

A meeting of the Health & Social Care Committee will be held on Thursday 27 February 2020 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

****Copy to follow**

1.	Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT		
2.	Revenue and Capital Budget Report – Projected 2019/20 Revenue Outturn as at 31 December 2019 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
3.	Inspection of Children’s Residential Care Homes – The View Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4.	Inspection of Children’s Residential Care Homes - Kylemore Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Joint Inspection of Adult Support and Protection Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
NEW BUSINESS		
6.	Continuing Care Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	Hard Edges Scotland Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

8.	Advice Services ** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
ITEMS FOR NOTING		
9.	Items for Noting Report by Corporate Director Environment, Regeneration & Resources	p
9a.	Update on Significant Case Review Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	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, whose numbers are set out opposite the heading to each item.		
NEW BUSINESS		
10.	Learning Disability Redesign – Preferred Site for New LD Community Hub Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the conclusion of site investigation work undertaken in relation to two potential sites, making recommendations in respect of a site together with the funding proposals for this.	Paras 6, 8 & 9 p
11.	Social Care Case Management Solution – Mini Competition Report by Head of Strategy & Support Services providing an update on the proposal to move forward with replacing the current social care management solution, SWIFT, and seeking support for funding for this.	Para 1 p
12.	Inverclyde HSCP Alcohol and Drug Service Redesign Workforce Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress on the Inverclyde HSCP Review of Alcohol and Drugs Services and seeking approval to proceed with the workforce plan.	Para 1 p
PERFORMANCE MANAGEMENT		
13.	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	Paras 6 & 9 p

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

Report To:	Health & Social Care Committee	Date:	27 February 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/18/20/AP/SW
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Samantha White	Contact No:	01475 712652
Subject:	Revenue & Capital Budget Report – Projected 2019/20 Revenue Outturn as at 31 December 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the projected outturn on revenue and capital for 2019/20 as at 31 December 2019 (period 9).

2.0 SUMMARY

- 2.1 A budget of £56.810 million has been delegated by the Integration Joint Board (IJB), which includes £6.295 million of Social Care Fund funding and gives a net budget of £49.922 million after the transfer of £0.593 million to earmarked reserves. The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. As at period 9 there is a projected overspend of £65,000, a decrease in spend of £163,000 from the position reported at period 7. The main elements of the overspend are:

- Additional turnover savings being projected across services £530,000.
- A £72,000 projected underspend resulting from the partial implementation of Ethical Care within Homecare.
- A £77,000 projected underspend within external homecare mainly due to a decrease in client hours/packages due to deaths and transfers to other areas. The decrease in spend is partially offset by an increase in Homecare staffing costs.
- A £53,000 projected underspend within Day Care client commitments.
- A £51,000 projected underspend within Alcohol and Drug Recovery service in client commitments.
- A one-off £190,000 projected underspend against Free Personal Care for under 65s.

In the main offset by:

- Within Learning Disabilities a projected overspend of £263,000 due to increase in packages, package reviews and new service provisions.
- As reported at period 7, a £63,000 projected under-recovery of income from other local authorities within Learning Disabilities. This is consistent with current levels of income and last year's out-turn.
- A projected overspend of £90,000 on agency workers within Mental Health due to an increased pressure on meeting service demands resulting from staff vacancies and difficulty in recruiting.
- A projected overspend of £282,000 within Criminal Justice due to the client package costs shared between Criminal Justice and Learning Disabilities.
- Respite, Direct Payments and Additional Hours are projected to overspend by £148,000, mainly due to respite beds previously being shown to be funded from the

Transformation Fund now being funded from core budgets.

- Projected overspends of £44,000 and £48,000 against the Pay and Grading model allowance and the costs recharged from Health respectively.

2.2 The Social Work 2019/20 capital budget is £1.093 million, with spend to date of £693,000. Expenditure equates to 63.4% of the revised budget.

2.3 The balance on the IJB reserves at 31 March 2019 was £7.281 million. The reserves reported in this report are those delegated to the Council for spend in 2019/20. The opening balance on these is £1.025 million with an additional £1.771 million received in-year, giving a total for 2019/20 of £2.796 million at period 9. Expenditure to date is £1.553 million against the phased budget of £1.360 million.

2.4 The reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship.
- Residential & Nursing Accommodation.
- Continuing Care.
- Learning Disability.

As reported at period 5, £700,000 was transferred from the Residential and Nursing Accommodation smoothing reserve to the IJB Free Reserve as part of the preparation of the 2018/19 IJB annual accounts. The Chief Officer has confirmed that in the event that the remaining Residential and Nursing Accommodation reserve gets exhausted, then the first call on any overspend will be against the IJB Free Reserves. Based on the period 9 projection, £86,000 of the reserve will be utilised by 31 March 2020.

2.5 Any overall underspend will be retained by the IJB in line with the approved Funding Agreement and any overspends will be met by the IJB.

2.6 Included within the budget is £195,000 additional budget allocated by the Scottish Government for the Tier 2 Counsellors through Schools. As at period 9, it is projected that this budget will remain unspent and therefore it is recommended that the IJB earmark this sum for spend in 2020/21. This service is waiting to go out to tender.

