

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 28 January 2020 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
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1.	Apologies, Substitutions and Declarations of Interest	
<u>Item for Noting:</u>		
2.	Transformational Change Programme Sexual Health Services Implementation Plan (Update) Report by Head of Adult Services (Sexual Health, Prison and Police Custody Healthcare) NB There will also be a video presentation on this item	p
<u>Items for Action:</u>		
3.	Chief Social Work Officer Annual Report 2018/19 Report by Chief Social Work Officer for Inverclyde Council NB There will also be a presentation on this item	p
4.	Minute of Meeting of Inverclyde Integration Joint Board of 4 November 2019	p
5.	Rolling Action List	p
6.	Financial Monitoring Report 2018/19 – Period to 31 October 2019, Period 7 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	Criminal Justice Social Work Inspection Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	Locality Planning – Progress Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
9.	Standard Operating Procedure on Reporting Progress on Implementing the Commitments of the Strategic Plan Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

10.	Inverclyde Rights of the Child Award (IROC Award) and Children's Rights Duty to Report 2020 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
11.	Living Well Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
12.	Review of Inverclyde HSCP Alcohol and Drugs Services – Progress Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Noting:</u>		
13.	Integration Scheme Review Timeline Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
14.	Update from Transformation Fund Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
15.	Social Prescribing Report October 2019 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
16.	Chief Officer's Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
17.	Minute of Meeting of IJB Audit Committee of 10 September 2019	p
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 as are set out opposite the heading to each item.		
18.	Reporting by Exception – Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP Governance process for externally commissioned Social Care Services	p
19.	Mental Health Services Inverclyde Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the position in respect of Mental Health Services in Inverclyde	Para 1 p

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

The papers for meetings of the IJB Audit Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/59>

The papers for meetings of Inverclyde Council's Health & Social Care Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/49>

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

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Rhoda Macleod - Head of Adult Services (Sexual Health, Prison & Police Custody Health Care) **Report No:** IJB/12/2020/RM

Contact Officer: Rhoda Macleod **Contact No:** 0141 211 8179

Subject: **TRANSFORMATIONAL CHANGE PROGRAMME SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN (UPDATE)**

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Integration Joint Board of the service changes and implications for Inverclyde of the above Transformational Change Programme

2.0 SUMMARY

- 2.1 As part of the Transformational Change Programme for Sexual Health services, a new service model is proposed which will provide services in a tiered way with routine, scheduled and unscheduled, urgent and complex, and highly specialist services being provided in the tiers. The current Inverclyde sexual health service will be developed into a tier 1 service providing routine scheduled and emergency on 2 full days each week with enhanced staffing levels and increased service provision. This service will improve access to routine sexual and reproductive health care and will have clear pathways to specialist and consultant support as required. The new tier 1 model of service will be established in the current location in Greenock Health Centre. A young people evening service will be provided from a suitable location, to be agreed with our HSCP partners.
- 2.2 The proposed changes outlined in this paper will be implemented throughout 2020, and the developments in Inverclyde will be put in place by September 2020.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the IJB notes the proposed timescale for implementation of the service changes as part of the new service model.

4.0 BACKGROUND

4.1 The plan for the next 3 years to remodel sexual health services in Greater Glasgow and Clyde (GGC) is set out in the Transformational Change Programme – Sexual Health Services (March 2018) which has been endorsed through engagement with our partners and with the public, and was approved by Glasgow City Integrated Joint Board (IJB) in March 2018.

The objectives of the Transformational Change Service Review were to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways.
- Encourage those who could be self-managing to be supported differently.
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.

4.2 Key service improvements which will be delivered as a result of the Service Review are:

- Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people.
- An improved model of service for adults allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
- People will be able to virtually attend services and access sexually transmitted infection (STI) testing.
- Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations.
- Improved access to oral hormonal contraception at some community pharmacies throughout Glasgow.
- Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support Workers for people without symptoms) across all Sandyford locations.
- Quicker and easier telephone booking and access, and a comprehensive online booking system introduced.

4.3 A full and detailed paper on the Transformational Change Programme – Sexual Health Services Implementation Plan was presented to Glasgow City IJB in November 2019 for approval. The full report can be viewed [here](#)

4.4 Future Service Model

The Transformational Change Programme has recommended that the future service model should comprise of 3 tiers of service provision for clients who need to see specialist sexual health services:

- **Tier 3** - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West
- **Tier 2** – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in Renfrewshire and Glasgow North West, Glasgow South and Glasgow North East. The South and North East services will also integrate tier 1 services to establish a more comprehensive service provision including evenings.

- **Tier 1** - smaller, local services which will offer routine scheduled and emergency care, located in Inverclyde, East Renfrewshire, West Dunbartonshire, East Dunbartonshire and Glasgow City.
- **Young people's services** for those aged up to 18 (and older if care experienced) will be improved to allow easier access to services designed for and with them, and better outcomes for those young people. We will provide routine and emergency care in early evening sessions for young people across all HSCP areas, and will work in partnership to develop these. Over time some of these services may be delivered by appropriately trained staff from within the HSCPs.
- **Online services** will support people with simpler and more straightforward clinical needs to navigate access to the services they need in a timely manner. People who ordinarily use Sandyford services for routine STI tests and oral contraception will be able to access this online as a fully integrated service to ensure a seamless and fast-tracked pathway for people who need treatment and/or follow up. This online service will be established initially as a demonstration project for people living in East Renfrewshire and East Dunbartonshire as well as in Castlemilk, Drumchapel, Springburn, Pollok and Easterhouse. Testing the service in these areas for 12 months will also allow further assessment of the physical service provision in other areas.
- **Pharmacy Contraception provision.** We are working with colleagues and will initially establish and test 7 day a week delivery of oral hormonal contraception in sites across Glasgow, East Renfrewshire and East Dunbartonshire.

4.5 Changes to services in Inverclyde.

The current service in Inverclyde is provided over 3 days from the clinic in Greenock Health Centre. This service will be developed into a tier 1 service, providing routine scheduled and emergency on 2 full days each week, with enhanced and increased nursing staffing levels. In line with the development of a tier 3 service in Glasgow with the centralisation of all specialist services, there will be no medical staff providing clinics in Inverclyde. The new service will have Advanced Nurse Practitioner leadership, and access to senior clinical decision making and support and specialist advice from the tier 3 service.

An evening service for Young People will be provided from a suitable and accessible location, to be agreed with HSCP partners.

The proposed changes outlined in this paper will be implemented throughout 2020, and the developments in Inverclyde will be put in place by September 2020

4.6 **ENGAGEMENT AND PARTNERSHIP WORKING**

- 4.6.1 We have engaged with Inverclyde HSCP about the service changes in the local area and have met to discuss the specific service model and the development of the current service into a tier 1 service with increased service provision and enhanced staffing.

4.6.2 Development of the Implementation Plan for the Transformational Change Service Review has had multi-partner and multi-agency involvement. The Staff Partnership Forum has been represented on the Implementation Board and Sandyford staff have been involved and informed. We have engaged in discussions with partners in all HSCPs in GGC in order to agree the number and locations of future tier 1 and tier 2 services. These discussions are ongoing and in some cases will continue throughout the life of this Implementation Plan to determine the exact shape of the future Sexual Health service. We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff.

4.6.3 A public engagement process was undertaken between 5th August and 13th September 2019. We worked with Glasgow City HSCP and the Scottish Health Council to develop the public engagement in order to gather views on our proposals from a wide range of stakeholders including service users, members of the public, partner organisations, staff, and other interested parties. The engagement process included the following:

- A summary document outlining the proposals was available as a pdf online on the HSCP and sexual health websites and via Sandyford Twitter, and printed copies were available in all Sandyford services (1500 printed).
- A short animation was developed, highlighting the proposals of the summary document in a more accessible format.
- Feedback was sought via a short online survey and also available in paper copies with prepaid envelopes to support returns.
- Electronic copies of the summary were emailed to 3000 Sandyford service users, 180 voluntary sector and community groups, NHS and partner organisations, and to Sandyford staff.
- Face to face briefing meetings were held with local groups and forums on request.

4.6.4 Conclusions of the Engagement

- There was a good level of engagement with the online survey from the public, staff and other professionals.
- Most respondents were positive about the proposed service changes with the public viewing the overall proposals more positively than staff.
- Measures to facilitate faster and easier access to the service were well received and many reported frustrations at the current service access barriers.
- There is a high level of support for some of the innovative approaches and service provision elements.
- The online booking facility is more important to public whilst still rating high for staff and others.
- There is some concern about people needing to travel further to access service especially from staff in a range of services. Alongside this sits concern about relocating services from some of the areas in Glasgow City, especially from areas of deprivation.
- There was a good level of engagement with young people in a separate survey.
- 91% of respondents (YP) said the proposed opening times 3.30-7.30 pm were ok for them.
- Overall, the majority of respondents (YP) considered the proposed location of the young people's clinic, within their locality, to be acceptable.

The full engagement report can be viewed at <https://www.sandyford.org/about-us/sexual-health-services-developments/>

4.6.5 Further engagement and evaluation will take place throughout the life of the Implementation Plan and will focus on issues including:

- Service user confidence and satisfaction with new services.
- Staff/professional confidence and satisfaction with new ways of working.
- Primary Care and other Partners' confidence and satisfaction with new services.
- Equity.
- A shift of non-complex work away from most senior specialist clinicians.
- Impacts on the wider healthcare system.
- Any emerging issues which could be addressed in the short term and/or any major issues or risks which may impact on long-term implementation..

5.0 IMPLICATIONS

FINANCE

5.1 There are no financial implications for Inverclyde HSCP.

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no specific legal implications arising from this report

HUMAN RESOURCES

5.3 There are no specific human resources implications for Inverclyde HSCP arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

YES
The EQIA can be viewed here [EQIA](#)

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The new service model will improve access to services in various ways. There will be more appointments available at the tier 1 Inverclyde service than currently; routes into specialist

	care will be clear and accessible, including information about who should go elsewhere and how to do this; people will be further supported to access care through an expansion of test-only services, quicker and easier telephone access, and comprehensive online booking.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The new service model will reduce discrimination through better access to information and services when and where people need these. There are no considered disproportionate barriers created by the move to a new service model or change of locations
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	Public consultation has taken place and was accessible online and hard copy. A consultation was carried out with young people who stated that previous opening hours were not suitable for their needs. A specific young person's service with later opening hours will be implemented and the young people's council will be consulted regarding the location.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Sandyford staff undertake equality and diversity statutory training.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	There will be increased staff awareness and training in Routine Sensitive Enquiry to identify gender based violence.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	The HSCP have undertaken sessions for the New Scots community on using a range of services and specific health related sessions including men's and women's health topics.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications for Inverclyde HSCP arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

This report supports ongoing commitment to all 9 national health and wellbeing outcomes.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The transformational programme is designed to ensure people can access improved health information and improved sexual health services in a variety of ways.

People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	There will be improved health information and improved sexual health services for all.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Experience of service users will continue to be recorded and should be monitored following service changes.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved health information and improved sexual health services will directly contribute to improved quality of life for service users.
Health and social care services contribute to reducing health inequalities.	Unlike in Glasgow, people from Greenock are less likely to travel to access Sandyford services. During 2018, 67% of people who attended the service in Greenock came from the local area. Sandyford data showed that 16% of those from Greenock travelled to Sandyford Central and 8% to the Paisley clinic, and whilst there are good public transport routes to both services this should be kept under review.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Longer opening hours across the 2 days should offer greater flexibility to those who are carers.
People using health and social care services are safe from harm.	There is a comprehensive plan in place to ensure staff are appropriately skilled to carry out new roles within the service.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Sandyford are utilising a number of ways of communicating and engaging with staff during the service transformation. There is a Staff Reference group established as part of the service review and staff are part of this group.
Resources are used effectively in the provision of health and social care services.	An improved model of service allowing more appointments to be offered across fewer service locations, more

	people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
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6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 As per section 4.6

8.0 BACKGROUND PAPERS

8.1 None.

Report To:	Inverclyde Integration Joint Board	Date: 28 January 2020
Report By:	Sharon McAlees Chief Social Work Officer for Inverclyde Council	Report No: IJB/06/2020/SMcA
Contact Officer:	Sharon McAlees Chief Social Work Officer	Contact No: 715282
Subject:	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19	

1.0 PURPOSE

- 1.1 The purpose of the report is to advise the Integration Joint Board 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 a. It is recommended that the Integration Joint Board notes and comments on the content of the Inverclyde Chief Social Work Officer Report

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 IMPLICATIONS

5.1 FINANCE

There are no financial implications.

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

5.3 There are no implications.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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YES

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 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.

7.2 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.

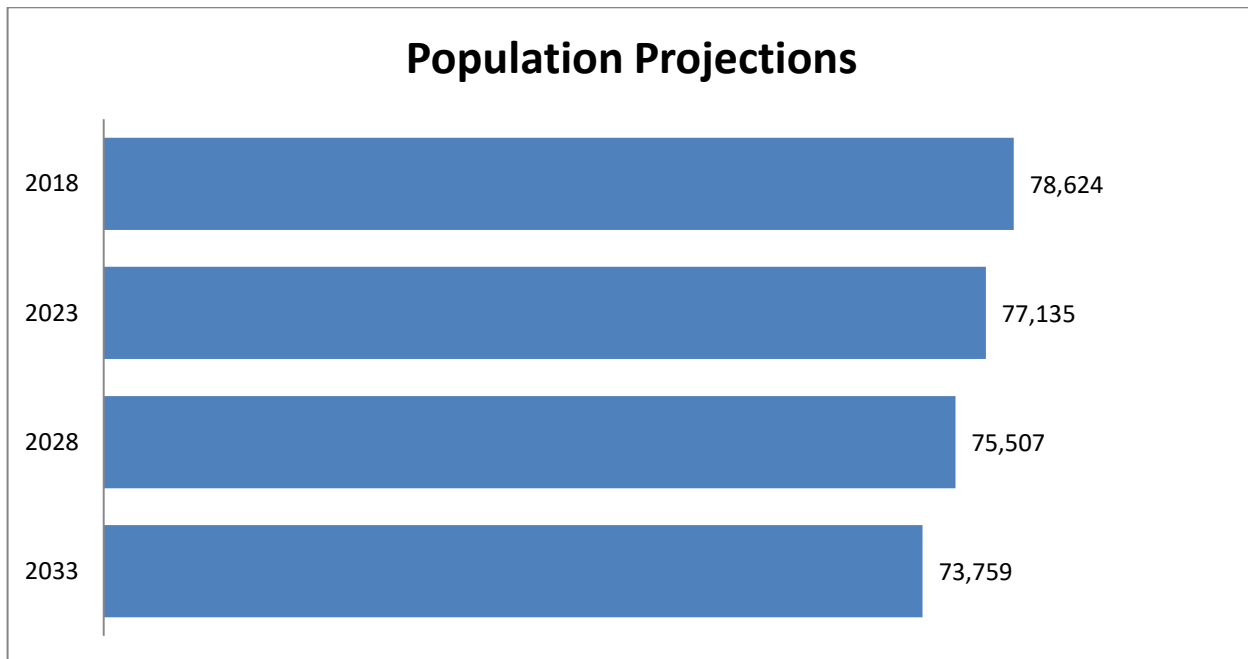


Figure 1 – Inverclyde Population Projection (Total)

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.

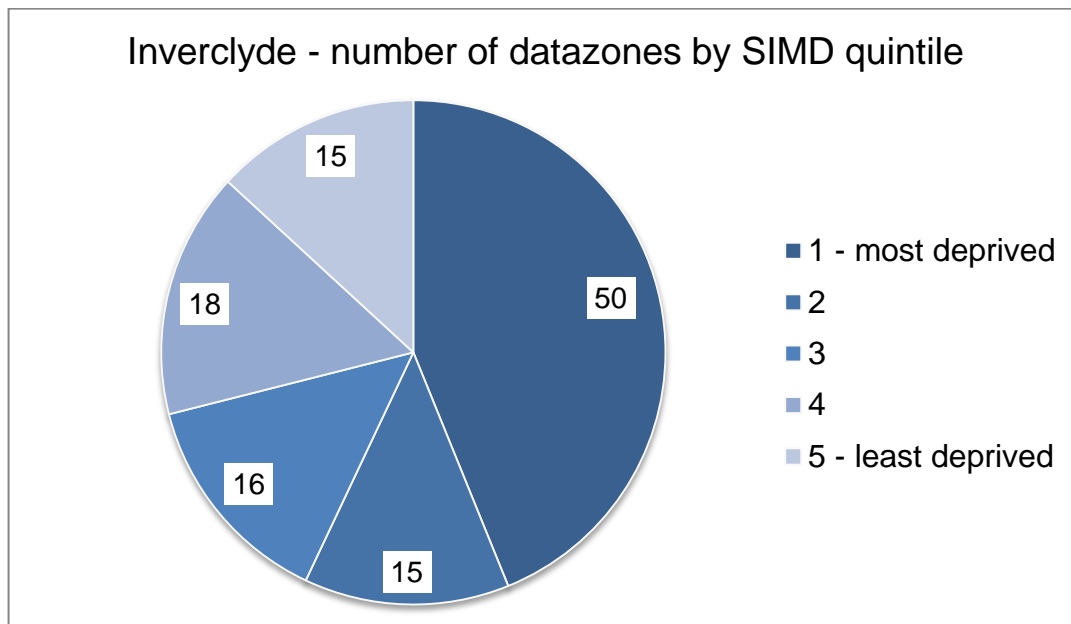


Figure 2 – Number of Inverclyde datazones by SIMD quintile

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.

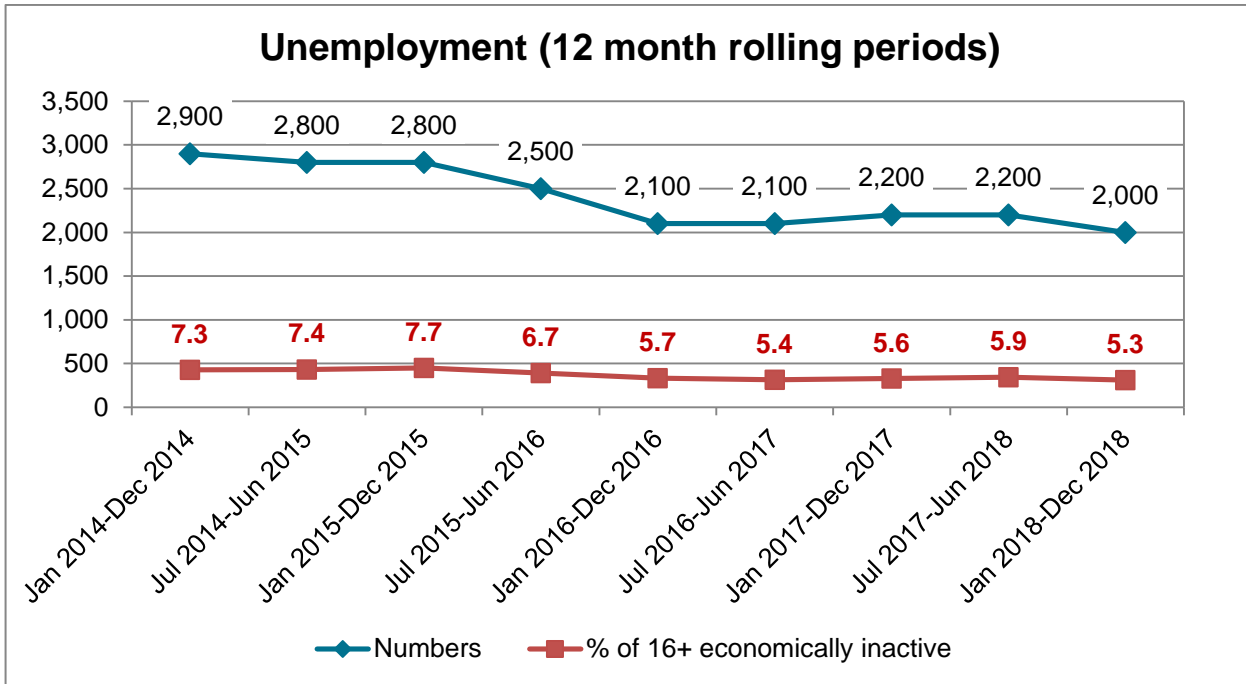


Figure 3 – Unemployment (in 12 month rolling periods)

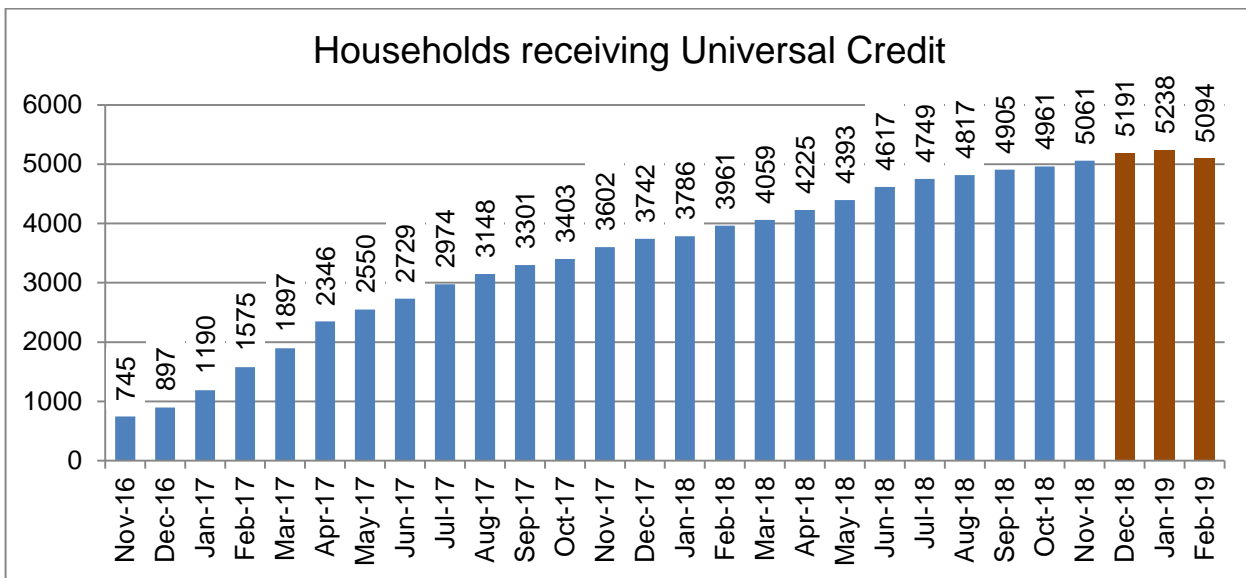


Figure 4 – Number of households receiving Universal Credit

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.

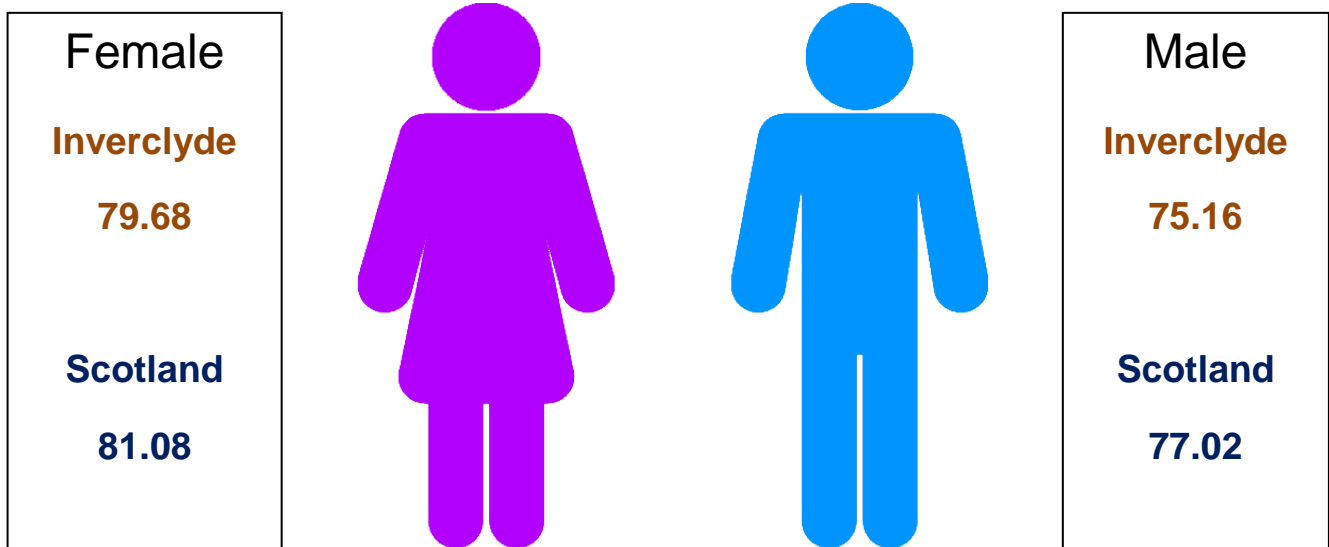


Figure 5 – Life expectancy comparison

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

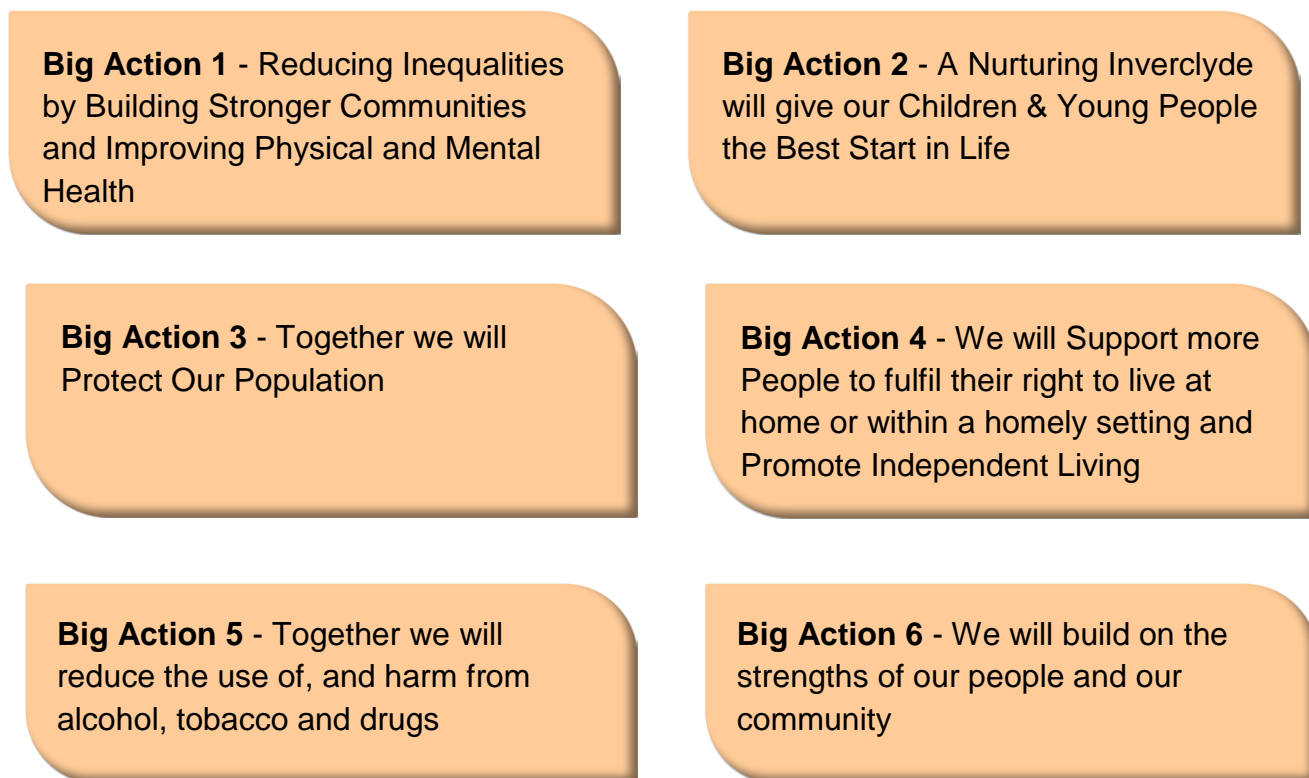


Figure 6 – Big Actions

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.

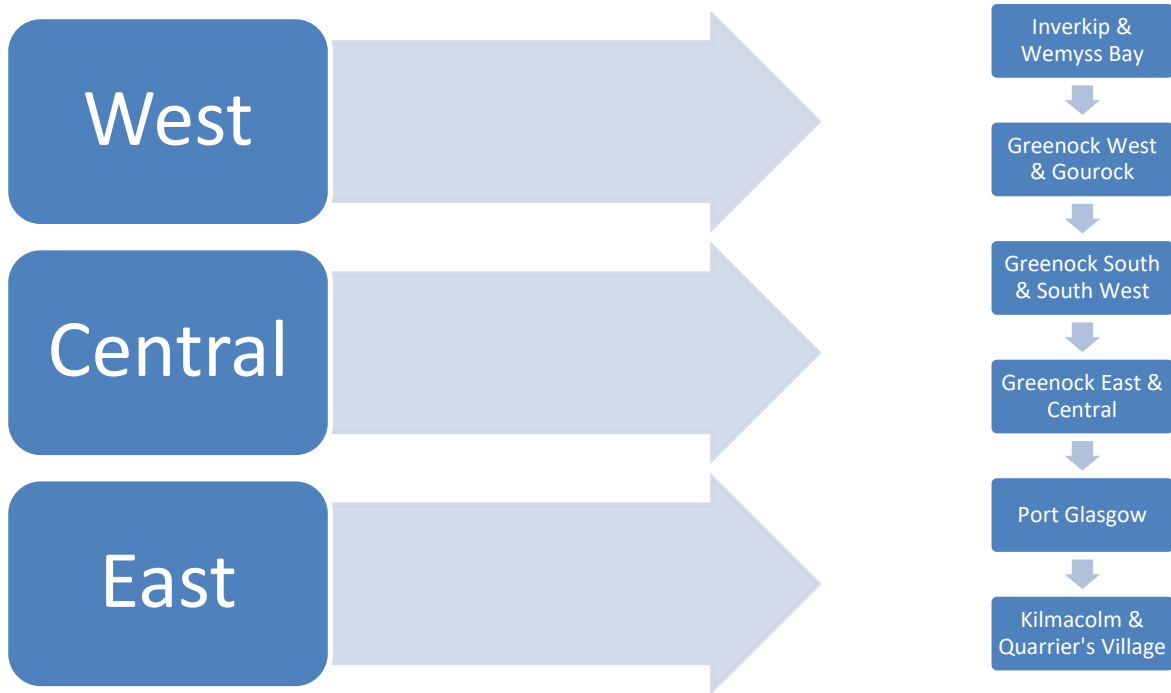


Figure 7 – Change in Locality Groups

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.

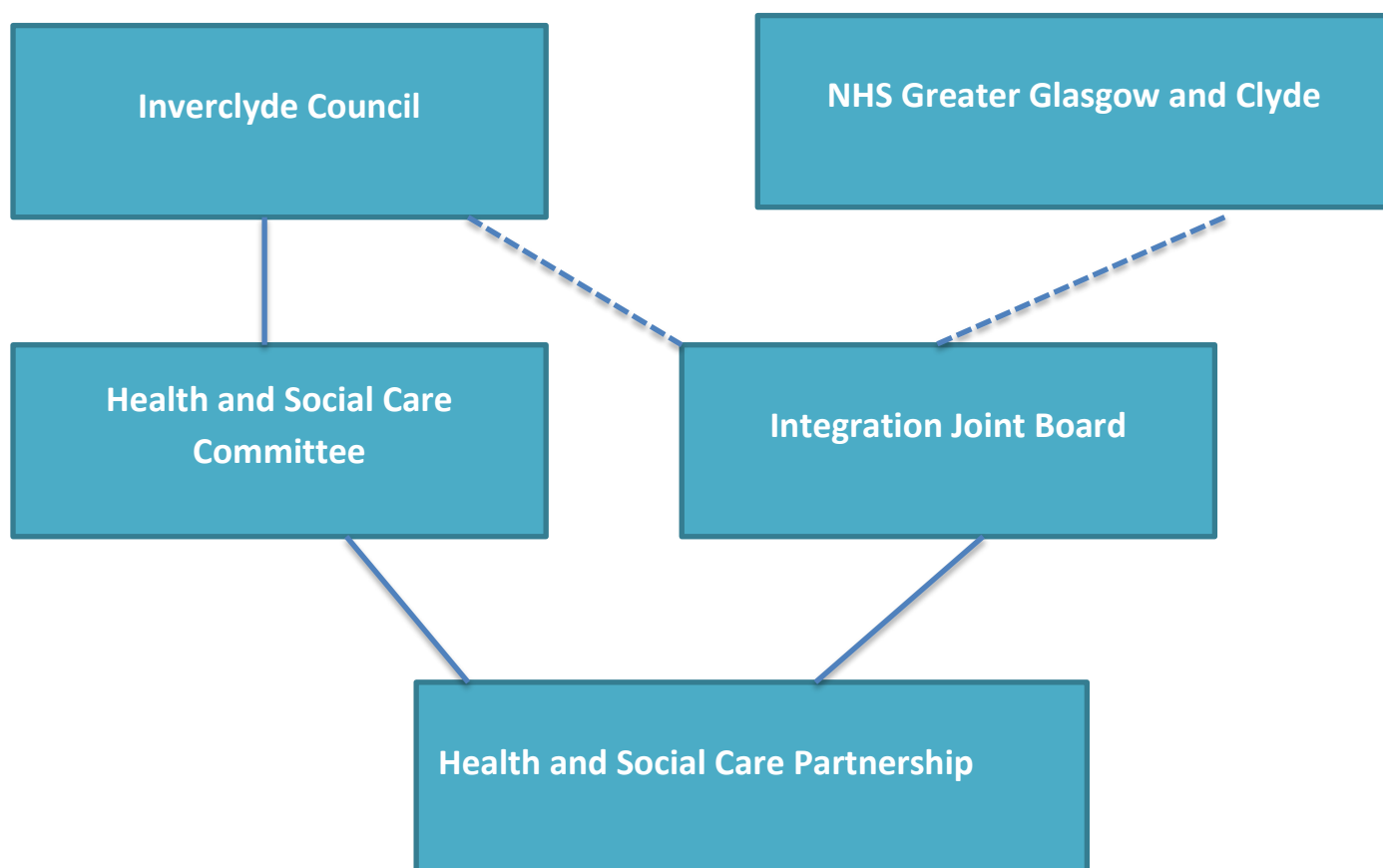


Figure 8 - Reporting Structures

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.

