

A meeting of the Health & Social Care Committee will be held on Thursday 9 January 2020 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

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The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act, whose numbers are set out opposite the heading to each item.		
PERFORMANCE MANAGEMENT		
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Enquiries to – **Sharon Lang** - Tel 01475 712112

Report To: Health & Social Care Committee **Date:** 9 January 2020

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

Alan Puckrin
Chief Financial Officer

Contact Officer: Samantha White **Contact No:** 01475 712652

Subject: Revenue & Capital Budget Report – Projected 2019/20 Revenue
Outturn as at 31 October 2019

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 October 2019 (period 7).

2.0 SUMMARY

- 2.1 A budget of £57.019 million has been delegated by the Integration Joint Board (IJB), which includes £6.295 million of Social Care Fund funding and gives a net budget of £50.326 million after the transfer of £0.398 million to earmarked reserves. 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 7 there is a projected overspend of £228,000, an increase in spend of £213,000 from the position reported at period 5. The main elements of the overspend are:

- Within Learning Disabilities and Physical Disabilities, projected overspends of £190,000 and £90,000 respectively (£151,000 and £65,000 at period 5) against client commitments due to additional external packages within Learning Disabilities along with the review of the respite projection reported at period 5 and a Living Wage correction within the Physical Disabilities projection.
- As reported at period 5 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 out-turn.
- A projected overspend of £120,000 on agency workers within Mental Health due to an increased pressure on meeting service demands resulting from staff vacancies and difficulty in recruiting.
- A projected overspend of £378,000 due to the client package costs shared between Criminal Justice and Learning Disabilities.
- A £229,000 overspend within Residential and Nursing client commitments.
- Projected overspends of £44,000 and £48,000 against the Pay and Grading model allowance and the costs recharged from Health respectively.

In the main offset by:

- Additional turnover savings being projected across services £646,000.
- A £48,000 projected underspend resulting from the partial implementation of Ethical Care within Homecare.
- Over-recovery of income for residential fees of £123,000.
- A one-off £190,000 projected underspend against Free Personal Care for under 65s.

- 2.2 The Social Work 2019/20 capital budget is £1.093 million, with spend to date of £480,000. Expenditure equates to 43.9% 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 £1.576 million received in-year, giving a total for 2019/20 of £2.601 million at period 7. Expenditure to date is £1.282 million against the phased budget of £1.076 million.
- 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.
- As reported at period 5, £700,000 was transferred from the Residential and Nursing Accommodation smoothing reserve to the IJB Free Reserve as part of the preparation 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. Based on the period 7 projection, the £226,000 reserve will be fully utilised by 31 March 2020.
- 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.
- 2.6 Included within the budget is £195,000 additional budget allocated by the Scottish Government for the Tier 2 Counsellors through Schools. At present the full budget is projected to be spent by the Children and Families services.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the current year revenue outturn projected overspend of £228,000 at 31 October 2019.
- 3.2 That the Committee notes the current projected capital position and approves the additional expenditure on the Cardross (The View) project as outlined in section 6.4 and reflected within the projected spend of this report and utilisation of capital programme contingency to address the over-expenditure.
- 3.3 That the Committee notes the current earmarked reserves position.
- 3.4 That the Committee approve the capital works to convert the study room to a seventh bedroom in the 3 childrens' houses. Cost will be contained within the capital programme for childrens' houses.

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 £228,000 overspend.

5.0 2019/20 CURRENT REVENUE POSITION: Projected £228,000 overspend (0.45%)

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

	Approved Budget	Revised Budget	Projected Outturn	Projected Over / (Under) Spend	Period 5 Variance	Movement
	£000	£000	£000	£000	£000	£000
Children & Families	10,474	10,714	10,866	152	125	27
Criminal Justice	20	20	337	317	232	85
Older Persons	25,384	25,749	25,670	(79)	(207)	128
Learning Disabilities	7,736	7,806	7,914	107	13	94
Physical & Sensory	2,394	2,430	2,479	49	47	2
Assessment & Care Management	2,314	2,181	2,171	(9)	10	(19)
Mental Health	1,426	1,414	1,511	97	131	(34)
Alcohol & Drugs Recovery Service	971	975	801	(174)	(214)	40
Homelessness	1,026	1,037	1,062	25	9	16
PHIC	1,677	1,690	1,662	(28)	(10)	(18)
Business Support	3,402	3,005	2,774	(231)	(121)	(110)
	56,824	57,019	57,248	228	15	213
Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0
Transfer to EMR	0	(398)	(398)	0	0	0
Social Work Net Expenditure	50,529	50,326	50,555	228	15	213
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	3,221	3,745	5,310	
CFCR	15	0	0	0	0	
Social Work Total	7,281	9,055	3,221	3,745	5,310	

5.1 Children & Families: £152,000 (1.42%) 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 £27,000 more than reported at period 5 and is largely due to a £145,000 projected overspend on employee costs, up £55,000 from the position reported at period 5 and is mainly due to Crosshill staff cost of £124,000 previously projected to be spent through a smoothing earmarked reserves now being spent through core budgets. This is partially offset by additional turnover savings of £69,000 being achieved.

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 7 there is a projected net overspend of £364,000 on children's external residential accommodation, adoption, fostering and kinship and continuing care, which will be funded by the earmarked reserves and is thus not included in the projected overall overspend.

5.2 Criminal Justice: Projected £317,000 (20.37%) overspend

The position is £85,000 more from that reported at period 5. Officers are now projecting that Criminal Justice budgets out-turn in line with allocated funding, which means that the overspend solely relates to the client package costs shared with Learning Disabilities.

5.3 Older People: Projected £78,000 (0.30%) underspend

The projected underspend is £129,000 less than reported at period 5 and comprises:

- A projected £102,000 underspend on employee costs. The underspend has increased by £77,000 from the position reported at period 5 and is within Homecare services due to delays in filling posts and Day Services due to a secondment.
- A projected net increase in spend of £44,000 within supplies and services due to a £21,000 projected overspend for uniforms within Homecare and £63,000 increase in spend within Community Alarms for TEC equipment, offset by additional income of £40,000.
- A £177,000 net increase in spend within Residential and Nursing client commitments due to an increase in bed numbers which is a direct result of a reduction in Homecare hours provided.

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 7 there is a net projected overspend of £332,000, of which £226,000 would be funded from the earmarked reserves at the end of the year if it continues. Therefore this 226,000 is not included in the projected overall overspend.

5.4 Learning Disabilities: Projected £108,000 (1.38%) overspend

The projected spend is £95,000 higher than the position reported at period 5 and comprises:

- A projected overspend of £190,000 on client commitments within Payments to other Bodies. This is an increase of £39,000 on the position reported at period 5 and is due to additional packages.
- A projected underspend of £153,000 on employee costs, an increase in cost of £34,000 on the position reported at period 5 and which is due to vacant posts being filled earlier than anticipated.
- External transport is now projected online with budget, which is an increase in cost of £26,000 since period 5 and is based on current spend levels.

5.5 Physical & Sensory: Projected £49,000 (2.02%) overspend

The projected overspend is £2,000 more than reported at period 5 and mainly comprises an increase of £27,000 in the projected overspend on client commitments, offset by minor reductions in projected spend within employee costs and additional income.

5.6 Assessment & Care Management: Projected £9,000 (0.41%) underspend

The projected spend has reduced by £19,000 since period 5 due to minor movements.

5.7 Mental Health: Projected £97,000 (6.86%) overspend

The projected spend has decreased by £34,000 from the position reported at period 5 and comprises:

- A minor reduction of £2,000 against employee costs.
- A £120,000 overspend on agency workers, a reduction of £62,000 from the position reported at period 5. This is as a result of £39,000 of costs now being reclassified as employee costs, along with a reduction in agency costs from that reported in period 5 due to difficulties filling the posts.
- Other minor increases in spend since period 5 totalling £26,000.

5.8 Alcohol and Drugs Recovery Service: Projected £174,000 (17.85%) underspend

The projected underspend has decreased by £40,000 from the position reported at period 5 and comprises:

- A £17,000 increase in employee cost spend due to vacant posts being filled earlier than anticipated.
- The projected underspend on payments to other bodies has decreased from £29,000 to £6,000 from the position reported at period 5 and is due to additional care packages, previously reported under homelessness.

5.9 Homelessness Service: Projected £25,000 (2.41%) overspend

The projected spend has increased by £17,000 from the position reported at period 5 and comprises a minor increase in projected spends across various budget headings.

5.10 Strategy and Support Services: Projected £28,000 (1.66%) underspend

The projected underspend has increased by £18,000 since the period 5 report to Committee and is mainly due to an increase in the projected underspend within employee costs as a result of a delay in filling vacant posts.

5.11 Business Support: Projected £231,000 (7.69%) underspend

The projected underspend has increased by £110,000 since the period 5 report to Committee and is mainly due to:

- A projected overspend of £44,000 against the Pay and Grading model allowance and
- A projected overspend of £48,000 against the costs recharged from Health.
- A £190,000 projected underspend against free personal care for under 65s based on current spend to date and anticipated costs to year-end.

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 October 2019 is £480,000 (43.9% 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.
- Internal partitions complete.
- Roof works complete and building wind and watertight.
- Electrical and plumbing installation in progress.
- Underfloor heating installation has commenced.
- 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 26 February 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 commenced early October with completion expected late December however slow progress on site and the poor performance of the Contractor suggests that the completion will be some time

in January 2020. Officers await a revised programme and confirmation of the revised completion date.

6.4 Neil Street Children’s Home replacement (Cardross: ‘The View’):

An update and specific report was previously submitted to the April 2019 Committee reflecting the position at that time on the final account and the negotiations that were ongoing in respect of the above project. The account has now been agreed with the Contractor with the final financial outturn position reflected in a specific report included as Appendix 5. It is proposed that the capital works are undertaken to convert the study room to a seventh bedroom in the 3 childrens’ houses. Cost will be contained within the capital programme for childrens’ houses.

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 £1,576,000 received for 2019/20, totalling £2,601,000 at period 7. There is spend to date of £1,282,000 against the phased budget of £1,076,000.

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 a 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
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 7 1 April 2019 - 31 October 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	45	195	0	0	10,714	0	10,714
Criminal Justice	20	0	0	0	0	0	20	0	20
Older Persons	25,383	0	365	0	0	0	25,748	0	25,748
Learning Disabilities	7,736	0	70	0	0	(116)	7,690	0	7,690
Physical & Sensory	2,394	0	36	0	0	0	2,430	0	2,430
Assessment & Care Management	2,315	0	(134)	0	0	0	2,181	0	2,181
Mental Health	1,426	0	(13)	0	0	0	1,413	0	1,413
Addiction / Substance Misuse	971	0	4	0	0	0	975	0	975
Homelessness	1,026	0	11	0	0	0	1,037	0	1,037
Strategy & Support Services	1,677	0	13	0	0	0	1,690	0	1,690
Business Support	(2,893)	0	(397)	0	0	(282)	(3,572)	0	(3,572)
Totals	50,529	0	0	195	0	(398)	50,326	0	50,326

Social Work

Revenue Budget Projected Outturn - 2019/20

Period 7 - 1 April 2019 to 31 October 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	28,279	27,633	(646)	(2.28)
1,130 Property costs	1,067	1,070	1,046	(24)	(2.24)
967 Supplies & services	848	961	1,081	120	12.49
371 Transport & plant	377	377	402	25	6.69
786 Administration costs	777	744	740	(4)	(0.57)
38,556 Payments to other bodies	40,366	40,470	41,637	1,167	2.88
(14,904) Income	(14,370)	(14,882)	(15,292)	(410)	2.76
52,867	56,824	57,019	57,247	228	0.40
(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
45,698 Social Work Net Expenditure	50,529	50,326	50,554	228	0.45

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	10,714	10,866	152	1.42
0 Criminal Justice ¹	20	20	337	317	1585.00
24,463 Older Persons	25,384	25,748	25,670	(78)	(0.30)
7,053 Learning Disabilities	7,736	7,806	7,914	108	1.38
2,196 Physical & Sensory	2,394	2,430	2,479	49	2.02
1,613 Assessment & Care Management	2,314	2,180	2,171	(9)	(0.41)
1,215 Mental Health	1,426	1,414	1,511	97	6.86
1,003 Addiction / Substance Misuse	971	975	801	(174)	(17.85)
966 Homelessness	1,026	1,037	1,062	25	2.41
1,740 PHIC	1,677	1,690	1,662	(28)	(1.66)
2,339 Business Support	3,402	3,005	2,774	(231)	(8)
52,867	56,824	57,019	57,247	228	0.40
(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
45,698 Social Work Net Expenditure	50,529	50,326	50,554	228	0.45

Social Work

Material Variances - 2019/20

Period 7 - 1 April 2019 to 31 October 2019

2018/19 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 31/10/19	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	Employee Costs						
5,440	Children & Families	5,923	3,219	3,265	6,068	145	2.45
1,601	Criminal Justice	1,643	893	820	1,469	(174)	(10.59)
8,488	Older People	9,012	4,900	4,794	8,909	(103)	(1.14)
2,614	Learning Disabilities	2,509	1,364	1,274	2,356	(153)	(6.10)
1,739	Assessment & Care Management	1,866	1,014	997	1,825	(41)	(2.20)
1,160	Mental Health	1,192	648	604	1,144	(48)	(4.03)
1,192	Addictions	1,172	637	542	1,004	(168)	(14.33)
1,774	Physical & Sensory	1,611	876	837	1,577	(34)	(2.11)
1,556	Business Support	1,737	945	893	1,680	(57)	(3.28)
25,564		26,665	14,496	14,026	26,032	(633)	(2.37)
	Other Variances						
8	Children & Families Residential Services - Transport & Plant costs	5	3	17	25	20	400.00
0	Criminal Justice - unallocated savings	(82)	(48)	0	0	82	(100.00)
0	Criminal Justice - package costs	0	0	0	317	317	100.00
21	Older People - day care external transport	42	25	10	21	(21)	(50.00)
342	Older People - day care contract	397	232	167	350	(47)	(11.84)
0	Older People - Homecare - reduction 15 minute visits	72	42	0	24	(48)	(66.67)
3,765	Older People - Homecare - external	3,902	1,801	1,784	3,949	47	1.20
84	Older People - Homecare - supplies & services	25	15	31	46	21	84.00
14,081	Older People - Residential Nursing - client commitments	14,397	8,398	8,402	14,626	229	1.59
(403)	Older People - Residential Nursing - income	(179)	(104)	(207)	(302)	(123)	68.72
313	Older People - housing wardens	263	153	155	241	(22)	(8.37)
8,241	Learning Disabilities - client commitments	8,431	3,846	3,862	8,621	190	2.25
(53)	Learning Disabilities - income from other local authorities	(136)	(79)	(47)	(73)	63	(46.32)
1,780	Physical & Sensory - client commitments	1,620	945	806	1,710	90	5.56
47	Assessment & Care Management - Transport costs	17	10	16	40	23	135.29
25	Mental Health - legal costs	47	27	9	25	(22)	(46.81)
258	Mental Health - alzheimers scotland	216	126	64	237	21	9.72
85	Mental Health - agency costs	0	0	57	120	120	100.00
17	Homelessness - agency costs	0	0	12	24	24	100.00
14	Homelessness - B&B Accommodation	7	4	22	37	30	428.57
0	Business support - Pay & Grading Model	0	0	44	44	44	100.00
0	Business support - Health management Recharge	0	0	0	48	48	100.00
0	Business support - Free Personal Care under 65's	401	234	211	211	(190)	(47.38)
0	Business support - CJ Unfunded pay inflation	82	48	0	0	(82)	(100.00)
28,625		29,527	15,677	15,415	30,341	814	2.76
54,189	Total Material Variances	56,192	30,173	29,441	56,373	181	0.32

Social Work

Capital Budget 2019/20

Period 7 - 1 April 2019 to 31 October 2019

Project Name	Est Total Cost	Actual to 31/03/19	Approved Budget	Revised Estimate	Actual to 31/10/19	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Social Work									
Crosshill Childrens Home Replacement	1,721	582	995	995	478	144	0	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	55	55	2	15	0	0	0
Complete on site	70	0	43	43	0	27	0	0	0
Social Work Total	1,861	582	1,093	1,093	480	186	0	0	0

Items Requiring Specific Approval in Terms of the Council's of the Council's Financial Regulations

Cardross Crescent Care Home

Variations in the Contract Resulting in the Approved Cost being exceeded

1. Additional Works

This report covers the settlement of the disputed items and adjusts the figures previously reported to committee to reflect the final position

Settlement of disputed items	£24,744
	<hr/>
Total Increase in Contract Sum	£24,744
Additional fees due to increased scope of works	<u>£2,722</u>
Total increase in project works.	<u><u>£27,466</u></u>

The Committee is requested to note that the Crosshill project budget currently includes a non-contract contingency of £99K as a result of the tender return position being below the original budget allocation. It is proposed to re-allocate £27K of this contingency to address the final expenditure on the Cardross project. This now settles the disputed items and is the final position.

Social Work

Earmarked Reserves - 2019/20

Period 7 - 1 April 2019 to 31 October 2019

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget To Period 07	Actual To Period 07	Projected Spend	Amount to be Earmarked for 2020/21 & Beyond	Lead Officer Update
		2019/20	2019/20	2019/20	2019/20	2019/20	
		£000	£000	£000	£000	£000	
Integrated Care Fund	Louise Long	1,053	511	595	1,012	41	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. A slight increase in carry forward is expected for 2019/20.
Delayed Discharge	Louise Long	728	336	254	563	165	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. A reduced carry forward is expected for 2019/20.
Growth Fund - Loan Default Write-off	Helen Watson	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. Minimal use anticipated in 2019/20.
Swift Upgrade	Helen Watson	27	27	27	27	0	Post from September 18 to progress replacement client information system for SWIFT plus upgrade costs, post has been extended to Nov 2020 and this will now be funded from Transformation EMR.
Community Justice Preparatory Work	Sharon McAlees	112	35	32	64	48	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. Projected that savings shortfall and not all of Whole Systems Approach will not be required in 2019/20, together with a small carry forward re the post being funded.
Frank's Law	Allen Stevenson	34	0	30	34	0	Frank's Law Funding being used to fund 1 FTE Grade K for 6 months.
Self Directed Support	Alan Brown	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	37	38	60	0	Funding for two posts to carry out service reviews. Posts appointed to in September 2018.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total</u>	<u>Phased Budget</u>	<u>Actual</u>	<u>Projected</u>	<u>Amount to be</u>	<u>Lead Officer Update</u>
		<u>Funding</u>	<u>To Period 07</u>	<u>To Period 07</u>	<u>Spend</u>	<u>Earmarked for</u>	
		<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>	<u>2020/21 & Beyond</u>	
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
LD Service Review	Alan Best	180	121	97	180	0	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	0	0	0	100	Now linked to the test of change activity associated with the new care co-ordination work.
RRTP	Deborah Gillespie	30		0	30	0	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer employed by an RSL. EMR to fund £30k of this spend in year 1.
Develop Pay & Grading Model		200		200	200	0	Reserve to fund pay & grading costs for 1 year.
Welfare Reform - CHCP	Arlene Mailey	9	9	9	9	0	Annual invoice for software licencing fee, linked with IDEAS project.
Total		2,601	1,076	1,282	2,223	378	

Report To: Health & Social Care Committee **Date:** 9 January 2020

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/01/2020/HW

Contact Officer: Helen Watson, Head of Strategy & Support Services and Allen Stevenson, Head of Health and Community Care Service,
Inverclyde HSCP **Contact No:** 01475 715285

Subject: UPDATE ON THE ETHICAL CARE CHARTER AND FAIR WORKING PRACTICE WITHIN CARE AT HOME FRAMEWORK

1.0 PURPOSE

- 1.1 The purpose of this report is to advise Members on the progress of the implementation of the Ethical Care Charter (EEC) promoted by UNISON.

2.0 SUMMARY

- 2.1 Members were previously updated on progress in February 2019 and were advised that a further report would be presented to the Committee in October 2019. Members will recall that the EEC is a way for Councils to improve the quality of homecare for the vulnerable people they are responsible for. It is a set of commitments that councils make which fix minimum standards that will protect the dignity and quality of life for those people who use home care services and the workers who care for them.
- 2.2 Inverclyde HSCP Staff Partnership Forum adopted UNISON's ECC in 2016 and was the second Partnership in Scotland to do so, Renfrewshire being the first. There are currently only 8 partnerships in Scotland which have ECC accreditation.
- 2.3 Members were previously updated on the progress of implementing the EEC in February 2019. Since then, officers and UNISON have separately reviewed progress through interviews with the various providers.
- 2.4 The HSCP's Commissioning and Homecare Services carried out joint visits to all providers on the Council's Care at Home Framework to determine the extent of progress of implementing the EEC and ensure providers were complying with their tender submission in respect of the Fair Working Practice. During these visits, Officers had sight of staff contracts, staff payslips and discussed directly with staff their terms of employment. Discussions were also held with the provider's Management Team regarding staff conditions of employment. From these initial meetings it was established that all providers were complying with their FWP tender submission, with the exception that it is not apparent if all providers were paying staff travel time.
- 2.5 The Committee considered a report on the background to the Ethical Care Charter at its meeting on 20 October 2016. Any Member wishing a copy of the Ethical Care Charter is asked to contact Allen Stevenson, Head of Health & Community Care.

3.0 RECOMMENDATIONS

3.1 It is recommended that Members note:

- a) Progress in relation to implementing the Ethical Care Charter;
- b) That further engagement is taking place with providers to clarify the status of travel time.
- c) That whilst the Care at Home Framework Agreement is due to be extended in 2020, it is recognised that market conditions are such that officers will reassess how our existing contracts manage to inform the future tender process.
- d) That a further report on progress will be presented to Committee in October 2020.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Since the adoption of the ECC, previous reports have reflected the significant progress made to date and UNISON agreed that Inverclyde HSCP is taking a proactive approach to implementing the ECC.
- 4.2 The current tender for external homecare provision was conducted in late 2017 and contracts were awarded for an initial 2 year period with the option for two possible 1 year extensions. It has always been the intention to extend the contract. The hourly rate on offer to bidders was calculated on the basis of itemised cost. UNISON and the providers agreed that the minimum price was affordable. A minimum price ensured that providers could pay the Living Wage and be compliant with the aims of the ECC.
- 4.3 The tender for external provision of homecare was carried out on the basis of 60% Quality and 40% Price. In terms of Procurement Law, there has been no change to allow public sector organisations to mandate the payment of the Living Wage. Therefore, work practices and employee benefits must be assessed as part of a weighted question. The procurement policy dictates that fair work practices are assessed using up to a quarter of the weighting allocated to quality. The ECC covers all of the elements of what would be deemed to be fair work practice within social care. Therefore, this section had a 15% weighting across the whole tender.
- 4.4 UNISON were consulted on the fair working practices questions and they agreed their use in order that the aims of the ECC could begin to be achieved through FWP responses.
- 4.5 Members should be aware that Inverclyde HSCP Staff Partnership Forum identified a range of challenges when fully implementing the ECC.

5.0 EXTERNAL PROVIDERS COMPLIANCE WITH FAIR WORKING PRACTICES

- 5.1 When the Invitation to Tender for the Care at Home Framework was issued, it asked providers to detail what Fair Work Practices they had in place. There is a contractual requirement within the Care at Home Framework Agreement for providers to use their best endeavours to comply with the FWP which they advised were in place at the time of submitting their tender, failing which the Council reserved the right to terminate the contract.
- 5.2 Investigations carried out by the HSCP Commissioning Team established that all providers on the Care at Home Framework Agreement were compliant in respect of Use of Zero Hour Contracts, Statutory but not Occupational Sick Pay Schemes, Pension Provision and Travel Costs. However, the initial investigation identified it was unclear how travel time was paid for, more certainty of travel time is required. Details of the progress of implementation in relation to contractual commitments by providers are included in Appendix 1.
- 5.3 UNISON carried out its own interviews with providers to assess in its view how progress was being made and has provided a separate report.
- 5.4 Members should note that Officers will continue to engage with providers to ensure compliance with their respective contractual obligations. Furthermore, it is recognised that the Care at Home Framework Agreement is due to be extended in 2020, however market conditions are such that officers will reassess how existing providers are complying with the FWP contractual obligation.
- 5.5 In order to fully assess compliance with Fair Work Practices, Officers have discussed with all providers the possibility of undertaking an anonymous engagement exercise with staff. Although Officers have met already with a number of staff this would give an opportunity for the full workforce to give their views, anonymously. All providers are happy to support the engagement exercise with the proviso that the HSCP share their findings of their staff group with them.

6.0 IMPLICATIONS

6.1 Finance

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					

6.2 Legal

Legal and Property Services has been consulted in relation to this report.

6.3 Human Resources

No HR implications

6.4 Equalities

Equalities

(a) Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	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?

<input type="checkbox"/>	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
<input checked="" type="checkbox"/>	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

6.5 Repopulation

By signing up to the Ethical Care Charter, Inverclyde Council and HSCP are making a clear commitment that people who need support can expect good quality care from an engaged and valued workforce. It is also a commitment that people can take up employment in the care sector and expect fair terms and conditions. These aspects reinforce that Inverclyde is a good place to live and work.

7.0 CONSULTATIONS

7.1 Consultation has been carried out with the five Framework providers for Care at Home Services and UNISON.

8.0 BACKGROUND PAPERS

8.1 None.

Report To:	Health and Social Care Committee	Date:	9 January 2020
Report By:	Louise Long Corporate Director Inverclyde Health and Social Care Partnership	Report No:	SW/04/2020/DMcC
Contact Officer:	Dr Deirdre McCormick Chief Nurse East Renfrewshire & Inverclyde Health Social Care Partnerships	Contact No:	0141 451 0748
Subject:	ANNUAL REPORT: CLINICAL AND CARE GOVERNANCE 2018-2019		

1.0 PURPOSE

- 1.1 This report provides a summary of the yearly activity of Inverclyde Health and Social Care Partnership (HSCP) Clinical and Care Governance Group for 2018 -2019. Members of the Health and Social Care Committee are asked to note the report.

All six HSCPs are required to provide an Annual Report to NHS Greater Glasgow and Clyde covering an overview of the work of the group and any future plans for review and evaluation. The Annual Report for Clinical and Care Governance acts as a reference point in the wider strategic direction of governance for Inverclyde HSCP.

2.0 SUMMARY

- 2.1 The report covers the work of the Clinical and Care Governance Group for 2018 – 2019. The report was presented to the Integration Joint Board on 24 June 2019. Since the preparation of the report a development session for the Clinical and Care Governance Group has taken place where the terms of reference was reviewed and updated.

The Clinical and Care Governance arrangements within Inverclyde remain robust. Inverclyde Clinical and Care Governance Group has maintained effective oversight of the key areas of clinical risk and quality. Internal arrangements are well connected enabling engagement and information sharing to ensure we are appropriately monitoring and improving the quality of care delivered to our patients and service users.

We are in the process of developing a Clinical and Care Governance Strategy in line with Action 3.11 (Ensuring Quality) within Big Action 3 of the Inverclyde HSCP Strategic Plan 2019 – 2024.

The Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure “effective, coherent and joined up clinical and care governance arrangements” to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and H&SCPs, as well as considering local and international best practice.

We understand the guidance will now be available in May 2020 therefore our strategy may require to be refreshed after this guidance is available.

3.0 RECOMMENDATIONS

3.1 Members of the Health and Social Care Committee are asked to note the report.

**Louise Long
Corporate Director
Inverclyde Health
and Social Care Partnership**

4.0 BACKGROUND

4.1 All six Health and Social Care Partnerships are required to provide an Annual Report to NHS Greater Glasgow and Clyde covering the work of the group and any future plans for review and evaluation. The report is structured around the three main domains set out in the National Quality Strategy namely Safe, Effective and Person Centred Care. The work of the Clinical and Care Governance Group reflects the substantial activity in local governance structures and the report is an illustration of the activity in improving the quality of care in Inverclyde Health and Social Care Partnership. The Annual Report for Clinical and Care Governance acts as a reference point in the wider strategic direction of governance for Inverclyde Health and Social Care Partnership.

5.0 PROPOSALS

5.1 Clinical and Care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained.

5.2 Key responsibilities of the Clinical and Care Governance Group include: the provision of assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place; reviewing significant and adverse events and ensuring learning is applied; supporting staff in continuously improving the quality and safety of care; ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services; creating a culture of quality improvement and ensuring that this is embedded in the organisation.

5.3 A development event for the Clinical and Care Governance Group took place on 23rd July 2019. Discussion focused on a review of the Terms of Reference for the group, including membership, linkage to all existing governance structures within the Partnership and alignment of the Clinical and Care Governance work plan to the Inverclyde HSCP Strategic Plan. The recommendations from the development day have informed the future direction of the group, strengthening its pivotal role in ensuring the delivering of safe, effective and person-centred care to the People of Inverclyde.

5.4 We are in the process of developing a Clinical and Care Governance Strategy in line with Action 3.11 (Ensuring Quality) within Big Action 3 of the Inverclyde HSCP Strategic Plan 2019 – 2024.

5.5 In response to the need for revised guidance on Clinical and Care Governance for IJBs and HSCPs, national work is underway which will include background analysis of the current clinical and care governance systems and processes within IJBs and HSCPs, as well as considering local and international best practice. We will participate at one of the three stakeholder sessions which aim to co-produce the revised guidance with professional teams within the IJBs and other key stakeholders. It is planned that a further consultation on the final draft document will be held in April 2020 with key leadership stakeholders with a view to a final launch date for the guidance in May 2020.

6.0 IMPLICATIONS

6.1 Finance

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 N/A.

Human Resources

6.3 N/A.

6.4 **Equalities**

Equalities

(a) Has an Equality Impact Assessment been carried out?

	YES
NA	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.
NA	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.
NA	NO

Repopulation

6.5 N/A.

7.0 CONSULTATIONS

7.1 N/A.

8.0 BACKGROUND PAPERS

8.1 N/A.

Inverclyde
Health and Social Care Partnership

Annual Clinical & Care Governance Report
2018 - 2019

Principal Author:	Dr Hector MacDonald
Co-Authors:	Dr Deirdre McCormick, Anne Marie Long
Approved by:	
Date approved:	

1. Foreword

- 1.1 Inverclyde Health and Social Care Partnership is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation.
- 1.2 Inverclyde Health & Social Care Partnership includes all community health, social care, and community justice services along with the budgets and staff associated with them. These services are delivered by the Health & Social Care Partnership and overseen by the Integration Joint Board (IJB).
- 1.3 Inverclyde Health and Social Care Partnership has a history of strong partnership working with communities, patients, service users, local GPs and hospitals, the independent and third sector service providers, council partners and housing providers.
- 1.4 The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group (CCGG). The report is structured around the three main domains set out in the National Quality Strategy, namely Safe, Effective and Person Centred Care. The work of the Clinical and Care Governance Group reflects the substantial activity in local governance structures and the report is an illustration of the activity in improving the quality of care in Inverclyde Health and Social Care Partnership.
- 1.5 A Clinical and Care Governance Facilitator has been appointed to shape the process in Clinical and Care Governance and works in a shared arrangement between Inverclyde and East Renfrewshire Health and Social Care Partnerships.

2. Clinical Governance Arrangements

2.1 Definition of Clinical and Care Governance

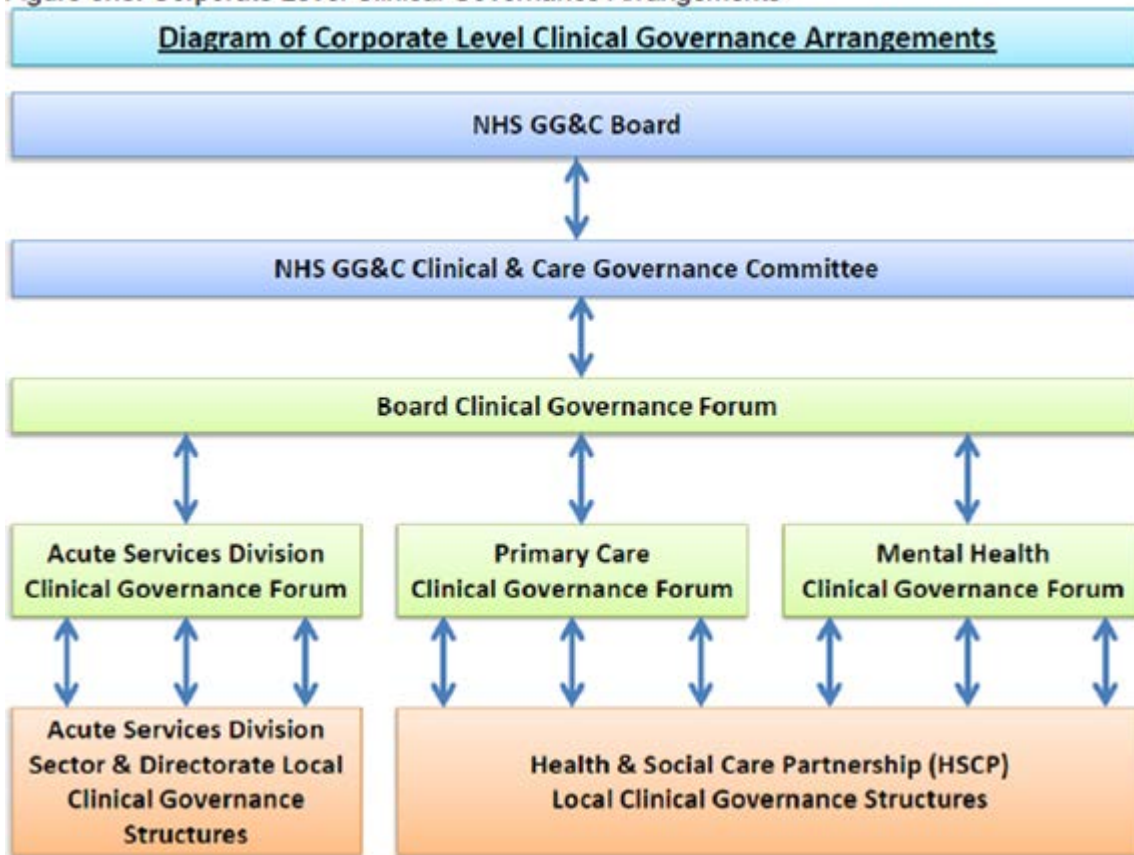
Clinical and Care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained.

2.2 Clinical and Care Governance in Inverclyde HSCP

There is a Clinical and Care Governance Group who convene quarterly with meetings held on 18th July 2018, 10th October 2018, 15th January 2019 and 19th March 2019. The group is chaired by the Chief Officer and the Clinical Director. It is attended by Chief Social Work Officer, Chief Nurse, Head of Mental Health, Addictions & Homelessness, Clinical Risk Co-coordinator NHS Greater Glasgow and Clyde, Service Manager - Integrated Care and Support, Head of Service Health and Community Care, Head of Service Strategy and Support Services and the Clinical and Care Governance Facilitator. Representatives from Unison (staff side) also attend the meeting.

- 2.3 NHS Greater Glasgow and Clyde's Corporate Level Clinical Governance is outlined in Figure one.

Figure one: Corporate Level Clinical Governance Arrangements



2.4 Key responsibilities of the Clinical and Care Governance Group:

- Providing assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Reviewing significant and adverse events and ensuring learning is applied.
- Supporting staff in continuously improving the quality and safety of care.
- Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services.
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation
- The Clinical Director completes an exception report 6 times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF).

2.5 The Health and Community Clinical and Care Governance group sits as a sub group of Inverclyde Health and Social Care Partnership's CCGG. The group meets every six weeks and is chaired by the Head of Service and there is representation from team leaders and service managers from all areas of Health and Community Care. Submissions are also noted from NHS board wide NHSGG&C Learning Disability Group and other professional forums.

2.6 Areas of Clinical and Care Governance Developed by the group in 2018-19 are:

- Scrutiny of all Datix reports and ensuring that reports are reviewed and authorised within the agreed time scale and that learning from incidents is discussed across the teams and implemented where required.
- All safety action notices are distributed across all teams and reviewed as necessary.

- Actions from the main governance group are taken forward – e.g. ensure that mandatory training is undertaken and recorded appropriately on electronic systems – Learn Pro.
- Learning from Care Inspectorate reports are shared across service where there are common learning themes for improvement.
- Learning from complaints is shared and feedback from service users discussed as part of the cycle of continuous improvement.
- Development and review of the Health and Community Care Risk Register as an active operational document to inform the HSCP of potential risk.
- Ensure that all professional registration is scrutinised and regular checks are made on validity of registration time periods – NMC, NMC, HCPC, SSSC.

2.7 Mental Health Governance Arrangements

2.8 Health and Social Care Partnerships (HSCPs) are committed to the delivery of whole system Mental Health Service delivery to meet the mental health needs of the Greater Glasgow & Clyde population. Mental Health Service delivery spans across the full range of inpatient and community settings involving the six partner HSCPs. The MHS whole system governance structure fulfils the organisation's statutory responsibility, assuring the quality of safe and effective health service delivery.

2.9 Glasgow City HSCP, through its Chief Officer, has a responsibility for co-ordinating the strategic planning of adult mental health services on behalf of other HSCPs within Greater Glasgow and Clyde. Glasgow City HSCP also hosts a number of NHS GG&C wide professional leadership roles for adult mental health services, including for medical, nursing and psychology staff. These professional roles also have a strong connection with NHS GG&C Board responsibilities for governance and public health.

2.10 System-wide governance is co-ordinated by the Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive. In addition, HSCP governance structures and arrangements are in place to oversee local operational matters. Within Inverclyde HSCP we have the monthly Integrated Mental Health Clinical Services Group forum. This is shared with Renfrewshire HSCP and contributes to system wide governance across adult and older adult mental health in-patient and community settings. The regular membership comprises Heads of Service, Service Managers, Clinical Directors, Professional leads and Clinical Governance Facilitator for each area. The forum is extended each quarter to Mental Health Team Leads to support the broader Clinical Governance agenda.

2.11 Social Work Governance

The Chief Social Work Officer (CSWO) meets at regular intervals with the Chief Executive of the Council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the strategic planning group.

In representing the unique contribution of social work services in the delivery of public protection the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the adult protection committee.

The Social Work Practice and Care Governance Group considers three priority themes of Practice Governance, Practice Development and Distributed Leadership.

The Children and Families Health Care and Justice Governance Group discuss operational matters with the CSWO. The Clinical and Care Governance Facilitator assisted this group in February 2019 and the Terms of Reference of the group were updated and the group is trialling a reporting template for issues of exception and escalation to the Clinical and Care Governance Group.