3.0 RECOMMENDATIONS

3.1 That the Committee notes the current year revenue outturn projected overspend of £65,000 at 31 December 2019.

3.2 That the Committee notes the current projected capital position.

3.3 That the Committee notes the current earmarked reserves position.

3.4 That the Committee notes the recommendation to the IJB to earmark for spend in 2020/21 the £195,000 additional grant funding for counsellors in schools.

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

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the 2019/20 Social Work revenue and capital budgets and to highlight the main issues contributing to the projected £65,000 overspend.

5.0 2019/20 CURRENT REVENUE POSITION: Projected £65,000 overspend (0.13%)

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

	Approved Budget	Revised Budget	Projected Outturn	Projected Over / (Under) Spend	Period 7 Variance	Movement
	£000	£000	£000	£000	£000	£000
Children & Families	10,474	10,697	10,892	195	152	43
Criminal Justice	20	20	282	262	317	(55)
Older Persons	25,384	25,630	25,508	(122)	(79)	(43)
Learning Disabilities	7,736	7,805	8,003	198	107	91
Physical & Sensory	2,394	2,425	2,414	(11)	49	(60)
Assessment & Care Management	2,314	2,175	2,138	(37)	(9)	(28)
Mental Health	1,426	1,409	1,481	72	97	(25)
Alcohol & Drugs Recovery Service	971	970	754	(216)	(174)	(42)
Homelessness	1,026	1,078	1,107	29	25	3
PHIC	1,677	1,625	1,570	(55)	(28)	(28)
Business Support	3,402	2,976	2,726	(250)	(231)	(19)
	56,824	56,810	56,875	65	228	(163)
Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0
Transfer to EMR	0	(593)	(593)	0	0	0
Social Work Net Expenditure	50,529	49,922	49,987	65	228	(163)
Earmarked Reserves	Approved Reserves	Revised Reserves	19/20 Budget	Projected Spend	Projected Carry Forward	
	£000	£000	£000	£000	£000	
Earmarked Reserves	7,266	9,450	3,221	4,630	4,820	
CFCR	15	0	15	0	0	
Social Work Total	7,281	9,450	3,236	4,630	4,820	

5.1 Children & Families: £195,000 overspend (1.82%)

The projected overspend is £43,000 more than reported at period 7 and is largely due to:

- a £195,000 projected overspend on employee costs, up £49,000 from the position reported at period 7 and is mainly due to vacant posts filled earlier than anticipated along with projected increase in allowances, holiday pay and increments. 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.
- A full underspend of £195,000 against the additional budget allocated by the Scottish Government for the Tier 2 Counsellors through Schools, which we are recommending to IJB that they are earmark for spend in 2020/21, leaving a net nil position on the projected outturn.

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 9 there is a projected net overspend of £422,000 on children's external residential accommodation, adoption, fostering and kinship and continuing care, which will be funded by the earmarked reserves and is thus not included in the projected overall overspend.

5.2 **Criminal Justice: Projected £262,000 (14.23%) overspend**

The position is £55,000 less than that reported at period 7, mainly due to a reduction in the rates for the client package costs shared with Learning Disabilities.

5.3 **Older People: Projected £122,000 (0.48%) underspend**

The projected underspend is £43,000 more than reported at period 7 and comprises:

- A projected £27,000 underspend on employee costs. The underspend has decreased by £75,000 from the position reported at period 7 and is mainly within Homecare services due to increased sessional and overtime costs.
- A £77,000 projected underspend within external homecare, a decrease in spend of £124,000 since period 7 mainly due to a decrease in client hours/packages due to deaths and transfers to other areas combined with a reduction in new packages. The decrease in spend is partially offset by an increase in Homecare staffing costs.
- A £72,000 projected underspend within Ethical Care a further decrease in spend of £24k since period 7.
- Residential and Nursing net bed costs projected to outturn online with budget which is £54,000 less than reported to Committee in period 7 due to a revision of financial assessments and a reclassification of four clients from Social Work Funding to Free Personal Care.
- Respite, Direct Payments and Additional Hours are projected to overspend by £148,000, an increase in spend of £102,000 since period 7 mainly due to respite beds previously shown as funded from Transformation Fund earmarked reserve now being funded from core budgets.

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 9 there is a net projected overspend of £86,000 (a reduction in spend of £140,000 since period 7), which would be funded from the earmarked reserves at the end of the year if it continues and is not included in the projected overall overspend.

5.4 **Learning Disabilities: Projected £198,000 (2.54%) overspend**

The projected spend is £91,000 higher than the position reported at period 7 and mainly comprises an increase of £73,000 in the projected overspend on client commitments due to increase in packages, package reviews and new service provision.

5.5 **Physical & Sensory: Projected £11,000 (0.45%) underspend**

The projected underspend is £60,000 less than reported at period 7 and mainly comprises a decrease of £50,000 in the projected overspend on client commitments due to one-off credits received for costs relating to 2018/19.

5.6 **Assessment & Care Management: Projected £37,000 (1.70%) underspend**

The projected spend has reduced by £28,000 since period 7 primarily due to a £33,000 reduction in spend projected for respite.

5.7 **Mental Health: Projected £72,000 (5.11%) overspend**

The projected spend has decreased by £25,000 from the position reported at period 7 and comprises a reduction of £30,000 in the overspend on agency workers from the position reported at period 7.

5.8 **Alcohol and Drugs Recovery Service: Projected £216,000 (22.27%) underspend**

The projected underspend has increased by £42,000 from the position reported at period 7 and comprises a decrease of £40,000 in the projected overspend on client commitments.