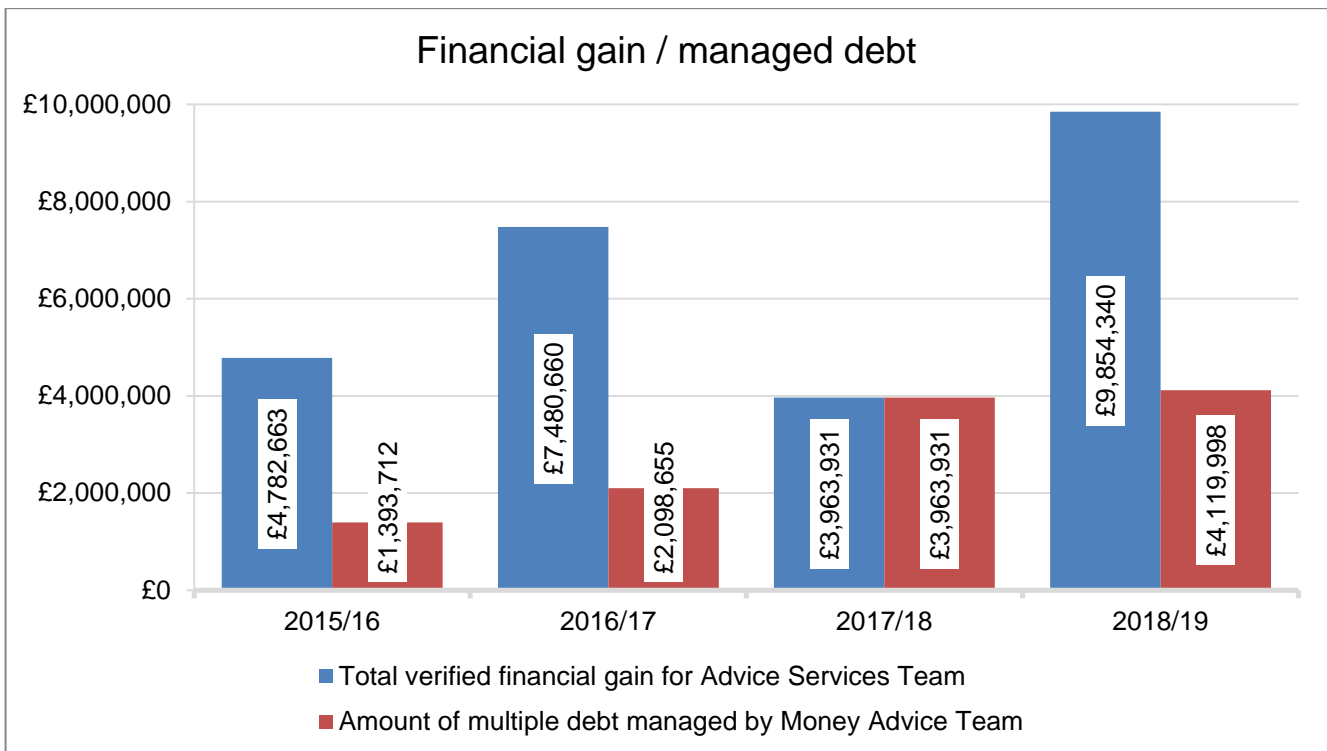


Figure 10 – Financial gain/managed debt by Advice Services Team

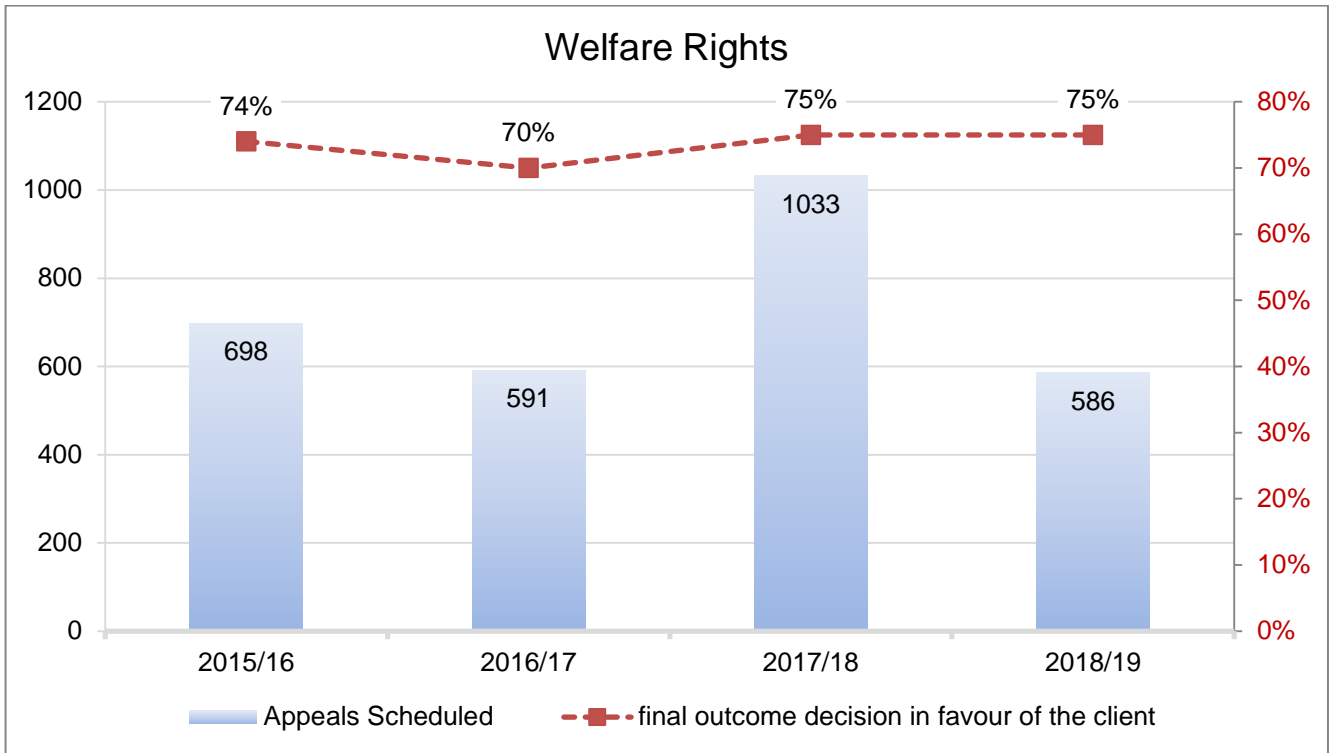


Figure 11 – Welfare Rights appeals scheduled and success rate

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.

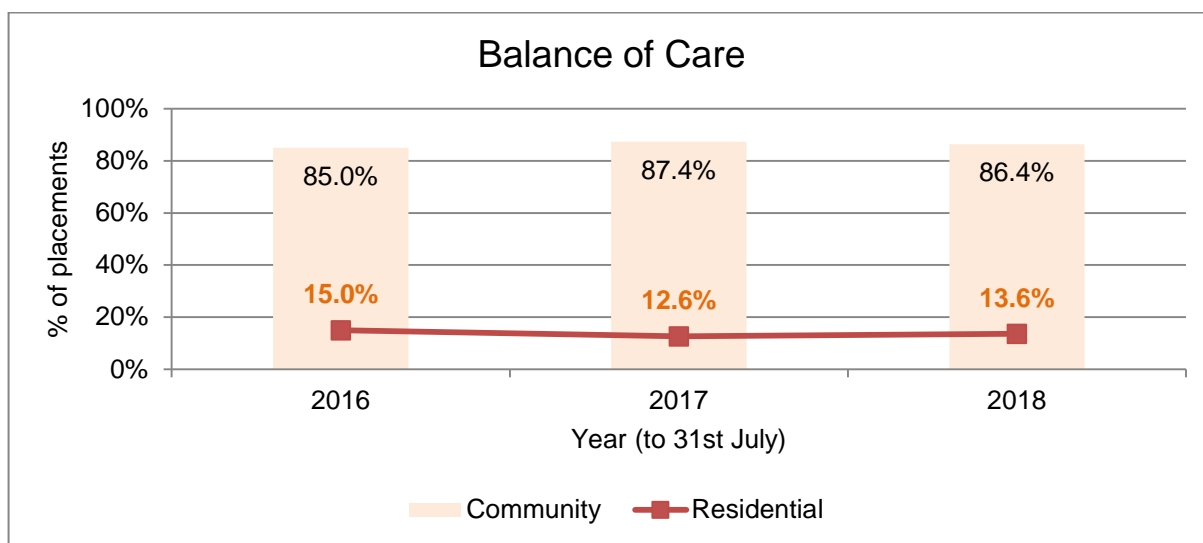


Figure 12 – Balance of care

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.

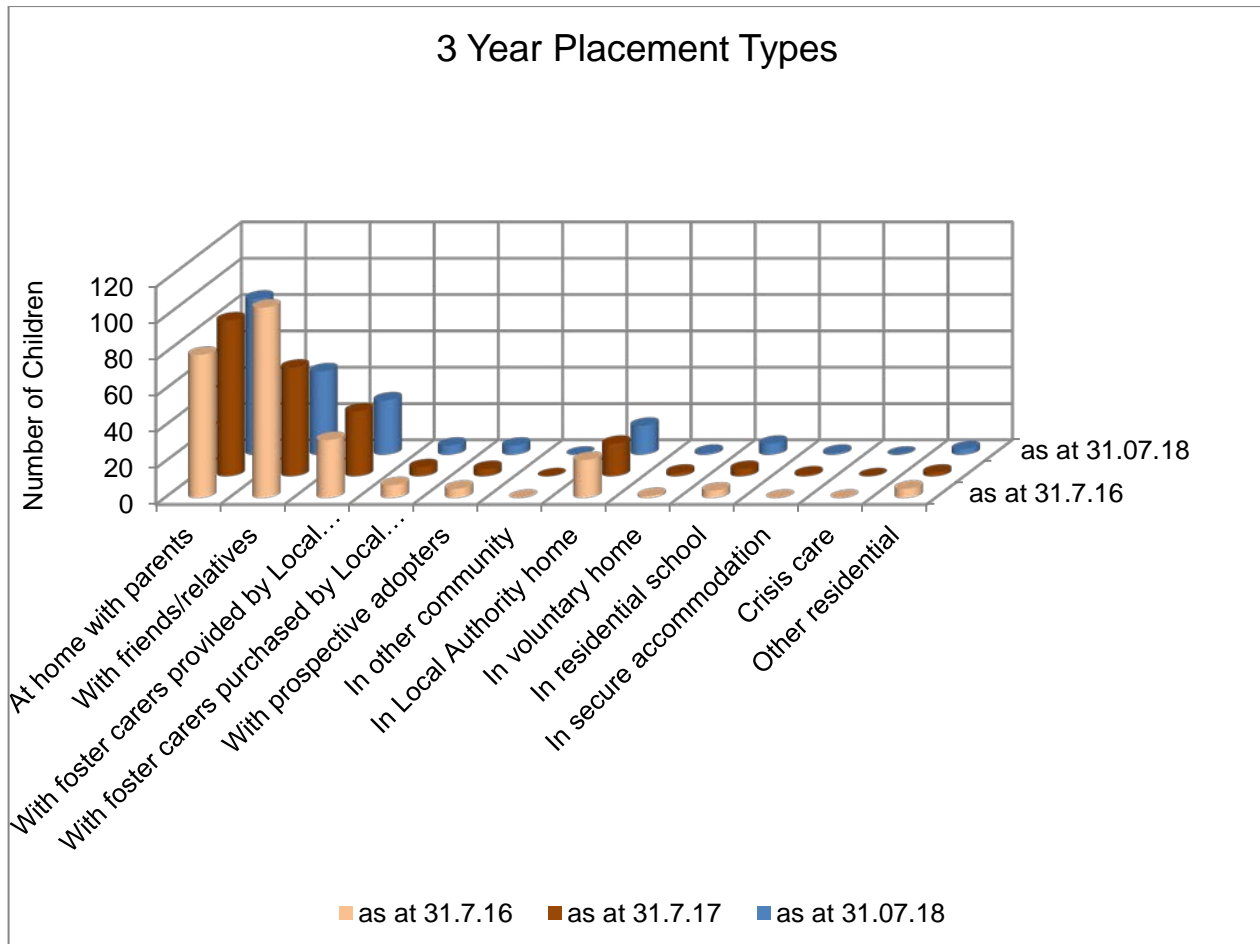


Figure 13 – Placement types over 3 years

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.

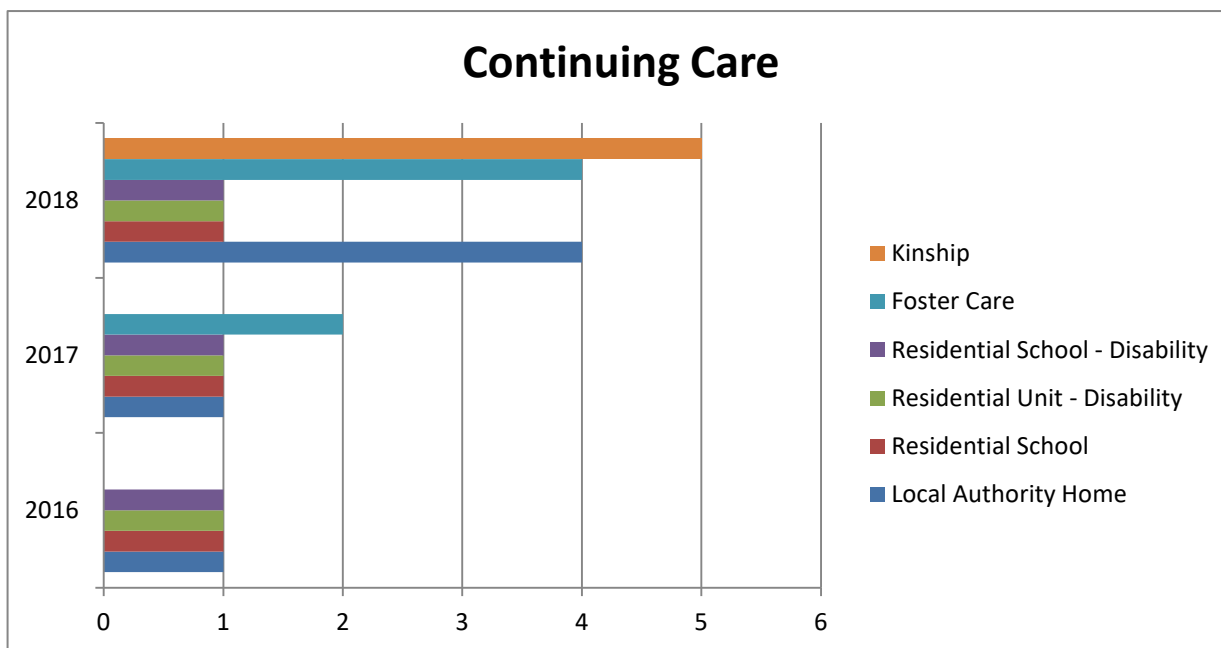


Figure 14– Continuing Care Placements

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.

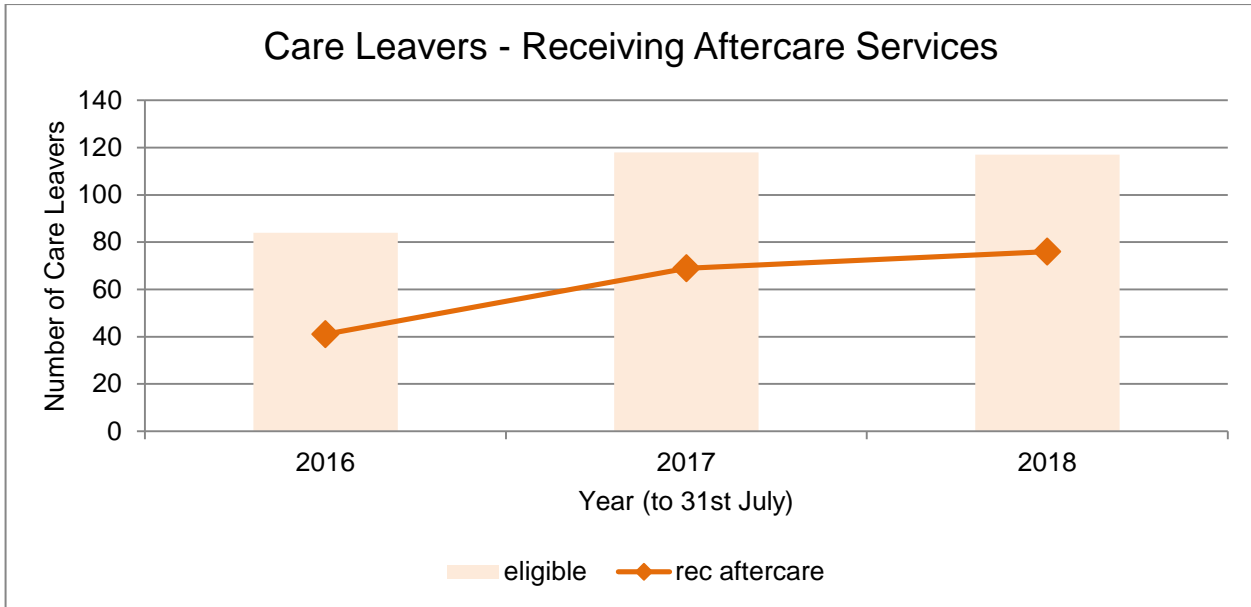


Figure 15 – Number of eligible care leavers receiving aftercare services

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.

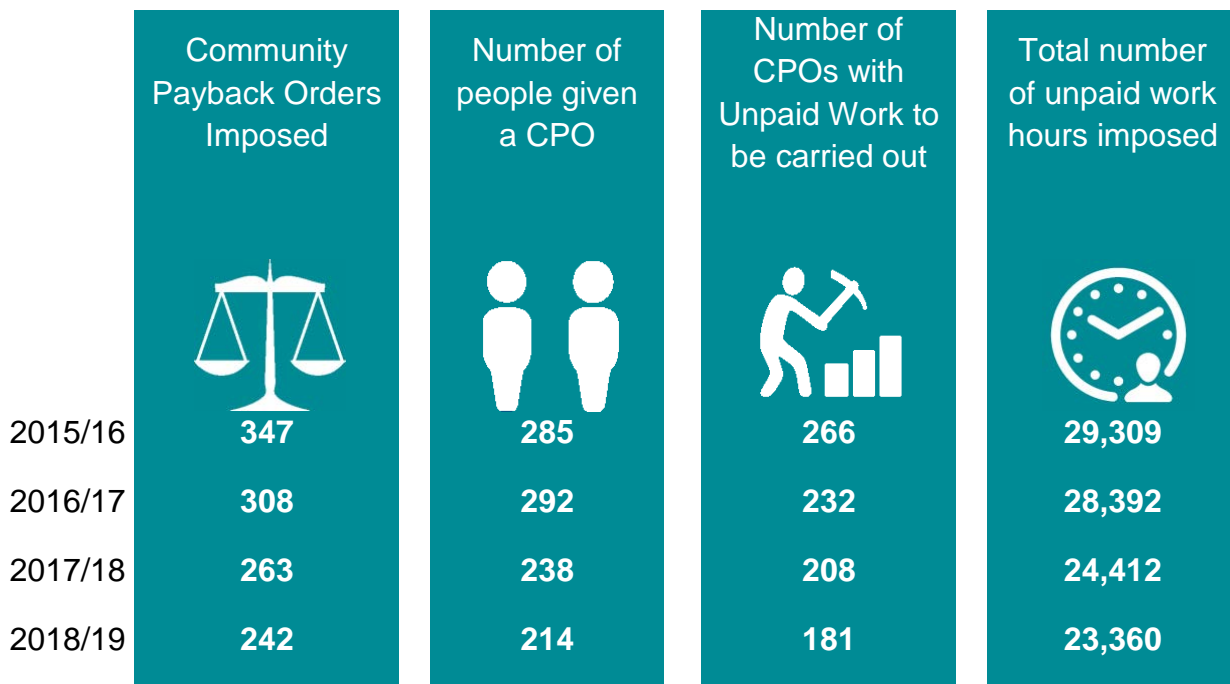


Figure 16 – Community Payback Order statistics

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.

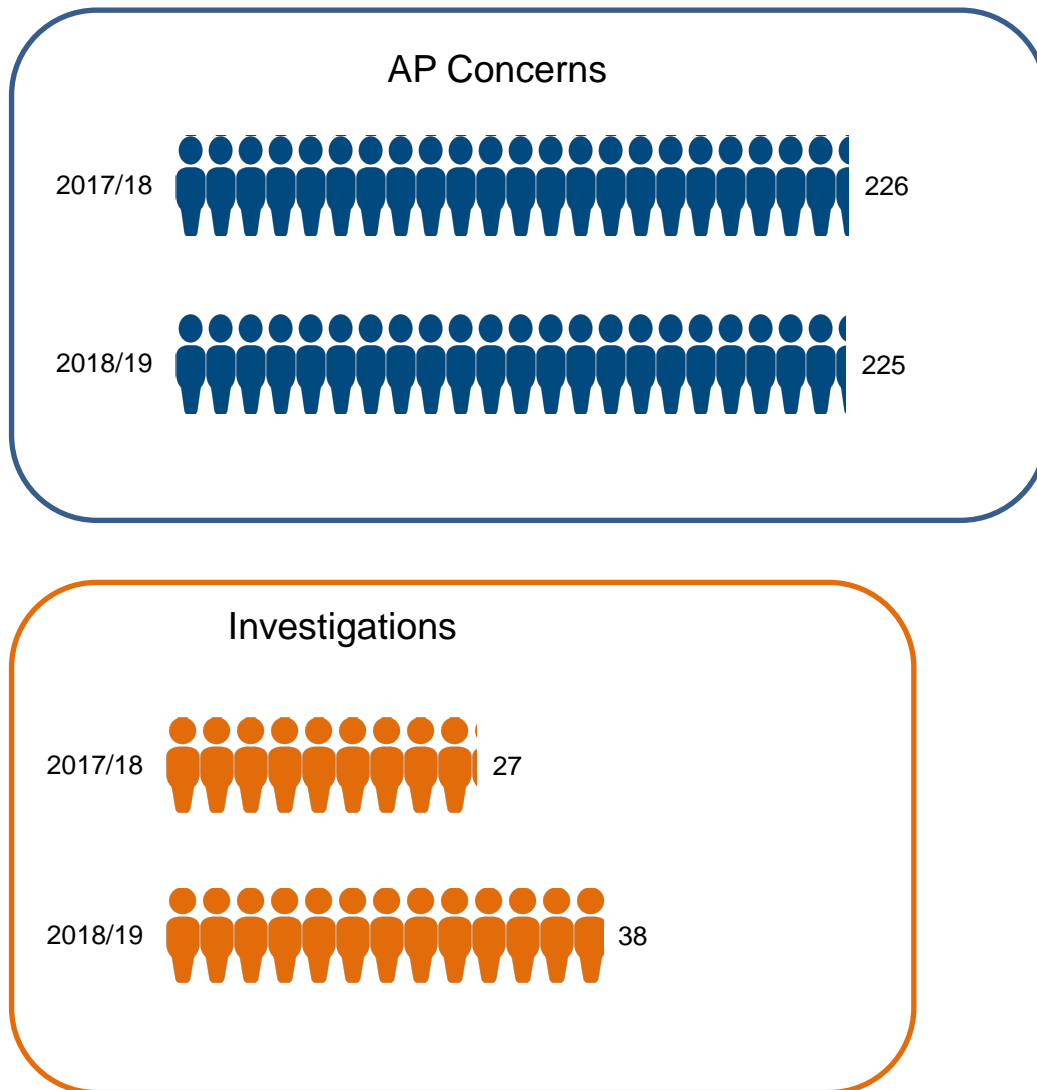


Figure 19 – Adult Protection concerns and investigations

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.

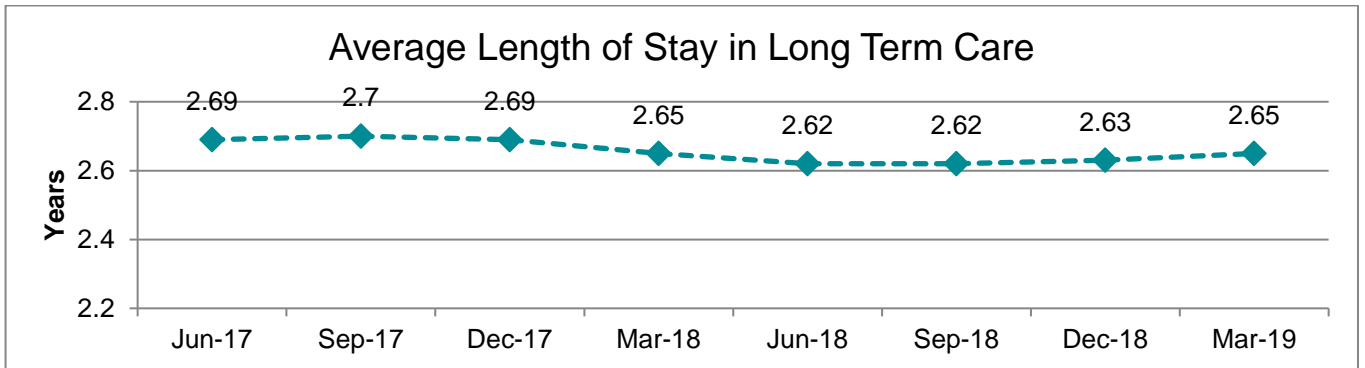


Figure 20 – Average length of stay in long term care

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.

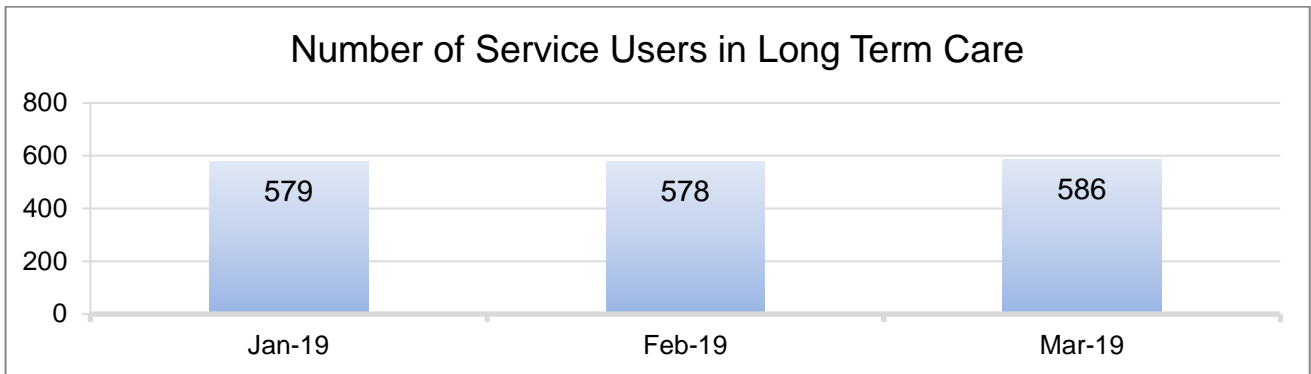


Figure 21 – Total number of service users in long term care

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.

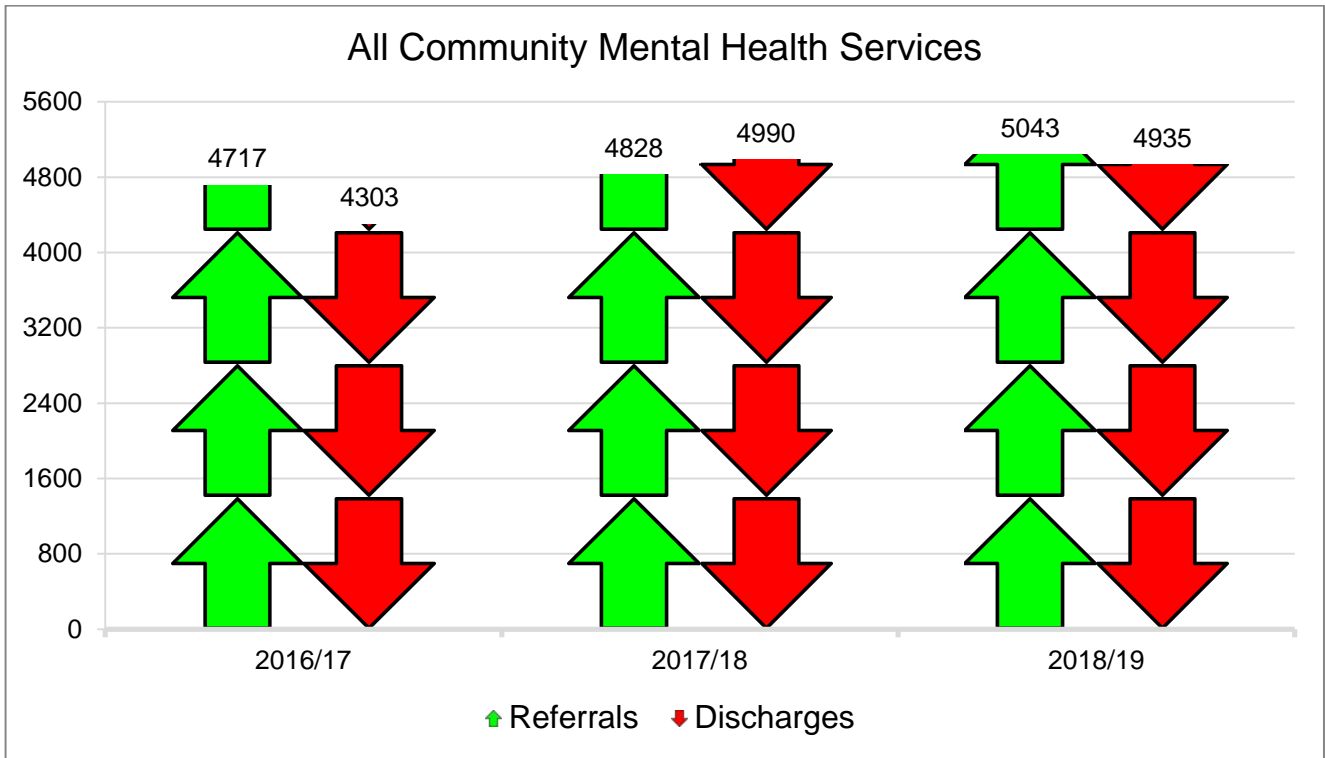


Figure 22 – Referrals and discharges from all Mental Health services

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.

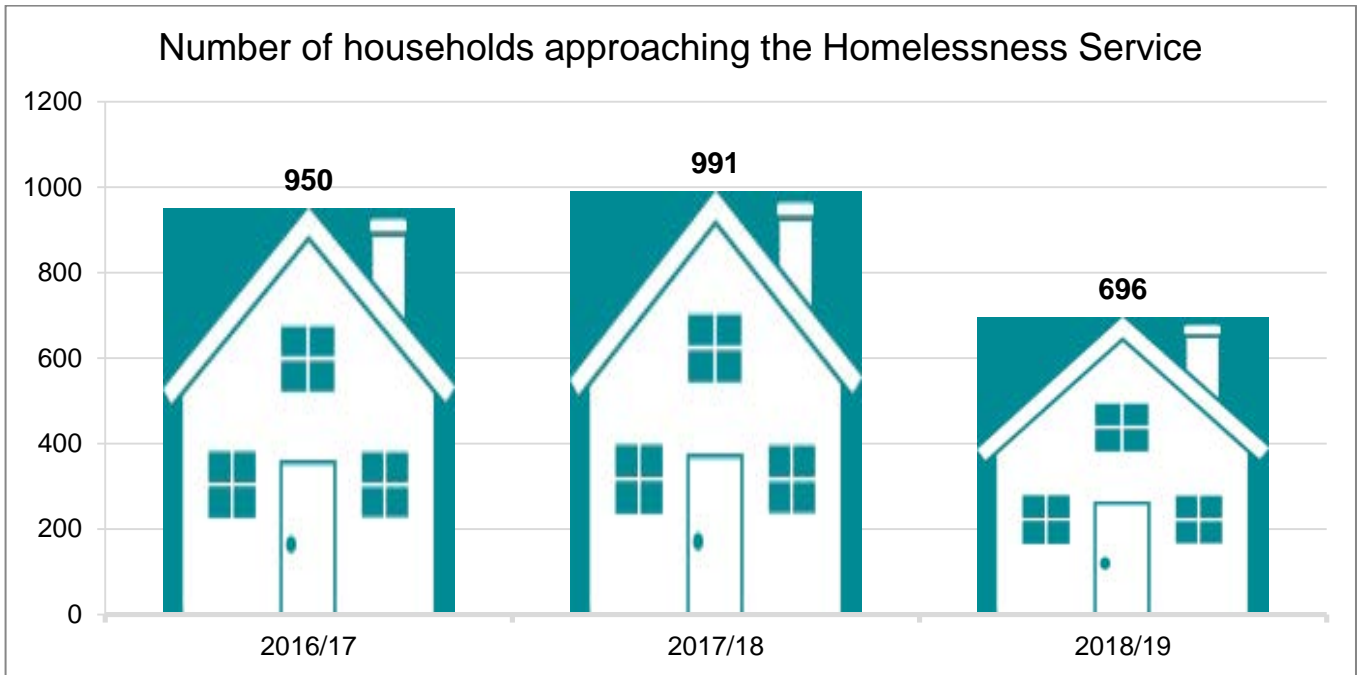


Figure 23 – Number of households approaching the Homelessness Service

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.