3. SAFE

3.1 Significant Clinical Incidents (SCI)

The work of the CCGG is supported by regular updates from the Clinical Risk Co-ordinator. These reports are a standing item and they cover the Datix reporting of patient related clinical incidents and incidents progressed to Significant Clinical Incident (SCI) investigation. The group reviews progress and Improvement Plans in order to seek assurance that the appropriate actions have been implemented alongside the essential learning and development.

3.2 Annual Overview of Significant Clinical Incidents

Table 1: Incidents Escalated to SCI Investigation from 1 April 2018 – 31 March 2019 (Inclusive)

Directorate admitted	Specialty	Unit	Category	Sub-Category
Specialist Children's Services	CAMHS	Larkfield Unit	Suicide	Overdose - Non-prescribed/Illicit Medication
Mental Health Services	Addiction Services	Cathcart Street	Suicide	Jump from Height
Mental Health Services	Community Mental Health Team	Inverclyde Royal Hospital	Violence and Aggression	Patient Physical Assault on Other
Children and Family Services	Health Visiting	Greenock Health Centre	Other Incidents	Child Protection Issue
Mental Health Services	Community Mental Health Team	Crown House	Violence and Aggression	Patient Physical Assault on Other

3.2.1 Patient Related Clinical Incidents

Table 2 details the Patient – Related Clinical Incidents during the period 1 April 2018 – 31 March 2019.

Table 2: Patient – Related Clinical Incidents 1/4/2018 – 31/3/2019 inclusive.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Abscondment/Missing	5	3	0	2	2	0	8	5	7	0	0	0	32
Challenging Behaviour	4	6	2	5	5	7	6	5	3	2	5	4	54
Communication	1	0	1	6	4	0	2	2	1	0	0	1	18
Discharge or Transfer Problem	0	0	0	0	0	1	2	0	4	0	0	0	7
Laboratory/Specimen	0	0	0	0	0	0	0	1	0	6	0	0	7
Medical Devices/Equipment	2	1	1	1	0	0	0	1	2	1	0	0	9
Medication - Administration	0	4	0	5	0	0	2	4	1	1	0	2	19
Medication - Dispensing/Supply	0	0	1	2	1	2	1	1	2	2	1	1	14
Medication - Monitoring	1	1	0	0	0	0	1	1	0	3	1	0	8
Medication - Patient Induced	0	2	0	0	0	1	1	0	0	0	1	1	6
Medication - Prescribing	1	0	1	0	0	1	2	0	0	1	2	1	9
Patient Observations	0	0	0	0	0	1	0	2	0	0	0	1	4
Pressure Ulcer Care*	3	2	2	4	0	6	2	2	3	5	0	4	33
Self Harm	1	0	0	2	2	2	1	2	6	2	3	5	26
Suicide	0	1	0	0	1	0	0	0	1	0	2	2	7
Treatment Problem	1	0	0	0	0	0	1	1	0	1	1	0	5
Other Incidents	6	9	5	6	4	10	5	7	7	9	13	14	95
Total	25	29	13	33	19	31	34	34	37	33	29	36	353

* In the context of Pressure Ulcer Care 14 were caseload acquired Pressure Ulcers all of which were unavoidable. The remaining recorded pressure ulcers have been inherited from other areas, for example, care homes, acute services and within patients' homes (prior to health care delivery). Pressure Ulcers which have been assessed as level 3&4 would expect to proceed to SCI investigation if avoidable. As part of our quality assurance processes risk management colleagues review Quarterly Data to scrutinise the incidents they would expect to proceed to SCI Investigation and share with Chief Nurse.

3.3 Significant Case Review

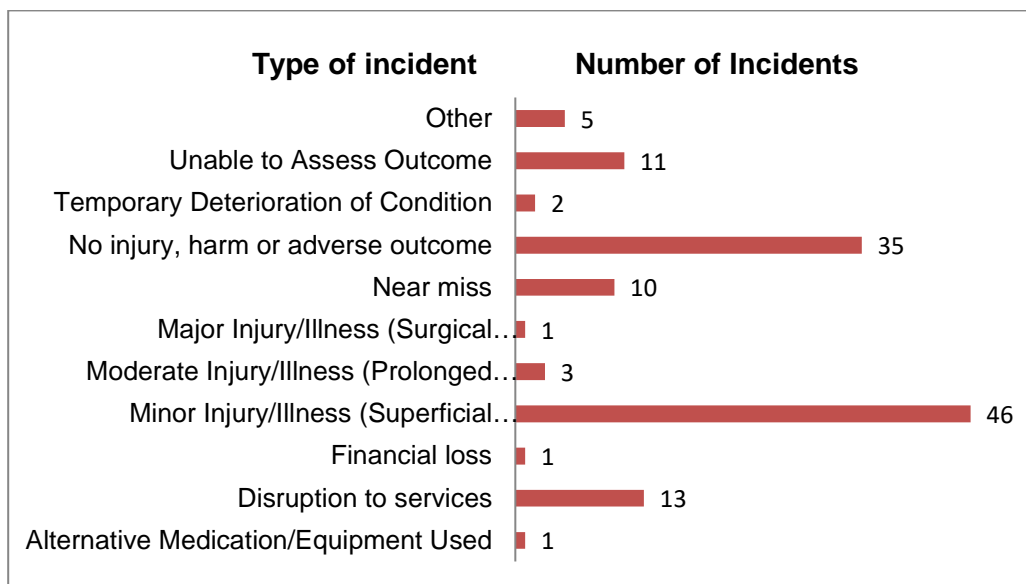
During this annual report period there has been one Significant Case Review. The review examined the involvement of services, and the potential for adult support and protection to have assisted an adult patient who was refusing services throughout the final period of their life. The care, support and treatment of the patient demonstrated the challenges to adult protection systems and the agencies within which it exists. Several actions to strengthen future policy and practice in similar cases were identified as a result of the review. Improvement plans were scrutinised by the clinical care governance and the Chief Officers Group with the Adult Protection Committee National Network enabling shared learning alongside local development sessions. The improvement plan will be monitored through the adult support and protection committee with updates, as appropriate, to the CCGG.

3.4 Health and Community Care Datix Governance Arrangements

The following is an example of how Health and Community care review their Datix information. All services across Health and Community Care work collaboratively to ensure that Datix reports are reviewed and approved within the agreed timescales and that any learning or action points are shared across the services. Staff are regularly supported to utilise the Datix system to ensure that all incidents and near misses are reported. Through the care group governance groups within the Partnerships Heads of Service monitor and review performance on the sign of the Datix reports with data provided from the clinical risk team. This data forms part of the Partnership performance management reporting process.

The table below documents the number of incidents reported by final outcome from May 2018 to May 2019.

Table 3: Number of Incidents Reported by Final Outcome from 1 May 2018 to 1 May 2019 inclusive



3.5 Immunisation

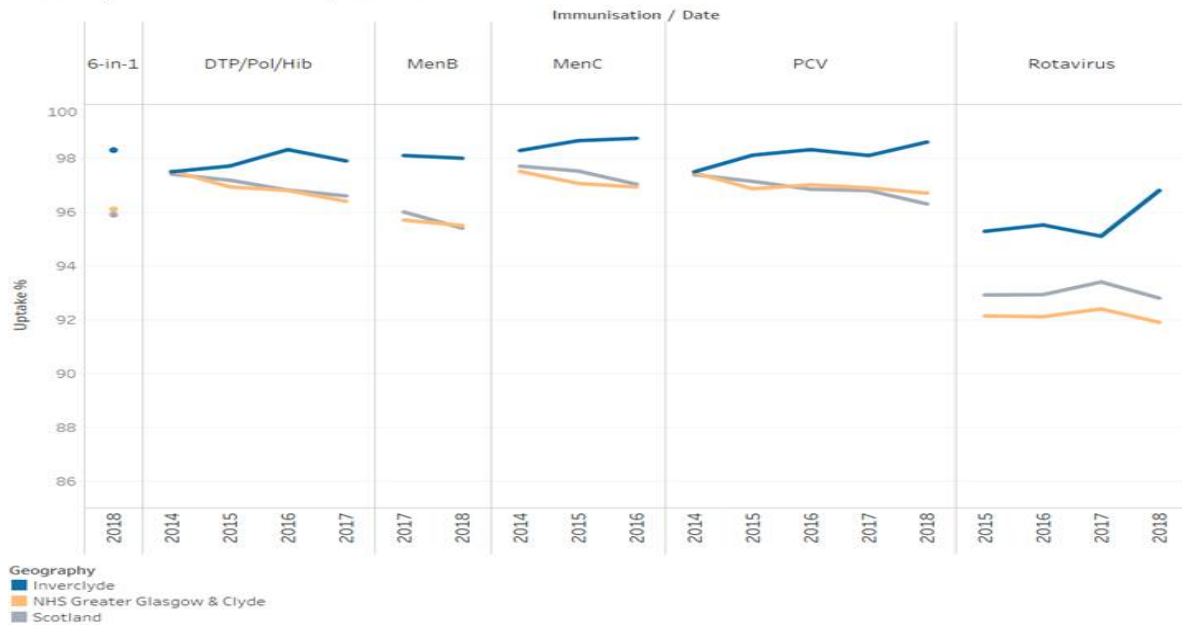
In tandem with our New Ways test of change programme we introduced corporate preschool immunisation clinics replacing the previous mix we had in Inverclyde of mostly GP based clinics. This was done partly due to necessity but also identified as an opportunity for Inverclyde to test the model that was planned for the 2018 New GP contract. The service has been running since December 2016 from 2 Health Centre sites and has resulted in a more co-ordinated and streamlined service with more efficient use of staffing resources from the Children and Families team and a reduction in GP practice workload.

This model is now being mainstreamed throughout NHS Greater Glasgow and Clyde as part of the Transforming Vaccinations Programme Board work stream.

Statistics provided by ISD on immunisation figures show that since inception of the corporate approach there has been a rise in vaccination uptake in this group. Inverclyde HSCP's figures are highest in NHS Greater Glasgow and Clyde and consistently among the best in Scotland

Figure 2: Primary Immunisation Uptake Rates – 12 months

Primary Immunisation Uptake Rates - 12 months



3.6 Adult Protection

3.6.1 There is good practice guidance in joint working between Inverclyde Adult Protection Committee and Care Home providers in Inverclyde. The guidance establishes a unified approach to dealing with adult protection concerns and adults with changing needs across all care homes in Inverclyde. Inverclyde Health and Social Care Partnership and a range of public bodies work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It provides a range of measures which can be used to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

3.6.2 An Adult Support and Protection audit in Mental Health and Addictions was undertaken in 2018, and was repeated very recently. The report highlighted a number of positive practice examples such as the strength of risk assessments. The report also raised concerns regarding explicit consent to information sharing and IT systems not linking to each other. An action plan is being developed as part of our programme of quality improvement.

3.7 Professional Nursing Assurance

3.7.1 The professional nursing assurance framework and associated work plan forms the focus for the Senior Nurse Leaders meeting within the partnership. Ensuring effective frameworks to develop implement and monitor professional practice standards and quality of service delivery to continuously improve and enhance patient care through programmes of audit, reporting and action planning is the core business of the group. The framework is based on the national nursing and midwifery professional framework developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored. The framework enables an iterative approach to quality improvement activity across all services. The Chief Nurse actively participates as a member of the NHS GG&C Nursing Network, led by the NHS Board's Director of Nursing to review and develop nursing practice and governance across the organisation.

3.7.2 Nursing Professional Quarterly Governance Reports which include detail on significant events, fitness to practice issues, registration lapses and complaints are submitted to the NHS GGC Board Nurse Director as part of care assurance processes.

3.8 Community Nursing Workforce – Safe Staffing Legislation

3.8.1 Utilisation of the Community Nursing Workforce Assessment Tools provides an important consistent evidence based tool for establishing the staffing needs of a range of services. The national tools were developed in partnership with key stakeholders, researched, tested and refined with the final ratification and validation. To date the Nursing and Midwifery Workforce Workload Planning Programme (NMWWPP) has facilitated local implementation and several runs of the tools have been completed within Children and Families Service, District Nursing, Learning Disability and Mental Health.

3.8.2 The Health and Care (Staffing) (Scotland) Bill was introduced by the Cabinet Secretary for Health and Sport on 23 May 2018. The timeline for the development and approval of the Bill has now reached Stage 3. The Health and Care (Staffing) Bill will place a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times which will include the use of the Nursing and Midwifery Workforce Workload Planning Programme tools. The Nursing and Midwifery Workforce Workload Planning Programme tools form an important building block to ensure safe staffing levels alongside listening to highly skilled professionals enabling them to exercise professional judgement and having flexibility in the system to adapt to real time changes in patient dependency and acuity.

3.8.3 The output from the run of the tools is the focus of discussion within the respective teams and services. It is recognised that further work is required to further improve data quality. Output of the runs has been shared with local teams encouraging ownership and the opportunity for the teams to scrutinise, discuss and develop improvement action plans in preparation for next run of the tools. The data from the runs informs workforce planning for all care groups from an NHS GGC board perspective and is discussed at the NHS Board Nursing, Midwifery and Allied Health Workforce Planning Group Chaired by the Board Nurse Director.

3.9 Out of Hours Review

3.9.1 As part of the continuing development of Inverclyde Health and Social Care community services we are undertaking a review of the Out of Hours Community Nursing and Social Work Services, building on existing close working relationships.

3.9.2 Inverclyde's community alarm team, district nursing and home care are co-located at the Hillend Centre providing evening and through, the night care working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home.

3.9.3 The review will seek to formalise links between the teams in the face of challenges around high demand, increasing patient complexity and co morbidity. We will explore opportunities to maximise shared care and joint working to facilitate safe, sustainable, efficient and effective person centred care within the home environment.

3.9.4 A steering group is in place with an expected completion date of September 2019. Community and patient consultation is being carried out by Your Voice. Staff engagement events are taking place and liaison with partner stakeholders will be included as part of the review.

3.10 Specialist Learning Disability Services

3.10.1 Specialist learning disability services have a system wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six health and social care partnership areas, specialist learning disability inpatient services, the Learning Disability Clinical Director and general manager with input from the clinical effectiveness team, clinical risk, academia and service users and carers.

3.10.2 The overall aim of the clinical governance model in Specialist Learning Disability Services is to improve quality, ensure safe, effective and person centred equitable services. There are two clinical governance work plans (in patient and Health and Social Care Partnership Board wide) which focus on the

following areas: patient safety, clinical effectiveness, clinical audit, learning and education, research and development, involvement of patient and carers and development of practice and clinical networks.

3.10.3 Both the in-patient clinical governance and Health and Social Care Partnership wide clinical governance meetings are held on a bi monthly basis. The inpatient clinical governance activity is reported via the health and Social Care partnership Primary Care and Community Governance Forum meeting.

3.10.4 Each Health and Social Care Partnership area completes an exception report in advance of the bi-monthly meetings. Exception reports are a standing agenda item at the meeting. All Learning Disability Significant Clinical Incidents reports and all community learning disability Datix incidents are reviewed at the meetings. Progress with any board wide pathway or network development is also reviewed.

3.10.5 The inpatient service has been successful in gaining AIMS accreditation. To date NHS Greater Glasgow and Clyde are only the second learning disability service in Scotland to have achieved this accreditation. In order to get to the standard required, there were six years of continuous planned work with over 50 improvement projects undertaken and completed. A new plan of further quality improvement work is being developed and will help to ensure the in-patient service retains its accreditation status over the next three years.

3.10.6 Inverclyde Community Learning Disability Services has representation of NHS Greater Glasgow & Clyde Learning Disability Governance Forum where learning summaries from SCIs are shared across the services to ensure that learning and developments are implemented.

3.10.7 There are close links to Inverclyde with the Lead Professional Nurse Advisor (Learning Disability) and Psychology to ensure clinical care development within the services and to support professional operational issues. The professional Nurse Advisor is professional accountability to the Chief Nurse (Inverclyde and East Renfrewshire) HSCPs.

Areas of ongoing care governance within NHS Greater Glasgow and Clyde Learning Disability are:

- Updating of the Learning Disability operational processes and standards
- Epilepsy Risk Questionnaire
- EMIS steering group
- Information sessions relating to gender based violence and routine sensitive enquiry
- Establish a food, fluid and nutrition group

3.11 Inverclyde HSCP Learning Disability Redesign

3.11.1 In September 2018 the learning disability day services after extensive consultation with service users and their families successfully integrated two day centre facilities in one day service opportunity promoting community activities and resources. Underpinning the integration of services was an extensive staff development program of support to allow staff to support service users with complex needs.

3.11.2 Detailed risk planning was undertaken and review of service user personal care requirements resulted in the completion of state of the art personal care areas which allows staff to deliver personal care to service users in a dignified and supportive manner.

3.11.3 Part of the integration consultation took place with the Care Inspectorate to ensure the service fully meets its registration requirements and care standards.

3.12 Pharmacy and Prescribing

3.12.1 Annual GP prescribing feedback visits by the Lead Clinical Pharmacist, and prescribing initiatives 2018/19 supported safety and quality in prescribing, particularly in relation to respiratory disease, diabetes

and infection. All GP practices took part in the Repeat Prescribing LES to support accurate and efficient repeat prescribing processes with minimal medication waste, and used ScriptSwitch Prescribing Support System to support safe and cost effective prescribing, and improve formulary compliance.

3.12.2 During 2018/2019, local community pharmacists have increasingly dealt with minor ailments and the Health & Social Care Partnership Prescribing Team are developing closer working relationships with local community pharmacies to continue to improve safe and effective use of medicines.

3.12.3 Members of the Prescribing Team have participated in NES and NHS GGC training and developed competency assessments for new staff and new activities, with regular Team meetings and peer review, and use of Datix to record and learn from medication incidents.

4. EFFECTIVE

4.1 Technology Enabled Care

4.1.1 The use of technology enabled care continues to expand with new developments within home and mobile health monitoring seeing those with long term conditions such as COPD, Diabetes and Hypertension having greater choice, control and self-management over their condition. This has been possible using simple digital technology in the form of a phone app (FLO) and (Docobo) home health monitoring hubs. Significant training and awareness with colleagues in community nursing; acute and community services has led to increased joint working and new ways of working just starting to be rolled out.

4.1.2 Early evidence suggests that the above initiatives have resulted in a reduction in primary care appointments; home visits by community nursing, hospital admissions and has been a key factor in supporting discharges from hospital.

4.2 Home First

4.2.1 Inverclyde Home 1st aims to deliver health and social care in the home or community and maintain people's independence where possible. Working closely with staff at Inverclyde Royal Hospital assessments on future care needs are made as early as possible in collaboration with the patient and family. The majority of patients are assessed and discharged home as soon as they are deemed medically fit including those requiring a complex home care package or care home placement. This has led to the development of a rapid discharge planning process and in some cases prevented hospital admission when it wasn't required.

4.2.2 Home First were awarded the Special Judges Award of Excellence at the NHS Greater Glasgow and Clyde staff awards. The panel of judges were so impressed by the Inverclyde Home 1st entry they agreed – for only the fourth time in the eight years that the Chairman's Awards have been running – to make a special award of excellence.

4.3 Frailty Tool for Older People

4.3.1 We are currently implementing the Rockwood Frailty tool across all teams within the Health and Social Care Partnership. This tool brings opportunities to measure any change of people's abilities throughout our intervention and can be used to measure complexity of care.

4.4 Rehabilitation and Enablement Service

4.4.1 This service is in the process of completing mandatory audit of Allied Health Professionals for ICIL RES to include qualitative and quantitative information on 5 patient interactions (3 repeat appointments and 2 discharges). The NHS Greater Glasgow and Clyde Community Rehabilitation Audit (joint venture

between NHS Greater Glasgow and Clyde Physiotherapy Group and Glasgow Caledonian University) is being rolled out to show effectiveness of physiotherapy input in the community.

4.4.2 The Allied Health Practitioner Director receives assurance through completion of the Allied Health Professional Quarterly Governance Report. There are more areas to complete including an additional section for cross system learning, key successes, and key risks to clinical quality and updates on any key issues from previous meetings.

4.5 Occupational Therapy

4.5.1 This service is in the process of tendering for a Stores Management System to upgrade efficiency, safety and security systems to manage equipment storage, delivery and servicing of equipment. This will involve upskilling colleagues to enable prescription of equipment to further improve safe and quick discharge from the emergency department and hospital to prevent delays.

4.5.2 Occupational Therapy are working with a new provider for Care and Repair and providing workshops to ensure consistency in grant applications for adaptations.

4.5.3 A Single handed care project, as a test of change, is working to remodel moving and handling training and techniques. From May 2018 to date 22 people with complex care needs have moved to one handed care. This has resulted in a reduction of 286 care hours per week.

4.6 Children's Services

4.6.1 Following the Care Inspectorate joint inspection of children's service in Inverclyde in 2017 the Child Protection Committee committed to make improvements in its processes designed to identify risk and need.

4.6.2 The Social Work teams were restructured to form a request for assistance team which aims to provide a consistent service pathway for all referrals to social work and to also support our partners in their named person roles with signposting to other services and providing advice and guidance when the level of need does not reach the threshold for social work intervention.

4.6.3 The Child Protection Committee has focused on continuous improvement in the multi-agency response to risk and significant harm by strengthening the interagency referral discussion process. The IRD quality assurance group has met six weekly with a target of ensuring that 80% of the IRD's sampled were graded as good or higher and this target has been met. Practitioner guidance has been updated, new recording templates and processes have been put in place including the use of conference calling and coaching is on offer to staff participating in the discussions to ensure fidelity to the guidance and that processes are thoroughly and correctly implemented.

4.6.4 Health Visiting Service – in 2016 the Scottish Government released the final version of the Revised Universal Pathway. The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. The programme consists of 11 home visits to all families – 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years. Spanning the antenatal to pre-school period it ensures the opportunity for Health Visitors to fulfil their role promoting and supporting and safeguarding the wellbeing of children. It was acknowledged that these additional visits will result in increased pressure on Health Visitors, consequently funding from Scottish Government provided for 200 new Health Visitors across NHS Greater Glasgow & Clyde to reduce case load sizes to mitigate this.

4.6.5 A significant recruitment campaign has been ongoing across NHS Greater Glasgow & Clyde to recruit appropriately trained nurses and support them to undertake the requisite Specialist Community Public Health nurse qualification. For Inverclyde this means that we have experienced an incremental increase in the establishment of Health Visiting.

4.6.5 UNICEF has recently awarded Inverclyde HSCP health visiting service the gold award for their work with the baby friendly initiative (BFI). Increasing Breast feeding rates within Inverclyde is a key priority area as outlined within Big Action 2 within the Strategic Plan.

4.7 Mental Health, Addictions and Homelessness Services

4.7.1 Mental Health Strategy – a key focus over the last year has been engaging with the development work for implementation of the 5 year mental health strategy. The aim of the work is to optimise the efficiency and effectiveness of patient care across mental health services, shifting the balance of care not only from inpatients to community but in enabling people to be supported with their continuing recovery away from mental health services. Some key areas of change are focussed on introduction of peer recovery support workers, which the Inverclyde service is involved in piloting; improving responses to unscheduled care, and building on recovery oriented systems of care within our CMHT.

4.7.2 Action 15 of the National Mental Health Strategy aims to increase access to mental health professionals with a strong focus on primary care and acute hospital settings. Additional funding is being used to extend our response within our local emergency department at IRH, and to develop local responses to people experiencing distress that may otherwise be referred directly to our mental health services.

4.7.3 Within our inpatient service we have been preparing to implement the Royal College of Psychiatrists Accreditation for Inpatient Mental health Services (AIMS). This supports the provision of effective inpatient care, and the standards are based on delivery of care from the multi-disciplinary inpatient team. The accreditation standards are reviewed on an annual basis and are applied each year during the self and peer review processes by AIMS member wards. The standards cover the following topics:

- General Standards
- Timely and Purposeful Admission
- Safety
- Environment and Facilities
- Therapies and Activities

Due to gaps within the multi-disciplinary team this work is yet to get underway.

4.7.4 Inverclyde has two staff who graduated from the NHS Education for Cohort 2 Dementia Specialist Improvement Leads (DSIL). Bite size training sessions were developed by the Physiotherapist during her DSIL training in response to needs identified by local staff, including the trainers of the local Stress and Distress modules, who noted that there was some difficulty translating theoretical models into practice. The sessions were developed as an opportunity for staff to spend time looking at practical dementia care and to try out techniques and interventions to reduce stress and distress and meet the complex physical and mental healthcare needs of this patient group.

4.7.5 The training was initially designed for nursing assistants who had not received the same level of training as their Registered nurse colleagues. This staff group provide a high level of practical care for patients within the ward environment and it was felt that in providing techniques which could immediately be used in practice, this might improve the overall quality of care for patients. Evaluation of the training and feedback suggests that staff shared their learning and that they felt the content was valid for staff at all levels who had clinical contact with patients. The sessions were well received and there is a drive to see these sessions continue. Training can be used as evidence towards NMC revalidation requirements.

4.7.6 Improving the physical health of people with mental health problems is a key focus of the mental health strategies. The service has a physical healthcare clinic which works together with GP's to ensure peoples physical health care is appropriately monitored, in context of their mental health treatment. 4.7.7 Addressing smoking continues to be a key area of focus. A recent audit on Hospital Smoking Cessation was carried out in the Langhill Clinic. The results showed that after an initial strong focus on supporting patients to reduce or stop smoking whilst they are in hospital there is a need to refresh our approach, with

consideration required to consistent use of NRT, and having effective conversations with patients. There is an identified need for further training to support staff in this area.

4.7.7 Electronic Medicines Reconciliation (The Orion Medicines Management Module within Clinical Portal) was rolled out in mental health wards on 4th September 2018, following successful implementation in acute wards.

4.7.8 The Mental Welfare Commission for Scotland visited Willow and Oak Wards within Orchard View in September 2018 and the report was very positive in all aspects of care, examples include: care plans in both wards were person centred and reviewed regularly; plans for the management of stress and distress used the Newcastle model and contained detailed information about triggers and individual distraction. Risk assessments were in place and regularly reviewed. Multidisciplinary team reviews were regular and decisions were clearly recorded. Evidence was also found of relatives/carers being consulted and involved in care decisions.

4.8 Focus on Drug Deaths in Inverclyde

4.8.1 The prevalence of drug use within our community and incidence of drug deaths within Inverclyde remains a key area of concern, and within this last year there has been increased focus on the need for us to address this through wider partnership working. The latest available date for drug use prevalence from 2015/16 was published in March 2019, indicating that for Inverclyde the estimated problem drug use prevalence rate for Inverclyde was 2.9% of the population aged 15-64, compared to 1.62% for Scotland as a whole, and Inverclyde has the highest rate in Scotland. In 2017 there were 23 drug related deaths in Inverclyde. Review of trend data indicates this is increasing but when the rate for drug related deaths is considered within the context of the estimated drug misusing population Inverclyde has a lower rate than Scotland as a whole.

4.8.2 The local Drug Death Action Plan has been updated and includes both NHS GG&C board wide work and local actions. It is intended to establish a drug death prevention group during 2019, with a seminar to initiate this once the data for 2018 is published in the summer.

4.8.3 The Drugs Action Partnership Group has also been established led by K Division of Police Scotland aimed at supporting work to combat the increasing drug related death trend and to improve extant information sharing processes in order to protect those most at risk of harm as a result of drug misuse. The overall objective is that through strong partnership working, we improve the overall knowledge of the illicit drug commodity user market in order to protect those most vulnerable to harm and to reduce the impact of drugs on individuals, families and communities within Renfrewshire and Inverclyde.

4.8.4 The Scottish Government currently has a focus on ending homelessness in Scotland, following on from the recommendations of the Homeless and Rough Sleeping Action report published in May 2018. This requires the local authority to develop a Rapid Rehousing Transition Plan to be taken forward over 5 years. The Inverclyde plan was developed based on the outcome of the temporary accommodation review and this will be the mechanism for taking this work forward during 2019/20, following finalisation of the plan with the Homelessness Team at Scottish Government, and clarification of transitional funding to enable the plan to be taken forward.

5. PERSON CENTRED CARE

5.1 Primary Care

5.1.1 Developing the multi-disciplinary team in primary care is fundamental to delivering the new GP contract. Inverclyde has two Health and Social Care Partnership employed Advanced Nurse Practitioners carrying out unscheduled care home visits on behalf of East Cluster with a plan to roll out additional nurses to cover all practices. ANP's provide safe, effective clinical care for patients and have enabled a redistribution of clinical activity which would otherwise have required a GP service. GPs have reported the

significant impact this has on managing their workload which will include their requirement to focus of patients with complex healthcare needs. Patient feedback is very positive.

5.2 HSCP Complaints

5.2.1 The Clinical and Care Governance Group consider complaints that have been received as part of the quality assurance process and seek assurance that associated improvements plans and learning from complaints are addressed.

5.2.2 From 1st April 2018 to 31st March 2019 58 complaints received. Of the 58, 100% were closed during the year within agreed timescales. 27 complaints were closed at Stage 1, and 31 complaints were closed at Stage 2. Stage 1 is a complaint dealt with as a front line resolution within 5 days and stage 2 is a full complaints investigation within 20 working days. 10 complaints were upheld at Stage 1 with 15 not upheld at Stage 1. 2 were partially upheld at Stage 1. 10 were upheld at Stage 2, with 14 not upheld by Stage 2 with 7 partially upheld at Stage 2.

5.2.3 Table 4 shows the breakdown of Total Complaints by Directorate, Theme and Outcome.

TABLE 4 BREAKDOWN OF COMPLAINTS BY DIRECTORATE, THEME AND OUTCOME					
Health and Community Care		Children's Services and Criminal Justice		Mental Health, Addictions and Homelessness	
Total Complaints	32	Total Complaints	15	Total Complaints	11
Stage 1	17	Stage 1	5	Stage 1	5
Stage 2	15	Stage 2	10	Stage 2	6
Theme of Complaint		Theme of Complaint		Theme of Complaint	
Services not provided to appropriate standard	17	Services not provided to appropriate standard	7	Services not provided to appropriate standard	8
Staff professional practice	11	Staff professional practice	5	Staff professional practice	3
Services not provided	3	Services not provided	2	Services not provided	0
Breach of confidentiality	1	Breach of confidentiality	0	Breach of confidentiality	0
Report content	0	Report content	1	Report content	0
Commissioned providers	1	Commissioned providers	0	Commissioned providers	0
Outcomes		Outcomes		Outcomes	
Upheld	15	Upheld	3	Upheld	2
Not Upheld	14	Not Upheld	9	Not Upheld	6
Partially Upheld	3	Partially Upheld	3	Partially Upheld	3

5.3 Scottish Public Sector Ombudsman Complaint Reviews

Five Scottish Public Sector Ombudsman (SPSO) complaint reviews were undertaken between 1 April 2018 and 31 March 2019. To date one report has been received from the SPSO, this 1 complaint was not upheld. We await the remaining reports from the SPSO. The CCGG will be review as they are received.

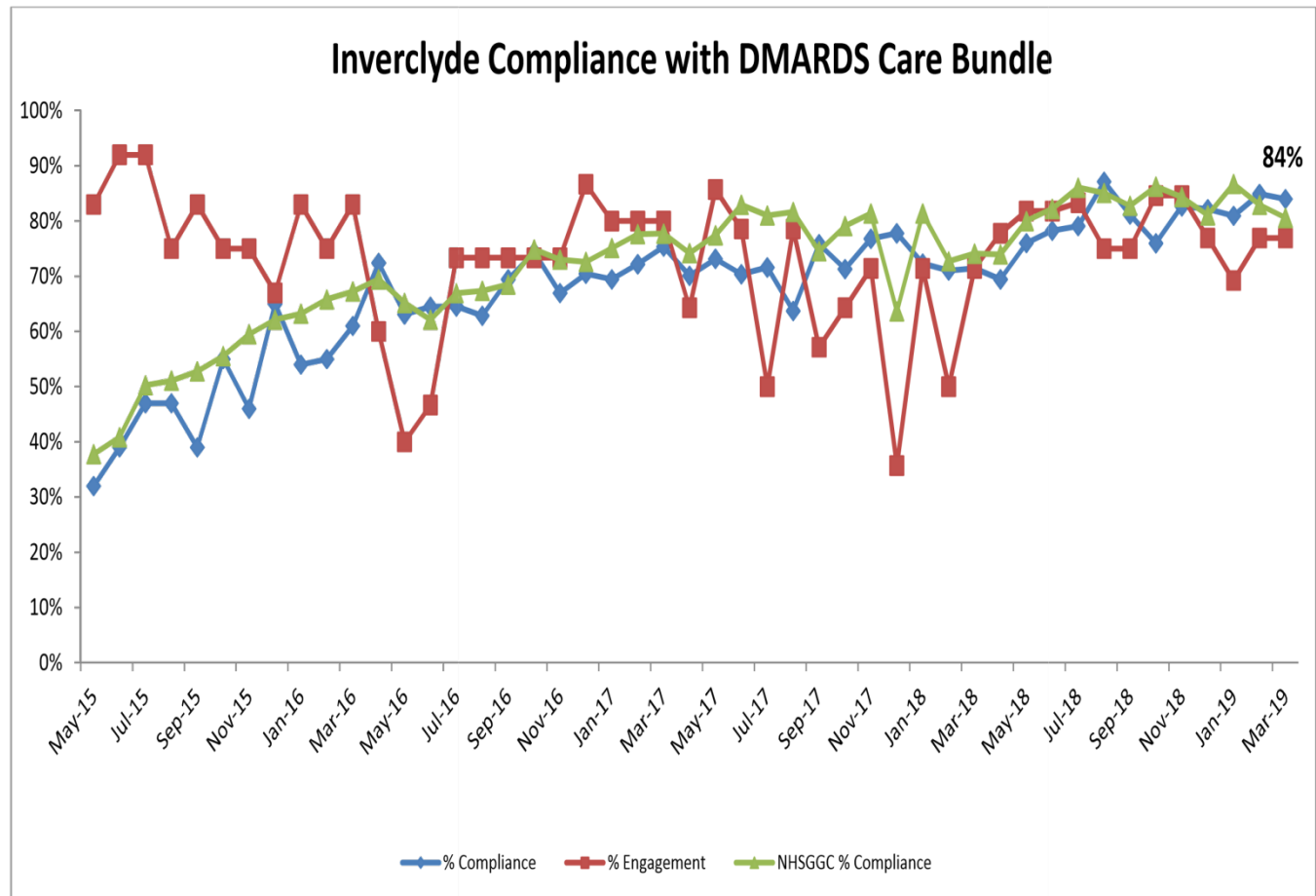
5.4 GP Complaints

The 14 GP Practices in Inverclyde Health and Social Care Partnership report on complaints received by members of the public on a quarterly basis. These data are reviewed at the C&CG Group and information is reviewed by the Clinical Director and any significant issues are discussed at the GP Forum. Themes arising from complaints and any learning are also taken to the Post Graduate Education Group for planning of learning events. Complaints that are escalated to the Scottish Public Services Ombudsman are reviewed by the Clinical and Care Governance Group and Decision letters are routinely shared with the group for their information and comment.

5.5 Patient Safety

Figure 3: Inverclyde Compliance with DMARDS Care Bundle

Inverclyde, 11 Opted In Practices



5.3.1 Inverclyde have 11 of 14 GP Practices that have opted in to participate in the final year of the DMARDS LES DMARDS are potentially toxic medications used to treat Rheumatic and Gastrointestinal disease and require close monitoring of their use. Figure 2 details the compliance with the DMARDS Care Bundle for Inverclyde and NHS Greater Glasgow and Clyde overall to the end of year 4.

5.3.2 A median compliance of 78% with the DMARDS Care bundle was achieved over the 4 years in which the DMARDS LES was available. In February and March 2019 45% (7) individual practices achieved compliance of 90% (or greater) with the DMARDS Care Bundle, the highest level of achievement to date. Six Practice one to one support activities with GP practices were carried out between May 2015 and March 2019. A median compliance of 71% with the DMARDS Care bundle was achieved over the 4 years in which DMARDS Les were available.

5.6 Medicines Reconciliation

5.6.1 During 2018/19, in all GP practices, pharmacists and technicians supported improved medicines reconciliation across the primary/secondary care interface, increasing communication with patients and community pharmacies. They also dealt with medication requests and queries. Patients in all 14 GP practices benefitted from clinical pharmacist medication reviews via a clinic or home visit for patients with Falls, Heart Failure and for older people with medication-related issues at the primary/secondary care interface. Patients in 7 GP practices benefitted from clinical pharmacist medication reviews for polypharmacy, respiratory, pain or care home review.

5.6.2 During 2018/19, the Prescribing Team accepted referrals for medication review, and delivered training and support on prescribing and medicines management to GP practices, Non-Medical Prescribers, patient groups – Osteoporosis and Respiratory, Social Care Home Care staff and Care Home staff – including management of UTI in Care Homes.

5.7 Addiction Services Review

5.7.1 Within our Addiction service the review has enabled us to take a thorough look at what the service is currently offering, including the range of interventions provided across the disciplines within the drug and alcohol teams. The review is governed by key principles to anchor the service user at the heart of a new model of care:

- Service users receive the right assessment and treatment at the right time, which is centred on their needs
- The focus on a recovery pathway in which the service user is fully involved and is able to participate in planning their own sustainable recovery
- Ensuring safe, effective, evidence based and accountable practice.

5.7.2 The recommendations from phase 2 were reported to the Integrated Joint Board in May 2019, and these are now being taken forward within an implementation plan which will develop the tiered model of services based on a single point of access in to the service and single pathway for service users and development of our recovery resources. Further work is focussed on the development of interventions within the service, for example Psychological Therapies. The review has identified gaps in provision including for young people, comprehensive family support and the need to develop a more coherent approach to prevention and education across the whole population. These areas of work require input from wider HSCP services and partners and this is being taken forward with the Alcohol and Drug Partnership and the Inverclyde Alliance.

5.7.3 Inverclyde has also been successful in achieving additional funding through the CORRA Foundation Challenge Fund, and this has been matched with investment from the IJB's Transformation fund to enable us to test new pathways for service users. The long term aim of this project is to promote early intervention, treatment and recovery from alcohol and drug misuse, preventing ill health and improving wellbeing. The project will enable us to test approaches to outreach addiction liaison services across primary care; enhance acute liaison services responding to the needs of people presenting to IRH to support effective discharge and prevent readmission; and test extended working across 7 days including community based detoxification work. This sits well with the work to modernise our alcohol and drug services.

6. CONCLUSION

6.1 The Clinical and Care Governance arrangements within Inverclyde remain robust. Inverclyde Clinical and Care Governance Group has maintained effective oversight of the key areas of clinical risk and quality. Internal arrangements are well connected enabling engagement and information sharing to ensure we are appropriately monitoring and improving the quality of care delivered to our patients and service users.