For noting, NHS funding from the Alcohol and Drug Partnership of £280,000 is now being utilised to commission additional drug and alcohol services, and in addition, a paper is being presented to the Integrated Joint Board to request reserves of £400,000 to be used to commission future additional alcohol and drug recovery services within Inverclyde.

5.9 **Homelessness Service: Projected £29,000 (2.69%) overspend**

There has been a minor increase in spend of £3,000 from the position reported at period 7.

5.10 **Strategy and Support Services: Projected £55,000 (3.38%) underspend**

The projected underspend has increased by £28,000 since the period 7 report to Committee and is mainly due to an £18,000 increase in the projected underspend within employee costs as a result of a delay in filling vacant posts.

5.11 **Business Support: Projected £250,000 (8.40%) underspend**

The projected underspend has increased by £19,000 since the period 7 report to Committee and is mainly due to a reduction in spend of £20,000 for the cost of a Third Sector Integration Partner.

6.0 **2019/20 CURRENT CAPITAL POSITION**

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

- £995,000 for the replacement of Crosshill Children's Home,
- £70,000 for the upgrade of the equipment store in the Inverclyde Centre for Independent Living,
- £28,000 for projects complete on site.

No slippage is currently being reported. Expenditure on all capital projects to 31 December 2019 is £693,000 (63.4% of projection). Appendix 4 details capital budgets.

6.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the existing Crosshill building was completed in autumn 2018. Main contract work commenced on site in October 2018.
- Foundation and drainage works were completed 1st Quarter 2019. As previously reported, site issues had delayed the progress of the foundations and this affected the delivery time of the timber kit.
- Timber kit and roof structure are complete.
- Roof works complete and building wind and watertight.
- External render in progress but delayed due to inclement weather.
- Internal partitions complete.
- Underfloor heating installation complete and floors screeded. The drying time of the screed is causing concern due to the seasonal temperatures and humidity. The heating system cannot be operated until the screed is dry.
- Electrical and plumbing installation in progress.
- Internal fit out of fitted furniture in progress.
- Contractor's site compound has been reduced and external landscaping works in progress.
- 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 mid-March 2020. The Contractor has also been instructed to alter part of the works to alter the study room to a seventh bathroom.

6.3 Centre for Independent Living:

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

- The store has been decanted.
- Initial asbestos removal has been completed.

- The roof replacement over the warehouse has been completed however the roof over the offices has been delayed as the Contractor has failed to submit a satisfactory method statement confirming a safe method of working.
- Meanwhile, the Contamination Unit is almost complete with the Contractor intimating this by mid-February. We propose to return the Joint Equipment Store facility to the premises thereafter subject to the Contractor's agreement that this will not compromise the work to the remainder of the roof.
- 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 March 2020.

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

7.0 EARMARKED RESERVES

- 7.1 The balance on the IJB reserves at 31 March 2019 was £7,281,000. The reserves reported in this report are those delegated to the Council for spend in 2019/20. The opening balance on these is £1,025,000 with an additional £1,771,000 received for 2019/20, totalling £2,796,000 at period 9. There is spend to date of £1,553,000 against the phased budget of £1,360,000.
- 7.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption, Fostering & Kinship.
 - Residential & Nursing Accommodation.
 - Continuing Care.
 - Learning Disability Hub which was agreed at a previous Committee.

8.0 IMPLICATIONS

8.1 Finance

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

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

8.2 Legal

There are no specific legal implications arising from this report.

8.3 Human Resources

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

8.4 Equalities

Equalities

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

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

- (b) Fairer Scotland Duty

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

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

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

- (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

8.5 **Repopulation**

There are no repopulation issues within this report.

9.0 **CONSULTATIONS**

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

10.0 **BACKGROUND PAPERS**

- 10.1 There are no background papers for this report.

Social Work

Budget Movement - 2019/20

Period 9 1 April 2019 - 31 December 2019

Service	Approved Budget £000	Movements					Amended Budget £000	IJB Funding Income £000	Revised Budget £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000			
Children & Families	10,474	0	28	195	0	(195)	10,502	0	10,502
Criminal Justice	20	0	0	0	0	0	20	0	20
Older Persons	25,383	0	247	0	0	0	25,630	0	25,630
Learning Disabilities	7,736	0	69	0	0	(116)	7,689	0	7,689
Physical & Sensory	2,394	0	31	0	0	0	2,425	0	2,425
Assessment & Care Management	2,315	0	(140)	0	0	0	2,175	0	2,175
Mental Health	1,426	0	(17)	0	0	0	1,409	0	1,409
Addiction / Substance Misuse	971	0	(1)	0	0	0	970	0	970
Homelessness	1,026	0	(1)	53	0	0	1,078	0	1,078
Strategy & Support Services	1,677	0	(52)	0	0	0	1,625	0	1,625
Business Support	(2,893)	0	(426)	0	0	(282)	(3,601)	0	(3,601)
Totals	50,529	0	(262)	248	0	(593)	49,922	0	49,922