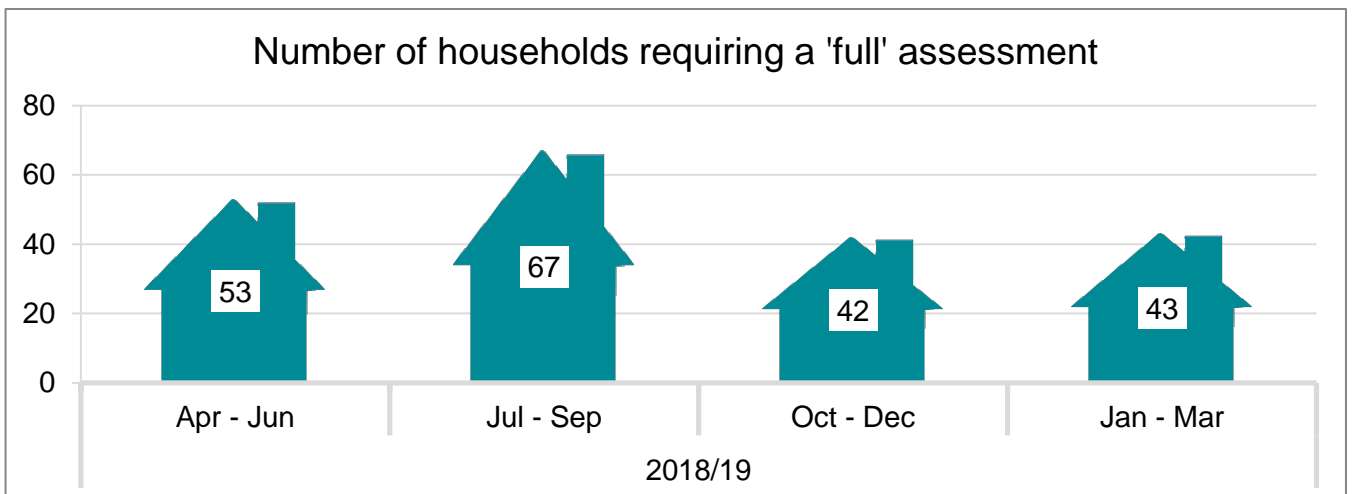


Figure 24 – Number of households requiring 'full' Homelessness assessment

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%.

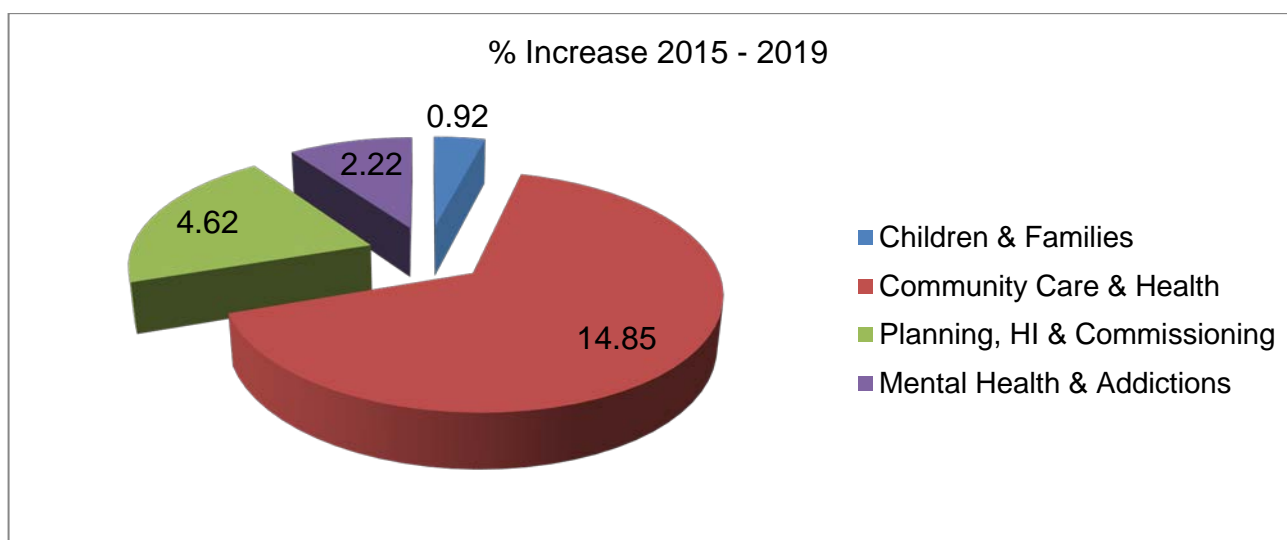


Figure 27 - Budget increases

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%.

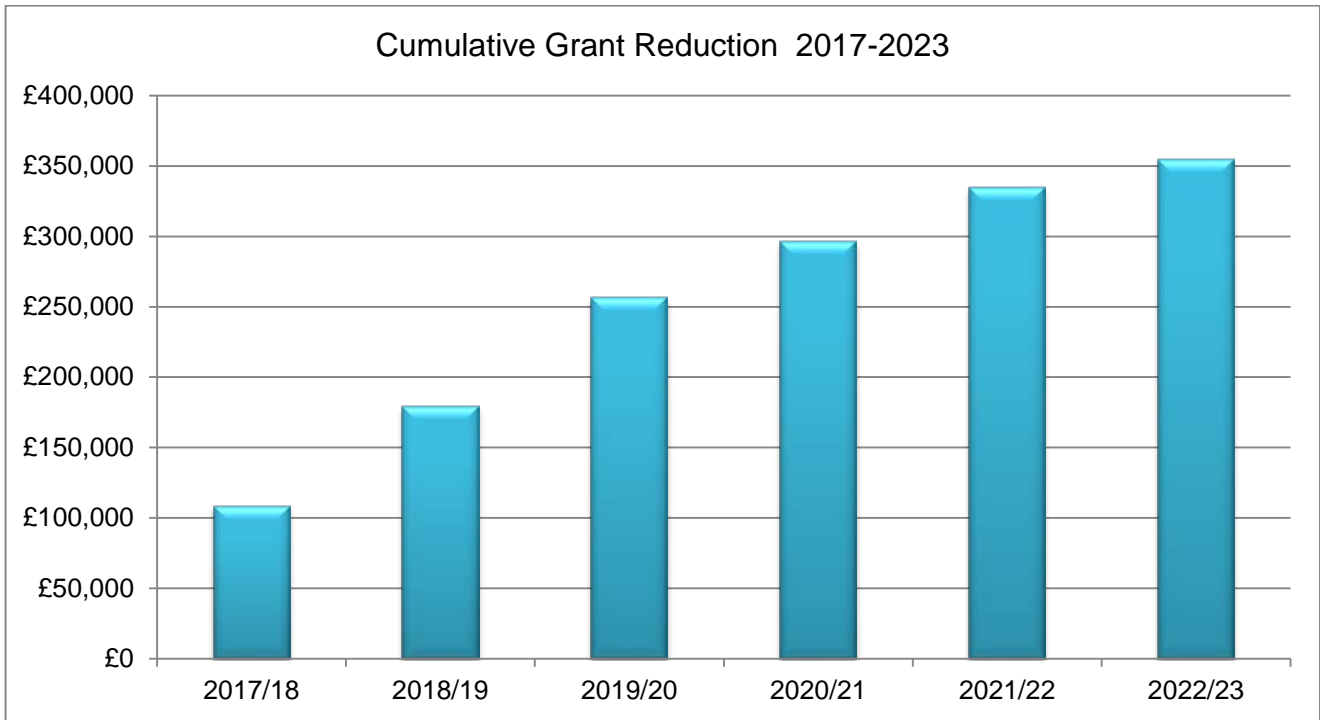


Figure 29 - Cumulative reduction in Criminal Justice grant

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

INVERCLYDE INTEGRATION JOINT BOARD – 4 NOVEMBER 2019

Inverclyde Integration Joint Board

Monday 4 November 2019 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Mr A Cowan and Ms D McErlean, Dr H MacDonald, Dr D McCormick, Dr C Jones, Ms L Long, Ms L Aird, Ms G Eardley, Mr H MacLeod, Ms C Elliott, Ms H Davis (for Ms C Boyd) and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Head of Strategy & Support Services, Head of Health & Community Care, Ms A Howard, Service Manager (Criminal Justice), Mr A Brown, Service Manager (Assessment and Care), Ms A Wardlaw, Community Justice Lead Officer, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

85 **Apologies, Substitutions and Declarations of Interest** 85

Apologies for absence were intimated on behalf of Dr D Lyons, Ms C Boyd (with Ms H Davis acting as proxy), Ms S McAlees and Ms D McCrone.

Declarations of interest were intimated as follows:

Agenda Item 13 (Winter Plan 2019/20) – Mr S Carr.

Agenda Item 15 (Inverclyde Community Justice Partnership Annual Report 2018-2019) – Councillor E Robertson and Mr S Carr.

86 **Non-Voting Membership of the Integration Joint Board** 86

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Integration Joint Board of a change in its non-voting membership arrangements.

Decided:

- (1) that the resignation of Mr Bill Clements as the third sector representative non-voting member of the Inverclyde Integration Joint Board be noted;
- (2) that agreement be given to the appointment of Ms Charlene Elliott as the third sector representative non-voting member of the Inverclyde Integration Joint Board; and
- (3) that it be noted that Mr Bill Clements had been confirmed as the proxy member for Ms Charlene Elliott for meetings of the Integration Joint Board.

87 **Dementia Update** 87

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update in relation to dementia work within Inverclyde.

The Board heard a presentation by Lynne Flannigan, Improvement Adviser with a focus on dementia, for Health Care Improvement Scotland on the whole system approach to the dementia care co-ordination pathway, together with a video on the stakeholder event held on 27 September which involved people living with dementia, carers and representatives from local and national organisations with the aim of providing an opportunity to reflect on the successes to date and to agree priorities in moving forward.

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Decided:

- (1) that it be noted that Inverclyde HSCP had been identified as a national test site for developing dementia care co-ordination;
- (2) that the appointment of an Improvement Adviser for 24 months, resourced from IHub, to progress this work in Inverclyde be noted;
- (3) that it be noted that further update reports would be submitted on a six monthly basis; and
- (4) that it be agreed that the future use of the Earmarked Reserve be linked to the test of change activity associated with the new care co-ordination work.

88 Scheme of Delegation to Officers**88**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval to adopt a Scheme of Delegation setting out powers delegated to officers.

Decided:

- (1) that agreement be given to adopt the Scheme of Delegation to Officers as detailed in Appendix 1 to the report;
- (2) that delegated authority be granted to the Standards Officer to make minor administrative changes to the Scheme of Delegation to Officers as required from time to time in response to legislative changes and operational requirements;
- (3) that it be noted that the Scheme of Delegation to Officers would be reviewed every three years; and
- (4) that it be noted that the approved Scheme of Delegation to Officers would be published alongside the Integration Joint Board's Standing Orders to provide an open and transparent set of decision-making rules and procedures.

89 Minute of Meeting of Inverclyde Integration Joint Board of 10 September 2019**89**

There was submitted the minute of the Inverclyde Integration Joint Board of 10 September 2019.

Decided: that the minute be agreed.

90 Rolling Action List**90**

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.

Decided:

- (1) that the rolling action list be noted; and
- (2) that future rolling action lists include commentary as appropriate.

91 Financial Monitoring Report 2018/19 – Period to 31 August 2019, Period 5**91**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 5 to 31 August 2019, together with Appendix 10, issued separately, on the 2020/21 initial savings proposals.

Decided:

- (1) that the current Period 5 forecast position for 2019/20 and the Period 5 detailed report contained in Appendices 1 to 3 be noted;
- (2) that the proposed budget realignments and virements set out in Appendix 4 be

INVERCLYDE INTEGRATION JOINT BOARD – 4 NOVEMBER 2019

approved and that Officers be authorised to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures set out in Appendix 5;

(3) that the planned use of the Transformation Fund as detailed in Appendix 6 be approved;

(4) that a report be submitted to the Board on the use of the Transformation Fund in the previous year and the impact of the funding;

(5) that the planned use of the Integrated Care Fund and Delayed Discharge monies set out in Appendix 7 be noted;

(6) that the current Capital position set out in Appendix 8 be noted;

(7) that the current Earmarked and Un-Earmarked Reserves position as set out in Appendix 9 be noted;

(8) that approval be given to the proposed change of use of the Dementia Friendly Inverclyde Earmarked Reserve;

(9) that approval be given to the proposed Mental Health Strategy financial framework to support the implementation of the five year Adult Mental Health Strategy;

(10) that the 2020/21 savings proposals and public consultation process be noted; and

(11) that approval be given to the budget adjustments detailed in Appendix 10 in the light of ongoing Council proposals for the inclusion of a new Learning Disability Hub within its 2020/23 Capital Programme, as part of the March 2020 budget approval.

92 Whole Systems Approach

92

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of new Scottish Government funding to support local authorities with the reinvigoration and extension of the Whole Systems Approach (WSA) to youth offending and outlining the spending proposal in relation to the 2018/19 and 2019/20 funding.

Decided:

(1) that the content of the report be noted;

(2) that the development of services to provide interventions to vulnerable and high-risk young people up to the age of 21, or 26 if care-experienced, be endorsed; and

(3) that development and implementation of a consistent model of risk assessment and management for vulnerable high-risk young people be endorsed.

93 Inverclyde HSCP Market Facilitation and Commissioning Plan Update 2019-2024

93

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval to publish the updated Market Facilitation and Commissioning Plan 2019-2024 and to commence the implementation process for the plan.

Decided:

(1) that approval be given to the updated draft Inverclyde HSCP Market Facilitation and Commissioning Plan covering the period 2019-2024, in line with the new HSCP Strategic Plan 2019-2024; and

(2) that approval be given to the funding detailed in the report to support commissioning activity and the Market Facilitation and Commissioning Plan.

94 Mental Health Strategy and Improvement Programmes

94

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on developments to take forward

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the Mental Health Strategy within Inverclyde and appending the Mental Health Strategic Needs Assessment.

Decided:

- (1) that the progress in the delivery of mental health improvement in Inverclyde be noted;
- (2) that the content of, and key evidence within, the Mental Health Strategic Needs Assessment be noted;
- (3) that it be agreed to commission a review of the Mental Health Officers model of service delivery;
- (4) that agreement be given to the investment of Action 15 funding as detailed in Appendix 2;
- (5) that it be agreed that a further update report detailing the outcome of the peer recovery model be submitted to a future meeting of the Integration Joint Board; and
- (6) that a progress report, to include a comparison with the original timescales for the work, be submitted to every meeting of the Integration Joint Board until the end of the current cycle.

95 Out-of-Hours Services Review Update

95

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on work to develop an appropriate and sustainable response to Health and Social Care needs outwith standard working hours (evenings, night time, weekends and public holidays).

Decided:

- (1) that the work undertaken to date be noted; and
- (2) that a further update report be submitted to the Integration Joint Board in due course.

Mr MacLeod left the meeting at this juncture.

96 Memorandum of Understanding between Integration Joint Boards and Independent Hospices

96

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the development of a Memorandum of Understanding between Integration Joint Boards and independent hospices, building on the existing national arrangements and representing a wider statement of intent which recognised the statutory role of Integration Joint Boards in commissioning palliative care services.

Decided: that it be agreed to adopt the national Memorandum of Understanding between Integration Joint Boards and independent Scottish hospices for local delivery in Inverclyde.

97 Winter Plan 2019/20

97

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the HSCP preparations for winter pressures in 2019/20 and requesting necessary resources to meet the projected seasonal demands.

Mr Carr declared a financial interest in this item as he had been commissioned as an independent contractor by IHub at Health Improvement Scotland, to research and report on (1) a national and local data review of adults who face severe and multiple

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disadvantage and (2) a national and local review of housing-related delayed discharges. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the meeting or his participation in the decision-making process.

Decided:

- (1) that the Winter Plan be noted;
- (2) that agreement be given to additional one-off resources from the Transformation Fund to sustain positive performance whilst addressing the seasonal pressures presented by winter; and
- (3) that the ongoing work to identify recurring funding for this be noted.

98 Update on Implementation of Primary Care Improvement Plan

98

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the implementation of the Primary Care Improvement Plan and outlining the challenges to implementation and the steps taken to address these.

Decided:

- (1) that the progress made in implementing the Primary Care Improvement Plan and associated challenges be noted; and
- (2) that it be agreed that a further update report be submitted to the Board in May 2020.

99 Inverclyde Community Justice Partnership Annual Report 2018-2019

99

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Inverclyde Community Justice Partnership Annual Report 2018-19.

Councillor Robertson declared a financial interest in this item as the result of a remuneration contract with Stepwell Consultancy Ltd which had been engaged to undertake work in connection with Community Justice and she left the meeting prior to its consideration.

Mr Carr declared a financial interest in this item as he had been commissioned as an independent contractor by IHub at Health Improvement Scotland to research and report on (1) a national and local data review of adults who face severe and multiple disadvantage and (2) a national and local review of housing-related delayed discharges. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the meeting or his participation in the decision-making process.

Decided:

- (1) that the Inverclyde Community Justice Partnership Annual Report 2018-2019 be noted; and
- (2) that it be noted that the Annual Report had been approved by the Inverclyde Alliance Board.

Councillor Robertson returned to the meeting at this juncture.

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100 Chief Officer's Report 100

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of activities undertaken across the Inverclyde HSCP.

Decided: that the report be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following items on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.

Item	Paragraph(s)
Reporting by Exception – Governance of HSCP Commissioned External Organisations	6 & 9
Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 10 September 2019	6

101 Reporting by Exception – Governance of HSCP Commissioned External Organisations 101

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.

Decided:

- (1) that the governance report for the period 20 July to 20 September 2019 be noted; and
- (2) that members acknowledge that Officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

102 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 10 September 2019 102

There was submitted appendix to the minute of the Inverclyde Integration Joint Board of 10 September 2019.

Decided: that the appendix to the minute be agreed.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	March 2020	Report delayed to November/December IJB	Report going through Alliance Board on January as this is a joint report and will come to IJB in March
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel	Helen Watson	March 2019	Once agreed by Glasgow IJB	August on agenda
19 March 2019 (Para 19(3))	Strategic Plan Reporting Framework (Autumn 2019)	Helen Watson	September 2019	SPG agreed reporting framework to Development Session in October. Complete	November IJB on the agenda
14 May 2019 (Para 36(2))	Progress of test of change within 'New Pathways for Service Users' Project	Deborah Gillespie	January 2020	CORRA Project recruited post however too early to report	March 2020 IJB
14 May 2019 (Para 44(2))	Review of Out-of-Hours Provision (after summer 2019)	Helen Watson	September	Awaiting report NHS Board Committee before submission to IJB	September IJB
24 June 2019 (Para 63(4))	Locality Planning Groups – Communications and Engagement Strategy (September 2019)	Helen Watson	January 2019	Paper on communication strategy to SPG then to IJB	February 2020 IJB Development Session
24 June 2019 (Para 63(5))	Locality Planning Groups – Progress Report (Early 2020)	Helen Watson	January 2019	Update report	February 2020 IJB Development Session
10 September 2019 (Para 73(2))	Alcohol and Drug Services – Progress of Integrated Service	Sharon McAlees	March 2020	Update report	March 2020 IJB

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
10 September 2019 (Para 75(2))	Criminal Justice Social Work Inspection – Further report following publication of Inspection Report	Sharon McAlees	January 2020	Report on findings of inspection report once released	March 2020 IJB
10 September 2019 (Para 76(3))	Technology Enabled Care (TEC) – Further report on conclusion of feedback from National Workstreams	Allen Stevenson	June 2020	Update Report	
4 November 2019 Para 91(4)	Use of Transformation Fund in Previous Year and Impact of Funding	Helen Watson	June 2020	Evaluation report on test of change	
4 November 2019 Para 94(5)	Mental Health Strategy – Outcome of Peer Recovery Model	Deborah Gillespie	September 2020	Progress on pilot	
4 November 2019 Para 95(2)	Out-of-Hours Services Review – Update Report	Helen Watson			
4 November 2019 Para 98(2)	Implementation of Primary Care Improvement Plan Update (May 2020)	Allen Stevenson	May 2020	Update report	

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long **Report No:** IJB/04/2020/LA
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

Contact Officer: Lesley Aird **Contact No:** 01475 715381
Chief Financial Officer

Subject: FINANCIAL MONITORING REPORT 2018/19 – PERIOD TO 31
OCTOBER 2019, PERIOD 7

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 7 to 31 October 2019.

2.0 SUMMARY

- 2.1 The detailed report outlines the financial position at Period 7 to the end of October 2019. The current year-end operating projection for the Partnership is a projected overspend of £0.228m, after a transfer of £0.398m to Earmarked Reserves (EMR) agreed through the previous report. The IJB is expected to utilise a net £2.634m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and underspends. A verbal update on any significant changes to the current forecast position as at Period 9 to 31 December will be provided at the meeting.
- 2.2 At Period 7 there is a projected overspend of £0.228m on Social Care Services after the transfer to EMR. The main elements of the overspend are detailed within this report and attached appendices.
- 2.3 Health services are currently projected to outturn in line with the revised budget.
- 2.4 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years, any over or underspend is taken from or added to IJB reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund, Integrated Care Fund and Delayed Discharges money.
- 2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.093m for 2019/20 with an actual spend to date of £0.480m.
- 2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of this financial year were £6.271m, with £1.010m in Un-Earmarked Reserves, giving a total

Reserve of £7.281. The projected year-end position is a carry forward of £4.647m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 9 forecast position for 2019/20 and Period 7 detailed report contained in Appendices 1-3;
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. Approves the planned use of the Transformation Fund (Appendix 6);
4. Notes the planned use of the Integrated Care Fund and Delayed Discharge monies (Appendix 7);
5. Notes the current Capital position (Appendix 8), and
6. Notes the current Earmarked and Un-Earmarked Reserves position (Appendix 9);

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also “set aside” an amount in respect of large hospital functions covered by the integration scheme.

4.2 The IJB Budget for 2019/20 was set on 24 June 2019. The table below summarises the agreed budget and funding together with the projected operating outturn at end August:

	Revised Budget 2019/20 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	66,950	67,178	228
Health Services	73,974	73,974	0
Set Aside	16,857	16,857	0
HSCP NET EXPENDITURE	157,781	158,009	228
FUNDED BY			
Transfer from / (to) Reserves	(398)	(170)	228
NHS Contribution to the IJB	107,455	107,455	0
Council Contribution to the IJB	50,724	50,724	0
HSCP FUNDING	157,781	158,009	228
Planned Use of Reserves	(2,406)	(2,634)	
Annual Accounts CIES Position	(2,406)	(2,634)	0

4.3 Updated Finance Position and Forecasting to Year-end

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. This creates potential governance issues:

- If the Board is not seeing up-to-date financial forecasts and projections decision making and financial governance are weakened; this is particularly important in the second half of each financial year
- For the IJB, month-end and committee timelines mean that the October report comes to the IJB in late January and the December report in mid-March

These are being addressed as follows:

- An updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards

This ensures that the Board still receives the full detailed finance pack but is also updated on any substantive changes to the forecast position in between the pack date and the meeting date.

5.0 SOCIAL WORK SERVICES

5.1 The projected outturn for Social Work services at 31 October is a £0.228m overspend.

5.2 The Social Work budget includes agreed savings of £1.429m. It is anticipated that this will be delivered in full during the year.

Appendix 2 contains details of the Social Work outturn projection. The main variances are detailed below with further detail provided in Appendix 2A. As at Period 7, there is a projected overspend of £0.228m, after the approved transfer of funds to the Learning Disability Hub earmarked reserve. The main elements of the overspend are:

- Within Learning Disabilities and Physical Disabilities, projected overspends of £0.190m and £0.090m respectively (£0.151m and £0.065m 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 £0.062m 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 £0.120m 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 £0.378m due to a client's package cost shared between Criminal Justice and Learning Disabilities.
- A £0.229m overspend within Residential and Nursing client commitments.
- Projected overspends of £0.044m and £0.048m 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 £0.646m.
- A £0.048m projected underspend resulting from the partial implementation of Ethical Care within Homecare.
- Over-recovery of income for residential fees of £0.123m.
- A one-off £0.190m projected underspend against Free Personal Care for under 65s.

6.0 HEALTH SERVICES

6.1 The projected outturn for health services at 31 October is in line with the revised budget, albeit with some offsetting variances against individual service lines.

6.2 The total budget pressure for Health has been covered by efficiencies made in previous years and additional in year uplift and continuing care monies.

6.3 Mental Health Inpatients

When it was originally established the IJB inherited a significant budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work has been ongoing locally to minimise this pressure. In addition, Mental Health provision across GG&C is under review and it is anticipated that this, together with local work, will address this budget pressure for this and future years.

6.4 At Period 7, the projected year-end overspend on Mental Health Inpatients is £0.380m. This is being funded by planned underspends in the following services linked primarily to delays in filling vacancies:

- Mental Health Communities £0.100m
- Alcohol & Drug Recovery Service £0.090m
- Health & Community Care £0.080m
- Specialist Children's Services £0.070m
- Strategy & Support Services and Admin £0.040m

6.5 The Mental Health Inpatients service has successfully addressed elements of the historic overspend. This budget is closely monitored throughout the year and work is done to ensure that the underlying budget is sufficient for core service delivery going forward.

6.6 Prescribing

Currently projected as in line with budget. This has been based on latest advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to a Prescribing Smoothing Reserve, in place to cover one-off in-year pressures linked to short supply etc. The prescribing position will be closely monitored throughout the year.

6.7 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of its 2018/19 and 2019/20 budgets to invest additional monies into prescribing. However, due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward.

6.8 GP Prescribing is experiencing in-year pressure due to increased premiums paid for drugs that are on short supply. There is every likelihood that the short supply issues will continue for the remainder of the financial year, therefore we have estimated using our full prescribing budget assuming that the current short supply issues are not resolved and no further drugs go on short supply. It must be emphasised that GP Prescribing is an extremely volatile area and a drug going on short supply can have significant financial consequences.

6.9 There is an expectation that some money will be recoverable from Community Pharmacists (CP) as the nationally set tariffs currently being paid for drugs are estimated to generate profit margins to CPs in excess of the minimum amount agreed.

6.10 Set Aside

- The Set Aside budget in essence is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including: A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward are heavily tied in to the commissioning/market facilitation work that is ongoing

Work is ongoing detailing the Set Aside position within GG&C for each HSCP. Activity data is now available in almost real time and will be converted to “bed days” over the next few weeks. Budgets are being worked up based on this data. A draft proposal for how the Set Aside budget could work is currently being refined. Further updates will be brought to the IJB as available.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5. These require both the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

8.0 TRANSFORMATION FUND, INTEGRATED CARE FUND & DELAYED DISCHARGE

8.1 Transformation Fund

At the beginning of this financial year the balance on the Transformation Fund was £2.505m. Spend against the plan is done on a bids basis through the Transformation Board, which are then later ratified by the IJB. Appendix 6 details the current agreed

commitments against the fund. At Period 7 there is £1.793m committed and £0.711m still available from the fund. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

8.2 Integrated Care Fund (ICF) and Delayed Discharge Funding (DD)

Appendix 7 details the current budget, projected outturn and actual spend to date for these funds.

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget is £1.861m over the life of the projects with £1.093m projected to be spent in 2019/20, comprising:

- £0.995m for the replacement of Crosshill Children's Home,
- £0.055m for the upgrade of the equipment store in the Inverclyde Centre for Independent Living,
- £0.043m for projects complete on site.

No slippage is currently being reported. Expenditure on all capital projects to 31 October 2019 is £0.480m (43.9% of projection). Appendix 8 details capital budgets.

9.2 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.

9.3 Inverclyde 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.

9.4 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.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and Un-Earmarked Reserves; these are managed in line with the IJB Reserves Policy. As part of the 2018/19 year-end, following feedback from the June IJB, a portion of the IJB's Budget Smoothing Reserves have been reclassified as Un-Earmarked rather than Earmarked. Following this, the total Earmarked Reserves available at the start of this financial year were £6.271m, with £1.010m in Un-Earmarked Reserves, giving a total Reserve of £7.281. To date at Period 7, £1.974m of new reserves are expected in year, £1.914m has been spent, projected carry forward at the year-end is £4.647m. Appendix 9 shows all reserves under the following categories:

Earmarked Reserves

- Scottish Government Funding - funding ring-fenced for specific initiatives
- Existing Projects/Commitments - many of these are for projects that span more than 1 financial year
- Transformation Projects - non recurring funding to deliver transformational changes
- Budget Smoothing - monies held as a contingency against one-off pressures in the IJBs more volatile budgets eg Children & Families Residential

Un-Earmarked Reserves

- General

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)

11.1 As part of a prior year audit of the IJBs statutory accounts, Audit Scotland noted that the IJB's budget monitoring reports did not clearly set out the anticipated year-end position in relation to the receipt or use of reserves in-year and in particular their impact on the CIES surplus or deficit position within the Statutory Accounts.

11.2 The creation and use of reserves during the year, while not impacting on the operating position, will impact the year-end CIES outturn. For 2019/20, it is anticipated that as a portion of the brought forward £7.281m and any new Reserves are used the CIES will reflect a deficit. At Period 7, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 9.

12.0 DIRECTIONS

12.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

**13.0 IMPLICATIONS
FINANCE**

13.1 All financial implications are discussed in detail within the report above.

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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

13.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

13.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

13.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently

14.0 CONSULTATION

- 14.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

15.0 BACKGROUND PAPERS

15.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2019/20 PROJECTED POSITION****PERIOD 7: 1 April 2019 - 31 October 2019**

SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	49,264	52,356	51,710	(646)	-1.2%
Property Costs	1,121	1,075	1,051	(24)	-2.2%
Supplies & Services	49,521	49,456	50,764	1,308	2.6%
Family Health Services	24,617	26,075	26,075	0	0.0%
Prescribing	18,054	18,308	18,308	0	0.0%
Transfer from / (to) Reserves	0	(398)	(398)	0	0.0%
Income	(5,426)	(5,948)	(6,358)	(410)	6.9%
HSCP NET DIRECT EXPENDITURE	137,151	140,924	141,152	228	6.1%
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	154,008	157,781	158,009	228	0.1%

OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,138	2,177	2,089	(88)	-4.0%
Older Persons	28,267	28,737	28,659	(78)	-0.3%
Learning Disabilities	11,510	11,846	11,954	108	0.9%
Mental Health - Communities	6,541	6,793	6,790	(3)	-0.0%
Mental Health - Inpatient Services	8,400	9,183	9,563	380	4.1%
Children & Families	12,774	13,998	14,080	82	0.6%
Physical & Sensory	2,828	2,894	2,943	49	1.7%
Alcohol & Drug Recovery Service	3,324	3,500	3,236	(264)	-7.5%
Assessment & Care Management / Health & Community Care	7,583	9,019	8,930	(89)	-1.0%
Support / Management / Admin	5,769	6,293	6,082	(211)	-3.4%
Criminal Justice / Prison Service **	0	20	337	317	0.0%
Homelessness	743	1,037	1,062	25	2.4%
Family Health Services	24,618	26,075	26,075	0	0.0%
Prescribing	18,262	18,308	18,308	0	0.0%
Change Fund	1,228	1,044	1,044	0	0.0%
Unallocated Funds	3,167	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	137,151	140,924	141,152	228	0.2%
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	154,008	157,781	158,009	228	0.1%
FUNDED BY					
NHS Contribution to the IJB	86,534	90,598	90,598	0	0.0%
NHS Contribution for Set Aside	16,857	16,857	16,857	0	0.0%
Council Contribution to the IJB	50,617	50,724	50,724	0	0.0%
Transfer from / (to) Reserves	0	(398)	(170)	228	0.0%
HSCP NET INCOME	154,008	157,781	158,009	228	0.1%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	-0.0%
Anticipated movement in reserves ***	(1,747)	(2,406)	(2,634)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(1,747)	(2,406)	(2,634)		

** Fully funded from external income hence nil bottom line position.

*** See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 7: 1 April 2019 - 31 October 2019**

2018/19 Actual £000	SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
26,882	Employee Costs	28,443	28,279	27,633	(646)	-2.3%
1,028	Property costs	1,115	1,070	1,046	(24)	-2.2%
1,185	Supplies and Services	912	961	1,081	120	12.5%
411	Transport and Plant	381	377	402	25	6.6%
799	Administration Costs	783	744	740	(4)	-0.5%
39,552	Payments to Other Bodies	41,117	40,470	41,637	1,167	2.9%
(16,765)	Resource Transfer	(16,751)	(16,624)	(16,624)	0	0.0%
(5,980)	Income	(5,382)	(4,553)	(4,963)	(410)	9.0%
	Transfer to Earmarked Reserves	0	(398)	(398)	0	0.0%
47,112	SOCIAL CARE NET EXPENDITURE	50,617	50,326	50,554	228	0.5%

2018/19 Actual £000	OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
1,802	Strategy & Support Services	1,700	1,690	1,662	(28)	-1.7%
27,154	Older Persons	28,267	28,737	28,659	(78)	-0.3%
11,054	Learning Disabilities	11,049	11,326	11,434	108	1.0%
3,740	Mental Health	3,539	3,631	3,728	97	2.7%
10,079	Children & Families	9,837	10,714	10,866	152	1.4%
2,921	Physical & Sensory	2,828	2,894	2,943	49	1.7%
1,759	Alcohol & Drug Recovery Service	1,772	1,755	1,581	(174)	-9.9%
2,507	Business Support	3,087	2,723	2,492	(231)	-8.5%
2,101	Assessment & Care Management	2,123	2,423	2,414	(9)	-0.4%
(32)	Criminal Justice / Scottish Prison Service	0	20	337	317	0.0%
(16,764)	Resource Transfer	(16,751)	(16,624)	(16,624)	0	0.0%
0	Unallocated Funds	2,424	0	0	0	0.0%
791	Homelessness	743	1,037	1,062	25	2.4%
47,112	SOCIAL CARE NET EXPENDITURE	50,617	50,326	50,554	228	0.5%

2018/19 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
49,653	Council Contribution to the IJB	50,617	50,724	50,724	0	0.0%
(2,541)	Transfer from / (to) Reserves	0	(398)	(170)	228	

SOCIAL CARE**PERIOD 7: 1 April 2019 - 31 October 2019**

Extract from report to the Health & Social Care Committee

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 are thus not included in the projected overall overspend.

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 is solely for the one client package cost shared with Learning Disabilities.

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.

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.

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.

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

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

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.

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.

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 of minor increase in projected spends across various budget headings.

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

The projected underspend has increased by £18,000 since 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.

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

The projected underspend has increased by £110,000 since 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 65's based on current spend to date and anticipated costs to year end.

