centred support services.

The investment in this plan will deliver the following:

- A movement and shift in resources in temporary accommodation from accommodation based support to person centred support.
- Reduce transition and length of stay in temporary accommodation.
- Allow transition from accommodation-based support services to flexible, person centred provision which moves from temporary to settled accommodation and remains there for as long as the client needs it.
- Maximise access to statutory services.

## Stakeholder Engagement

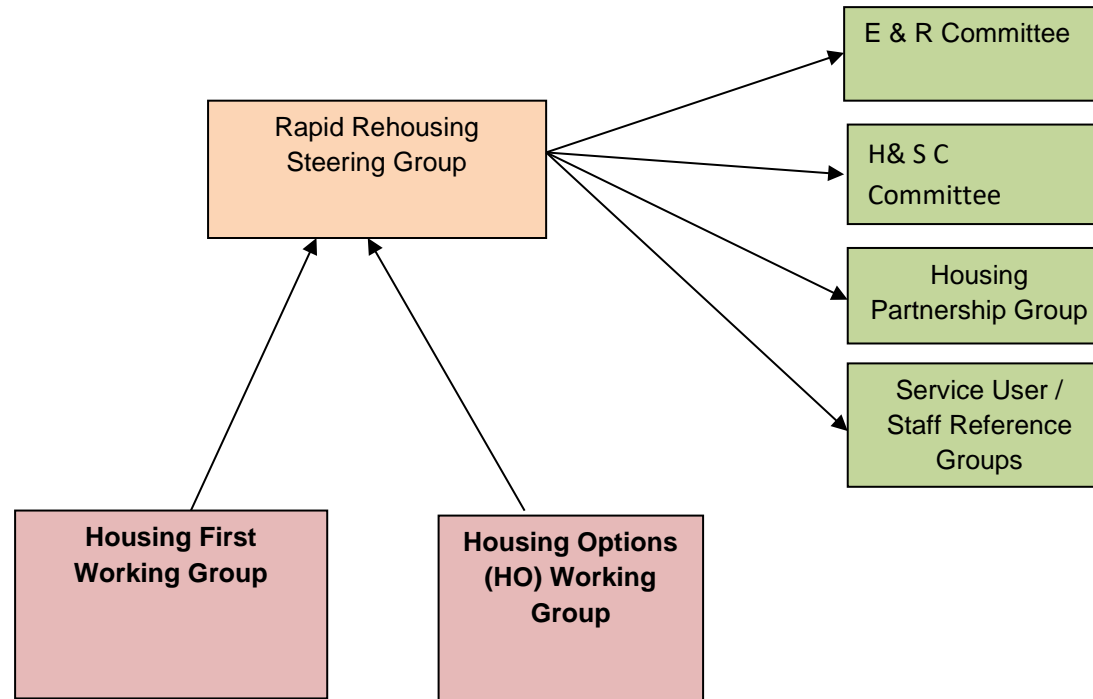
In December 2018, Inverclyde Council, HSCP and local RSLs gathered at a stakeholder workshop to discuss progress and seek agreement that the proposed actions would achieve the vision *“To reduce the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment”*.

General agreement was reached on the vision and proposed actions, and the workshop generated interesting discussion and proposed further ideas of how best we can transition to a rapid rehousing approach. These included: reinstating the homelessness service and RSL case conferencing, providing additional mental health and addictions training for RSL staff, establishing a Deposit Guarantee Scheme and better engagement with anti-social behavioural colleagues.

Aligning with the vision, the proposed action plan and outputs from the workshop will form the next steps and all stakeholders will be invited to participate in the working groups which will shape and steer our plan going forward. Continued partnership working is essential to deliver on the vision for rapid rehousing across Inverclyde, which will be achieved through three distinct but inter-related work streams. It is suggested that work streams will help inform the remit of separate working groups. Proposed Governance arrangements, terms of reference, membership, and year 1 actions are explained in more detail in the following section.

## R RTP governance arrangements

Figure 4: R RTP Governance Arrangements



The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Strategic Planning Group (SPG) is formed to engage with stakeholders on the production and implementation of the Strategic Plan, which is accountable to the Integrated Joint Board. To promote the Housing sector's role in Health and Social Care integration, a representative from both the council's Housing Strategy team and Inverclyde Housing Association Forum are included on the Health and Social Care Partnership's SPG. In addition there is a representative from the Inverclyde Housing Association Forum on the Integrated Joint Board.

Within Inverclyde 6 locality groups have recently been established within East, West and Central Inverclyde. These localities will provide a bridge between strategic planning, assessment of needs, and the coordination and development of services across the local authority area. The localities have been defined by the SPG working in collaboration with communities. It is envisaged that these localities will dovetail with the Community Planning Partnership locality structures which are in development, and it is anticipated that representatives from the RSLs will be key members of these locality groups once established.

The HSCP has led the work to develop the RRTP for Inverclyde in collaboration with Housing Strategy, and the Housing Partnership Group (HPG). The HPG meets quarterly and involves a range of stakeholders from the HSCP, local and national RSLs, and Inverclyde Council's Housing Strategy team. The group works collaboratively to deliver the actions set out in the Housing Contribution Statement and reports directly to the SPG. Moving forward, our partners will continue to work collaboratively to develop, implement and resource the plan.

In terms of future governance of the plan, the RRTP will report to the Environment and Regeneration Committee through the Strategic Housing Investment Plan and the Local Housing Strategy. The delivery of the plan through the Homelessness Service and the wider HSCP and partners will separately report through the Health and Social Care Committee and the Integrated Joint Board and be fully integrated into Health and Social Care Partnership strategic plans.

A Rapid rehousing Steering Group will oversee three working groups responsible for delivering Inverclyde's Rapid Rehousing model, the terms of reference for the Programme Board and the details of each working group are noted below.

#### Rapid Rehousing Steering Group

##### Terms of Reference:

1. Responsible for delivery of Rapid Rehousing Transition Plan.
2. Monitoring progress against Action Plan.
3. Responsible for overseeing management of resources / funding allocated to the plan.
4. Governance – reporting to LHS and relevant committees.
5. Receive reports from working groups including evaluation of options to implement the plan.

## Working Group 1: Housing Options

This group will contain members from the Homelessness Service; RSLs; HSCP Team Leads; and Criminal Justice. It will address Objective 1, **'Reduce the need for temporary accommodation by preventing homelessness'** and Objective 2, **'Enable service users with no/low support needs to access settled housing quickly'**

The group will establish a pathway assessment to housing need based on an application of a single housing options approach using a national toolkit. It will implement a collaborative & proactive Housing Options model across RSLs, Third Sector partners, and named contacts in Health & Social Work services and in the first year will focus on the following aspects:

- Training & skills transfer on risk & prevention
- Developing common tools including needs assessment
- Consent to share & referral pathways enabling proactive intervention
- Define % annual target of allocations to homeless households to reduce length of stay by 50% in 5 years
- Build SHIP assumptions on % allocations to homeless households
- Develop the allocations policy & nomination agreements to increase the number of homes allocated to homeless households with no or low support needs
- Negotiate agreement with RSLs on how to eliminate the backlog of homeless households awaiting settled accommodation.

## Working Group 2: Housing First Working Group

This group will contain members from Homelessness, RSL's, HSCP's Commissioning Team; Finance; and Housing Strategy. It will address Objective 3: **'Implement a Housing First model which enables excluded service users to achieve housing sustainment'**

Two client groups will benefit from this Housing First approach: current or previous hostel dwellers who exhibit chaotic behaviour which necessitates a need for on-site supervision; and the habitual homeless applicants who display complex needs, are disadvantaged and unlikely to sustain any form of tenancy on a long term basis. 24% of recent homeless applicants could benefit from the proposed output from this working group.

We will investigate developing a 'strategic needs' group within RSL Allocations Policies to enable a housing led approach. This may require recruiting or appointing a dedicated support team and our multi-agency working group will ensure the most efficient access to the most appropriate wrap around support services.

We will work in partnership to design our Inverclyde Housing First model and investigate the efficacy of the current hostel provision: the Inverclyde Centre. The Recommission Temporary Accommodation Working Group will:

- Develop a 'strategic needs' group with RSL Allocation Policies to enable a housing led approach
- Recruit / appoint a dedicated support team
- Building multi-agency working group to enable access to (statutory) wrap around support services

Objective 4: **'Enable service users who need specialist supported housing to access commissioned HSCP services'** will be addressed through the Housing Partnership Group. The client group which would benefit most from this approach has very complex needs and should not be considered homeless applicants as they require specialist supported accommodation options. 6% of recent homeless applicants require specialist supported accommodation.

Our working group will evidence need for specialist supported accommodation to the HSCP Resource Group, and capacity within commissioned resources will be identified to meet evidenced need for specialist accommodation. In Year one the Subgroup will consider the following:

- Evidence need for specialist supported accommodation to HSCP Resource Group
- Develop personal housing plan process in partnership with HSCP Resource Group
- Identify opportunities in SHIP planning process to meet evidenced need for specialist accommodation
- Identify capacity within commissioned resources to meet evidenced need for specialist accommodation

## Summary Action Plan

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Objective 1</b> - To reduce the need for temporary accommodation by preventing homelessness	Assess homelessness prevention models implemented by LSVT landlords to design Inverclyde Housing Options model.	Housing options model implemented across Inverclyde partners.	Housing options model implemented across Inverclyde partners.	Projected increases in service demand as a result of service improvement: 5% per annum.	Projected improvement in prevention rate reduces service demand by a further 5% per annum.
	Implement a collaborative & proactive Housing Options model across RSLs, Third Sector partners, named contacts in Health and Social Work services by: -Training and skills transfer on risk and prevention -Developing common tools including needs assessment -Consent to share and referral pathways enabling proactive intervention	Projected increases in service demand as a result of welfare reform: 5% per annum.	Projected increases in service demand as a result of welfare reform: 5% per annum.	Projected improvement in prevention rate reduces service demand by 5% per annum.	
		Projected improvement in prevention rate reduces service demand by 5% per annum.	Projected improvement in prevention rate reduces service demand by 5% per annum.		

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Objective 2 -</b> To enable service users with no/low support needs to access settled housing quickly	Define % annual target of allocations to homeless households to reduce length of stay by 50% in 5 years.	Reduce the length of stay in temporary accommodation for those with no or low support needs by 4 weeks by incrementally increasing the % allocation to homeless households.	Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 4 weeks by incrementally increasing the % allocation to homeless households.	Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 4 weeks by incrementally increasing the % allocation to homeless households.	Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 2 weeks by incrementally increasing the % allocation to homeless households.
	Build SHIP assumptions on % allocations to homeless households.				
	Develop the allocations policy & nomination agreements to increase the number of homes allocated to homeless households with no or low support needs.	Baseline assumption: length of stay in dispersed accommodation: 22 weeks.	Baseline assumption: length of stay in dispersed accommodation: 18 weeks.	Baseline assumption: length of stay in dispersed accommodation: 14 weeks.	Baseline assumption: length of stay in dispersed accommodation: 12 weeks.
	Negotiate agreement with RSLs on how to eliminate the backlog of homeless households awaiting settled Accommodation.				



	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Objective 3 -</b> Deliver a Housing First model which enables the most excluded service users to achieve housing sustainment	Develop Housing First model	Deliver Housing First	Deliver Housing First	Deliver Housing First	Develop mainstream funding framework for Housing First via the LHS and Strategic Commissioning Plan.
	Design Inverclyde Housing First model in partnership with RSLs & the HSCP Inc.: - Target client group - Developing a 'strategic needs' group within RSL Allocations Policies to enable a housing led approach - Recruiting Housing First Partnership officer - Build multi-agency working group to enable access to statutory and commissioned wrap around support services	Develop case conferencing/management arrangements.	Develop case conferencing/management arrangements.	Build outcome evaluation framework and evidence impact of preventative investment.	
			Identify Homelessness service users in direct access/hostel chaotic categories		
		Identify Homelessness service users in direct access/hostel chaotic categories.		Share with HSCP & Community Planning Partners to build funding mechanism.	

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Objective 4 -</b> To enable service users who need specialist supported housing to access commissioned HSCP services	Evidence need for specialist supported accommodation to HSCP Resource Group.	Identify service users with complex needs requiring a different type of service.	Identify service users with complex needs requiring a different type of service.	Identify service users with complex needs requiring a different type of service.	Develop SHIP & SCP planning frameworks to ensure that emerging particular housing needs are addressed by housing and care planning funding programmes.
	Target client group (6% specialist support accommodation).			Ensure SHIP framework makes contribution to meeting unmet need for supported accommodation.	
	Develop personal housing plan process in partnership HSCP Resource Group.			Ensure SCP framework makes contribution to meeting unmet need for supported accommodation.	
	Identify opportunities in SHIP planning process to meet evidenced need for specialist accommodation.			Consider the long term future of the use of the Inverclyde Centre; and reconfigure the service based on a Housing First model.	
	Identify capacity within commissioned resources to meet evidenced need for specialist accommodation.				

## Resource Plan

Resource Bid	Details	Resource Bid
Housing First Partnership Officer	<p>Partnership post to facilitate the successful implementation of Rapid rehousing and co-ordinate the implementation of Housing first</p> <p>Key tasks-RRTP Coordinator</p> <ul style="list-style-type: none"> <li>• Co-ordinate the development, implementation and review of the Rapid Rehousing Transition Plan and related plans and strategies.</li> <li>• Work in partnership with the RSLs; other council departments, Community Planning partners and other key stakeholders (both internal and external) to implement Housing First with effective resource input in the development, monitoring and review of the RRTP and related strategies.</li> <li>• Ensure the effective development and implementation of robust monitoring and reporting arrangements for the RRTP and related plans and strategies.</li> <li>•</li> </ul>	Year 1-3 – Year 1 -6 month costs £50,400 per annum years 2&3
Implementing Housing First	To fund and deliver 75 Housing First commissioned support cases over the 5-year period.	Year 1 - £158k Year 2 - £445k Year 3 - £551k Year 4 - £578k Year 5 - £374k



## **RAPID REHOUSING TRANSITION PLAN FUNDING**

### **Purpose**

1. This paper sets out the distribution strategy for £24m of transformational funding to support the delivery of rapid rehousing and Housing First. This represents a £9m increase in funding commitment from the £15m announced in June 2018 by the Minister for Local Government, Housing and Planning.
2. This funding proposal has been informed by the Rapid Rehousing Transition Plans (RRTPs) published by all 32 local authorities, under the leadership of the Homelessness Prevention and Strategy Group (HPSG), which is jointly chaired by COSLA and the Scottish Government
3. Advice, comment, and agreement from the SDG are sought on the funding distribution plans, and particularly the proposals for 2019-20, so that allocations can be made to local authorities immediately, following approval by Leaders, to support implementation of activity around rapid rehousing across Scotland.

### **Background**

4. The Government initially announced this investment following the publication of the Homelessness and Rough Sleeping Action Group recommendations in June 2018. An initial £2m was made available to local authorities to support production of the plans, and a further £6.5m has been transferred to the Corra Foundation to support five Pathfinder projects for Housing First in Edinburgh, Glasgow, Aberdeen and Aberdeenshire, Stirling and Dundee. This was previously set out in a paper to SDG at their meeting in September 2018, which dealt with the distribution of the £2m.
5. Since September, all 32 local authorities have submitted their RRTP which have been reviewed by Scottish Government with detailed feedback provided. Further work will take place through the first year of implementation to support development of the next iteration of the plans and to refine our understanding of costs to ensure that plans are realistic and achievable within the collective means of local and national government.
6. Initial costings contained within the plans significantly exceeded the national funding available to support the transition, however, there is a need within plans to separate out what is transitional and transformational from what is ongoing, core activity for local authorities in meeting their homelessness statutory duties.
7. Information gathered from local authorities suggests that a range of activities will be required to understand how to bridge that gap including the testing of new and innovative actions, sharing best practice amongst local authorities and assessing ongoing funding need and spend.
8. Given the local investment of time and resource to producing the plans, and the important information they hold about local needs, it is our intention that RRTPs will go on to directly inform allocations of funding. However, given such an approach will take time to develop and consider, we propose to agree 19-20 allocations on the

basis of a formula distribution with a view to bringing proposals for distribution in later years. Further details are set out below.

### **Proposed approach to allocations**

9. The initial announcement of £15m did not specify a funding profile. Based upon scrutiny of the RRTPs, and on the understanding that transformational change requires up-front investment, the Scottish Government proposes to distribute the funding over 2019-20, 2020-21 and 2021/22, allocating £8m in each year. Together with the £2m allocated to support the production of the plans, this expanded allocation of £24m to support plan delivery means that over half of the £50m Ending Homelessness Together Fund has been allocated to support local authorities as they transition to a rapid rehousing approach.
10. It is proposed to allocate the 2019-20 funding using a formula based distribution, and the 2020-21 and 2021/22 funding in a more innovative fashion, based on the RRTPs produced by local authorities.
11. To distribute the first £8m in 2019-20, it is proposed to use a three year average of homelessness assessments. This comes from published national homelessness statistics (HL1) and we consider it to be the best proxy for need relating to delivery of RRTPs available from that dataset. This will support the swift distribution of funds to all areas, to ensure they can begin delivery as quickly as possible.
12. Formal ring-fencing requirements are not sought for one-off transformational funds of this kind, and a framework will build on the processes in place for RRTP development and aligned with Strategic Housing Investment Plan processes. Although this funding will not be ring-fenced, this funding should not be used to backfill any funding requirements in running homelessness services. In addition, local authorities will be expected to use this funding for the intended purpose and provide clear reporting to the Scottish Government of how the funding is being used to support transformational change. COSLA and the Scottish Government will work together to agree clear, proportionate reporting requirements. A formal letter setting out these requirements and the individual local authority allocations will be issued by the Scottish Government as soon as agreement has been reached.
13. For the second and third years, the intention is to distribute another £8m of funding a year (subject to Budget decisions) based on RRTPs. This is a more complex approach which will take time to develop in partnership through the HPSG and agree. The proposition will capitalise on the strategic planning undertaken by local authorities which will allow a clearer understanding of local need, and the joint leadership demonstrated by the HPSG. The Scottish Government is committed to develop options for the approach to distribution through partnership work with local authorities, COSLA and others with the aim of responding to the assessment of actual need according to Plans, and the prioritisation of interventions which has been progressing at local level since last Summer. The RRTP process is necessarily iterative, and there are ongoing discussions with all Local Authorities to develop and improve the plans. Further proposals will be brought to SDG in due course.

### **Delivering fully on RRTPs**

14. RRTPs are the prime strategy documents for the delivery of transformation of homelessness service provision across Scotland, and they are owned by local authorities who have the statutory duty to people at risk of homelessness. Local authorities are best placed to set out all the strategy for making change in their areas and considering how to transform their existing practice and services to utilise

the significant amount of investment they already make into services in their areas. The Scottish Government is keen to support local authorities' clearly set out ambition, working in partnership with authorities to address the concern raised about the scale of costs modelled by local authorities in their RRTPs and the funding so far made available by Government to contribute to this work.

15. It is recognised we are at the start of a shared journey, and there is an expectation that all partners will work towards making resources available to meet the shared ambitions for the transition to rapid rehousing. That will include assessment of funding requirements, consideration of innovative approaches to meeting those needs and also appreciating the scale change to achieve transformation in services, culture and approach.