Social Work

Revenue Budget Projected Outturn - 2019/20

Period 9 - 1 April 2019 to 31 December 2019

2018/19 Subjective Analysis Actual	Approved Budget	Revised Budget	Projected Outturn	Projected Over/ (Under) Spend	Percentage Variance
£000	£000	£000	£000	£000	%
25,962 Employee costs	27,759	28,200	27,670	(530)	(1.88)
1,130 Property costs	1,067	1,085	1,062	(23)	(2.12)
967 Supplies & services	848	1,019	1,030	11	1.08
371 Transport & plant	377	377	407	30	7.96
786 Administration costs	777	766	761	(5)	(0.65)
38,556 Payments to other bodies	40,366	40,460	41,518	1,058	2.61
(14,904) Income	(14,370)	(15,097)	(15,573)	(476)	3.15
52,867	56,824	56,810	56,875	65	0.11
(5,980) Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0.00
(1,190) Transfer to EMR	0	(593)	(593)	0	0.00
45,698 Social Work Net Expenditure	50,529	49,922	49,987	65	0.13

2018/19 Objective Analysis Actual	Approved Budget	Revised Budget	Projected Outturn	Projected Over/ (Under) Spend	Percentage Variance
£000	£000	£000	£000	£000	%
10,278 Children & Families	10,474	10,697	10,892	195	1.82
0 Criminal Justice	20	20	282	262	14.23
24,463 Older Persons	25,384	25,630	25,508	(122)	(0.48)
7,053 Learning Disabilities	7,736	7,805	8,003	198	2.54
2,196 Physical & Sensory	2,394	2,425	2,414	(11)	(0.45)
1,613 Assessment & Care Management	2,314	2,175	2,138	(37)	(1.70)
1,215 Mental Health	1,426	1,409	1,481	72	5.11
1,003 Alcohol & Drugs Recovery Service	971	970	754	(216)	(22.27)
966 Homelessness	1,026	1,078	1,107	29	2.69
1,740 PHIC	1,677	1,625	1,570	(55)	(3.38)
2,339 Business Support	3,402	2,976	2,726	(250)	(8.40)
52,867	56,824	56,810	56,875	65	0.11
(5,980) Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0.00
(1,190) Transfer to EMR	0	(593)	(593)	0	0.00
45,698 Social Work Net Expenditure	50,529	49,922	49,987	65	0.13

Social Work

Material Variances - 2019/20

Period 9 - 1 April 2019 to 31 December 2019

2018/19 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 31/12/19	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	Employee Costs						
5,440	Children & Families	5,909	4,117	4,242	6,104	195	3.30
1,601	Criminal Justice	1,700	1,184	1,066	1,533	(167)	(9.82)
8,488	Older People	8,982	6,258	6,180	8,955	(27)	(0.30)
2,614	Learning Disabilities	2,508	1,747	1,645	2,340	(168)	(6.70)
1,739	Assessment & Care Management	1,891	1,318	1,287	1,854	(37)	(1.96)
1,160	Mental Health	1,191	830	774	1,144	(47)	(3.95)
1,192	Alcohol & Drugs Recovery	1,170	815	694	1,005	(165)	(14.10)
1,774	Strategy & Support Services	1,613	1,124	1,081	1,561	(52)	(3.22)
1,556	Business Support	1,686	1,175	1,121	1,635	(51)	(3.02)
25,564		26,650	18,568	18,090	26,131	(519)	(1.95)
	Other Variances						
8	Children & Families Residential Services - Transport & Plant costs	5	4	25	25	20	400.00
0	Criminal Justice - unallocated savings	(82)	(62)	0	0	82	(100.00)
0	Criminal Justice - package costs	0	0	0	282	282	100.00
21	Older People - day care external transport	42	32	13	21	(21)	(50.00)
342	Older People - day care contract	397	298	235	344	(53)	(13.35)
0	Older People - Homecare - reduction 15 minute visits	72	54	0	0	(72)	(100.00)
3,765	Older People - Homecare - external	3,902	2,401	2,299	3,825	(77)	(1.97)
488	Older People - Residential Nursing - client commitments other	431	323	348	579	148	34.34
313	Older People - housing wardens	263	197	175	241	(22)	(8.37)
8,241	Learning Disabilities - client commitments	8,431	5,149	5,424	8,694	263	3.12
(53)	Learning Disabilities - income from other local authorities	(136)	(102)	(47)	(73)	63	(46.32)
1,780	Physical & Sensory - client commitments	1,620	1,215	1,135	1,660	40	2.47
25	Assessment & Care Management - Carers Act Funding	177	133	52	144	(33)	(18.64)
47	Assessment & Care Management - Transport costs	17	13	22	40	23	135.29
25	Mental Health - legal costs	47	35	16	25	(22)	(46.81)
258	Mental Health - alzheimers scotland	216	162	86	237	21	9.72
85	Mental Health - agency costs	0	0	69	90	90	100.00
8	Mental Health - supplies & services	4	3	23	24	20	100.00
57	Homelessness - client commitments	59	44	28	33	(26)	100.00
17	Homelessness - agency costs	0	0	14	23	23	100.00
14	Homelessness - B&B Accommodation	7	5	28	37	30	428.57
398	Alcohol & Drugs Recovery - client commitments	453	340	305	403	(50)	(11.04)
0	Business support - SCF Costs	219	164	37	197	(22)	100.00
0	Business support - Pay & Grading Model	0	0	44	44	44	100.00
0	Business support - Health management Recharge	0	0	0	48	48	100.00
0	Business support - Free Personal Care under 65's	401	301	211	211	(190)	(47.38)
0	Business support - CJ Unfunded pay inflation	82	62	0	0	(82)	(100.00)
15,839		16,627	10,771	10,542	17,154	527	3.17
41,403	Total Material Variances	43,277	29,338	28,632	43,285	8	0.02