HEALTH**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 7: 1 April 2019 - 31 October 2019**

2018/19 Actual £000	SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
22,075	Employee Costs	20,821	24,077	24,077	0	0.0%
20	Property	5	5	5	0	0.0%
5,815	Supplies & Services	5,586	6,904	6,904	0	0.0%
25,547	Family Health Services (net)	24,617	26,075	26,075	0	0.0%
18,394	Prescribing (net)	18,054	18,308	18,308	0	0.0%
16,764	Resource Transfer	16,751	16,624	16,624	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
(1,171)	Income	(44)	(1,395)	(1,395)	0	0.0%
87,444	HEALTH NET DIRECT EXPENDITURE	86,534.0	90,598	90,598	0	0.0%
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	HEALTH NET DIRECT EXPENDITURE	103,391	107,455	107,455	0	0.0%

2018/19 Actual £000	OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,993	Children & Families	2,937	3,284	3,214	(70)	-2.1%
6,081	Health & Community Care	5,460	6,596	6,516	(80)	-1.2%
2,118	Management & Admin	2,682	3,570	3,590	20	0.6%
480	Learning Disabilities	461	520	520	0	0.0%
1,537	Alcohol & Drug Recovery Service	1,552	1,745	1,655	(90)	-5.2%
2,972	Mental Health - Communities	3,002	3,162	3,062	(100)	-3.2%
8,729	Mental Health - Inpatient Services	8,400	9,183	9,563	380	4.1%
499	Strategy & Support Services	438	487	427	(60)	-12.3%
1,133	Change Fund	1,228	1,044	1,044	0	0.0%
25,547	Family Health Services	24,618	26,075	26,075	0	0.0%
18,591	Prescribing	18,262	18,308	18,308	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
16,764	Resource Transfer	16,751	16,624	16,624	0	0.0%
87,444	HEALTH NET DIRECT EXPENDITURE	86,534.0	90,598	90,598	0	0.0%
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	HEALTH NET DIRECT EXPENDITURE	103,391	107,455	107,455	0	0.0%

2018/19 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
103,883	NHS Contribution to the IJB	103,391	107,455	107,455	0	0.0%

Budget Movements 2019/20

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Revised Budget 2019/20 £000
	2019/20 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	
Children & Families	12,774	0	990	235	0	13,998
Criminal Justice	0	0	20	0	0	20
Older Persons	28,267	0	470	0	0	28,737
Learning Disabilities	11,510	0	441	11	116	12,078
Physical & Sensory	2,828	0	66	0	0	2,894
Assessment & Care Management/ Health & Community Care	7,583	0	817	619	0	9,019
Mental Health - Communities	6,541	0	154	98	0	6,793
Mental Health - In Patient Services	8,400	0	778	5	0	9,183
Alcohol & Drug Recovery Service	3,324	0	131	45	0	3,500
Homelessness	743	0	294	0	0	1,037
Strategy & Support Services	2,138	0	(11)	50	0	2,177
Management, Admin & Business Support	5,769	0	(1,068)	1,874	282	6,857
Family Health Services	24,618	0	153	1,304	0	26,075
Prescribing	18,262	0	46	0	0	18,308
Change Fund	1,228	0	(114)	(70)	0	1,044
Resource Transfer	0	0	0	0	0	0
Unallocated Funds *	3,167	0	(3,167)	0	0	0
Totals	137,151	0	0	4,171	398	141,721

* Unallocated Funds are budget pressure monies agreed as part of the budget which at the time of setting had not been applied across services eg pay award etc

Virement Analysis

	<u>Increase</u> <u>Budget</u> <u>£000</u>	<u>(Decrease)</u> <u>Budget</u> <u>£000</u>
Budget Virements since last report		
<u>Health - Allocation of agreed pressures funding to individual cost centres</u>		
Learning Disabilities	2	
Alcohol & Drug Recovery Service	7	
Mental Health Communities	1	
Mental Health - Inpatient Services	16	
Prescribing	46	
Management, Admin & Business Support		72
<u>Social Care - Allocation of Franks Law, Pay & Grading and Mgmt Recharges</u>		
Children & Families		5
Older Persons	273	
Learning Disabilities	130	
Physical and Sensory	22	
Assessment and Care Management		1
Mental Health		13
Alcohol & Drug Recovery Service	4	
Homelessness	11	
Strategy & Support Services	11	
Management, Admin & Business Support		432
	523	523

Supplementary Budget Movement Detail

	<u>£000</u>	<u>£000</u>
Children & Families		235
Non Recurring PRF Breastfeeding funding	40	
Tier 2 Revenue Grant Allocation	195	
Learning Disabilities		11
Non Recurring Funding from formerly hosted LD Liaison Service	11	
Health & Community Care		619
Additional Scot Govt Funding for Hospices for Superannuation increase	38	
PCIP Funding 2019/20 Tranche 1	486	
Non Recurring SESP Diabetes Funding	95	
Mental Health Communities		98
Action 15 Funding 2019/20 Tranche 1	98	
Mental Health - Inpatient Services		5
Non Recurring OU Student Funding	5	
Alcohol & Drug Recovery Service		45
ADP Funding 2019/20 Tranche 1	45	
Strategy & Support Services		50
Non Recurring SESP Eat Up Funding	50	
Management & Admin		1,874
Health - Budget realignment linked to uplift	976	
Social Care - £88k linked to Advice Services EMR already passed across in 18/19	(88)	
Additional Syrian Refugee Funding Non Recurring	8	
Additional Scot Govt Funding to cover Superannuation cost increase	931	
Non Recurring CAM GP Premises Improvement Funding	49	
Transfer of Medical Records budget and costs to Acute	(16)	
Additional Funding re Pay As If At Work (PAIAW)	14	

Family Health Services		1,304
Additional in year funding - Non Cash Limited Budget	473	
GMS HSCP Uplift	831	
Integrated Care Fund		(70)
Funding transferred to Acute for Stroke Outreach Team - Non Recurring	(70)	
		4,171

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
 (SCOTLAND) ACT 2014

THE INVERCLYDE COUNCIL is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL CARE	
Employee Costs	28,279
Property costs	1,070
Supplies and Services	961
Transport and Plant	377
Administration Costs	744
Payments to Other Bodies	40,470
Income (incl Resource Transfer)	(21,177)
Transfer to EMR	(398)
SOCIAL CARE NET EXPENDITURE	50,326

OBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL CARE	
Strategy & Support Services	1,690
Older Persons	28,737
Learning Disabilities	11,326
Mental Health	3,631
Children & Families	10,714
Physical & Sensory	2,894
Alcohol & Drug Recovery Service	1,755
Business Support	2,723
Assessment & Care Management	2,423
Criminal Justice / Scottish Prison	20
Change Fund	0
Homelessness	1,037
Unallocated Budget Changes	0
Resource Transfer	(16,624)
SOCIAL CARE NET EXPENDITURE	50,326

This direction is effective from 28 January 2020.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB’s Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Employee Costs	24,077
Property costs	5
Supplies and Services	6,904
Family Health Services (net)	26,075
Prescribing (net)	18,308
Resources Transfer	16,624
Unidentified Savings	0
Income	(1,395)
HEALTH NET DIRECT EXPENDITURE	90,598
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	107,455

OBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Children & Families	3,284
Health & Community Care	6,596
Management & Admin	3,570
Learning Disabilities	520
Alcohol & Drug Recovery Service	1,745
Mental Health - Communities	3,162
Mental Health - Inpatient Services	9,183
Strategy & Support Services	487
Change Fund	1,044
Family Health Services	26,075
Prescribing	18,308
Unallocated Funds/(Savings)	0
Resource Transfer	16,624
HEALTH NET DIRECT EXPENDITURE	90,598
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	107,455

This direction is effective from 28 January 2020.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 7: 1 April 2019 - 31 October 2019

Total Fund at 31/03	2,505,000
Balance Committed to Date	1,793,886
Balance Still to be Committed	711,114

Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding
CELSIS Project	Children's Services	IJB	18/06/18	31,600
Infant Feeding Coordinator - FT 18 mths	Children's Services	TB	12/09/18	27,900
Infant Feeding Coordinator - FT 18 mths - Part 2	Children's Services	TB	09/01/19	9,200
ICIL - Joint Equipment Store Upgrade	HCC	IJB	11/09/18	70,000
Unscheduled Care Plan 2018/19 - Interim Funding till NHS GG&C Funds allocated	Health & Community Care	SMT	19/09/18	44,804
Winter Plan 2018/19 - 7 month project - interim funding till NHS GG&C winter plan funding allocated	Health & Community Care	SMT	19/09/18	73,640
Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370
Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000
TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340
OOH Community Nursing & Homecare Review - 6 mths Band 8A	Community Nursing	TB	09/01/19	7,000
OOH Nursing & Homecare Review Extension	Community Nursing	TB	28/08/19	6,800
Long Term Conditions Nurses - 2 x 1wte Band 5 nurses to cover Diabetes, COPD and Hypertension for a fixed term of one year.	Community Nursing	SMT	09/01/19	80,500

Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding
Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000
Localities Engagement Officer - 1 year	Strategy & Support Services	TB	27/03/19	61,000
Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100
Domestic Abuse	Children's and Criminal Justice Services	TB	27/03/19	20,000
Signposting/Care Navigation	Health & Community Care	TB	27/03/19	10,400
CAMHS - Tier 3 service development - £50k per annum for 3 years	Children & Families	IJB	24/06/19	300,000
Priority Management Training - 32 staff	All	TB	01/05/19	24,500
Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500
Resilience Training - 172 staff	All	TB	01/05/19	52,000
SWIFT replacement project - extension of Project Manager contract by one year and employ fixed term Project Assistant for one year.	Quality & Development	TB	26/06/19	95,240
Homelessness Team Agile Working/new network. Provisions of 9 laptops and 3 desktops for staff at Crown House.	Homelessness Team	TB	26/06/19	5,092
Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	TB	26/06/19	66,000
IDEAS project - commissioning of dedicated staff to solely complete claims	Quality & Development	TB	26/06/19	5,000
Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300
Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000

Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding
Winter Plan 2019/20	Health & Community Care	IJB	04/11/19	117,600

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET
PERIOD 7: 1 April 2019 - 31 October 2019

Integrated Care Fund (ICF)				
By Organisation	Revised Budget	Projected outturn	Variance	YTD Actuals
HSCP Council	827,980	817,440	(10,540)	429,720
HSCP Council Third Sector	202,800	204,750	1,950	165,170
HSCP Health	115,980	115,980	0	67,660
Acute	70,000	70,000	0	70,000
	1,216,760	1,208,170	(8,590)	732,550
Any surplus/(deficit) at the yearend will go to or be taken from the IJB's ICF EMR				

Delayed Discharge (DD)				
Summary of allocations	Revised Budget	Projected outturn	Variance	YTD Actuals
Council	616,270	622,270	6,000	180,850
Health	144,300	144,300	0	84,180
Acute	50,000	50,000	0	50,000
	810,570	816,570	6,000	315,030
Any surplus/(deficit) at the yearend will go to or be taken from the IJB's DD EMR				

INVERCLYDE HSCP - CAPITAL BUDGET 2018/19**PERIOD 7: 1 April 2019 - 31 October 2019**

<u>Project Name</u>	<u>Est Total Cost £000</u>	<u>Actual to 31/3/19 £000</u>	<u>Approved Budget 2019/20 £000</u>	<u>Actual YTD £000</u>	<u>Est 2020/21 £000</u>	<u>Est 2021/22 £000</u>	<u>Future Years £000</u>
SOCIAL CARE							
Crosshill Children's Home Replacement	1,721	582	995	478	144	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	55	2	15	0	0
Completed on site	70	0	43	0	27	0	0
Social Care Total	1,861	582	1,093	480	186	0	0
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	1,861	582	1,093	480	186	0	0

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 9

INVERCLYDE HSCP

PERIOD 7: 1 April 2019 - 31 October 2019

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2018/19 £000</u>	<u>New Funding 2019/20 £000</u>	<u>Total Funding 2019/20 £000</u>	<u>YTD Actual 2019/20 £000</u>	<u>Projected Net Spend 2019/20 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Scottish Government Funding			333	0	333	203	333	0	
Mental Health Action 15		31/03/2020	98		98	11	98	0	In year underspend will be carried forward earmarked for use on this SG initiative
ADP		31/03/2020	235		235	192	235	0	In year underspend will be carried forward earmarked for use on this SG initiative
Existing Projects/Commitments			2,077	1,974	4,051	1,241	2,702	1,349	
Self Directed Support	Alan Brown	31/03/2020	43		43		43	0	This supports the continuing promotion of SDS and full spend is projected for 2019/20.
Growth Fund - Loan Default Write Off	Helen Watson	ongoing	25		25		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.
Integrated Care Fund	Allen Stevenson	ongoing	11	1,042	1,053	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. Full spend is expected for 2019/20.
Delayed Discharge	Allen Stevenson	ongoing	428	334	762	284	597	165	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
CJA Preparatory Work	Sharon McAlees	31/03/2020	112		112	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.
Swift Replacement Programme	Helen Watson	30/09/2019	27		27	27	27	0	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
Service Reviews	Alan Best	31/03/2021	240		240	135	240	0	Funding for two posts to carry out service reviews. Posts appointed to in September 2018. 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.
Continuous Care	Sharon McAlees	ongoing	675		675	18	123	552	To address continuing care legislation. Based on period 5 projections it is assumed that £134k of the EMR will be spent at the end of 19/20.
Rapid Rehousing Transition Plan (RRTP)	Deborah Gillepsie	31/03/2020	30		30		30	0	Funding to support RRTP development
Dementia Friendly Inverclyde	Deborah Gillepsie	tbx once Strategy finalised	100		100		0	100	Dementia Friendly Inverclyde. Dementia Strategy reviewed, action plan being revised. iHub 2 year project to develop Care Coordination
Primary Care Support	Allen Stevenson	31/03/2020	241		241	142	200	41	Monies carried forward at y/end for slippage on GP Premises and PCIP investment programmes
Contribution to Partner Capital Projects	Lesley Aird	ongoing	145		145	8	65	80	Funding to support various capital projects linked to HSCP service delivery
New LD Centre	Allen Stevenson	31/03/2021	0	398	398	0	100	298	LD Redesign estimated spend for site investigation to be £50k per site and to be incurred in 2019/20. Balance to be spent in future years.
Develop Pay & Grading Model	Louise Long	31/03/2020	0	200	200	0	200	0	Reserve to fund pay & grading costs for 1 year

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2018/19 £000</u>	<u>New Funding 2019/20 £000</u>	<u>Total Funding 2019/20 £000</u>	<u>YTD Actual 2019/20 £000</u>	<u>Projected Net Spend 2019/20 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Transformation Projects			2,815	0	2,815	325	750	2,065	
Transformation Fund	Louise Long	ongoing	2,505		2,505	325	750	1,755	Funding will be allocated for transformation projects on a bids basis controlled through the Transformation Board. Additional in year funds linked to anticipated Health & Social Care underspends
Mental Health Transformation	Louise Long	ongoing	310		310		0	310	Anticipated that this will be required to fund future budget pressures and additional one off costs linked to MH service redesign. Funding will be allocated from the fund on a bids basis controlled through the Transformation Board
Budget Smoothing			1,046	0	1,046	145	595	451	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	732		732	97	281	451	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes £316k of the EMR will be spent at the end of 19/20.
Advice Service Smoothing	Helen Watson	31/03/2020	88		88	48	88	0	EMR budget from Anti Poverty to assist in achieving £105k savings within Planning & Improvement services.
Residential & Nursing Placements	Allen Stevenson	ongoing	226		226		226	0	This reserve is used to smooth the spend on nursing and residential care beds across the years. At present the projection assumes that the 2019/20 core budget will be spent in full.
TOTAL EARMARKED			6,271	1,974	8,245	1,914	4,380	3,865	
UN-EARMARKED RESERVES									
General			1,010		1,010			1,010	
			1,010	0	1,010	0	0	1,010	
In Year Surplus/(Deficit) going to/(from) reserves								(228)	
TOTAL IJB RESERVES			7,281	1,974	9,255	1,914	4,380	4,647	

b/f Funding 7,281
 Earmark to be carried forward 4,647
 Projected Movement in Reserves **(2,634)**

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long
 Corporate Director (Chief Officer)
 Inverclyde Health & Social Care Partnership **Report No:** IJB/05/2020/SMcA

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

Subject: CRIMINAL JUSTICE SOCIAL WORK INSPECTION

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Integration Joint Board 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 Integration Joint Board:
- 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)

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 The Care Inspectorate identified two 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.

An improvement action plan addressing these actions is in place.

5.0 IMPLICATIONS

5.1 FINANCE

There are no financial implications.

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

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	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 Has an Equality Impact Assessment been carried out?

√

YES

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None

Resources are used effectively in the provision of health and social care services.	None
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6.0 CONSULTATION

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.0 BACKGROUND PAPERS

- 7.1 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.

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Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long
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Inverclyde Health & Social Care
Partnership **Report No:** IJB/07/2020/HW

Contact Officer: Helen Watson
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Subject: LOCALITY PLANNING – PROGRESS REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to provide a progress report on the establishment and development of the HSCP Locality Planning Groups (LPGs) in line with legislation and Scottish Government statutory guidance, and alignment with and support for Inverclyde Alliance requirements for locality planning with a focus on inequalities.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) set up two or more localities. Localities should be established to enable service planning at a local level within natural communities.
- 2.2 The Strategic Plan 2019 -2024 states that during the early implementation phase, the HSCP will move to six localities to align with the Community Planning Partnership. In June 2019, the Integration Joint Board (IJB) approved the proposal for the establishment of six Locality Planning Groups (LPGs) to enable service planning at a local level so that services are “Locally Planned, Locally Owned and Locally Delivered”.
- 2.3 To achieve this, it was agreed that each Locality Planning Group (LPG) would take part in a Development Session to build capacity and capability enabling them to develop their Locality Action Plans, outlining how they will deliver the Strategic Plan 2019 – 24 and Big 6 Actions in their localities, driving forward transformational change, and provision of regular updates to the HSCP Strategic Planning Group (SPG) as part of the performance management framework.
- 2.4 Dedicated resource is required to support localities training and development. The Council has committed a CLD worker on a full-time basis; it is proposed that the HSCP match this resource for 12 months and review at a cost of £60,000 funded through transformation fund which would support the training and development of Locality Planning Groups.
- 2.5 Progress towards establishing the six Locality Planning Groups (LPGs) has been slower than anticipated. This relates to developing the group alongside the Alliance Board. With this in mind, the proposed timescales have been revisited and revised. The deadline for having all groups established is now the end of March 2020.

- 2.6 Locality Planning Groups (LPGs) will require appropriate resources to enable them to fulfil their role and deliver transformational change at local level. There is currently no identified funding to support Locality Planning Groups (LPGs) therefore it is suggested that on a non-recurring basis £9,000 (£1,500 per locality) be allocated and held centrally to cover appropriate costs. This will include meeting the venues for meetings, development sessions and engagement activities, funds to cover volunteers out of pocket expenses in line with Scottish Government guidance, and any other relevant related costs. The allocation will be reviewed after one year.
- 2.7 In June 2019, the Integration Joint Board (IJB) requested a progress report on the establishment and development of the six Locality Planning Groups (LPGs) and their development of Locality Action Plans.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board (IJB) :
- a. Notes the ongoing work to establish and develop the six Locality Planning Groups (LPGs).
 - b. Approves £60k to support localities workers to support training and administration of localities.
 - c. Approves the non-recurring allocation of £9,000 to support Locality Planning Groups (LPGs) and their respective Communications and Engagement Groups for their first year, after which this will be reviewed and further recommendations made.
 - d. Notes joint plans commissioned by the Alliance Board and IJB and approves the direction of travel.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) set up two or more localities. Localities should be established to enable service planning at a local level within natural communities.
- 4.2 The importance of localities in improving health, and in particular, meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review. The Review proposed an evidence-based strategy to address the social detriments of health, the conditions in which people are born, grow, live and age, and which can lead to health inequalities.
- 4.3 The Christie Commission Report states that "...effective services must be designed with and for people and communities – not delivered 'top down' for administrative purposes. The Community Empowerment (Scotland) Act 2015 places a legal duty on community planning partners to demonstrate that they are making a significant difference to the lives of their residents through the planning and delivery of local outcomes priorities and the involvement of community bodies at all stages of community planning.
- 4.4 The Community Empowerment Act (Scotland) 2015 further places a statutory requirement on the Inverclyde Alliance to develop locality plans with communities that experience the greatest inequalities.
- 4.5 Statutory Guidance suggests localities should be established to enable service planning at a local level. Localities do not have to be defined by a hard line on a map but rather represent natural communities and delivery of local services. This means each area operates differently and we need to recognise this. Inverclyde HSCP and Inverclyde Alliance are committed to working better together because we know that's what makes a real difference.
- 4.6 The Strategic Plan 2019 -2024 states that during the early implementation phase, the HSCP will move to six localities to align with the Community Planning Partnership. In June 2019, the IJB approved the proposal for the establishment of six Locality Planning Groups (LPGs) to enable service planning at a local level so that services are "Locally Planned, Locally Owned and Locally Delivered".
- 4.7 To achieve this, it was further agreed that each Locality Planning Group (LPG) would take part in a Development Session to build capacity and capability enabling them to develop their Locality Action Plans outlining how they will deliver the Strategic Plan 2019 – 24 and Big 6 Actions in their localities, driving forward transformational change, and provision of regular updates to the HSCP Strategic Planning Group (SPG) as part of the performance management framework.
- 4.8 Scottish Government Localities Guidance, backed by legislation, states that there must be direct involvement and leadership of :
 - Health and social care professionals who are involved in the care of people who use services
 - Representatives of the housing sector
 - Representatives of the third and independent sector
 - Carer and service user representatives
 - People managing services in the area
- 4.9 As the Locality Planning Groups (LPGs) are being aligned to the community planning partnership, cognisance must be taken in terms of the requirements around the Alliance Local Outcomes Improvement Plan (LOIP) key priorities ensuring appropriate representation and involvement in partnership with other key stakeholders. Discussions on appropriate representation continue.

- 4.10 The IJB further agreed (June 2019) that each Locality Planning Group (LPG) will establish a Communications and Engagement Group to develop local Communications and Engagement Plans ensuring robust, comprehensive involvement, engagement and where necessary formal consultation plans are in place for each locality, in line with legislation, statutory guidance and best practice principles.
- 4.11 Locality Planning Groups (LPGs) will be accountable to the Strategic Planning Group (SPG) and the Inequalities Group for the Alliance Board. They will provide regular updates on Locality Action Plan implementation. The Strategic Planning Group (SPG) and the Inequalities Group will report to Inverclyde Integration Joint Board (IJB) and Inverclyde Alliance through their respective reporting and performance monitoring processes.

5.0 PROGRESS TO DATE

- 5.1 To support the establishment and development of Locality Planning Groups (LPGs) and ensure locality based communications and engagement processes are in place, Inverclyde HSCP secured a Service Development Manager on a one year secondment from Argyll and Bute HSCP through Service Level Agreement (SLA) until 31st March 2020.
- 5.2 Progress towards establishing the six Locality Planning Groups (LPGs) has been slower than anticipated; this also applies to the six Communications and Engagement Groups. With this in mind, the proposed timescales have been revisited and revised; the deadline for having all groups established is now end of March 2020. The revised timetable is at Appendix 1.
- 5.3 Recent Locality Planning community engagement events (August / September) allowed us to promote and explain what this will mean for local communities, and an opportunity to 'recruit' community members to sit on the Locality Planning Groups (LPGs). A few people have expressed an interest and have been recruited but in other areas more targeted work is required to find suitable volunteers. With the exception of the Kilmacolm & Quarriers Communications and Engagement Group (established December 2019), in order to progress these groups, further targeted work is also planned. Three local organisations have been supporting the development of localities additional investment to support these to develop locality planning in 2020 maybe required.
- 5.4 At its meeting on 23rd August 2019, the HSCP Strategic Planning Group (SPG) approved the Locality Planning Groups' (LPGs') Terms of Reference and Locality Action Plan template ensuring delivery in line with the HSCP Strategic Plan 2019 – 24 and Implementation Plan.
- 5.5 The HSCP Locality Profiles providing data intelligence to support the development of Locality Action Plans have also been developed; they were presented to and approved by the Strategic Planning Group (SPG) on 15th November 2019.

6.0 NEXT STEPS

- 6.1 The Alliance Board will progress the establishment and development of the six Locality Planning Groups (LPGs) with support from the HSCP and CLD (see appendix 1).
- 6.2 The one day development session will be organised for each Locality Planning Group as agreed by the IJB in June 2019.
- 6.3 Once established, Locality Planning Groups (LPGs) will begin to develop and implement their Locality Action Plans progressing transformational change in line with the HSCP Strategic Plan 2019 – 24 and Alliance key priority areas and examples of these plans are included in appendix 2. Regular co-ordinated reports will be presented

to the Strategic Planning Group (SPG) by the Localities and Engagement Officer through performance monitoring processes.

7.0 IMPLICATIONS

FINANCE

- 7.1 Investment in supporting the development of Locality Planning Groups and infrastructure to support third sector community involvement, investment in local third sector organisations to pilot the development of the group which will be supported in the future by Community Learning and Development.

There is currently no identified funding to support Locality Planning Groups (LPGs) therefore it is suggested that a non-recurring fund of £9,000 (£1,500 per locality) be allocated and held centrally to cover appropriate costs, this will include meeting the venues for meetings, development sessions and engagement activities, funds to cover volunteers out of pocket expenses in line with Scottish Government guidance, and any other relevant related costs. The allocation will be reviewed after one year.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
		2020-21	69,000	3 rd Sector facilitates	

Annually Recurring Costs / (Savings)

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

LEGAL

- 7.2 None at present

HUMAN RESOURCES

- 7.3 No implications at present

EQUALITEIS

- 7.4 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 change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 7.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Locality Action Plans will be developed and implemented in a way

	that ensures local services are fully accessible.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Equality Impact Assessments (EQIAs) will be required within locality planning and service transformational processes; this is in line with legislation.
People with protected characteristics feel safe within their communities.	Locality Action Plans will be developed and implemented in a way that safeguards everyone in our local communities
People with protected characteristics feel included in the planning and developing of services.	Locality Planning Groups (LPGs) will be required to ensure we work with local communities and specific groups in the development and implementation of Locality Action Plans.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff have an awareness and understanding of the different needs of individuals within our communities, and respond to individual needs
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Staff have an awareness and understanding of specific needs some individuals have, and respond to individual needs
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Locality Planning Groups (LPGs) will be required to ensure we work with local communities including the refugee community in the development and implementation of Locality Action Plans.

7.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no implications at present

7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Locality Action Plans will be developed and implemented in line with National Health and Wellbeing outcomes.

	Tackling inequalities in the areas experiencing the greatest inequality will be a primary focus.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Locality Action Plans will be developed and implemented to support delivery of the HSCP Strategic Plan.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Locality Action Plans will need to ensure we use feedback from people who access / use services, wider local communities and staff to inform planning processes
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Locality Action Plans will be developed and implemented supporting positive outcomes and experiences of those accessing our services
Health and social care services contribute to reducing health inequalities.	Tackling inequalities in the areas experiencing the greatest inequality will be a primary focus for Locality Planning Groups (LPGs), in line with the stated objectives of the IJB and the Alliance Board
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Locality Action Plans will be developed and implemented to ensure carers are supported and their own health and wellbeing are not affected as a result of their caring role
People using health and social care services are safe from harm.	Locality Planning Groups (LPGs) will ensure local services are safe and sustainable
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff will be supported to ensure continuous service improvement is embedded into their day to day work
Resources are used effectively in the provision of health and social care services.	Locality Planning Groups (LPGs) will have delegated authority to locally plan, own and deliver services, and to do so in a way that ensures all resources are used efficiently and effectively

8.0 DIRECTIONS

8.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

9.0 CONSULTATION

9.1 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. The proposal for Locality Planning Groups (LPGs) has been informed by feedback from staff, local communities and partners. Locality Action Plans will need to ensure we use feedback from people who access / use services, wider local communities and staff to inform planning and implementation processes.

10.0 BACKGROUND PAPERS

10.1 Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government
Localities Guidance, Scottish Government, July 2015
“Fair Society, Healthy Lives”, Professor Sir Michael Marmot, February 2010
Report on the Future of Public Services, Dr Campbell Christie, June 2011
Review of Progress with Integration of Health and Social Care - Ministerial Strategic Group for Health and Community Care, Scottish Government and COSLA, February 2019
Community Empowerment (Scotland) Act 2015

LOCALITY PLANNING GROUPS (LPGs) TIMETABLE

Date	Regular Business		
August / September 2019	Neighbourhood / community event in each LGP, bringing together a range of individuals and groups		
August 2019	Terms of Reference and Locality Action Plans template approved by HSCP Strategic Planning Group (SPG)		
August 2019	Develop six HSCP Locality Profiles Approved by HSCP Strategic Planning Group (SPG) November 2019		
December 2019 – March 2020	Locality	LPG established	
	Kilmacolm & Quarriers	September 2020	
	Port Glasgow	June 2020	
	Greenock East & Central	June 2020	
	Greenock South & South West	May 2020	
	Greenock West & Gourrock	October 2020	
	Inverkip & Wemyss Bay	October 2020	
January – March 2020	Development sessions for Locality Planning Groups (LPGs)		
March 2020	6 Final Local Action Plans		
April 2020	HSCP Strategic Planning Group (SPG) and Inequalities Group (Alliance Board) – sign off Locality Action Plans		
April – December 2020	Review and progress Local Action Plans Regular reports to Strategic Planning Group (SPG) Support capability and capacity development of LPGs		
January 2021	Review and progress Local Action Plans		
February 2021	Review and progress Local Action Plans		
March 2021	Review and progress Local Action Plans – actions / improvements for 2021 onwards		
	Annual progress report for SPG		
May 2021	Annual Report to IJB		



Greenock South and South West Locality plan 2020

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1 - Introduction

Welcome to Greenock South and South West's locality plan.

The development of this plan is part of a new approach being adopted by Inverclyde Alliance, the area's Community Planning Partnership and Inverclyde Health and Social Care Partnership are working with local communities to plan and deliver services that will make a real difference to the lives of people in Greenock South and South West.

The Community Empowerment (Scotland) Act 2015 placed a legal duty on Inverclyde Alliance to demonstrate that it is making a significant difference to the lives of residents through the planning and delivery of local outcomes and the involvement of community bodies at all stages of community planning. In addition, the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within the area.

Both these pieces of legislation have provided the opportunity for Inverclyde Alliance and Inverclyde Health and Social Care Partnership to develop six locality plans for the localities listed below.

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central
- Greenock West and Gourrock
- Greenock South and South West
- Inverkip and Wemyss Bay

The purpose of this locality plan is to outline the key issues in Greenock South and South West that have been identified through the statistical information we hold for this locality, as well as extensive engagement with the community.

The locality plan also identifies a range of actions that will be taken to address these issues by both Inverclyde Alliance and the local community in Greenock South and South West working together.

Locality plans should be driven by communities themselves and work is ongoing to set up locality planning groups who will help us to finalise the development of the plans and work with us to deliver them.

This is an exciting opportunity for anyone who would like to get actively involved in the way services are delivered in the future and shape how their local community might look in the future.

Public bodies cannot do this alone, we need to listen to what local people say is important to them and include your views as we plan ahead together.

2 - Locality planning principles

Inverclyde Alliance and the Health and Social Care Partnership agree that the principles for locality planning should be:

- To engage with communities to develop and progress plans for the locality building on community assets.
- To bring community planning public sector partners together with communities to work together to bring about change.
- To co-ordinate and pull together community engagement processes and feedback.
- To work with communities to develop solutions to the issues identified by them.
- To share information across communities and partners.
- To make best use of and share resources.
- To take forward the Health and Social Care Partnership (HSCP) locality planning structures and any other locality based approaches to service delivery.
- To take forward the requirement of Community Empowerment (Scotland) Act 2015.
- Support development of participatory budgeting.
- To meet any future demand from communities or requirements set out by national or local government.



3 - Locality planning membership

The locality plan will be driven by the locality partnership.

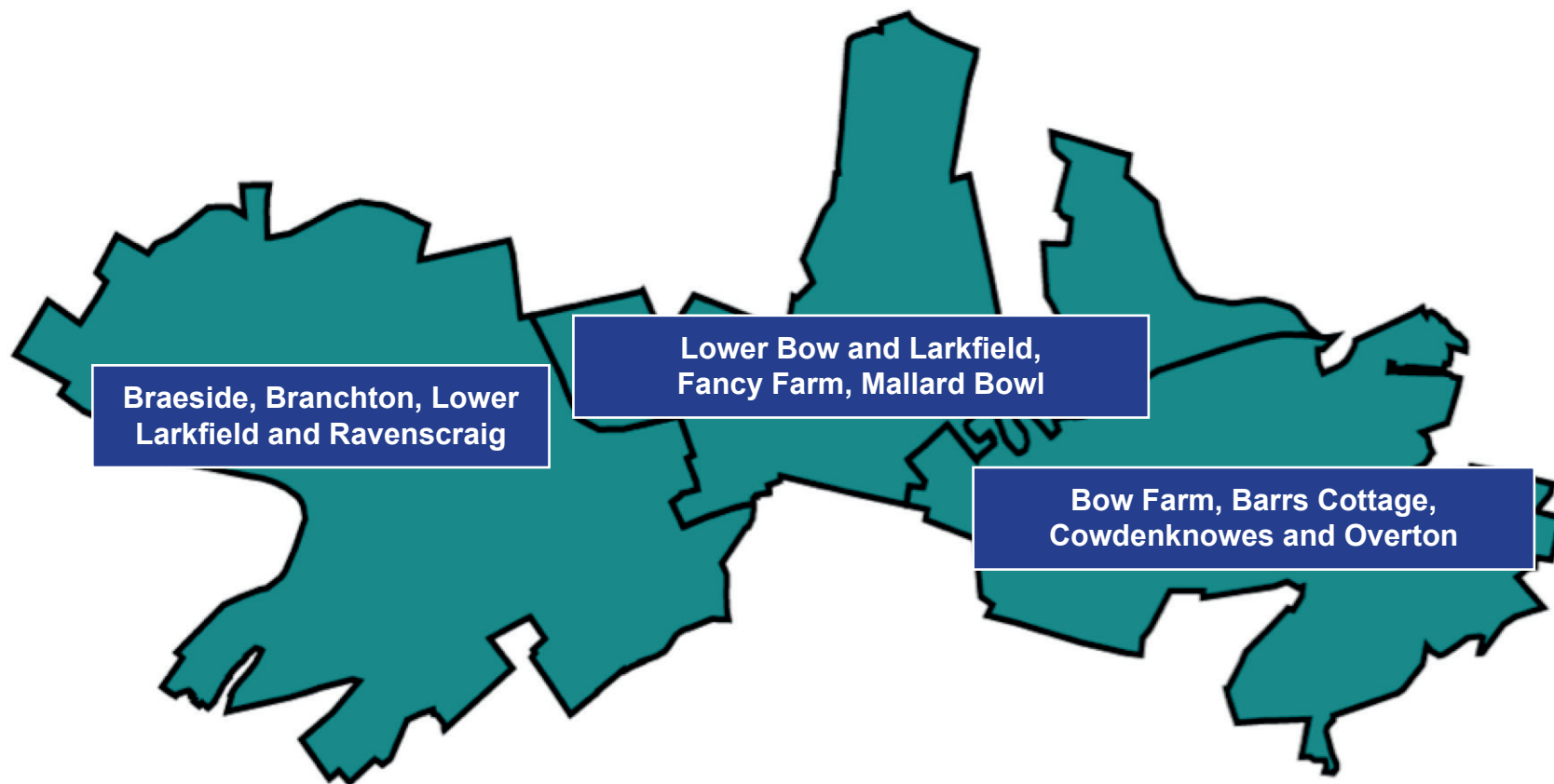
Each locality partnership will consist of:

- The chair
- Elected members for the locality
- Representatives of the third sector (Branchton Community Trust)
- Inverclyde Council community learning and development (CLD) link officer(s)
- Health and Social Care Partnership (HSCP) link officer(s)
- Police Scotland representative
- Scottish Fire and Rescue representative
- Chairs of Community Councils
- Community members
- Representative of the housing sector
- Representative of carers and patients
- Health and social care professionals e.g. GP's, pharmacists, practice nurses

This list is not exhaustive and as each locality partnership develops then more members may be invited or co-opted onto the partnership.