### **Recommendations**

16. SDG is asked to agree to distribute £8m to local authorities in 2019/20 to begin implementation of RRTPs as soon as possible, with a reporting mechanism building on arrangements that have been implemented for gathering information on how local authorities have been using their allocation from the £2m RRTP development fund.
17. SDG is asked to note the intended approach to distributing further funding in 2020/21 and 2021/22 based on information in authorities' published RRTPs, with firm options to be brought back to SDG in due course.
18. SDG is asked to note the intention to continue discussions around how to implement RRTPs fully, in the spirit of partnership, and with the intention to seek innovative solutions to meet ambitions shared by central Government and local authorities on behalf of the people of Scotland.

**Report To:** Health & Social Care Committee      **Date:** 24 October 2019

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership      **Report No:**  
SW/44/2019/SMcA

**Contact Officer:** Sharon McAlees  
Head of Children's Service and  
Criminal Justice      **Contact No:** 01475 715282

**Subject:** WHOLE SYSTEMS APPROACH

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health & Social Care Committee about new Scottish Government funding to support local authorities with the reinvigoration and extension of the Whole System Approach (WSA) to youth offending.
- 1.2 The report outlines the spending proposal of the funding for 2018/19 and 2019/20.

## **2.0 SUMMARY**

- 2.1 The Whole Systems Approach was launched in 2011 based on significant evidence that outcomes for young people involved in offending could be better served by diverting them from statutory measures, secure care and custody.
- 2.2 The Whole Systems Approach has delivered successes for young people, victims and communities. The annual numbers of offence referrals for children's hearings, young people appearing in court and being sentenced to custody have fallen markedly over the past 8-10 years.
- 2.3 Recent indicators suggest that some of the positive outcomes of WSA have started to take an adverse direction. There has been an increase in the number of referrals to the Children's Reporter however these are not being converted into hearings or compulsory supervision orders. This would suggest that that more children are being drawn into formal systems when they do not actually require compulsory measures. In response to this the Justice Board and COSLA agreed that renewed local efforts should be directed at the preventative and planning stage, early and effective intervention.
- 2.4 The Scottish Government and COSLA identified new funding of £25,000 to be disbursed to each local authority for 2018-19, with a further £25,000 in 2019-20. The funding is aimed at supporting local authorities to reinvigorate the WSA to offending for young people up to 18 years of age and, wherever possible, to care-experienced young people up to 26 years of age.
- 2.5 The Scottish Government and COSLA have highlighted the success of the approach taken by Community Justice Partnerships through the introduction of Lead Officers and have suggested that this is the route local authorities should take for youth justice.
- 2.6 The Scottish Government has confirmed its commitment to making available a further

£25,000 for 2019-20 to each local authority to be paid through the local government General Revenue Grant subject to the use of the funding for 2018-19 which was made available to tackle the following priorities:

- Ensuring youth justice is reflected as a priority in Children's Service Plans, Community Justice Plans and other strategic planning arrangements.
- Ensuring a person-centred approach which improves support for children and young people and delivers better transitions.
- Should local authorities and partners conclude need, they may also allow an extension of WSA to some areas to support young people up to the age of 21 or 26 if care experienced.

The Scottish Government is aware that Inverclyde was not in position to spend the 2018/19 allocation and have confirmed that as the funding was allocated through the General Revenue Grant then local authorities may carry this forward. The Scottish Government is, however, keen that the funding is utilised to ensure that the needs of children in trouble are prioritised by all community based partnerships, encouraging coordinated strategic planning in support of targeted and preventative services which can be sustained after the funding period.

2.7 Across Scotland, local authorities have mainly deployed the funding across five key areas where they are seeking to address areas such as managing high levels of risk, and strengthening, prevention and early intervention.

2.8 Within Inverclyde, there are a small number of young people at risk of causing harm to themselves and others due to consequences of their own behaviour or the consequences of others towards them. This small group of young people are often identified as young people at risk of becoming looked after and accommodated or who are transitioning from youth custody back into the community. The Whole Systems funding would provide an opportunity to:

- Implement a structured multi-agency framework of assessment and risk management specific to vulnerable high risk young people.
- Provide training for staff.
- Provide intervention and support on a wrap-around basis when statutory agencies are not available, either via direct commissioning or developing and upskilling existing sessional staff.

### **3.0 RECOMMENDATION**

3.1 That the Health & Social Care Committee notes the content of this report and endorses the proposal to

1. Develop services to provide interventions to vulnerable and high-risk young people up to the age of 21 or 26 if care-experienced.

2. Develop and implement a consistent model of risk assessment and management for vulnerable high-risk young people.

**Louise Long**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**



## 4.0 BACKGROUND

- 4.1 Low level offending is common in childhood however those involved in patterns of more serious and persistent offending are often our most vulnerable and traumatised young people, who have experienced multiple adverse childhood experiences and have had poor education experiences. Whilst different interventions and support may have been offered they have not always been successful in stemming the young person's journey through the youth justice system and into the adult criminal justice system.
- 4.2 The Whole System Approach to youth offending was introduced in 2011 based on the above knowledge and evidence that showed outcomes for young people involved in offending could be better served by diverting young people away from statutory formal measures and a recognition that contact with the youth justice system is the biggest factor in whether a young person will continue to offend.
- 4.3 The Whole Systems Approach introduced three policy strands:
- Early and Effective Intervention.
  - Diversion from prosecution (keeping young people out the criminal justice system).
  - Reintegration and transition support from secure care and custody.
- 4.4 Practitioners believe that the Whole Systems Approach facilitated improved outcomes for young people through closer multi-agency working, data sharing and a strong incorporation of welfare and wellbeing in decision-making and practice.
- 4.5 Across Scotland, local authorities have utilised the additional funding across five key areas
- Appointment of a worker to review and further develop Whole Systems. This had been the initial thinking from a service perspective in Inverclyde and was the route advised by the Scottish Government, however this has not been supported.
  - Funding a specific project, carers or sessional staff.
  - Staff training and development.
  - Extend or scope the extension of Whole Systems to 21 years or 26 years, if
  - care-experienced.
- 4.6 The utilisation of some of the above enables children's services planning and community justice planning partners to address key Whole Systems Approach priorities of:
- Ensuring youth justice is reflected as a priority in Children's Service Plans, Community Justice Plans and other strategic planning arrangements.
  - Ensuring a person-centred approach which improves support for children and young people and delivers better transitions
  - Provide the opportunity to extend the Whole Systems Approach to support young people up to the age of 21 or 26 if care-experienced
- 4.7 The evaluation of the Whole Systems Approach highlighted a reduction in detected offences, a reduction in referrals to the children's reporter and a decline in youth custody. Within Inverclyde however, we continue to face challenges with effectively managing a small number of vulnerable young people with complex needs who are at risk of harm or who present a risk to others. This group of young people is at risk of becoming involved in offending, becoming accommodated or is in a cycle of offending and youth custody.
- 4.8 The rollout of Community Justice Lead Officers across Scotland has been a successful approach to supporting the community planning partners in the reducing reoffending agenda. A reinvigorated Whole Systems Approach incorporating a revised and updated standardised risk management framework including targeted intervention to this small

group of young people which would enable the children's services planning and community justice partnership to deliver on the following areas:

- Assist partners to work together to identify when children are in trouble and to intervene in a co-ordinated way.
- Ensure systems are in place to enable partner agencies to intervene early to keep young people out of formal systems.
- Support young people who are already in formal systems – children's hearing/court.
- Ensure consistent approaches to risk assessment and management of high risk young people.
- Ensure that youth offending is rooted in GIRFEC pathways.

4.9 Work is currently underway in developing a vulnerable young person's risk management framework as outlined above. This is intended to complement the existing child protection, adult support and protection and MAPPA procedures. The additional funding will enable this framework to be effectively implemented at an increased pace and enable roll out of training to staff. Additional resource will also support specific targeted services to young people that are flexible, responsive and available at times when social work staff are not available – evenings and weekends. It is proposed that the additional funding be utilised to support this area of work.

4.10 The risk framework will be developed on a multi-disciplinary basis with potential support from outwith Inverclyde for a small cost, however it will require training for all staff across the HSCP, Education, Community and the third sector. £18k will support the training programme.

4.11 A sessional staff budget will be established to support young people at risk in the community and school. The use of sessional staff will be monitored through Child Planning meetings, however a budget of £20k for 2019/20 will be allocated.

## 5.0 IMPLICATIONS

### Finance

#### 5.1 Financial Implications

The Scottish Government is providing £25,000 in 2018/19 and 2019/20.

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Children & Families	Employee Costs	19/20	20k	N/a	Scottish Government Funding
Children & Families	Other Expenditure	19/20	18k	N/a	Whole System Approach

#### 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 resources issues within this report.

## **Equalities**

5.4 There are no equality issues within this Report.

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

## **Repopulation**

5.5 There are repopulation issues.

## **6.0 CONSULTATION**

6.1 None

## **7.0 LIST OF BACKGROUND PAPERS**

7.1 None

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<b>Report</b>	<b>Health and Social Care Committee</b>	<b>Date: 24 October 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No: SW/49/2019/AS</b>
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Contact No: 01475 715212</b>
<b>Subject:</b>	<b>DEMENTIA UPDATE</b>	

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with an update relating to Dementia work in Inverclyde.

## 2.0 SUMMARY

- 2.1 Inverclyde HSCP has been successful in securing the pilot site for developing better dementia care co-ordination arrangements through a two year national test of change in partnership with IHub.
- 2.2 Inverclyde HSCP has successfully recruited an improvement adviser for two years to drive forward this test of change, funded by IHub to improve care co-ordination across the Dementia pathway.
- 2.3 A launch event took place on Friday 27<sup>th</sup> September at the Tontine Hotel in Greenock. Over 100 delegates are due to attend this event to formally launch our work for the next two years. National and local speakers were invited to ensure we start this work with an opportunity to reflect on our success to date and agree our priorities moving forward.

## 3.0 RECOMMENDATIONS

The Health and Social Care Committee is asked to:

- 3.1 Note that Inverclyde HSCP has been identified as a national test site for developing Dementia Care Coordination.
- 3.2 Note the addition of an Improvement Advisor for 24 months resourced from IHub to drive this work forward in Inverclyde.
- 3.3 Note that further update reports will be provided on a six monthly basis.
- 3.4 Agree that future use of the earmarked reserve be linked to the test of change activity associated with the new care co-ordination work.

## 4.0 BACKGROUND

4.1 Post diagnostic Support data shows that 485 people were diagnosed with Dementia In Inverclyde between April 2016 and March 2019. Of these, 16 were under 65 and almost 60% were females. In June 2016 there were 723 people on GP registers however this figure has fallen significantly due to changes in the new GP contract and is no longer a reliable figure. Prevalence estimates indicate that 1444 people will be living with Dementia in Inverclyde.

4.2 The basis for our approach to supporting people with dementia in Inverclyde has been on building capacity across services and our community to enable people with dementia to live well and remain active participants within their own community, and improving access to appropriate support and intervention at every stage in their illness. Our existing dementia strategy focuses on working towards a dementia friendly Inverclyde. The key objectives within the strategy are to:

- Improve Dementia Awareness and knowledge across services and the community;
- Improve community Inclusion;
- Provide Early diagnosis and support;
- To enable people to live well with dementia.

(Working Toward a Dementia Friendly Inverclyde, Inverclyde Dementia Strategy 2013).

4.3 The action plan supporting achievement of the objectives is based on the outcomes identified within the Inverclyde Strategy:

1. Improved coordination, collaboration, and continuity of care across services;
2. Improved access to services;
3. Improved flexibility of services;
4. Improved capacity of services to be responsive;
5. Increased awareness of dementia within the general public and community;

Increased opportunities for people with dementia, their families and carers to contribute to service planning.

4.4 This work has been led by a multi -agency implementation group and there is an established collaborative approach to improving responses and support for people with dementia. Review of progress with the implementation plan of our dementia strategy identified the need to further focus on streamlining pathways to support and on being able to provide more flexible approaches to meeting people's needs.

4.5 The third National Dementia Strategy was published in June 2017 and signified a shift in the post-diagnostic support commitment whereby it now puts greater emphasis on promoting and supporting flexible post-diagnostic services. People assessed as having a higher level of post-diagnostic support need should fall into the scope of Alzheimer Scotland's 8 Pillars Model or, in some cases, their Advanced Dementia Practice Model, thereby being offered an appropriate intervention. In most or all occasions, this would be coordinated by an appropriately trained health or social services professional as a supported enhancement of their existing professional role, and drawing on a combination of community supports and multi-disciplinary skills and teams as appropriate in each individual case.

Healthcare Improvement Scotland, NHS Education, NHS Information Services Division, Health Scotland, Scottish Government Dementia Policy Team and Alzheimer Scotland developed a proposal to work in collaboration with one Health & Social Care Partnership (HSCP) to design and test approaches to integrated care that will provide co-ordinated and seamless care for people with Dementia from diagnosis to end of life care, informed by the human rights-based approach which underpins the Standards of Care for Dementia in Scotland (2011).

- 4.6 The proposal is to test a whole system approach to delivering an integrated, co-ordinated approach to supporting people from diagnosis of Dementia through to end of life. It is expected that testing of this approach will provide an exemplar of the benefits of health and social care integration and support the implementation of Scotland's third national Dementia Strategy (2017-2020). This work also provides opportunities to support the implementation of Scotland's digital health and care strategy (2018).
- 4.7 The Chief Officers of East Renfrewshire and Inverclyde HSCP co-lead the workstreams on Older People's Care and Local Care respectively across the NHS Greater Glasgow and Clyde Moving Forward Together programme. They identified the opportunity this programme presents to further develop integrated pathways of care and, based on the work to date in Inverclyde, agreed Inverclyde would submit a bid.
- 4.8 Inverclyde submitted the bid in May 2019 to iHUB to secure Inverclyde as the test site for the improvement work relating to Dementia. This has been successful.
- 4.9 IHub will work with the HSCP over the next two years and has released funding to allow Inverclyde HSCP to offer a 24 month post to an Improvement Advisor. This role will help drive forward the work within Inverclyde and co-ordinate feedback to the wider stakeholder group across GG&C NHS including the other 5 HSCPs. The Improvement Advisor is due to take up this post shortly.
- 4.10 The aim of the project is to:
- improve services and support for people with dementia as part of key actions to strengthen community care and support,
  - provide timely interventions to support complex physical and health needs, reduce unscheduled hospital admission days, reduce delayed discharges, and
  - improve palliative and end-of-life care.

The project will also explore the use of digital and technological solutions, linking with our existing TEC work to look at innovative ways to best support people with Dementia and their carers, improving experience and outcomes and empowering individuals to self-manage and live independently for longer.

- 4.11 The project aims to understand how the strategy objectives can be implemented and integrated into practice. We will share learning with the wider Dementia Network in Scotland at regular intervals, in order to support all areas to deliver Dementia Services in line with the Dementia Strategy.
- 4.12 The project will be initiated with a launch event for stakeholders on 27<sup>th</sup> September. This will provide an opportunity to provide stakeholders with the background to this work, including some key learning from other Dementia Demonstrator sites work to date. The event will place this project within the local context and review of progress to date from the current Inverclyde Dementia Strategy Implementation Plan, map what is working well and identify and agree key priorities for areas of improvement.
- 4.13 A Dementia Care Coordination Project group will be established to lead this work. The function of the Project Group will be to design the programme of work focusing on key outputs expected, informed by the stakeholder event, develop an implementation plan and monitor progress and outcomes against the agreed plan. This will also include further engagement with all relevant stakeholders, including people with dementia, their families and carers.
- 4.14 Inverclyde Council has committed £100,000 in an earmarked reserve to support the continuing implementation of the dementia strategy in Inverclyde. Previous funding of this nature has focused on community work within local communities to improve understanding and awareness of dementia, and supported local organisations and businesses to adapt their environment to better enable access for people with dementia and to feel safe. Going forward, this funding will support initiatives and tests of change

identified within the Dementia Care Co-ordination Project. Use of this will be reflected within the detailed work plan.

## 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
					Band 7 Improvement advisor employed for 24 months paid by IHUB Scotland

Annually Recurring Costs/ (Savings)

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

### LEGAL

5.2 There are no legal issues within this report.

### HUMAN RESOURCES

5.3 There are no human resources issues within this report.

### EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## 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

## 7.0 LIST OF BACKGROUND PAPERS

7.1 None.

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>24 October 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP</b>	<b>Report No:</b>	<b>SW/45/2019/DG</b>
<b>Contact Officer:</b>	<b>Deborah Gillespie Head of Mental Health, Homelessness and Addictions</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>Mental Health Strategy and Improvement Programmes</b>		

---

## 1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update on developments to take forward the mental health strategy within Inverclyde and to present the Mental Health Strategic Needs Assessment.

## 2.0 SUMMARY

- 2.1 The HSCP has convened a multi-agency Inverclyde Mental Health Programme Board (IMHPB) which has oversight of the range of workstreams and provides a local context for delivery of both the NMSG&C and national mental health strategies.
- 2.2 The range of improvements is significant requiring partnership working across the system and includes primary and secondary care, third sector, public involvement, Police Scotland, Community Planning and the Alliance Board.
- 2.3 In order to inform the focus of work, a strategic needs assessment has been developed and is included as an appendix 1.
- 2.4 Inverclyde was chosen to work in partnership with Health Improvement Scotland and Alzheimer Scotland as the Dementia Care Co-ordination Site. This is the subject of a separate report.

## 3.0 RECOMMENDATIONS

- 3.1 The Committee is asked to:
- (1) Note progress in delivery of mental health improvement in Inverclyde;
  - (2) Note the content and key evidence within the Mental Health Strategic Needs Assessment;
  - (3) Receive regular further updates

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



## 4.0 BACKGROUND

4.1 Delivering improvement in mental health services is taking place within a complex landscape with direction provided by a number of strategies/policies:

- Action 15 Implementation Plan (National Mental Health Strategy 2017-2027).
- Primary Care Improvement Plan - Primary Care Mental Health.
- NHSGG&C Adult Mental Health Strategy.
- Children & Young People's local development work- Mental Health task force.
- NHSGG&C Older People's Mental Health Strategy development.
- Review of Inverclyde Addictions Services.

Within Inverclyde HSCP the Inverclyde Mental Health Programme Board (IMHPB) has been established to oversee these programmes. This reports to the Integration Joint Board and met for the first time in March 2019.

4.2 The role and remit of the Inverclyde Mental Health Programme Board (IMHPB) is:

- To promote, support and facilitate active participation of all relevant stakeholders in the range of mental health improvement programmes in Inverclyde including the appropriate service user groups. This will include ensuring capacity is built within service user groups.
- To ensure that progress against the individual implementation and improvement plans is sustained.
- To work collaboratively to help ensure that work streams/aligned programmes connect strategically.
- To have oversight of financial resources, making recommendations on use of resources if and when required.
- To agree any key messages for communication about changes occurring as part of the overall improvement programmes.

This group meets quarterly and is chaired by the Chief Officer Inverclyde HSCP.

### 4.3.1 Key Messages from Mental Health Strategic Needs Assessment

An early action of the IMHPB was to commission a detailed strategic needs assessment which was completed in July 2019 and will continue to be updated as additional data becomes available, in particular, the inclusion of data on health and wellbeing of young people when the report from the survey in schools becomes available later in the year.

4.3.2 Deprivation is a major factor in health inequalities and mental wellbeing. There are also national inequalities in mental and physical health care including access and associated resources.

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.  
People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department.

4.3.3 Drawing on a range of local health information and service delivery data, the following is key evidence required to be used to inform the planning and delivery of services:

- Positive perceptions of mental and emotional wellbeing are highest in the age groups 16-24 and 65-74 and lowest in the age groups 55-64 and 75+.
- Social isolation and loneliness have a significant impact on mental health with people in

all age groups reporting feeling lonely in the last 2 weeks, this being most apparent in those aged 16-24 and 75+.