Social Work

Capital Budget 2019/20

Period 9 - 1 April 2019 to 31 December 2019

Project Name	Est Total Cost	Actual to 31/03/19	Approved Budget	Revised Estimate	Actual to 31/12/19	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Social Work									
Crosshill Childrens Home Replacement	1,721	582	995	995	599	144	0	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	55	70	70	0	0	0	0
Complete on site	70	0	43	28	24	42	0	0	0
Social Work Total	1,861	582	1,093	1,093	693	186	0	0	0

Social Work

Earmarked Reserves - 2019/20

Period 9 - 1 April 2019 to 31 December 2019

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total Funding</u>	<u>Phased Budget To Period 09</u>	<u>Actual To Period 09</u>	<u>Projected Spend</u>	<u>Amount to be Earmarked for 2020/21 & Beyond</u>	<u>Lead Officer Update</u>
		<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>	
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
Integrated Care Fund	Louise Long	1,053	657	736	1,002	51	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. A slight increase in carry forward is expected for 2019/20.
Delayed Discharge	Louise Long	728	432	337	602	126	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. A reduced carry forward is expected for 2019/20.
Growth Fund - Loan Default Write-off	Helen Watson	25	0	0	1	24	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2019/20.
Swift Upgrade	Helen Watson	27	27	27	27	0	Post from September 18 to progress replacement client information system for SWIFT plus upgrade costs, post has been extended to Nov 2020 and this will now be funded from Transformation Fund.
Community Justice Preparatory Work	Sharon McAlees	112	45	41	64	48	Budget is for post to address the changes in Community Justice (£67k), shortfall of savings target for 2019/20 (£20k) and also £25k for Whole Systems Approach. Projected that savings shortfall and not all of Whole Systems Approach will not be required in 2019/20, together with a small carry forward re the post being funded.
Frank's Law	Allen Stevenson	34	0	34	34	0	Frank's Law Funding being used to fund 1 FTE Grade K for 6 months.
Self Directed Support	Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS and full spend is projected for 2019/20.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total Funding</u>	<u>Phased Budget To Period 09</u>	<u>Actual To Period 09</u>	<u>Projected Spend</u>	<u>Amount to be Earmarked for 2020/21 & Beyond</u>	<u>Lead Officer Update</u>
		<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>		
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
Service Reviews	Alan Brown	60	47	49	60	0	Funding for two posts to carry out service reviews. Posts appointed to in September 2018.
LD Service Review	Alan Best	180	143	120	180	0	Funding for 1 grade L post and 2 grade H/I posts to 31/03/2020, all posts currently filled. Funding for one year for Your Voice and TAG support.
Dementia Friendly	Deborah Gillespie	100	0	0	0	100	Now linked to the test of change activity associated with the new care co-ordination work.
RRTP	Deborah Gillespie	30	0	0	30	0	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer employed by an RSL. EMR to fund £30k of this spend in year 1.
Develop Pay & Grading Model		200		200	200	0	Reserve to fund pay & grading costs for 1 year.
Welfare Reform - CHCP	Arlene Mailey	9	9	9	9	0	Annual invoice for software licencing fee, linked with IDEAS project.
Tier 2 School Counselling	Sharon McAlees	195	0	0	0	195	Tier 2 Counselling - contract will commence in 2020-21
Total		2,796	1,360	1,553	2,252	544	

Report To:	Health & Social Care Committee	Date:	27 February 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/17/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No:	01475 715282
Subject:	Inspection of Children's Residential Care Homes – The View		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of the inspection carried out by the Care Inspectorate in respect of The View children's residential care home services on 28th October 2019.

2.0 SUMMARY

2.1 The Care Inspectorate regulates all care services in Scotland. The Care Inspectorate completed an unannounced inspection of The View on 28th October 2019

2.2 The inspection was conducted in line with Health and Social Care Standards and the quality of service provided was evaluated under

- How well do we support children and young people's wellbeing?
- How well is our care and support planned?

2.3 A full public report of the inspection and grades is available on the Care Inspectorate website.

2.4 The summary of the grades awarded were as follows

1. How well do we support children and young people's wellbeing? 5 – Very Good
2. How well is our care and support planned? 5 – Very Good