4 - Greenock South and South West area profile



Population

- The estimated population of Greenock South and South West in 2017 was 18,842. (Source: National Records of Scotland)
- 48% of the population is male and 52% female. (Source: National Records of Scotland)

Health

- The early mortality rate, that is death rates for those aged 15-44 was 204.7 per 100,00 in 2016-18. Higher than the Inverclyde figure of 146.1 per 100,000. (Source: National Records of Scotland)
- Greenock South and South West has a higher mortality rate per 100,000 than Inverclyde HSCP for deaths from alcohol conditions, early deaths from cancer and early deaths from coronary heart disease. (Source: National Records of Scotland)
- The rate per 100,000 population for emergency admissions is higher than the figure for Inverclyde as a whole. (9,742 versus 8,528) (Source: ISD/SMR01)

Challenges in Greenock South/South West

- The percentage of children living in low income families within Greenock South and South West was 24% in 2016. (Source: Scottish Government/Open Data)
- In Greenock South and South West 8,765 individuals (47%) live in one of the most educationally deprived data zones in Scotland. For Inverclyde HSCP this figure is 32%. (Source: SIMD 2016)
- The % of babies reported by the parent as being exclusively breastfed at 6-8 weeks post birth in Greenock South and South West between 2015/16 and 2017/18 was 8%. Much lower than Inverclyde as a whole at 15%.

- 62% of the population of Greenock South and South West live in an area that is identified at one of the most deprived in Scotland. (Source: SIMD 2016)
- 62% of the population of Greenock South and South West live in an area where high percentages of people are employment deprived. (Source: SIMD 2016)
- 60% of the population of Greenock South and South West are income deprived. (Source: SIMD2016)

Environmental challenges

- 88.9% of residents in Braeside, Branchton, Lower Larkfield and Ravenscraig live within 500 metres of a derelict land site. 63.8% of residents within Lower Bow, Larkfield, Fancy Farm and Mallard Bowl and 74.8% of residents in Bow Farm, Barrs Cottage, Cowdenknowes and Overton. (Source: Scotpho Onlines Profile Tool)
- 50% of residents in Greenock South and South West live in areas seemed most deprived in regards to crime. (Source: SIMD 2016)
- Housing deprivation is based on whether households are overcrowded or have no central heating. 59% of residents in Greenock South and South West are affected by housing deprivation. (Source: SIMD 2016)

5 - Engaging with the community of Greenock South and South West

Extensive engagement has been carried out with residents in Greenock South and South West to find out what they think about living in the area and identify what improvements they would like to see take place.

Our place our future (2017)

In 2017 Inverclyde Alliance carried out a survey across Inverclyde called 'our place our future' which delved into a wide range of themes from traffic and parking, streets and spaces, to work, care, housing and local amenities.

There were 251 responses from residents living in Greenock South and South West to the 'our place our future' survey. Respondents were asked to rate how satisfied they were with various aspects of living in Greenock South and South West on a rating of 1-7 where 1 represents not at all satisfied and 7 represents very satisfied.

Based on the overall average scores, satisfaction levels were highest with:

- Natural space (4.7)
- Public transport (4.7)

The lowest scoring area in terms of satisfaction was:

- Care and maintenance (3.8)
- Influence and sense of control (3.7)
- Traffic and parking (3.5)

People were asked what you like about your locality:

- Good community spirit
- Good quality schools
- Branchton community centre
- Improved housing
- Good neighbours
- Attractive greenspace

People were asked about their concerns regarding the locality:

- Feel less safe outside in the evenings
- Derelict buildings spoil the area
- Poor pavements & footpaths
- Dog Fouling
- Expensive & unreliable bus service
- Lack of quality jobs available in the area
- Lack of facilities for teenagers

Engagement with people for the HSCP strategic plan 2019-2020 The six 'big actions'

Inverclyde HSCP is built on established integration arrangements. The vision, values and six 'big actions' have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. The HSCP have also undertaken targeted engagement with the children and young people of Inverclyde to ensure that their voices are heard.

- **Big action 1** - Reducing inequalities by building stronger communities and improving physical and mental health.
- **Big action 2** - A nurturing Inverclyde will give our children and young people the best start in life.
- **Big action 3** - Together we will protect our population.
- **Big action 4** - We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.
- **Big action 5** - Together we will reduce the use of, and harm from alcohol, tobacco and drugs.
- **Big action 6** - We will build on the strengths of our people and our community.

Engagement with young people for the HSCP strategic plan 2019-2020

219 children from across Inverclyde gave the HSCP their views and identified eight priorities and actions that are important to them. These included:

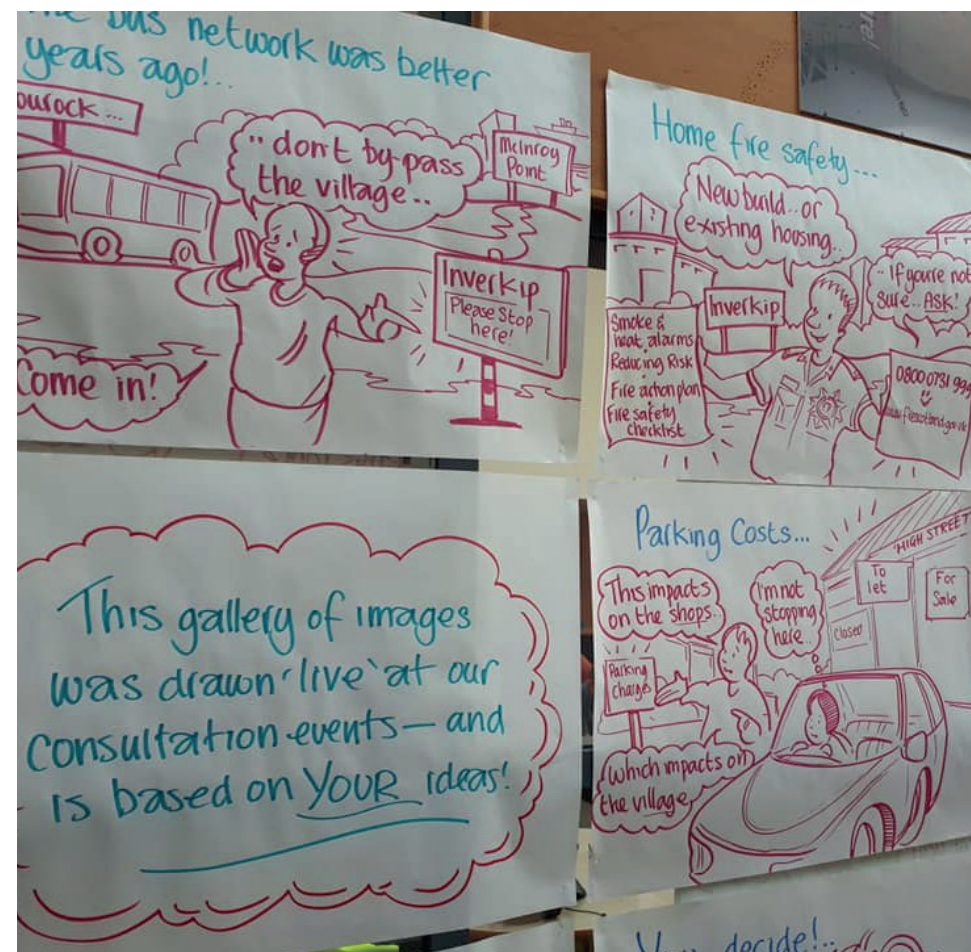
- Life skills education
- Inter-generational participation
- Recovery: celebrating and supporting recovering communities
- Feeling safe and building relationships
- Mental health support, self-care and education
- Addiction: utilising people with lived experience as an educational resource
- Affordability and visibility of services / activities locally.
- Compassion and kindness

'Celebrate the present, shape the future' event September 2019

In 2019 Inverclyde Alliance held a series of engagement events across all six localities in Inverclyde called 'Celebrate the past, shape the future'. The Greenock South and South West event was hosted at Inverclyde Academy on 7 September 2019 and was attended by more than 500 people.

Residents in Greenock South and South West told us that that the issues of most concern to them are:

- The provision of parks and play areas
- Activities and facilities for young children and teenagers
- The provision of groups and activities to support health and well being
- Transport and parking provision
- Feeling safe



6 - Greenock South/South West locality priorities

As a result of the extensive engagement that has taken place the following priorities will be taken forward through the locality plan for Greenock South/South West.

- Children have access to good quality parks and play areas
- Children and young people are engaged in activities in Inverclyde that promote wellbeing
- Improve health and wellbeing for people of Greenock South and South West
- People of Greenock South and South West are able to access improved transport and parking across Inverclyde.
- People of Greenock South and South West are able to easily access value for money parking.

Specific actions relating to Greenock South and South West are outlined in the Locality Action Plan in section 9.



7 - Community assets

Greenock South and South West has a range of physical assets and details of these are contained within the table below. It is important that these assets are fully utilised for the benefit of residents in Greenock South and South West and that consideration is given as to how these assets could be better used in order to improve the quality of life and deliver better outcomes for local people.

People assets (Voluntary / Community Groups)

Greenock Southwest Community Council (last Wed of month, alternates between St Joseph's & St Margarets churches)

Grieve Rd Tenant Community Hall Management Committee

Lady Alice Parent Network

St Joseph's Parent Network

Franciscan Sisters

Cheeky Tots (Grieve Rd Centre, Thurs 11a.m – 1pm)

Creative Writers (SW library Fri 10-12)

St Joseph's Sewing Group (Wed pm)

Chatty Café Crafters (SW library thurs 1.30-3.30pm)

Bead & Blether Group (SW library Fri 1-3pm)

Inverclyde Skywatchers (SW Library Mon 3.30?)

Larkfield, Braeside & Branchton Community Council (first wed of month, Inv. Academy at 6.30pm)

Branchton Community Centre Association

Larkfield Tenants Hall Management Committee

Youth Connections Management Committee

Meadowlark Tenants Hall Management Committee

Aileymill Parent Partnership

St Andrew's Parent Network

Wean's World

WISHES (Women's Initiative for Socialising, Health, Education and Skills)

Digital Creations

Larkfield Housing Association

St Ninians Women's Guild

Branchton over 55s (Closed group, Thurs pm)

Sunday Social

Friends of Coves Reservoir



Physical assets

Schools / Nurseries

Lady Alice Primary & Nursery School
St Joseph's Primary & Nursery School
Bluebird Family Centre
Aileymill Primary School
Aileymill Nursery
St Andrew's Primary School
Larkfield Children's Centre
Inverclyde Academy

Places of Worship

St Margaret's Parish Church
St Joseph's RC Church
St Andrew's RC Church
St Ninian's Parish Church

Leisure

Fancy Farm Tenants Hall
Grieve Road Tenants Hall
Lady Alice Bowling Club
Rankin Park Bowling Club
Police Club

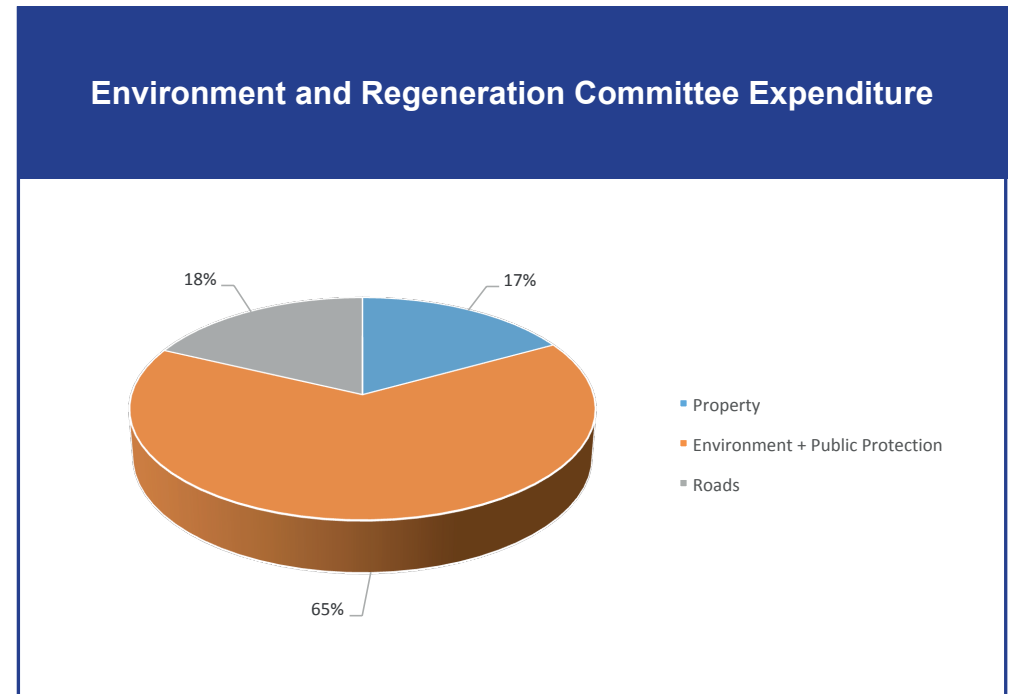
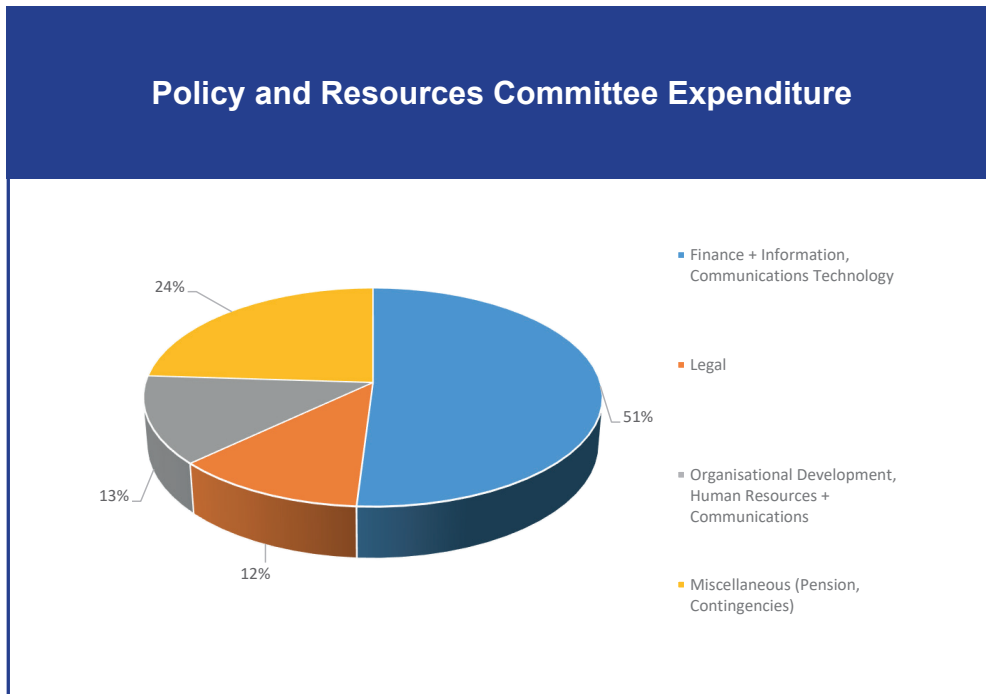
Greenock Southwest Library
Branchton Community Centre
Youth Connections
Ravenscraig Activity Centre
Ravenscraig Sports Stadium
6 play areas (Burns Square, Branchton, Bow farm x2, Grieve Rd & Lady Alice)
Crawl space to access school football pitches
Larkfield Community Garden
Coves Reservoir
Cowdeknowes Reservoir (Murdieston Dam)
Town Reservoir
Greenock Cut
Greenock Golf Club
Whinhill Golf Club

Common good Property

Larkfield Industrial Estate
Whinhill Golf Club

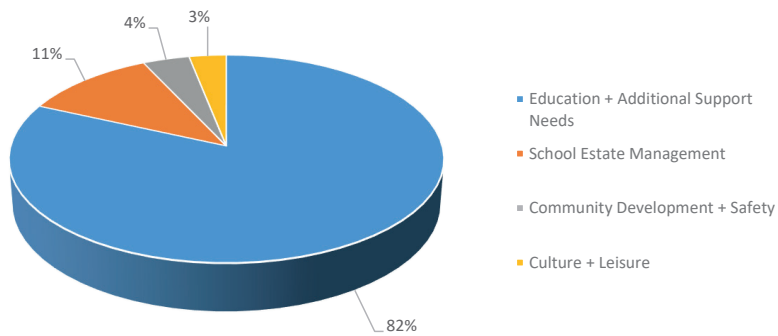
8 - Finance

Council 2019/20 Budgets expenditure breakdown by Service and Income

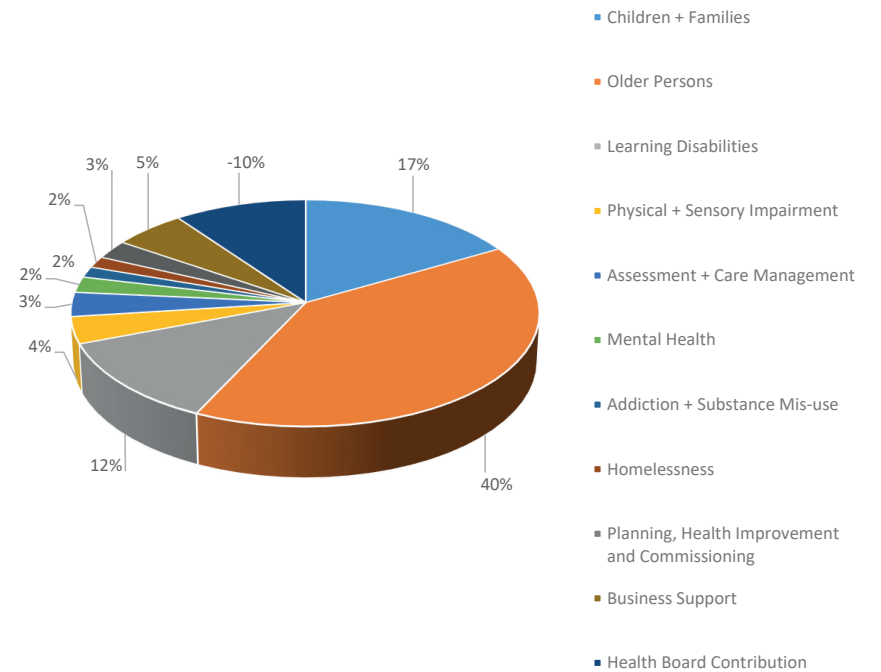




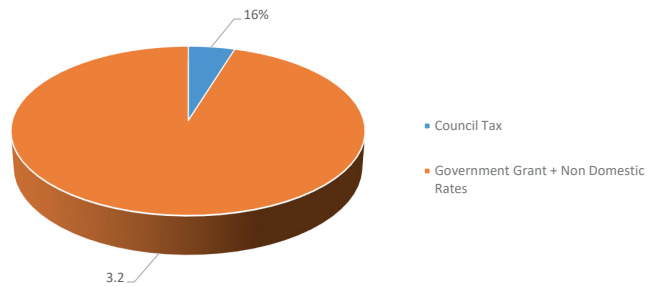
Education and Communities Committee



Health and Social Care Committee



Where the money comes from: 2019/20 budget



9 - Greenock South and South West locality action plan

What do we want to achieve?	LOIP Priority	Link to HSCP Six Big Actions	Actions to take this forward	Lead	Timescale/ Progress
Children have access to good quality parks and play areas.	Repopulation and Environment	A Nurturing Inverclyde will give our children and young people the best start in life.	Interested parties to take forward the following: <ul style="list-style-type: none"> • Link the provision of play parks, particularly in Fancy Farm to the Inverclyde playpark strategy. • Identify if there is a need to install any new play equipment in play areas across Greenock South and South West. • Identify actions that could be taken to make the current play parks safer for use. 	CLD/ENVIRONMENT AND REGENERATION	
Children and young people are engaged in activities in Inverclyde that promote wellbeing	Inequalities	A Nurturing Inverclyde will give our children and young people the best start in life.	<ul style="list-style-type: none"> • Ensure that good communication about all activities and facilities for young children and teenagers is in place • Review the provision of youth clubs for teenagers in the area • Identify the activities available for pre-school children • If required – adapt or increase the current provision 	CLD - YOUTH WORK	
Improve health and wellbeing for people of Greenock South and South West	Inequalities	Reducing inequalities by building stronger communities and improving physical and mental health.	<ul style="list-style-type: none"> • Ensure that good communication about all activities and facilities for young children and teenagers is in place • Review the provision of youth clubs for teenagers in the area • Identify the activities available for pre-school children • If required – adapt or increase the current provision 	HSCP - 3rd Sector	
People of Greenock South and South West are able to access transport to ensure easy transport and parking	Repopulation and Environment	We will support more people to fulfil their right to live at home or within a homely setting and promote independent living.	<ul style="list-style-type: none"> • Evaluate transport links between GS&SW and the rest of Inverclyde and identify any appropriate actions. • Identify the transport related issues that the community would like to see addressed. • Evaluate parking in Greenock South and South West 	HSCP COMMUNITY SAFETY PARTNERSHIP	
People of Greenock feel safe to go out at night	Repopulation and Inequalities	Together we will protect our population.	<ul style="list-style-type: none"> • Work with the Community Safety Partnership to identify the specific issues for Community safety in Greenock South and South West • Work with the Community Safety Partnership to identify actions that will help the community • Work with agencies to identify and tackle drugs misuse in the area 	COMMUNITY SAFETY PARTNERSHIP	

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/09/2020/HW

Contact Officer: Helen Watson
Head of Service Strategy and
Support **Contact No:** 01475 715285

Subject: **STANDARD OPERATING PROCEDURE ON REPORTING
PROGRESS ON IMPLEMENTING THE COMMITMENTS OF THE
STRATEGIC PLAN**

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the Standard Operating Procedure on Reporting Progress on Implementing the Commitments of the Strategic Plan.

2.0 SUMMARY

- 2.1 The HSCP has worked with communities and key stakeholders to develop a five-year Strategic Plan (2019-2024) that describes six Big Actions that we will deliver over that time frame.
- 2.2 The Plan is ambitious, so we need to ensure that the Strategic Planning Group has a process in place to monitor implementation, so that any risks of sub-optimal or even non-delivery can be identified and addressed at an early stage.
- 2.3 In order to manage the scale and scope of the ambitions of the Strategic Plan (2019-2024), officers have gone through the roadmaps within the Plan and extracted all of the commitments. From there, these commitments have been transferred to tables that show precisely what the action is; who is responsible for delivering it; when it should be delivered by; progress to date, and RAG (Red; Amber; Green) status with additional Grey and Blue status. A risk register will also be derived from these implementation plans and associated RAG status identifiers.
- 2.4 A process has been put in place to report on the progress of delivering the Big Action key deliverables.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Integration Joint Board approves the Standard Operating Procedure on Reporting Progress on Implementing the Commitments of the Strategic Plan.

Louise Long
Chief Officer, Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde HSCP is required to have a Strategic Plan that lays out our commitments over a minimum timeframe of three years. We have worked with communities and key stakeholders to develop a five-year Strategic Plan (2019-2024) that describes six Big Actions that we will deliver over that timeframe. The Plan is ambitious, so we need to ensure that the Strategic Planning Group has a process in place to monitor implementation, so that any risks of sub-optimal or even non-delivery can be identified and addressed at an early stage.
- 4.2 It was agreed at the August 2019 meeting of the Strategic Planning Group that each of the Big Actions should have a "Corporate Sponsor". The Corporate Sponsor will ensure that the actions that we have committed to are being delivered and reported on, and will have the full support of the HSCP Senior Management Team.

5.0 CORPORATE SPONSORS

5.1 The Big Actions and sponsors are:

- **Big Action 1:** Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health - **Helen Watson**, Head of Strategy & Support Services.
- **Big Action 2:** A Nurturing Inverclyde will give our Children & Young People the Best Start in Life - **Sharon McAlees**, Head of Children & Families Services and Criminal Justice, and Chief Social Work Officer.
- **Big Action 3:** Together we will Protect Our Population - **Joint Sponsors Sharon McAlees**, Head of Children and Families and Criminal Justice Services and Chief Social Work Officer and **Allen Stevenson**, Head of Health and Community Care.
- **Big Action 4:** We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living - **Allen Stevenson**, Head of Health and Community Care
- **Big Action 5:** Together we will reduce the use of, and harm from alcohol, tobacco and drugs - **Deborah Gillespie**, Head of Mental Health, Addictions and Homelessness.
- **Big Action 6:** We will build on the strengths of our people and our community – **Charlene Elliot**, Chief Executive, Inverclyde CVS.

5.2 The Corporate Sponsor will ensure that the actions that we have committed to are being delivered and reported on, and will have the full support of the HSCP Senior Management Team.

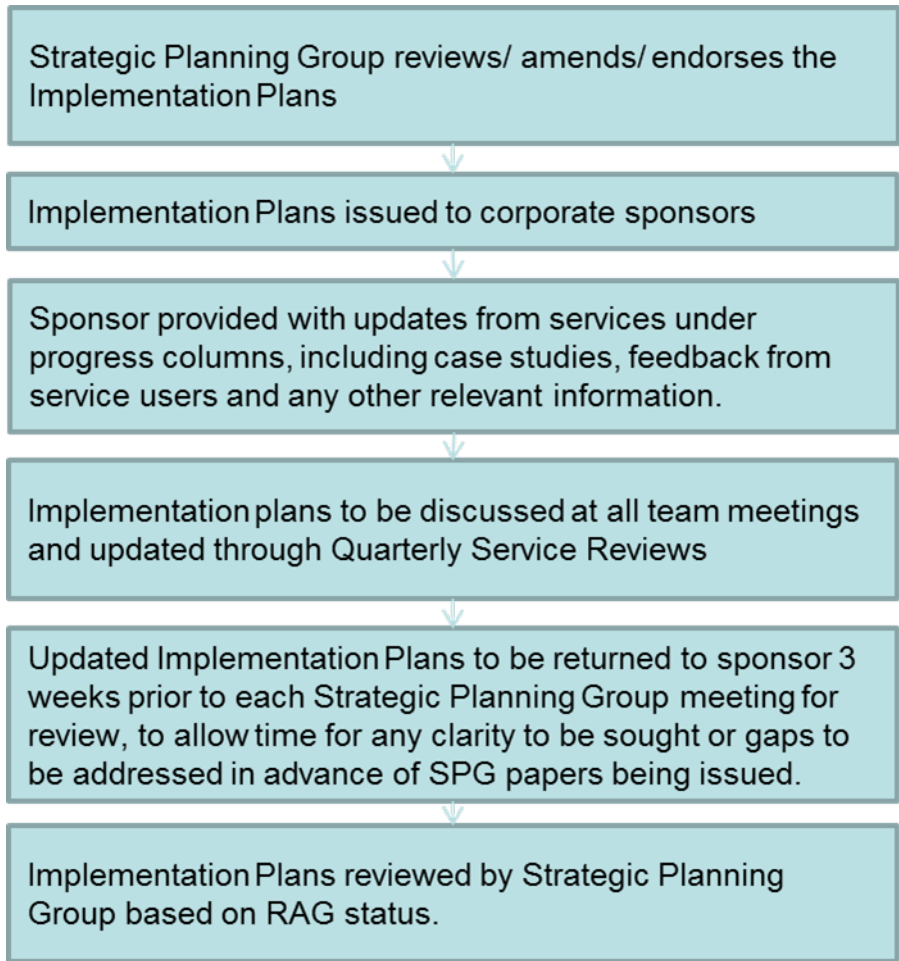
5.3 In order to manage the scale and scope of the ambitions of the Strategic Plan (2019-2024), officers have gone through the roadmaps within the Plan and extracted all of the commitments. From there, these commitments have been transferred to tables that show precisely what the action is, who is responsible for delivering it, when it should be delivered by, progress to date, and RAG (Red; Amber; Green) status with additional Grey and Blue status.

5.4 The RAG Status Codes are defined as follows:

- Red - Not meeting action or timescale.
- Amber - Close to meeting action or timescale (where quantitative measures are

- available, within a 5% tolerance).
- Green - On target.
- Grey - Future work.
- Blue - Complete.

5.5 The Process Flowchart:



5.6 Each Big Action implementation plan also includes an area where officers can include comments on any feedback/key themes from service users, families and Carers and Case Studies.

6.0 IMPLICATIONS

6.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

6.2 N/A

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

√

YES

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	Big Action 1 aims to target inequalities
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Big Action 1 aims to target inequalities
People with protected characteristics feel safe within their communities.	Big Action 3 supports safety and public protection
People with protected characteristics feel included in the planning and developing of services.	Big Action 6 supports involving communities in planning, development and delivery.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Big Action 1 aims to target inequalities
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Big Action 6
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Big Action 4
People who use health and social care services have positive experiences of those services, and have their dignity respected.	All Big Actions
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Big Action 4
Health and social care services contribute to reducing health inequalities.	Big Action 1
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Big Actions 1 and 6
People using health and social care services are safe from harm.	Big Action 3
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	All Big Actions
Resources are used effectively in the provision of health and social care services.	All Big Actions

7.0 CONSULTATION

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.

8.0 BACKGROUND PAPERS

8.1 Standard Operating Procedure on Reporting Progress on Implementing the Commitments of the Strategic Plan.

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:**
IJB/13/2020/SMcA

Contact Officer: Sharon McAlees **Contact No:**
01475 7125282

Subject: Inverclyde Rights of the Child Award (IROC Award) and
Children's Rights Duty to Report 2020

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board 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 that this approach would be an example of good practice across Scotland.
- 2.7 The IROC Award will effectively contribute to Big Action 6 of the HSCP Strategic Plan by building on community strengths and capacity around children's rights through learning, informing, action and support in collaboration with young people.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note and agree the plan to implement an Inverclyde Rights of the Child Award in line with Big Action 6 of the HSCP Strategic Plan.

Louise Long
Chief Officer

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 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 understating 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 connect 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 has 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 compliment the timescale for re-reporting and allow actions plans/evidence to be re-visited and utilised for further reporting duties every three years.
- 4.7 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 the process works in its entirety. Work will then 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.

5.0 IMPLICATIONS

FINANCE

5.1 Costs will be contained within the service budget

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no specific legal implications arising from this report

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This report relates to the progression of children's rights across Inverclyde.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None
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CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This report relates to collective progression of children's rights, participation and the continual improvement of service design and delivery across Inverclyde
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

7.0 CONSULTATION

- 7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP and young people.

8.0 BACKGROUND PAPERS

- 8.1 None.



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>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: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long, Corporate Director
(Chief Officer), Inverclyde Health & Social Care Partnership **Report No:** IJB/11/2020/AS

Contact Officer: Allen Stevenson
Head of Health & Community Care
Inverclyde Health & Social Care Partnership **Contact No:** 01475 715283

Subject: LIVING WELL

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on the emergent thinking around maximising service user/patient independence in Inverclyde, with a particular focus on helping citizens of Inverclyde to live well for longer.

2.0 SUMMARY

- 2.1 Inverclyde HSCP is facing the same pressures as whole HSCP system around increasing the need for social care in a climate of challenging financial demands. This paper outlines emergent thinking around multi-agency investment in earlier intervention and opportunities for self-management and independence which in many cases will delay the requirement for ongoing support from services.
- 2.2 This model will require further analysis around technology, points of access to the service and wide scale health promotion opportunities, as well as the requirement for a culture shift campaign around the responsibility of the citizen to keep well.
- 2.3 The paper outlines the need to shift some HSCP resources upstream into prevention to support changes required, as tightening the criteria to substantial and critical provision does not align with the prevention and maximising independence strategy. For this to be successful will require partnership approaches across multiple agencies.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board supports further consideration of the emergent model which supports maximum levels for self-management and independence.
- 3.2 That the Integration Joint Board notes that a future paper will be submitted with proposals and potential resources required to take this proposal forward for consideration following engagement with South Clyde HSCPs with a view to working together jointly in taking the aspirations of the paper forward.

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

4.0 BACKGROUND

4.1 Background

Inverclyde HSCP has been sector leading with regard to implementing a joint joined up integrated model to delivering our Home First approach. There are many examples of successful proactive transformational change such as Home 1st, Reablement, falls prevention, technology enabled care, long term condition management, step up at home, one handed care, hospital discharge planning with an in reach element etc.