- The number of patients with a serious mental illness is highest in the central GP cluster and is increasing in all clusters (East and West).
- The number of patients with newly diagnosed depression continues to increase and is slightly higher in West GP cluster than East and Central.
- Rates of serious mental illness and depression are higher in Inverclyde than Scotland and NHSGG&C.
- Rates of Dementia are higher than Scotland and NHSGG&C however rates of hospital stay for these patients have more than halved since 2013/14.
- Referrals to CAMHS following the increasing trend across Scotland, however waiting times in Inverclyde remain lower than in NHSGG&C and Scotland.
- Inverclyde central GP cluster has 2 ½ times the rate of alcohol related admissions than West cluster.
- Drug related hospital stays within Inverclyde Central Locality are the highest in Scotland.
- 25.8% decrease in probable suicides in Inverclyde between 2004-2018.
- 73.5% of probable suicides between 2011- 2017 were male.
- Upward trend in referrals for people in crisis with an even split between male and female however 65% of referrals are from the 16-44 age category.
- 30% increase in volume of mental health related police incidents since 2017 with the highest rate of incidents in Greenock town centre datazone.
- Referrals to both the Primary Care and Older People's Mental Health Teams are increasing.
- Stress and mental health amongst the highest reasons for referral to Community Link Workers based in GP practices.
- Range of social/peer support connections made by Community Connectors improving physical and mental health and wellbeing.

#### 4.4 Workstreams

The range of work required in response to both local need and to address the expectations from the range of policies and strategies detailed in 4.1 is being taken forward through a number of work streams, reporting to the Programme Board. These are detailed below, with information about the current areas of focus and progress to date.

##### 4.4.1 Prevention and Primary Care

Improving support within primary care is explicit both within the Primary Care Improvement Plan and the national strategy with funding allocated in both streams. A workshop was held in June 2019 which explored current data and challenges in supporting mental wellbeing, distress and recovery in primary care. Key areas in which to test changes were identified as:

- Explore the development of multi-function hubs (distress & recovery).
- Embed Distress Brief Interventions (DBI).
- Development of Peer Support work.
- Navigator role for crisis/attendance at Emergency Department.
- Impact of trauma training framework in practice.

##### 4.4.2 Community Services

A review of the Community Mental Health Team operational processes is underway to identify opportunities to improve efficiency and effectiveness within the service, promoting the principles of easy access in and out of service, and the right level of intervention at the right time. This is informed by the Efficient and Effective Community Team workstream of the NHSGG&C five year strategy. Phase 1 process mapping, demand and capacity will be complete by the end of October. Phase 2 will concentrate on interface and pathway arrangements.

An action plan supporting sustainability of the Mental Health Officer (MHO) service has been produced in response to pressures arising from increased demand and reduced capacity within the MHO service provision. Immediate action includes refocusing of the team with agency

backfill support, along with a temporary transfer to the full time MHO service of a staff member from within the HSCP. MHO availability via agencies on the Scotland Excel Framework is being explored.

A further action is overall review of the Mental Health Officer service being commissioned to scope service demand, capacity and activity. National and local priorities will inform outputs including agreement on the preferred model for sustainable service delivery and opportunities to improve efficiency and effectiveness within the service. The commissioning is expected to be complete by the end of October 2019 with the review process commencing thereafter.

#### 4.4.3 Distress & Unscheduled Care

An NHSGG&C wide Multi-Agency Distress Collaborative reported earlier in 2019. Key recommendations were that HSCPs should consider:

- Alternative responses to distress.
- Consolidation and further development of existing practice around Repeat Presentations to Emergency Departments.
- Increase distress response training to multi-agency groups.

Engagement is underway with the national lead for Distress Brief Interventions (DBI). DBI is about offering timely *Connected Compassionate Support* to those in distress. Based on our exploration of commissioning and delivering this service, a proposal is to be written outlining the case for implementation in Inverclyde.

A training needs analysis will be undertaken around distress, suicide prevention and trauma-informed practice to understand the current landscape and formulate an approach which encompasses all partner agencies. Approaches to addressing unscheduled care, including the navigator role will be the subject of a separate report.

A critical element of unscheduled care is the requirement for acute admissions. The general landscape will be shifting to further improve the community focus and capacity for unscheduled care. Whilst there continues to be local provision for acute admissions, the national issue of shortage of Psychiatrists could impact on the critical mass for sustainability of services. This is both in terms of Consultant provision and consequent impact for adequate supervision of the medical training programme. The latter relies on a minimum number of trainees being recruited to sustain the in-patient services.

#### 4.4.4 Recovery

A recovery strategy is in development which will include approaches across Mental Health, Alcohol and Drugs and link with reablement approaches. Consultation with service users and carers has been key to establishing our approaches with events being held in 2016 and 2018. Reflecting on the outcomes of these events we will:

- Continue to build on partnership working with all individuals and groups, communities and services.
- Support people to develop the skills they need to work effectively together.
- Support staff to learn skills in co-production and to skill up service users and carers so that they can participate in an informed and confident way.
- Continue to support carers by recognising their specific needs and their expertise.
- Promote the creation of Recovery Standards across Inverclyde that evaluate how effectively services support social inclusion, equality, financial inclusion and mental health recovery.
- Promote peer led approaches to support and recovery.

The Recovery workstream of the NHSGG&C Mental Health five year strategy specifically supports the promotion of a recovery ethos within all commissioned and directly provided services and the development of:

- Recovery colleges.
- Peer support worker model.

- Provision of training/awareness of recovery orientated services for staff, patients and carers.
- Pilot of a recovery planning tool to promote realistic medicine.
- Recovery conversation cafes/activities.

Inverclyde is a pilot site for the employment of peer support workers within our mental health teams. This is a test of change and will explore the role that peer support can have in supporting people during admission to hospital, facilitating timely discharges, and engagement with recovery-focused community support. These posts are currently being recruited to and appropriate applicants have now been shortlisted for interview.

## 5.0 CONCLUSION

5.1 A work plan is being developed to take forward these areas of work, ensuring coherence and interface with work across the HSCP including the Alcohol and Drug Service review outcome, Community Justice Plan and the Children and Young People's Mental Health Tier 2 service 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)
	NO - X

### Repopulation

6.5 No implications

## **7.0 CONSULTATIONS**

7.1 There is representation from Your Voice and the Mental Health Reference Group on IMHPB. Service user involvement has also been included in various projects/ tests of change such as Multi-Agency Distress Collaborative and Recovery and as such forms part of plans for delivery of services.

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 Appendix 1- Inverclyde HSCP Mental Health Strategic Needs Assessment.



**MENTAL HEALTH & WELLBEING  
HEALTH NEEDS ASSESSMENT  
SEPTEMBER 2019**

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## Introduction

Deprivation is a major factor in health inequalities:

- There is a social gradient in health – the lower a person's social position, the worse his or her health
- Health inequalities result from social inequalities<sup>1</sup>

A little over 40% of the population of Inverclyde (33,500 people) are in the top 20% most deprived data zones in Scotland. 22,000 people in Greenock Central Locality live in an area considered one of the worst for health deprivation in Scotland. This is not to say that every one of those individuals is health deprived but that the overall area that they live in is. Healthy Life Expectancy (years lived in a 'healthy' state) is lower than that for Scotland and overall Life Expectancy in Inverclyde is lower for both males and females than for Scotland. Despite recent increases in Inverclyde, a gap between those in the different localities of Inverclyde remains. Men and women in Kilmacolm central will live longer than those in Greenock Central (male = 14 years, women = 15 years).

There are also inequalities in mental and physical health care including access and associated resources.

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.
- People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department<sup>2</sup>

The following needs assessment considers data from a variety of sources and highlights the impact of local socio-economic circumstances on mental health and wellbeing within Inverclyde.

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<sup>1</sup> Fair Society, Healthy Lives (The Marmot Review) 2010

<sup>2</sup> Mental Health Strategy 2017 – 2027 Scottish Government

## Mental Health & Wellbeing

Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. Self-reported views of health and wellbeing are shown in Figure 1<sup>3</sup>. There are evident gaps between those living in the most deprived areas and those in the rest of Inverclyde.

**Figure 1 Self- Reported Views of Health**

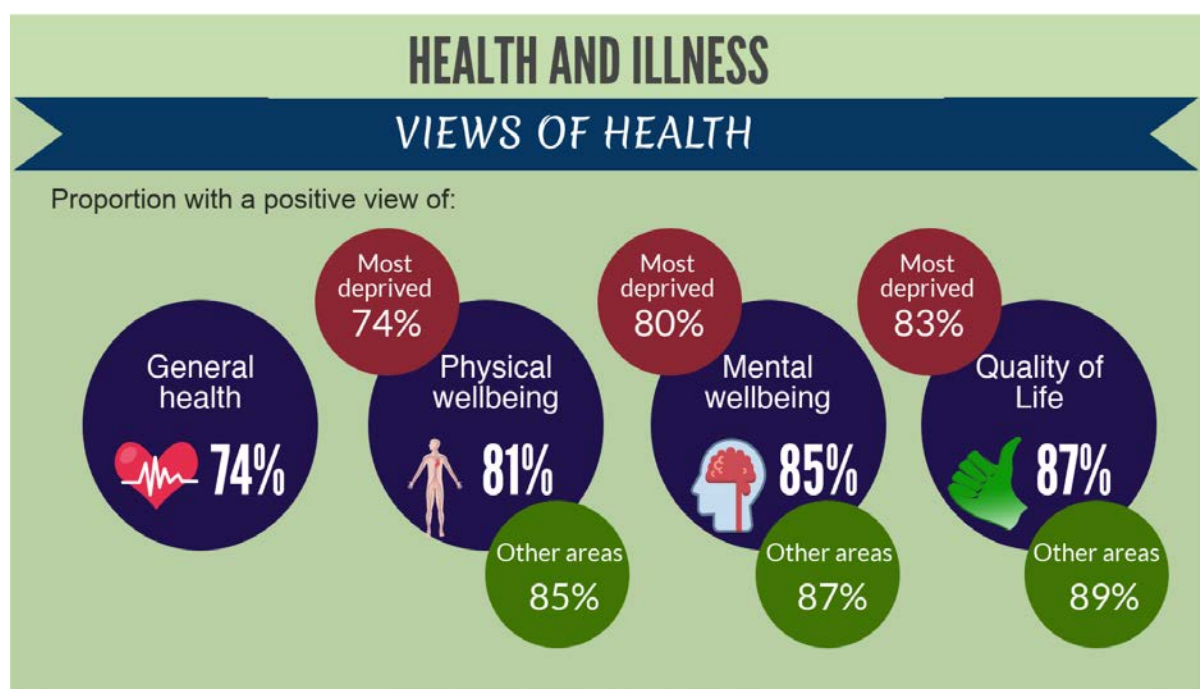
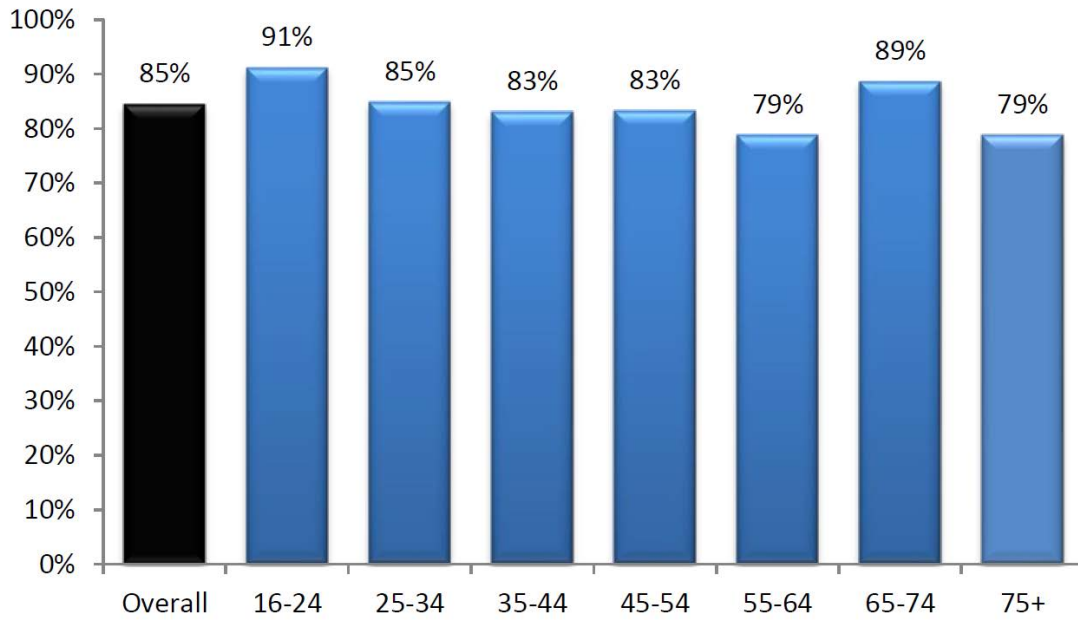


Figure 2 and 3 show the views of wellbeing by age and by deprivation. Positive perceptions of mental and emotional wellbeing are highest in the age groups 16-24 and 65-74 and lowest in the age groups 55-64 and 75+. Overall quality of life however is highest for those aged 16-24 and 25-34 and lowest in the most deprived 15% of the population.

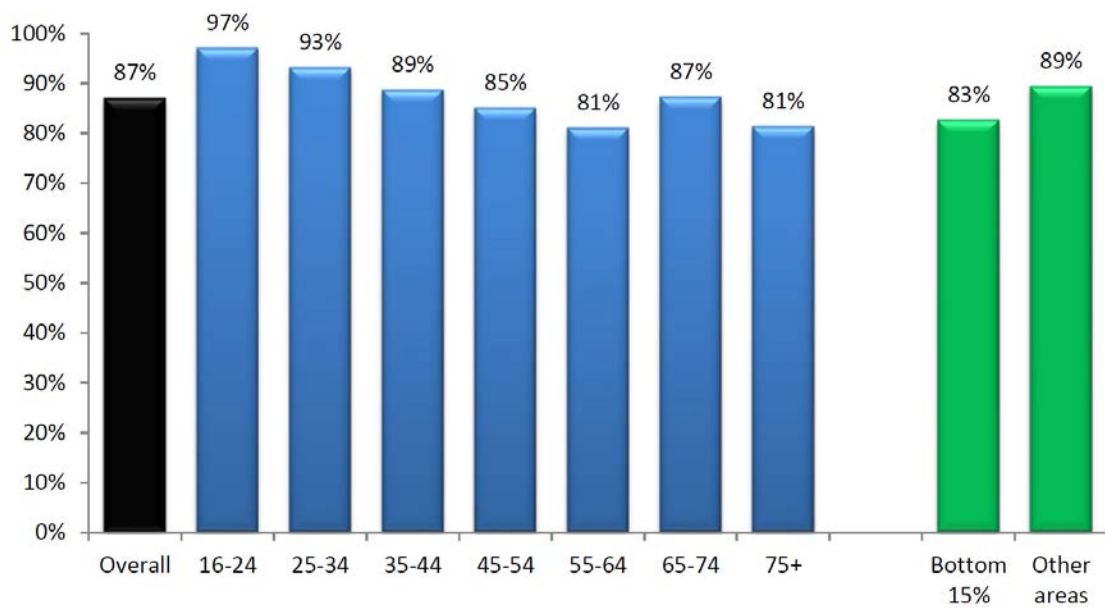
<sup>3</sup> Inverclyde HSCP health and wellbeing survey 2018



**Figure 2 Positive Perception of Mental and Emotional Wellbeing by Age**

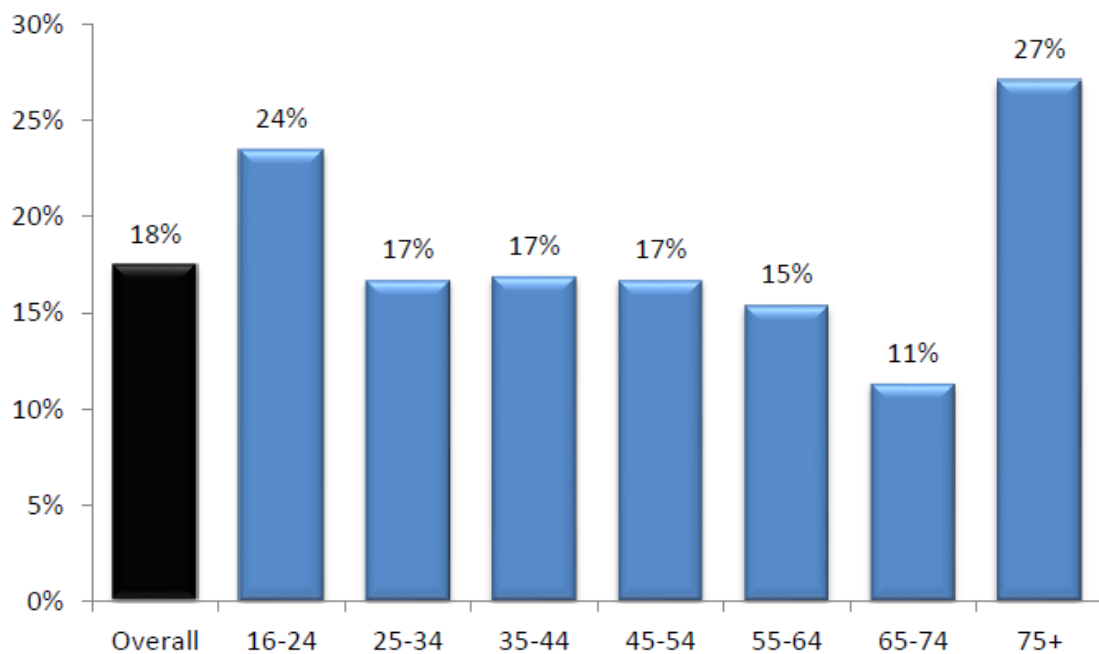


**Figure 3 Positive Perception of Quality of Life by Age and Deprivation**



It is acknowledged that social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health. The Inverclyde Health & Wellbeing Survey shows that 9% of our population feel socially isolated from family and friends and that there were people in all age groups who described feeling lonely some of the time in the previous 2 weeks (Figure 4). This was most apparent in the age groups 16-24 (24%) and 75+ (27%). Older people are more likely to live alone and therefore be at risk of social isolation. In contrast those in the older age groups are more likely to report a sense of belonging to their local area.

**Figure 4 Proportion who had felt lonely at least some of the time in the last 2 weeks**



## Prevalence

Prevalence information on mental health conditions is available from primary care data sources. This information is based on the historic Quality & Outcomes Framework (QOF) data which measured achievement for practices against a range of evidence-based indicators, with points and payments awarded according to the level of achievement. This data is presented as GP Cluster information- East, Central and West clusters (Appendix 1).

The tables below show the number of patients in each cluster that were on the disease register for specific diseases from 2015/16 to 2017/18.

**Figure 5 - Number of patients on the mental health disease register 2015/16 – 2017/18**

Mental Health	2015/16	2016/17	2017/18
Inverclyde East	267	257	280
Inverclyde Central	279	280	412
Inverclyde West	341	339	346
Inverclyde HSCP	887	876	1038

Source: PCI dashboards, ISD Scotland

The mental health definition only includes patients with serious mental illness, defined as schizophrenia, bipolar affective disorder or other psychoses.