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 All of Inverclyde's residential children's care home services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of The View was completed on 28th October 2019.
- 4.2 The inspection evaluated the quality of two specific standards :
- How well do we support children and young people's wellbeing?
 - How well is our care and support planned?
- 4.3 During the inspection the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans. The inspection graded the service as very good – 5 in the two quality standards evaluated.
- 4.4 The inspection looked closely at the care and support young people receive and found significant areas of strength with only minor areas for improvement. The Care Inspectorate was completely assured that over time, young people living at The View develop meaningful and secure relationships with those caring for them. Young people were observed having fun with staff and received lots of empathy, compassion and love.
- 4.5 Positive mental health was found to be a priority for the young people and Children and Adolescent Mental Health Service (CAMHS) confirmed that core residential staff had a sound understanding of the impact of trauma and worked creatively to help young people.
- 4.6 Throughout the inspection the word "homely" was repeated by everyone consulted and this meant that everyone who spent time in The View was warmly and compassionately welcomed. Young people who moved on from The View did so at the right time and with careful transition planning.
- 4.7 The inspection evaluated how assessment and care planning reflected children's needs and wishes, finding only minor improvement required. Children were found to lead positive, healthy and enjoyable lives underpinned by robust assessment of need and risk and benefitted from dynamic and aspirational approach to all aspects of care and support. Team meetings were used effectively to consider planning and consistency. This ensured young people received a clear and consistent approach from everybody.
- 4.8 A major strength of the consistent approach was the comfort staff had around physical interactions. Tactility between staff and young people appeared natural and trusting and staff found creative ways to ensure young people received closeness and comfort.
- 4.9 The inspection did identify major areas of strength however it did find some minor areas for improvement.
- 4.10 Since the previous inspection in 2018 there has been staffing changes in particular a vacant manager's post. The transition arrangements put in place whilst the review of residential services was concluded and the staffing complement agreed did take time. The consequence of this was some administrative tasks slipped including notifications to the Care Inspectorate and recording of medication administration. Since the inspection concluded, the service has appointed a permanent manager and depute.
- 4.11 During the inspection it was evident that young people were fully involved in setting their aims and goals and that staff carried out their work with compassion however this was not always clearly written down. The service was asked to consider how best daily records reflected the compassionate way staff go about their work with young people and how care plans are clearly written down.
- 4.12 Overall the inspection was very positive, highlighting very good practice however the minor areas for improvement did result in overall grades being reduced.

5.0 PROPOSALS

5.1 The service is committed to continuing to develop and will take forward the suggestions by the Care Inspectorate about how care planning and daily records can be more effectively recorded to reflect the level of compassion displayed by staff and the lived care experience of our young people. To progress this work, the service will consult with young people on how they would wish information about them to be recorded.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 No implications

Human Resources

6.3 No implications

6.4 **Equalities**

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

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

(b) Fairer Scotland Duty

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

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

x	YES – Looked after children and young people experience stigma and disadvantage the development of a sustainable model of continuing care will help address some of the barriers experienced by young people leaving care.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –
x	NO

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate Report

The View

Care Home Service

Cardross Crescent
Greenock
PA15 3HT

Telephone: 01475 715809

Type of inspection:

Unannounced

Completed on:

28 October 2019

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Service no:

CS2003001105



About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The View is a purpose-built residential children's house located in a residential area of Greenock. It is registered to provide care and accommodation for up to seven children and young people who are looked after and accommodated by Inverclyde HSCP. During our inspection, seven young people were living in the service.

A bespoke design, the house offers space and comfort to the young people who live within it. The layout has been well considered and the young people have had significant input into its decoration. The house consists of a large kitchen/diner, a dining room, a large lounge, a games room, two bathrooms and a sunroom with bi-fold doors that open onto decking.

There are seven bedrooms, six of which have en-suite facilities. The staff have access to a small office. The grounds surrounding the house offer lots of space for outdoor games and relaxation.

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

What people told us

"Sometimes it's good but sometimes its noisy. But I like living here. I go to school and go to my groups. The staff take me out to do things I like."

"Don't like it when loads of new workers come in. It was difficult when the manager left."

"They really look after us. XX is really sound. I like living here and want to be here until I am 21."

"We are kept up to date with how XX is doing. Staff will call to let us know when something good has happened, not just with problems. We feel included in XX's life and included in decision making."

"The best thing about it is it's homely and I find that hard to say because I want XX home. They have helped our relationship so much."

We met five of the young people living in The View and spent time talking with three of them. The young people had lots of opportunities to express their views throughout the year. Some of them were actively involved in the Champions Board and some were building relationships with Who Cares? Scotland.

The young people we spoke with this told us that the staff cared for them and that it was a good place to live. It was apparent that each young person had a very close relationship with at least one staff member. They told us that over the last year the arrival of some new staff had been difficult given the staff group had been so consistent for a long time.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's wellbeing?

5 - Very Good

During our inspection, we looked closely at the care and support the young people received. We found lots of evidence to conclude that there were significant strengths with only minor areas for improvement.

We were completely assured that over time all the young people living in The View developed meaningful and secure relationships with those caring for them. We observed the young people having fun with the staff and they received lots of empathy, compassion and love daily. Regardless of how long young people had lived in The View, they received the same consistent care and support.

We spoke with several professionals who work alongside the service and consistently heard that they were very impressed by the support young people received. We heard that advocacy was massively important to the staff and that the views of young people were paramount to any decisions that were made. This was evidenced in young people attending and making a major contribution at meetings held about them. The staff and manager were quick to work alongside Who Cares? Scotland and the children's rights officer when obstacles emerged that they couldn't resolve.

We found that positive mental health was a priority for the young people living in The View. We spoke with the local Children and Adolescent Mental Health Service (CAMHS) who were of the belief that the core staff team had a sound understanding of the impact of trauma and that they worked openly and creatively to find ways they could help young people. Most importantly CAMHS worked jointly with the staff. They told us that the environment was very homely which enabled young people to settle and make progress.

Young people and their families all agreed that the environment was 'homely', and we heard this word repeated regularly throughout our inspection. We were helped to understand that this meant everyone who spent time in The View was warmly and compassionately welcomed. Furthermore, the young people were encouraged to stay and allow it to become home.