Along with other HSCPs, Inverclyde is facing the same pressures around growing demand for health and social care services in a climate of challenging financial restrictions and is beginning to experience the same difficulties as other areas around the level of provision of independent and in house care at home services to meet the current demand.

4.2 Local and National Direction

The proposals within this paper align well with both national and local policies in particular:

- National Health and Well Being Outcomes 1,2,3,4,6,7,9
- Scotland's Public Health priorities
- Mental Health Strategy 2017-27 A 10 year vision
- Active and Independent Living Programme (AILIP)
- Health and Social Care delivery plan
- NHS Integrated workforce plan
- HSCP Strategic Plan outcomes 1,4,6
- Inverclyde HSCP OT AHP review

4.3 Current models

When allocating staff assessment and provision resources, the focus in the main has been around support critical and substantial needs. Services are evidencing a shift in demand to urgent critical work which is having an impact on the lower level preventative rehabilitation and support.

4.4 Current Good Practice Supporting Independence

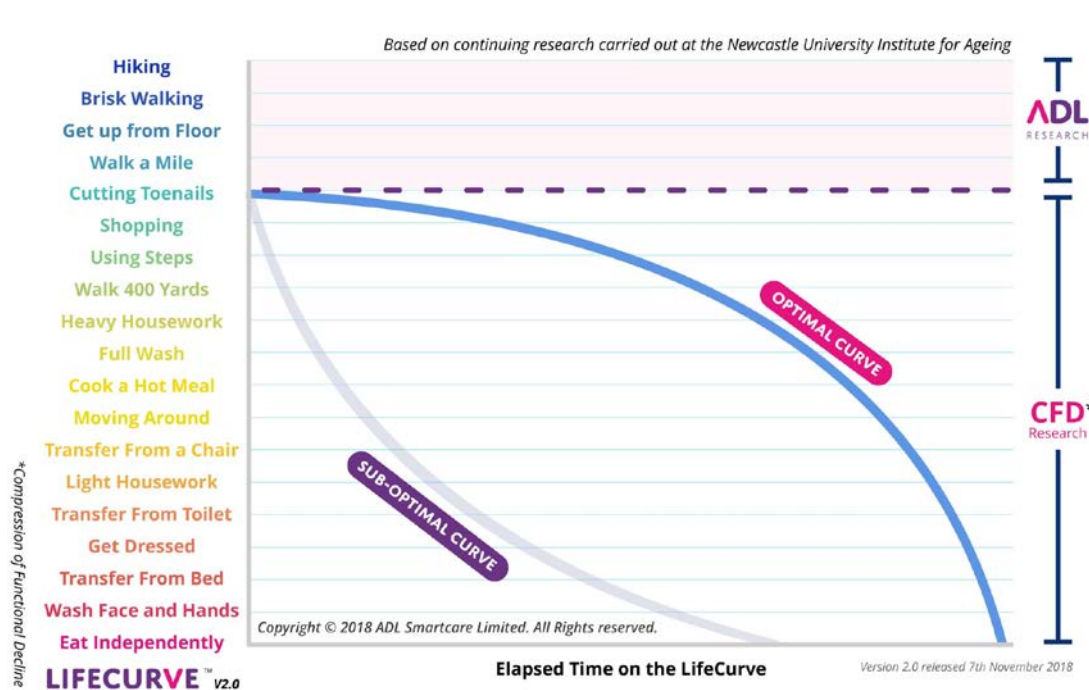
Over the last 8 years, we have made in roads to integrated working improvements in integration, nursing, Social work, AHPs, care at home services, Reablement and primary and acute clinical staff. All of these developments have advocated and shifted focus from delivering support and care to a reablement and self-management model. The work has put emphasis on independence with a move away from risk adverse practice to enabling proportionate risk.

The point of involvement within Adults and Older people's services however remains in the main at the critical and substantial level of need within the eligibility criteria resulting in missed opportunities at an earlier stage to optimise independence and self-management to delay the requirement for support and care.

To create healthier, more active citizens who live well for longer, we need to radically consider how we provide services and when.

4.5 Life Curve

There is a lot of national interest in research on ageing carried out at Newcastle University. The LifeCurve™ has been developed from this work. The evidence shows that people lose their ability to do daily tasks in a predictable order. This knowledge allows for a focus to be placed on areas of prevention, reablement and equipment services where they are most effective.



The graph above shows an optimal curve for care delivery delaying the requirements for care and support by ensuring at there is investment when people begin to have difficulty with daily living tasks to regain function. Our current model is a compensatory one where we utilise equipment, adaptations, support at this early stage in the process. While these are important solutions to independent living we are missing opportunities at this stage to ensure people regain skills and actively work together to support health promotion with all our partners.

4.6 Integrated Work Force Health and Social Care Delivery Plan

The Scottish Government has set out aspirations around high quality services that focus on prevention, anticipation and to support self-management. The focus for delivery will be in the main at home for within the community and around prevention of readmission to hospital, planning is underway around workforce planning to deliver this.

4.7 Area of Good Practice

North Lanarkshire utilises a model around technology for self-management, it invested in an electronic self-assessment system which has background algorithms that highlight the need for face to face assessment. The area's Digital Inclusion strategy ensures that the system is embedded in all community touch points where people meet or seek support. The technology brings exciting new opportunities around what is possible, however requires long term investment and buy in across all services.

The system has been developed in partnership with specialist services and hosts long term conditions and self-management advice that is open to members of the public or

officers across multi-agencies.

Early intervention is managed in partnership with the Third Sector, businesses, religious organisations, hospices, primary care, housing and through the digital platform's multiple points of access.

The system is also utilised as a single point of access to the service, automated signposting reducing demand and is purpose built by each area of the service for self-assessment and in built flagging where face to face assessments are required.

Another area of good practice is within GGC Children's services. We have seen the roll out of Request for Assistance models which significantly reduce the demand on services and free up professional time to see the most complex cases. This model requires further investigation around whether the utilisation of this transfers well into adult services and brings opportunities to the roll out of Access 1st.

One Vanguard area in Wigan has developed a social contract with the community they serve which is a radical cultural change around citizens' responsibilities to take responsibility to stay as healthy as possible in return for best utilisation of the services available without increasing council tax costs. Early indications show that this model is being adopted by the population.

4.8 Opportunities Missed

Prior to Care at Home requirements there are many opportunities where Inverclyde residents approach services for information and support e.g. GPs, housing, benefits, blue badges, equipment and adaptations, rehabilitation. Often easy solutions are sought with a focus on purely the issue at hand which limit the impact and opportunities to look at underlying causes of loss of function rather than investing earlier in the pathway in health promotion and interventions to regaining function which may delay the requirement longer term to requiring care as highlighted above in 4.5 and 4.6.

North Lanarkshire has looked at a model where, rather than using compensatory approaches with simple solutions, an approach is taken to look at what the underlying issue is. So a request for rails and grab rails may be an issue around balance, a precursor to experiencing falls, rather than only providing rails, opportunities could be taken to work on regaining strength and balance.

This organisation was an early adopter of the Life Curve work and is the most advanced in Scotland in utilising technology for self-management, health promotion and self-access to support.

Not only does this service utilise social prescription, its access system looks at highlighting activities and exercise opportunities in the area that they live in, which are open for practitioners to refer to.

The system is used to support long term condition management and change of culture to ensure maximising self-management.

4.9 Housing and Communities

There are further opportunities to work together with housing partners to help people to plan ahead to avoid decisions about moving being made at points of life crisis. This would ensure that the public resources are best utilised and support family accommodation crisis. The Scottish Government IHUB has developed a model of Housing Solutions which has aspirations where all housing staff and HSCP staff are trained in having simple housing solutions at an early point to discuss optimal housing in the future with older people to ensure that moves are planned for the future.

This model supports best use of adaptations budgets and also incentivises free up of

much needed family accommodation which is currently under occupied. A couple of Occupational Therapy staff along with two housing officers from River Clyde Homes undertook the train the trainers course for this work however there are competing demands that have not allowed for the roll out of this work.

Optimally there could be more invested in this training that would support the training of all staff across housing and care who have contact with service users to confidently and competently not only to have housing conversations but also to be advocates for a new model that shifts responsibility of managing health to the individual service user. This model could be tested within the temporary Housing Support post within Sheltered Housing which has a focus on building the community and tenants' assets to ensure more of a self-management and inclusive community which supports people with conditions such as dementia to be supported by their community to live well.

4.10 Frailty

Across GGC as part of the roll out of the Frailty Implementation Plan partnerships have implemented the Rockwood Frailty Scale (Appendix 1) this tool is an easy to score method across health and social care to stratify older people's levels of frailty. The scale 1-9 (1-Very fit, 9-Terminally ill) allows for assessment staff to quickly score and record service users against the tool. Initial work has shown that HSCP involvement shows that the bulk of activity is around 5-6 (Mildly Frail/Moderately Frail). This tool could bring wider opportunities; we could take a multi-agency proactive approach to focussing around levels 3-4 Managing Well and Vulnerable to delay the move to requirement of support where possible.

This would require an upskilling of staff to ensure that they work at the top of their licence and move away from silo work to investing in a core skill set across the HSCP and partners to be skilled in Health promotion approaches and the skills to engage people in this remit.

The Frailty tool also gives opportunities to allow a criterion around responses and opportunities at triage or through electronic systems to ensure people on lower scores are signposted to activities that improve and protect independence abilities.

The present model which has pressures at the most urgent and most complex work without the ability to free up capacity to work in prevention will result in no change in the levels of increasing demand that the HSCP is facing.

4.11 Campaign and Further Opportunities in Localities

Despite our significant progress to date we are beginning to struggle to keep pace with the pressures of demand, in order to rebalance this Inverclyde requires a whole scale sustainable campaign around prevention and maximising independence opportunities however this cannot be done by the HSCP alone and requires active engagement and work with individuals of all ages, families, community organisations, third and independent sectors and housing partners to ensure that there is a change in approach which delivers prevention and early intervention with the clear message that the responsibility to keep well lies with the individual. (Similar to the work in Wigan).

4.12 Next Steps - Recommendations

Consider engagement with South Clyde HSCPs with a view to working together jointly in taking the aspirations of the paper forward. Look at the need for a dedicated resource to support this work.

Identification and targeting of falls risk, frailty, social isolation, dementia and co-morbidities as well as carer strain, poor self-esteem/challenging behaviour are all high risk indicators of requirement of demand for services.

Further work is required to identify the contact points prior to requiring care at home support around developing a partnership pathway which supports early intervention and self-management.

When investing in Access First it is important to look at different models such as ADL Smartcare (North Lanarkshire) self-assessment and digital solutions and to give consideration and take learning from successful models such as the Request for Assistance models.

The Frailty tool could potentially offer a way of focussing support in a more proactive way around prevention and keeping well in partnership with many stakeholders.

Focussing on strength and balance to reduce risks of falls and allow for maintenance of abilities should be scoped around where this approach is best placed and who is best to deliver this.

A comprehensive Active Living strategy and campaign are required to support the culture shift recommended.

Further scoping of the requirements of the changes is recommended along with a Quality Improvement approach to measure success and change will be required.

5.0 IMPLICATIONS

FINANCE

5.1 Further scoping of requirements to be outlined in future reports.

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no legal implications within this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact for people with physical disability/older people
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact for people with physical disability/older people
People with protected characteristics feel safe within their communities.	Positive impact on
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report. The approach recommended is robust to ensure that staff are trained appropriately based on their skill set to implement the recommendations of the report, further analysis around professional roles will be required for next steps to ensure that there are no Clinical or Care Governance risks.

NATIONAL WELLBEING OUTCOMES

5.6 How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	This report highlights the need to intervene early to improve living skills to maximise independence
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	This report covers our future direction of travel to support a range of older people to live at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This report highlights the need to intervene early and improve people experience of health and social care support.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	This report acknowledges the need to improve the quality of life for people who require support.

Health and social care services contribute to reducing health inequalities.	The reports confirms the HSCP position in relation to tackling health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The HSCP will continue to work closely with our partners to improve support provided to unpaid carers.
People using health and social care services are safe from harm.	The HSCP are committed to keeping people from harm by a range of interventions.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Our workforce is committed to improve the lives of people in Inverclyde as per our strategic plan.
Resources are used effectively in the provision of health and social care services.	The HSCP have outlined our priorities in our strategic plan which makes best use of our resources.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

7.0 CONSULTATION

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.

8.0 BACKGROUND PAPERS

8.1 None.

APPENDIX 1.

Active and Independent Living Programme (AILP)

The vision for AILP is that health professionals will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing

	AILP ambition statements	Outcomes	What people can expect
AILP ambitions	To meet the health, care and wellbeing needs of the population now and in the future:	By 2020, working with local partners, the programme aims to:	What people can expect:
Health and wellbeing	AHPs need to prioritise health promotion, prevention and early intervention strategies across all services, underpinned by personal-outcomes approaches and inclusive information	prioritise prevention and early intervention as a key focus of AHP service delivery, whether through direct preventative approaches or partnership-working with other agencies	<ul style="list-style-type: none"> • availability of evidence-based, inclusive self-management information provided by AHPs • access to AHP interventions at the earliest time for maximum benefit • brief interventions from AHPs to promote health and wellbeing discussions with an AHP regarding their health and wellbeing will be routine, as and when appropriate
Access	people need easily accessible routes to AHP services and information when required	offer timely access to AHP services to people who need assistance or advice to live independently	<ul style="list-style-type: none"> • easy access and self-referral to all AHP services • simple re-routing from AHP services to other services if required use of web-based technology to access services/information/advice
Awareness	the public and other stakeholders need to be aware of AHP services in their	ensure that the general public, third sector organisations and health and social care staff have a better understanding of the	<ul style="list-style-type: none"> • AHP services embedded within the 'Know Who To Turn To' directory of services

	local communities	contribution AHPs make to promoting healthy and independent living	<ul style="list-style-type: none"> • AHPs who are aware of the health and wellbeing resources and amenities available in the communities in which they work to signpost people to the most appropriate services
Partnership-working	AHPs need to think about different ways of working with people who use AHP services	have developed AHP pathways that are multi-agency where appropriate, and partnership approaches that improve people's health and wellbeing	<ul style="list-style-type: none"> • pathways across agencies that set out the AHP contribution to supporting health and wellbeing • people's goals inform AHP actions • less duplication of assessment
Research and innovation	AHPs need to deliver excellence through improvement, innovation and research	ensure that research and innovation will be key to any service redesign	<ul style="list-style-type: none"> • technology supporting interventions, if required • evidence-based interventions • AHPs at the forefront of research into prevention and early intervention, and rehabilitation
Workforce	AHPs will comprise a competent, skilled and knowledgeable workforce that is flexible and responsive to the needs of the population	have an AHP workforce that will be delivering the right care in the right place	<ul style="list-style-type: none"> • appropriately trained and informed AHPs • an appropriate number and skill mix of AHPs providing local services • information about the recommended skill mix and number of AHPs working in their local area

Stage 1 of the recent Occupational Therapy Review mirrors the aspiration of the ALIP programme in that it identified that the bulk of the OT resources in dealing with crisis intervention and by taking a compensatory approach using equipment without the investment time of rehabilitation reduces the opportunities upstream to make an impact on delaying the requirement for care services.

Although AHP's are integral to delivering this approach there are many more service contact points prior to requiring care could also take this approach to ensure that no opportunity to optimise people's health and independence are missed.

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/16/20
20/AH

Contact Officer: Andrina Hunter **Contact No:** 01475 715284

Subject: **REVIEW OF INVERCLYDE HSCP ALCOHOL AND DRUG SERVICES – PROGRESS UPDATE**

1.0 PURPOSE

- 1.1 The purpose of this report is to update Inverclyde Integration Joint Board 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 service 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 Integration Joint Board 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 service 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 20 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 Inverclyde HSCP's Strategic Plan (2019-24) Big Action 5 is focused on "together we will reduce the use of, and harm from, alcohol, tobacco and drugs". This review will help deliver on the strategic outcomes linked to this action.
- 4.4 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 co-located 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 paperwork 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 multidisciplinary team meeting within this process.
- The alcohol and drug liaison team has introduced an emergency department (ED) repeat presentations standard operating procedure and put into operation a multidisciplinary 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.

- 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 are planned to be commissioned to directly increase the recovery opportunities locally. There have been delays in commissioning due to ensuring robust procurement processes are being followed. Commissioning of the following recovery supports are underway in line with NHS procurement requirements:
 - 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). 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.

The timescale to have the workforce plan delivered is April 2020 however due to delays in draft proposed structures being agreed, this timescales is projected to June 2020.

- 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 Framework	£ 2,000 10,800
Assessment, Treatment and Care Additional Liaison Nurse Addition Drug Resource worker Additional Team leader capacity to support the review Pilot Pain Clinic	£ 42,400 40,850 31,401 4,580
Recovery Recovery Commissioning Post Development of Recovery Communities Peer Recovery Worker Development of Peer Mentor Programme Peer participation training Family Support	£ 34,230 30,000 30,000 17,500 5,000 20,000
Critical Friend	8,000
Total for 2019/20	£276,761

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

6.4 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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact - the new service model will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact - the new service model will ensure service users with alcohol and drug issues will not be discriminated
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact - refreshed training to ensure all staff working within the new service

	are aware of their values and beliefs to ensure non-discrimination.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	By ensuring a ROSC approach is embedded within the new delivery model will ensure service users have access to a range of supports.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The new delivery model will ensure service users have access to a professional evidence based service which will meet their needs.
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Reviewing the current delivery model will enable best use of resources in the future.

7.0 DIRECTIONS

7.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

8.1 The report has been prepared by the Chief Officer of Inverclyde Health & Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

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

9.0 BACKGROUND PAPERS

9.1 None.

Inverclyde HSCP Alcohol and Drug Services Review Implementation Plan

As at 13/1/20

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	Amber Linked to No.17
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	Amber Linked to No.17
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 an Intensive Support Team to support most vulnerable clients	SM A&H and team leads	Assessment/ Treatment and Care Group	March 2020	Amber Linked to No.17

			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	Amber Delay in draft workforce plan being agreed
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	Amber Delay in commissioning
19		Review and continue to develop the financial framework to support the implementation of the integrated service	HOS MHAH CFO		Ongoing	Green

			SM A&H			
20		Develop a performance management framework to show progress against the Strategic Plan Big Action 5 and key national and local performance indicators.	HOS MHAH SM G&D SM A&H	Alcohol and Drug programme Board	Currently under development	Amber

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/08/2020/LA

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 Integration Joint Board 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 Integration Joint Board notes the work to date proposed timeline for completion of this review.

Louise Long, Chief Officer

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.
- 4.5 Audit Scotland published a Review of Integration report in December 2018. Following this, the 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.

Completed work	
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
Next steps	
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

6.0 IMPLICATIONS

6.1 FINANCE

There are no direct financial implications within 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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

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

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None

People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

7.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

8.1 This report has been prepared after due consultation with the GG&C Integration Scheme Review Group, Inverclyde IJB Standards Officer and the Chief Officer.

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/10/2020/HW

Contact Officer: Helen Watson
Head of Strategy and Support
Services **Contact No:** 01475 715285

Subject: UPDATE FROM TRANSFORMATION FUND

1.0 PURPOSE

- 1.1 The purpose of this report is to update the IJB on the journey so far in relation to transformational change across the HSCP and how the Transformation Board has helped steer the work to date through Transformation Fund investment.

2.0 SUMMARY

- 2.1 The IJB has approved around £1.8m of Transformation Fund investment over the last 18 months to support innovative projects across a range of services. Investments have been agreed for a wide range of exciting and transformational work that will shift practice and help us deliver differently in a complex and evolving arena full of competing demands. The investment is helping support the overall change programme and delivery of the Strategic Plan.
- 2.2 The IJB on 4th November requested an annual return on investment report for the Transformation Fund. This is the first of those reports which provide an update on the investment projects and the links to delivery of the 6 Big Actions within the Strategic Plan.

3.0 RECOMMENDATION

- 3.1 That the Integration Joint Board notes the progress to date and returns on investment through the Transformation Fund and the transformational change linked to effective delivery of the Strategic Plan and its 6 Big Actions.

4.0 BACKGROUND

- 4.1 The HSCP Transformation Fund was created in 2018/19. Bids are initially made through the Transformation Board and all are subsequently ratified through the IJB via the IJB Financial Monitoring reports. Projects over £100k or of strategic significance require a specific report for IJB approval.
- 4.2 Over the last 18 months, the Fund has supported a number of initiatives that have helped key partners as well as helping the HSCP, for example funding for Long Term Condition Nurses, One Handed Care, and Winter Planning investment. Routine oversight and governance for the Fund is through the Transformation Board which receives regular updates on all agreed projects and all other transformation and change projects underway.

5.0 TRANSFORMATIONAL CHANGE UPDATES

The following is an update on the return on investment so far on all key projects. All of these projects have clear links to the delivery of the outcomes linked to the 6 Big Actions within the Strategic Plan.

5.1 Long-Term Conditions Nurses - £80.5k

Long-Term Conditions and Technology Enabled Care Investment

The project was for the recruitment of 2 x Band 5 long term condition nurses for one year to work with GP practice teams focusing on self-management and health improvement for groups of patients with long-term conditions.

Long-Term Conditions and Technology Enabled Care - Outcomes to Date

Docobo Home Health Monitoring Hubs – 30 new hubs have been purchased with 16 used to replace existing, and 14 used by new patients since April 2019. This is significant improvement on previous years as referral numbers were very low. District nurses monitor these patients and respond to exacerbations with advice and anticipatory care medication if required.

An audit was carried out on hospital admissions and the number of bed days across the existing 16 patients using Docobo over a period of 9 months. Prior to using the hubs, they were admitted in total over 30 times equating to 121 bed days. While using the hubs over a following 9 month period, admissions had decreased to 11 and bed days to 35. This has evidenced a 64% reduction in admissions to IRH and a 71% reduction in number of bed days for these patients.

In addition, on 20 occasions over the 9 months patients commenced on their anticipatory medication which could have contributed to preventing further admissions or GP appointments.

Hypertension - There has been a total of 76 patients who have had their blood pressure monitored using Florence (FLO), a text messaging service using a phone app. Patients were recruited from 3 local GP practices and, on average, 43% have been diagnosed as having hypertension following use of FLO. Forty one patients no longer use FLO with 35 remaining and still being monitored. This has saved approximately 300 appointments in total with practice nurses or health care assistants equating to 50 hours.

Diabetes – Nine patients have been supported, using Florence (FLO) to become more

aware of managing their condition and independent in self-administering their insulin. This has saved 63 district nurse visits per week equating to a total of 21 hours.

Joint collaborative working with the acute diabetes specialist teams in both hospital and community has commenced with consultant physician reviewing patients on DN caseload via a virtual clinic to optimise treatment plans and include health improvement measures. This approach has proved successful and innovative with primary and secondary teams working jointly. Eleven patients who have undergone the review process were receiving a total of 106 district nursing visits per week and since review have reduced to 51 visits per week. This is a saving of 18.5 hours in DN visits per week.

5.2 Winter Plan and Unscheduled Care Plan 2018/19 - £118.4k

Last Winter this funding supported an increased Home Care response team, providing evening, out-of-hours and weekend cover to allow safe discharge over 7 days, as well as increased capacity at Emergency Department to allow prevention of admissions where appropriate diverting to community resources. This successfully enabled Inverclyde to address Winter Pressures, improve services for local people and minimise pressure on Acute Services and Set Aside budgets.

Based on last Winter's experience the IJB has approved further Transformation Funding to support this in 2019/20 to provide increased assessment and care coordination capacity at the front door at IRH based within the discharge team, working to support the Emergency Department and keep people at home rather than hospital for longer.

5.3 Localities Engagement Officer - £61k

An interim locality manager was seconded from another HSCP to help develop and drive locality planning across Inverclyde, to establish and develop six Locality Planning Groups (LPGs) and respective Communications & Engagement Groups in line statutory requirements.

Since approval, the manager has been working with community planning colleagues & communities to begin establishing the LPGs, including their respective Communications & Engagement Groups.

The locality manager is currently working to establish the six Locality Planning Groups (LPGs), it is planned to have Kilmacolm & Quarriers LPG & Greenock South & South West LPG in place by January, with the possibility of Port Glasgow being established by the end of February.

Development sessions will be run to ensure LPGs have the capacity and capability to develop their Locality Action Plans informed by HSCP Strategic Plan, Inverclyde LOIP, locality profile intelligence etc.

This investment has enabled Inverclyde to accelerate its locality development work to ensure we are compliant with Scottish Government requirements and work with the Alliance Board to be one of the first in Scotland to undertake a joint initiative.

5.4 I:DEAS Project - £5k

I:DEAS is funded by the National Lottery Community Fund (Lottery) and European Social Fund (ESF) for the delivery of financial inclusion services to eligible participants in Inverclyde. The Transformation Fund supported additional temporary staffing for the project.

The project had two main areas of concern:

- Achieving compliance.
- Payment on Outcome funding model which is placing financial and reputational risk on all stakeholders.

Following discussions with the Lottery it was recommended that an independent audit of the I:DEAS programme should be carried out. RSM Risk Assurance Services who have experience in ESF Funded Programmes was commissioned to carry out this work.

The Consultant suggested areas for change and explored ways forward with I:DEAS team and the Lottery.

A reviewed audit process was devised based on the recommendations of the Consultant which focused on compliance and claim submissions to achieve funding.

Using the reviewed audit process there has been an increase in compliance rates for cases submitted for funding, the reviewed systems will continue to be used by I:DEAS to ensure full compliance.

5.5 Infant Feeding Co-ordinator - £37.1k

The Infant feeding post has been instrumental in supporting a positive breastfeeding culture within C&F and in coordinating and supporting the achievement and embedding of UNICEF's Gold Baby Friendly award for the service. Support staff have been upskilled in order to support Breast Feeding Mums on a 1:1 and group basis. The post holder has supported targeted breast feeding support and adopted innovative approaches to peer support. In the Port Glasgow PDSA, there has been a 4% rise in Mums exclusively breastfeeding at the 6-8 week assessment from 9.2% in 2018 to 13.2% in 2019. Given the complex nature of supporting and sustaining a breastfeeding culture, there would be the intention to request that support is continued past the November 2020 timescale in order to scale this work up to cover Greenock and eventually the whole of Inverclyde. We are exploring how we can influence long term sustainability and will be connecting with partners through a collective impact approach including Compassionate Inverclyde, GPs, Pharmacist, Breastfeeding Network, CVS, and Your Voice, and communities (to name a few) in order to explore a whole system approach to culture change, early help and support and improved public acceptability.

5.6 CELSIS - £31.6k

The Addressing Neglect and Enhancing Wellbeing (ANEW) team was commissioned by the Scottish Government and Inverclyde was selected as one of the areas selected to work in partnership with CELSIS in developing new approaches aimed at reducing childhood neglect and enhancing wellbeing using implementation methodology. This work commenced in October 2018. The ANEW team have undertaken extensive listening and collaboration in order to learn what practitioners (Health, SW and Education) think is working well and what is not working so well. This extensive consultation has allowed the team to develop an options appraisal which has been presented to the GIRFEC Strategic Group and will now progress to SMT. The options seek to support named person and team around the child activity, interagency collaboration and transitions/early intervention. The knowledge gleaned from the practitioner engagement is also being utilised to support practice development within health. The secondment continues until September 2020 and it is envisaged that the work will continue following this.

5.7 Agile Working - £42k

The Transformation Board has funded a number of laptops/IT equipment to allow staff to work agile. Agile working has facilitated more effective use of our buildings and

staff time while supporting communication and feelings of a team's cohesiveness, and containment. Staff are able to work across many of the HSCP sites, reducing travel and allowing more time spent with patients/clients. Through agile working the HSCP has been able to rationalise its estate and reduce the number of buildings required, freeing up resources to support projects like Wellpark and the new Greenock Health Centre.

5.8 Priority Management - £24.5k

Priority Management was a targeted approach which has successfully been rolled out previously within GG&C. The investment was to train Extended Management Group (EMG) and Business Support staff. Participants attended Priority Management workshops, working through a model called WorkingSm@rt™, which is a flexible and practical combination of behaviour-changing methods, best practice tools and processes that aimed to transform ways of working. The focus of the training was to increase capacity and effectiveness of the staff involved to increase overall team resilience and productivity.

The overall feedback has been extremely positive, with many of the people who attended the workshops reporting back that they are noticing a difference in their ways of working. It was also felt by several of the participants that having an input at the start of the workshops on the personal and professional objectives, had a positive impact on the way they are working and continuing to do so.

The training has supported changes in the support required, resulting in a saving of £85,000.

5.9 In 2018 an application was made to the IHUB (Health Improvement Scotland) for consideration of a 1 year project that looked at a test of change to tailor and seek opportunities to look at where 1 carer instead of 2 can provide care using special equipment and training. The bid was successful and funding was provided for 1 year costs for an Occupational Therapist to lead the project, training costs to train OT in the techniques and for start-up equipment costs. The aspirations of the project were to remodel the Moving and Handling training in Inverclyde, train staff in new techniques, assess all new cases where double-up care is required to ensure that any opportunities to tailor and train staff/families/carers to provide support in moving and handling using different techniques and equipment that only require support of one other.

The feedback from service users, families and carers was very positive as this approach allows for more choice around how care is delivered and people reported that care feels more intimate with 1 carer rather than with 2 people. Inverclyde also has a service user's representation group who tell us that they would prefer to have fewer people through their homes and this project is in line with the wishes of the service users.

One handed care solutions have gained gravitas in England and the results are encouraging, showing that approximately 30% of all cases previously requiring 2 carers have the ability to move to these solutions. With the pressure across care services in Inverclyde, this model offers opportunities to reduce some of the pressure on the sector in relation to care at home support. We have evidenced and created a saving of £100k to date. This work will continue in 2020 as we develop our approach moving forward.

6.0 NEXT STEPS

6.1 There are a number of projects that have been allocated Transformational Funding and not yet spent the funds for various reasons. For example, Sheltered Housing

Support Services, HR Advisor, Strategic Commissioning Team, which includes a Procurement Officer and Legal Support, are all in the process of recruitment or the person has only recently started within post and no update can be provided at this time.

6.2 A further update on the above projects will be brought back to a future IJB.

7.0 DIRECTIONS

7.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

8.0 IMPLICATIONS

FINANCE

8.1 Financial implications are as outlined in the 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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

8.4 There are no equality issues within this report.

8.4.1 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 change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Transformation Board ensures local services are accessible.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Equality Impact Assessments (EQI) may be required following transformational fund allocation.
People with protected characteristics feel safe within their communities.	Transformation Board will ensure that everyone with protected characteristics are safeguarded in our local communities and in line with our 6 Big Actions.
People with protected characteristics feel included in the planning and developing of services.	Transformation Board will include people in the planning and developing of services in line with our 6 Big Actions.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff have an awareness and understanding of the different needs of individuals and respond to individual needs.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Staff have an awareness and understanding of the different needs of individuals and respond to individual needs.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Transformation Board will ensure we work with local communities to develop positive attitudes the refugee community and in line with our 6 Big Actions.

8.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

8.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Transformation Board in line with the 6 Big Actions ensures people will improve their health and wellbeing.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Transformation Board ensures those with disabilities can live at home or in a homely setting in their community.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Transformation Board in line with the 6 Big Actions ensures people will have a positive experience of services within health and social care.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Transformation Board in line with the 6 Big Actions ensures care services are to improve the quality of those who use services.
Health and social care services contribute to reducing health inequalities.	Transformation Board and the 6 Big Actions contributes to reduce health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Transformation Board in line with the 6 Big Actions ensures people who are unpaid carers are supported to improve their own health and wellbeing.
People using health and social care services are safe from harm.	Transformation Board in line with the 6 Big Actions ensures people are safe from harm.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Transformation Board in line with the 6 Big Actions ensures those who work in health and social care are supported and engaged to provide support to service users.
Resources are used effectively in the provision of health and social care services.	Transformation Board ensures resources are effective.

9.0 CONSULTATION

9.1 None.

10.0 BACKGROUND PAPERS

10.1 None.

Report To: Inverclyde Integration Joint Board **Date:** 28 January 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/15/2020/AS

Contact Officer: Allen Stevenson Head of Health & Community Care **Contact No:** 01475 715283

Subject: SOCIAL PRESCRIBING REPORT OCTOBER 2019

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the range of social prescribing activity in Inverclyde.

2.0 SUMMARY

- 2.1 There is a range of social prescribing activity in Inverclyde and the attached report outlines some of the activity undertaken within third sector.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the comments in the report.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 There is a range of social prescribing activity which takes place across the communities of Inverclyde. This report outlines the activity undertaken by two local providers:

- Your Voice Inverclyde
 - Community Connectors
 - Spring Social Prescribing Project
 - Macmillan Information and Connect

- CVS Inverclyde
 - Community Link Workers

4.2 The attached report outlines the background and activity to each service delivered. These contribute to our vision “Inverclyde is a caring and compassionate community, working together to address inequalities and assist everyone to live active, healthy lives”. In particular:

- Big Action 1. Reducing inequalities by building stronger communities and improving physical and mental health

- Big Action 4. We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all

- Big Action 6. We will build on the strengths of our people and our community

4.3 Funding is from a variety of sources including HSCP, charity (Macmillan) and National Lottery. Commissioning processes are underway for both Community Connectors and Community Link Workers with these expected to be completed by Summer 2020.

5.0 IMPLICATIONS

5.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X

YES

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Social prescribing is available to everyone within Inverclyde through ease of access.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Practitioners carry out equalities sensitive practice and all social prescribing services will ensure discrimination is reduced.
People with protected characteristics feel safe within their communities.	People are supported to address issues which concern them through access to appropriate support both statutory and none statutory as appropriate.
People with protected characteristics feel included in the planning and developing of services.	Providers are expected to engage a range of people in service planning.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Training and support for this should be available to all social prescribing practitioners.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	If GBV is raised then social prescribing practitioners would follow the appropriate guidance in order to seek support.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	New Scots are actively supported through the social prescribing services.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Social prescribing develops the skills people require to support this.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	This is done by connecting people to appropriate support through formal and informal methods.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Feedback from those using services is overwhelmingly positive.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Social prescribing develops the skills people require to support this.
Health and social care services contribute to reducing health inequalities.	Improved access to information, support and skills contributes to reduction of inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Both carers and the cared for individuals are able to access social prescribing.
People using health and social care services are safe from harm.	There are clear roles and responsibilities within the services provided.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	All social prescribing practitioners are highly enthusiastic about the role and have access to a range of training and support.
Resources are used effectively in the provision of health and social care services.	Community Connectors and Community Link Workers are subject to a commissioning process in 2020.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

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.