The number of patients on the mental health disease register in Inverclyde increased between 2016/17 and 2017/18 by 18%. The majority of this was the result of an increase in Inverclyde Central. During this time there was a practice merger in Inverclyde Central and it *may be that practice records were reviewed and updated after the merger, meaning more patients were identified.*

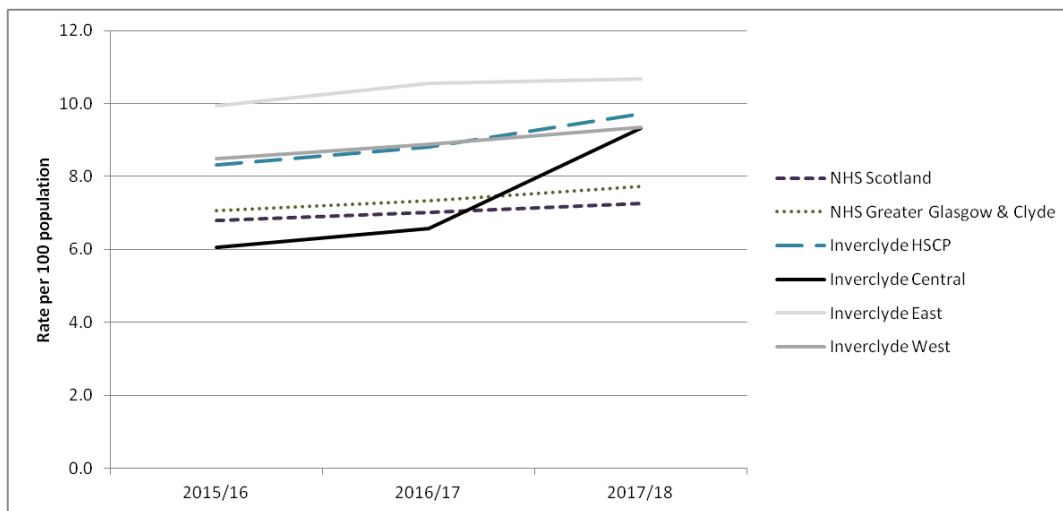
Depression statistics are based on newly diagnosed cases of depression:

**Figure 6 - Number of patients on depression disease register 2015/16 – 2017/18**

Depression	2015/16	2016/17	2017/18
Inverclyde East	2,214	2,324	2,513
Inverclyde Central	1,112	1,193	2,649
Inverclyde West	2,472	2,597	2,729
Inverclyde HSCP	5,798	6,114	7,891

Source: PCI dashboards, ISD Scotland

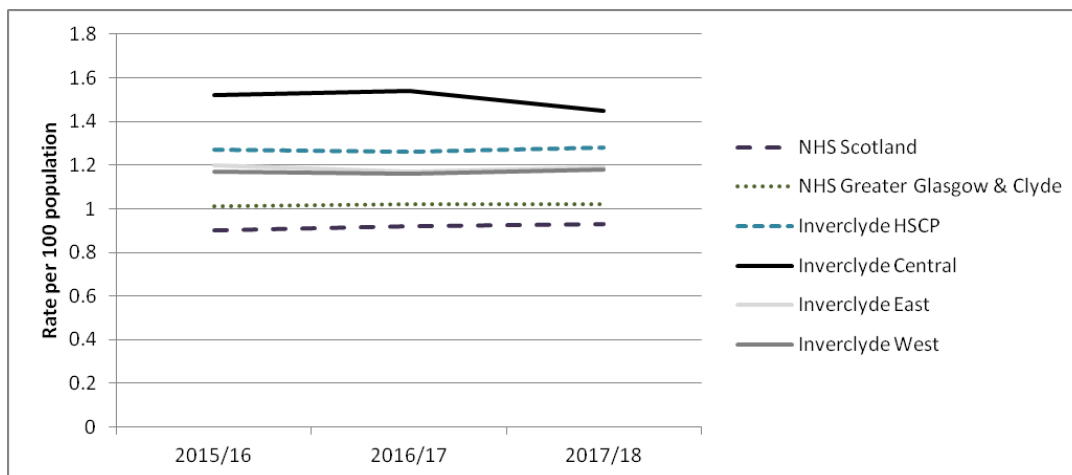
**Figure 7 - Rate of depression per 100 population**



Source: PCI dashboards, ISD Scotland

The number of patients with a depression diagnosis had increased in each of the last three financial years although there has been more than a doubling of cases in Inverclyde Central between 2016/17 and 2017/18 (again this may be due to the previously mentioned practice merger). Overall, newly diagnosed depression cases increased by 30% in Inverclyde during those years. Increases in depression cases are to be expected due, in part, to the cumulative nature of this register.

**Figure 8 - Rate of mental health patients per 100 population**



Source: PCI dashboards, ISD Scotland

## Burden of disease

Burden of disease is a measurement designed to take into account how death and ill health are affected by a number of disease and injury risk factors. Burden of disease studies use a single composite measure which combines the years lost because of early death (years of life lost - YLL) and years lost because people are living in less than ideal health (years lived with disability - YLD). The measure used to describe the overall burden of disease is called the disability-adjusted life year (DALY).

Figure 9 below shows the rate of mental health DALYs. The rate in Inverclyde is higher than both NHS GG&C and Scotland for all three disease types meaning the burden is greater.

**Figure 9 – Mental health diseases DALY rates per 100,000 population**

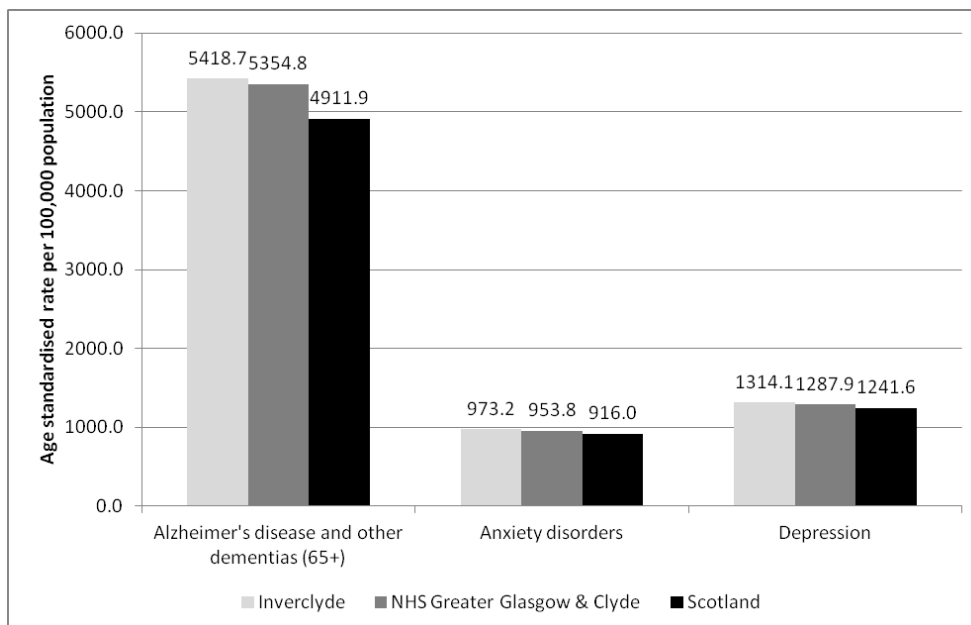
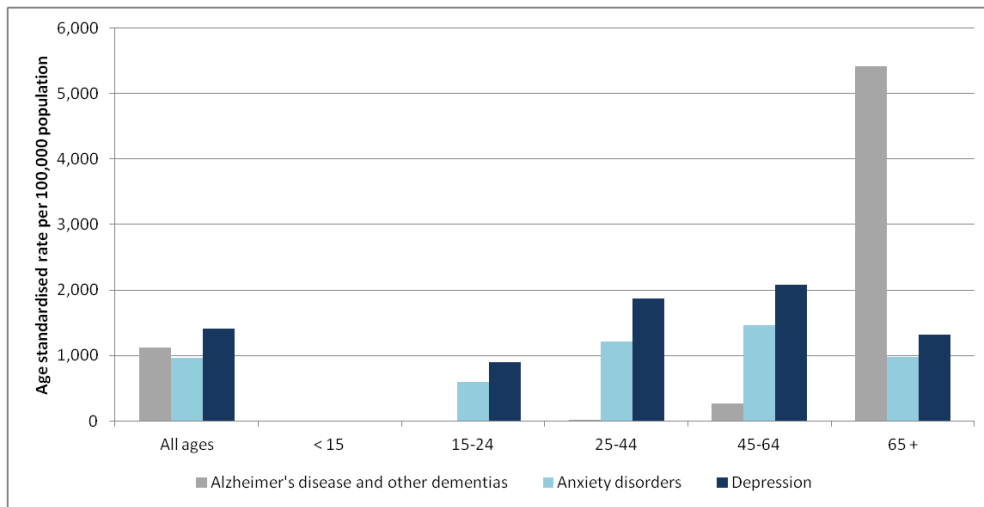


Figure 10 demonstrates the age breakdown of the three diseases for Inverclyde. The DALY rates for anxiety disorders and depression are greatest in the 45-64 age group, whilst Alzheimer's and other dementia is greatest for those aged 65 and over.

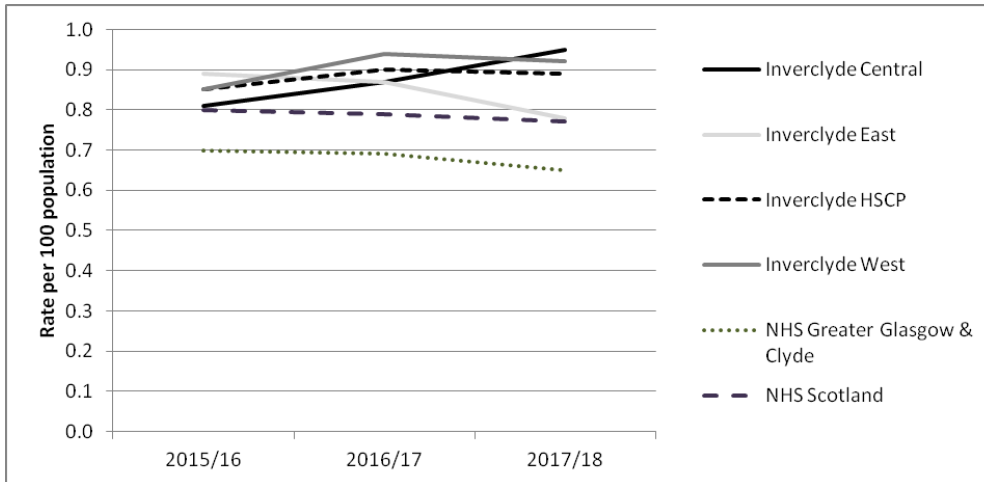
**Figure 10 – Inverclyde DALY rates for mental health diseases by age group**



## Dementia

### Dementia prevalence and diagnosis

**Figure 11 - Rate of dementia per 100 population**

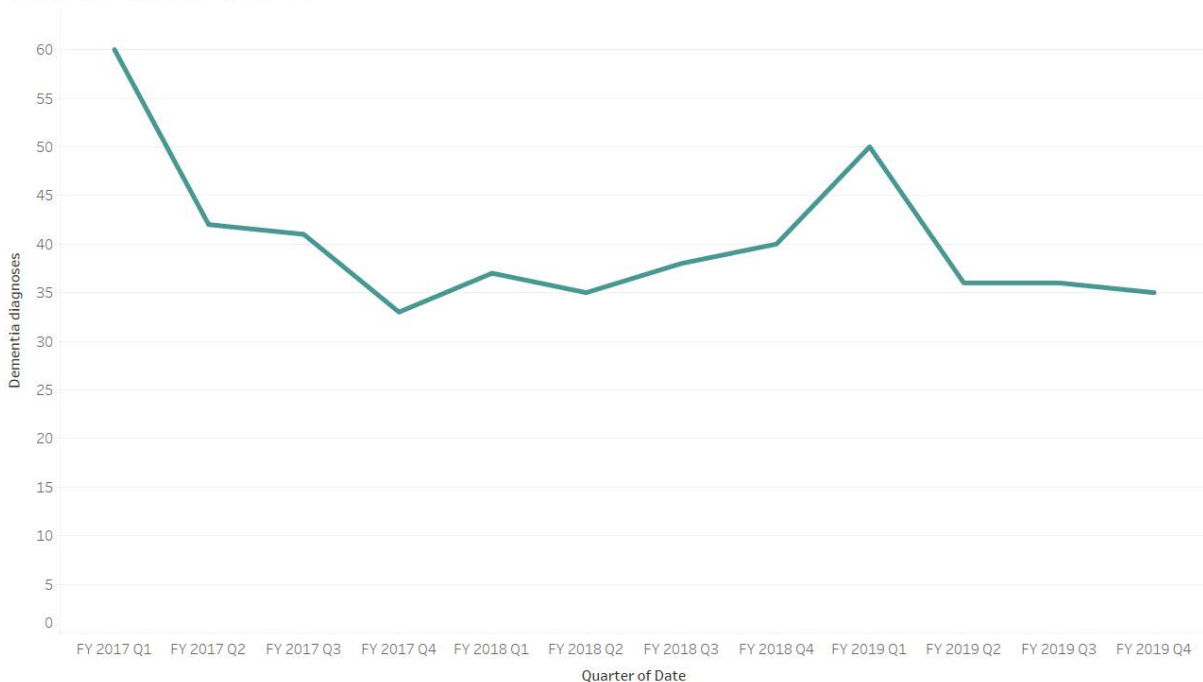


Source: PCI dashboards

Overall the rate of dementia is higher in Inverclyde than Scotland and has risen higher in Central Cluster than elsewhere. The overall rate in NHSGG&C has fallen more dramatically than for Inverclyde since 2016/17.

**Figure 12 - Trend in dementia diagnoses Inverclyde**

Trend in dementia diagnoses

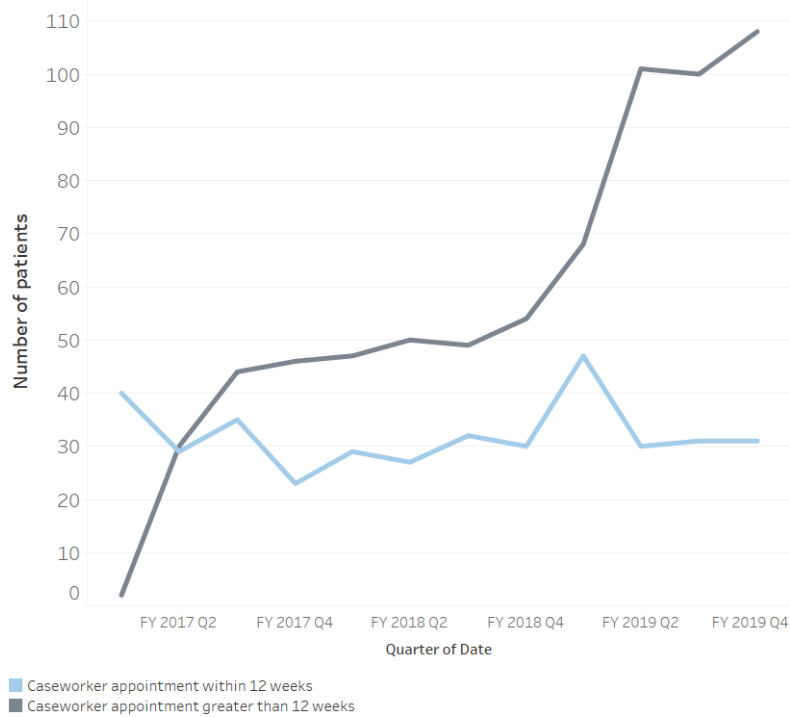


Source: Inverclyde HSCP Mental Health Quarterly Service Report Q4 2018/19

## Post diagnostic support

### Figure 13 – Post diagnosis dementia support

Dementia patients waiting for 1st contact with caseworker as at quarter end

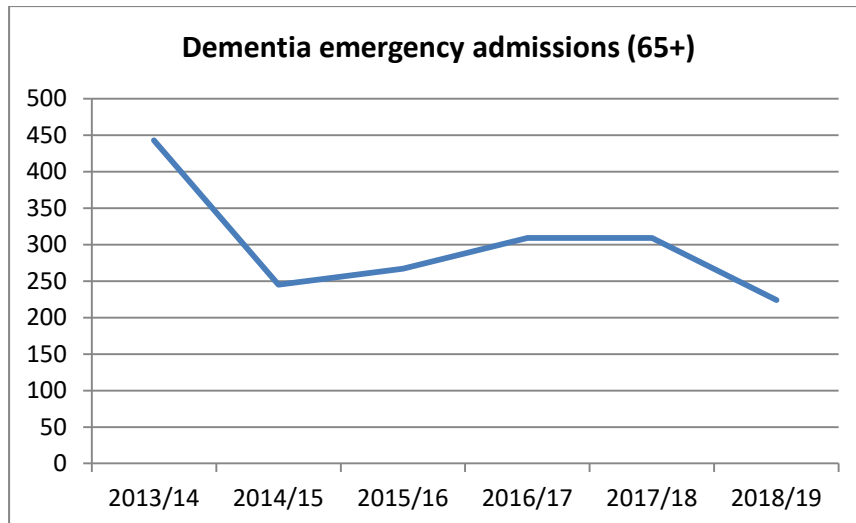


Source: Inverclyde HSCP Mental Health Quarterly Service Report Q4 2018/19

All patients receiving a new diagnosis of Dementia within Scotland are offered 1 year post- diagnostic support coordinated by a named link worker. There has been an increase in the number of patients waiting longer than 12 weeks for their first contact with a caseworker following a dementia diagnosis due to a vacancy within the service.



**Figure 14 - Acute admissions for people with dementia - Inverclyde**



Source: SMR01

*Emergency admissions in acute hospitals where dementia is recorded at any point.*

These are all admissions to any ward/department that is in an acute hospital and not a specialist mental health facility. The reduction in these admissions may be directly related to increased levels of support available within community and people's own homes through the Home First approach in Inverclyde.

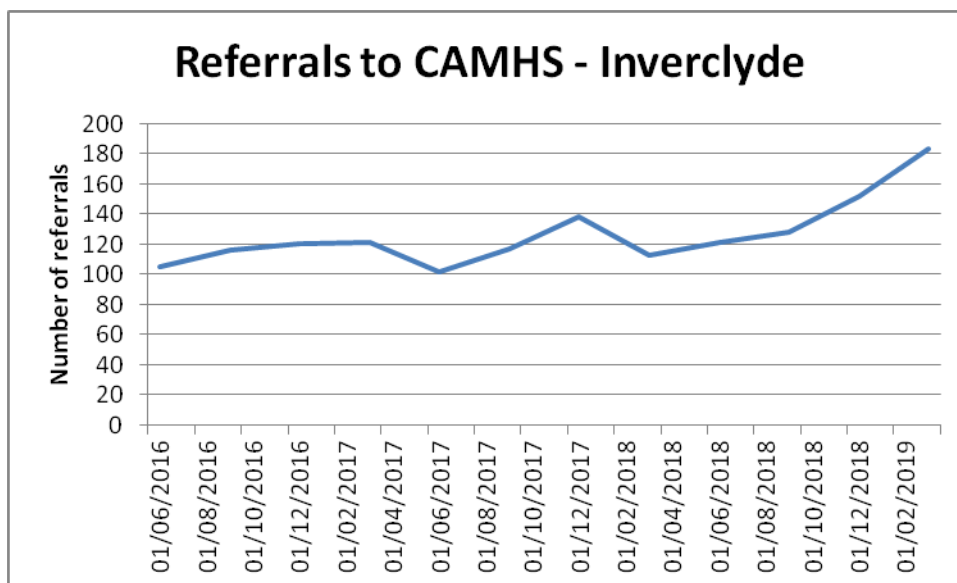
## Children and young people

\*A health and wellbeing survey is being undertaken and data will be inserted here when available in Autumn 2019

There is growing evidence around the impact of Adverse Childhood Events (ACEs) such as trauma or neglect on child development and the risk of mental illness or substance abuse. Given the stark deprivation, inequalities and drug and alcohol misuse in Inverclyde, children and young people are at significant risk of ACEs and the subsequent consequences.