6.2 A development event for the Clinical and Care Governance Group has been scheduled to take place on 23rd July 2019. The agenda will cover a review of the Terms of Reference for the group, including membership, linkage to all existing governance structures within the Partnership and alignment of the Clinical and Care Governance work plan to the HSCP Strategic Plan.

6.3 The recommendations from the development day will inform the future direction of the group and strengthening its pivotal role in ensuring the delivering of safe, effective and person centred care to the People of Inverclyde.

Report To:	Health and Social Care Committee	Date:	9 January 2020
Report By:	Sharon McAlees Chief Social Work Officer for Inverclyde Council	Report No:	SW/09/2020/SMcA
Contact Officer:	Sharon McAlees Chief Social Work Officer	Contact No:	01475 715282
Subject:	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19		

1.0 PURPOSE

- 1.1 The purpose of the report is to advise the Health and Social Care Committee of the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2018/19.

2.0 SUMMARY

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collation of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisor allows for the development of a picture of social work and social care practice across the country. This is important in benchmarking evaluations of performance in terms of implementation of legislation, development of innovative practice and addressing common challenges in delivering social work services across Scotland.
- 2.3 At a Local Authority level the report provides an opportunity to ensure Members are fully sighted on the issues affecting the most vulnerable members of our communities and the action taken by social work services to address these vulnerabilities. A key theme of the Inverclyde CSWO report for the year 2018/19 highlights the positive work in relation to the completion of the HSCP strategic plan and the strong track record of consultation to inform the plan and in particular the contribution of young people.
- 2.4 The report also highlights the process of continuous improvement in social work services and the many areas of progressive and developing practice.
- 2.5 Of the range of challenges facing the service, note has been made in respect of the prevalence of substance misuse and its impact. Staffing challenges, especially in the mental health officer arena and children's services are also noted.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that Health and Social Care Committee notes and comments on the content of the Inverclyde Chief Social Work Officer Report.

Sharon McAlees
Chief Social Work Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Social Work (Scotland) Act 1968 sets out a requirement for all Scottish Local Authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Revised guidance for Chief Social Work Officers and a new template for the production of the report were developed in March and May 2016 respectively by the office of the Chief Social Work Advisor to the Scottish Government. Both were subsequently endorsed by COSLA.

Each CSWO report is required to set out the local context within which social work services are delivered and give consideration to the following specific areas:

- opportunities and challenges
 - governance arrangements
 - partnerships
 - service quality and performance
 - resourcing
 - workforce planning
- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to support HSCP Committees and IJBs to be clear about the CSWO role in general and in particular in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services across Scotland.
 - 4.4 As Inverclyde HSCP goes forward as a fully mature integrated partnership, the report reinforces the achievements of the collaborative relationship established over the past 9 years in which social work practice and values have had a significant impact. Social Work has a vital role to play in the continued development of the partnership into the future.
 - 4.5 At a Local Authority level the CSWO report should serve to provide Members with a broad understanding of the range of needs and challenges faced by Inverclyde citizens. The report should also contribute to ensuring a clear line of sight for Members as to how social work services are contributing to improving outcomes for the most vulnerable citizens of Inverclyde.
 - 4.6 The Inverclyde Chief Social Work Officer's report for 2018/19 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. Partnership Governance structures and links to the Council and Health Board reporting processes are highlighted. Key public protection functions and performance are outlined. The report seeks to highlight the important contribution of social work and social care services on supporting the most vulnerable in our community.
 - 4.7 The report draws attention to areas of particular strength across the range of social work functions and specifically highlights areas of sector leading practice.
 - 4.8 The full CSWO report for 2018/19 is attached.

5.0 PROPOSALS

- 5.1 It is proposed that the Health and Social Care Committee notes and comments on the report.

6.0 IMPLICATIONS

6.1 Finance

There are no financial implications from this report.

One off costs

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

Annually Recurring Costs/ (Savings)

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

6.2 Legal

There are no legal implications from this report

6.3 Human Resources

There are no Human Resources implications from this report.

6.4 Equalities

Equalities

- a. Has an Equality Impact Assessment been carried out? This will be completed as part of the commissioning and tender detail. This is a new service provision.

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

- 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? This will also be required and added to the service specification in terms of evaluation and impact strategically in Inverclyde.

	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 (DPIA) been carried out? This will be required with this identified and being included as part of Procurement process.

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. A DPIA will be completed parallel to the procurement/commissioning of the service.
X	NO

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 No consultations have taken place in the production of this report.

8.0 LIST OF BACKGROUND PAPERS

8.1 The role of the Chief Social Work Officer, Guidance issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, revised version – July 2016.

8.2 Annual Report by the Inverclyde Chief Social Work Officer for the year 2018/19.

**INVERCLYDE
CHIEF SOCIAL WORK OFFICER
ANNUAL REPORT
2018/19**



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1. Introduction

I am pleased to have the opportunity to present the annual Chief Social Work Officer report for Inverclyde.

The report follows the same format of that in previous years and seeks to provide an overview of the delivery of social work practice in the Inverclyde context, outlining the particular challenges and opportunities over the past year.

It is a responsibility of the role of Chief Social Work Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at times in life of vulnerability or crisis. Given our demography in Inverclyde the report highlights the very many areas of challenge our communities experience.

However the key message of this year's report is that poor outcomes are not inevitable and that social work services should be leaders in proactively and persistently challenging inequalities.

Indeed the report highlights the many creative and innovative ways in which services are being developed and delivered in order to achieve the best outcomes for our service users. Many of these are of the highest possible standards. All have in common that they are delivered by our social work and social care staff who work in partnership with people to meet their needs, often in the most difficult of circumstances. The collective efforts of our staff save lives, protect people from harm, help people to live more fulfilled lives and even in the most challenging of circumstances extends respect and restores individual dignity.

I would like to take this opportunity to extend my thanks to our service users, our staff and our partners for their collective contribution to persistently challenging inequality and working to transform outcomes in our community.

2. Achievements

I would like to open this year's annual report by highlighting some of the things we are particularly proud of achieving during 2018/19. I have chosen examples from a range of service areas to give an overall picture of the passion for and commitment to services that deliver better outcomes and where we believe we are *Improving Lives*.

Home 1st

The Home 1st team were awarded the Greater Glasgow and Clyde Chairman's award for "outstanding excellence". The Home 1st concept includes a multi-disciplinary focus on anticipatory care, step up at home and a dedicated discharge team that, when brought together, really improves outcomes for people and has dramatically reduced delayed discharge rates. The strong ethos of partnership working and the enabling culture inherent in the Home 1st approach is an inspiration.



Hospital Discharge

Inverclyde performance in relation to hospital discharge is sector leading across NHSGGC and across Scotland. In the financial year 2018/19, Inverclyde was an exemplar in terms of individuals recorded as delayed and the lowest figure around bed days lost due to people staying in hospital unnecessarily when they are fit for discharge. This means more people are being cared for at home or in a homely environment, which is what people usually want, and also supports faster recovery.

Inverclyde's excellent record in this area extends to people with learning disabilities and other complex needs. We carry out regular reviews of individuals who need new services commissioned, work closely with supported living providers and have multi-disciplinary planning to enhance service users' experience. This has allowed Inverclyde to help implement recommendations from the recent Review of Specialist Learning Disability in-patient services and maintain very low numbers of service users placed out of area, in line with the Coming Home recommendations from Scottish Government to bring people we support back to Inverclyde.

Services for Children with Lived Experience of Care

In Inverclyde our children's houses, our fostering and our adoption services are considered sector leading, consistently awarded grades of excellent and very good across all areas and themes inspected by the Care Inspectorate.

Children and young people's involvement in the Strategic Plan

Inverclyde HSCP's development of the new Strategic Plan included direct engagement with 244 children and young people from across the authority. Children and young people had the opportunity to explore and contribute to the new vision statement as well as a chance to look at the 6 Big Actions proposed by HSCP and to discuss how well Inverclyde currently performed from the perspective of children and young people and what ideas they had for continued improvement. Those consulted with also suggested a child friendly appendix within the Strategic Plan to capture the discussions that had taken place. This was developed and shared with all schools who had taken part to ensure young people felt the document was reflective of their thoughts and feelings as well as easy to understand and visually appealing to young people. This is now available as part of the new HSCP Strategic plan.

Care Experienced Young People's Attainment Fund

Children's Services have used a self-directed support model to improve the life experiences and educational outcomes of care experienced young people in Inverclyde. The model is based on empowering young people and parents to be active participants in developing plans. Taking account of the extent of the poverty related attainment gap in Inverclyde this innovative approach to this recent policy initiative has strong links with the Inverclyde poverty strategy. It has reached 149 children and young people between the ages of 5-15; living at home with their parents, with relatives, foster care or in residential placements. Its' focus has been to build resilience by promoting access to learning through the provision of for example a tutor, equipment to do homework and access the virtual class room. This is underpinned by improving life experiences by having opportunities to try new hobbies, for families to do things together or go on a school holiday; gaining the confidence to do new things.

Women and Criminal Justice

In March 2018 Inverclyde HSCP was successful in a bid to the Big Lottery Early Action Systems Change Fund in the category of Women and Criminal Justice.

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 with key partners. The Steering Group has laid the foundations of the project to the point that 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 project team and women with lived experience have been part of the interview process.

Tailored Moving and Handling Solutions

In 2018 we made a successful bid to IHUB for a one year project looking at a test of change opportunity to support one carer instead of two to provide care using special equipment and training. The aspirations of the project were to remodel the Moving and Handling training in Inverclyde and train staff in new techniques.

This work offers an opportunity to move away from entrenched practice and shift towards safe, creative and tailored solutions offering the least intrusive care provision, more personalised care and allowing increased choice for service users and their families. The above are examples from across a range of service developments driving continuous improvement and improved outcomes for Inverclyde citizens. However in this year's report I would like to spotlight an area of practice, that of Compassionate Inverclyde which is outlined below.

Compassionate Inverclyde

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

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



Compassionate Inverclyde - the first compassionate community in Scotland was recognised at the COSLA Excellence Awards 2018.

The project is a partnership between Inverclyde Health & Social Care Partnership and Ardgowan Hospice and has brought together hundreds of volunteers supporting and caring for one another at time of crisis and loss.

Community engagement and development has been carried out across all age groups and many organisations within Inverclyde involving schools, churches, workplaces, community centres, hospital, local hospice, youth groups and voluntary organisations.

Strands of Compassionate Inverclyde

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

No One Dies Alone (NODA)

One important strand of Compassionate Inverclyde is the No One Dies Alone work stream. Inverclyde Royal Hospital has become the first hospital in Scotland to have No One Dies Alone (NODA) programme. Local people were concerned about many people living and dying on their own. Volunteers provide support to those in their final hours who do not have family or friends available to be with them. Initially developed to support people at end of life in hospital it is now spreading to support end of life care in the community, initially in care homes.

49 People have benefitted from volunteer/No One Dies Alone companion support*

*From inception on 1/12/17 to 15/4/19

High Five Programme

Adapted and delivered to school pupils, college students, youth clubs, prisoners, community groups and a local business. Each five-week programme focuses on five ways to wellbeing and helps people to understand how they can be kind to themselves and to others.

Back Home Boxes



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

1903 people have received Back Homes Boxes*

*From inception on 13/11/17 to 15/4/19

Back Home Visitors

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

Bereavement Café and Support Hub

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

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

Touching Lives

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

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

He leads a very isolated life and has very little contact with anybody, when I went round to visit him he had a beautiful homemade card in pride of place on his unit, what a fabulous idea and also for the children who make them to give too and understand about giving. He was so chuffed with it and he told me he'd even got jam and milk too and listed out the box items. It felt like a Christmas hamper! It's not even totally what is in the box but the very idea that somebody can be so kind to a stranger means the world and in a time of need such a tonic as well as being so useful as he hadn't been able to get the shops.

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

You are all stars.

The above feedback demonstrates how one box touches many lives.

3. The Inverclyde Context

The Inverclyde area stretches along the south bank of the river Clyde estuary and covers 61 square miles. It is one of the smallest local authority areas in Scotland with a population of approximately 78,150. As a small, post-industrial authority, Inverclyde is characterised by a strong sense of community identity. The past decade has seen a sustained focus on regeneration of the area with many positive developments for the population as a whole. However the impact of persistent socio-economic inequalities continues to be felt by a significant portion of the citizens of Inverclyde. These effects contribute to an array of challenges for our population as evidenced through national statistics, emphasising the important role of Social Work Services working with partners to provide support to those feeling the worst effects of inequality including some of the most vulnerable and excluded in our community.

Inverclyde Alliance

The Inverclyde Alliance (Community Planning Partnership) Vision for Inverclyde is ‘Getting it right for every Child, Citizen and Community’ and has developed the award-winning “Nurturing Inverclyde” approach. The intention of this approach is to make Inverclyde a place that nurtures all of our citizens, ensuring that everyone has the opportunity to have a good quality of life, and good mental and physical wellbeing.

The HSCP sits within the Alliance structure and has overall responsibility for the delivery of Social Work and Social Care Services in Inverclyde with the core aim of “Improving Lives”. As a result of the challenges faced by our community, the HSCP and Alliance is focussed on changing poor outcomes by identifying, preventing and taking action to mitigate our high levels of inequality.

Inequalities in Inverclyde

As stated, inequalities are a significant issue for people living in Inverclyde. A key priority for the HSCP is protecting and promoting the health and wellbeing of our most vulnerable children, citizens and communities. The HSCP supports the work of the community planning partnership in its fundamental approach to reducing inequality and improving the health and wellbeing of the whole population.

Health and social inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience higher levels of these poorer outcomes, and we are committed to working to find ways to respond by improving lives: preventing ill-health and social exclusion, protecting good health and wellbeing and promoting healthier living.

Defining need for Social Work Services

In common with other areas in Scotland, there are real challenges in developing data measures. As we consider the future configurations of our Social Work Services, we need to understand the local challenges and pressures that link directly with individual outcomes. However, In Inverclyde we have become increasingly attuned to understanding the needs of our community with our data analysis supporting us to drive service improvement.

Population Projections (2018 to 2031)

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS) on 25 April 2019. This gives us an estimated total population of 78,150 as at the end of June 2018.

Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2016-based), published by NRS on 28 March 2018, our population is expected to decline as is shown with the graphic below. As these estimates are based upon 2016 population base data the figure for 2018 shown here differs from the mid-year estimates just recently published.

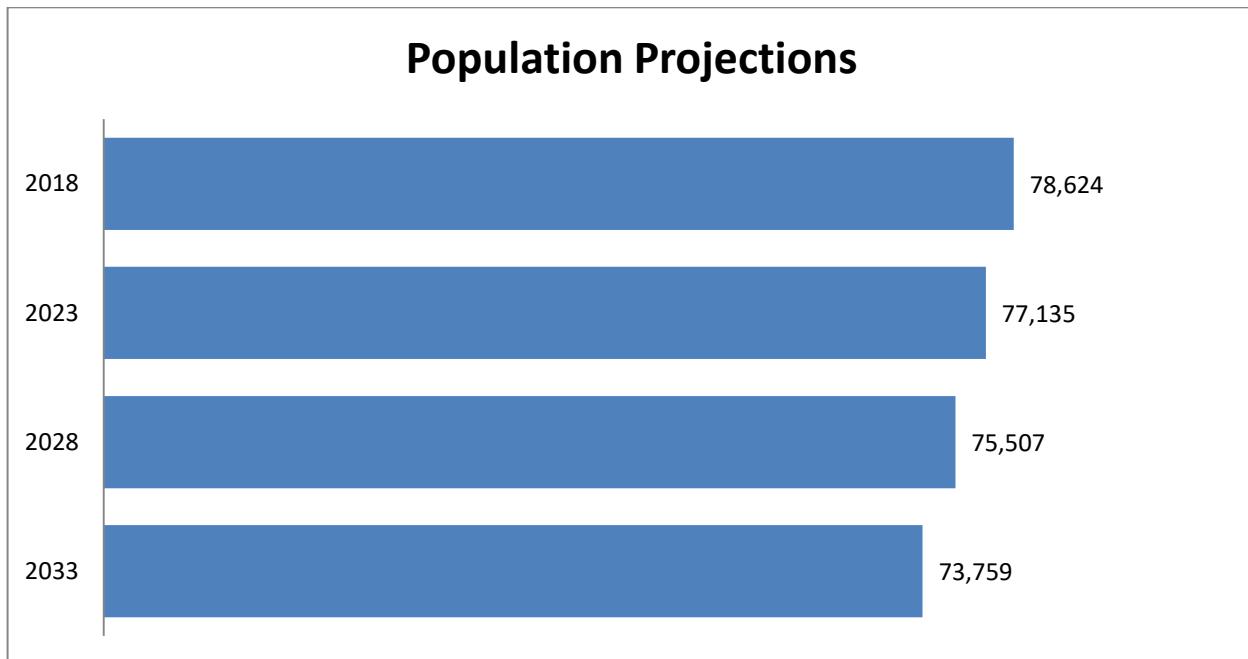


Figure 1 – Inverclyde Population Projection (Total)

Our population size is mainly affected in 2 specific areas. From mid-2017 to mid-2018 there were 1,080 deaths in Inverclyde compared to 662 births during this period, resulting in natural change of -418. Outmigration was again higher than in-migration, with an estimated 1,470 people moving into the area and 1,650 leaving, resulting in net migration of -180.

Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2016) is a tool for identifying areas of poverty and inequality across Scotland and can help us invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help us target support in the areas that require it the most. The SIMD ranks small areas called data zones from most deprived to least deprived.

Inverclyde HSCP has 114 data zones, 50 of which are in the 20% most deprived areas in Scotland. Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The majority of the areas of high deprivation in Inverclyde are in the Central locality, covering Greenock Town Centre.

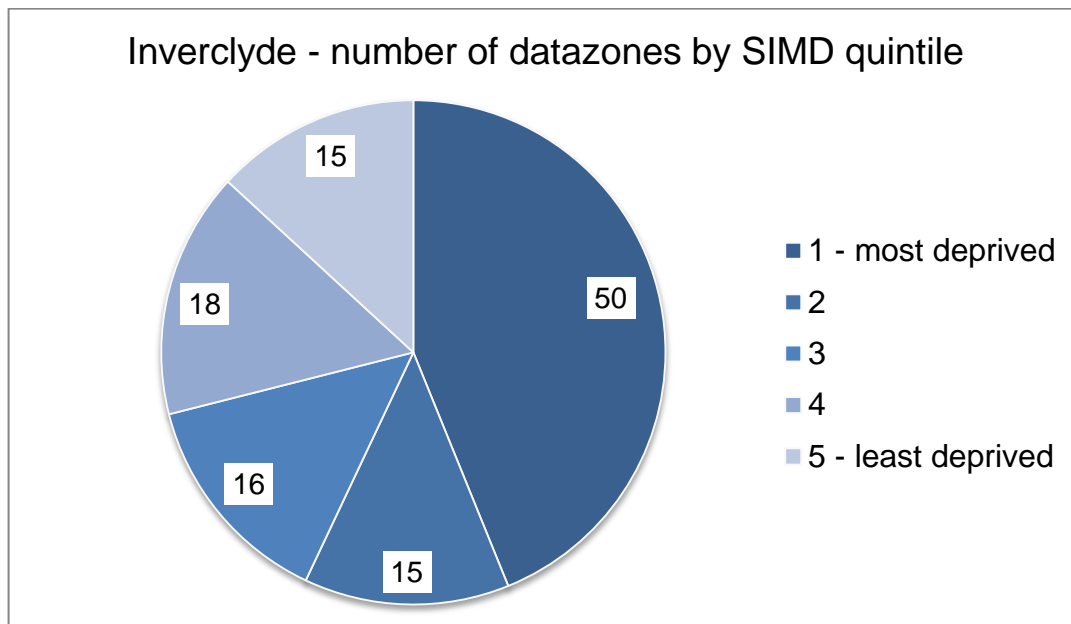


Figure 2 – Number of Inverclyde datazones by SIMD quintile

Economy

Employment for the people of Inverclyde remains heavily reliant on the public sector. Reductions in public sector budgets, resulting in a shrinking workforce in this area, will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde, tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a stubborn challenge for Inverclyde.

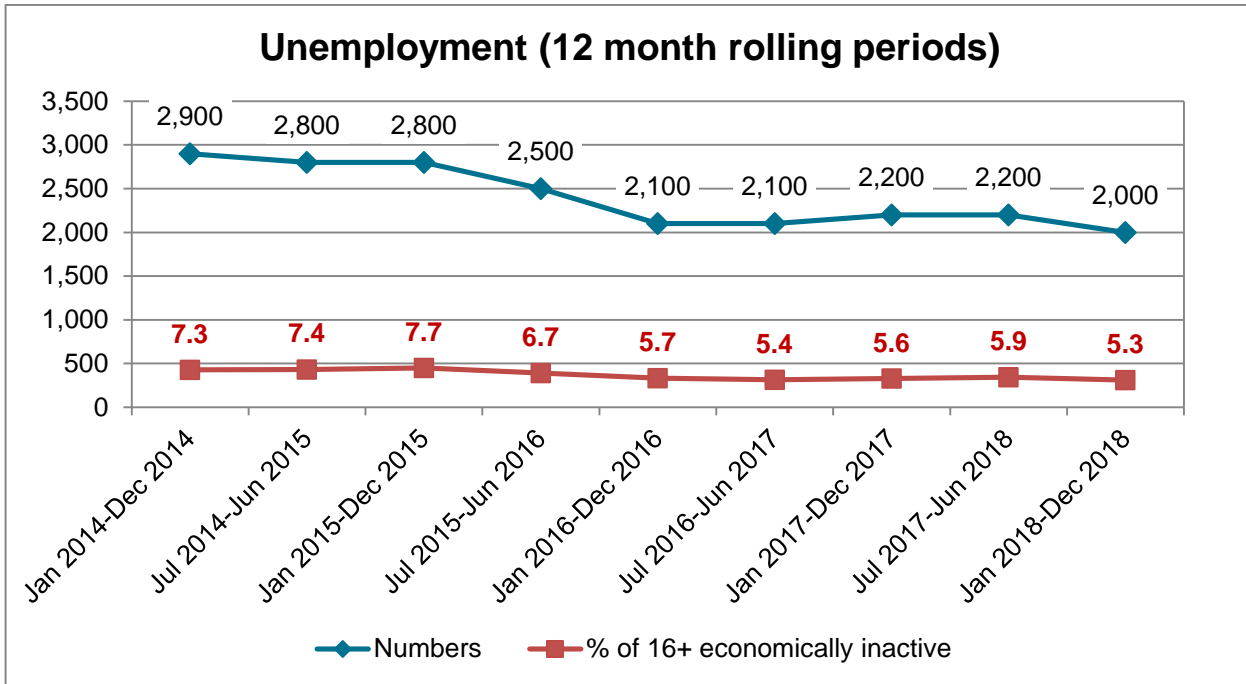


Figure 3 – Unemployment (in 12 month rolling periods)

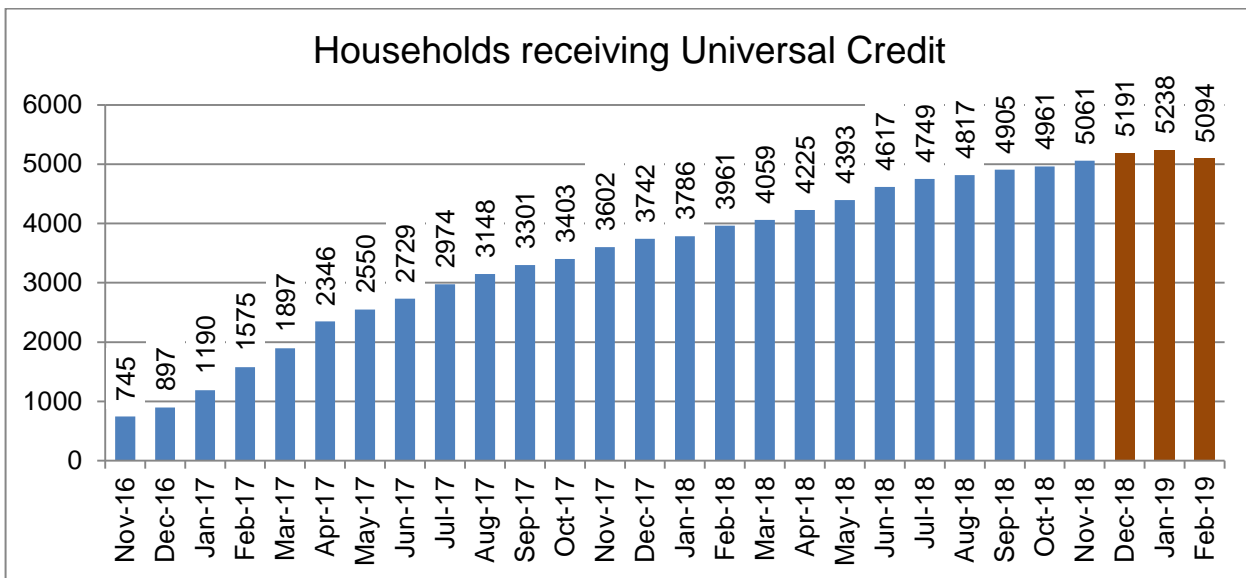


Figure 4 – Number of households receiving Universal Credit

Health Inequalities

Reduced or unequal social and economic opportunities go hand in hand with health inequalities. One of the most obvious outcomes is life expectancy, highlighted in figure 5.

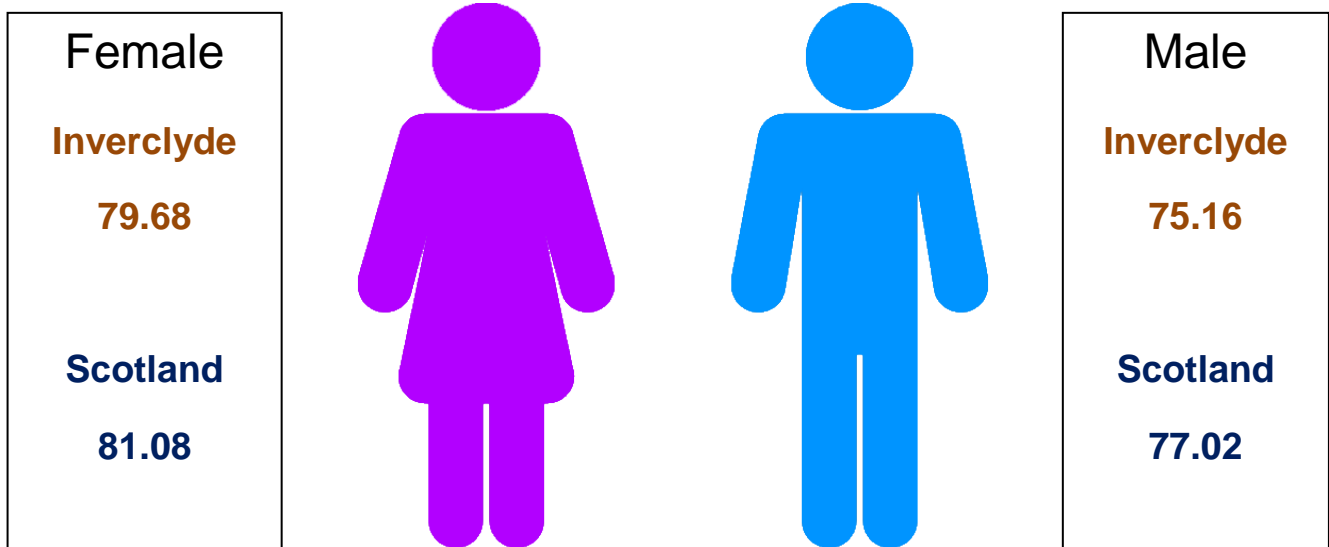


Figure 5 – Life expectancy comparison

In addition to the above, Inverclyde is below the Scottish average in terms of healthy life expectancy (the number of years a person can expect to live in ‘full’ health) by almost two years for men and over three years for women.

Within Inverclyde, there is a clear difference in life expectancy between those living in the most deprived areas to those living in the least deprived. Females living in the least deprived areas have a life expectancy almost seven years higher than those in the most deprived areas, while males in the least deprived areas have a life expectancy over seven and a half years more than those in the most deprived areas.

In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average in both life expectancy and healthy life expectancy, and also the differences between men and women.

The Inverclyde HSCP Strategic Plan 2019-2024

Life expectancy and healthy life expectancy are stark indicators of inequalities. However, there are many other indicators that build up a picture over time of the disadvantages associated with multiple deprivation.

Our Strategic Plan 2019-24 aims to tackle these by delivering on our six Big Actions.

The Strategic Plan has been coproduced with our community including successful actions to reach the most excluded and in my opinion is the most inclusive plan we have produced to date. The plan outlines our ambitions and reflects the many conversations we have with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

We fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. By continuing with our integrating Health with Social Work, we can maintain our focus on reducing these inequalities.

The Six Big Actions

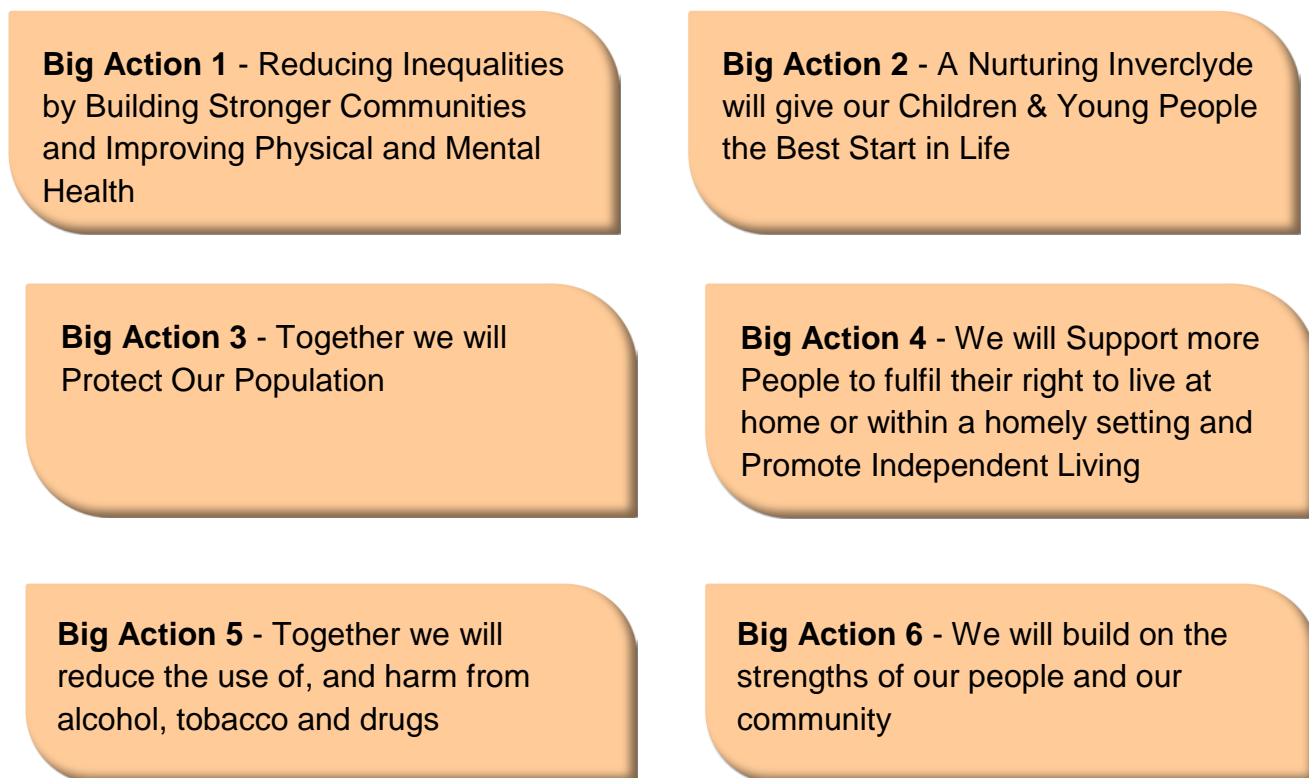


Figure 6 – Big Actions

Our 6 Big Actions have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. We have also undertaken targeted engagement with the Children and Young People of Inverclyde to ensure that their voices are heard, and that they are central to shaping the future Inverclyde that they will inherit. Our children and young people consistently spoke of a vision of a future Inverclyde that is caring and compassionate and takes care of the most vulnerable and it is of particular importance to the HSCP that the vision of our young people has shaped our strategic plan.

“Inverclyde is a caring and compassionate, community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”

Market Facilitation and Commissioning Plan

All Health and Social Care Partnerships (HSCP), including Inverclyde HSCP must respond appropriately to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), often referred to as the integration legislation.

The 2014 Act also requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the new overarching Strategic Plan 2019 to 2024.

The Market Facilitation and Commissioning Plan has been developed in collaboration with local service providers, service users, carers, 3rd sector organisations and other stakeholders, to describe our best assessment about the future shape of our local Health and Social Care market. This is based on what services and supports we think will be needed to deliver the nine National Wellbeing Outcomes for local people. By implementing the Plan and retaining our focus on outcomes, we can ensure that we are responsive to the changing needs of Inverclyde service users. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region of **£35 million** annually on commissioned Health and Social Care Services.

To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process.

This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery.

The Market Facilitation and Commissioning Plan has been shaped by consultation and engagement with our communities, and informed by our Strategic Needs Assessment. Our locality profiles for Central, East and West describe the population of Inverclyde in the context of needs for Health and Social Care services. It looks at specific locality data and can be used to highlight key challenges that affect the population of each locality. Our aim is to ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to shape and inform service redesign and improvement.

The profile details how Inverclyde Health and Social Care Partnership will continue to integrate Health and Social Care in Inverclyde. The profiles will be used to inform and influence the community through both analysis of the data and engagement with those living, working and using services in the community. From this work, a set of local priorities will be identified which will also include details on the activities, interventions and resource that will need to be put in place to meet the needs of the local areas.

The views and priorities of our localities have been taken into account in the development of our new Strategic Plan 2019 to 2024. Localities will continue to contribute to the plan for how the HSCP's resources are to be spent on their local population. For some services or care groups, it will make sense for more than one locality to work together to plan what is needed and to make best use of resources.

The Commissioning Workplan which forms part of the Market Facilitation and Commissioning Plan consists of future commissioning service provision and priorities. The main challenges for the HSCP in delivering the priorities on the commissioning list will be uncertainty of future funding, and the need to specify and monitor the services being commissioned, while still allowing flexibility for creativity and innovation in the provider market.

Locality Planning

As a CSWO I hold the view that people have a right to be empowered to shape their own local services in response to local priorities. Our locality planning is aligned to the Inverclyde Alliance Local Outcomes Improvement Plan (LOIP), and we have agreed on six localities within Inverclyde, based on where people define their own communities. We aim to use locality planning to engage people of Inverclyde to ensure that we build a compassionate community that looks out for others.

Locality Planning Groups (LPGs)

Our six localities have been established to enable service planning at local geographies within natural communities.

Our localities will be central to improving social and economic circumstances, and reducing inequalities. In common with many other areas in Scotland we have challenges in meeting increasing demand and at the same time addressing the widening gap in health inequalities within the context of contracting budgets as emphasised in the Marmot Review Report 'Fair Society, Healthy Lives' of 2010. The Review Report proposes an evidence based strategy to address the social determinants of health; the conditions in which people are born, grow, live and age, which can lead to health inequalities.

“Effective local delivery requires effective participatory decision making at local levels. This can only happen by empowering individuals and local communities.”

The Inverclyde HSCP and Inverclyde Alliance are committed to driving this agenda because we know that's what makes a real difference. Our six Locality Planning Groups (LPGs) are reflected below.

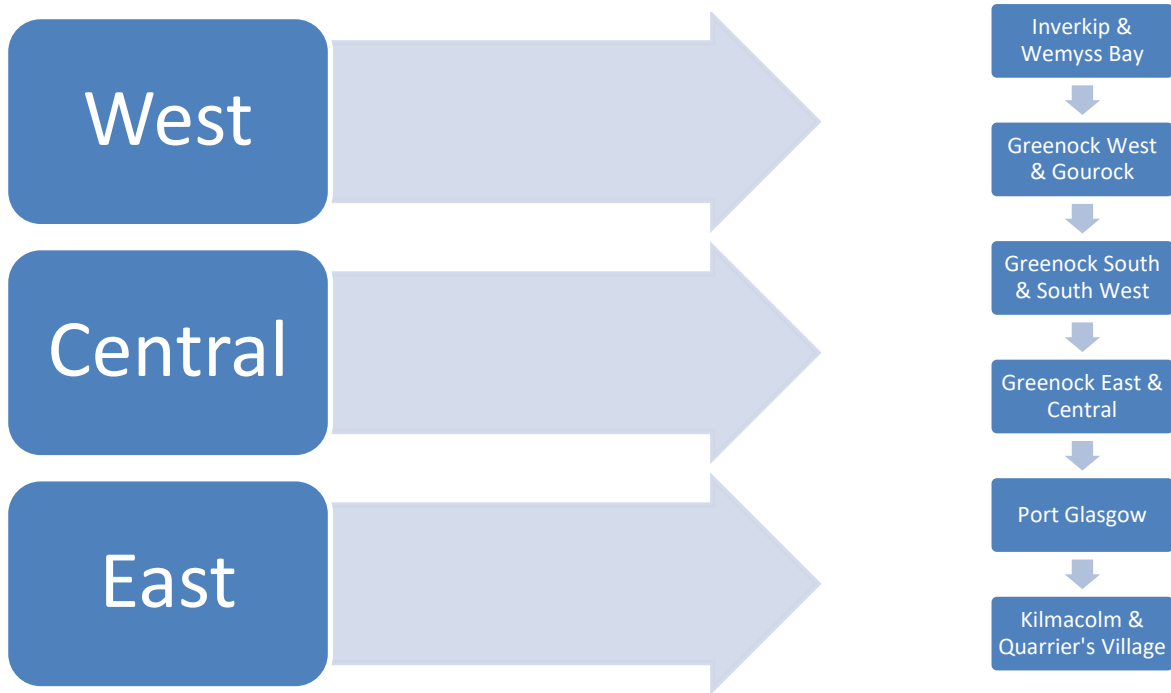


Figure 7 – Change in Locality Groups

The Locality Planning Groups will enable better communication and engagement with local communities and staff. Over this year and for the duration of our Strategic Plan we will provide guidance and support for Locality Planning Groups (LPGs) to ensure they have the capacity and capability to work effectively with and for local people.