8.0 BACKGROUND PAPERS

8.1 Social Prescribing Report October 2019

Social PRESCRIBING

**Update Report
October 2019**



Social Prescribing Projects

Community Links Workers | Pages 4 - 7



Community Connectors | Pages 8 - 15

& Volunteer

Community Connectors

Pages 16 - 17



SPRING Social Prescribing | Pages 18 - 21

Funded by



Managed by



Macmillan Info & Connect | Pages 22 -23

Funded by



Managed by



INVERCLYDE

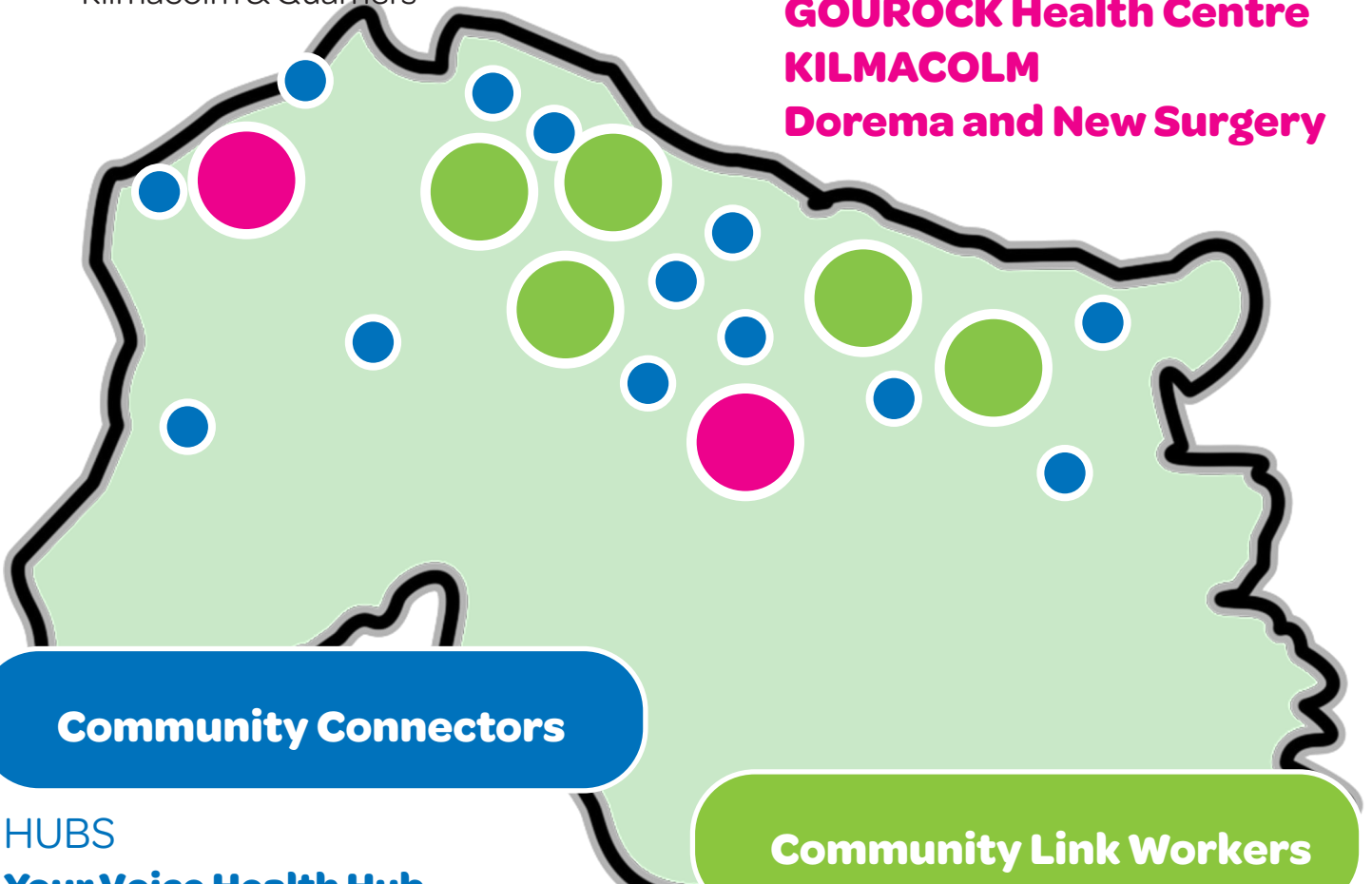
6 Localities

- Inverkip & Wemyss Bay
- Greenock West & Gourock
- Greenock South & South West
- Greenock East & Central
- Port Glasgow
- Kilmacolm & Quarriers

SPRING Social Prescriber

GP SURGERIES:

GOUROCK Health Centre
KILMACOLM
Dorema and New Surgery



Community Connectors

HUBS

Your Voice Health Hub
Inverclyde Royal Hospital
Port Glasgow Library
The Bothy, Gourock
Cardwell Garden Centre
Belville Community Gardens

OUTREACH POINTS

Greenock Central Library
Boglestone
Funworld
Sheltered Housing Complexes
Inverclyde Churches
Community Centres
Pharmacies

Community Link Workers

GP SURGERIES

STATION VIEW Health Centre
GREENOCK Health Centre
PORT GLASGOW Medical Centre
ARDGOWAN Medical Practice
PORT GLASGOW Health Centre
GOUROCK Health Centre
KILMACOLM
Dorema and New Surgery

NORTH AYRSHIRE, INVERKIP & WEMYSS BAY - 1 Worker

Community Links Workers

Funded by
INVERCLYDE
HSCP
Health and Social
Care Partnership

Managed by
CVS Communities and
the Voluntary Sector
Inverclyde

**Total Number
of Referrals:**

1823
People

6 Full time staff
1 Part time staff

Overview

'A Community Link Worker (CLW) is a generalist social practitioner based in a GP practice serving a socio-economically deprived community, addressing the problems and issues that the individual brings to the consultation' (Scottish Government, 2017).

Aims of the Scottish Government CLW Programme:

- **To support people to live well through strengthening connections between community resources and primary care**
- **To support GP practice teams working with individuals and communities who experience socio-economic deprivation**
- **To mitigate the impact of social and economic inequalities on health**
- **For CLWs to become members of the wider General Practice multidisciplinary team where appropriate.**

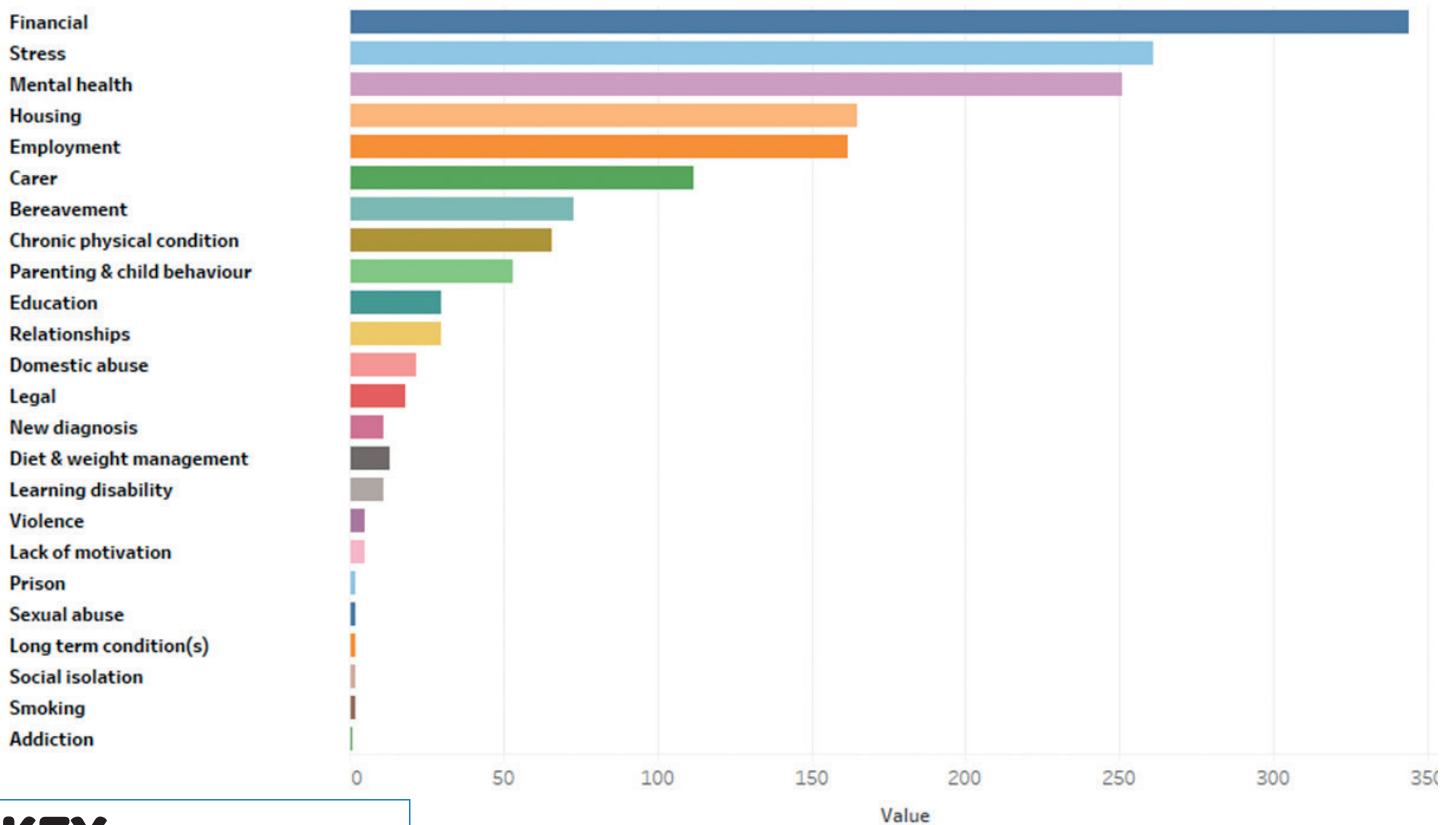
INVERCLYDE COMMUNITY LINKS WORKERS

The Community Link Worker programme in Inverclyde was established in November 2017 as a partnership between Inverclyde HSCP and CVS Inverclyde. Funded by the HSCP, the CLWs initially worked within 6 GP practices. This increased to 11 GP practices during the 2018-2019 financial year, with the final 3 practices gaining a CLW in November 2019.

Referrals to the CLWs usually come from the practice team including GPs, nurses and reception staff; however, individuals are also able to self-refer. Since 2017, the CLWs have received 1,823 referrals, with more than half of those referrals received during 2019. This demonstrates the increasing value and benefit primary care staff, and the service users themselves, place on the programme and the support it provides.

All CLW's are embedded in their practices where they have been given consultation space and time. While the CLWs use some of their time for community visits and mapping of local services, their presence in the practices has allowed strong relationships to develop between the CLWs and the GP practices. This has had a positive impact on how service users experience their interactions with the CLWs.

Reason for referral to community link worker



KEY:

- Financial
- Stress
- Mental health
- Housing
- Employment
- Carer
- Bereavement
- Chronic physical condition
- Parenting & child behaviour
- Education
- Relationships
- Domestic abuse
- Legal
- New diagnosis
- Diet & weight management
- Learning disability
- Violence
- Lack of motivation
- Prison
- Sexual abuse
- Long term condition(s)
- Social isolation
- Smoking
- Addiction

Top 6 main referral issues to the CLWs

- **Finance 30.5%**
- **Stress 23.1%**
- **Social prescribing for mental health 22.2%**
- **Housing 14.6%**
- **Employability 14.3%**
- **Carer issues 9.9%**

The individuals referred to the CLWs have complex psychosocial and socioeconomic needs. Consequently, the initial referring issue is often only one of many, with more than half of all referrals involving more than one issue. Through positive conversations, motivational interviewing and building strong therapeutic relationships, CLWs can support people to prioritise their concerns, develop an action plan and access the appropriate services. The CLWs have empowered people to engage with local organisations and services ranging from small church led groups to housing providers and local supports around mental health.

The CLWs collect quantitative data from EMIS, which is the GP IT system. Similarly, qualitative data about people's journeys and outcomes has been gathered through a focus group and questionnaires. A graphic of the focus group was produced to visualise the views of people who have used the CLW service. Additionally, the questionnaires address the key question – Where would you have gone if the CLW was not there? To date, 53.3% of people have responded that they would have returned to their GP.

Case Study

Mr J was struggling with debt and this was causing him anxiety. He was visiting the GP regularly as a safe space in which to express his feelings and concerns. Over a 5 month period Mr J's GP suggested several times that he take up the opportunity for a referral to the CLW based in the practice but each time Mr J refused because he was embarrassed about his situation. Due to strong buy-in by the primary care team, the GP was able to fully explain the CLW role and the possible benefits of engaging with them. Eventually, Mr J's agreed to the referral.

Because Mr J felt comfortable at his GP practice, he and the CLW agreed to meet there. He explained that he was in the final year of a debt plan but hadn't managed to make payments the past few months. He was receiving universal credit but did not receive enough money to cover the repayments for the debt in addition to his normal monthly expenses. He also spoke about his mother's death and that he was still struggling to come to terms with his loss. This also led him to disclose that he did not know how to use any of his household appliances because he had previously never had need to use them.

Having discussed Mr J's priorities, the CLW supported him to contact the debt company and explain his situation. Mr J was asked to send over proof of income and once this was processed, he was notified that he no longer had to make payments.

After the debt situation was resolved, Mr J said he needed support to manage his money better, learn to cook and keep a house. The CLW supported Mr J to access a cookery class at Belville Community Gardens and once his confidence grew, to ask his neighbour to show him how to use the washing machine. Because of this support, Mr J was able to save money on food and laundry facilities and was generally better equipped to manage his finances.

Mr J stated that he felt like a huge weight had been lifted off his shoulders. 'I wish I had come to see you earlier when the doctor first told me about you all those months ago'.

Next Steps

The work of the CLW team supports Inverclyde HSCP's 6 Big Actions. While this work more directly impacts some Big Actions more than others, everything they do promotes:

- Improving physical and mental wellbeing
- Giving children and young people the best start in life by supporting the parents of families with a range of complex issues
- Protecting the population by addressing the social disadvantages that can lead people to substance misuse, homelessness and offending
- People's right to live independently at home or in a homely setting by identifying support within the community for people facing homelessness, those who would benefit from anticipatory care planning and carers who need further support to continue in their caring role

Recovery services that are available across Inverclyde and linking directly with those supports offered by partners in the community.

CVS Inverclyde is the sponsor for Big Action 6 and core to our work is supporting the community to further develop our assets. As the third sector interface, CVS remit is to support community organisations to build their confidence and capacity to best serve the people of Inverclyde. Working within our compassionate community, the CLWs will be instrumental in addressing many of the aspects of Big Action 6 that are relevant to the complex needs of some of the most vulnerable members of our community

'Knowing they are there in your diary helps you get through the dark moments'

Focus group participant

'I don't know what I will do if my next practice doesn't have a Community Link Worker!'

Locum GP

'I now feel like I can offer something to some of my patients that I've really not known what to do for the best'.

Inverclyde GP

Community Connectors

Funded by
INVERCLYDE
HSCP
Health and Social
Care Partnership

Managed by
your
voice

**Total Number
of Referrals:**

2163
People

2 Full time staff
2 Part time staff

The Community Connector project was set up as a pilot in June 2016. The project is now successfully established and has developed partnerships with both HSCP staff and community groups and organisations across Inverclyde. Community Connectors enable local people to develop meaningful social support networks through person centred conversations and one to one support. Community Connectors work alongside people to identify their specific needs and appropriate interventions to reconnect with their communities.

Community Connectors work in the 6 localities across Inverclyde and deliver assistance to a wider range of local people. The emphasis of the Community Connector role is on creating opportunities to bring people together, maintaining, encouraging and creating networks and friendships, and promoting activities that help to overcome any barriers. With an ageing population, increasing loneliness, isolation and the increasing prevalence of poor mental health, there is a real need for this community-based approach.

Community Connectors work with individuals for an average of 12 weeks. A breakdown is shown on the next page.

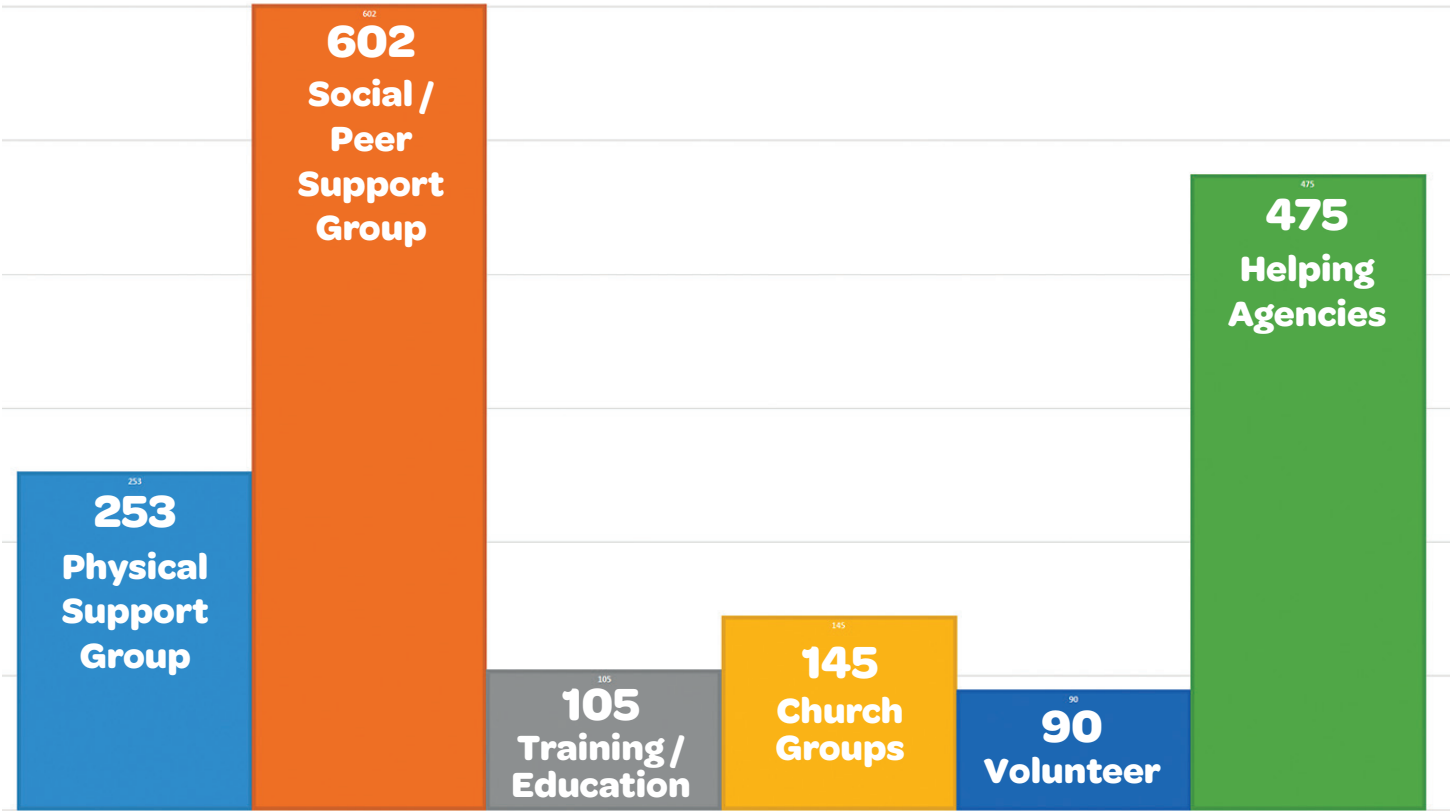
A clear referral pathway has been developed between the Community Links Workers, Social Prescribing Co-ordinator and the Community Connectors.

Feedback from some of the people who have accessed the Community Connector project is included on page 12.

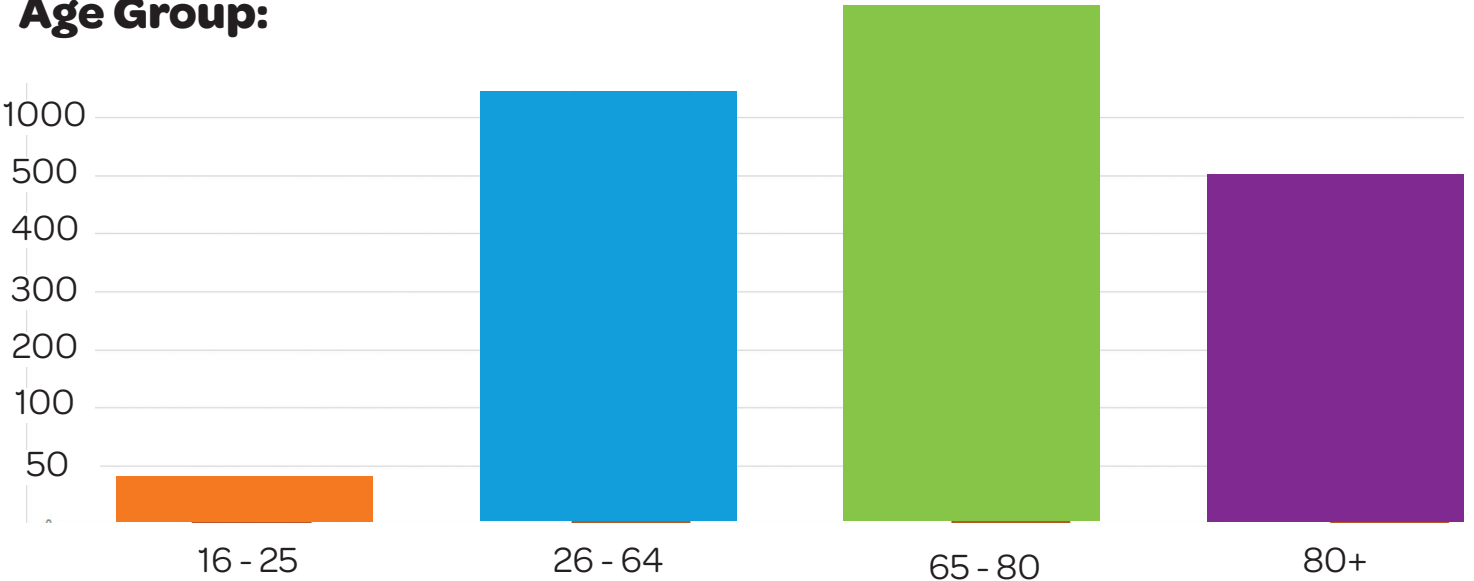


1270 people - for 1 to 6 weeks
357 people - for 6 to 8 weeks
536 people - for 8 to 12 weeks

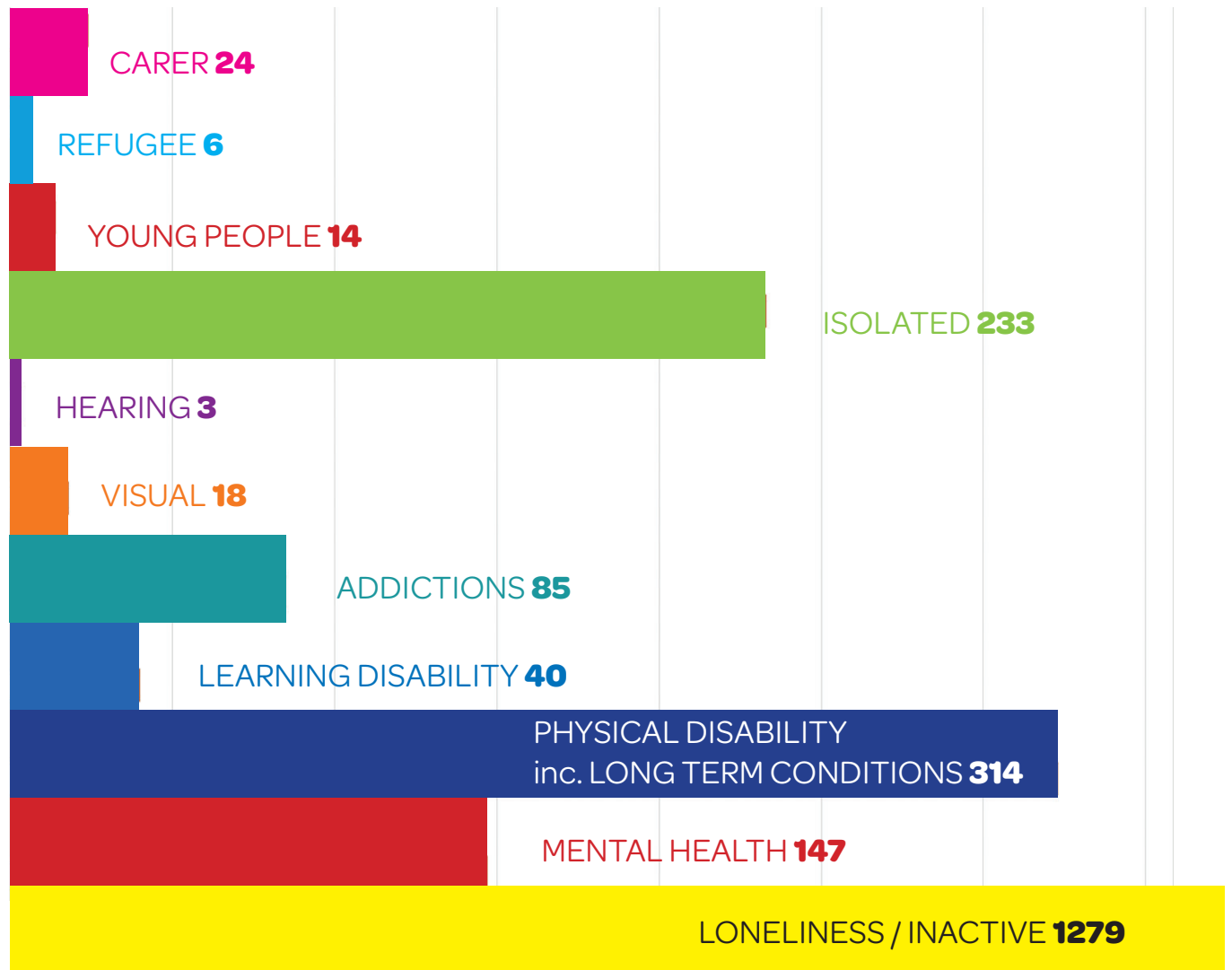
Connected to:



Age Group:



Category of referral



Referral Source



Community Connector Feedback

From a GP:

"A huge success from Community Connectors with a patient of mine who is now engaged with Stepwell training programme. In the past 6 months I have seen more and more uptake of this resource."

— **Dr Luty**
Dorema Surgery

From an OT:

"just wanted to thank your service for the opportunities that you have now opened up for one of my community patients. She has been invigorated by the options that your service has offered to her. This in turn allows me to tailor my rehab in order to aim towards appropriate services that you can assist her to access. These community options will save time and money for community rehab services and also works towards a meaningful and valuable partnership. - Keep up the great work!."

— **Email received from Occupational Therapist**



From a Carer:

"My Mum has only been helped by Community Connectors for a few weeks but already it has changed her life. She loves going to Lyle Kirk Gateways and has made friends. The community Connectors are so helpful and friendly, so are the volunteers in the café. Keep up the good work"

"Community Connectors have made a huge difference to my mum. Mum was very low in spirits since moving to Wemyss Bay last August. But since we were put in touch with your team and she attends the Thursday social club she is a changed woman. Now she is upbeat, chatty and her confidence is starting to increase. I cannot praise yourself and Julie highly enough. You both go out of your way to help. Please continue!"

— **Elaine (Carer)**



What people said...

"I think this is a good project, it gets people out meeting others which is a good thing, otherwise you sit in the house feeling sorry for yourself, I like being out and meeting new people and talking to them"

— **Julia**

"If it wasn't for Community Connectors I would be lost. It has taken me out of the house, I have met lovely people and really enjoy my singing group. Loneliness can be horrible and that's why I feel the Community Connectors who work at The Voice do a wonderful job. Where would a lot of people be without them helping us? Keep up the good work"

— **Shelia**

"It has helped me come to terms with my husband's Dementia. I don't know how I would cope without them"

— **Wilma**

"A complete god send to me. I was housebound and unable to drive due to visual impairment, they arrange and book MyBus for me which allows me to go to Port Glasgow Shopping every week and get out this house"

— **Isobel**

"I previously accessed small group day care although I didn't really enjoy this, Community Connectors told me about Lyle Kirk Gateways. I now go every Tuesday and Thursday, it's great I have met new friends and we enjoy a blether"

— **Sandra**

"Having retired in 2017 I was at a loose end, I found the Community Connectors a great help in getting my life back in order. Since then I have done various jobs within the community, mostly volunteer driving. My thanks to all at Your Voice"

— **Tommy**



Community Connector Case Studies

Case Study - Azad

Azad was referred from the New Scots Project. Azad acknowledged he was isolated and would like to be more involved within his community as he has only lived here for 1 year.

Azad's interests include music, learning an instrument and video production. Community Connectors connected Azad to our peer support group – Music Connections, in partnership with local organisation Software Training Scotland (STS)

Azad has produced a mini documentary on behalf of Your Voice, highlighting our New Scots journeys to raise awareness within our Community. Azad continues to take part in the music group at Your Voice every week, and through Your Voice collaboration with STS to produce the documentary, Azad has now secured part time employment with STS.

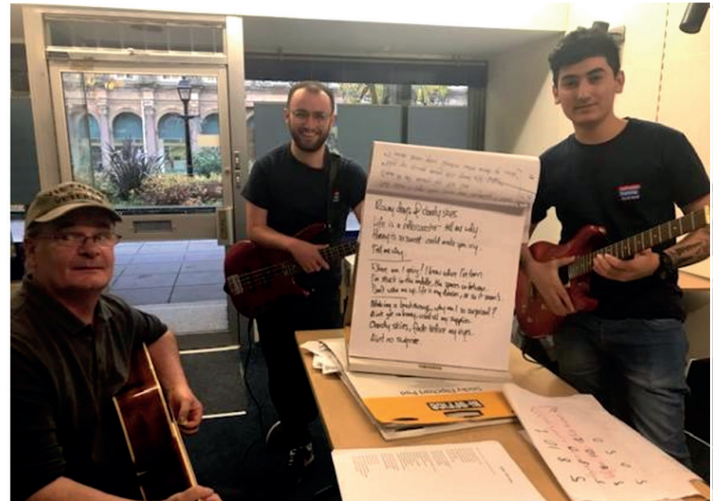
Case Study - Joshua

Referred by his GP, Joshua was lacking in confidence and had no routine within his week.

Joshua explained he would like to learn new skills which would possibly result in future employment and create a routine where he is kept busy on specific days.

Community Connectors connected Joshua to Stepwell Whole Life Employability programme, arranged an informal meeting with Stepwell manager to discuss the cohort.

Joshua completed the 6 month academy at Stepwell. Joshua is now employed by Stepwell franchise and working within the local Fresh Café branch



Case Study - Pearl

Pearl is a lady who receives HSCP services including Homecare and as a victim of crime, was reluctant to get out and about - she was feeling particularly isolated and vulnerable.

Together we discussed various opportunities available within the community and Pearl expressed she would like to access somewhere to learn how to use her recently purchased iPad.

Pearl decided she would like to come along to the Your Voice Digital Peer Support Group, and hasn't looked back since - she attends every week and has made lots of new friends, and learned new digital skills.



Community Connector Case Studies

Case Study - Tommy

Tommy recently retired and was looking to keep busy, and to get out to meet new people as the only social contact he had was in the pub. Tommy confirmed that he had an alcohol issue and was concerned that due to him being retired this would lead to him drinking more.

Initial conversation revealed Tommy drove for a living for many years, we identified Inverclyde Council for Voluntary Transport as they were looking for volunteer drivers. We also discussed various groups - Recovery Jam, Digital Groups and Mens groups - which would allow Tommy to become more sociable; and also learn new skills.

We assisted Tommy to meet with ICVT manager to complete a PVG, which was successful. Tommy is now volunteering four days a week which he is really enjoying.

Tommy has attended the digital group, recovery jam and men's group, however due to his volunteering commitments he is unable to attend the groups as much as he would like to.

He keeps in regular contact with us and confirmed that he wouldn't have known what to do/where to go if it wasn't for the Connectors getting him involved.

Tommy also expressed that his family members have seen a big change in his mental health and wellbeing, they were so happy that he isn't drinking anymore

Tommy thanked the Community Connectors for getting him involved in volunteering and attending groups, as this has changed his outlook in life. He says if he wasn't doing the volunteering then he would have never stopped drinking - due to the work that the Connectors have done Tommy does not need to contact alcohol services.



Case Study - Gordon

Gordon has additional support needs and was referred by his mother as he wasn't socially active and had very little to do with his time. Community Connectors identified the Chat Cafe Group at Your Voice as something that would be of benefit to get Gordon out of the rut he was stuck in.

Gordon came along to the group and really enjoyed it - since coming to Your Voice, Gordon's confidence has grown massively, he has been reunited with old friends, and now has a busy social life. He attends the group every week and, with support from our volunteers, attended days out in the community and lots more.

With support from Community Connectors, he has also now secured a volunteer position with Inverclyde Voluntary Transport 2 days a week, he loves to visit the Connectors to show off his expenses pay packet - Gordon says he can't thank the Community Connectors enough!!!

Community Connector Case Studies

Case Study - Libby

Libby contacted the Community Connectors after an office visit – she regularly attends Your Voice Peer Support Groups and enquired if Connectors could in any way help her with difficulties she was facing with her domestic power accounts as she was in a state of some distress - her supplier insisted that she handle things online, which she was frightened to do as she is not digitally confident.

Connectors met Libby agreed and set up a meeting with Your Voice Digital Communications Officer who explained how to switch her energy supplier and tie into one account for all her energy needs. We assisted with regulating her existing bill to a manageable level so it could be paid off, assisted with switching her account to a cheaper and more accommodating supplier; showed her how to use that supplier's online app on her iPad to set up regular direct debits at a manageable level to her income.