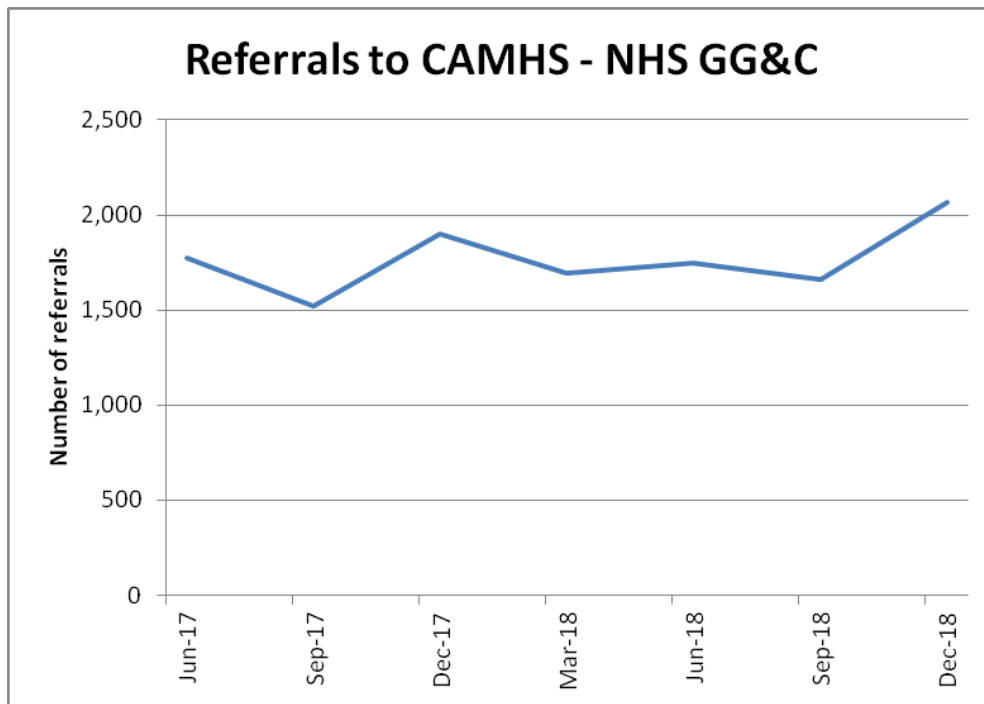
There are a number of factors that contribute to the reason why a child may require a child protection registration. This includes drug and alcohol misuse in families, as well as domestic abuse. The rate of child protection registrations with parental drug misuse is higher in Inverclyde than both GG&C and Scotland and this has been the trend since 2014. Rates for cases with parental alcohol misuse are lower than drugs in Inverclyde, having fallen from 2014. Child protection rates with alcohol misuse are similar between all three Inverclyde localities.

**Figure 15 – Referrals to CAMHS Inverclyde**



Source: CAMHS, Specialist Children's Services

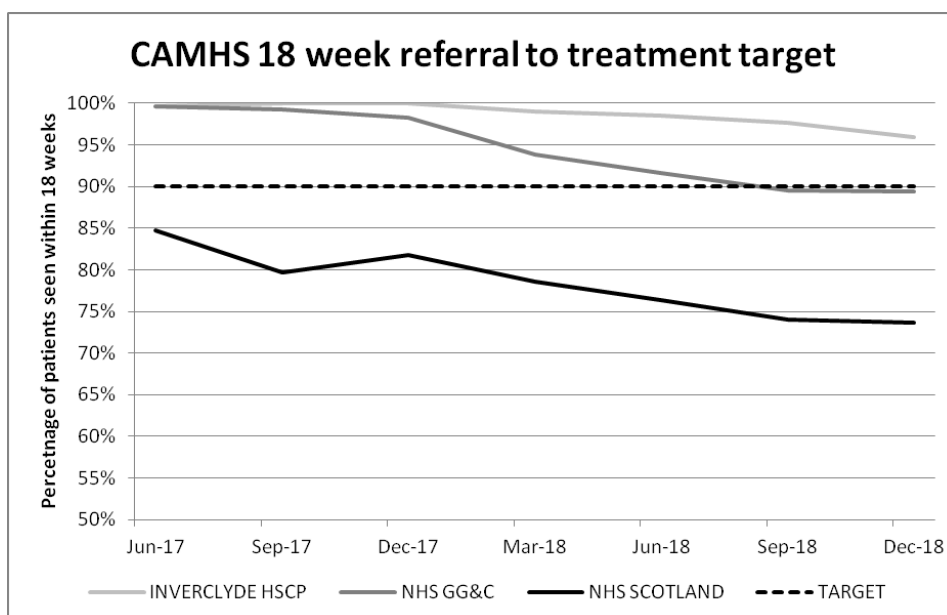
**Figure 16 – Referrals to CAMHS NHS GG&C**



**Source:** ISD Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand, and Workforce

Referrals to CAMHS follow the increasing trend seen across Scotland whilst waiting times in Inverclyde remain lower than in NHS GG&C and Scotland.

**Figure 17 – CAMHS 18 week referral to treatment by area**



Sources: ISD Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand, and Workforce and CAMHS, Specialist Children's Services

## Substance misuse

### Alcohol

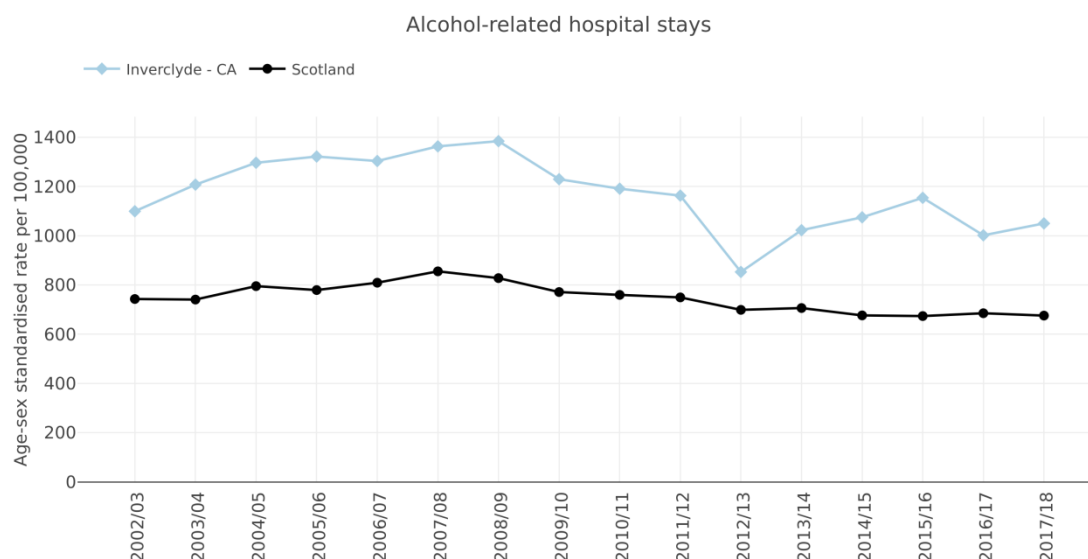
Figure 18 - Alcohol Related Hospital Statistics 2010/11 – 2017/18

Inverclyde	EASR hospital stay rate	Standardised Number of hospital stays
2010/11	1192.2	954
2011/12	1163.2	938
2012/13	851.5	688
2013/14	1020.2	811
2014/15	1072.5	849
2015/16	1151.3	906
2016/17	1001.2	794
2017/18	1035.7	822

Source: ISD Scotland

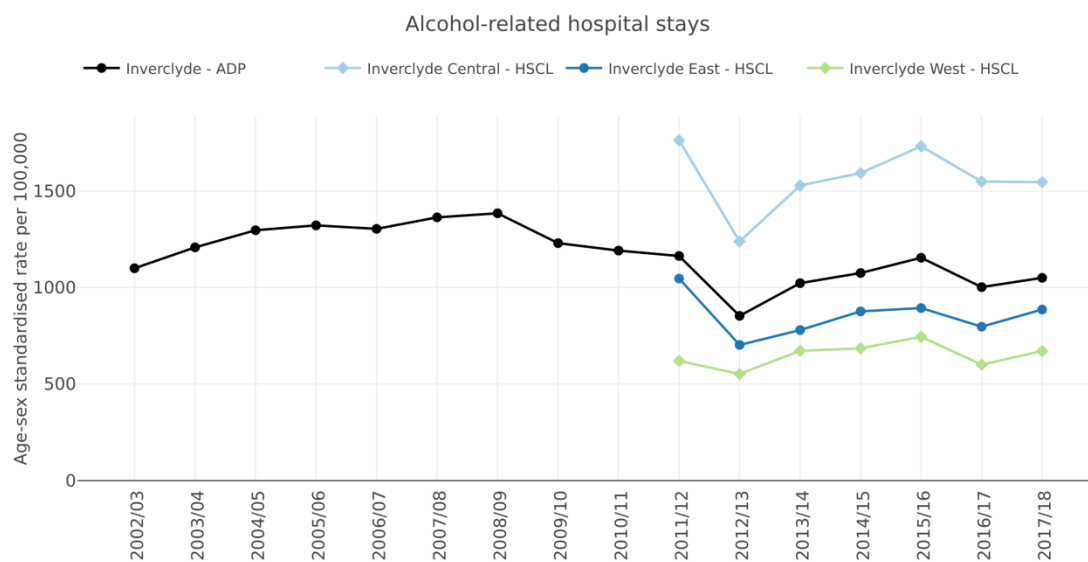
Figure 19 shows the trend information since 2002/03 for alcohol related stays; Inverclyde has consistently had higher rates than the Scottish total. Figure 20 shows a comparison between the localities and the overall Inverclyde rate. The area with the highest rate is Inverclyde Central, with a rate in 2016/17 nearly 2 ½ times greater than the lowest rate in Inverclyde West.

Figure 19 - Alcohol related stays



Source: ScotPHO

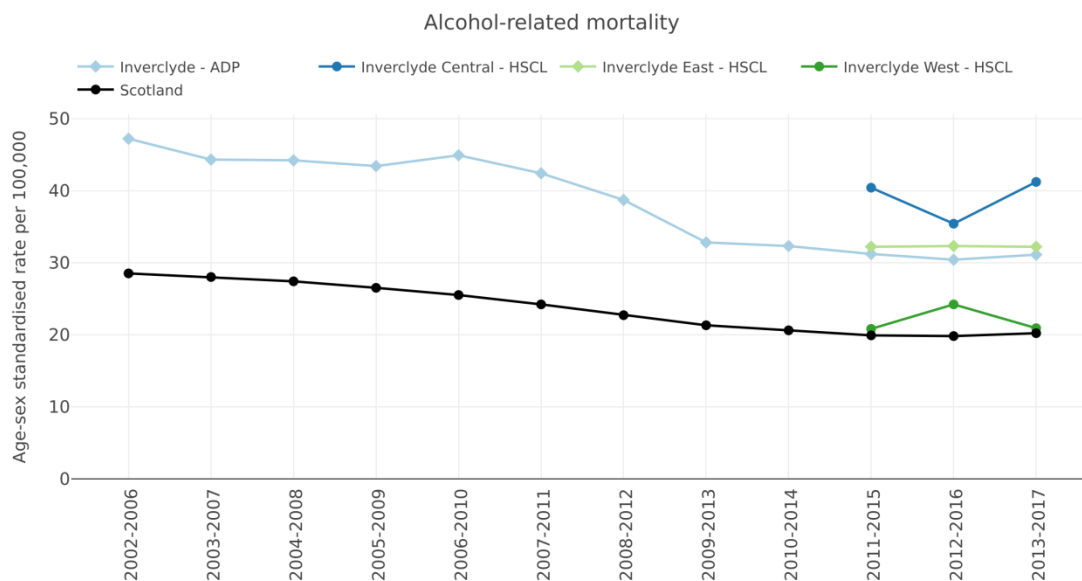
**Figure 20 - Alcohol related stays by locality**



Source: ScotPHO

Similar to the rate for stays, the rate for alcohol related mortality in Inverclyde is higher than the Scottish average.

**Figure 21 - Alcohol related mortality**



Source: ScotPHO

In 2017, the alcohol mortality rate in Inverclyde was the third highest amongst local authorities/alcohol and drugs partnerships in the country.

**Figure 22 - Alcohol related mortality**

Year	Inverclyde EASR standardised alcohol mortality rate	National EASR standardised alcohol mortality rate
2010	48.4	26.1
2011	42.4	24.2
2012	38.7	22.7
2013	32.8	21.3
2014	32.3	20.6
2015	31.2	19.9
2016	30.4	19.8
2017	31.1	20.2

Source: ScotPHO

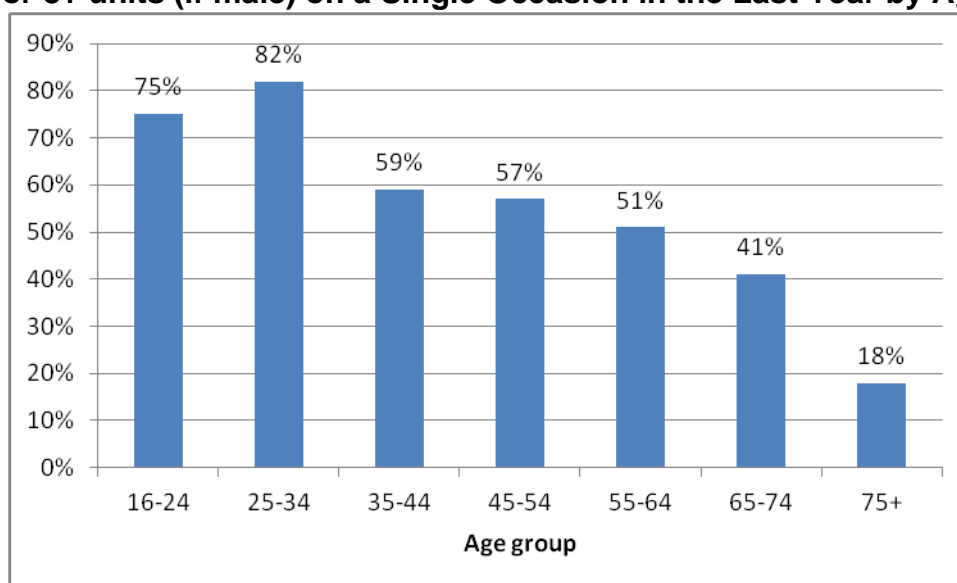
Excessive or binge drinking is a reason why alcohol use can lead to emergency department attendances or admission to hospital.

The 2017/18 Health and Wellbeing survey asked those who drank alcohol how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, 56% of drinkers had drunk alcohol at this level in the last year

- Drinkers aged under 35 were the most likely to have binged in the last year.
- Men were more likely than women to have binged (61% compared to 52%)
- Drinkers in the most deprived areas were more likely to have binged (62% compared to 54%)

An age breakdown of binge drinking is shown in figure 23.

**Figure 23 - Proportion of Alcohol Drinkers who had Exceeded 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age**



Source: NHS Greater Glasgow & Clyde Health and Wellbeing Report 2017/18

In 2017/18 the NHS Greater Glasgow & Clyde Health and Wellbeing survey asked respondents about their alcohol intake. Those in the youngest and oldest age groups were the least likely to drink alcohol, 41% of 16-14 year olds and 43% of people aged 75 above did not drink alcohol. Across Inverclyde, 32% of respondents did not drink alcohol, compared to 17% nationally. This self-reported data does not correlate with the hospital admission statistics where Inverclyde has higher rates of alcohol related admissions compared to Scotland. The 2017/18 questions about alcohol consumption differed to previous NHSGG&C health and wellbeing surveys, so it was not possible to examine trends.

## Drugs

Because the drug using population is hidden, prevalence figures can only ever be estimates. The prevalence of drug misuse can be derived from numerous sources, for example from surveys (among the general adult population, among school children, among prisoners), from drug offences and drug seizures recorded by the police, from drug testing in prisons, from drug users coming into contact with health care providers because of their drug use or coming forward for treatment. Due to this issue data is difficult to gather and is not frequently updated. In 2015/16 in Inverclyde there were an estimated 1,500 people aged 15-64 with a problem drug use.<sup>4</sup>

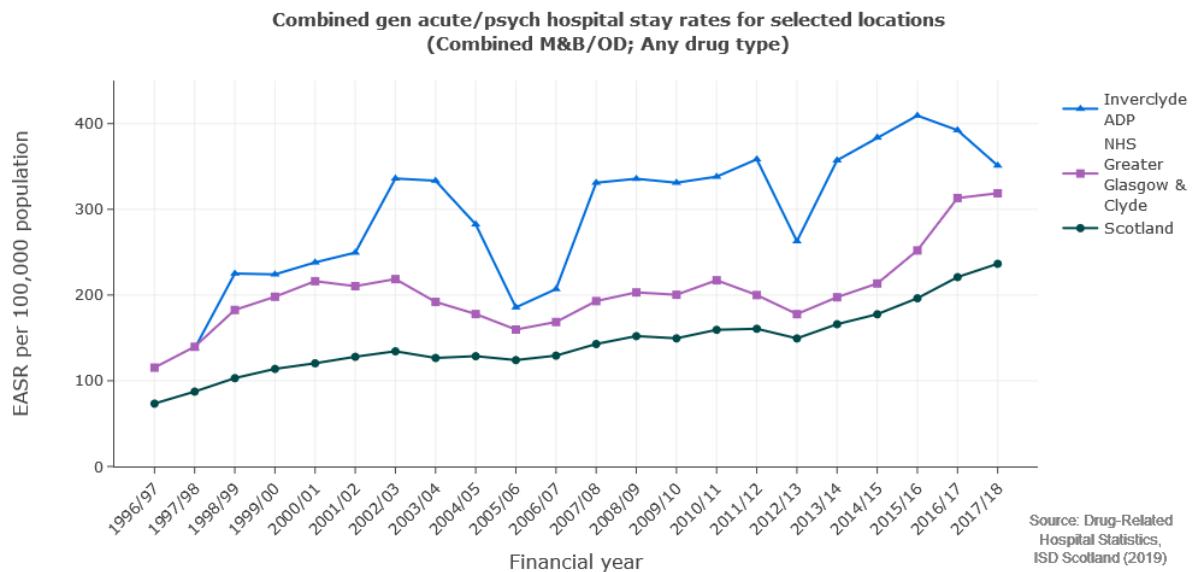
Problem drug use can lead to a number of health and social problems and drug-related hospital stays for the Inverclyde area are higher than the Scottish average. There is

<sup>4</sup> <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>

however a clear difference between the locality geographies. Drug related stays in Inverclyde East and Central are higher than the Scottish average but the rate in the Central locality is the highest in the whole country at 517.4 stays per 100,000 population.<sup>5</sup>

Figure 22 shows the comparison of age-standardised rates of drug related stays per 100,000 populations between Inverclyde, NHS GG&C and Scotland.