4. Governance

In Inverclyde, Social Work Services fully integrated with Health Services in October 2010, initially as a Community Health and Care Partnership. This has meant that the integrated arrangements in Inverclyde were at an advanced stage of maturity before transferring to the HSCP model and the full establishment of the Integration Joint Board (IJB). From figures 8 and 9 below it can be seen that in Inverclyde formal reporting structures to council have been retained in the form of the Health and Social Care Committee reflecting elected members concern to continue to exercise strong governance of statutory social work matters and especially those relating to the public protection agenda.

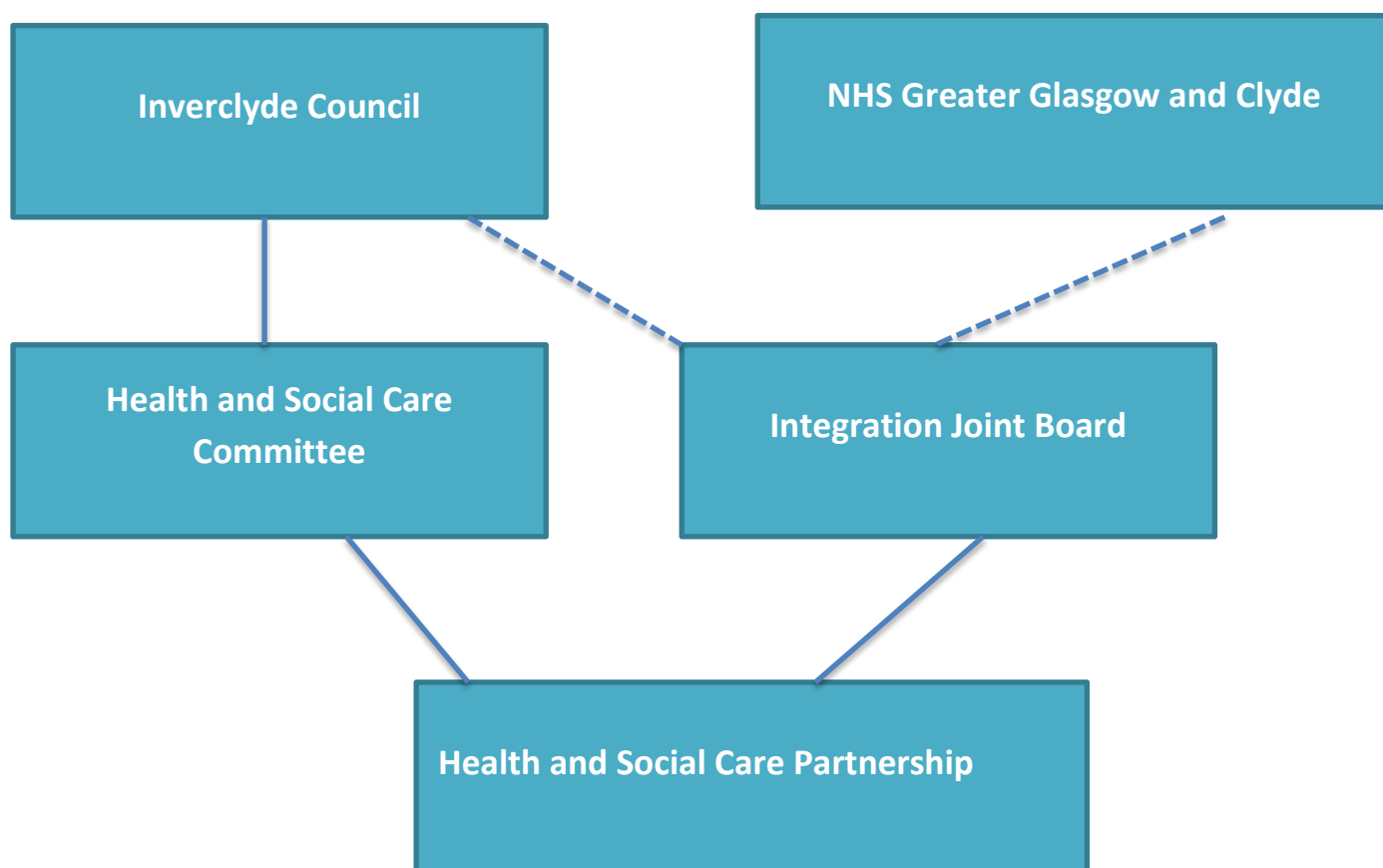


Figure 8 - Reporting Structures

In order to assure elected members on matters relating to the governance process for externally commissioned Social Care Services a governance report providing a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations is presented to the Health and Social Care Committee. The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.

The CSWO meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the Strategic Planning Group.

In representing the unique contribution of Social Work Services in the delivery of public protection, the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the Adult Protection Committee.

One very positive aspect of integration has been the strengthening of governance arrangements overall as a consequence of the development of the HSCP-wide Clinical and Care Governance Forum. The social work Practice and Care Governance Group is an integral part of this governance structure. To assist the CSWO in supporting the development of social work practice across the HSCP, the terms of reference and membership of this group has been refreshed ensuring reach across all service user groups and importantly includes representatives from the third and independent sector so that the CSWO can provide support and guidance to organisations that deliver social care services under these organisational arrangements.

The Group's terms of reference are based on three priority themes:



Figure 9 – Terms of Reference priority themes

Work streams, led by Group members, deliver on the priority themes. In 2017/2018 this has led to the development of a local SSSC Code of Practice Protocol to be assured that there is compliance with the registration requirements and the Health and Social Care Standards (2018).

It is worthy of note that the national work stream to develop a revised clinical and care governance framework has been further delayed. Inverclyde have committed to developing a strategic approach to our work in this area that aligns with our strategic plan. We intend to forge ahead with this plan and will develop our revised strategy in a way that will allow us to align with any future national developments.

Health & Social Care Standards

Health and Social Care Standards (H&SCS) sessions were delivered to raise awareness amongst managers and HSCP staff in relation to the National Health and Social Care Standards which came into force in April 2018. 104 staff from across the HSCP attended the sessions facilitated by Healthcare Improvement Scotland. The sessions included a presentation of the Standards and time for group discussion and reflection.

The key insights included:

- The Standards support Scotland's journey to integrate health and social care and create shared objectives, a shared language and more joined-up service for the public.
- The Standards will have a far wider impact and will apply to many more people's experiences of care, including non-registered care and that provided by the NHS and local authority.
- There is a move away from the traditional prescriptive standards to a more holistic model looking at an individual's overall experience which therefore requires a different kind of inspection, starting with care homes for older people.
- The Care Inspectorate's expectation is that the H&SCS will be used in planning, commissioning, assessment, and delivering care and support.
- For practitioners, the Standards support a reflective stance and orientate the reader to the patient / service user's experiences and the outcomes that are desired.
- For the HSCP, the Standards orientate leaders to focus on the quality of relationships, how leadership is being evidenced and person-centred evidence within the services they manage.



Direct quotes in relation to what participants would do after the H&SCS session included:

“Ensure that I am aware of the Standards and I implement them in my role especially when implementing care plans.”

“More reflection in my practice and discuss in supervision - critical analysis of my practice.”

The H&SC Standards provide an opportunity for the whole of the HSCP workforce to work to shared goals using a common language and shared set of Standards. The language of the Standards resonates with practitioners and providers and has the potential to create enthusiasm for continuous service improvement . The way the Standards are written facilitates reflection and an increased focus on the service user experience and is an area that we are keen to see develop through our staff supervision arrangements.

Supervision remains a critical focus for the CSWO and the service as a whole constituting a fundamental element of our overall governance arrangements. We have continued to invest in training, development, coaching and mentoring for staff accros the HSCP given the singular importance of supervision for delivering safe, high quality social work services.

5. Partnerships

A defining characteristic of social work is that it recognises, promotes and supports the central importance of working in partnership in order to bring about improved outcomes. Inverclyde HSCP works in a broad range of partnership arrangements: internal and external, independent and third sector, national and government body's, to deliver services. Some of these partnership arrangements are highlighted here.

Public Protection

In Inverclyde the Chief Officers Group (COG) is the mechanism through which all public protection matters are governed. Chaired by the Chief Executive of the Council the COG has oversight of the work of the Adult Protection Committee, the Child Protection Committee and Multi Agency Public Protection Arrangements (MAPPA). The work of these partnerships is outlined in more detail below.

Child Protection Committee

The Inverclyde Child Protection Committee has been effectively progressing strategic partnership and planning to improve our services for Inverclyde's most vulnerable children since its inauguration. The committee is chaired by the CSWO who also carries the role of Head of Service for Children's services and criminal justice and the committee benefits from the expertise and experience that this level of involvement in operational service provision provides.

As a result of the use of data and evidence the Child Protection Committee has re-organised its focus to create a more dynamic and need responsive approach to meeting its core functions of strategic planning, continuous improvement, public information and communication and participation. The CPC has developed an outcome focused plan that targets priority areas of need through the work of task groups.

The Committees current priorities include improving the early response to risk by improving multiagency Initial Referral Discussions, to improve multi-agency assessment of risk and need, particularly identifying accumulating concerns relating to domestic abuse and neglect, and to continuing to improve our use of data and evidence.

The Child Protection Committee undertakes annual development days to ensure the strategic partnership continues to maximise its effectiveness and this has resulted in the production of an induction and annual self-evaluation process. In conjunction with the Chair and with the support of the lead officer each member considers their skills, experience and contribution to the strategic partnership and identifies areas for individual and collective development. The Child Protection Committee produces an annual report and within this summarises the achievements of the previous year and sets out its aims and priorities for the year ahead.

The priorities for the Child Protection Committee for the year ahead are to continue to improve services to address the children most at risk and to continue to strengthen the committee's strategic partnerships and governance arrangements. Inverclyde are paying close cognisance to the recently updated CPC / COG guidance produced by CPC Scotland and have held a development session for CPC members and a further development session planned for the Chief Officer Group to benchmark our arrangements and priorities against the national guidance to inform the outcomes plan for the next period.

Inverclyde have also contributed to a successful bid with North Strathclyde to run a cross authority pilot of specialist JII cadre of Police, Social Work and children's first staff in using the new joint investigative interviewing training and the principles of the Barnahaus model to provide an evidentially robust and trauma informed approach to interviewing vulnerable child witnesses.

Adult Protection Committee

The Inverclyde Adult Protection Committee has been meeting for nine years with representation from all relevant public agencies. Additionally the committee has service user and carer representatives with one being a member of the HSCP Integration Joint Board. The work of the Committee is progressed through a number of working groups and is reported through a Biennial Report and business plan. The Independent Chair is also a core member of the Chief Officers' Public Protection Group. The Committee is supported by the Coordinator and administrative staff hosted by HSCP. The CSWO is a member of the APC.

In line with the statutory duties of the Adult Protection Committee the on-going priorities are:

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 has been produced to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. The content of all training currently being delivered was audited against the West of Scotland Council Officer Learning and Development Framework. The content of existing courses have been reviewed and new courses have developed based on identified gaps.
- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review.
- Continued focus on self-evaluation, quality assurance and the impact of activity.
- Review of Communication Strategy to improve public awareness of Adult Support and Protection.

By focussing on these priorities our Adult Protection Committee ensures that people within Inverclyde HSCP are safe from harm.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA was established under Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005. It is a process by which key partnership agencies coproduce a risk management plan for individuals representing a risk of sexual or violent harm towards others.

Agencies have a duty to cooperate and share information to inform risk management. Risk management is an ongoing process and risk management plans are reviewed on an ongoing basis. MAPPA is a key public protection mechanism.

The MAPPA Unit has been working with Inverclyde Housing Sex Offenders Liaison Officers (SOLOs) to form improved working relationships with local Registered Social Landlords. Several awareness events were held with RSLs and work is continuing on Information Sharing Protocols.

Wider social work service including Children and Families Social Work play an important role in the MAPPA process and there has been an increase in MAPPA Awareness training events to try to reach as many staff as possible. A Single Point of Contact for children and families has also been established which will assist in preparing staff for MAPPA meetings and collating information for the MAPPA Unit when required.

The Inverclyde Public Protection Forum

This forum has been in operation for the past two years and operates to enhance and where appropriate widen the functioning of the core public protection arenas listed above.

The forum is chaired by the CSWO and in addition to lead officers from our core public protection committees includes representation from the Violence Against Women Multi Agency Partnership, the Alcohol and drug partnership, our Mental Health Strategy group and our Community Safety Partnership.

The work of this group is focused on ensuring we are capturing cross cutting themes and where we can, amplifying the reach and impact of the various strands of public protection activity. One very important aspect of this work is in bringing a public protection lens to those groups of very vulnerable service users whose needs can often be less visible including people affected by drug and alcohol use and homelessness.

Broader Partnership Working

As noted above social work is by its very nature a partnership activity and noted below are examples of some of the partnership working that is taking place across the HSCP that is central to the delivery of the Big Actions in our strategic plan

Domestic Abuse

Domestic abuse continues to be one of the highest areas of concern recorded for those children on our Child Protection Register. Joint working takes place between Children's, Adult and Criminal Justice Services, where relevant, to assess and mitigate risks to children and vulnerable adults. The Child and Adult Protection Committees have strong links with Violence against Women Multi-agency Partnership and within these partnerships there are a number of preventative and protective actions undertaken by a range of partner agencies.

There have been two key developments this year. The first relates to a conference on the role of the Social Worker in domestic abuse. This was arranged in conjunction with SASW and Women's Aid and took place at the Beacon Arts Centre, Greenock in March 2019. There were a number of key speakers at the event, including representatives from Women's Aid and Police Scotland. The conference was attended by Social Workers from all care groups and was highly evaluated.

A second development is the successful tendering of a new perpetrator programme for working with domestic abuse offenders, encompassing work with the victim and the children. This is a collaboration between Criminal Justice and Children and Families and will result in 20 staff being trained to deliver the programme jointly between the two services. Although this particular programme is delivered in other areas of Scotland, Inverclyde is the first to deliver it on a collaborative basis between these two services.

Inverclyde's Child Protection Committee (ICPC) sponsors a multi-agency Practitioner Forum to progress the areas of work. One of the tasks has been to develop a toolkit to hear the voice of the child in different ways in a safeguarding process. Practitioners from across the Community Planning Partnership shared examples of good practice, including the resources that empowered children and young people to share their views. The result is a very usable Practitioner Toolkit / Manual.

Unscheduled Care Inverclyde Partnership

Partnership work with colleagues from the acute hospital sector continues to demonstrate the effectiveness of early commencement of assessments to identify future care needs and deliver better outcomes.

We are working with colleagues in the acute sector to develop Unscheduled Care Planning. This is looking at unplanned presentations and admissions to hospital which could be avoided with better community based service arrangements and information to the general public.

The Home 1st Unscheduled Care Plan will address the support needs of people attending the Emergency Department (ED) and a reinvigoration of the Choosing the Right Service Campaign to include ED will help our communities to understand where and how to get the right care.

We are aware that people who attend ED can do so due to poor mental wellbeing or alcohol and drug issues. Often ED is not the best place for individuals to attend as they require a different type of support and intervention. We will be placing social care staff with relevant experience and training to work with people whose issues relate more to mental wellbeing rather than a physical health issue.

Inverclyde has run a successful campaign in the community highlighting the range of health and social support people could access rather than visiting their GP. Each GP practice has a community link worker who can deal with housing issues which do not need to be taken to a GP. The second phase of this programme is to include ED and offer advice and signpost people to other more appropriate community services.

The best way to avoid a person being delayed in a hospital bed is to avoid all unnecessary admissions in the first instance. Along with GP support, we will continue to work on a multidisciplinary basis to work out the right type of support and contingency arrangements to maintain people at home. This will also inform the future of our Home 1st Service.

Occupational Therapy

The Occupational Therapy (OT) service has been working in close partnership with local housing providers to ensure that people receive a comprehensive assessment for housing suitability to meet long term needs, and appropriate recommendations for future housing. Our commitment to better outcomes has resulted in a marked increase in the number of requests for OT housing assessments / reports. This work has increased the influence the HSCP has on securing appropriate accommodation for people in housing need.

The Housing Occupational Therapy service ensures optimal housing match to support people to live well and independently within their local communities, supported where appropriate not just by formal services but by families, friends and the wider community.

Integrated working across the health Rehabilitation and Enablement Service and Social Care Occupational Therapy to streamline referral pathways by carrying out joint triage of referrals and sharing information across different electronic recording platforms has reduced the level of duplication and ensured the right person sees the service user at the right time. Updating referral processes has improved response times by identifying service user's needs more robustly and preventing crisis.

Nursing and care at home out of hours service review

As part of the continuing development of Inverclyde HSCP community services we are undertaking a review of the Out of Hours Community Nursing and Social Work Services, building on existing close working relationships.

Inverclyde's community alarm team, district nursing and home care are co-located at the Hillend Centre, providing evening and through the night care, working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home.

The review will seek to formalise links between the teams in the face of the challenges around high demand, increasing patient complexity and co-morbidity. We will explore opportunities to maximise shared care and joint working to facilitate safe, sustainable, efficient and effective person-centred care within the home environment.

As part of the ongoing redesign of alcohol and drug services, a partnership with the Scottish Drugs Forum (SDF) was developed to ensure a robust Recovery Orientated System of Care (ROSC) within Inverclyde. Local consultation work with a range of Inverclyde services and service users considered the current status of Inverclyde ROSC and while there are many strengths highlighted within the current system, a number of areas of need for development have also been identified. These will be incorporated into future delivery of services and partnerships across Inverclyde, and informed the ADP's successful bid to the Challenge Fund.

Partnership with Service Users and communities

Your Voice - Inverclyde Community Care Forum (ICCF), is commissioned by Inverclyde HSCP to help support involvement, engagement and formal consultation with local communities. Your Voice enables the voice of people who use services, their careers and families to positively and proactively contribute to the planning and provision of health and Community Care Services in Inverclyde. This is only one mechanism to enable people to share their views and contribute to service planning but as Your Voice includes a range of voluntary and community groups, the organisation supports the HSCP by reaching out to a significant number of people.

Your Voice, on behalf of Inverclyde HSCP, organised and facilitated a series of engagement events across Inverclyde. Contributions from these events helped to inform and shape the HSCP Strategic Plan 2019 – 2024. The Strategic Plan lays out the HSCPs intentions and priorities over the next five years, reflecting the complex nature of some of the issues faced. A Service User Reference Group for the Inverclyde Alcohol and Drug Review was established during this last year supported by Your Voice and will continue meeting to ensure that service users have an opportunity to have their views heard as part of the ongoing work around alcohol and drug service remodelling.

The Mental Health Service User Reference Group has been refreshed with work undertaken to review and agree on how this forum can best be utilised. This has included working with the forum to inform and shape developments within the statutory service around our Five Year Mental Health Strategy. <http://www.movingforwardtogetherggc.org/media/246061/mft-srg-4-mental-health-final-24-jan-2018.pdf>

Champions Board

Our partnership between Corporate Parents and care experienced young people has continued and further opportunities have been created for care experienced young people to influence how we deliver services. Examples of this include:-

- Care experienced young people contribute to our recruitment of Children and Families staff.
- Care experienced young people have delivered awareness raising sessions across a range of agencies.
- Care experienced young people influenced RSLs to identify a “care champion” within their organisation.

Partnership with Carers

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde has been working with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019 Inverclyde Council took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and this will be of direct benefit to over 250 carers and their families.

Inverclyde has:

- commissioned Your Voice to develop a range of carer engagement opportunities
- supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation
- funded a Carer’s Passport Card to support increased identification of carers, linking to a “Carer Friendly Inverclyde” by encouraging local organisations to offer community/commercial discounts for carers
- raised awareness of young carers and issues, and increase capacity of Young Carers support from Barnardo’s Thrive Project
- supported Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre
- supported Inverclyde Carers Centre to provide emotional support to carers.

Community Connectors

As a community led “front door” health support, the Community Connectors are well placed to deliver assistance to a wide range of people in Inverclyde. This ensures people are well linked in to community provision and gives them the support of an experienced organisation that is trusted and respected locally.

The emphasis of the Community Connector role is often on creating opportunities to bring people together, maintaining, encouraging and creating networks and friendships and promoting activities that help to overcome the risks faced by and poor health outcomes of many individuals who are lonely and socially isolated.

With an ageing population, increasing loneliness and isolation and the prevalence of poor mental health, there is a real need to find new ways of providing high quality health and social care. Community Connectors are one of these new ways, working with individuals to ensure they are supported to join in activities, access services and generally feel better connected to their community, helping improve their health and wellbeing outcomes.

6. Service Quality and Performance

How Social Work Services are contributing to better outcomes for the most vulnerable in our community

Social Work Services in Inverclyde are progressing steadily along a continuum of integration firstly as an HSCP but also as part of the wider community planning partnership. This recognises that the need to keep improving outcomes for our most vulnerable citizens is a partnership one and it is only when agencies and services come together as a whole system that we are likely to have optimum impact. The section above outlined some of the key partnership fora that Social Work Services either lead, commission, or are core members of. In this section of the report, consideration is given to the important contribution of social work and social care. This section of the report outlines how Social Work Services are delivering services to the Inverclyde community both in terms of performance and quality and contributing to better outcomes. Information in relation to how statutory services are being delivered is also contained here.

How Social Work Services are contributing to better outcomes by tackling poverty and inequality in our community

Our **Advice Services Team** responds to a vast range of enquiries, including debt advice, benefits advice, welfare rights appeals and debt resolution. The tables below highlight the effectiveness of the team over the past 4 financial years.

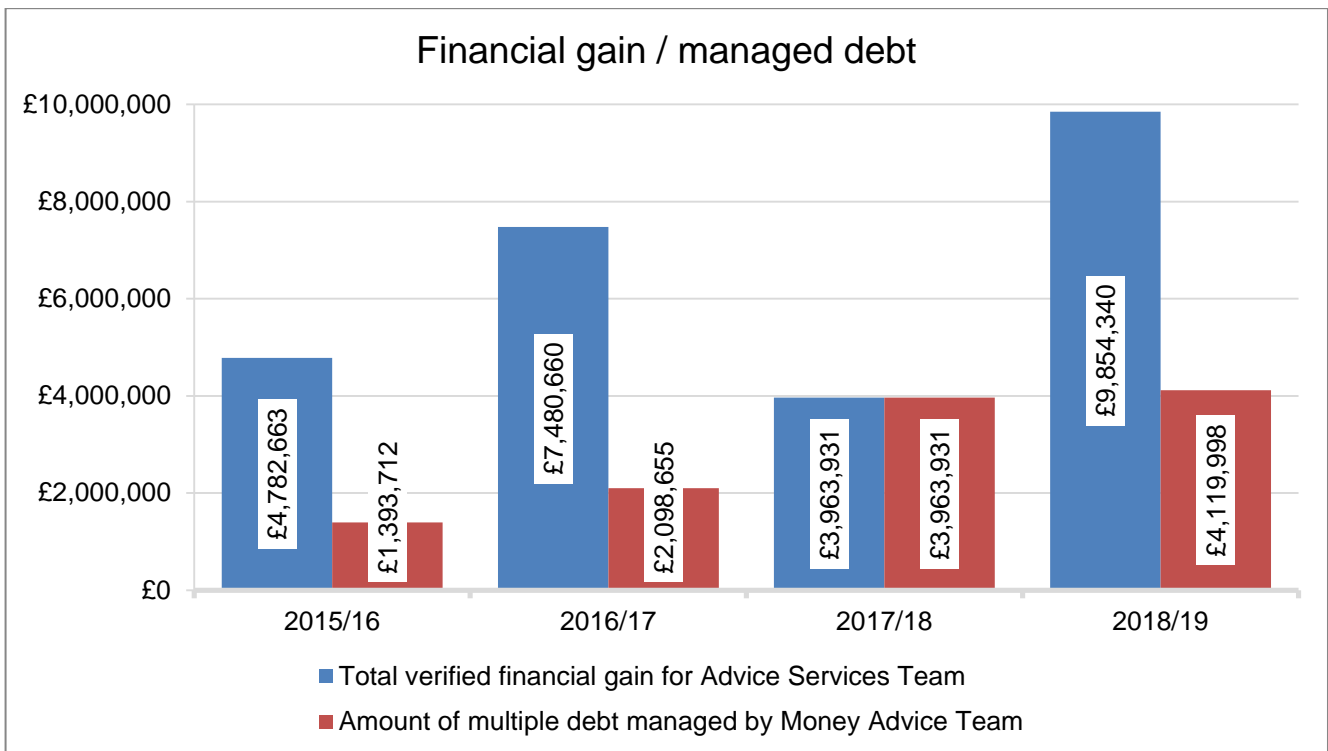


Figure 10 – Financial gain/managed debt by Advice Services Team

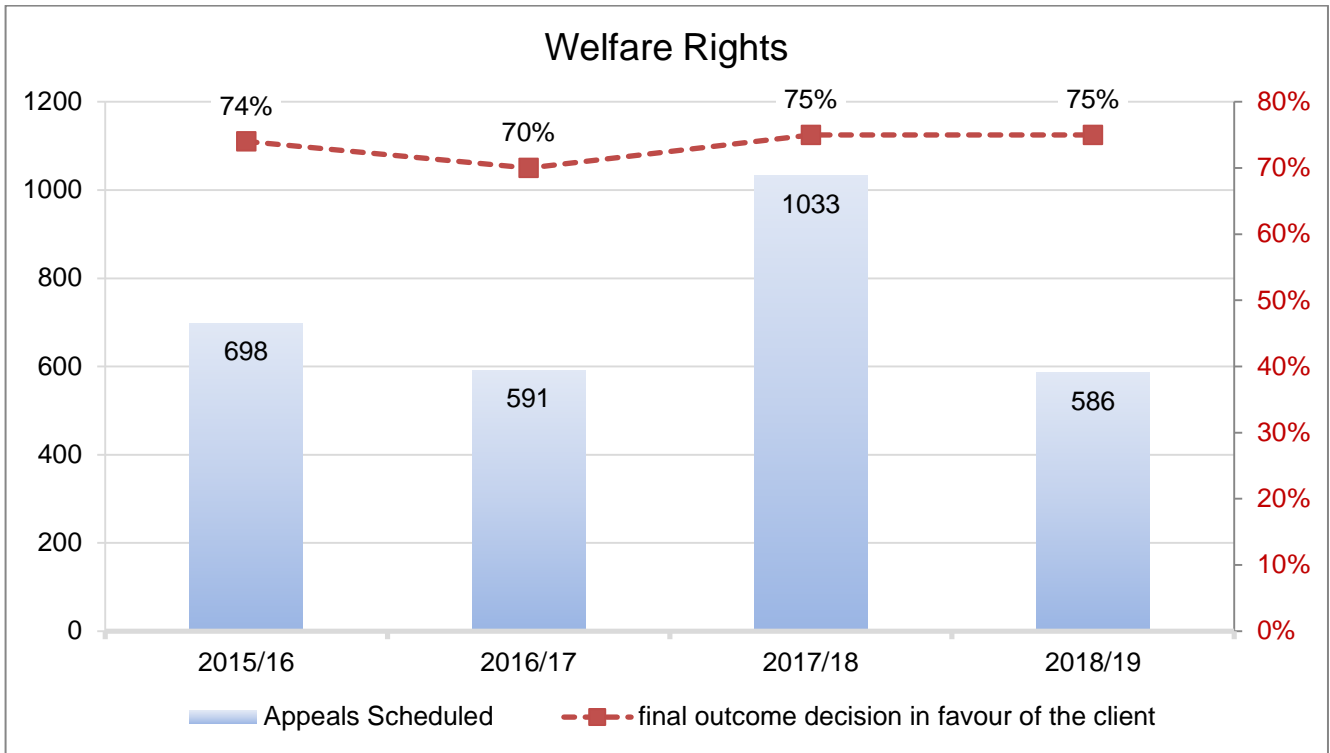


Figure 11 – Welfare Rights appeals scheduled and success rate

Working with local people and other organisations we gained significant financial amounts for Inverclyde Residents. We know that financial exclusion and economic deprivation leads to other inequalities, so this work is vital to our strategic aims.

Morag's Story

Morag was referred to the Inverclyde Macmillan Benefits Service by Clinical Nurse Support following a cancer diagnosis. Assistance was provided to Morag and her partner to help them apply for Personal Independence Payment, contribution-based Employment Support Allowance, disability discount for Council Tax and road tax exemption. Financial gains confirmed so far are £17,347 per annum.

Morag was also assisted to apply for a blue badge, travel card with companion pass and a disabled parking bay. Information was also provided about how to book a short respite break.

How Social Work Services are improving outcomes for Children and Families Getting it Right for Every Child in Inverclyde

Inverclyde has fully embraced the Getting it Right for Every Child approach and have continued to develop and extend our practice in line with the underpinning philosophy and frameworks embodied by this policy stream. Having developed the Inverclyde GIRFEC pathway we are working with CELCIS to make best use of evidence in how we continue to implement, embed and improve the framework across our services for children.

The transitioning of the GIRFEC policy landscape to a legislative basis has been a complex one and Inverclyde will continue to work with Scottish Government and national partners to establish the most effective arrangements for delivering on this important agenda.

Child Protection Services

There has been a significant amount of child protection activity over the last year. Practice in this area has continued to improve with the Initial Referral Discussion process coordinated by senior social workers now embedded and taking place promptly. The consistent and effective application of this has resulted in positive improvements in the quality of initial response to child protection concerns.

Between April 2018 and March 2019, 104 Child Protection (CP) referrals were received. As a result of these, 153 children were subject to Initial Referral Discussions (IRDs) between Social Work, Health and Police representatives during this period and this in turn resulted in 39 child protection investigations being undertaken.

The number of children on the child protection register fluctuated from a low of 26 to a high of 37 through the period and the risks to 175 children were considered in multi-agency child protection case conferences. 15 of the case conferences held pertained to concerns that were raised via our SNIPS pre-birth referral pathway and 33 were initial case conferences, the average time spent on the child protection register is 6 months.

Our improved practice in robust interagency referral discussions is maintained by a six weekly quality assurance group made up of Social Work, Police, Education and Health professionals from the operational and strategic level. This ensures that improvements can be implemented promptly from the learning at the appropriate level in the child protection system. Improved risk assessment via the IRD process resulted in a reduction in initial child protection case conferences but did not affect the number of children registered which suggests that we are ensuring that only those children most at risk are progressed to case conference.

Request for Assistance Team

The Inverclyde Children and Families, Request for Assistance (RfA) Team, provides a single point of contact with Children's Social Work, enabling members of the public and professionals to seek support for and raise concerns about the wellbeing of children so that they can receive timely and proportionate help. This includes children identified as being in need of child protection support. The team was established in 2018 and approaching its first annual evaluation. It has been hugely successful in ensuring a consistency of service offered at the front door of children's social work by ensuring every child referred receives an initial assessment of need and the service commensurate with the need assessed. The team has also provided valuable insight into areas of strength and areas requiring development in relation to our collaboration with other agencies on the GIRFEC pathway.

Child Planning and Reviewing Team

The Inverclyde child planning and reviewing team has a commitment to ensure children's wellbeing is improving across all the wellbeing indicators and that children and their families are engaged in reviewing progress, joint planning and decision making in their child's lives. The reviewing officer compliment has been increased to three full time posts. This compliment will allow for a development of the role to include not only those children looked after at home and away from home but those on a continuing care pathway, those young people requiring a protection process and youth justice reviews. The team are developing a quality assurance and improvement role to ensure consistently good planning and reviewing to meet the positive outcomes for children and young people.

Children with Additional Support Needs

Work with children with additional needs continues to advance.

Inverclyde has a distinct team with a remit of supporting children and families with additional support needs. In the past year the team have had an improvement focus on effective communication with children with Additional Support Needs. This included valuable insight into how to employ a number of communication methods to ascertain the views of children and develop a detailed understanding of their lived experience. It also engendered reflection on the vulnerability of these children within the child protection system.

As an extension of this the team have engaged in a pilot along with Glasgow City Council considering appropriate tools for undertaking joint investigative interviews with children with additional support needs. This is in recognition that the current model of Joint investigative interviews employed in Scotland is unlikely to be fit for purpose for use with children with learning disabilities and requires to be tailored to each child's age, cognitive development, communication needs and vulnerabilities. The pilot involves detailed training on understanding the building blocks of communication, building rapport and the assessment of appropriate communication aids in order to promote an understanding of the child's capacity prior to making the decision to interview.

Over the last year, 18 children and young people with additional support needs received residential respite amounting to 291 nights in total. An additional 25 packages of community support were offered to children and families. Some families have chosen to manage their own support services through self-directed support with the assistance of their social worker. We have continued to promote the uptake of self-directed support with the goal that all parents or carers have an understanding of the options open to them and that the choice they have opted for is clearly outlined in the Wellbeing Assessment completed on the child. Currently a multi-agency transitions group has been established to consider the transition from children and families to adult services, using the existing policy to further develop this process and ensure a positive destination for these young people.

Young Carers

There have been a number of developments with Young Carers over the last year. Young Carers Statements have been embedded in practice. These identify the personal outcomes and needs of a Young Carer and confirm the support to be offered. Social work services are leading a multi-agency Young Carers group to develop understanding of the statutory responsibilities and legislative background in the Carers Act so that agencies across Inverclyde have a grasp of their role in relation to Young Carers.

Children Looked after at home or away

The balance of care for looked after child remaining within the community has remained above 86% in the last year. Shifting the balance of care is a key local strategy which is underpinned by a number of national policies which promote early help, support, local family connections and sustainability.

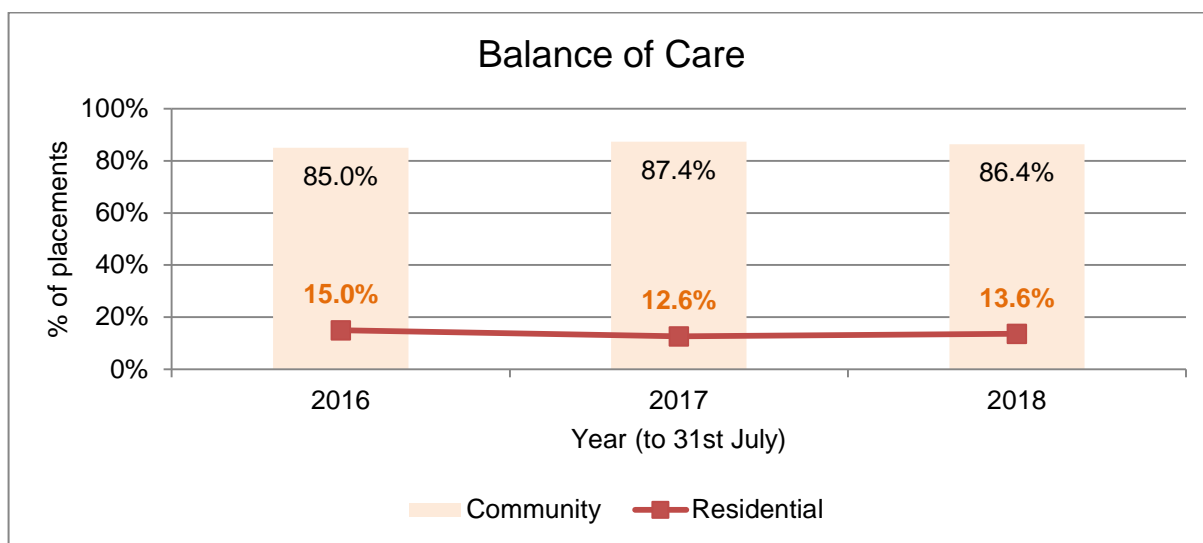


Figure 12 – Balance of care

Increasing the balance of care to community placements remains a priority with the youngest children, who require to be looked after away from home being in foster placements pending permanence planning, and leaves our local residential provision accessible to our most vulnerable young people. Our track record of excellent inspection reports within these setting, helps us deploy a competent trauma informed workforce to support young people, and their families over graduated and extended transitions that lead into our continuing care service and aftercare service.

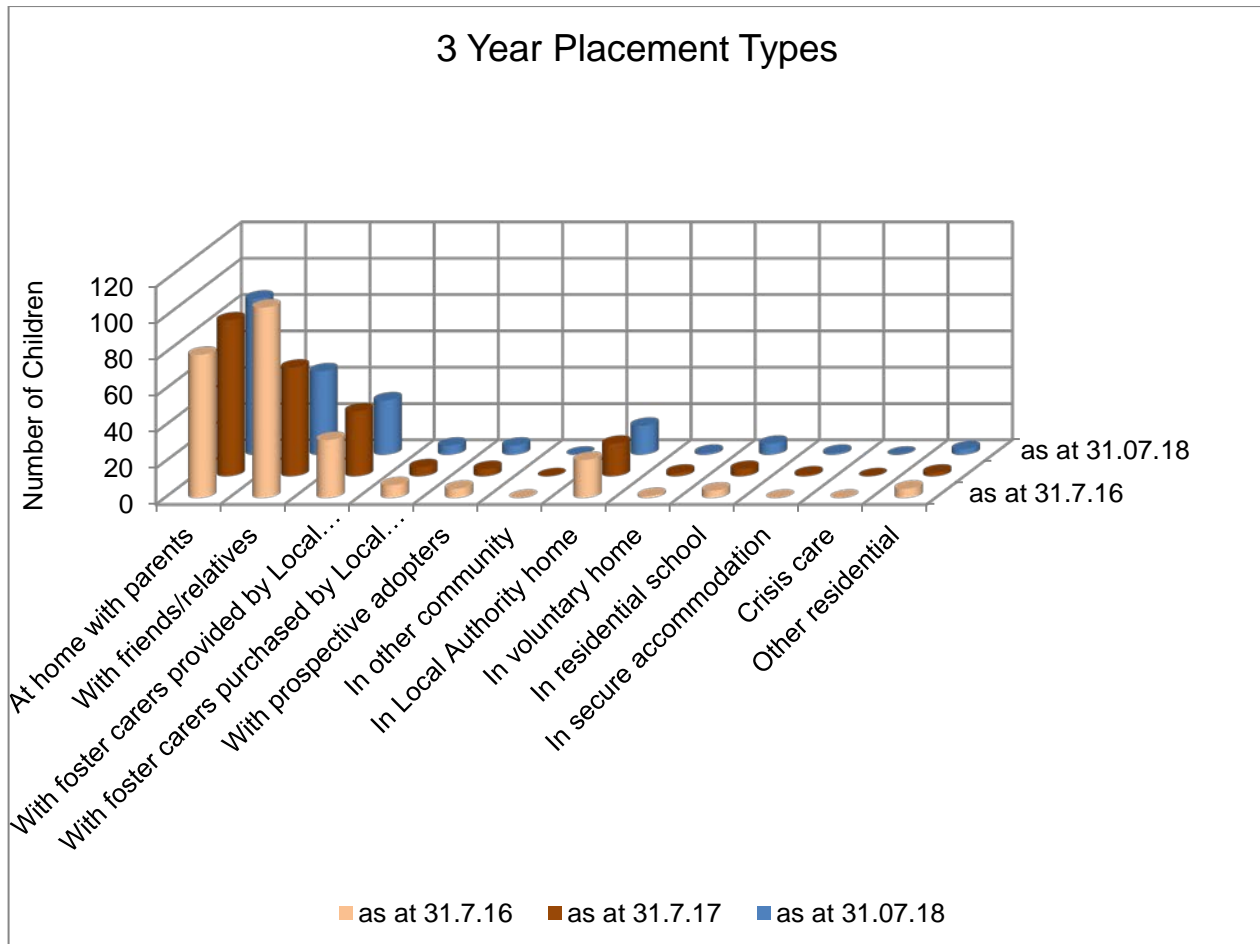


Figure 13 – Placement types over 3 years

Figure 13 represents the population of our looked after children and young people and placement types. As at 31 March 2019, 183 children were subject to Compulsory Supervision Orders, an increase of 21 on the previous year. Our deployment of early help and support to identify the most vulnerable children is reflective of the increase in children being looked after at home. This structured support affords parents the opportunity to get the right help, at the right time through our GIRFEC pathway.