Libby is paying approximately half of what she was previously being charged for her power, which she finds fantastic – she is no longer worried about the expense of using her heating over the winter months.

Libby is more digitally confident and can track her monthly expenditure and keep on top of her energy usage using her iPad.



Case Study - Isobel

Isobel was referred by the Reablement Team. She lives in Kilmacolm and due to her poor mobility and deterioration in vision was no longer able to use her car. Connectors met with Isobel and she expressed her love of shopping and disappointment that she is no longer able to do this, Isobel stated "There's a reason that they call solitary confinement a punishment". CC suggested she register with My Bus and she was eager to give this a try. As a result of this, Isobel now uses My Bus every Wednesday and says that the Community Connector have given her her life back. The Community Connectors keep in touch with Isobel and she loves to hear from the Team.

Case Study - Tom

Tom, a local Artist, approached Your Voice eager to volunteer providing Reminiscence Slide shows throughout Inverclyde. To enable Tom to provide this service to our network he required updated equipment which Your Voice funded. The slide shows have proven to be a great success with 38 shows delivered in the last year. Not only Tom has benefited from his Volunteering role, many of our older community and carers have provided feedback stating that the slideshows have sparked many happy memories, generated conversation and given them something to look forward to.

Volunteer Community Connectors

We have recruited and trained 51 volunteers. Volunteers are a valuable asset, with various roles including; Community Connectors, Peer Support Group Facilitators and Peer Evaluators.

Volunteers are also involved in our Health Hubs and pop up stalls across Inverclyde providing local people with information and signposting them to the right services and / or support.



Thomas

Thomas met one of our Community Connectors and offered his services as a volunteer.

He has built a great relationship with one of our SPRING referrals Craig who has mild learning difficulties. They have been taking part in multiple activities, TAI CHI, Art Group and Walking. This has opened a whole new world for Craig. Thomas is also helping Craig with his literature skills. Craig loves spending time with Thomas and says he is feeling fitter and loves being out and about with company as he was very lonely. At his initial review, Thomas says he loves the feeling of giving something back to the Community.

Tammy

Tammy moved to Kilmacolm in March 2019 after living in America for 34 years and felt very lonely and isolated. She was referred to the Social Prescribing project by her GP and at an initial meeting showed an interest in Volunteering.

Mary is an elderly lady who was isolated. Mary was unable to get out after having fallen a few times and had no family or friends nearby. Tammy meets Mary every Monday afternoon for a cuppa and a chat. The relationship is going very well and both parties are enjoying the benefits of their weekly visits.



Betty

Betty is our latest Community Connector Volunteer. Betty was introduced

to Rose whose mobility is poor and preventing her getting to social activities. Betty accompanies Rose on MyBus to her weekly coffee morning. Rose said she is delighted with this and is looking forward to meeting her friends and socialising again.

Volunteer Community Connectors

Margaret

Margaret is a carer for her daughter and volunteers with both Macmillan Info & Connect and Community



Connectors- she has an interest in Volunteering. Margaret was keen to help with both MacMillan Info & Connect and Community Connector Volunteer. Margaret has been replenishing MacMillan booklets throughout Inverclyde. She has also built relationships with two Community Connector referrals, providing companionship and friendship. Margaret said that she was loving getting out and about and getting to know her "two lovely ladies".

Louise

"I've been volunteering with Your Voice since October 18, helping out at the Cardwell Garden Centre Health Hubs and at various Pop



Ups. I really enjoy the role, it's helped my confidence to talk with others and I love that I can help just by listening and being able to help connect people with services and support available. I've since gained employment with Your Voice as an Admin Support Worker but I'm pleased that I can still carry on with my volunteering role"

51 Active Volunteers
26 Community Champions



Community Champions

We currently have a total of 26 Community Champions. Community Champions are members of the community in roles such as Shopworkers, Hairdressers, Taxi Drivers etc, who in their day to day role help customers, friends neighbours find support in their communities connecting them to the Social Prescribing Team. We are in the process of organising car and door stickers to raise awareness of establishments that promote Social Prescribing.

SPRING Social Prescribing

A community Approach to Health & Wellbeing

Funded by



Managed by



1 Full Time Staff

104

Primary Care referrals:

Dorema / New Surgery Kilmacolm, Gourock Practice, and other primary care professionals

Social Prescribing aims to help people aged 18+ to address; social, emotional and practical needs, by connecting them to sources of support within their community with the aim of improving their health & wellbeing.

The Project is a partnership that brings together partners from across Scotland and Northern Ireland to deliver SPRING Social Prescribing. This is currently the largest coordinated project of its kind and is funded by The National Lottery - Community Fund. Key lead partners are The Healthy Living Centre Alliance (HLCA) and Scottish Communities for Health and Wellbeing (SCHW) who have identified 30 community-led health organisations to deliver this project. Your Voice was selected as a partner having a strong track record of delivering health and wellbeing outcomes for local people.

How does SPRING Social Prescribing work?

SPRING Social Prescribing Project enables a GP or Primary Care Health Care professional to refer patients who suffer from; social

isolation, low mood, mild depression, long term conditions or physically inactive and connect them to community based support programmes and activities.

SPRING Social Prescribing addresses the individual needs of a person using a holistic approach to health. A social prescription is an alternative support which empowers people to take greater control over their own health and wellbeing. People experience numerous health benefits such as better social connections and improved physical and mental wellbeing.

The project utilises a shared online system (Elemental Software) to monitor the progress of participants and to measure and report on health and wellbeing indicators using tools such as WEMWBS and Wellbeing Outcome Star, with all delivery partners, health professionals, and community providers having access to the system if required. A detailed map of the progress of the project can be produced – detailing impact on individual participants.

SPRING Social Model of Health

Outcomes framework to measure health improvements

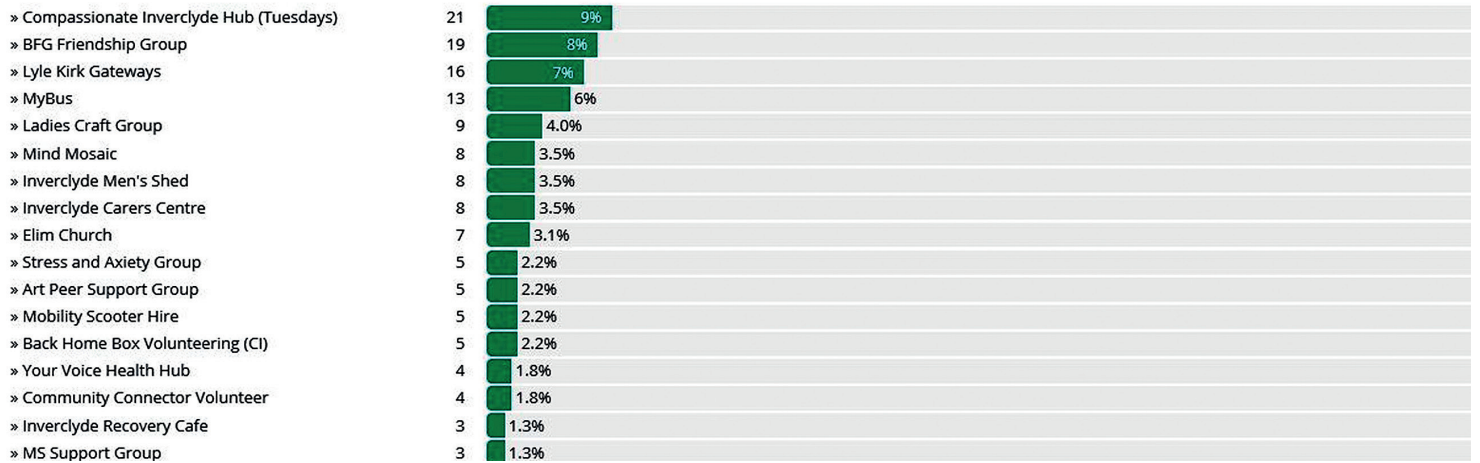
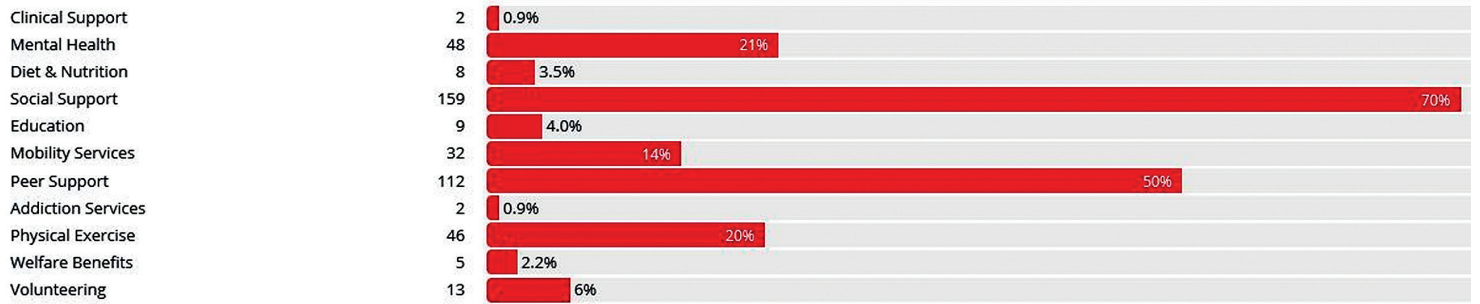
Easy referral pathway from Primary Care

Empowers and supports clients to engage in suitable community services

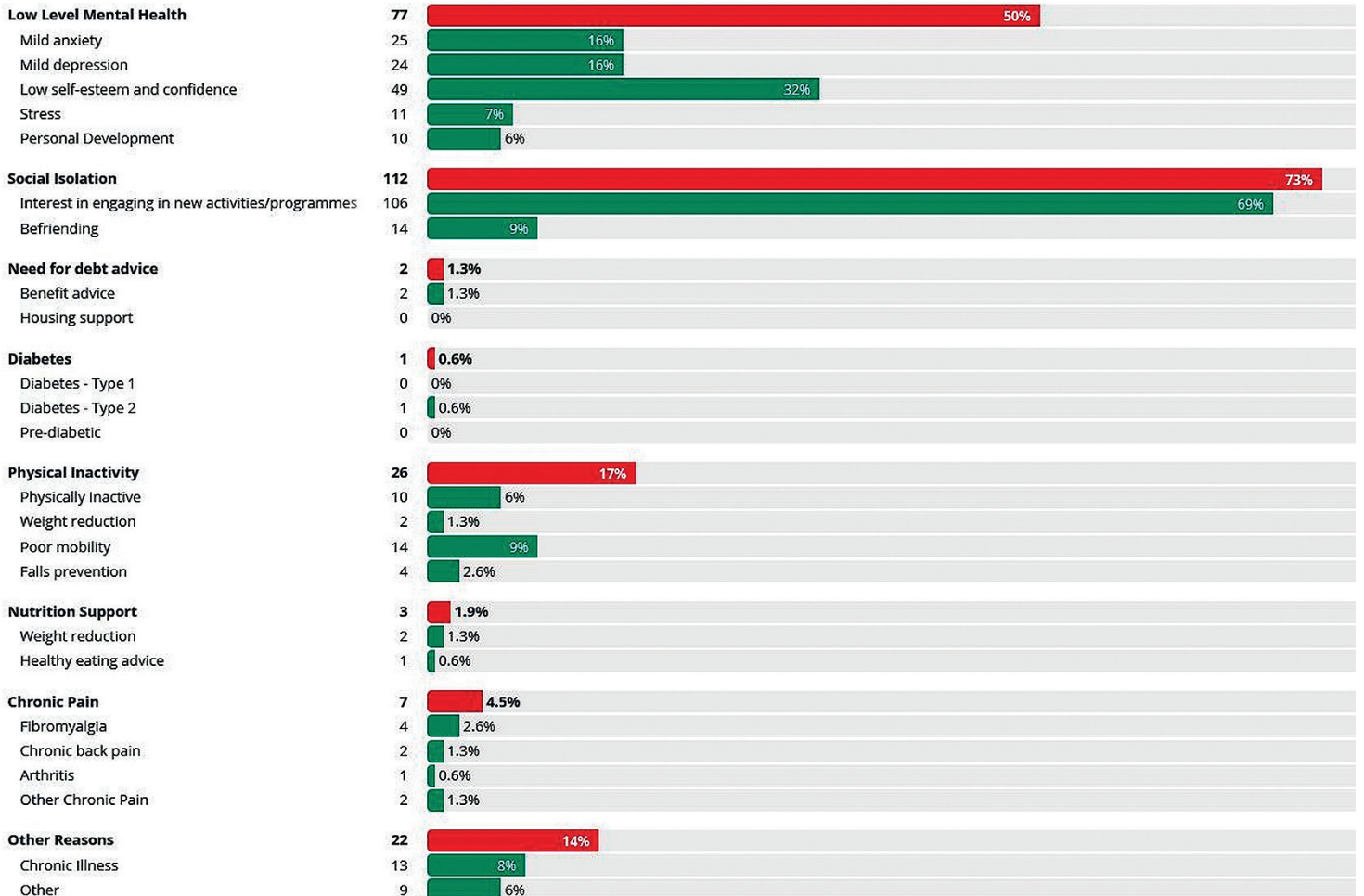
Social Prescriber based in Community

Social Prescriber and client co-create a health plan

Total Prescriptions 226 | Total Interventions 902



Reasons for Referral



Billy **SPRING Case Study**

One of our biggest social prescribing success stories, Billy has been coming to Your Voice since the project began and has been connected to the Recovery Music Jam. Billy suffers from depression and low mood, he has found a real sense of purpose and direction in his day to day life. Billy's mood has improved and he looks forward to getting out of the house, whereas before he couldn't face even doing simple things like picking up the telephone. Billy has even gained the confidence to perform on stage with the Recovery Band at several events!



Derek **SPRING Case Study**

"I feel that Social Prescribing is a force for good. The Tai Chi classes Sean encouraged me to attend have enabled me to perform much needed exercise at a time when my mobility was limited. I am still far from anything like rigorous exercise so I will continue to attend"



From a GP...

"I'm finding Social Prescribing great so far - the more I've referred the easier it gets and I'm getting good feedback from the patients I've seen back. I even referred my first male patient today, woo hoo!"

- GP Audrey Francis

Thanks...!

“We’ve been meaning to thank you for your considerable help.

When we were referred we didn’t know what to expect. The response was not only fast, it was so well tailored to our needs.

We have both felt the benefit of both physical activity and widened social contact. Local activities suit us better, we have found simply because we are not early risers and local sessions we use are later on in the day.

Dealing with you has been a real joy, with a lot of humour overlaying the fact that we all get old and sometimes a bit lonely.

Once again thanks for your help. See you again sometime!”

— Alvin & Liz



Mary **SPRING Case Study**

“After my diagnosis of a long term condition, I was referred to the Social Prescribing Project by my GP. I wanted to engage in new activities but felt I was limited in what I was capable of; I’d lost confidence and was feeling generally isolated. We explored various options for me and I have attended various peer support groups, which I really enjoy. I have a routine and am much more confident in my life”.



ELEMENTAL

The social prescribing people

The Social Prescribing team utilise the Digital Elemental Platform which allows us to refer individuals in under 60 seconds and track progress, impact and outcomes for the individuals referred to the project. Key features include:

- Social Prescription Generator
- Links to local services and support
- Attendance Tracker and Health Impact Measurement tools such as WEMWBS, Wellbeing Star and GP attendance.

Early indications evidence that 27 individuals have had a reduction in accessing their GP inappropriately.

We continue to develop and improve our monitoring, evaluation and recording systems to ensure we adapt provision to meet individual need and seek further opportunities to develop and expand the existing service.

This is supported by utilising our quality framework and completing a MQuISS* assessment, assisting to identify development areas.

**Macmillan quality in information and support services*

1 Full Time Staff
1 Part Time Staff

A series of Pop Ups were hosted across Inverclyde predominately with a focus on Port Glasgow and Gourock, as suggested by local residents, to help determine best suitable locations for future Macmillan Info & Connect Hubs. After a year of piloting venues we now have [4 Hubs](#) established with [253 Hub Visits](#) and 18 Info Points located across Inverclyde;

- **Port Glasgow Library, Tuesdays 1.30pm to 3.30pm.**
- **Gourock Cardwell Garden Centre Wednesdays 11am to 1pm.**
- **Inverclyde Royal Hospital, Wednesdays 10am to 1pm**
- **Your Voice, Thursdays 1.30pm to 3.30pm.**

LEARNING AND REFLECTION

A restructure at Your Voice presented us with an opportunity and the decision was taken, following a lengthy period of monitoring usage and discussions with partners, to move the Hub from Greenock Central Library, to a dedicated shop front premise at Your Voice (provisionally opening in August 2019). The Your Voice Hub is utilised by many community groups all lending to a more robust complimentary community provision.

ACTIVITY ANALYSIS

**1518 people reached via
awareness raising & connecting people to info,
support & services**

29 volunteers recruited to date

18 active Information Points

4 Info & Connect @Inverclyde Hubs

45 Pop Ups in 25 locations

VOLUNTEERS

As the service continues to grow and expand we are particularly fortunate to have a committed core group of volunteers who support and shape the development and day to day delivery of Hubs, Pop Ups and Info Points. We have recruited 29 volunteers to date.

All volunteers are supported to access a programme of continued learning and development to enhance their skills, confidence and capacity and to ensure the time spent volunteering is a rewarding and satisfying experience, not only for visitors to the service, but for the volunteers themselves.

Training & Info Sessions include:

- Scotland's Service Directory / Macmillan funded Info for Me Tool / Click to be Contacted pilot
- Macmillan Safeguarding Training
- Sage and Thyme Training
- Ardgowan Hospice medical students engagement
- Sessions on local service provision/ exploring gaps and needs
- NHS Inform

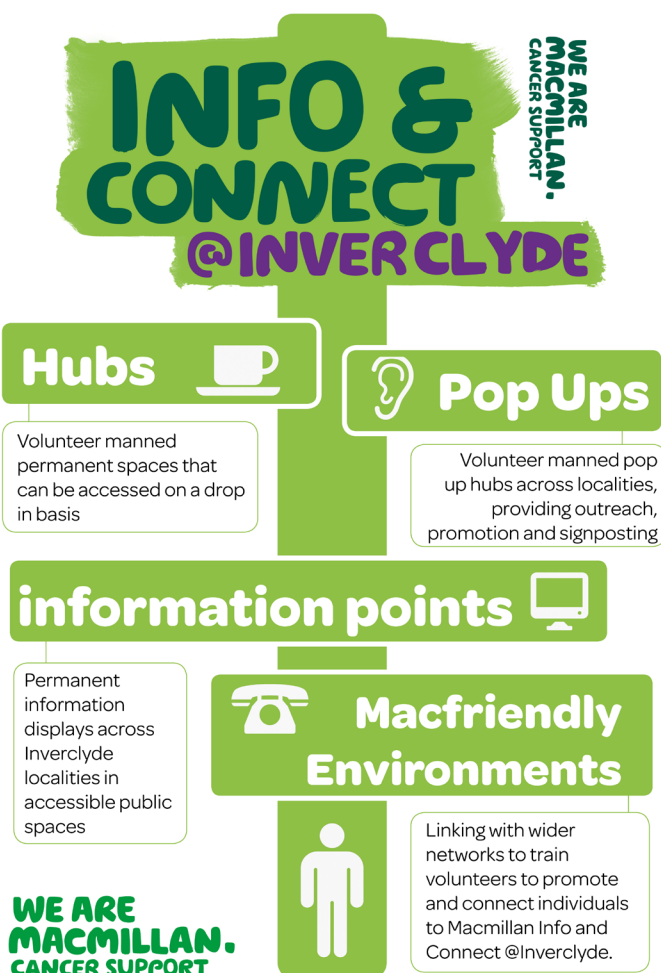
FUTURE DEVELOPMENTS

We have focussed on developing our links to identify Macmillan Champions; linking with wider volunteer networks, providing training, thus enabling us to promote and provide the service in 'Macmillan Friendly Environments' including; The Bothy 'Macmillan Friendly Walks, Community Centres, Compassionate Inverclyde Hub, Sport Centres, local post offices and pharmacies to name a few.

Case Study - Pauline

Pauline is currently living with cancer and is undergoing treatment with surgery planned in the near future. After speaking with Mac Info & Connect, it was clear Pauline was worried about her 25 year old daughter who has Learning Difficulties - the stress of how she would cope unsupported together with undergoing treatment was taking it's toll.

Outcome: Volunteers connected Pauline to HSCP Learning Disabilities Team. Her daughter is now living in supported accommodation with support plan and daily needs accommodated and Pauline has peace of mind.... and can now focus on her own wellbeing.



Social PRESCRIBING

Project Update Report

OCTOBER 2019



Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

Report By: Louise Long **Report No:**
Corporate Director, (Chief Officer) IJB/13/2020/LL
Inverclyde Health and Social Care
Partnership (HSCP)

Contact Officer: Louise Long **Contact No:**
Corporate Director, (Chief Officer) 01475 712722
Inverclyde Health and Social Care
Partnership (HSCP)

Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work.

2.0 SUMMARY

- 2.1 The report details updates on work underway across the Health and Social Care Partnership.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the items within the Chief Officer's Report and advise the Chief Officer if any further information is required.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Christmas

Our communication team across Inverclyde are working to ensure people fit for discharge from hospital safely. Our communication teams are extremely busy supporting over 2000 across the holiday period.

Christmas is a busy time for HSCP staff across all services who work to ensure that people receive the right help and support. There has been pressures across the system within increased presentation at Accident and Emergency and more people delayed in hospital. In line with Inverclyde Winter Planning, more Homecare and AHP are employed across the winter period to support the increased activity, as well Public campaigning to support people to choose the right service.

5.2 Inverclyde Autism Strategy Self Evaluation

On Friday the 6th December 2019 the Inverclyde Autism Strategy self-evaluation workshop was held at the Beacon Arts Centre in Greenock attended by 120 people representing people with Autism, parents/carers, Practitioners and services/agencies that people with Autism would come into contact with. The event was focused on the 3 priority areas from the Local strategy:

- Pre/post Diagnostic support , children and adults
- Transitions across the lifespan
- Raising awareness and training.

Presentations were made by two parents, one who has a child pre -school and another with a young adult son who has gone through the 'big' Transition from school in 2018. Both presentations were engaging, informative and gave delegates a real sense of the journey that families undertake, with positive and not so positive real lived experiences.

The Scottish Autism Strategy 2011 overview was delivered by Professor Jean McLelland, Director of Autism Network Scotland, who called for Inverclyde and other Local Authorities to consider what the future holds when the Strategy ends in 2021. She impressed upon us the need to work collaboratively and creatively at times outwith our current roles, in order to deliver good, person centred services and supports for people with Autism and their families now and in the future. Professor McLelland has a strong affinity with Inverclyde in her current role, and believed that as a local authority we have made a strong commitment to resourcing the strategy implementation.

Presentations were given on the local strategy implementation and highlighted some local developments and work undertaken by a variety of agencies and groups around Inverclyde, including Independent Travel, Training with HSCP Day Opportunities and McGill's Buses, who were present at the workshop; Autism friendly shopping and cinema; and the support and input of HSCP SKYLARK ASN Service. Education's ICOS provided an overview of the work of their Team in terms of working to support

parents and schools in providing direct support, communication advice, group work etc. for children and young people with additional communication and support needs to ensure an accessible Education provision.

The event also showcased 'Au-some' Libraries which have worked hard to attain the Autism Friendly Award in Libraries and their use of Makaton communication system was really impressive and inspiring.

A group of young people from ATLAS performed scenes from their Autism awareness training play, which highlighted the barriers and issues for people in everyday situations such as sleep disturbance, travelling by bus, starting a new job and a scene that is familiar to many where a child with Autism is shopping with a parent and, due to sensory overload and anxiety, has a challenging episode on the shop floor surrounded by shopper who think the child is 'misbehaving' and the parents are 'bad'.

5.3 Scottish Public Service Awards

On 4th December 2019, the National Scottish Public Service Awards were held. Inverclyde were shortlisted as finalists in three categories for Leadership, Innovation and the Colin Mair Award for Policy.

Home1st the multi-disciplinary which support delay discharge was shortlisted for Innovation. Derek Flood, Team Leader for Advice Services won Public Sector leader of the year for his leadership, motivation and dedication to improve people's lives. Finally HSCP and Ardgowan Hospice won the Colin Mair Award for Policy for joint work with Inverclyde communities to create Compassionate Inverclyde, a social movement that helps ordinary people help ordinary people deal with death, dying and loneliness.

5.4 Management Review

The Health & Social Care Partnership (HSCP) is undertaking a management review looking at current management structures and proposed changes to ensure the structure is fit for purpose for the next few years.

The initial review feedback has been received and will be considered and discussed by the Senior Management Team (SMT) and Extended Management Team (EMT - comprising SMT and all Service Managers) early in 2020. A full action plan will be developed, the outcome of which will come to a future IJB in March.

5.5 Significant Case Review

The Inverclyde Adult Protection Committee and Child Protection Committee have commissioned a Significant Case Review (SCR) in relation to Margaret Fleming.

The SCR will be a full independent inquiry into the circumstances surrounding Margaret Fleming's tragic death. The independent chair of the Adult Protection Committee and officers from the HSCP have worked closely with Police Scotland and the Procurator Fiscal to ensure the timing of the SCR was commissioned in line with the conclusion of the recent legal Court process.

Independent Lead

Professor Jean Maclellan OBE will lead the Significant Case Review (SCR). Professor Jean MacLellan is the Director of the Autism Network Scotland. Jean is a social worker by background who has worked in a variety of roles in local authorities, health and the voluntary sector. For much of her career Jean worked as a Social Work Inspector and Senior Civil Servant in the Scottish Government.

In that capacity, Jean led policy on adult protection, autism, carers, learning disability, sensory impairment and self-directed support. Jean has written extensively in terms of policy development, implementation and evaluation.

SCR Review Team

The inquiry's first planning meeting is scheduled for February 2020. This review will be a full, independent inquiry which will involve all the agencies which were involved with Margaret during her life. This will be an open, transparent process and focused on learning. The final report will be published when it is complete.

5.6 Tier 2 Children & Young People Mental Health Tender

The Health and Social Care Committee on 9th January agreed the tender for the Tier 2 Children and Young People's Mental Health Service.

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.

Tier 2 is illustrated in the diagram below:



Initially the project was named the Children and Young People Early Help and Wellbeing Service. This was to address the Tier 2 service gap locally and align with Mental Health Strategy for early help and prevention in respect of the young people concerned. Transformation 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 of the details of Inverclyde's allocation of the funding award notice for School-based counselling services for 10-18 year olds. Education Services have agreed on a joint commissioning model.

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.

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 led Tier 2 Mental Health Service for 5-18 year olds in Inverclyde that is child focused and community based.

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.

6.0 IMPLICATIONS

FINANCE

6.1 **Financial Implications:** There are no financial implications in this report

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

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	Our Autism Strategy will support this outcome.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	A key overarching aim of the Autism Strategy is to ensure equity of access to services and outcomes. The implementation plans will support delivery.
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	The inclusive approach is taken to self-evaluation of the Autism Strategy.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Our Staff Awards demonstrate motivated and high-quality staff, who will be central to the delivery of all of our equalities outcomes.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

7.0 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Implementation of the Autism Strategy will ensure a co-ordinated approach.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Carers are involved in shaping self-evaluation for Autism
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Acknowledging staff through awards helps to promote a positive culture.
Resources are used effectively in the provision of health and social care services.	N/A

8.0 DIRECTIONS

8.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

9.0 CONSULTATION

9.1 There are no consultation requirements related to this report.

10.0 LIST OF BACKGROUND PAPERS

10.1 None.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 10 SEPTEMBER 2019**Inverclyde Integration Joint Board Audit Committee****Tuesday 10 September 2019 at 1pm****Present:** Councillors L Quinn and E Robertson and Dr D Lyons.**Chair:** Councillor Robertson presided.**In attendance:** Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms A Priestman, Chief Internal Auditor, Ms L Aird, Chief Financial Officer, HSCP, Ms A Mailey (for Head of Strategy & Support Services), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).**In attendance also:** Mr D Jamieson (Audit Scotland).

- 12 Apologies, Substitutions and Declarations of Interest 12**
- An apology for absence was intimated on behalf of Mr A Cowan.
- No declarations of interest were intimated.
- 13 Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 19 March 2019 13**
- There was submitted the minute of the meeting of the Inverclyde Integration Joint Board (IJB) Audit Committee of 19 March 2019.
- Decided:** that the minute be agreed.
- 14 Internal Audit Progress Report – 25 February to 16 August 2019 14**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 25 February to 16 August 2019.
- The Chief Internal Auditor presented the report, being the regular progress report, and advised as follows:
- (1) No reports had been finalised since March 2019;
 - (2) The Audit Plan for 2018/19 had been completed in March 2019;
 - (3) In relation to the Internal Audit follow-up, 9 action plans had been due for completion by 31 July, of which 7 had been reported as completed by management. Dates in relation to 2 actions had been revised;
 - (4) In relation to audit reports from partner bodies, 4 audit reports had been issued to Inverclyde Council which were relevant to the IJB Audit Committee (HSCP Contract Management; Change Board Governance; BACS Payment Process; and Employee Expenses);
 - (5) There continued to be a number of investigations carried out in relation to the misuse of blue badges and misuse of expired blue badges;
 - (6) In relation to NHS Greater Glasgow & Clyde, there were 3 audit reports which were rated Amber and which were relevant to the IJB Audit Committee (Payroll; Sickness Absence; and Performance Reporting);
 - (7) Action Plans were in place to address all of the issues and Internal Audit would

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 10 SEPTEMBER 2019

undertake a quarterly follow-up of actions with regular Committee reports.

It was clarified, in response to a question, that the guidance on Directions to be issued by the Scottish Government was still awaited and that a revised policy would be implemented once the final Scottish Government guidance had been issued.

Decided: that the progress made by Internal Audit in the period from 25 February to 16 August 2019 be noted.

15 Internal Audit Annual Report and Assurance Statement 2018/19

15

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Internal Audit Annual Report and Assurance Statement for 2018/19 which formed part of the IJB's Annual Governance Statement.

The Chief Internal Auditor presented the report.

It was noted that the report's conclusion was that the majority of the IJB's established internal control procedures operated as intended to meet management control requirements and that the overall audit opinion was satisfactory. Actions were followed up on a regular basis by Internal Audit to ensure agreed actions arising from Internal Audit reviews were implemented.

Decided: that approval be given to the Internal Audit Annual Report and Assurance Statement 2018/19.

16 Annual Report to the IJB and the Controller of Audit for the Financial Year Ended 31 March 2019

16

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' letter to the Integration Joint Board (IJB) Members for the financial year ended 31 March 2019 which had been prepared by the IJB's External Auditors, Audit Scotland.

Mr David Jamieson of Audit Scotland presented the report which had the following key findings:

- (1) The Audit opinions on the Annual Report and Accounts were all unqualified;
- (2) The Accounts included a significant estimate of set aside, although this was consistent across the NHS Greater Glasgow and Clyde area;
- (3) The financial monitoring reports submitted to the IJB were still not timely although verbal updates now accompanied Board reporting to allow the reporting of any significant changes to financial forecasts;
- (4) The IJB had achieved a surplus of £1.5m and now had cumulative reserves of £7.3m with £1.01m in unearmarked reserves;
- (5) A medium-term financial plan was in place on a 5-year rolling basis and the medium-term plan estimated a funding shortfall of £8.9m over the period 2020/21 to 2023/24;
- (6) A new Strategic Plan had been approved and the IJB had undertaken a self-evaluation review;
- (7) The IJB recognised the difficulties with the set aside arrangements which were preventing reinvestment in community-based services but it was working with others to address this;
- (8) Performance arrangements were effective and performance was improving slightly overall.

The following issues were highlighted during the course of discussion:

Reserves. Reference was made to the fact that Inverclyde IJB had the highest proportion of earmarked reserves within the NHS Greater Glasgow & Clyde area and a

long-standing concern expressed by a number of Members was that while earmarked reserves were for specific purposes, they did not have specific timescales for their use. The creation of a general, unearmarked reserve was therefore welcome.

It was noted that Audit Scotland would continue to monitor the reserves position generally, including the balance within earmarked reserves for budget smoothing to be used over the life of the medium-term financial plan.

Set Aside. It was noted that Inverclyde was the only IJB outwith the Greater Glasgow & Clyde area where specific reference had been made to set aside. The HSCP, through the Chief Officer, would ensure that Inverclyde continued to take an active role in the ongoing NHS Greater Glasgow and Clyde set aside work.

Decided:

(1) that the contents of the Annual Report to the IJB and Controller of Audit for the financial year to 31 March 2019 be endorsed;

(2) that it be recommended to the IJB that the Chair, HSCP Chief Officer and HSCP Chief Financial Officer be authorised to accept and sign the final 2018/19 Accounts on behalf of the IJB;

(3) that the Letter of Representation set out in Appendix 2 of the Annual Report be endorsed and it be recommended to the IJB that this be signed by the HSCP Chief Financial Officer; and

(4) that the Committee's appreciation be extended to all those involved in the audit process.

17 Internal Audit Annual Strategy and Plan 2019-2020

17

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Internal Audit Annual Strategy and Plan for 2019-2020.

The Chief Internal Auditor presented the report and advised that Inverclyde Council's Audit Committee had agreed an allocation of 45 days to the IJB Audit Plan with 2 audit areas to be reviewed:

Budgetary Control. This audit would review the adequacy and effectiveness of arrangements in place to manage and report on the budget delegated to the IJB. This was linked to Risks 3a and 3b on the IJB Risk Register;

The Integration Scheme. The Integration Scheme was due to be reviewed and updated and the audit would review the adequacy and effectiveness of the current scheme and make any recommendations as appropriate.

The Chief Internal Auditor confirmed, in response to a question, that the 45 day period allocated was considered to be sufficient. All items on the Risk Register had been reviewed and the aim of the forthcoming audit was to examine operational rather than strategic processes to ensure that actions and mitigations were appropriate.

Decided: that the internal Audit Annual Plan for 2019-2020 be approved.

At the conclusion of business, Audit Committee Members were given the opportunity to meet with the Internal and External Auditors without the presence of management.

It was agreed, for future years, to build this arrangement into one of the timetabled meetings of the Committee.