**Figure 24 - Trend in drug-related hospital stays**



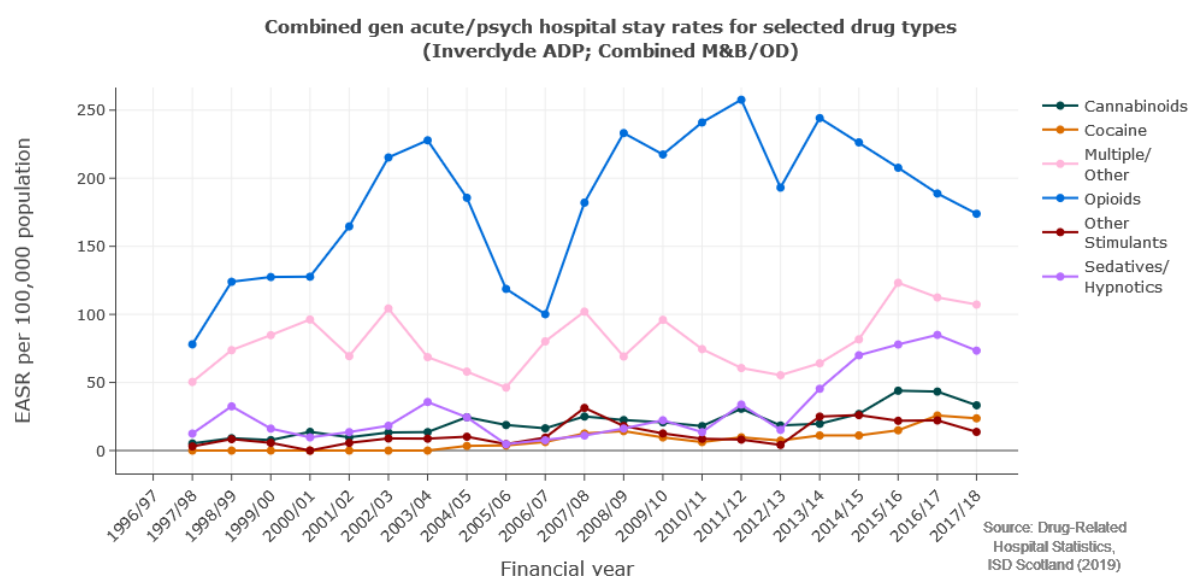
Source: Drug- related hospital statistics ISD Scotland 2019

Nearly half of the drug related stays in Inverclyde involve opioids, although as figure 23 demonstrates, there has been a downward trend in the rate of stays for this drug type since 2013/14.

<sup>5</sup> ScotPHO drug profile



**Figure 25 - Trend in drug-related hospital stays Inverclyde by drug type**



Source: Drug- related hospital statistics ISD Scotland 2019

**Figure 26 - Estimated number of individuals with problem drug use by Council area (ages 15 to 64); 2015/16**

Council area	Estimated number of people with a problem drug use
Inverclyde	1500

Source: ISD Scotland

The estimated prevalence of those with a problem drug use increased in Inverclyde between 2009/10 and 2012/13 but fell slightly between 2012/13 and 2015/16. This is in contrast to Scotland as a whole, where the estimated percentage of the population with a problem drug use has fallen year on year. In 2015/16 The estimated prevalence in Inverclyde is the highest of all the alcohol and drug partnerships in Scotland.

**Figure 27 - Estimated prevalence of problem drug use by Council area (ages 15 to 64)**

Council Area	Estimated Prevalence 2009/10	Estimated Prevalence 2012/13	Estimated Prevalence 2015/16
	%	%	%
Inverclyde	2.61	3.2	2.91
Scotland	1.71	1.68	1.62

Source: ISD Scotland

Problem drug use is higher amongst males than females. In 2015/16, the estimated prevalence amongst males aged 15-64 in Inverclyde was 4.4% and for females 1.6%. Both of these figures were higher than the Scottish averages of 2.4% and 0.9% respectively.

Inverclyde has statistically worse rates of drug prevalence in both men and women, drug related hospital stays, and drug mortality in comparison with Scotland as a whole. The rates for hospital stays related to drugs and the drug mortality rate are the highest in the country.<sup>6</sup>

For those aged under 16, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports on drug use among 13 and 15 year olds. The latest statistics for 2013 show that the percentage of 15 year olds who had reported drug use in the previous year was higher in Inverclyde than for Scotland as a whole, 19% versus 16%.<sup>7</sup>

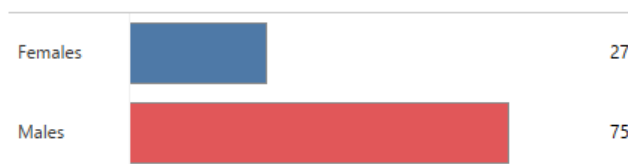
Inverclyde Alcohol and Drug Partnership has made the reduction of drug prevalence a target as part of its Strategic Plan.

## Suicide

Suicide statistics are presented as aggregated data due to the sensitive nature of the topic, and some data has been suppressed because the analysis results in small numbers where individuals could potentially be identified. This is especially so when broken down to smaller geographic areas such as local authorities. The following tables show the latest suicide statistics for Inverclyde.

**Figure 28 - Deaths caused by probable suicide – Inverclyde council area patients aged 16 and over by gender, 2011-17**

Deaths caused by probable suicide by gender  
2011 - 2017 in Inverclyde



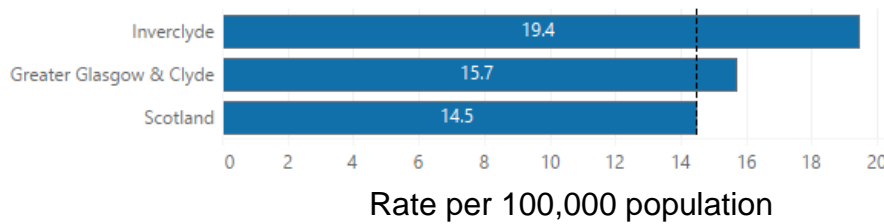
Source: NRS

Figure 29 shows a comparison of the rate of suicide between Inverclyde, NHS Greater Glasgow & Clyde and Scotland. Inverclyde has a higher rate than both the board and the Scottish average.

<sup>6</sup> ScotPHO Drugs Profile

<sup>7</sup> Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013

**Figure 29 - Deaths caused by probable suicide – Age standardised rates for persons aged 5 years and over, by selected areas in Scotland, 2009-15**

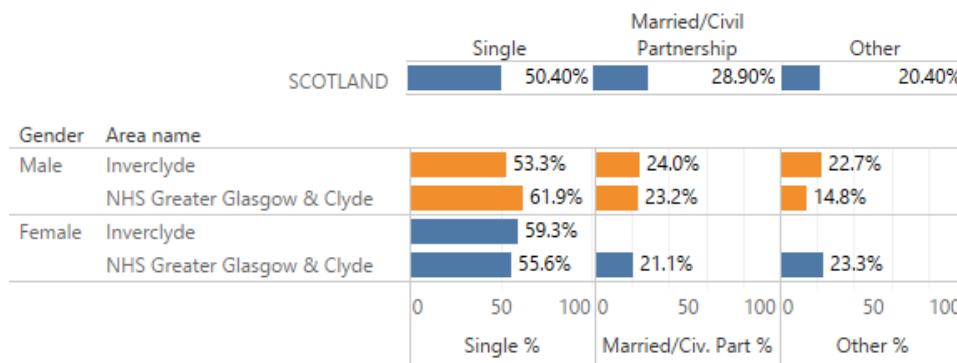


Source: NRS

Figure 30 splits the suicide data into sex and marital status.<sup>8</sup> For males in Inverclyde, a higher percentage of suicides are for those who have a marital status of “Other” compared to the board average. This group includes those who are divorced or widowed.

**Figure 30 - Deaths caused by probable suicide by marital status – persons aged 16 and over<sup>9</sup>**

% breakdown by marital status by location/gender



Source: NRS

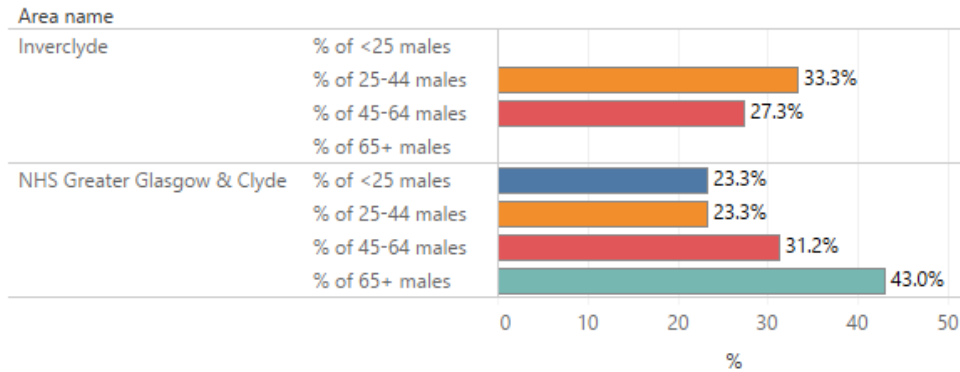
Figures 31 and 32 show the percentage of deaths cause by probable suicide where the patient had had a discharge from an acute hospital in the 12 months prior to death. The percentage statistics relate to the percentage of the age group who had a discharge in the previous year. For example, 33% of males aged 25-44 had had a hospital discharge compared to 60% of females in the same age group. Data has been suppressed where there are low numbers of people in the different categories which means that there may have been patients with a hospital discharge in the blank rows but they are not shown.

<sup>8</sup> Scottish data is not available by gender.

<sup>9</sup> Some data has been suppressed due to low numbers

**Figure 31 - Deaths caused by probable suicide – male patients discharged from a general acute hospital within 12 months prior to death, by age group.**

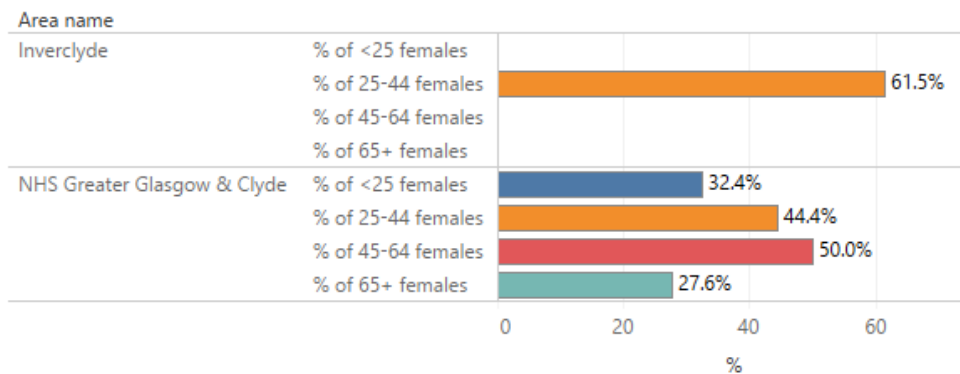
% of age group discharged in last 12 months (Males)



Source: NRS

**Figure 32 - Deaths caused by probable suicide – female patients discharged from a general acute hospital within 12 months prior to death, by age group.**

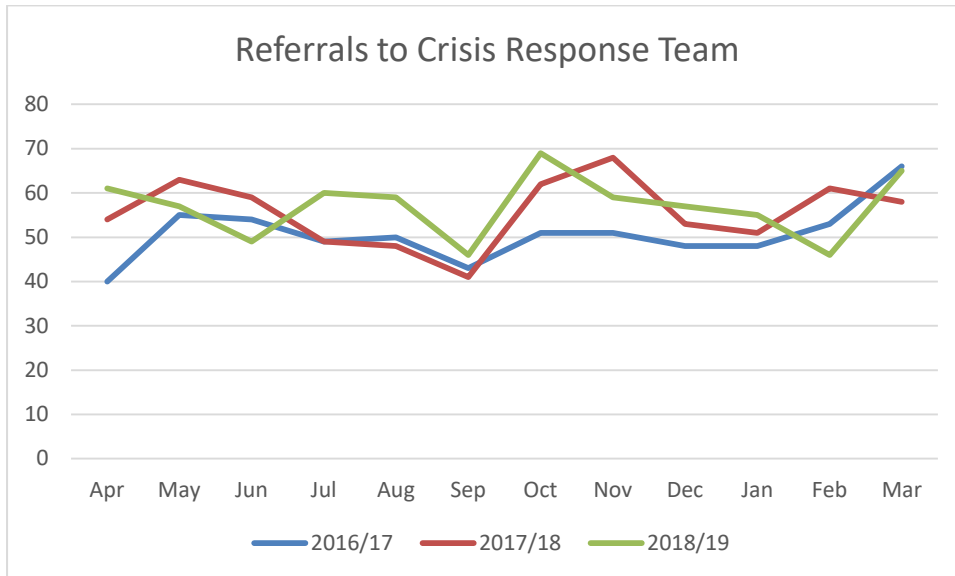
% of age group discharged in last 12 months (Females)



Source: NRS

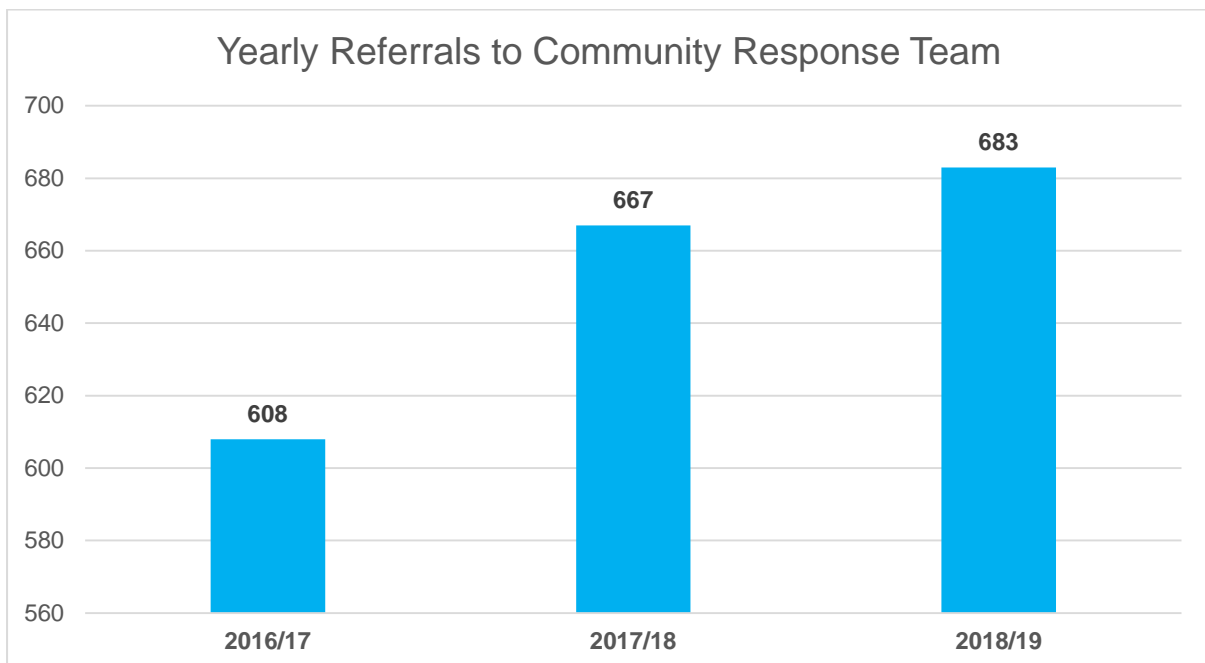
## Crisis response

**Figure 33 Referrals to Inverclyde Community Response Team by month 2016-2019**

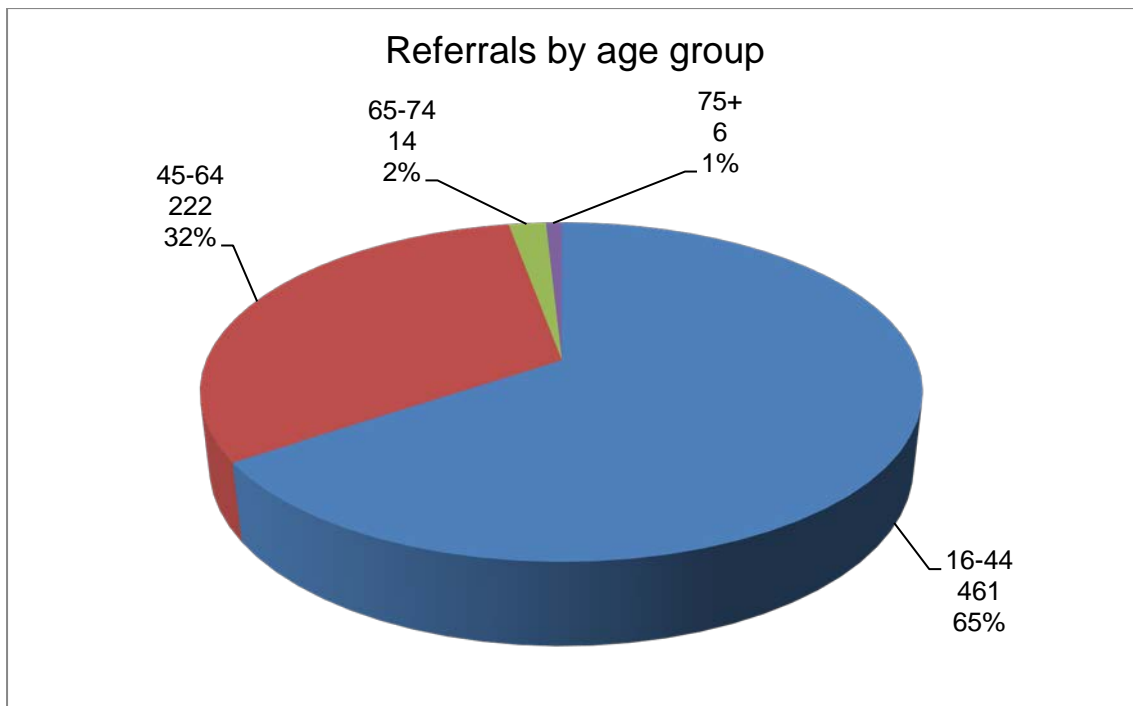


During this time 61 referrals (8.7%) were rejected by CRS. 49.6% were males and 50.4% were females. There is an upward trend in referrals for people in crisis requiring a community response.