Permanence

For all looked after children permanency planning continues to be an area of priority for Inverclyde. We believe that every looked after child in Inverclyde should be provided with a safe, secure and permanent place to grow up whether this be within their own birth family or outwith their immediate family. During 2019 we are participating in the Scottish Government funded Permanence and Care Excellence (PACE) programme. The aim of this is to enable us to improve our approach to permanence and ensure that there are no unnecessary delays in securing permanence for children and young people

Adoption

The Adoption Team are involved in the recruitment, assessment, support and training of adoptive parents. Recruitment of adoptive families continues to be an area of significant challenge. The service has undertaken some rebranding focusing recruitment around the theme 'Together We Make A Family' and 'What Makes It Worth It?' During 2018 National Adoption week Inverclyde's Adoption Family Tree was launched which built on the inclusion of key stakeholder's views and experiences of adoption with Inverclyde. During 2019, the programme of recruitment events and use of social media will continue with a sharper focus on 'The Needs of Children Placed for Adoption'.

Our Birth Ties Project has continued to develop referrals are received for Birth Ties Support Project from a number of routes. Birth Ties Support Project was a finalist in the 2018 Scottish Social Services Awards and was nominated for awards at both Inverclyde HSCP Staff Awards and the Pride of Inverclyde Awards. The key focus of Birth Ties in 2019 will be to embed our current practice and continue to develop our birth parent group.

Fostering

The number of children placed in foster care during 2018/19 has slightly reduced we attribute this to the strong family connections in Inverclyde and the resourcefulness of kinship carers. We continue to be successful in recruiting caring committed foster carers to add to our existing experienced group of carers. This is an invaluable resource for our children here in Inverclyde, However recruiting foster carers who can care for older children continues to be an area of challenge and a continued area of focus for us.

Kinship

Kinship care across Inverclyde continues to grow however the reducing numbers of kinship placements secured through the Children's Hearing is viewed as a strength, as security and stability is being effected through increased up take of Kinship Care Orders. Our engagement with kinship carers is both humbling and inspirational, year upon year we see the benefit to young people of having a secure family placement within their local community. During 2018/19 the service worked in partnership with Ardgowan Hospice in developing supports to kinship carers, children and young people around the issues of loss and bereavement this being identified as an area of need by kinship carers.

Residential Care

We are in the final phase of our ambitious programme of new builds, Inverclyde continues to provide high quality residential care. The challenges associated with continuing care and our desire to ensure wherever possible young people can remain in Inverclyde does however put pressure on placement availability. One of the consequences of this is the resultant expansion of numbers in our local residential provision; necessitating that each of our three Children's Houses' occupancy rate increases by one.

Continuing Care

Continuing Care is part of the national 'Staying Put' agenda that Inverclyde fully endorses. It provides young people, looked after away from home with the opportunity to stay with their current carers until the age of 21. This extended and graduated transition improves outcomes for our care experienced population, and while this is its strength; it also poses pressures on existing resources and service design. We have had an incremental increase in the number of young people benefiting from this transition from continuing care. This is a critical area of practice if we are to consolidate the increasingly positive experiences of children and young people in our care system and it is therefore very welcome to see further developments to support this work emerging in the national arena

Figure 14 below shows the range of placement types where young people are benefiting from continuing care.

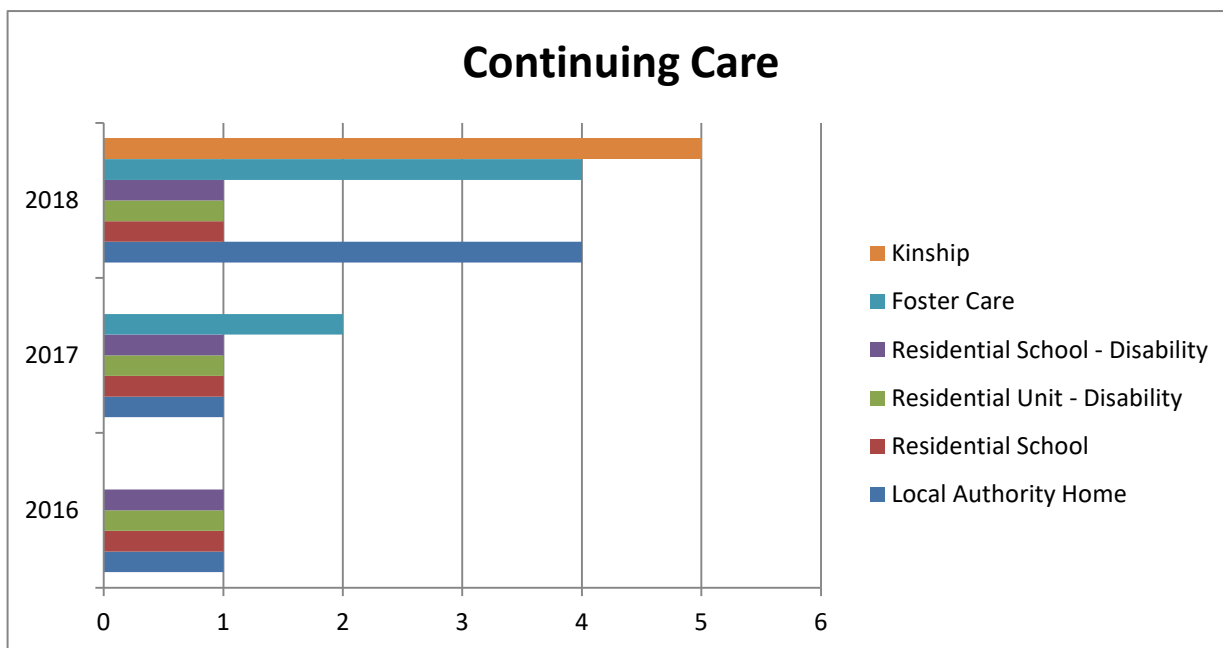


Figure 14– Continuing Care Placements

Youth Services

Our youth services team provides support and interventions to young people over 12yrs who are deemed vulnerable or involved in high risk taking behaviours through to 26 yrs of age if previously looked after and eligible for after care. In line with our looked after figures those eligible for after care have remained consistent however the numbers of young people receiving an after care service from the team has increased.

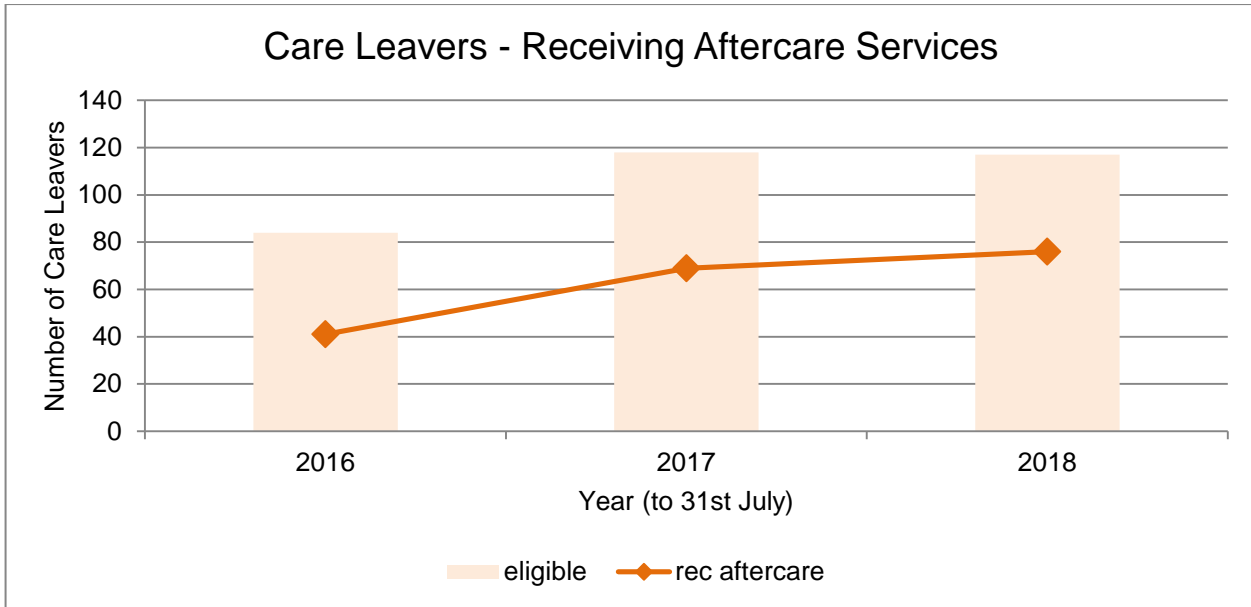


Figure 15 – Number of eligible care leavers receiving aftercare services

Youth Services are responsible for all youth justice work for under 18's in line with the whole systems approach to youth offending. This includes court support for any under 18's appearing form custody, court reports, supervision of community payback orders and diversion. The services is continuing to see a reduction in reoffending rates and a growth in the number of cases being referred for diversion from five in 2017/18 to thirteen in 2018/19.

Advocacy

A children's rights approach with strong opportunities for participation is fundamental to how we ensure children and young people's voices are heard, listened to and acted upon. In addition to this all looked after children and young people and those subject to child protection procedures continue to have access to independently commissioned advocacy services.

Independent Care Review

The Independent Care Review currently underway in Scotland aims to identify and deliver change in the care system to improve the wellbeing of children and young people. Inverclyde are privileged to be working closely with the review team and in particular the STOP; GO Group. Nine members of the Review Group visited Inverclyde on the 3rd April 2019. They participated in:

- visits to two of our Children's Houses – highlighting their place and inclusion within their local communities and the importance of keeping the young person at the centre; being consistent and persistent in their care;
- a presentation from the Team Lead of the Birth Ties Group – around the innovation and impact of this work;
- a session presented by a Social Worker on systemic family work – outlining the skills and tools typically deployed in supporting families through complex and challenging circumstances but enabling lasting change.

The Review Group's concluding comments were:

“the leadership and culture in Inverclyde is a model for the country”, and none more so than the involvement of the Proud2Care Group (P2C) – who are confident and engaged in local priorities.

As CSWO for Inverclyde it is a personal and professional privilege to have the opportunity to participate in the work of the review group, believing as I do that the CSWOs and the social work profession in general has had and will continue to have a fundamentally important role in delivering the best possible experiences of care for our most vulnerable children. Participating in the review has strengthened and reinforced my view that when we listen, reflect and act on the perspectives of care experienced children we deliver better care.

How Social Work Services are improving outcomes for service users involved in Criminal Justice

The Criminal Justice Service continues to have a positive impact in the local community through the delivery of various programmes including Community Payback Orders (CPO), Multi Agency Public Protection Arrangements (MAPPA) and women’s programmes. Unpaid Work Requirements provide an opportunity for individuals to pay back to their community through participation in work placements organised by Criminal Justice Social Work Services. This can be particularly challenging for those individuals with little or no work experience and/or poor physical or mental health, but does provide a way for such offenders to start to develop appropriate skills and experience.

In addition, the ‘other activity’ component of Unpaid Work enables Criminal Justice Social Work Services to support individuals with their interpersonal, educational and vocational skills with the aim of assisting them in their efforts to desist from further offending. This “whole person” approach aims to improve outcomes, not only for those under the supervision of the Service, but also for wider communities.

Some individuals will get more than 1 CPO, but not every CPO includes a requirement for unpaid work.

Figures 16 & 17 below show some Community Payback Order statistics over the last 4 years.

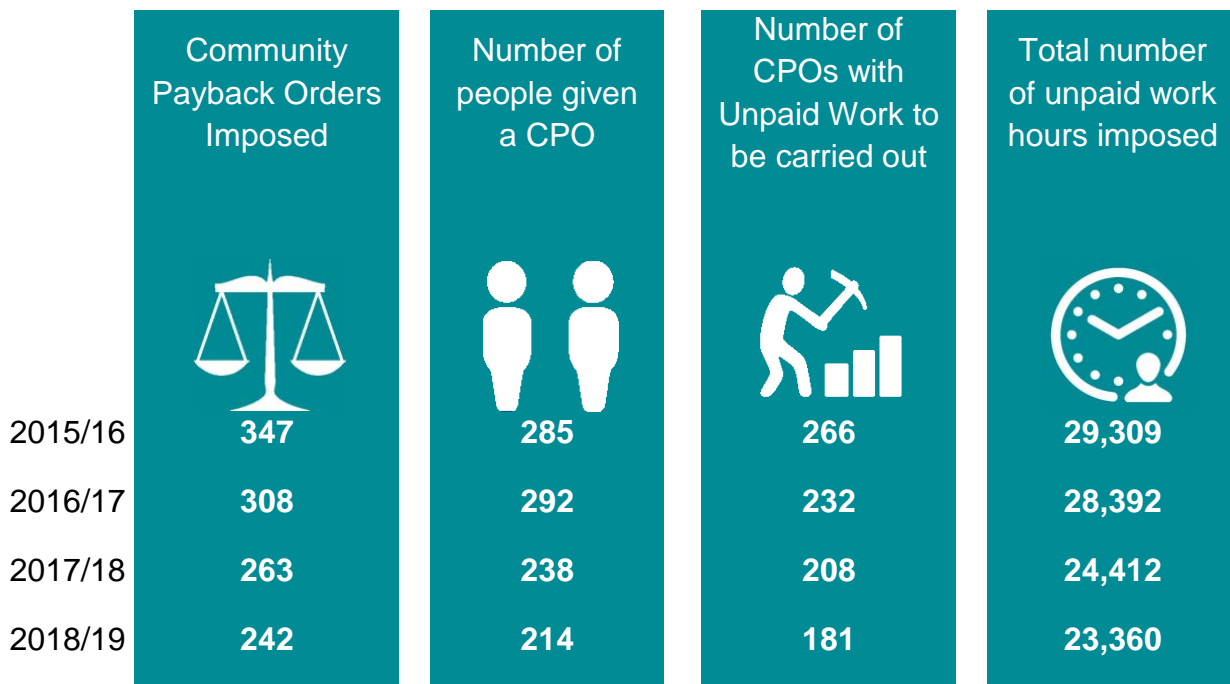


Figure 16 – Community Payback Order statistics

The Unpaid Work Service plans activity for the benefit of individuals, organisations and public areas within Inverclyde. A variety of tasks are undertaken including gardening, painting, joinery and grounds work.

The feedback from those who receive this service has been positive.

Some examples of how much work is 'paid back' into the community are shown in the figure 17 below.

	Number of hours of gardening	Number of hours of painting	Number of hours of ground work	Number of hours of joinery
2015/16	5,544	7,311		1,907
2016/17	3,804	4,161	624	1,066
2017/18	5,478	7,125	4,803	1,235
2018/19	2,726	6,012	3,835	1,281

Figure 17 – Community Payback Order hours of work

Some comments from [garden icon] who received [paint icon] Service: [ground work icon] [joinery icon]

und ever

friendly and well mannered, work ethic excellent as is the standard of work”

“We were satisfied with the work being carried out. It is much appreciated by all our staff and Service Users.”

“The team were very professional and the work carried out was to a high standard.”

“My wife and I were very happy with the service we received the supervisor was very professional, the work carried out by unpaid work was to a very high standard.”

“I was very pleased with the work done and how well they tidied up, very pleased.”

Presumption against Short Sentences

The Criminal Justice Service is currently preparing for the implementation of the presumption against short sentences which will see the very welcome introduction of an increase in community based disposals for some individuals that would otherwise have experienced custody.

Whilst the development of community justice partnerships have strengthened the multi-agency response to criminal justice service users , it is vital that social work services are properly resourced to ensure that they can continue to manage the difficult balance between risk and need. This has and continues to be a challenge in Inverclyde. Thus far the service has responded with creativity to significant budget reductions, however further increases in demand for services against diminishing resources in this complex area will require close monitoring.

Inverclyde Community Justice Partnership

The Inverclyde Community Justice Partnership has worked closely with operational services as “influencers” of national and local priorities. An example of this relates to prevention and early intervention and promoting the approach that every contact with the justice system is also an opportunity to support people. We are currently exploring how we can ensure early help is available from a range of partners at the point of arrest in police custody. Other discussions at an operational level have included Unpaid Work and applying the “Resilience Doughnut” model to other activity to strengthen people’s connections with their local communities and their sense of belonging. This may relate to adult literacy, health and wellbeing, building positive relationships in the community by participating in positive activities that deter from further offending, as well as seeking support relating to employability.

The six local priorities of the Inverclyde Community Justice Partnership include:

1. Housing and Homelessness
2. Employability
3. Access to GP / Primary Care
4. Prevention and Early Intervention
5. Domestic Abuse
6. Women Involved in the Criminal Justice System

As part of annual development sessions, the partners recognise the significance of partnership working in being able to achieve more than a single agency. Focusing on our local priorities we have therefore strengthened our link with existing strategic partnerships including:

- HSCP Housing Partnership
- Alcohol and Drug Partnership
- Mental Health Programme Board
- Regeneration and Employability Partnership
- Violence Against Women Partnership
- Greater Glasgow and Clyde Health Board Community Justice Partnership
- Crown Office and Procurator Fiscal North Strathclyde Sheriffdom Meetings

By adopting a strategic partnership approach the profile of the Inverclyde Community Justice Partnership has been raised to a wider range of partners and key actions have been included in a range of strategic plans that support progress in our local priorities. This includes:

- HSCP Strategic Plan
- HSCP Housing Contribution Statement
- Alcohol and Drug Partnership (ADP) Strategy
- Mental Health Strategy
- Poverty Action Plan
- Violence Against Women Strategy

A further key development over the last year has been the establishment of the Inverclyde Community Justice Network for Third Sector and community organisations with an interest in advancing the community justice agenda. This network meets every two months and has representation from twenty-two organisations. It is facilitated by the Third Sector and has been a valuable forum to enable networking and collaborative practice. Inverclyde has also recently been successful in securing a place on a new collaborative leadership programme being jointly organised by Community Justice Scotland and the Criminal Justice Voluntary Sector Forum which will help to support the future direction of the local Inverclyde Community Justice Network including in the potential development of collaborative funding bids and commissioning.

Another recent development is in co-designing our participation strategy with a service user and piloting a peer support initiative as one mechanism of involving people with lived experience of the justice system in the work of the Inverclyde Community Justice Partnership.

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 to help them into paid employment.

Figure 18 – Resilience Factors



In addition Recruit with Conviction delivered training on disclosure requirements and how these are changing.

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

An Employer Engagement session was held in February.

How Social Work Services are improving outcomes for users of our Health and Community Care Services

Health and Community Care Services deliver person-centred care and support to many of our most vulnerable citizens across Inverclyde. During the last year our multi-disciplinary staff have all been delivering safe, high quality services that ensure people live at home or in a homely setting. Improving opportunities, increasing independent living and improving outcomes sit at the heart of what we do 365 days a year. Our out-of-hours staff also maintain contact with people who require additional support during the night and at weekends.

When adults need to be admitted to hospital, we work in a person-centred way to ensure people go back home with a safe and quality service to support discharge back home. When going home is not an option, we work with the local care providers in Inverclyde to identify the most appropriate care home that best suits the needs of the individual.

Our teams are supporting more people with long term conditions and ensure anticipatory care plans are in place to support people to self-manage their particular long-term health and social care needs.

Adult Protection Concerns

During 2018/19, 225 Adult Protection concerns were referred to the HSCP (no change since 2017/18).

After initial inquiries 38 of these concerns - or about 17% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.

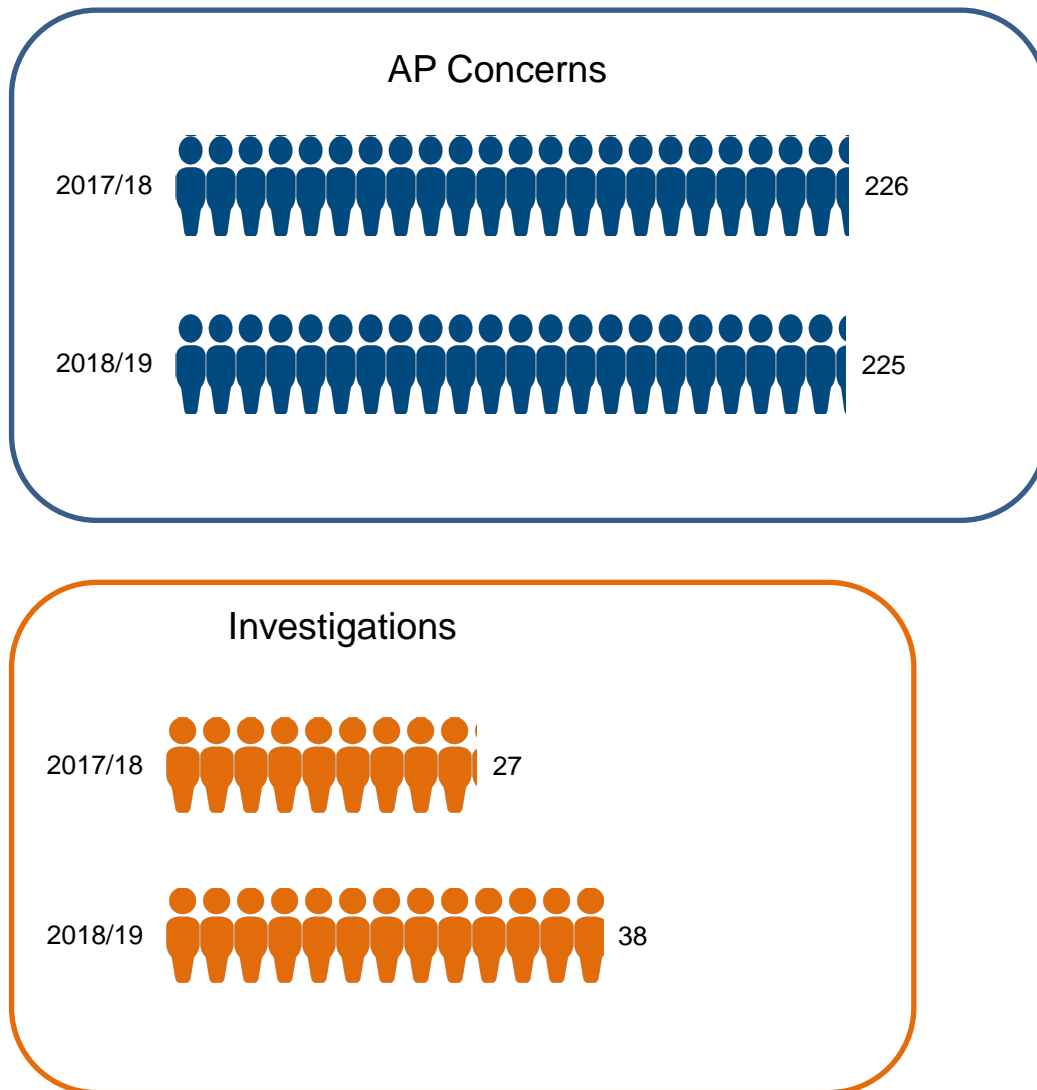


Figure 19 – Adult Protection concerns and investigations

Ben's story

Ben's situation came to light following a police referral. He was an older man with cognitive impairment who lived alone. He was subject to financial harm following being targeted by bogus workmen. He was taken to the bank by them in an attempt to withdraw a significant sum from his account for unnecessary and non-existent work to his property.

Social work and health staff worked together to ensure Ben's wellbeing and finances were safeguarded in the short and longer term whilst the police, trading standards and bank progressed a criminal investigation.

Ben's situation was progressed under auspices of adult support and protection however all appropriate legislation was considered with action under adults with incapacity legislation being utilised to secure his financial position.

Whilst this was a traumatic experience for Ben and his family, they very much appreciated and felt supported by the coordinated multi-agency response to their situation.

Home 1st

The last year has seen the completion of the redesign and refresh of our services for older people. The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community.



Discharge from hospital is ideally from a community perspective, though employing a Rapid Discharge Planning approach it is important that the discharge is successful, minimalizing moves of placement and avoiding unnecessary readmission.

Implementation of Home 1st: examples of work to date

Hospital Discharge

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of Rapid Discharge Planning (RDP) early commencement of assessments regarding future care needs in collaboration with the person and family at an early stage. Clear identification of destination post discharge are all key elements of achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement.

Home 1st Reablement

Our Reablement Service continues to deliver assessment and care to the people of Inverclyde who have experienced a change in their lives that has resulted in a need for additional support to remain at home. The Service follows an approach that maximises peoples opportunities to live as independently as possible.

The Reablement Service now includes assessment and care management staff and has been renamed the Home 1st Reablement Service to reflect our belief that staying at home is the 1st and best option for all who wish to do so. The team continues to work closely with a wide range of services including rehabilitation and independent living staff, community nursing, acute staff and community services.

Frailty tool for older people

The Rockwood Frailty tool is currently being implemented across all teams within the HSCP. This tool brings opportunities to measure any change of people's abilities throughout the relevant team's intervention and can be used to measure complexity of care.

The use of a frailty tool is aiming to create a common language that can be scored and interpreted by clinical and non-clinical personnel. Training has been delivered to home care and social work staff and across the acute sector with a newly developed post of Frailty Specialist. This project is working towards providing the right person at the right time with the right response that reduces costly duplication and provides appropriate, timely input.

Housing Support within sheltered housing

A review of our Housing Support Services for older people living in sheltered housing was completed in 2018 with the implementation of a redesign service commencing in April 2019. This work was undertaken in partnership with local housing providers, developing a service model that is modern, sustainable and equitable. The new model of service delivery focuses on providing a service which is flexible and responsive to changing need and supports people who live within sheltered housing to optimise their own assets to live as independently as possible, targeting the resources to those within this community with greatest needs and to build capacity amongst residents to influence, organise and lead activities within their complex and wider community.

The service will enable service users to remain living independently in their own home, a key objective of our Strategic Plan.

Hillend Day / Respite Services

Hillend Day Service will be participating in a new initiative working alongside Reablement and Home 1st team, establishing and delivering an extension to existing Reablement Services by providing a further Intensive Reablement period within Hillend Day Centre.

Formerly known as Small Group Day Care, ALFA is a new service which aims to promote independence through social groups that support people to make connections and stay active within their local community. Group members are encouraged to remain active and independent in order to maintain a healthy lifestyle. This service also provides an opportunity to come together and socialise with others, support to connect with other local activities and resources, whilst encouraging individuals with independent travel.

Technology Enabled Care

2018/19 has seen the introduction of a nominal fee for users who are in receipt of the Community Alarm Service and as such the HSCP did see a reduction in the number of active clients utilising this Service.

Although the overall numbers receiving Community Alarm Service has dropped due to the introduction of the charge, the number of new users in each month has increased slightly (the number of new users in 2017/18 was 441 and in 2018/19 this rose to 501). We are confident that the numbers will settle at a level that shows actual need.

Long Term Care

The Average Length of Stay for those individuals in Long Term Care has remained fairly static. In March 2019, the average Length of Stay was 2.65 years, the measurement for the previous financial year end (March 2018) was also 2.65 years.

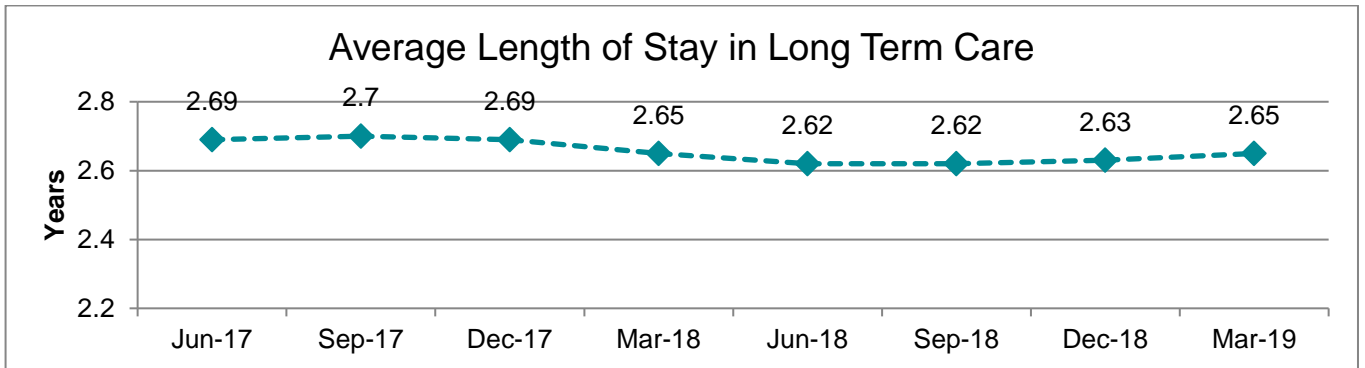


Figure 20 – Average length of stay in long term care

Although the Average Length of stay has remained static, we do know that service users admitted to long term care in the last few years are staying for shorter lengths of time than they did previously (this indicates that individuals are only being placed in long term care when it is deemed they can no longer live independently in their own homes supported by our other Services). This is a stark contrast to some of our service who were admitted around the turn of the millennium and whose length of stay is around 20 years.

This indicator is now measured quarterly rather than monthly due to the small changes/movements in the data.

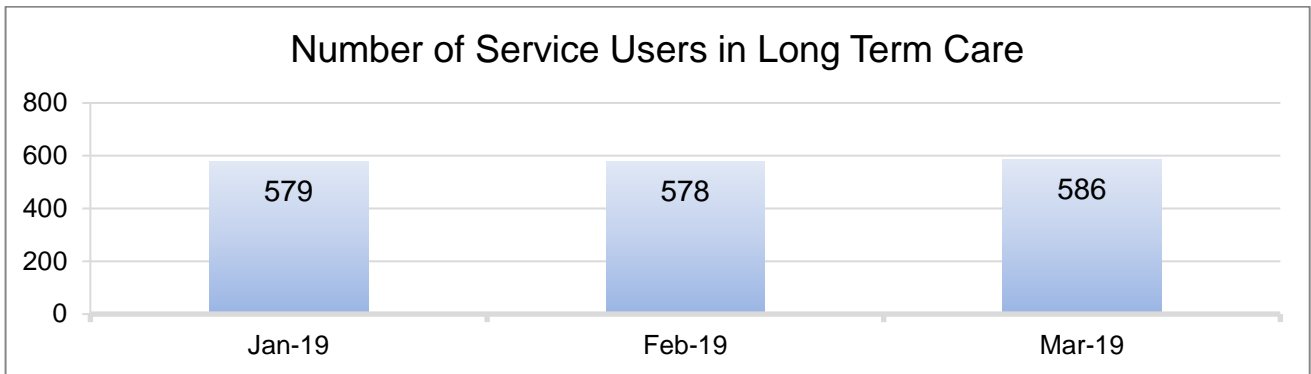


Figure 21 – Total number of service users in long term care

Learning Disability

The review and commissioning work carried out by the Community Learning Disability Team (CLDT) detailed in previous years reports has allowed better outcomes to be achieved. By building capacity in supported living, the balance of care has improved and people have been enabled to return to Inverclyde, in accordance with the Keys to Life and the Scottish Government “Coming Home” report.

The Learning Disability Service has developed a new travel policy this year and is involved in an independent travel pilot programme to encourage people to use public transport and make journeys independently. In line with the principles of early intervention, travel training is being considered in transitions planning, as part of the overall assessment of needs.

The needs and aspirations of people with a learning disability are changing and becoming more diverse. People have told us they wish to be as independent as they can be within their own community and wish to have more choice and control over their lives with good quality support built around their individual needs and outcomes. This means moving away from fitting people into what is already available to offer tailored, flexible, personalised support, focusing on what people can achieve, rather than what they cannot.

There has been extensive service user and family engagement in the redesign and new service model for Learning Disability services, particularly in consultation about the closure of the McPherson Centre in 2018 and the improvements to the Fitzgerald Centre. Staff and service users have also been consulted with around plans for the new LD Hub.

There is also a parent and voluntary sector partnership in the review of the Transitions Policy, with a working group creating a new leaflet for families to help them understand the process of leaving school for young people with additional needs.

We now liaise with LD Supported Living services each month to discuss new care packages and encourage them to be involved in partnership with commissioning support. This has allowed us to develop new services like a shared supported living house for young men affected by autism and another shared house for young women with high risk profiles soon to open. Joint planning with housing and support providers has enabled these services to be commissioned in an innovative way, allowing people to live with the right support in their local community.

Self-Directed Support

Self-Directed Support (SDS) continues to be developed with a successful shift to outcomes focussed support plans written in the first person, ensuring outcome based practice. We have undertaken self-evaluation and quality assurance events to ensure we are heading in the right direction and learning how to widen the range of choice and control service users should have over the support they receive.

CONRAD

A tool has been developed in order to support outcome focussed recording. It has been created for Inverclyde HSCP under Talking Points approaches and SDS legislation. CONRAD has been launched and implemented across Health and Community Care.

The impact has been twofold. Firstly, service users and carers have achieved personalised outcomes that are important to them and improve their quality of life. Secondly, practitioners have been enabled to provide a framework for recording outcome based approaches within their assessment, support plan and work within the principles of SDS legislation of collaboration, involvement, informed choice, health and social care standards. It is part of wider implementation of SDS across the HSCP and the corresponding quality assurance framework.

Improving outcomes for Carers

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde has been working with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019, Inverclyde Health and Social Care partnership took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and will be of direct benefit to over 250 carers and their families. The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

Inverclyde has:

Worked in collaboration with Inverclyde Carers Centre to ensure the requirements of the Act are implemented locally.

Waived all charges for respite and short breaks. We are the first HSCP to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

Supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation.

Commissioned Your Voice to develop a range of carer engagement opportunities.

Raised awareness of young carers and issues across education and the wider community, increased capacity of Young Carers support from Barnardo's Thrive Project.

Fund a Carer's Passport Card to support increased identification of carers, linking to a "Carer Friendly Inverclyde" by encouraging local organisations to offer community/commercial discounts for carers. To date over 100 businesses have signed up to the scheme and over 300 carers are in receipt of a card.

Support Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre.

Support Inverclyde Carers Centre to provide emotional support to carers.

Over 500 carers identified themselves as carers in the past financial year with around 150 Adult Carer Support Plans completed and around 30 Young Carers Statements completed.

A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:
<http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

How Social Work Services are improving outcomes for people with Mental Health, Homelessness and Addictions issues

It has long been recognised that mental ill-health, homelessness and addiction can often co-exist for individuals, and that they can bring a range of social issues and challenges. Our communities recognise the impact on outcomes for individuals and for families that is often caused, and that impact is reflected in our outcomes data.

People affected by substance misuse

Our outcomes against a backdrop of intergenerational inequalities is starkly evident in our prevalence rates across a range of areas but most notably in respect of alcohol and drugs with drug deaths in Inverclyde being the third highest in Scotland. Big Action five of our strategic plan is focused on improvements in this area. Over the past two years we have been systematically reviewing a range of our services and as a social work service, as an HSCP and as a community planning partnership we are committed to challenging these outcomes. Under the leadership of the Chief Officer of the HSCP, the entire community planning partnership are coming together to be develop a discrete plan including rapid improvement actions together with longer term actions to reverse these outcomes. Social work services has a pivotal role in supporting this work.

The culmination of this review and consultation activity has enabled us to identify key areas of change and development required within the service. This included the change to our service model to provide new pathways for service users, with a particular focus on improving engagement with those most vulnerable service users at furthest distance from services. This change involved providing new routes to access services from community outreach provision at GP practices, access to services across 7 day working, preventing alcohol and drug related admissions to hospital, reducing presentations to emergency departments, and providing community based treatment option for home detox. We made a successful bid to the CORRA foundation for funding from the Scottish Government's Challenge Fund, which together with matched funding from the IJB's transformation fund will enable us to develop new pathways for service users and test new approaches. This work will commence mid 2019 and tests of change will be implemented over the next two years.

People affected by Mental health Issues

Within our Community Mental Health Services there were a total of 5,043 referrals throughout 2018/19, an increase of 6.9% from 2016/17. This is also matched by an increase in those being discharged from the Service with 4,935 in 2018/19 an increase of 14.7% from 2016/17. Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life.