When the young people suffered adversity, this was scaffolded, and placement breakdown didn't occur. Instead, young people who moved on from The View were either supported to do this at the right time or with lots of support. For one young person, an 'appreciation day' had been held to celebrate their character and to think about and find the best home possible for them. Over the course of our inspection, we witnessed a wonderful transition that was carried out with warmth, care and the young person's needs central to it all.

Whilst there were major strengths, we did find some minor areas for improvement. Over the last year, a new manager had been appointed and this transition had taken some months to get right. The young people had found the movement of staff difficult as a result of the secure relationships that existed. During the transition of the manager the service had stopped notifying us when incidents occurred. We also found that the service's approach to medication required minor tightening and we have guided them accordingly.

The young people told us that they wanted to have access to WiFi and felt that this was something all young people in Scotland could now access at home. Proactively, Inverclyde Health and Social Care Partnership had already taken steps to put this in place. We spent time with the children's rights officer who told us about the plans afoot to introduce WiFi in a way that protected their young people.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

During our inspection, we looked at how assessment and care planning reflected children and young people's needs and wishes. We found major strengths in this area with only minor improvement required.

We found that children and young people led positive, healthy, enjoyable and meaningful lives. This was underpinned by robust assessment of need and risk. They benefitted from a dynamic and aspirational approach which consistently informed all aspects of care and support. The service actively sought and enabled multi-agency involvement in the planning process.

More importantly, we found that the staff and managers were comfortable leading the care plan for young people and ensuring that the right decisions were made. We spoke with social workers who supported the proactive and passionate approach of The View to work alongside them to improve outcomes.

The young people were all treated as individuals and person-centred thinking was very apparent. Young people had opportunities to undertake activities in groups but also on a one-to-one basis with staff. We heard and saw that this one-to-one time was hugely important to the young people.

Team meetings were utilised to consider planning and we found that the staff were working in a consistent way. This ensured that the young people received a clear approach from everyone, and this clarity helped calm any disputes.

One of the major strengths of the consistent approach was the comfort staff had around physical interaction. The tactility between staff and young people appeared natural and trusting. As well as this, we saw staff finding creative ways to ensure the young people received closeness and comfort. An example of this was making tea for each other and young people taking pride in knowing how different staff liked their tea. This was reciprocated by staff who valued the small details of young people's needs and understood the importance of making them feel special and important.

It was clear to us that young people were fully involved in setting their aims and goals however, it was not clearly written down and we have asked the service to improve their care planning structure. We have guided the manager and staff to look at examples of best practice to help them on this journey.

We have also asked the service to consider how they record information about young people. We did not find that daily records reflected the compassionate way the staff went about their work. Writing in a compassionate way will require consultation with the young people to understand how they want information about them to be recorded. We will review this closely at next year's inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	5 - Very Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

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This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

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Report To:	Health & Social Care Committee	Date:	27 February 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/18/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No:	01475 715282
Subject:	Inspection of Children's Residential Care Homes - Kylemore		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of the inspection completed by the Care Inspectorate in respect of Kylemore Children's Residential Care Home Services on 1st November 2019.

2.0 SUMMARY

2.1 The Care Inspectorate regulates all care services in Scotland. The Care Inspectorate completed an unannounced inspection of Kylemore on 1st November 2019.

2.2 The inspection was conducted in line with Health and Social Care Standards and the quality of service provided was evaluated under:

- How well do we support children and Young people's wellbeing?
- How well is our care and support planned?

2.3 A full public report of the inspection and grades is available on the Care Inspectorate website.

2.4 The summary of the grades awarded were as follows

1. How well do we support children and young people's wellbeing? 6 – excellent
2. How well is our care and support planned? 6 – excellent

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 All of Inverclyde's residential children's care home services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of Kylemore was completed on 1st November 2019.
- 4.2 The inspection evaluated the quality of two specific standards:
- How well do we support children and young people's wellbeing?
 - How well is our care and support planned?
- 4.3 During the inspection the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans. The inspection graded the service as excellent – 6 in the two quality standards evaluated.
- 4.4 The inspection looked closely at the care and support young people receive. The inspection noted that young people who live in Kylemore thrive as a result of the unique approach to care and support. It is commonplace for the outcomes of young people to set new standards for care homes for children and young people in Scotland and during this inspection Kylemore was found to be working at a sector leading level.
- 4.5 The inspectors spoke with several professional groups who work with Kylemore and they reported that on a consistent basis, young people made immense progress when they moved into Kylemore. One local head teacher described the calmness within the house as creating a life changing environment for young people.
- 4.6 The staff worked hard to find experiences for young people that created new memories and young people thrive on spending time with staff that they love. Staff fully understood the importance of working outwith normal shift patterns and their energy and dedication were described as first rate.
- 4.7 The universal staff focus was solely on what young people needed and benefit from instead of what the staff were willing or comfortable in doing. This was confirmed by Who Cares? Scotland, children's rights officer, parents and children.
- 4.8 The inspection found that the service was incredibly well managed. All staff knew their job and the ethos of Kylemore had been formed over many years, with a focus on providing young people with a truly loving home environment.
- 4.9 Kylemore was reported as being a model of sector leading planning. This occurs as a result of the family orientated approach to care and support and the aspirational determination of everyone who connects with the young people. The inspection saw young people blossoming and setting plans for their future that set a new standard for care homes for children and young people in Scotland.
- 4.10 Significant planning went into the transition for all young people, which led to excellent outcomes. Continuing care has been embedded in the ethos of the service for several years, to the extent that young people only leave into the best possible environments where they will continue to thrive.
- 4.11 The inspection was impressed with the joint working with other agencies. Experienced staff were able to lead on therapeutic meetings and guide planning. The manager understood the importance of strong partnerships and therefore partners wanted to work alongside the service enabling ground breaking joint work at an operational level, an example being CAHMS linking in with team meeting to formulate trauma-informed responses to young people's need.