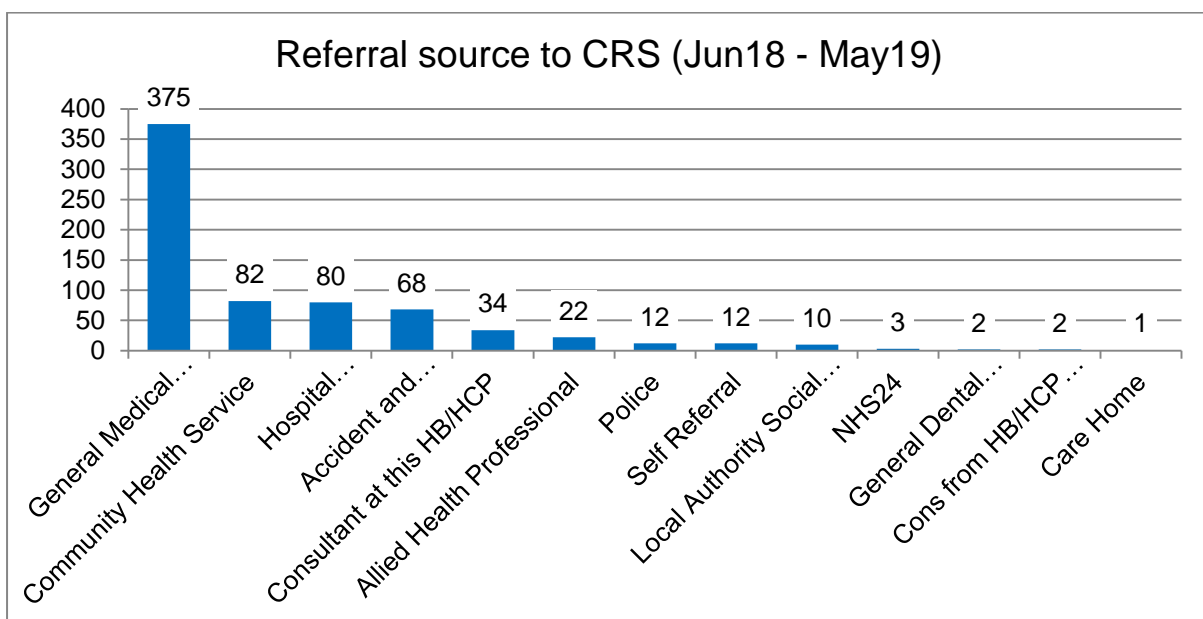
**Figure 34 Total yearly referrals to Community Response Team**



**Figure 35 Breakdown of CRS referrals by age**



**Figure 36 Source of referrals to CRS ( 1 year snapshot)**



## Police incidents

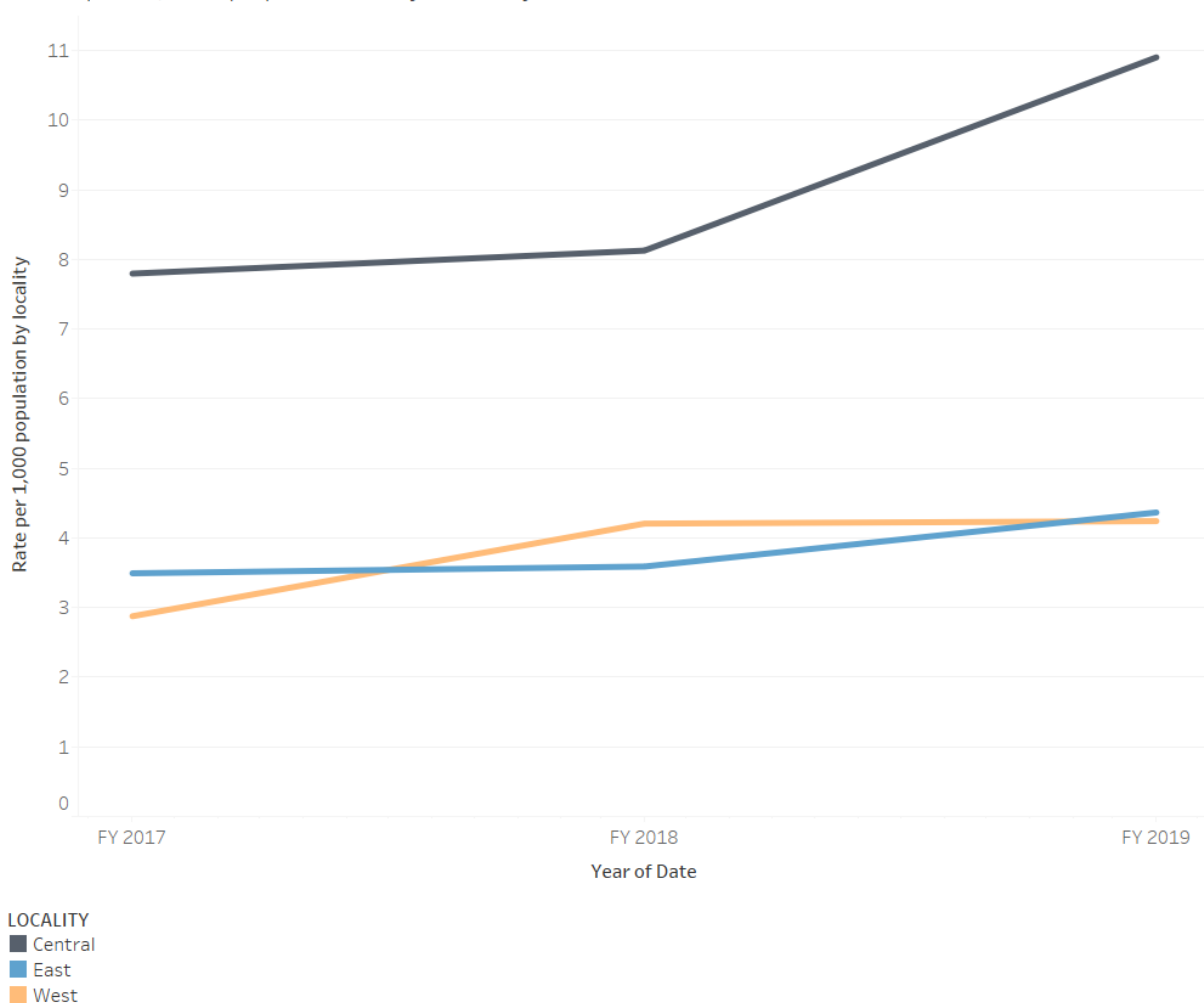
Police incidents indicating involvement of mental health, suicide attempts, and self-harm. Note that there may be a significant element of under-recording as identification of incidents relies upon call-handlers/officers firstly recognising involvement of mental health issues within the incident, and applying the relevant codes.

Nonetheless the data does show an increase of 30% in volume of mental health related police incidents in Inverclyde compared to the preceding two year average.

This is the result of increases in the incidents that have taken place within the Central and East localities. The chart below shows the three year trend for the rate of incidence by locality. In the Central locality is increased from 8.1 to 10.9 incidents per 1,000 population and in the East from 3.6 to 4.4.

**Figure 37 – Rate of police mental health incidents by locality**

Rate per 1,000 population by locality

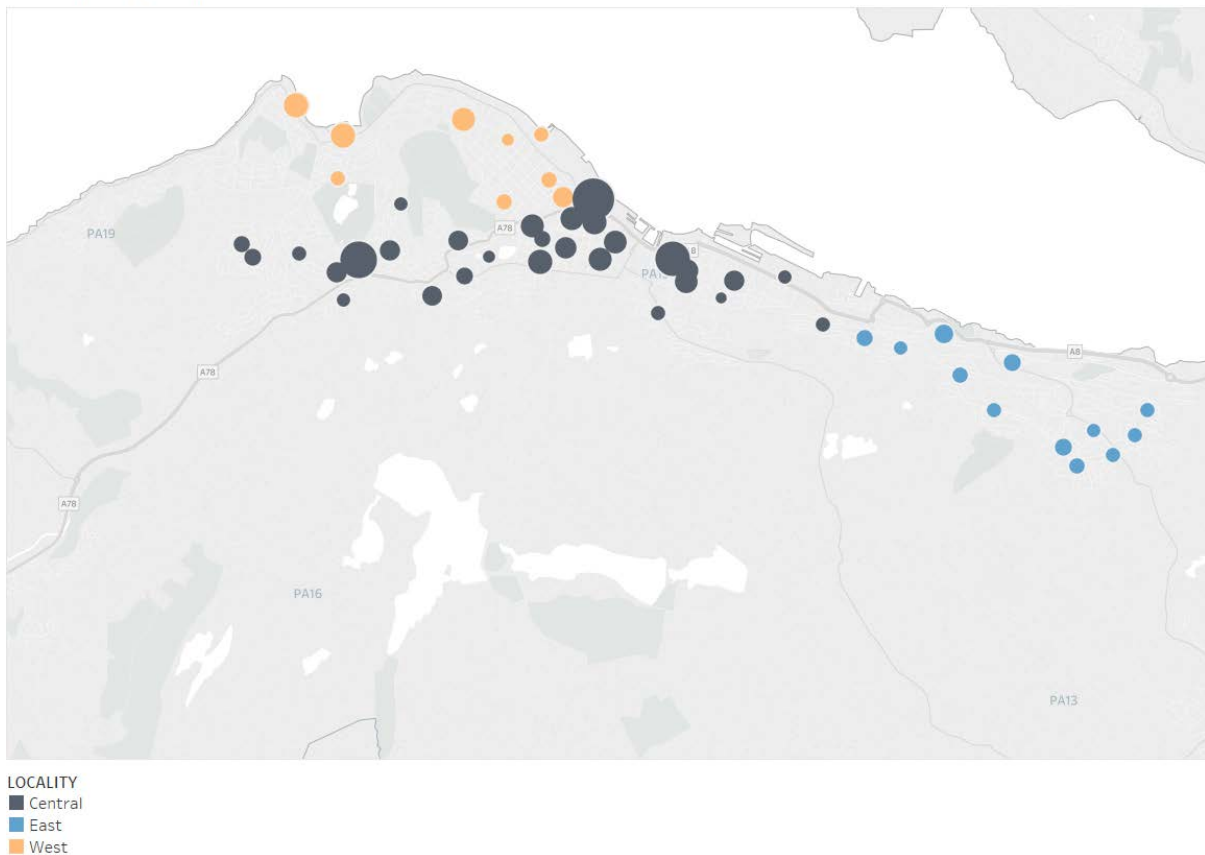


The map in figure 38 shows the rate per 1,000 population by location of incident in 2018/19 and the larger circles represent the locations with higher incidence rates. Some data has been suppressed due to low numbers of incidents.

The location is based on the datazone that the incident took place in, and shows that the three datazones that encompass Greenock town centre (including Inverclyde Homelessness Centre), Inverclyde Royal Hospital, and the Police Station in Greenock have the highest rate of mental health incidents for the police.

**Figure 38 – Map of Police mental health incidents by datazone<sup>10</sup>**

Rate per 1,000 population - FY 2019



<sup>10</sup> Areas with fewer than 4 incidents have been excluded



## Medicines and prescribing

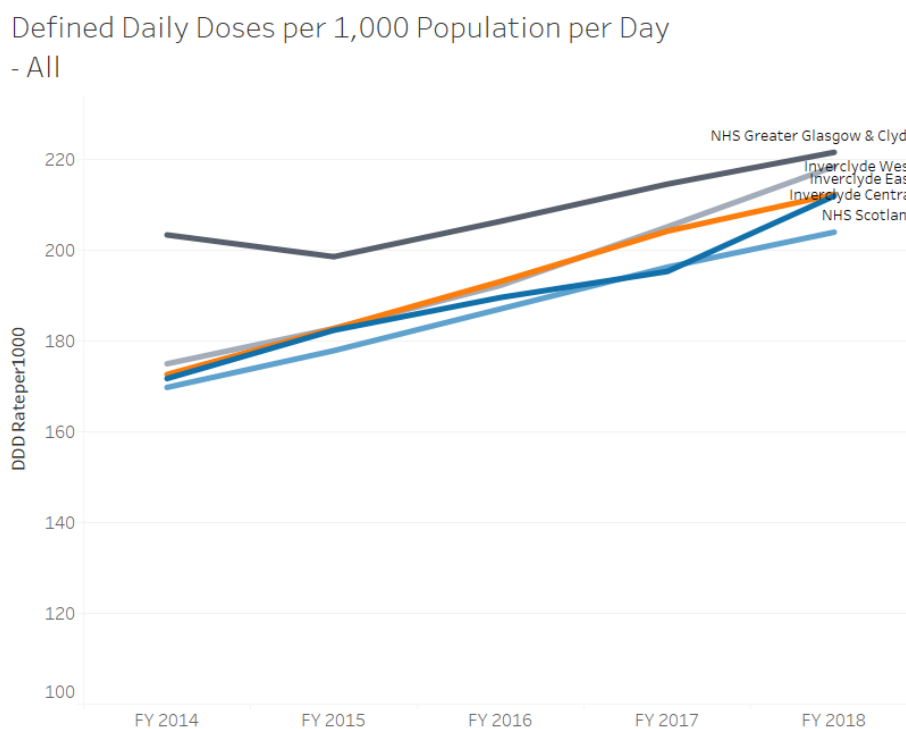
### Medicines for Mental Health

The Defined Daily Dose (DDD) is the assumed average maintenance dose per day for a drug used for its main indication in adults (WHO 2018). The DDD allows comparison between population groups and to assess trends in drug consumption.

Significant clinical work was done previously by Prescribing Support Pharmacists in Inverclyde to ensure that prescribing for mental health conditions, particularly for depression is clinically appropriate and meets accepted indicators. The DDD for drugs used for all mental health conditions and for anti-depressants lies somewhere between the NHSGG&C and NHS Scotland average for each Inverclyde cluster. For anti-psychotic prescribing however, all clusters are above the average for NHS Scotland with central cluster being higher than the NHSGG&C DDD.

Comparison – all MH medicines for financial years

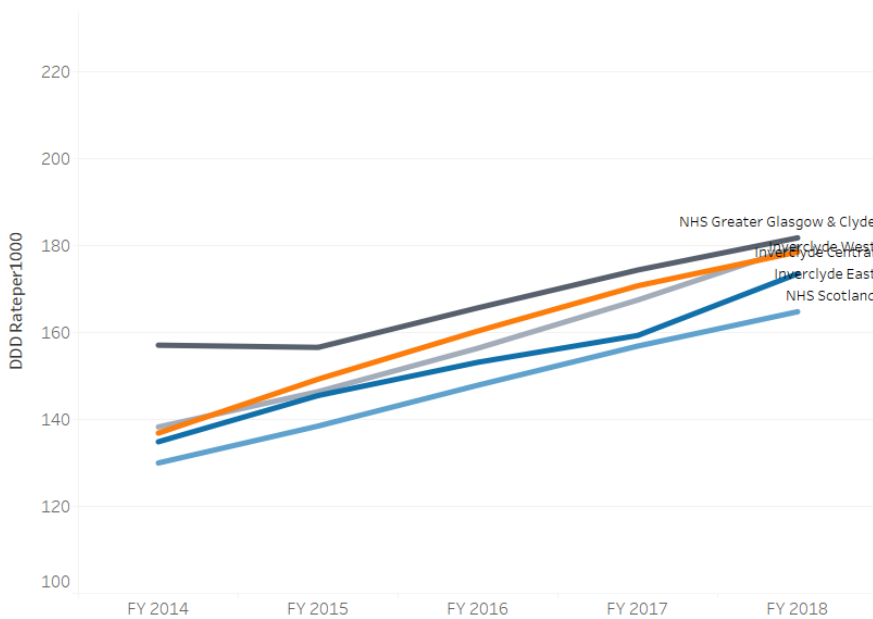
**Figure 39 – Defined daily doses rate for all mental health conditions per 1,000 population**



Source: PRISMS prescribing information system

**Figure 40 – Defined daily doses rate for anti-depressants per 1,000 population**

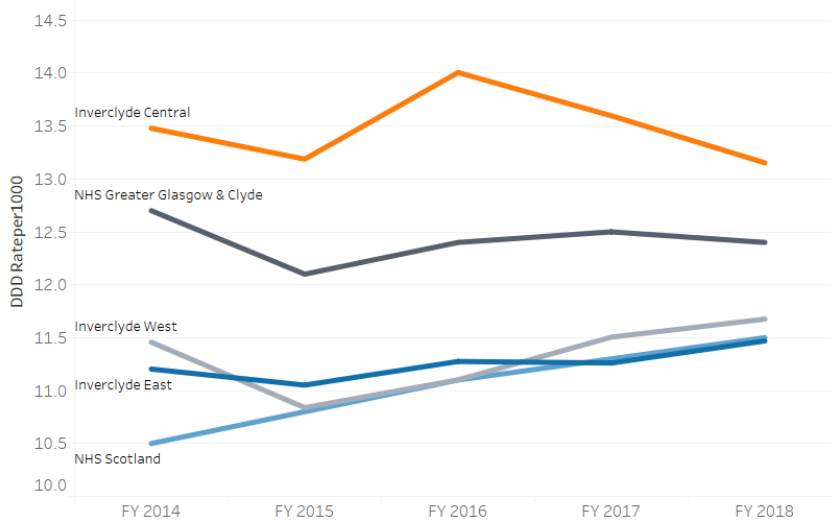
Defined Daily Doses per 1,000 Population per Day  
- Anti depressants



Source: PRISMS prescribing information system

**Figure 41 – Defined daily doses rate for anti-psychotics per 1,000 population**

Defined Daily Doses per 1,000 Population per Day  
- Anti psychotics



## Inpatient activity

### Figure 42 - SMR04 Mental Health stays rates per 10,000 populations

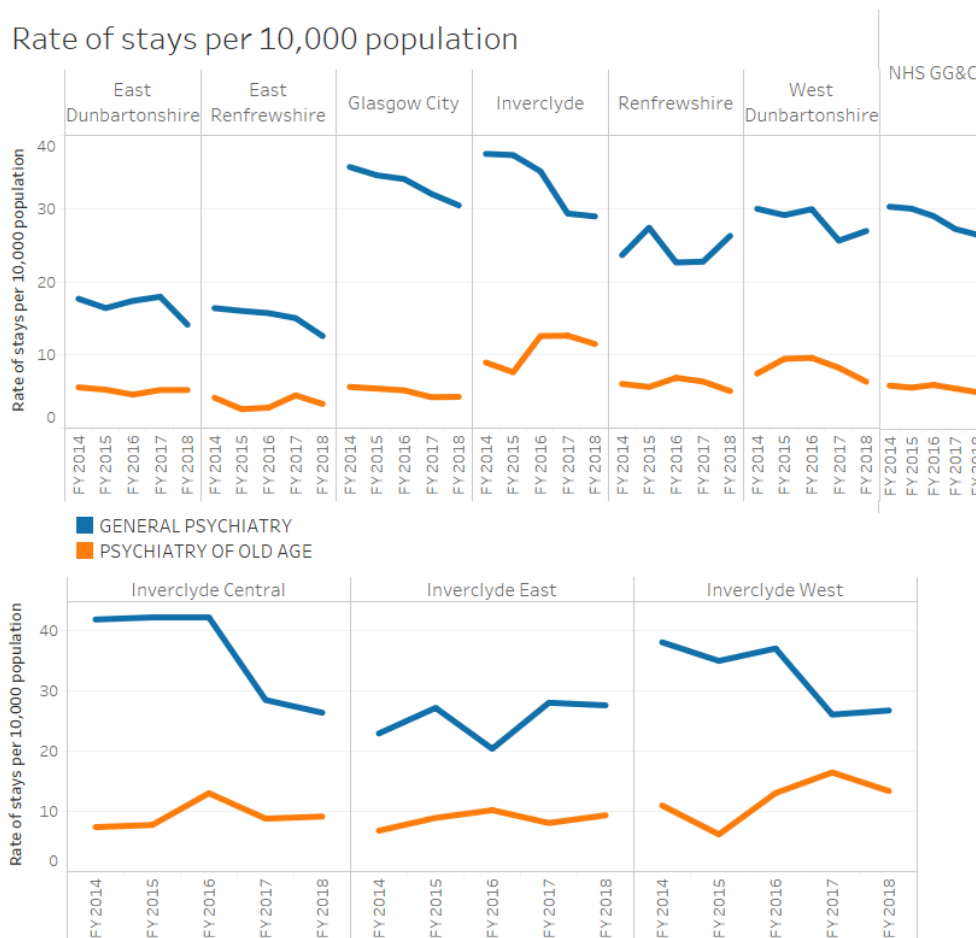
Rate of stays per 10,000 population

HSCP	FY 2014		FY 2015		FY 2016		FY 2017		FY 2018	
	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE
East Dunbartonshire	17.7	5.6	16.4	5.2	17.4	4.6	17.9	5.2	14.1	5.2
East Renfrewshire	16.4	4.2	16.0	2.6	15.7	2.8	15.0	4.5	12.6	3.3
Glasgow City	35.7	5.6	34.5	5.4	34.0	5.2	32.0	4.2	30.4	4.3
Inverclyde	37.5	9.0	37.3	7.6	35.1	12.6	29.3	12.6	28.9	11.5
Renfrewshire	23.6	6.0	27.4	5.6	22.6	6.9	22.7	6.4	26.3	5.1
West Dunbartonshire	30.0	7.5	29.1	9.5	29.9	9.6	25.6	8.2	26.9	6.3
NHS GG&C	30.3	5.9	30.0	5.7	29.0	6.0	27.2	5.5	26.5	5.1