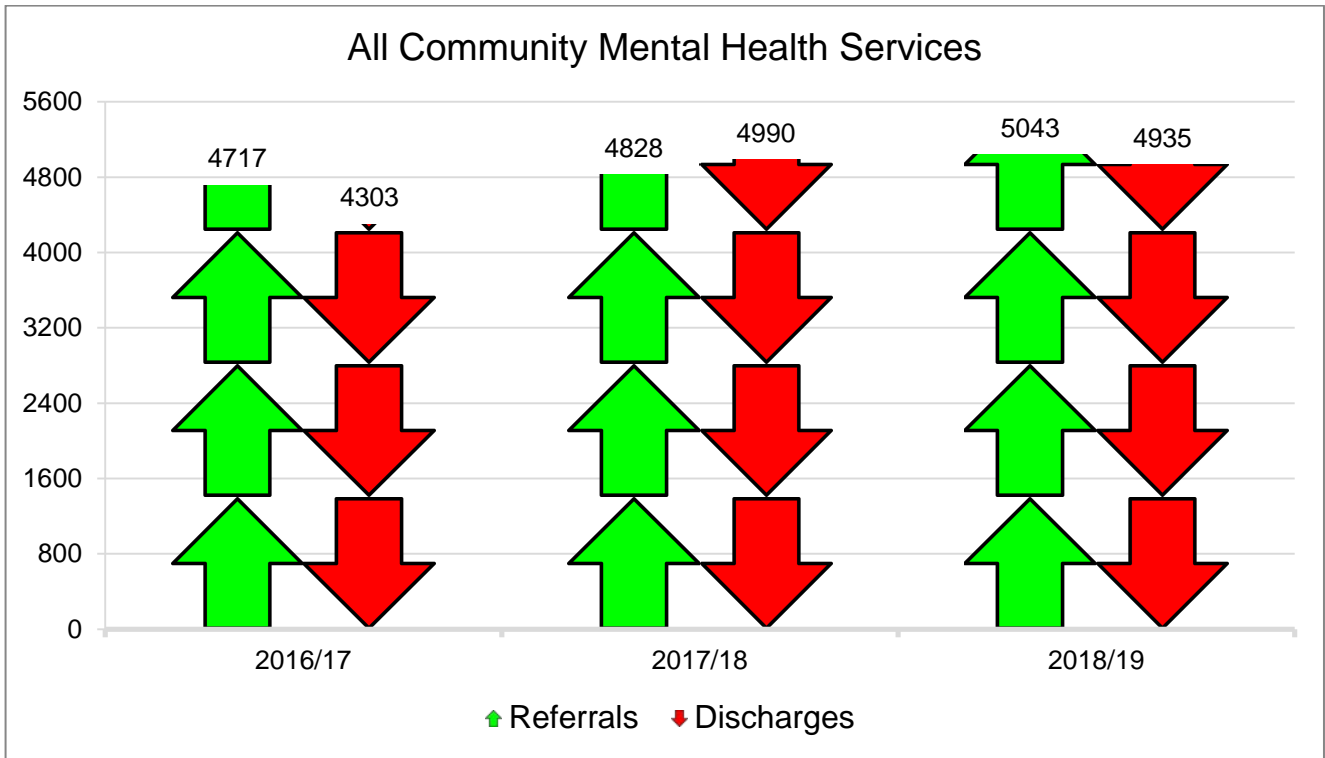


Figure 22 – Referrals and discharges from all Mental Health services

Our Primary Care Mental Health Team (PCMHT) offers a service for those individuals who have mild to moderate mental health problems. People are able to self-refer, which has proven to be an effective option and accounts for over 65% of all referrals into the service. The largest users of this service are younger adults aged between 18 and 35 years.

CRISIS – is an out-of-hours quick response service to prevent those people experiencing a crisis having to attend the emergency department in order to have a mental health assessment undertaken.

Our Community Mental Health Team (CMHT) works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. We deliver this support in environments that are suitable to the individuals and their carers.

Over the last three years the Community Mental Health Team have been working in partnership with the Scottish Association for Mental Health, who achieved Big Lottery funding to pilot Individual Placement Support (IPS), supporting improving employment outcomes for people with significant mental health issues. An external evaluation of the project was undertaken in 2018 and reported that the IPS Service has been successful in implementing many elements of supported employment. Eight service users are currently in receipt of In Work Support.

The Mental Health, Homelessness and Addictions Resource Groups have unified to ensure standard and consistency of commissioning supported living services within a revised framework of core and specialist interventions. The focus of commissioning is on coproduced person-centred outcomes aspirations.

Homelessness Services

In order to support some of our most vulnerable service users, the Homelessness Service has continued to work towards its 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”

Inverclyde’s Rapid Rehousing Transition Plan was submitted to the Scottish Government in December 2018 and set out five key areas for focus:

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

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

Objective 3 - Develop interim housing options which enable independent living and housing sustainment

Objective 4 - Investigate a Housing First model which enables the most excluded service users to achieve housing sustainment

Objective 5 - Enable service users who need specialist supported housing to access commissioned HSCP services

Implementation has now begun and we will work with a range of partners through our Temporary Accommodation Programme Board to deliver on these objectives within available resources.

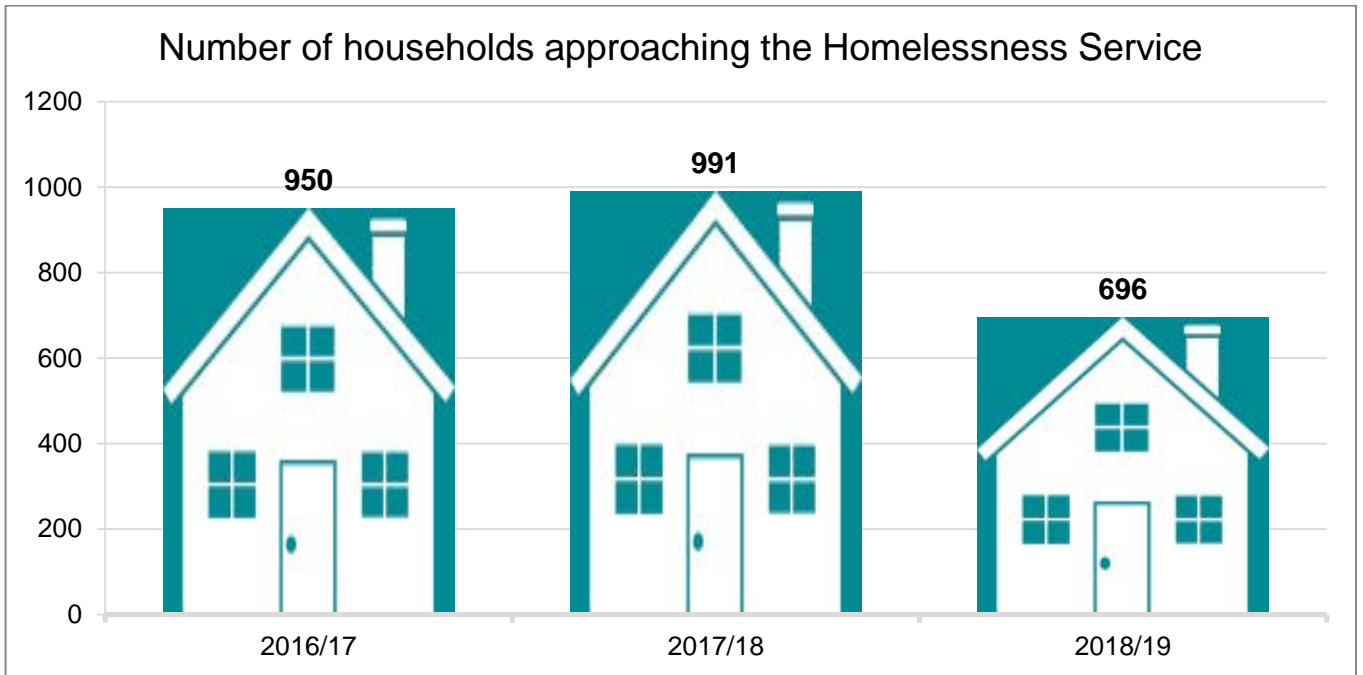


Figure 23 – Number of households approaching the Homelessness Service

By focusing on interventions to prevent people from becoming homeless, we are able to resolve the vast majority of cases (approx. 73%) at this stage.

Where it has not been possible to prevent homelessness occurring, the service will carry out a more intense level of support. This involves a fuller assessment of the circumstances and needs of a presenting household and, as necessary, providing temporary accommodation. Figure 24 shows the number of these assessments that began in 2018/19.

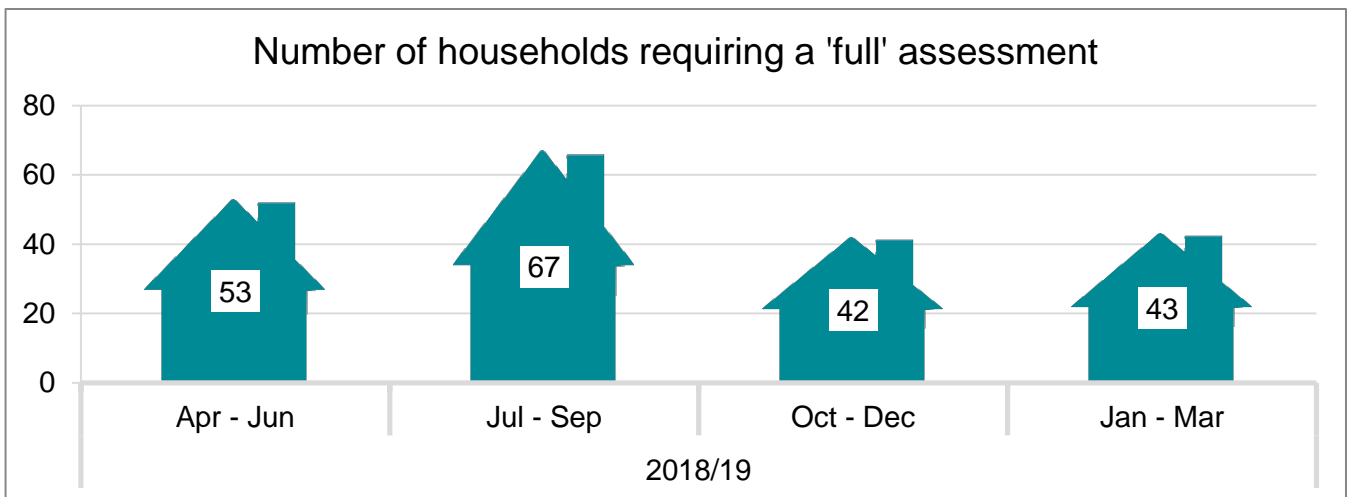


Figure 24 – Number of households requiring 'full' Homelessness assessment

7. Resources

2018/19 PERFORMANCE

The overall net budget for Social Work Services for 2018/19 was £47.794 million with a further £5.985m from the Social Care Fund (SCF). The budget was net of approved savings of £1.555m for the year. Figure 25 breaks down the approved net budget over service areas.

Approved Budget	£m
Children & Families	£10.429
Community Care & Health	£36.175
Planning, Health Improvement & Commissioning	£4.233
Mental Health & Addictions	£2.942
Social Care Fund (IJB)	(£5.985)
Net Expenditure	£47.794

Figure 25 – Net budget over service areas

The Health & Social Care Partnership ended the financial year with a surplus on Social Care services of £0.988 million (2.07%) and carried forward a further £7.281 million to a number of earmarked funds.

Figure 26 highlights the net expenditure outturn for the last four years across services.

HSCP	2015/2016	2016/2017	2017/2018	2018/2019
	£m	£m	£m	£m
Children & Families	£10.102	£10.158	£10.017	£10.085
Community Care & Health	£32.508	£33.864	£34.808	£36.274
Planning, HI & Commissioning	£3.852	£3.714	£3.670	£3.998
Mental Health & Addictions	£2.873	£2.991	£3.064	£2.739
Contribution to/(from) Reserves	£0	£0	£1.289	(£0.305)
Social Care Fund (IJB)	£0	£0	(£5.862)	(£5.985)
Total Net Expenditure	£49.335	£48.536	£46.986	£46.806

Figure 26 – Net expenditure outturn across services

There were a number of significant issues and demand pressures for some social care services, which were managed within the overall budget or use of earmarked reserves. The Health and Social Care Partnership have available smoothing earmarked reserves for Children & Families Services and Older People Services in order to help alleviate the financial risk with demand led pressures.

The Health and Social Care Partnership continues to provide services under challenging financial circumstances. In order to manage the pressures, the Partnership undertakes a robust budget monitoring process with clear focus on key/high risk budget areas. This has led to the Partnership to effectively foresee potential financial risks arising.

The main areas of pressure arose within Children and Families Services and Physical Disability Services due to costs within client care packages. It is anticipated that this trend will continue in the future within Children and Families Services due to Continuing Care legislation.

Since 2015/16, expenditure on Children and Families has reduced by 0.17% in cash terms. The Service has utilised a smoothing earmarked reserve to deal with demand led pressures. The NRS Population projections indicate a declining number of children within Inverclyde in future years, however, the Service faces the added complexity of looking after children longer in the Service due to the Continuing Care legislation.

Spend on Older People has increased by 11.58% since 2015/16 with 2018/19 spend increasing by 4.2%. It is anticipated that expenditure will continue to increase due to the increase in aging population and the impact of the Living Wage.

2018/19 saw an increase in spend for Planning, Health Improvement and Commissioning Services of, 8.9%.

Excluding the contribution from the Social Care Fund, spend on the Social Care element of the Health and Social Care Partnership has increased by 7% over the last 4 years compared to an increase in approved budget of 10% (see table below for increases across service areas). In 2018/19, spend reduced by 0.1%.

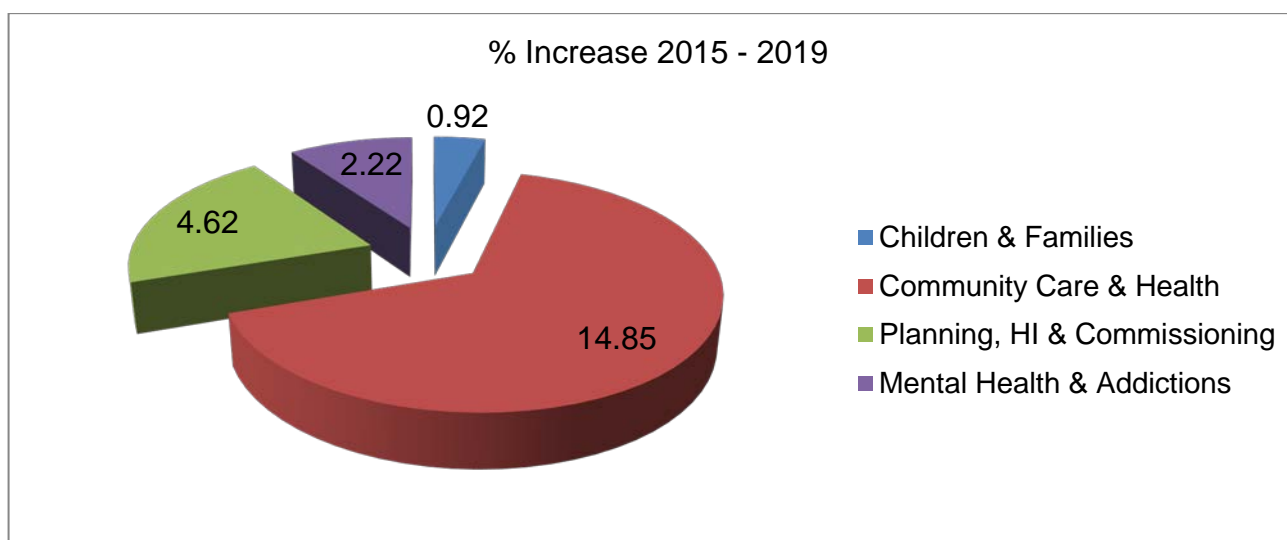


Figure 27 - Budget increases

The Social Work Service has achieved significant savings due to continuing pressure on public sector finances delivering savings of £4.851 million since 2015/16 (as detailed in figure 28). The Service is due to deliver savings of £1.448 million in 2019/20 which will prove challenging for the forthcoming year.

Service	2015/16	2016/17	2017/18	2018/19	Total
	£m	£m	£m	£m	£m
Children & Families	£0.045	£0.120	£0.000	£0.370	£0.535
Community Care & Health	£1.713	£0.541	£0.316	£0.834	£3.404
Planning, HI & Commissioning	£0.070	£0.298	£0.000	£0.069	£0.437
Mental Health & Addictions	£0.091	£0.088	£0.014	£0.282	£0.475
Overall Savings	£1.919	£1.047	£0.330	£1.555	£4.851

Figure 28 – Savings delivered

Forthcoming Year

The Council approved a net budget of £50.529 million with a further £6.294 million contribution from the IJB Social Care Fund for 2019/20. This is net of savings for the year of £1.448 million. The Scottish Government released an additional £120 million in 2019/20 for additional investment in integration but this will be offset in full by a range of legislative pressures such as the Scottish Living Wage uplift for care workers, implementation of an hourly rate for sleepovers and implementation of Free Personal Care for under 65's.

Criminal Justice

The Scottish Government undertook a review of Criminal Justice (Section 27) funding with assistance from an expert group, which included representatives from Directors of Finance, Community Justice Authorities, Scottish Prison Service, Social Work Scotland, CJSW and COSLA. The new funding formula commenced on 1st April 2017. Based on the new formula, Inverclyde Criminal Justice Social Work budget was reduced by 4.8% for 2018/19 financial year resulting in an incremental reduction over a five year period amounting to 22%.

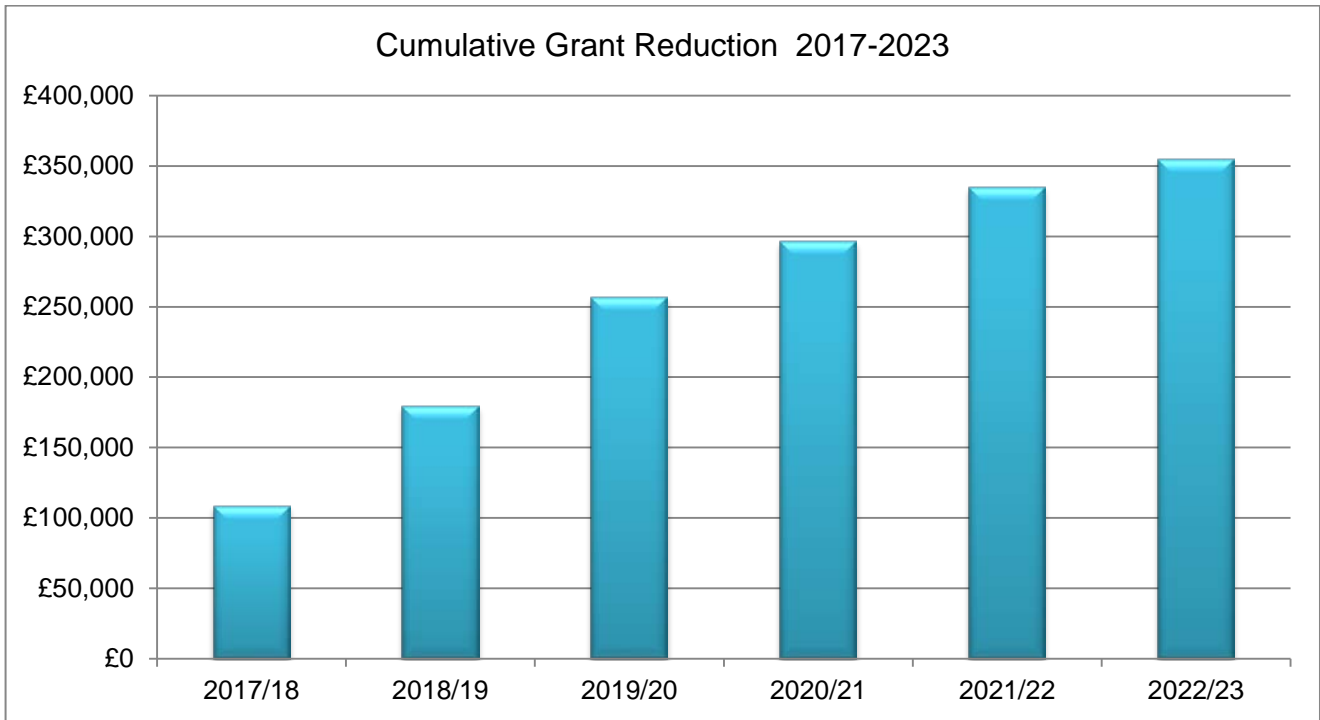


Figure 29 - Cumulative reduction in Criminal Justice grant

Within the new funding arrangements there were certain protected lines of funding that are to be targeted at specific types of work e.g. MAPPA / VISOR. There was however no protection for the Moving Forward Making Changes (MFMC) programme, which addresses the treatment needs of Registered Sex Offenders. Regrettably this has called into question the sustainability of the current arrangements for Inverclyde accessing this programme, which is via a partnership with neighbouring authorities.

To support this partnership and in an effort to safeguard access to the programme in future years, Inverclyde Criminal Justice staff have volunteered to go through the rigorous assessment process to become MFMC programme facilitators. This will mean going forward the Service, if required, will be able to deliver this within a local framework. This speaks to the dedication and professionalism of the staff group to do what they can to mitigate the impact of the financial challenges which the Service faces and to ensure that our service users and indeed our community are not disadvantaged.

Mid Term Outlook

Social Work Services continue to face growing demographic demand pressures with anticipated Scottish Government real terms budget reductions continuing to 2022/23. Both the Council and the Integrated Joint Board (IJB) produce annual Finance Strategies covering medium term financial planning in order to address the anticipated budget gap. The IJB Medium Term Financial Plan identifies a budget gap of approximately £5m for the Social Work Services by 2024.

Looking beyond 2023/24 is exceedingly more difficult to forecast due to uncertainties around the level of public sector funding that will be available and decisions/agreements around Brexit.

8. Workforce

Inverclyde HSCP People Plan

As a requirement of the integration legislation each HSCP is required to produce a Workforce Plan. In Inverclyde, the decision was taken to adopt a more inclusive approach in recognising that to deliver our aims set out in our Strategic Plan our 'workforce' extends beyond staff within the HSCP. There are many individuals and organisations that make up the overall workforce delivering health and social care in Inverclyde for example unpaid carers and volunteers, providers in the third and independent sectors, as well as wider roles that indirectly support the delivery of good care and ultimately better outcomes. The People Plan incorporates a 4 tier structure to help us identify the resource that is the people of Inverclyde, and helps us achieve effective succession planning for our people in the future.

It sets out our key challenges, drivers for change, including service redesign, new ways of working and emerging models of organising future service delivery in line with our five strategic commissioning themes and the ongoing transformation of public services. A new group will be established to review the people plan action plan.

The action plan will seek to identify and address the gaps in knowledge and data. It is intended to work as a dynamic, evolving and adaptable plan which takes account of the collective intentions and aspirations of the people plan and addresses the key challenges such as the aging workforce, depopulation of working age people and the ongoing financial constraints.

HSCP staff (Inverclyde Council employees only)

	March 2016	March 2017	March 2018	March 2019
Number of employees	1055	1038	1044	1036
FTE equivalent	848.76	834.69	840.1	831.92
Number of Sessional Workers	94	108	98	80
Number of Modern Apprentices	N/A	4	4	2
Workdays lost (per FTE)	10.15	11.96	14.57	9.53

Figure 30 – Inverclyde Council HSCP staff details

The HSCP has its own SVQ Centre. During 2018-2019, it has delivered:

Figure 31 – SVQ Centre numbers

Staff Group	Number SVQs	Level
Care at Home	33	SCQF level 6
Care at Home	2	SCQF level 7
Home Care Seniors	8	SQA Professional Development Award in supervision
Voluntary and independent sector	4	SVQ level 2 and 3

Workforce challenges

Over the last year there has been significant staffing difficulties across a range of services. This has impacted on service delivery in a number of areas including children’s services, mental health services and occupational therapy. This has included statutory work and where this has been the case a prioritisation system has been in place with service manager oversight of allocation to ensure that there is adequate management of risk. Vacancy management has been robust and while the number of vacancies have reduced some gaps remain particularly in children’s services and within the MHO service. This is reflective of workforce issues across the country and the refreshed workforce and resources work stream reintroduced by social work Scotland is most welcome.

Staff engagement

iMatter

The Scottish Government has commissioned Webropol Ltd, an independent company to measure and report staff experience in Health and Social Care through the iMatter process. The iMatter Continuous Improvement Model is a team-based tool and offers individual teams, managers and organisations the facility to measure, understand, improve and evidence staff experience.

Inverclyde HSCP iMatter return has demonstrated a year on year increase in response rates and this year for the first time we exceeded the threshold of 60% return and received a detailed and specific report of the staff experiences of Inverclyde HSCP.

The report demonstrates an 80% average across all questions which is heartening and suggests that the HSCP staff are well engaged. Staff rated Inverclyde HSCP as a good place to work as 7.32 out of 10 on a Likert scale. Our highest and lowest scores are detailed below. It's important to note that only one of twenty nine questions fell out with the green "strive and celebrate" category.

Highest and lowest scores by year:

Highest Scores	2017	2018	2019
My direct line manager is sufficiently approachable	90	91	90
I am clear about my duties and responsibilities	87	89	89
Lowest Scores	2017	2018	2019
I feel senior managers responsible for the wider organisation are sufficiently visible	67	68	70
I feel involved in decisions relating to my organisation	61	62	65

Figure 32 – iMatter scores

The scores suggest that team members feel well supported and report high scores for line manager approachability and having trust and confidence in line managers and feeling that direct line managers care about team member's health and wellbeing. At an individual level the highest score was "I am clear about my duties and responsibilities" which is an important component in effective working and in reducing work related stress. Other high scores related to feeling treated with dignity and respect.

9. Conclusion

The content of this report outlines some of the work streams and initiatives that have been delivered by social work and social care services over the last year. The scope and depth of service delivery is significant and this report can only provide a flavour of the overall delivery landscape. However the report highlights that social work is an activity that supports the most vulnerable in our community often at times of crisis in people's lives and is delivered 24 hours a day, 365 days a year. Social work services in Inverclyde remain focussed and committed to ensuring that delivery is of the highest possible standard.

Self-evaluation, audit, review and external scrutiny of service delivery provided strong evidence of services across the board performing to a consistently high standard and making a real difference to the lives of the people of Inverclyde. Nonetheless the last year has seen a continued drive for further development and service improvement.

Learning disability, residential child care, homelessness and services to people affected by drug and alcohol use have undertaken significant review that will result in transformed services for those that use them. These reviews, together with a newly commissioned review of mental health services, will inform a wider review of the management structures within the HSCP. Taken together these reviews will ensure that the HSCP is best structured to achieve the intentions of our Strategic Plan

Partnership working is central to improving outcomes for our service users and social work services in Inverclyde have a strong track record in this area. Services work in partnership across the public and third sector.

The level of deprivation and inequality that is prevalent in Inverclyde makes it all the more important that our strongest partnership is with our service users and our community. The past year has seen very welcome progress on the shift to locality working. This represents an exciting and important opportunity reflecting that social work operates at its best when delivered in partnership with communities. Social work services have a vital role in ensuring the needs of the most vulnerable are heard and responded to and indeed are the driver for service development. It is through our highly skilled and committed workforce, working in partnership with our service users that inequality is challenge and socially just outcomes delivered

Report To: Health & Social Care Committee **Date:** 9 January 2020

Report By: Louise Long
Corporate Director, (Chief
Officer)
Inverclyde HSCP **Report No:** SW/03/2020/AH

Contact Officer: Andrina Hunter Service Manager **Contact No:** 01475 715284
Alcohol and Drugs Recovery
Service and Homelessness

Subject: Review of Inverclyde HSCP Alcohol and Drug Services-Progress
Update

1.0 PURPOSE

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

2.0 SUMMARY

- 2.1 The review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues.
- 2.2 The review is now in Phase three - the implementation phase, with extensive progress made in all the key areas of Prevention; Assessment Treatment and Care; and Recovery. In addition, a Workforce plan is underway to ensure the new integrated Alcohol and Drug Service (ADRS) has the appropriate roles and skills required to deliver the new service model.
- 2.3 The Inverclyde Alcohol and Drug Programme Board is continuing to oversee the implementation plan for the review with an implementation timescale of April 2020.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the progress and actions being taken by the Alcohol and Drug Partnership to support the new approach to alcohol and drugs in Inverclyde and agrees to a further report being submitted as implementation of the integrated service progresses.

4.0 BACKGROUND

- 4.1 A review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. The review is fully aligned to the Scottish Government Drug and Alcohol Strategy: Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.
- 4.2 The review of the Inverclyde Alcohol and Drug Services has been undertaken in three distinct phases with Phases one and two now complete and reported previously. Phase two produced a number of recommendations for substantial transformational change to be considered. An implementation plan (Appendix 1) with 19 key actions has been developed with appropriate timescales for delivery and encompasses the three main areas of Prevention; Assessment Treatment and Care; and Recovery. It was agreed that these areas would be taken forward as follows:
- Prevention- through the Alcohol and Drug Partnership (Action 1)
 - Assessment, Treatment and Care -through the Alcohol and Drug Review Programme Board (Actions 2-17&19))
 - Recovery- through a wider HSCP recovery development approach with mental health; supported self-care and commissioning. (Action 18)
- 4.3 Phase three, the implementation phase, is now well underway with substantial progress being made against all actions within the implementation plan. In order to ensure the new service model has the required workforce to deliver new ways of working, a separate workforce workstream is also in place.

5.0 PROGRESS TO DATE

5.1 Prevention

The review identified the need to implement a robust whole population cohesive approach to prevention and education within schools and the wider community. This area of work is being undertaken by the Inverclyde ADP with a number of key streams of work underway:

- Inverclyde Prevention and Education Steering Group established by Service Manager – Community Learning and Development, Community Safety & Resilience and Sport
- The development of an Alcohol and Drug Prevention and Education Framework for Inverclyde. The ADP is currently commissioning an external consultant to review the current prevention and education support offered by ADP partners.
- Scoping undertaken by ADP to consider current pathways to service for young people experiencing problems related to their own substance misuse and how these can be improved to ensure seamless, accessible and timeous pathways.

5.2 Assessment Treatment and Care

The majority of the actions in the implementation plan relate to the core service therefore to ensure steady progress is ongoing in this key area, additional team lead capacity has been introduced into the internal HSCP alcohol and drug service. This has enabled a range of actions to be undertaken to integrate the separate alcohol and drug services into one integrated service collocated at the Wellpark Centre.

Key areas progress include:

- Rebranding of the service has been undertaken to “Inverclyde Alcohol and Drug Recovery Service” (ADRS). All external and internal communications now incorporate the new name and work to redesign leaflets/social media etc. for the service, which are being co-produced with the Service User Reference Group at Your Voice, is ongoing.

- A single point of access email address has been set up for receipt of all alcohol and drug referrals; updated referral forms for use by partners are now available. Discussion is ongoing with Access First regarding HSCP single point of access and the integration of alcohol and drugs services in 2020.
- A new integrated duty system is in development with appropriate paperwork to capture both alcohol and drug information and updated to incorporate a validated screening tool. Guidelines from point of self-referral to allocation have been developed.
- Systems are now integrated to provide a single service chronological account of care as opposed to the previous separate alcohol and drug service records. Screening and allocation of all cases are now jointly reviewed by team leads.
- New pathways into service, and combined assessment paper work to provide holistic, recovery orientated assessment of both alcohol and drug use are now in place.
- An eligibility criteria for the new model has been agreed and will be implemented when appropriate 3rd sector pathway and referral route is in place.
- A single pathway has been agreed for individuals who do not attend (DNA) and criteria agreed for assertive outreach in line with Greater Glasgow & Clyde (GG&C) DNA Policy). Meetings are ongoing with team leads and medical staff to incorporate a single discharge pathway and multi-disciplinary team meeting within this process.
- The alcohol and drug liaison team have introduced an emergency department (ED) repeat presentations standard operating procedure and put into operation a multi-disciplinary team meeting to support the board wide initiative and encourage better integration with ED. This will link closely with the CORRA Foundation funded test of change project New Pathways for Service Users.
- Work on the single pathway model of intake and core has commenced. Functions of intake, complex case, addiction liaison, shared care and core have been identified.
- A review of family support has been undertaken by Scottish Families affected by Drugs and Alcohol (SFAD) with a recommendation to consider a development post to build appropriate family support networks in Inverclyde. A test of change to develop this is currently being commissioned from the 3rd sector

5.3 Recovery

A key outcome from the Alcohol and Drugs Review was to develop a recovery strategy and implementation plan as part of the wider recovery framework and development of the Recovery Orientated Systems of Care (ROSC) across the HSCP. This is a key area of focus and is well underway:

- A recovery lead post has been introduced within the HSCP to ensure appropriate capacity to lead and develop recovery strands of work.
- The Inverclyde Recovery Development Group has been established and is meeting monthly.
- The Scottish Drugs Forum has been working with key partners in Inverclyde to develop the Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community. Training is organised throughout December and January 2019 to train over 100 staff from across all partners.
- A number of third sector test of change programmes have been commissioned to directly increase the recovery opportunities locally:
 - Lived experience Peer Mentoring Project to develop recovery initiatives in Inverclyde.
 - Meaningful activity and community integration.
 - Scoping out of an early intervention service which identifies and supports people at the early stages of developing alcohol and drug related conditions.

The focus on implementing the ROSC will look to produce a range of positive outcomes including a decrease in the numbers of anticipated referrals, a decrease in the length of time individuals will remain in service, and an improved pathway for the co-ordination of joint allocation and the alignment of service provision with the Alcohol and Drug Recovery Service.

5.4 Workforce

Work is ongoing to develop the new workforce profile for the HSCP Alcohol and Drug Service (ADRS). The timescale to have the workforce plan delivered is April 2020. Working closely with HR and staff representatives, a draft structure, which details new and existing roles, within the service is in development; caseload profiling and redrafting of job descriptions underway. To ensure all staff are supported in the transition to a new integrated model, a training needs analysis is underway across the staff group. Development days, shadowing and other opportunities for joint learning are underway to fully integrate the alcohol and drugs services.

5.5 The Alcohol and Drug Review Programme Board meets 6 weekly to ensure progress is being made. In addition, a professional “critical friend” is in place to ensure that the work to review the service is robust, and all potential recommendations and changes have been identified and are being implemented.

5.6 The Inverclyde Alcohol and Drug Review Service User Reference Group supported by Your Voice is still meeting and is instrumental to the delivery of new ways of working for alcohol and drugs.

6.0 IMPLICATIONS

6.1 Finance

Financial Implications:

The Inverclyde Alcohol and Drug Service is funded jointly by the Council and NHS with additional investment through the Scottish Government via NHSGGC to the Alcohol and Drug Partnership (ADP). This additional investment of £280,000/year for 3 years is being utilised to fund a range of initiatives related to this review.

Additional Alcohol and Drug Partnership Investment Spending Plan 2019/20.

Prevention and Education	£
Digital Platform	2,000
Framework	10,800
Assessment, Treatment and Care	£
Additional Liason Nurse	42,400
Addition Drug Resource worker	40,850
Additional Team leader capacity to support the review	31,401
Pilot Pain Clinic	4,580
Recovery	£
Recovery Commissioning Post	34,230
Development of Recovery Communities	30,000
Peer Recovery Worker	30,000
Development of Peer Mentor Programme	17,500
Peer participation training	5,000
Family Support	20,000
Outside Support on Recovery	8,000
Total for 2019/20	£284,761

6.2 Legal

There are no specific legal implications arising from this report.

6.3 Human Resources

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

6.4 Equalities

Equalities

- (a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a 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?

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. Many of the service users affected by drug and alcohol issues are from areas of deprivation and suffer greater inequalities. Through delivering more recovery orientated care should bring positive impact on service users ability to engage more meaningfully within the community.
	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

6.5 Repopulation

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.
- 7.2 Staff have been involved in a number of the workstream groups with staff representation on the overall Programme Board.

8.0 BACKGROUND PAPERS

- 8.1 None.

Inverclyde HSCP Alcohol and Drug Services Review Implementation Plan

As at 25/11/19

The review has identified three main strands of work which will be progressed as follows:

- Prevention- through the Alcohol and Drug Partnership (Action 1)
- Assessment, Treatment and Care -through the Alcohol and Drug Review Programme Board (Actions 2-17&19))
- Recovery- through a wider HSCP recovery development approach with mental health; supported self-care and commissioning. (Action 18)

Action No.	Link to Recc No.	What is action required	Responsible Officer	Sub Group	Timescale	Progress (RAG)
1	13,14	Develop a robust whole population cohesive approach to prevention and education within schools and the wider community	ADP Chair and Coordinator	Alcohol and Drug Partnership	March 2020	Green
2	1	Rebrand the current alcohol and drugs services into the Inverclyde HSCP Alcohol and Drug Recovery Service	Service , HSCP Comms Group		December 2019	Green
3	2,3	Phase 1-Develop a single point of access (SPOA); and one duty system for all service users requiring support with regard to their alcohol and drug issues. Phase 2-Integrate the SPOA into the HSCP Access 1 st service	SM-A&H SM-ACM team leads	Assessment/ Treatment and Care Group	Phase 1- Nov 2019 Phase 2- June 2020	Green
4	15	Agree Eligibility criteria and Access Criteria for access to the HSCP alcohol and drug services	SM-A&H SM-ACM team leads	Assessment/ Treatment and Care Group	Nov 2019	Green

5	3,6	Develop one duty process; one allocations process and review process for implementation across the service	Team Leads	Assessment/ Treatment and Care Group	Nov2019	Green
6	3,6,	Implement a single pathway model based on Intake and Core provision with appropriate staffing and ensure 12 month review	SM and team leads	Assessment/ Treatment and Care Group	April 2020	Green
7	4	As part of the CORA plan, start to expand alcohol and drug liaison services within acute setting with increased focus on ED and repeat attenders Links to CORA Imp Group	NHS Team leads Acute leads CORA Team lead	CORA Implementation Group	March 2020	Green
8	5	As part of the CORA plan, start to work with primary care colleagues to commence development alcohol and drug liaison within primary care liaison. Links to CORA Imp Group	NHS Team leads and CORA Team lead CD SM-PC	CORA Implementation Group	March 2020	Green
9	6,7	Commence development of a test of change to determine need for extended hours/7 day service for services users requiring drug and alcohol treatment. Links to CORA Imp Group	CORA team lead and team leads	CORA Implementation Group	July 2020	Green
10	4,7	Reshape the current alcohol day service into a Tier 4 service and extend availability to all clients with complex health issues.	NHS Team leads Consultants	Assessment/ Treatment and Care Group	March 2020	Green
11	7	Commence the development of opportunities for alcohol home detox and develop appropriate risk processes and procedures. Links to CORA Imp Group	CORA Team lead	CORA Implementation Group	April 2020	Green
12	6,11	Develop a Complex Needs Team to support most vulnerable clients	SM A&H and team leads	Assessment/ Treatment and Care Group	March 2020	Green

			alcohol drugs homeless and Criminal justice			
13	9	Commission SFAAD (Scottish Families affected by Alcohol and Drugs) to review current range of family support and identify future provision	ADP Lead SM H&A	Family Support sub group	Oct 2019	Green
14	12	Review of the current psychological therapies approaches within services to ensure appropriate access across all alcohol and drug service users.	SM A&H Lead Psychologis t alcohol and drugs	Psychology and SM	Nov 2019	Green
15	18	Review current pathways and develop specific protocols and seamless pathway for young people experiencing issues with alcohol and drugs.	SM A&H SM C&F	Young Peoples Sub group	Nov 2019	Green
16	3,6,17	Develop interface protocols and processes with each HSCP service Criminal Justice; Health and Community Care; Mental Health Homelessness	SM-A&H SM from each service	Assessment/ Treatment and Care Group	March 2020	Green
17	20,21,2 2,23,24	Develop a staffing framework for the integrated service which includes clear roles and remits for both NHS and social care staff and ensure all are appropriately trained and supported to deliver	SM-A&H HR Staff reps	Workforce Group	March 2020	Green
18	8,10,16	Develop a recovery strategy and implementation plan as part of the wider recovery framework across the HSCP.	HOS-MHAH HSCP Recovery Lead	Recovery Implementation Group	Dec 2019	Green
19		Review and continue to develop the financial framework to support the implementation of the integrated service	HOS MHAH CFO SM A&H		Ongoing	Green

Report:	Health & Social Care Committee	Date: 9 January 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No: SW/05/2020/HW
Contact Officer:	Helen Watson	Contact No: 01475 715285
Subject:	Integration Scheme Review Timeline	

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Committee on the timeline for the review of Inverclyde's Health and Social Care Integration Scheme.

2.0 SUMMARY

- 2.1 The current Integration Scheme is due to be revised by the end of March 2020. Across NHS GG&C, all 6 Integration Schemes require to be reviewed in that timeline. The scheme outlines the governance arrangements of the Integration Joint Board and requires to be agreed between the Council and Health Board. The revised scheme needs to be submitted to the Scottish Government for final approval once it has been through a consultation process and agreed by the Council and Health Board.
- 2.2 As with the original scheme, this work is being done on a GG&C wide basis to ensure as much consistency as possible across the 6 IJBs within NHS GG&C.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee notes and agrees the proposed timeline for this review.

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

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The Act required health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services.
- 4.2 The Act required that the Council and the Health Board jointly prepared, consulted upon and then approved an Integration Scheme for their local integration authority. The Inverclyde Integration Scheme was approved in 2015 and is the joint agreement between the Council and the Health Board which sets out the arrangements for the integration of health and social care services in Inverclyde and forms the basis for the establishment and continued operation of the Inverclyde Integration Joint Board. The Integration Scheme covers many topics including type of integration model, the scope of the services to be included within the IJB and financial arrangements
- 4.3 The Integration Scheme is a legally binding document which established the IJB as a separate legal entity. The IJB has the full autonomy and capacity to act on its own behalf and so can make decisions about its functions and responsibilities as it sees fit. The IJB then directs the Health Board and Council to act on its behalf.
- 4.4 The original Integration Scheme requires a full review and update by March 2020. At the time of writing the original Integration Scheme, some of the Regulations surrounding the integration of health and social care were still being developed, and the new Scheme will reflect these. Further, there is a need to review hosting arrangements within the new Scheme, to ensure that there is clarity and transparency around which services are hosted on behalf of all IJBs. There will be a review of hosted services and delegated functions as part of the Integration Review.
- 4.5 Further clarity is needed around the technical aspects of hosting arrangements, such as formal agreement on the level of service that is to be expected from the host; how performance information will be provided (including frequency); and how over and underspends are managed.
- 4.6 Audit Scotland published a Review of Integration report in December 2018. Following this Scottish Government has developed a series of recommendations to further support and enhance health and social care integration across Scotland. In response to the Scottish Government paper, each Council, Health Board and IJB has been required to carry out a self-assessment of where they are in relation to each recommendation. The Scottish Government recommendations include:
 - Collaborative leadership - adequate support for the Chief Officer, Chief Financial Officer and IJB Chair in delivering their statutory duties under the IJB must be provided by the Council and Health Board.
 - Integrated Finance and Financial Planning - with the IJBs empowered to use the totality of the resources at their disposal to meet the needs of their local population.
 - Effective strategic planning by the IJB with support from the Council and Health Board.
 - Clear governance and accountability arrangements with responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sitting wholly with the IJB as a statutory public body. Per the Scottish Government recommendation, such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB.
 - Clear directions must be provided by IJBs to Health Boards and Local Authorities to ensure that IJB decisions are implemented in full.
 - Ability and willingness to share information across the entire system.
 - Meaningful and sustained engagement with all partners and local communities through the IJB.

The revised Integration Scheme is being drafted to reflect the recommendations made by Audit Scotland and the Scottish Government.

5.0 TIMELINE FOR REVIEW

5.1 As with the original Integration Schemes, a GG&C wide review/writing group has been set up to devise an updated scheme for consideration by the 6 Councils and Health Board prior to submission to Scottish Government for approval. Work has already taken place and an initial draft has been prepared which is in the process of being finalised by the writing group prior to circulation to Councils and Health Boards for comment.

Project Initiation - overall writing group	Sept 2019
Finance Section initial review - CFO group	First draft concluded Oct/Nov 2019
Finance Section - shared with Council and Health Board finance for comment/feedback	Nov/Dec 2019
First draft of whole scheme available	Dec 2019
Updated version to the writing group for final comment	6 Dec 2019
Writing group review	12 Dec 2019
Draft reviewed by Legal services	Dec 2019/ Jan 2020
Submit to Council/Health Board for comment	Jan 2020
Feedback from Council/Health Board	Mid Feb 2020
Revised version to prescribed consultees for comment	Late February to late March 2020
Revised version to CMT	Early 2 nd April 2020
Submit final version to Council, Health Board for approval and IJB for information	Council: 6 th April 2020 submission for 23 rd April 2020 meeting. Health Board: tbc IJB for noting: 24 th April 2020 submission for 19 th May 2020 meeting
Submission to Scottish Government	1 July 2020

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

- 5.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations set out the legislative requirements and prescribed process which require to be followed in respect of revising existing Integration Schemes.

HUMAN RESOURCES

- 5.3 There are no human resources issues within this report

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

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

(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?

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. Many of the service users affected by drug and alcohol issues are from areas of deprivation and suffer greater inequalities. Through delivering more recovery orientated care should bring positive impact on service users ability to engage more meaningfully within the community.
	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

5.5 **Repopulation**

There are no specific repopulation implications arising from this report.

6.0 CONSULTATION

6.1 None.

7.0 LIST OF BACKGROUND PAPERS

7.1 None

Report To: Health and Social Care Committee **Date:** 9 January 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership **Report** SW/07/2020/SMcA

Contact Officer: Sharon McAlees **Contact** 01475 715282
Head of Children's and Criminal **No:**
Justice Services and CSWO
Inverclyde Health and Social Care
Partnership

Subject: Tier 2 Children and Young People's Mental Health Tender

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval to change the tender weightings in relation to the forthcoming tender process for the Tier 2 Children and Young People's Mental Health Service.

2.0 SUMMARY

- 2.1 The tender for the provision of a Tier 2 Children and Young People's Mental Health Service in Inverclyde is being prepared for advertising. As in all cases with Social Care service provision, the quality of the care service is of paramount importance. In light of this, it is recommended that the Tier 2 Children and Young People's Mental Health Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 13.2.
- 2.2 Inverclyde HSCP and Education Services have committed to improve Children and Young People's Tier 2 Mental Health in Inverclyde based on a collaborative model. This will be via the development of a quality 3rd sector commissioned service for 5-18 year olds. It will be funded jointly through Scottish Government Programme for change monies to be awarded from 2019-2023 for access to counselling services through schools and supplementary funding from the Inverclyde IJB.
- 2.3 This will be a newly developed service which will align with local plans, the HSCP Strategic Plan and existing service provision to ensure a seamless journey for children, young people and their families as well as stakeholders.

3.0 RECOMMENDATIONS

- 3.1 That the Committee approves the use of a 60% Quality and 40% Cost of Service weighting in the forthcoming tender for the Tier 2 Children and Young People's Mental Health Service and therefore suspends contract Standing Order 13.2.

Louise Long
Corporate Director
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

- 4.1 Inverclyde HSCP and Education Services have committed to improve Children and Young People's Tier 2 Mental Health in Inverclyde based on a collaborative model. This will be via the development of a quality 3rd sector commissioned service for 5-18 year olds. This will be funded jointly through Scottish Government Programme for change monies awarded 2019-2023 for access to counselling services through schools and supplementary funding from the Inverclyde IJB.
- 4.2 The service to be commissioned is to address the Tier 2 service gap locally and align with the Mental Health Strategy for early help and prevention in respect of children and young people.

Initially the project was named Children and Young People Early Help and Wellbeing service and was approved to commence in March 2019 by the Senior Management Team. This was to address the Tier 2 service gap locally and align with Mental Health Strategy for early help and prevention in respect of young people concerned. Transformational board funding for £150,000 for 3 years was approved in March 2019. Following on from this the plan was presented to the IJB in June 2019 which took the decision to increase the award to £300,000. The IJB agreed these plans to align with the pending announcement and subsequent confirmation in September 2019 which details Inverclyde's allocation of the funding award notice for School based counselling services for 10-18 years old.

- 4.3 Joint funding from the IJB and Scottish Government will ultimately fund the new service over a four year period and will allow a 3rd sector commissioned service to be tendered.
- 4.4 The funding is being made available to enable the ambitions of the Scottish Government programme for 350 additional counsellors to be available across Scotland by September 2020. The Inverclyde model incorporates the theme of "Nurturing Inverclyde" and focus on early help and prevention as well as providing a quality assured single point of access, needs lead Tier 2 Mental Health Service for 5-18 year olds in Inverclyde that is child focussed and community based.
- 4.5 A tender process is about to commence for the procurement of this new service which will be in place for the start of the new school year 2020. The weighting change will ensure a quality service provision in a cost effective manner

4.6 COMMISSIONING

- 4.6.1 The service to be commissioned will include the provision of an integrated Tier 2 Mental Health Service for Children and Young People inclusive of counselling services in Schools supporting children and young people aged 5 and over, their parents, families, carers and teachers.
- 4.6.2 Tier 2 is illustrated in the diagram below:



- 4.6.3 The commissioning of the service will involve a tender exercise as the initial scoping of the market has identified that there is potentially more than one provider interested and which could deliver the service. The Strategic Commissioning Team, Procurement and Legal Services are currently working with the Service to progress and prepare the Service Specification and timelines which are required for the tender exercise.

- 4.6.4 It is anticipated that the contract will be initially for a 2 year period with an option to extend one year and one year providing a 4 year option creating flexibility to update after a 2 year period (if required) and will be in place in line with the Scottish Government timeline for the start of the new 2020 school year or sooner.

5.0 PROPOSALS

- 5.1 The tender for the provision of the Tier 2 Children and Young People's Mental Health Service will be published in early 2020. As in all cases with social care services, the quality of the care service is of paramount importance.
- 5.2 Officers from the Service, Commissioning, Legal and Procurement fully recognise the need to structure the tender in a way which results in an improved service provision whilst maximising cost effectiveness.
- 5.3 The aim of the tender is to accurately describe the high quality and cost effective service required in the Inverclyde area and identify a quality 3rd sector provider to deliver the service which will ensure consistency and that all children and young people receive the same standard of support. An essential factor in achieving this aim is to weight the quality aspects of the service more than cost. Where the price weighting is high it leaves less scope to reward good quality providers.
- 5.4 It is recommended that the Tier 2 Children and Young People's Mental Health Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 6.8.2.
- 5.5 Recent HSCP tenders have been successful using a 60% Quality weighting change.
- 5.6 The tender strategy and subsequent contract will be focussed on ensuring that providers are sustainable and that services remain within budget.

6.0 IMPLICATIONS

6.1 Finance

The tender will be structured and managed in a way which ensures that the costs included in and the overall value of any contract award resulting from the tender will be met within the overall contract budget, including any additional monies which may be secured.

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)

	2019-20	2020-21	2021-22	2022-23	Total for 4 years
TB/IJB HSCP Funded		100k	100k	50k	250k
Scottish Government Access To School Counsellors Fund.	195k	£251k	£251k	£251k	£948k
Total	£195K	£351k	£351k	£301k	Total Investment £1,198K

6.2 **Legal**

Legal Services have been consulted.

6.3 **Human Resources**

None

6.4 **Equalities**

Equalities

(a) Has an Equality Impact Assessment been carried out?

YES	
X	NO – This report does not introduce a new policy, function or strategy or recommend a 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	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?

A DPIA is currently being progressed alongside the tender documents.

YES	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals and the Service will liaise with the DPO in this respect.
NO	

Repopulation

6.5 None

7.0 CONSULTATIONS

7.1 Procurement
Finance
Education

8.0 BACKGROUND PAPERS

8.1 None

Report To:	Health & Social Care Committee	Date:	9 January 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/10/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No:	
Subject:	Inverclyde Rights of Child Award and Children's Rights Duty to Report 2020		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health & Social Care Committee of the launch and roll out of the co-designed Inverclyde Rights of the Child Award and plans for the 2020 duty to report on the embedding and progression of Children's Rights under the Children and Young People (Scotland) Act 2014.
- 1.2 The report offers an outline of the (IROC) award as well as a draft version of the award package and proposed plans on the Inverclyde approach to the 2020 Children's Rights reporting mechanism.

2.0 SUMMARY

- 2.1 The Children and Young People (Scotland) Act 2014 establishes duties on public bodies to report every three years on the steps they have taken to further children and young people's rights. The duty commenced on April 2017 and the first reports are to be published in 2020. The local award and proposed plans will work towards an inclusive, partnership approach to reporting that is led by and accessible to children and young people.
- 2.2 The purpose of this report is to provide an understanding of the Inverclyde Rights of the Child Award, how this will assist organisations and teams across Inverclyde to increase knowledge and further embed children's rights in practice and how this will be utilised further to inform Inverclyde's first Children's Rights report due to be reported following April 2020.
- 2.3 All of Inverclyde schools, additional early years establishments and all three children's residential houses are currently Rights Respecting Schools/Establishments/Homes and participate in the Unicef Rights Respecting Award at various stages. Those participating would not be expected to further report and instead local statistics and information will be provided by the local strategic lead (Children's Rights & Information Officer) and showcased within the 2020 report and further reporting.
- 2.4 The report offers a proposed approach to increasing knowledge and practice of children's rights and the participation of children and young people across the whole authority through a locally co-designed children's rights award. The report also offers insight into how information and evidence gathered from the award will be further utilised alongside other local information available as part of Inverclyde's first Children's Rights Report in 2020.
- 2.5 The co-production approach to this reporting mechanism has included over 200 children and young people involved in the development of the award and agreement for young people to be involved in future work plans including assessment, awarding and creating the Children's Rights Report.

2.6 The proposal is reflective of Scottish Government guidance that expressed preference for young people to be included in the reporting mechanism and for the report to be accessible and understood by children and young people. The Scottish Government has indicated this approach would be an example of good practice across Scotland.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to note and agree the plan to implement an Inverclyde Rights of the Child Award.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Under the Children and Young People Act 2014 public bodies and a range of identified services are expected to report on children's rights and present how they are incorporating and progressing the United Nations Convention on the Rights of the Child within their teams/organisation. The first report is due following April 2020.
- 4.2 The IROC award will support services to increase their knowledge and practice of children's rights, whether obligated to report or not. This will allow Inverclyde to lead on an inclusive approach to supporting teams and organisations to work together to build upon and showcase the collective progression of children's rights, participation and the continual improvement of service design and delivery across Inverclyde with children and young people fully involved at all stages.
- 4.3 This approach has been designed in partnership with over 200 children and young people from across Inverclyde with support from the HSCP & Your Voice. Children and young people are included in all stages of the award from name, design, promotion, assessing information and evidence, sending out certification, helping select evidence for the local Children's Rights Report and developing the report itself.
- 4.4 The award asks Teams/ Services to adhere to 4 standards set by children and young people:
 - 1) LEARN - 65% of staff have undertaken Children's Rights training and can demonstrate knowledge and understanding of the UNCRC.
 - 2) INFORM - Awareness is raised within your wider Team/ Organisation by developing and displaying a Children's Rights charter presenting articles most relevant to your service.
 - 3) ACTION - An action plan is created displaying current work and areas of improvement that connects directly with Children's Rights.
 - 4) SUPPORT - Young people are supported by creating child friendly procedures to ensure children and young people are informed and understand the purpose of your service.
- 4.5 An IROC Award pack containing information and tools will be provided to all participating teams/organisation outlining the award and the 2020 Children's Rights Reporting. The pack will contain all that is needed to take part including guidance, criteria, suggested evidence and a checklist which have been developed through consultation with children and young people and condensed into one easy to use downloadable pack. (Draft version included as an appendix).
- 4.6 The award will be re-assessed every three years to track progress and support sustainability as suggested by children and young people. This will also complement the timescale for re-reporting and allow actions plans/evidence to be re-visited and utilised for further reporting duties every three years.

5.0 PROPOSALS

- 5.1 Moving forward the IROC Award and Inverclyde Children's Rights 2020 reporting proposal will be further developed visually in partnership with Your Voice and Inverclyde Council's Corporate Communications. The Adoption Services Team within HSCP have volunteered to pilot the award to help quality assure that the process works in its entirety. Work will then be progressed to roll out the award as part of the UNCRC 30 years Celebration. The assessing/reporting group of young people will be established and supported and the work will begin on developing the Children's Rights Report and embedding the reporting mechanism

6.0 IMPLICATIONS

Finance

Costs will be contained within the service budget

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

All services can take part and all provision will be in place to ensure any young people interested can become an assessor/reporter.

6.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO

(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?

A DPIA is currently being progressed alongside the tender documents.

YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

NO

6.5 No implications

7.0 CONSULTATIONS

7.1 Over the course of review, consultation took place with over 200 children and young people within schools and youth groups as well as a range of staff from different services through different forums.

8.0 LIST OF BACKGROUND PAPERS

8.1 Children and Young People (Scotland) Act 2014
Guidance on Part 1, Section 2 (Duties of Public Authorities in relation to the UNCRC) of the Children and Young People (Scotland) Act 2014

Attached Draft IROC Award Package



Inverclyde Rights of the Child: Award Pack

A guide to applying for an IROC Award.

Introduction

This pack contains information and tools you need to apply for an IROC Award. Developed in consultation with young people, services and organisations the award guidance and checklist has been revised and condensed into one easy to use downloadable pack, including criteria, guidance notes and checklist of required evidence.

The award asks Teams/ Services to adhere to 4 Standards set by young people.

1 LEARN

65% of staff have undertaken Children's Rights training and can demonstrate knowledge and understanding of the UNCRC.

2. INFORM

Awareness is raised within your wider Team/ Organisation by developing and displaying a Children's Rights charter presenting articles most relevant to your service.

3. ACTION

An action plan is created displaying current work and areas of improvement that connects directly with Children's Rights.

4 SUPPORT

Young People are supported by creating child friendly procedures to ensure children and young people are informed and understand the purpose of your service.

“IROC – WE ROCK”



IROC AWARDS

Inverclyde Rights of the Child Award

About the Award

This award has been designed in partnership with over 200 children and young people from across Inverclyde, HSCP & Your Voice. The award aims to raise awareness of Children's Rights and support teams and organisations to incorporate children's rights and participation in the continual improvement of service design and delivery.

Under the Children and Young People Act 2014 public bodies and a range of identified services are expected to report on children's rights and present how they are incorporating and progressing the UNCRC within their team/organisation.

The award will support information to be captured by all who take part, whether obligated to report or not, the evidence will be presented as part of a locally designed reporting structure that is created and accessible to children and young people. This is an inclusive approach to supporting teams and organisations, working together to showcase the collective progression of children's rights and participation across Inverclyde.

Led by Children & Young People

Children and Young people are included in all stages of the award from name, design, promotion, assessing information & evidence, sending out certification and helping select the information from each participating team/organisation to develop the local children's rights report!

The Criteria

To achieve the award the following criteria must be actioned and evidenced:

- 65% of your team/organisation have taken part in Children's Rights Training
- Your team/organisation have developed a Children's Rights charter displaying articles most relevant to your service and will display or promote this appropriately
- Your team/organisation have created an action plan displaying 3 key actions that connect directly with Children's Rights with a minimum of 2 actions that focus on the participation of children and young people
- Your team/organisation will create child friendly procedures to ensure children and young people are informed and understand the purpose of your service

What Next?

Once you have completed the actions and submitted the evidence required a team of young assessors supported by HSCP and Your Voice will meet to appraise the information provided and send out your team/organisation IROC Award certification. Some of information provided by your team/organisation will also be presented within the Local Children's Rights Report. The award will be re-assessed every three years to track progress and support sustainability.

Inverclyde Rights Of The Child AWARD

Team/Organisation: _____ Number of employees within team/organisation: _____
 Team Leader/Manager: _____
 Contact Address: _____ Contact Postcode: _____
 Contact No: _____

<u>Criteria</u>	<u>Suggested evidence</u>	<u>√</u>	<u>Guidance</u>
65% of your team/organisation have taken part in Children's Rights Training	Certificate of achievement	<input type="checkbox"/>	To complete the 2 hour training session contact your local Children's Rights Officer to arrange: aileen.wilson@inverclyde.gov.uk
Your team/organisation have developed a Children's Rights charter displaying articles most relevant to your service and will display or promote this appropriately	Photograph of your children's rights charter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Support for this will be provided during training session. Each team/service will choose where and how to display/promote completed charter

<p>Your team/organisation have created an action plan displaying 3 key actions that connect directly with Children's Rights with a minimum of 2 actions that focus on the participation of children and young people</p>	<p>Photograph of Charter displayed.</p> <p>Completed Action Plan.</p>	<input type="checkbox"/>	<p>Support for this will be provided during training session</p> <p>The action plan within the pack should be completed and submitted as evidence</p> <p>Give consideration to current work and any future plans/improvements</p>
<p>Your team/organisation have created child friendly procedures to ensure children and young people are informed and understand the purpose of your service</p>			<p>Support for this will be provided during training session.</p> <p>Give consideration to resources available, policies & practice, online presence and communication & engagement with children a young people</p>

The Action Plan

Action/Activity	Completed By	UNCRC Articles	What Difference Does/Will this Make	Evidence Provided
PARTICIPATION OF CHILDREN & YOUNG PEOPLE				

Date Completed: _____

Submitted by: _____

When you have completed the pack, please submit your pack and evidence to the HSCP Children’s Rights Officer either by email aileen.wilson@inverclyde.gov.uk or by contacting Aileen Wilson to arrange pick up/drop off of pack and evidence on 01475 715365.



Young Assessors Feedback	
Award granted	
Date signed off	



Report To:	Health & Social Care Committee	Date:	9 January 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/08/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No:	01475 712582
Subject:	Age of Criminal Responsibility (Scotland) Act 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of the Age of Criminal Responsibility (Scotland) Act 2019 and the implications of this.

2.0 SUMMARY

- 2.1 The Age of Criminal Responsibility (Scotland) Act 2019 was passed unanimously by the Scottish Parliament on 7th May 2019 and given Royal Assent on 11th June 2019.
- 2.2 The Act raises the age of criminal responsibility in Scotland from eight to twelve years of age.
- 2.3 The Act does provide Police with a range of powers for young people under 12 who display serious harmful behaviour, with a strong emphasis on a child-centred, non-criminalising approach.
- 2.4 Central to the Act is the principle that we “must treat the need to safeguard and promote the wellbeing of the child as a primary consideration”.
- 2.5 The implementation of the Act will be undertaken in a phased manner, commencing at the end of November 2019 whereby children under twelve years of age will no longer be referred to a Children’s Hearing on offence grounds, and will only be referred on their need for care or protection.
- 2.6 Guidance to accompany the legislation is being developed and will be issued in due course.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee notes the content of the report and agrees changes required to the service to ensure young people are given appropriate support.

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

4.0 BACKGROUND

- 4.1 The Scottish Government established an expert advisory group in 2015 to identify the key issues arising from an increase in the age of criminal responsibility from eight to twelve years. This group made a number of recommendations and an extensive consultation followed. Legislation was introduced to the Scottish Parliament in 2008 and the Age of Criminal Responsibility (Scotland) Act was passed and given Royal Assent on 11th June 2019.
- 4.2 Article 40 of the United Nations Convention of the Rights of the Child calls on States to include “the establishment of a minimum age of criminal responsibility below which children shall be presumed not to have capacity to infringe the penal law”.
- 4.3 There will be a phased implementation of provisions in the Act. The first phase will include that from the end of November 2019 children under twelve years of age will no-longer be referred to a Children’s Hearing on offence grounds and will only be referred on their need for care or protection. A fundamental impact of this on such children is that they will not acquire a criminal conviction on the basis of behaviour that occurred when they were under twelve years of age.
- 4.4 There is strong evidence that shows early involvement in the formal criminal justice system can be severely detrimental to children and their future behaviour. Central to the Act is the principle that we “must treat the need to safeguard and promote the wellbeing of the child as a primary consideration”. Any child involved in harmful behaviour will have their needs met without being treated as a criminal.
- 4.5 There are a range of other related provisions in the Act. This includes a new disclosure regime which will be commenced in the summer of 2020. From this point there will be no disclosure about children under twelve years of age outlining convictions accrued before the age of criminal responsibility changed. Instead, information relating to behaviour that occurred when an individual was under the age of twelve may be disclosed as “Other Relevant Information” (ORI). This will only happen if the Chief Constable considers that the ORI is relevant to the purpose of the disclosure and that it ought to be disclosed.
- 4.6 The Act also introduces a new role of “Independent Reviewer” who must agree to disclosure of “Other Relevant Information”. Disclosure will only be possible on an enhanced disclosure or PVG scheme record. This role provides additional protection while also ensuring that information can still be released when necessary for public protection reasons.
- 4.7 Other provisions in the Act include providing victims with an opportunity to request information on what action may have been taken in relation to the offence or behaviour of the child.
- 4.8 Part 4 of the Act provides a special set of Police powers for young people under 12 who display serious harmful behaviour, with a strong emphasis on a child-centred, non-criminalising approach.
- 4.9 Children under 12 will no longer be dealt with as criminal suspects by the Police; any involvement children under 12 have in an investigation will not be on a criminal basis. The police powers designed in the Act allow for proportionate and effective interventions to prevent and manage serious and harmful behaviour. The Police powers in the Act are to be used only in exceptional circumstances. These powers are outlined as follows.
- 4.10 Building on a recommendation of the original Advisory Group, the power provides that Police officers may take a child to a place of safety in the most serious of cases where they believe that it is necessary to manage an immediate risk of significant harm. The child must be kept in a place of safety for as short a time as possible, up to a maximum of 24 hours. Statutory guidance will be developed with partner agencies to support and guide police officers on the use of this power – in the context of their other current powers and duties.
- 4.11 The Police currently have a range of statutory powers to stop and search children under 12 without a warrant on the same basis as any other person who can commit an offence. In certain

cases they can confiscate items they find. Part 4 of the Act preserves these existing powers of search for children under 12 to ensure that when necessary and proportionate these powers can still be used in relation to children under 12. Section 34 of the Act provides for a situation whereby the police do not have an existing statutory power to search without warrant. In this scenario police must apply to the Sheriff for a search order.

- 4.12 The Act provides for situations where a Police officer may question a child who is under the age of 12, and where consent has or has not been provided for questioning. The questioning is by way of an investigative interview, either by agreement (i.e. with consent), or following application for a child interview order. The way in which the investigative interview is conducted would be the same.
- 4.13 In situations where a child interview order is applied for, the Act sets out the matters on which a sheriff must be satisfied before granting an order. There must be reasonable grounds to suspect that the child carried out the act being investigated, and also that it is necessary for the interview to be conducted in order to properly investigate the incident.
- 4.14 If the Sheriff is satisfied that that the circumstances surrounding the act are clear from information that is already available, then they may refuse the application. In that situation, Police officers would not be permitted to question the child and a local authority "interview" of the child to consider the child's welfare needs may be more appropriate.
- 4.15 The role of Child Interview Rights Practitioner was created by the Act and will provide a child with access to legally qualified individuals who will be able to give them advice, support and assistance during an investigative interview.
- 4.16 The Scottish Ministers will develop and retain a register of practitioners, who will need to have appropriate skills and knowledge of working sensitively with children, their rights and the children's hearings system.
- 4.17 The Act allows samples to be taken from children under 12 when the Police have a statutory power to do so, or where the child is considered to be a victim. The power to take samples from children suspected of harmful behaviour applies in only very serious circumstances.
- 4.18 Overall the legislative changes are viewed as a positive step in terms of children's rights. It is likely that social work services will have a significant role in cases where children under the age of twelve are being interviewed, however it is not expected that the numbers of children in this category will be high.

5.0 PROPOSALS

- 5.1 Guidance to accompany the legislation is being developed by Scottish Government and will be issued in due course. This will be followed up with briefing sessions at local level which can focus on the interface between protecting children and young people and implementing the legislation.

6.0 IMPLICATIONS

Finance

- 6.1 There are no financial implications.

Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 This Act introduces a change in legislation

Human Resources

6.3 No implications

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES The EQIA did not find any detrimental impact on any protected group
	NO –

(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?

<input checked="" type="checkbox"/>	YES – This legislation ensures that children are not stigmatised by becoming an offender at an early age and disadvantaged by having a conviction for disclosure purposes that may have an adverse impact in later life.
<input type="checkbox"/>	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

<input type="checkbox"/>	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
<input checked="" type="checkbox"/>	NO

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 EQIA

Report To:	Health & Social Care Committee	Date:	9 January 2020
Report By:	Corporate Director Environment, Regeneration & Resources	Report No:	SL/LP/001/20
Contact Officer:	Sharon Lang	Contact No:	01475 712112
Subject:	Items for Noting		

1.0 PURPOSE

1.1 The purpose of this report is to present items for noting only and the following report is submitted for the Committee's information:

- Physically Disabled Rehabilitation Unit, Inverclyde Royal Hospital

2.0 RECOMMENDATION

2.1 That the above report be noted.

Report:	Health and Social Care Committee	Date:	9 January 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/06/2020
Contact Officer:	Allen Stevenson Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)	Contact No:	01475 715283
Subject:	PHYSICALLY DISABLED REHABILITATION UNIT, INVERCLYDE ROYAL HOSPITAL		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide members of the Health and Social Care Committee with an update on the current status of the Physically Disabled Rehabilitation Unit (PDRU) based within the Larkfield Unit at Inverclyde Royal Hospital (IRH) as requested at the Health and Social Care Committee on 22 August 2019.

2.0 SUMMARY

- 2.1 Due to recruitment challenges for both senior and junior medical staff to work within the Neuro Rehabilitation Medicine service, the location of the inpatient beds within the PDRU ward at IRH have been temporarily relocated to another ward within the Larkfield Unit.
- 2.2 Recruitment for a replacement consultant post is planned and an additional staff grade has been recruited with a planned start date in January 2020.

There remains one substantive consultant in post, and one locum consultant working one week in four and there also remain challenges in relation to junior medical staffing. There has been no change in working practices for the PDRU staff, other than the change in location of inpatient beds to the adjacent ward within the Larkfield Unit.

There has been no change to the service provided to patients.

- 2.3 Due to the urgent clinical requirement to change the service model, full consultation was not possible. As soon as the need to change the service model was identified, staff within the unit were met with.

Liaison meetings take place monthly (formally fortnightly) with PDRU staff, staff side representatives, HR representatives and management to ensure staff and partnership colleagues are kept up to date with progress on all fronts.

In the New Year a wider consultation process will commence around the future models for Rehabilitation Services within NHS Greater Glasgow and Clyde. Membership from Inverclyde HSCP will be sought at this time.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to consider and note the content of this report.

**Louise Long
Chief Officer
Inverclyde HSCP**

4.0 BACKGROUND

- 4.1 For several years now, despite recruitment drives, it has been difficult for us to attract Consultants in Rehabilitation Medicine to work at our PDRU based within Inverclyde Royal Hospital. This is a very small specialty, with few trainees currently in training.
- 4.2 The service, with four in-patient beds , has become clinically unsustainable as we do not have senior medical cover to provide appropriate clinical safety.
- 4.3 A decision has been reached that the overnight accommodation for those patients attending for intensive rehabilitation will now be provided in the adjacent stroke ward for a period of three months to ensure safe clinical care.
- 4.4 Patients will see no change to their treatment plans. They will receive the same rehabilitation, by the same physiotherapists and nurses. The change will purely be in relation to the location of their beds.
- 4.5 Recruitment is ongoing at present for both junior and senior medical staff in Rehabilitation Medicine.
- 4.6 Regular liaison meetings have taken place with staff working within the PDRU and staff-side partners since the initial move took place in June 2019.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

- 5.2 There are no legal issues within this report.

HUMAN RESOURCES

- 5.3 PDRU staff will not be affected by these changes, other than managing inpatients within a different ward environment within the Larkfield Unit. This decision has been taken to ensure safe staffing levels, and patient care, while we make further efforts to recruit additional medical staff.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – An Equality Impact Assessment has yet to be undertaken as this is an interim move due to medical staffing recruitment challenges.

(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

6.5 **Repopulation**

None

7.0 **CONSULTATION**

7.1 This report has been prepared by the Director for Regional Services after consultant with relevant senior officers within the NHSGGC Acute Service Division.

8.0 **LIST OF BACKGROUND PAPERS**

8.1 Nil

Report To: Health and Social Care Committee **Date:** 9 January 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/11/2020/SMcA

Contact Officer: Sharon McAlees **Contact No:** 01475 715282

Subject: Criminal Justice Social Work Inspection

1.0 PURPOSE

1.1 The purpose of this report is to inform the Health and Social Care Committee of the very positive outcome of the recent inspection of Criminal Justice Social Work.

2.0 SUMMARY

2.1 The Chief Executive and Leader of the Council received notification from the Care Inspectorate on 1st May advising of a Criminal Justice Social Work inspection with a particular focus on Community Payback Orders. The inspection involved five key stages that concluded in the publication of the inspection findings by the Care Inspectorate.

2.2 The scope of the inspection focused on:

- The ability of the justice service to demonstrate improved outcomes for individuals subject to community payback orders.
- Key processes linked to community payback orders, including quality of risks / needs assessment, planning and intervention.
- How people subject to community payback orders experience services.
- Leadership of justice services.
- The extent to which justice services are prepared for the presumption against short sentences.

2.3 The Care Inspectorate used a quality indicator model to form their evaluation and applied a six-point scale to score five of the indicators inspected. This is outlined below and constitutes a very positive inspection outcome indicating a high performing criminal justice social work service :

Quality Indicator	Score
1.1 Improving the life chances and outcomes for people subject to a community payback order.	Very Good
2.1 Impact on people who have committed offences.	Very Good
5.2 Assessing and responding to risk and need.	Good
5.3 Planning and providing effective intervention.	Good
9.4 Leadership of improvement and change.	Very Good

2.4 A recurring theme throughout the report is the aspirational leadership at all levels within the HSCP and the Council in challenging traditional ways of delivering justice services and moving towards adopting a public health model which is underpinned by a determination to address the

impact of poverty, deprivation and disadvantage. This was noted to have a significant impact on the capacity of staff to develop strong supportive relationships with services users that were pivotal in contributing in many cases to changing patterns of offending and improving lives.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Health and Social Care Committee:

- a. Notes and comments on the content of the report including the requirement to develop an improvement action plan.
- b. Requests a further update on the improvement action plan.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Care Inspectorate provides scrutiny and assurance of criminal justice social work and commenced a programme of criminal justice social work inspection in 2018. To date this has included an inspection of two Local Authorities, with Inverclyde being the third Local Authority criminal justice social work inspection area.
- 4.2 Inverclyde received formal notification of the inspection on 1st May 2019. This involved five distinct stages that concluded with the Care Inspectorate publishing their findings.
- 4.3 As well as considering the self-evaluation and evidence submitted by justice services; the Care Inspectorate read ninety criminal justice social work case files and spoke to forty people subject to a community payback order. In addition, the Care Inspectorate undertook focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers and elected members with responsibility for justice services.
- 4.4 Using a quality indicator model, the Care Inspectorate applied a six-point scale to score five indicators. The score for each is outlined below:

Quality Indicator	Inverclyde
1.1 Improving the life chances and outcomes for people subject to a community payback order.	Very Good
2.1 Impact on people who have committed offences.	Very Good
5.2 Assessing and responding to risk and need.	Good
5.3 Planning and providing effective intervention.	Good
9.4 Leadership of improvement and change.	Very Good

It is important to note that from similar inspections undertaken in two other Local Authority areas, Inverclyde has achieved the highest grading to date.

4.5 Key findings from the inspection include:

- A robust performance management framework enabled the service to monitor and review performance against nationally and locally determined indicators. This was able to demonstrate Inverclyde exceeds several national targets in several cases by a significant margin, for example, that 84.6% of individuals started their unpaid work placement within the seven day target compared to the Scottish average of 68.4%.
- A range of positive outcomes had been achieved by individuals including:
 - Access to stable accommodation;
 - Improved stability around alcohol and drug use;
 - Access to further education and learning opportunities;
 - Increased ability to manage finances;
 - Better family relationships;
 - Increased structure and purpose in their life;
 - Addressing offending behaviour.
- Of particular strength, the service is proactive in responding to the poverty, disadvantage and needs profile of individuals by providing person-centred services that adopt a public health model.
- Individuals subject to community payback orders experienced positive relationships with staff that were characterised by respect, support and appropriate challenge. Staff were

found to be honest, straightforward, trustworthy and reliable.

- Inspirational leadership and the vision and values promoted by leaders permeated the service and had a significant impact on the culture within the service of treating individuals with dignity and respect that staff had clearly adopted.
- There was a strong culture of co-production within justice services in improving and reshaping of services.

The service had comprehensively reviewed the potential implications of the extension of the presumption against short-term sentences.

- 4.6
- Senior officers should review policy and practice relating to the timescales for completing LS/CMI assessments and plans to ensure that a best practice approach is implemented and clear guidance is provided to staff.
 - Senior officers should ensure that quality assurance processes are well-embedded in order to improve the quality of practice around statutory reviews and case recording.

An improvement action plan addressing these actions is in place.

5.0 IMPLICATIONS

Finance

- 5.1 There are no financial implications.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

- 5.3 There are no implications.

Equalities

- 5.4 Equalities

- (a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a 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

5.5 Repopulation

There are no specific repopulation issues.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

7.1 Inspection of Justice Social Work Services in Inverclyde Council.

Inspection of justice social work services in Inverclyde council

December 2019



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Introduction

The governance arrangements for justice social work services are set out in legislation, making local authorities responsible for delivering a range of services for those involved in the criminal justice system¹. This includes the completion of reports for courts and the Parole Board, and the supervision of individuals on statutory social work orders and licences. Statutory social work orders include community payback orders (CPO) which can be imposed by courts in Scotland as an alternative to a custodial sentence. A person subject to a CPO can be required to comply with the terms of a supervision requirement and / or undertake an unpaid work requirement. A **supervision requirement** is one of nine provisions available to the court that can be imposed as part of a CPO². **Unpaid work** takes place in local communities and is for the benefit of the community. These are the two most commonly used requirements and someone on a CPO can be subject to one of these or both depending on circumstances outlined in a report provided to court by justice social work services and the decision of the court. Guidance on the management and supervision of these is contained within National Outcomes and Standards³ and CPO practice guidance⁴.