GP Cluster	FY 2014		FY 2015		FY 2016		FY 2017		FY 2018	
	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE
Inverclyde Central	41.7	7.4	42.1	7.7	42.1	13.0	28.4	8.8	26.3	9.1
Inverclyde East	22.9	6.8	27.1	8.9	20.3	10.2	28.0	8.0	27.5	9.3
Inverclyde West	38.0	10.9	34.9	6.2	36.9	13.0	26.0	16.4	26.7	13.3

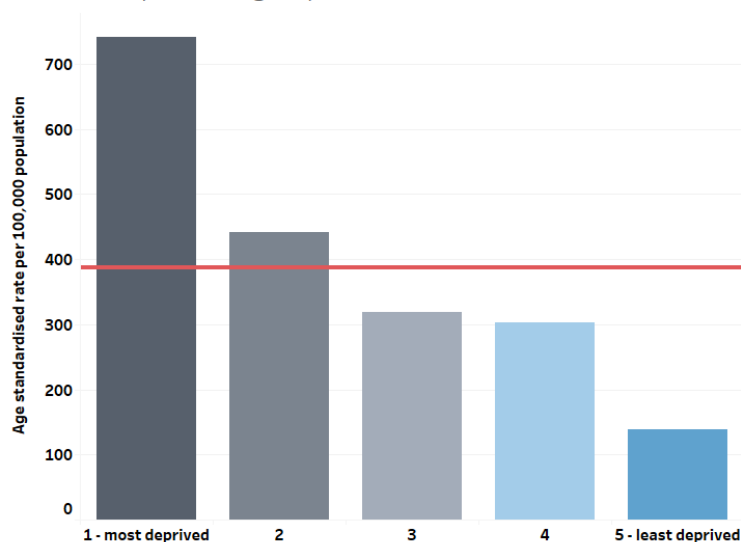
Rate of stays per 10,000 population



Source – AcaDMe

### Figure 43 Inverclyde psychiatric hospitalisation rates by deprivation quintile

Differences in patients with a psychiatric hospitalisation between deprivation groups for 2015/16-2017/18



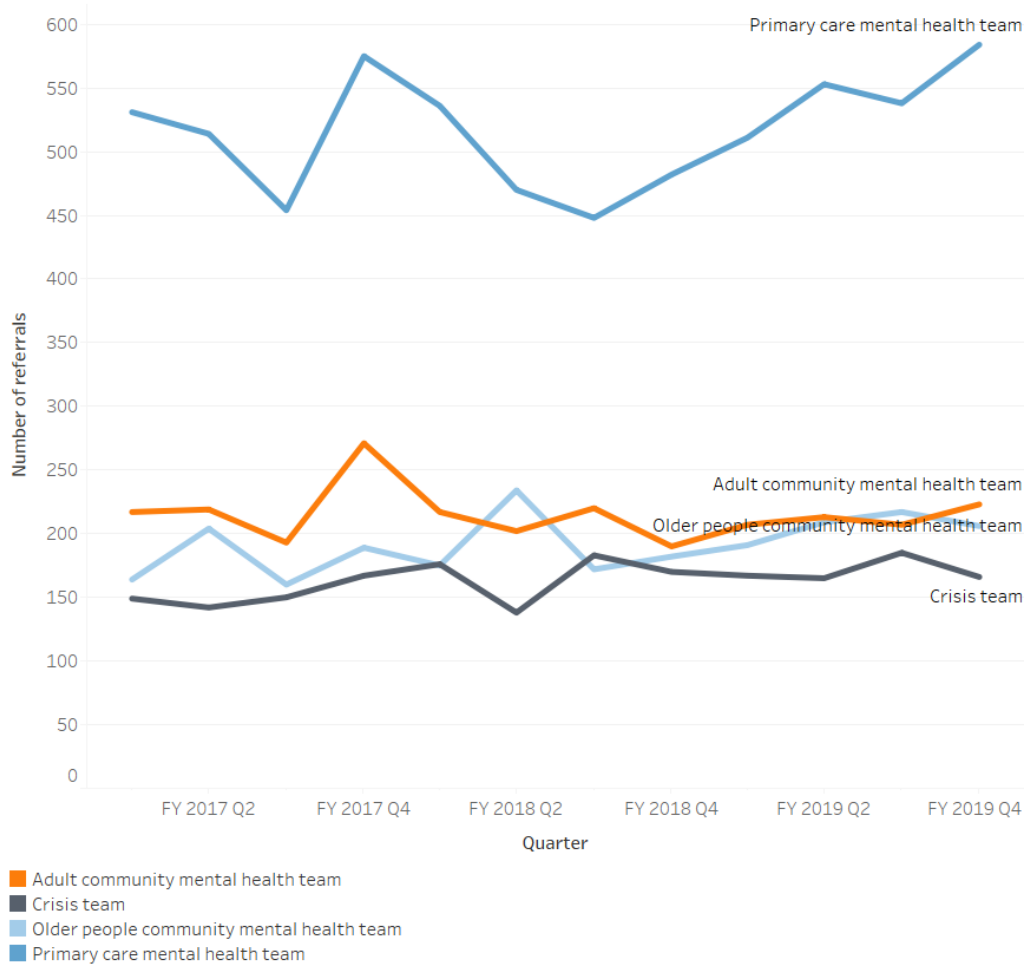
Source: ScotPHO Health Inequalities

- The inequality gap is the difference between the most deprived group and the overall average value. The inequality gap in Inverclyde for psychiatric hospitalisations is equivalent to 532 patients each year.
- The most deprived areas have 87% more patients than the overall average in Inverclyde.
- Patients with a psychiatric hospitalisation would be 64% lower if the levels of the least deprived area were experienced across the whole population.

## Community mental health

**Figure 44 - Referrals to Inverclyde mental health teams 2016/17 – 2018/19**

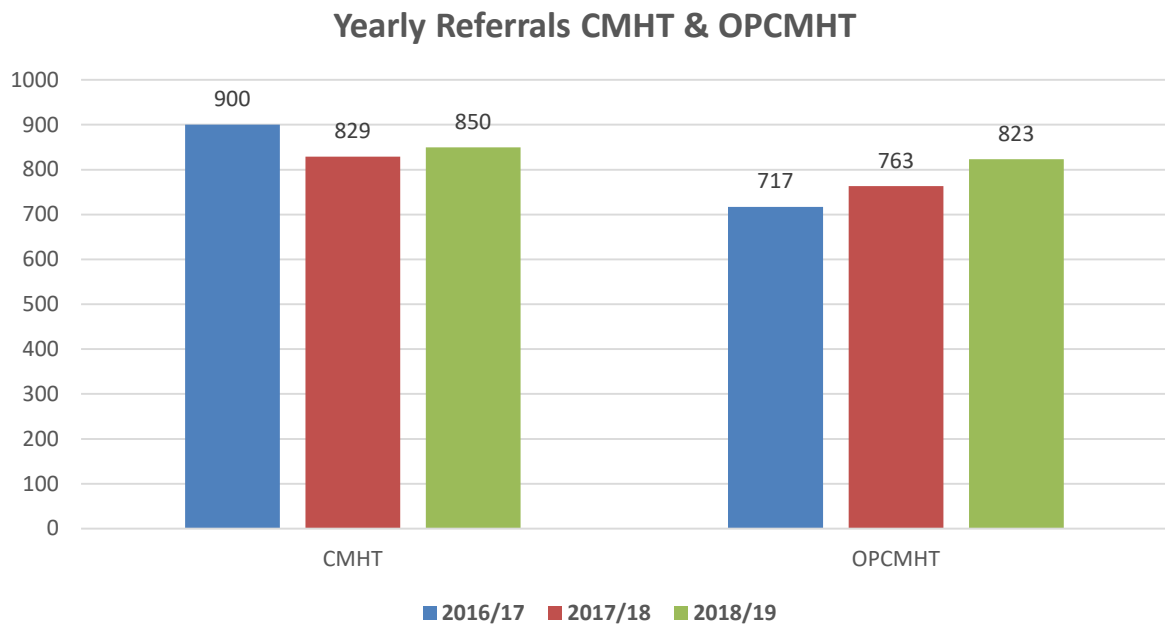
Referrals to mental health teams



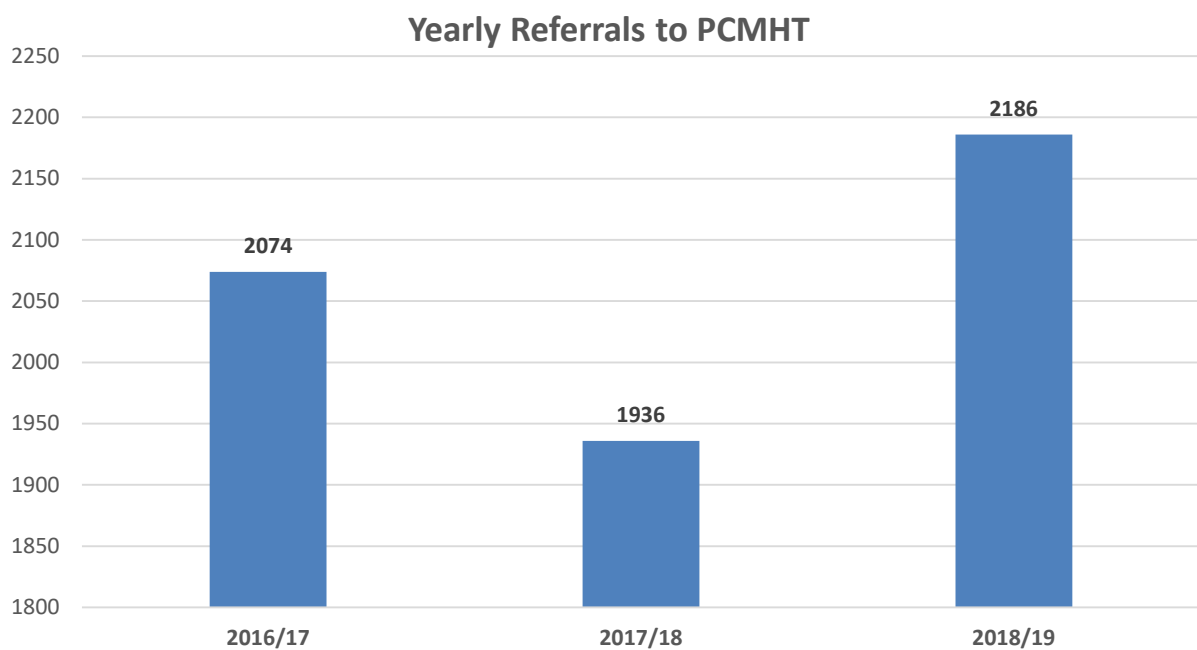
Source: Inverclyde HSCP Mental Health Quarterly Service Report

Referrals to primary care mental health team and older people's mental health team have been increasing from Q3 2017/18 to Q4 2018/19 whilst all other referrals have remained relatively stable.

**Figure 45 Yearly referrals to CMHT and OPCMHT 2016-2109**

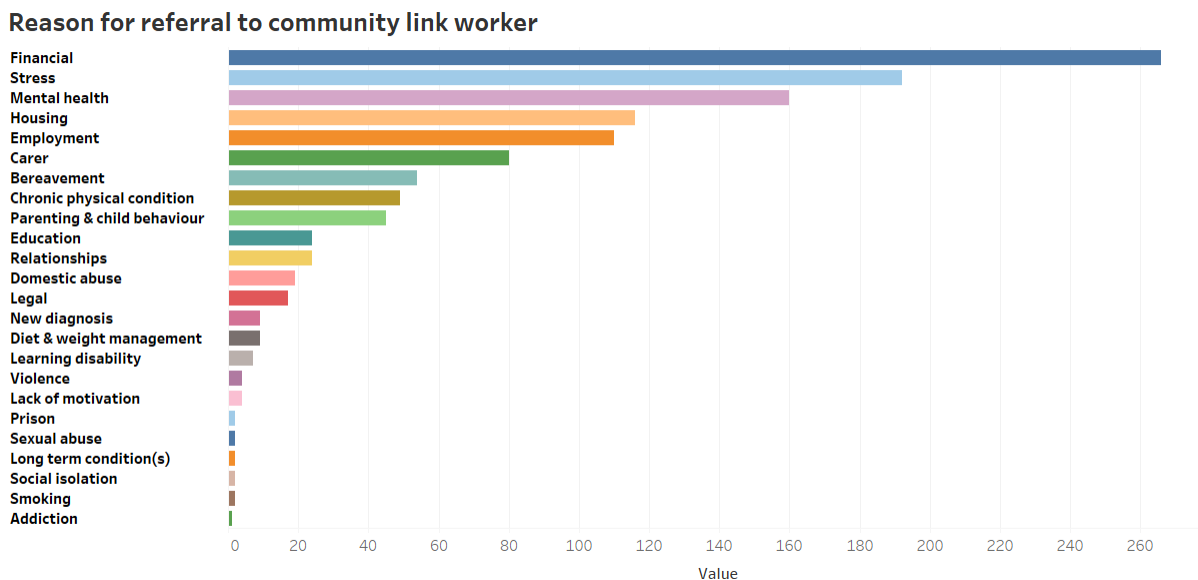


**Figure 46 Yearly referrals to Primary Care Mental Health Team 2016 - 2019**

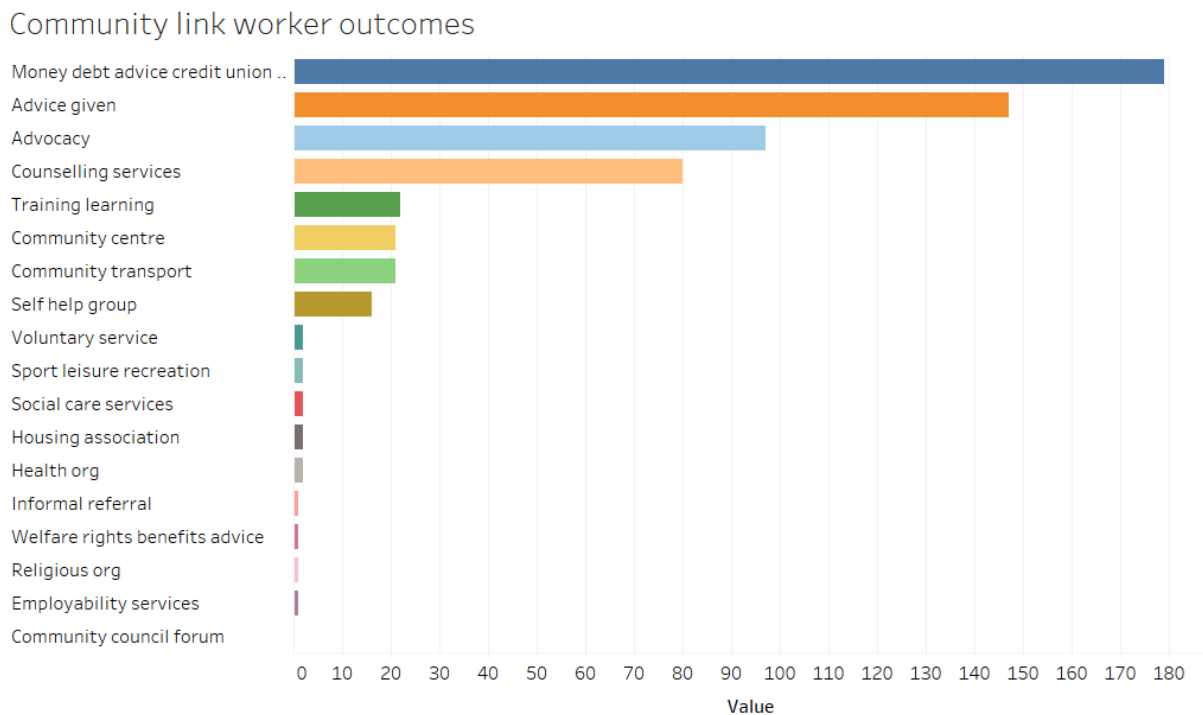


Within primary care the Community Link Worker (CLW) is a relatively new addition to the multi-disciplinary team. The CLW is a generalist social practitioner based in a GP practice serving a socio-economically deprived community, who uses non clinical support to allow people to set goals and overcome barriers, in order that they can take greater control of their health and well-being. Figure 47 and 48 show that stress and mental health are amongst the highest reasons for referral alongside a range of issues related to socio-economic circumstances and that identifying sources of support for these issues is a key outcome of the CLW role. Helping people access financial and welfare benefits advice can positively impact on people’s mental wellbeing.

**Figure 47 – Reason for referral to Community Link Worker Dec 2017 – Mar 2019**



**Figure 48 – Outcomes for Community Link Worker Dec 2017 – Mar 2019**

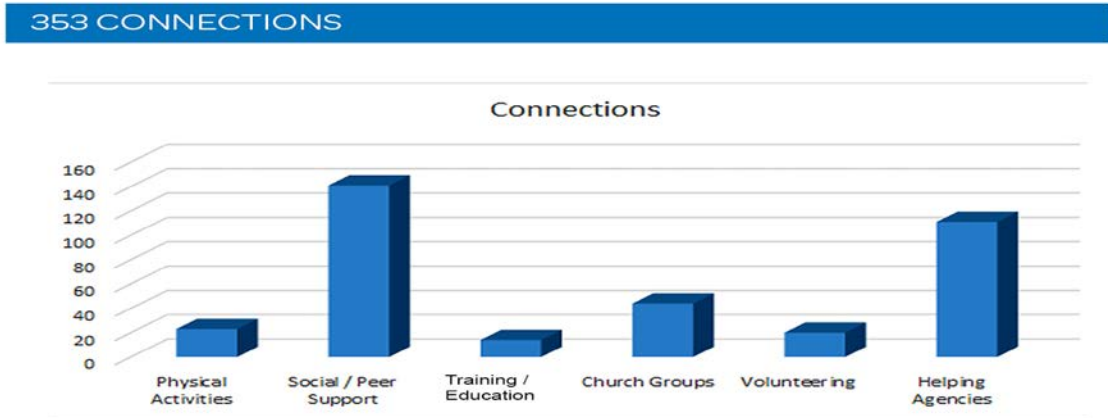


### Community Connectors

Community Connectors aim to provide connections to local activities, facilities and resources whilst providing short term light support and encouragement for local people to connect, improve their health and wellbeing, reduce their social exclusion, and assist those suffering from low mood. Community Connectors also motivate and encourage people to live as full an independent life as possible. The Community Connectors are based in the community and offer short term assistance to help identify and access resources and activities which help individuals achieve their personal goals. The majority of connections made are for social/ peer support enabling individuals to take better control over their health and wellbeing. Peer support can be very effective in changing health-related behaviour & encouraging the self-management of long-term health conditions and issues surrounding mental health.



**Figure 49- Connections Made Between April 2018 - March 2019**



**Appendix 1**

**Inverclyde GP Clusters**