There has been significant change in justice social work over the last decade including the introduction of community payback orders in 2011⁵. Effective community-based sentencing options are essential to the successful implementation of the Scottish Government's community justice strategy⁶ and the extension of the presumption against short sentences. In this context, the Care Inspectorate has decided to focus inspections of justice social work services, at the present time, on how well community payback orders are implemented and managed as well as how effectively services are achieving positive outcomes.

How we conducted this inspection

An inspection team visited Inverclyde in July and August 2019. We examined a self-evaluation report and supporting evidence provided by the local authority. We reviewed a representative sample of the records of people who were or had been subject to a community payback order during a two-year period from April 2017. This related to 90 records from a population of 357 individuals. We met with 40 people subject to community payback orders including those with a supervision requirement or an unpaid work order, or both. We undertook focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers with responsibility for justice services.

¹ Social Work (Scotland) Act 1968, Criminal Justice (Scotland) Act 2003, Community Justice and Licensing (Scotland) Act 2010

² In imposing a CPO, the court may include one or more of nine specific requirements. These are unpaid work or other activity requirement; offender supervision requirement; compensation requirement; programme requirement; residence requirement; mental health treatment requirement; drug treatment requirement; alcohol treatment requirement; and conduct requirement.

³ National Outcomes and Standards for Social Work Services in the Criminal Justice System, Scottish Government, 2010

⁴ Community Payback Order Practice Guidance, Scottish Government, 2019

⁵ Community Payback Orders were introduced by the Criminal Justice and Licensing (Scotland) Act 2010

⁶ National Strategy for Community Justice, Scottish Government, 2016

During the inspection, we considered how well National Outcomes and Standards and practice guidance was being applied and what difference community payback orders were making to the lives of individuals who were, or have been, subject to them. The scope of the inspection focused on the following.

- The ability of the justice service to demonstrate improved outcomes for individuals subject to community payback orders.
- Key processes linked to community payback orders, including quality of risk/needs assessment, planning and intervention.
- How people subject to community payback orders experience services.
- Leadership of justice social work services.

We used a quality indicator model (appendix 2), to consider how the service was performing against a number of quality indicators and have provided evaluations using a six-point scale (appendix 1) for the following indicators.

- 1.1 improving the life chances and outcomes for people subject to a community payback order.
- 2.1 impact on people who have committed offences.
- 5.2 assessing and responding to risk and need.
- 5.3 planning and providing effective intervention.
- 9.4 leadership of improvement and change.

In the course of the inspection, we also explored the extent to which criminal justice social work services were prepared for the extension of the presumption against short sentences.

For the purposes of this report we refer to criminal justice social work services as **justice services** and at times use **the service** as an abbreviation. We refer to people who are, or have been, subject to a community payback order as **individuals**. Where we refer to **staff**, we mean justice social workers, case managers and unpaid work supervisors unless referred to by their specific designation. Justice social workers have responsibility for supervising the various requirements of a CPO and are sometimes referred to as **supervising officers** to reflect their role and function. **Unpaid-work supervisors** are staff with day-to-day responsibility for supervising individuals on unpaid work placements. The service also employed **sessional unpaid-work supervisors** to support full-time staff to deliver services. In the context of Inverclyde's justice service, **case managers** are paraprofessionals, not qualified in social work, who undertake a variety of community payback related tasks. This included supporting individuals subject to unpaid work, undertaking court-related duties and carrying out lower-risk supervision.

Context

Inverclyde is a small local authority located in west central Scotland and has a population of 78,150 living within an area covering 61 square miles. The Inverclyde council area is divided into 114 data zones, a significant proportion of which (50) were in the 20% most deprived areas in Scotland. Local data analysis of individuals on community sentences undertaken for the period 2017/18 indicated that 81% of people subject to community sentences experienced among the highest levels of deprivation in Scotland. The estimated prevalence of drug use in Inverclyde in 2015/16 was significantly higher than the Scottish average. There was an 8.9% increase in domestic abuse incidents between 2008 and 2018. National crime trend data indicates that in 2015/16, Inverclyde had a considerably higher rate of non-sexual crimes of violence than the national average though this had become more in line with the national average by 2017/18.

The number of criminal justice social work reports requested by court had reduced considerably over the past decade. There was also a downward trend in the number of community payback orders imposed at court from a peak of 347 in 2015/16 to 242 being imposed in 2018/19. The justice service operated from offices based in the area's two main towns of Greenock and Port Glasgow. The service also provided a justice social work service to HMP Greenock where a small staff team was based. The service has had a consistent management team in place for a number of years. While there has historically been similar stability in frontline staff, more recently, some social workers had left the service and there was increased turnover in unpaid work staff which was a challenge for the service.

Key messages

- Leaders demonstrated a strong commitment and vision to improve outcomes for individuals which was supported by a clear understanding of their needs and a well-informed strategic plan that was driving improvement.
- A well-embedded performance management framework and access to high-quality data analysis, meant leaders could show strong justice service performance that exceeded national targets, sometimes by a considerable margin.
- A range of positive outcomes had been achieved for individuals. This included improved access to stable accommodation and increased access to further education and learning opportunities. The service was not yet able to demonstrate year-on-year trends in improved outcomes but was well placed to do so in future.
- The justice service was well integrated into the health and social care partnership which strengthened governance arrangements and supported quick and easy access to services for individuals including those aimed at addressing mental health and addiction issues.
- The unpaid work service was operating effectively and played an important role in improving outcomes for individuals while ensuring payback to communities.
- Staff demonstrated a sound value base and treated individuals with dignity and respect, which resulted in positive, supportive and effective working relationships.
- The service undertook appropriate assessments of individuals risk and needs and put plans in place to address these however, the majority were not completed within the expected timescales outlined within National Outcomes and Standards guidance. The guidance highlights that the completion of a full assessment of risk and needs within 20 days is viewed as best practice as it supports early recognition of, and response to, the likelihood and imminence of further offending.

Achieving outcomes

In this section, we look at the extent to which the justice service can demonstrate improving trends against clear performance measures and can show tangible results in improving the life chances and outcomes for individuals subject to community payback orders. In the first section, we outline how well the service is performing against nationally and locally determined indicators and in the second we examine performance against person-centred outcomes.

How well are performance measures achieved?

Performance in meeting the standards for community payback orders was a significant strength. A robust performance management framework enabled the service to monitor and review performance against nationally and locally determined indicators. Leaders used the information gathered to inform policy, planning and service development and demonstrate improving trends across a number of important measures. These included strong performance in ensuring that individuals subject to community payback orders were seen quickly once an order was made, enabling them to start community payback swiftly.

A designated court social work team had contributed to the justice service achieving year-on-year improvements in post-sentence contact rates, significantly exceeding national performance averages. Similarly, the service exceeded national targets for induction to unpaid work and undertaking supervision case management meetings in accordance with national standards. A positive trend in the timely commencement of unpaid work requirements showed consistently strong performance over a number of years. For example, as a result of the efforts of case managers and the unpaid-work team, 84.6% of individuals started their placement within seven working days during 2017/18, which compared strongly with the national figure of 68.4%.

Leaders undertook regular reviews of performance and had access to high-quality data analysis. This enabled senior officers to identify and respond to areas where further improvements could be achieved. For example, they identified that as a consequence of the complex needs and life circumstances of individuals, unpaid work requirements were not always completed on time and a relatively high number of requests were made to the court to extend the order. In response, sessional unpaid-work supervisors were deployed to increase capacity within the service and to engage with individuals to provide targeted support and improve the rate of completed orders. As a result, a significant (63.5%) reduction in the number of extension requests submitted to court had been achieved. This was helping to ensure that individuals were not involved in the justice system for longer than necessary as more orders were completed on time.

The service had set ambitious local targets against national measures for community payback orders. While these were not always met, the service planned to review the targets to ensure they remained both aspirational and achievable.

How well are outcomes for individuals improving?

The service had made a concerted effort to better understand the current and potential future challenges facing individuals using justice services. This included a recent examination of the deprivation profile of individuals on community payback orders, which highlighted that over 80% experienced significant deprivation. This had helpfully informed local performance measures and target areas that had been established by the service to ensure they had a strong focus on addressing the impact of poverty, as well as addressing offending behaviour. While the service was not yet able to demonstrate year-on-year progress on these measures, the existing structure and arrangements meant it was well placed to do so in the future.

While the outcomes that had been achieved for individuals were not fully evident in case records, this was in part due to the case recording system that was in place. However, staff and individuals reported a wide range of positive outcomes associated with their engagement with the requirements of community payback orders. These included improved stability around drug and alcohol use; increased ability to manage finances; a greater sense of maturity; better family relationships; increased structure and purpose in their life; and optimism for the future. In addition, as a result of the service and support received, we found examples of individuals demonstrating increased awareness of the issues that contributed to their offending alongside improved confidence in their ability to desist from further offending in the future. Positive outcomes, in terms of a reduction in the frequency and seriousness of offending were also evident for the majority of individuals within our case file review sample. We found that the majority of individuals, who had an identified housing need were able to secure safer and more stable accommodation as a result of the supports they received. Many individuals were increasingly able to access further education and learning opportunities.

While the service recognised the need to better integrate person-centred outcome measures into the existing performance framework, there was a strong determination and commitment to achieving positive change in the lives of individuals. The effective use of mechanisms such as a bespoke justice-needs assessment tool, exit questionnaires and data from the level of service/case management inventory (**LS/CMI**) meant the service was increasingly able to demonstrate achievements against intended individual outcomes. While the response rate to exit questionnaires had increased in recent years, there was scope for further improvement as just over a quarter of individuals had the opportunity to provide feedback at the completion of their order.

Delivery of key processes

In this section, we look at the extent to which the justice service recognises the need for help and support and provides this at the earliest opportunity. We consider the quality of assessment and planning and the range and quality of different types of intervention. We also look at how individuals are involved in key processes.

How well do staff provide help and support?

The design and delivery of justice services reflected a strong commitment to providing effective and timely help and support. The majority of individuals were seen on the day their order was imposed, which enabled court staff to identify immediate support needs and highlight those to supervising officers and case managers to facilitate an early response. Once a community payback order had begun, staff removed barriers to accessing support when it was needed. A well-used duty system was in operation to give individuals quick access to a crisis response where needed.

The justice service had introduced the role of case manager to work with individuals subject to stand-alone unpaid work requirements. This was a very positive development as it meant that individuals could benefit from the type of support and guidance that would ordinarily only be provided through a supervision requirement. Case managers routinely interviewed individuals at the start of their unpaid work requirement. This enabled them to identify those with particular literacy needs and follow this up with a timely referral for support. Case managers also supported individuals with welfare issues and made referrals to other services and agencies which helped them sustain and complete their orders. Of particular strength, the service was proactive in responding to the poverty, disadvantage and needs profile of individuals by providing services that were person-centred and took account of their often chaotic and unstable circumstances.

Following a recent internal review of the unpaid work service, which involved extensive consultation with individuals, changes were made to the design and delivery of the service in a bid to remove barriers to participation. This resulted in a broader range of work placements, including placements that could be undertaken during adverse weather conditions, to minimise the risk of disruption due to staffing and seasonal issues. An overspill group had been established to allow individuals the opportunity to undertake additional unpaid work days where capacity allowed. A placement exclusively for women was also introduced. Shorter and late-start placements were introduced to accommodate those with childcare or health needs. Recognising the potential impact of poverty and disadvantage, staff provided access to lunch funds and discretionary travel passes where these issues were identified as a barrier to engagement. We found helpful examples of individuals accessing one-off funding that enabled them to overcome significant hardship.

Several multi-disciplinary forums had been established to review inter-agency referral processes and address some pre-existing inconsistencies and confusion between partners about the reasons for referrals and expectations of support services. As a result, the introduction of clearer processes improved referral routes and information sharing, and created more positive working relationships between justice staff and partner services.

How well do staff assess risk and need?

The initial assessment of risk and need, outlined within justice social work reports for court, were helpfully informing decisions about the suitability of community payback orders. The majority of reports were high quality with almost all evidencing an appropriate level of collaboration with partner agencies. Report authors were alert to the vulnerability of individuals potentially facing custody, with reports being appropriately accompanied by suicide prevention forms. These helpfully alerted sheriffs and the Scottish Prison Service to potential risks of self-harm should an individual be imprisoned.

Staff followed best practice in accordance with the national **Whole Systems Approach** when addressing offending by young people. Designated youth justice staff prepared court reports, completed assessments and managed community payback orders for young people under the age of 18 years. This approach, combined with a specialist age-appropriate assessment tool, the youth level of service/case management inventory (**YLS/CMI**), enabled youth justice staff to identify risk of re-offending and take a holistic overview of a young person's needs.

Specialist risk assessments including Risk Matrix 2000⁷ and Stable and Acute 2007⁸ had been used appropriately. The service had not adopted an accredited domestic abuse assessment tool and we identified instances where, had this been available to staff, it may have informed assessments more fully. More recently, social workers had undertaken training in the Spousal Abuse Risk Assessment tool in preparation for future use.

For individuals with a stand-alone unpaid work requirement, case managers used a helpful post-sentence interview framework to identify risk and needs relevant to allocating work placements. This included considering the individuals' caring responsibilities and health needs. The process was supported by a locally developed justice needs review tool. This was completed at the induction or first interview stage of their order and helpfully supported unpaid work staff to identify and monitor risk throughout the order. Effective communication between all justice staff supported timely and efficient exchange of information about evolving or escalating risk and needs. We also found effective partnership working and efficient information sharing across other services that were involved in the delivery of the

⁷ Risk Matrix 2000 is an actuarial risk assessment instrument used to assess risk posed by individuals convicted of sex offences.

⁸ Stable and Acute 2007 is used to undertake a dynamic assessment of risks posed by individuals convicted of sex offences.

order or supervision. For example, justice service staff routinely shared pre-birth and child protection concerns with appropriate colleagues.

Our review of records demonstrated that staff had completed a comprehensive LS/CMI assessment in almost all relevant cases. The quality of the majority of these was good or better. Most assessments demonstrated an appropriate level of partnership consultation and indicated that the individual had been appropriately involved in the assessment process. However, three-quarters of LS/CMI assessments had not been completed within 20 days, which is the expected timescale outlined in National Outcomes and Standards. A local policy had extended timescales for completion to 90 days to align with the first review stage. This had not resulted in an improvement in the quality of assessments. Senior managers highlighted that safeguards had been put in place to ensure that assessments were undertaken sooner when necessary. However, there was a lack of clear guidance for staff on when and under what circumstances a full assessment should be completed earlier. Quality assurance mechanisms had not been put in place to test or confirm whether safeguards were sufficient.

How well do staff plan and provide effective interventions?

Social work staff demonstrated a strong ethos of ensuring that relationship-based practice was at the core of supervision. This was clear in the effective working relationships that existed between staff and individuals. They embodied the vision and values of the service which was evident in the priority given to providing quality interventions. Individuals subject to supervision benefitted from a consistent supervising officer, which was helping to build important relationships. The level of supervision was commensurate with the risks, needs and factors identified within the assessments and case and risk management plans in almost all cases.

Case management plans were present in almost all cases however the majority of these were not completed within 20 days as required by National Outcomes and Standards. Senior managers advised us of their policy to complete these in time for the three-month statutory review however, we considered this a missed opportunity to embed a fully informed plan and begin to measure progress from an early stage. The majority of plans were high quality and reflected a range of interventions that were person centred and recognised the significant welfare challenges that existed for many individuals subject to community payback orders.

There was an appropriate level of partnership working to deliver case management plans. Referrals to appropriate resources were made at the earliest opportunity. Effective links to drug and alcohol and mental health services were in place, which supported planning. Staff used a range of intervention approaches including resources from **Safer Lives**, **Constructs** and **Targets for Change** and individuals were able to access interventions that met their needs in the majority of cases. Strong public protection arrangements were underpinned by mature multi-agency public protection arrangements (**MAPPA**) and multi-agency risk assessment

conference (**MARAC**) arrangements and a public protection hub where lead officers for public protection were co-located. However, it was clear that for some individuals, some of whom had convictions for domestic abuse offences, offence-focussed work lacked structure and emphasis on the impact of offending. In recognition of this, the service had adopted the Up2U domestic abuse perpetrator programme, which takes a structured approach to address offending behaviour. The service had started a training programme for social workers from justice and children and families teams in order to take a service-wide approach.

Youth justice staff worked collaboratively with young people in a structured way to address identified risk and need. The **Shine** service provided support and assistance to women involved with justice services to engage with supervision and to achieve positive outcomes.

Initial **statutory reviews** took place within expected timeframes in the majority of cases although subsequent reviews were not always undertaken on time. The service did not have a clear review template in place for recording the discussion, decisions and outcomes. The management of non-compliance and use of discretion was appropriate in most cases. As well as sending letters when individuals missed appointments, staff would also text, phone or visit in an effort to encourage engagement. While the service undertook some quality assurance of operational practice, this was not consistent. The service had developed a new quality assurance framework to improve practice in this area, but this had not been fully implemented. Case records completed by supervising officers did not routinely reflect the range of work undertaken with individuals during supervision that aimed to address offending behaviour. The health and social care partnership had set aside significant funds to invest in a new social work information system, supported by a staff training programme, to improve case recording and enable improved information sharing and analysis.

The delivery of the unpaid work service was generally strong, and a range of suitable placements were provided. Placement providers and individuals were positive about work being undertaken that benefitted communities. The unpaid work service provided a wide range of **other activity** options as part of an unpaid work requirement. These had a focus on nutrition and physical activity provided by the health improvement team however, this had not been delivered for some time. The community learning and development team was providing other activity in the form of classes on health and wellbeing, employability, adult literacy and support in gaining a qualification. Unpaid-work staff delivered a six-session programme for individuals at the early stage of an unpaid work requirement as part of other activity. This included a focus on problem solving, anger management, drug and alcohol awareness and addressing attitudes supportive of offending behaviour.

How well do staff involve individuals in key processes?

Staff actively consulted with individuals and considered their views at key stages of their involvement with justice services. Home visits took place in accordance with plans in almost all cases. Individuals viewed these visits as positive as they enabled family members to be consulted and express their views on issues relating to the payback order and they provided an additional layer of support. Staff gave clear and helpful information to individuals at the start of supervision and unpaid work requirements. As a result, individuals were clear about what was expected of them during an order. A complaints procedure was in place and was actively monitored. There was a strong commitment among all staff groups to promote an individual's **self-efficacy**, independence and to enhance their ability to fulfil their obligations to the court by promoting responsibility and ownership of the order. This was supported by **person-centred approaches** to supervision and strong case management being embedded within the unpaid work service.

A number of positive changes were made to the unpaid work service following a review that included consultation with individuals on how the service could be improved. Individuals had identified poverty as a particular challenge to consistent engagement and attendance. This resulted in a variety of initiatives to remove potential barriers to engagement including the provision of discretionary travel and lunch vouchers. Individuals on unpaid work requirements contributed to consultations that helped shape corporate housing and homeless policy. They had also been included in an Alcohol and Drug Service reference group to develop future models of delivery. Exit questionnaires and a justice needs review tool had been used effectively to capture and respond to individuals views. Third sector partners including **Your Voice** were actively involved in listening to individuals' experiences of services and views on how they could be improved. This was central to the health and social care partnership's successful approach to collaborating with individuals to develop and improve services.

Impact and experience of community payback orders

This section focuses on the impact that justice social work services, including commissioned services, were having on the lives of those individuals who were, or had been, subject to a community payback order. It considers whether individuals benefitted from positive relationships with staff and what effect getting help and support had on them.

Almost all individuals we met were positive about the experience and impact of participating in community payback orders. Those subject to supervision experienced positive relationships with staff that were characterised by respect, support and appropriate challenge. Individuals found staff to be honest, straightforward, trustworthy and reliable. They reported that staff made time for

them, took account of their particular needs and vulnerabilities, and took proactive, practical steps to help them engage with their order.

Where individuals had particular needs, staff referred them to appropriate support services and there were no reports of significant delays. Individuals told us they benefitted from quick access to services providing support to address alcohol, drug and mental health issues. They found these services to be effective with many highlighting increased stability in their lives. Individuals also benefitted from a wide range of supports including clothing grants, emergency fuel payments, educational and volunteering opportunities, housing advice and help to resolve childcare arrangements. Individuals valued the additional help and support provided by third sector agencies including Turning Point Scotland, Venture Trust and Shine mentoring services, which complemented the support provided by justice staff.

Most individuals undertaking unpaid work, found work placements to be beneficial, well managed and rewarding. They highlighted that unpaid-work staff were supportive, approachable, courteous and respectful. They reported that unpaid work provided them with a helpful routine, a sense of purpose and the opportunity to try new things and learn new skills. For some, their experience was diminished by not always being provided with a placement when they attended the service, which they attributed to staffing issues and oversubscribing of work teams. The service had introduced a helpful traffic-light report system for case managers to identify and respond to service issues that could impede an individual's progress in completing their unpaid work requirement within expected timescales.

Individuals who participated in other activity as part of unpaid work found participation in a six-session offending behaviour programme useful, relevant and appropriately challenging to their thinking in respect of offending behaviour. A number of individuals had been supported by the community learning and development service to attain a Scottish Qualification Authority (SQA) personal achievement award as part of their other activity requirement.

Leadership

This section examines the effectiveness of leaders striving for excellence in the quality of justice services. We look at how well leaders provide governance and oversight, and use performance management to drive forward service improvement, innovation and change. We also look at the extent to which leaders involve staff, partner agencies and individuals to learn from others to develop services.

Chief officers, the council leader and the chief executive of the council demonstrated a strong vision for the ongoing improvement of justice services and outcomes for

individuals based on a 'getting it right for every child, citizen and community'⁹ approach. This vision was outlined clearly in the health and social care partnership's strategic plan. The plan reflected coherence and synergy across key national and local priorities that linked well to the '6 Big Actions' introduced by the partnership to improve outcomes for people and communities. Inspirational leadership and the vision and values promoted by leaders permeated the service and had a significant impact on the culture within the service of treating individuals with dignity and respect that staff had clearly adopted. Staff and managers had a clear sense of ownership of the aims and aspirations of the strategic plan. The partnership had undertaken a comprehensive assessment of strategic needs, informed by the views of individuals and communities, which had effectively informed policy, planning and service delivery. Leaders had a sound understanding of the key demographics and challenges in their communities and used this knowledge successfully to underpin their approach to service delivery. This was supported by robust and effective operational management of the service.

The justice service benefitted from being fully integrated into the health and social care partnership resulting in close links with colleagues across the partnership and improved pathways to access services for individuals. An effective working relationship between the justice service and the **community justice partnership** provided an opportunity for leaders to develop services from an early intervention and prevention perspective. It also created additional opportunities to include individuals in service development.

Leaders demonstrated a strong commitment to using sound performance information to improve outcomes for those using justice services. There was a clear culture of reflection, performance management and learning for continuous improvement. The service had a long-established and effective performance monitoring framework in place which supported the efficient and reliable collection of data. Information on key performance indicators was analysed through a quarterly service performance review forum chaired by the chief social work officer. The forum had been successful in driving improvement, and enabled leaders and managers to review data, measure performance against targets and set new targets based on new developments or learning.

Leaders had made changes to strategic objectives over time in response to emerging themes and an increased knowledge of the needs of individuals using justice services. They used performance information to learn from their successes and respond swiftly to areas for improvement. Chief officers provided regular performance reports to committees with oversight and governance responsibilities including the health and social care partnership committee, Inverclyde Alliance and the Integration Joint Board. These committees effectively held the service to account for maintaining high standards of service delivery and performance.

⁹ The Inverclyde Alliance had adopted a 'getting it right for every child, citizen and community' approach which was inclusive of individuals with experience of justice services. This was based on the Getting it Right for Every Child approach introduced in Scotland to better integrate the planning and delivery of services for children and young people.

Leaders were not yet able to demonstrate year-on-year trend information on improving person-centred outcomes. However, positive steps had been made towards achieving this through improved systems to collect and analyse relevant information.

There was a strong culture of co-production within justice services. For example, the views of forty women had been central to informing strategic plans aimed at better meeting the needs of women involved in the justice system. This resulted in a successful application to the **Community Fund** to establish a project steering group that aimed to achieve step change in service delivery driven by women with experience of justice services. Consultation with those using services had also been instrumental in reshaping and improving unpaid work services.

Leaders were proactive in using learning to improve services. Following publication of a Care Inspectorate report on serious incident reviews (SIR)¹⁰, the chief officer initiated a learning review that included an analysis of local SIR practice. This resulted in positive changes to the service's approach and arrangements for undertaking reviews. The health and social care partnership continuously challenged traditional ways of delivering justice services and explored ways to work differently and more effectively. This included moving towards adopting a public health model for the delivery of services, which was underpinned by a determination to address the impact of poverty, deprivation and disadvantage that a high number of individuals had experienced.

Leaders responded proactively and imaginatively to a significant reduction in core funding for the justice service that had affected several aspects of service delivery including the arrangements in place to deliver offence-focused programmes. Leaders undertook a comprehensive review that focused on delivering quality services within a reduced budget. This resulted in an investment in the Up2U domestic abuse programme and training for staff in the Moving Forward: Making Changes sex offender treatment programme. Senior managers had also reviewed the paraprofessional role in order to enable the service to be more responsive to fluctuations in demand across a range of activities.

Staff in the unpaid-work service expressed dissatisfaction with the current approach to recruitment and retention that meant some staff were employed on temporary employment contracts on an ongoing basis. This had affected staff morale and resulted in some uncertainty and insecurity. Leaders were alert to the potential impact on staff of temporary employment contracts and ensured that development and training opportunities and support structures were available to both temporary and permanent staff. However, given the important contribution that this staff group had made to improvements in the performance of the service, the temporary nature of these posts puts the sustainability of ongoing performance improvement at risk.

¹⁰ Criminal Justice Social Work Serious Incident Reviews – An overview of themes arising from notifications submitted between February 2015 and December 2017

How well is the service preparing for the extension of the presumption against short sentences?

The service had comprehensively reviewed the potential implications of the extension of the **presumption against short-term sentences**. The review highlighted that while it was difficult to predict the number of additional community payback orders (CPO) that may be made as a result, there would be a likely impact on the number of criminal justice social work reports requested by the court and a subsequent impact particularly on unpaid work services.

The service identified that over 60 individuals were sentenced to periods of custody of between three and 12 months during 2017/18, many of whom were likely to have complex needs and experience of the significant effects of severe and multiple deprivation. Senior managers recognised that effective partnership working arrangements would be crucial in responding to the needs of these individuals should they become subject to a CPO rather than a custodial sentence. Helpful discussions had been initiated with relevant community justice partners to develop appropriate arrangements. In addition, managers had put appropriate arrangements in place to recruit additional sessional staff where required. The service also planned to enhance its ability to respond to increased demand by using paraprofessionals to address pressure points across the service as they arose. Meeting these potential demands will be a challenge against the backdrop of a reduced budget for the justice service.

Areas for improvement

- Senior officers should review policy and practice relating to the timescales for completing LS/CMI assessments and plans to ensure that a best practice approach is implemented and clear guidance is provided to staff.
- Senior officers should ensure that quality assurance processes are well-embedded in order to improve the quality of practice around statutory reviews and case recording.

Capacity for improvement

We were confident that the justice service had considerable capacity to continue to make improvements where required. Our confidence was enhanced by the strong leadership, effective governance arrangements and well-embedded performance management framework that were in place. An effective quarterly performance review forum was successfully driving improvement. The effective integration of justice services within the health and social care partnership meant that the justice agenda had prominence and senior managers were able to influence the strategy for

service development. Leaders had established clear and well-informed person-centred outcome measures and put arrangements in place to analyse performance against these. They demonstrated the ability to use data effectively to change practice and services where needed. This was supported by an ambition to address the impact of poverty for individuals and to embed a relationship-based case management approach for all individuals subject to community payback orders which had the potential to significantly improve outcomes, particularly for those undertaking unpaid work. A culture of striving for continuous improvement and a drive to achieve transformative change in service provision puts the service in a strong position to strive for excellence.

Evaluations

What key outcomes have we achieved?	
1.1 Improving the life chances and outcomes for people subject to a community payback order	Very good
<p>Rationale for the evaluation</p> <p>The service can demonstrate strong and improving performance trends across several important community payback order standards. Consistently high performance has enabled the service to exceed the national average for initial contact rates and commencement of unpaid work, often significantly. This was noted as a particular achievement given the needs profile of individuals subject to the various requirements of a community payback order, most of whom lived in some of the most deprived communities in Scotland. A robust performance framework and access to high-quality data analysis meant leaders were well informed on where further improvements could be achieved. Building on strong national performance, ambitious local targets were being reviewed to ensure they remained aspirational and achievable. There was a strong determination and commitment within the service to achieving positive change in the life circumstances of individuals. Mechanisms such as a bespoke justice needs review tool and completion questionnaires meant the service was increasingly able to demonstrate intended individual outcomes however, they were not yet able to demonstrate year-on-year trend data showing the sustained achievement of positive outcomes. A range of positive outcomes had been achieved for individuals, many of whom had achieved greater stability in accommodation and increased access to further education and learning opportunities. Individuals were able to demonstrate increased awareness of the issues that contributed to their offending alongside improved confidence in their ability to desist from further offending in the future.</p>	

How well do we meet the needs of our stakeholders?

2.1 Impact on people who have committed offences

Very Good

Rationale for the evaluation

Individuals benefitted from positive working relationships with staff at all levels. Staff demonstrated a positive value base and treated individuals with dignity and respect and engaged in positive conversations aimed at addressing their particular needs. Individuals told us that participation in community payback orders had been a positive experience through which they were able to access help, support, advice and encouragement to address issues that had resulted in offending. Individuals experienced swift access to support services with no significant delays in service provision.

Individuals spoke very positively about their social workers, case managers and unpaid work supervisors and told us that staff valued them, made time for them and helped them access a range of practical and financial support. As a result of engagement with specialist support services, individuals experienced increased stability around drug and alcohol use, improved family relationships, greater maturity and were better informed about employability options. For some individuals, their motivation to engage consistently with their order was affected by sometimes being unable to access unpaid work placements. This was attributed to staffing shortages and oversubscribing of work teams. The service had recently introduced an attendance monitoring tool which aimed to track and address this issue.

How good is our delivery of services?

5.2 Assessing and responding to risk and need

Good

Rationale for the evaluation

The service produced high-quality and informative court reports to inform sentencing options. These were supported by sound initial assessments of risk and need. Specialist assessments were being completed appropriately for young people and individuals convicted of sex offences. The service had not yet implemented an accredited domestic abuse risk assessment tool however, plans were in place to do so. We found strong collaboration with colleagues and partner agencies to inform assessments. Communication and information sharing within the justice service and across partner agencies was effective and efficient. Case managers and unpaid work supervisors shared important information on evolving and escalating risk in order to respond to this quickly. Innovatively, the use of a bespoke justice needs review tool helped case managers identify, monitor and respond to risk and need for individuals on stand-alone unpaid work orders. While individuals had an appropriate

and informative LS/CMI risk assessment in place, most of these had not been completed within the expected 20-day timescale outlined in National Outcomes and Standards. Local policy had extended the timescale for completion to up to ninety days to correlate with the initial statutory review. However, this delay had not resulted in an improvement in the quality of assessments. There was a lack of clear guidance for staff on when and under what circumstances a full assessment should be completed at an earlier stage of an individual's order.

5.3 Planning and providing effective intervention

Good

Rationale for the evaluation

The service had a strong ethos of ensuring that a relationship-based practice approach was the basis for the supervision of individuals subject to CPO. Staff were clearly demonstrating the vision and values of the service in their positive, respectful engagement with individuals. Case management plans were present in almost all cases however, the majority of these had not been completed within the expected 20-day timescales. The majority of plans were high quality and reflected a range of interventions that were person-centred and recognised the significant welfare challenges that existed for many individuals subject to community payback orders. Collaborative planning and partnership working enhanced the quality of case management and supported swift access to appropriate services. A balanced, structured range of intervention including established programmes and approaches was in place within supervision. A sound approach was in place to address risk, needs and offending behaviour for young people and women on community payback orders. The delivery of interventions for perpetrators of domestic abuse was less consistent. The processes for undertaking statutory reviews needed improvement to ensure that they took place on time and were recorded in a way that fully reflected progress and informed planning. The delivery of unpaid work services was generally strong, and placement providers and individuals gave helpful examples of unpaid work which benefitted communities. While the service undertook some quality assurance of operational practice, this was not consistent.

How good is our leadership?

9.4 Leadership of improvement and change

Very Good

Rationale for the evaluation

Leaders demonstrated a strong vision for the ongoing improvement of justice services, with achieving positive outcomes for individuals underpinning their values. Led by senior officers and elected members, the positive culture of treating individuals with dignity, respect and recognition of the considerable impact of deprivation on individuals, was clear throughout the service and ably demonstrated by staff. Clear and effective governance arrangements were in place, supported by a strategic plan that was usefully informed by a robust strategic needs assessment. A well-embedded performance management framework provided leaders with

valuable data that was used effectively to inform policy, planning and to drive improvement. The justice service had exceeded national performance targets on most indicators. The justice service was well integrated into the health and social care partnership which strengthened links between the partnership colleagues and services to the benefit of individuals.

Robust arrangements were in place for scrutiny and oversight of the performance of the justice service. The health and social care partnership and justice service continuously challenged traditional ways of delivering services and explored ways to work differently and more effectively. The service recognised the need to improve processes to gather and use person-centred outcome information to further inform planning and service development and demonstrate outcomes for individuals to a greater extent.

Appendix 1

The six-point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance that is sector leading and supports experiences and outcomes for people that are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths that, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes that are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements

must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance that require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks that cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency to ensure that people are protected and their wellbeing improves without delay.

Appendix 2

The quality indicator model

The inspection team used this model to reach evaluations on the quality and effectiveness of services.

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders?	How good is our delivery of services for those involved in community justice?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on people who have committed offences, their families and victims	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1 Improving the life chances and outcomes of those with lived experience of community justice	2.1 Impact on people who have committed offences 2.2 Impact on victims 2.3 Impact on families	5.1 Providing help and support when it is needed 5.2 Assessing and responding to risk and need 5.3 Planning and providing effective intervention 5.4 Involving people who have committed offences and their families	6.1 Policies, procedures and legal measures 6.2 Planning and delivering services in a collaborative way 6.3 Participation of those who have committed offences, their families, victims and other stakeholders 6.4 Performance management and quality assurance	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	3. Impact on staff		7. Management and support of staff	
	3.1 Impact on staff		7.1 Staff training and development, and joint working	
	4. Impact on the communities		8. Partnership working	
	4.1 Impact on the community		8.1 Effective use and management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self-evaluation	
10. What is our capacity for improvement?				
Overall judgement based on an evaluation of the framework of quality indicators				

Appendix 3

Terms we use in this report

Case management plan – This should be developed in collaboration with the individual and should seek to address the identified risks and needs and promote the strengths identified by the assessment process.

Community Fund – is the term used to describe the National Lottery Community Fund previously known as the Big Lottery.

Community justice partnership – These were introduced across Scotland as a result of the Community Justice (Scotland) Act 2016 and established a new model whereby community justice partners are required to work collaboratively to deliver community-based local solutions to improve outcomes for community justice, reduce reoffending and support desistance.

Constructs – is a groupwork programme for men aged over 18 that aims to achieve a measurable reduction in re-offending.

Desistance – in the field of criminology, this is the term used to describe the process of cessation of offending or other anti-social behaviour. Achieving a better understanding of the how and why people stop offending provides an opportunity to develop better criminal justice policy, processes and practice.

LS/CMI – The Level of Service/Case Management Inventory is a case management tool and assessment instrument that measures the risk and need factors of late adolescent and adult offenders.

MAPPA - is the acronym for multi-agency public protection arrangements put in place to manage the risk posed by registered sex offenders and other individuals who pose a high risk of harm to people and communities.

MARAC - refers to multi-agency risk assessment conferences. These are arranged to share and review information on high-risk domestic abuse perpetrators and those potentially affected by domestic abuse.

Other activity - can be undertaken as part of an unpaid work requirement and provides an opportunity for individuals to undertake other rehabilitative activities which promote **desistance** from offending, for example alcohol or drug education, employability training, problem solving, interpersonal skills training and so on.

Person-centred approaches – is the term used for practice that focuses on the individual's personal needs, wants and goals so that they become central to the social work process.

Presumption against short-term sentences (PASS) - The Criminal Justice and Licensing (Scotland) Act 2010 introduced a presumption against sentences of less than three months, requiring the court to (i) only pass a sentence of three months or

less if no other appropriate disposal is available and (ii) record the reasons for this. Following a period of consultation, the Scottish Government announced its intention to extend the legislation to include a presumption against sentences of less than 12 months.

Safer lives – is a programme for individual work with children and young people under the age of 18 involved in harmful sexual behaviour or sexual offending behaviour using a strengths-based model.

Self-efficacy – is a person's belief in their ability to succeed in specific situations or accomplish a task. One's sense of **self-efficacy** can play a major role in how one approaches goals, tasks, and challenges.

Shine - is a national service that provides mentoring and support to women serving a custodial sentence, on remand or subject to a community payback order and is aimed at supporting desistance and reducing reoffending.

Statutory reviews – National Outcomes and Standards indicate that case management plans should be reviewed, and where necessary, revised at regular intervals during the course of a community payback order.

Supervision requirement – This is one of nine provisions available to the court that can be imposed as part of a community payback order (CPO). With the exception of unpaid work for individuals aged 18 and over, none of the CPO requirements can be imposed without the addition of a supervision requirement.

Targets for Change – is an offence-focused programme that can be delivered on a one-to-one basis for individuals subject to justice social work supervision.

Unpaid work – is intended as an alternative to imprisonment that takes place in local communities and is for the benefit of the community. It can be imposed as a stand-alone requirement by means of a Level 1 or Level 2 order, or it can be imposed in conjunction with a range of other requirements, including supervision.

Whole Systems Approach – introduced by Scottish Government, this is the national programme for addressing the needs of young people involved in offending. It is underpinned by the principles of the Getting it Right for Every Child approach.

YLS/CMI – The Youth Level of Service/Case Management Inventory is a generic risk assessment tool used to assess the risk of future offending in young people aged between 12 and 17.

Your Voice – is a not-for-profit organisation in Inverclyde founded to work with individuals and communities to ensure they have a say about decisions that affect their lives. The Inverclyde health and social care partnership has used the information gathered from individuals and communities to inform policy, practice and service development.

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.gov.scot
Care Inspectorate Enquiries: 0345 600 9527



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