5.0 PROPOSALS

5.1 The service is focused on continuing to develop and will take forward the suggestion by the Care Inspectorate about enhancing training for staff in relation to attachment focused models of care to strengthen current approaches to caring for young people.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 No implications

Human Resources

6.3 No implications

Equalities

6.4 Has an Equality Impact Assessment been carried out?

(a)

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

NO

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate Report

Kylemore Care Home Service

13 Kylemore Terrace
Greenock
PA16 0RY

Telephone: 01475 715789

Type of inspection:

Unannounced

Completed on:

1 November 2019

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Service no:

CS2003001106



About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Kylemore is a purpose-built residential children's house. It is in a residential area of Greenock. Under its current registration, the service provides care and accommodation for up to seven children and young people who are looked after and accommodated by the health and social care partnership.

A bespoke design, Kylemore offers quality accommodation, with two large lounges, kitchen, dining room and sunroom. All of the bedrooms within the service have either an en-suite or access to their own bathroom. Outdoor space is laid mainly to lawn, with an area of decking. The garden is enclosed and offers ample space for outdoor play and relaxation.

The aims and objectives include: "to provide a person-centred approach which will incorporate a holistic assessment of need for each individual young person, taking account of their own life experiences. In doing so, individual care plans will be tailored to meet these effectively within an environment that promotes safe caring".

What people told us

"Nothing has changed. It's still a really good place to live. I'm never here because I am out working. Now I have a great flat to move into and I can say that staff advocated to get me the right flat."

"I've known people here for ages, it's my home. I have no plans to move and I'll stay until I'm ready. I'll go to college and I'll save my money. I know where my folder is, and I have read through it. Everything I want, staff help me make happen."

"When I am not in my own flat, I can get my amazon deliveries sent to Kylemore and I pop round and collect them later."

"I owe a lot to Kylemore for guiding and supporting me. They went above and beyond to help me."

"It's my care plan. She asked for five minutes. It was exactly what I said and in my words completely. But I speak to XX every day and it was like having a normal conversation with her. I agree with my plan and I work towards my aims."

We spent time with all the young people who live in Kylemore and spoke with six of them. They told us that Kylemore was a wonderful environment for them to live in. They valued the time staff took to listen and understand their needs. They also really loved the one-to-one attention they each received from staff.

The young people told us that at times they found it difficult to get on with everyone. However, they appreciated celebrating annual events and birthdays together. We also heard that they enjoyed fantastic holidays away with each other.

We visited two young people's flats. One that was just being made ready for transition and one that a young person had purchased. They told us that the staff were doing everything they could to support them. What mattered most to them was the ongoing support once they had left Kylemore.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	6 - Excellent
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	6 - Excellent

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's wellbeing?

6 - Excellent

The young people who live in Kylemore thrive as a result of the unique approach to care and support. It is commonplace for the outcomes of young people to set a new standard for care homes for children and young people in Scotland. During this inspection, we found the service to be working at a sector leading level.

We found the young people living in an immensely welcoming, warm and very compassionate environment. The dedication and care of the manager and staff was astonishing. Nothing was too much trouble and planning was exemplary. As a result of this, all of the young people felt hugely valued and respected. The relationships between the young people and those caring for them were compassionate, fun-filled and emotionally attuned to a very high level. There was a calmness which allowed young people to exist in a relaxed space and led to excellent therapeutic outcomes on a consistent and ongoing basis.

We spoke with several professional groups who work alongside Kylemore. We were told by a local head teacher that they found the calmness within the house created a life changing environment for young people. Professionals consistently found the young people to have made immense progress when they moved into Kylemore. We heard that new, innovative ways of working together were under constant development and when an issue occurred for a young person this was often resolved in the same day.

The young people looked forward to their holidays because these took place in amazing locations and in beautiful spaces. The staff worked very hard to find experiences for the young people that created life lasting new memories and this was celebrated. When we unpicked the impact of this, we found that the young people

thrived on spending more time with the staff they loved. Similarly, the staff and manager reciprocated this feeling and loved spending more time with the young people. They also fully understood the importance of working outwith a normal shift pattern and that this created space for building even closer and therapeutically informed relationships. Throughout the year, the focus on positive experiences was maintained. The energy and dedication of those working in Kylemore was first-rate.

The service continued to build on partnerships with adults who were positive role models to the young people. The local police officer had an incredibly positive relationship with everyone in Kylemore. With one young person who they were worried about, guidance and advice had involved working jointly with the police. This created feelings of trust and responsibility for the young person. Formal discussions were followed up with huge amounts of care and appropriate tactility. Another young person had gone running with the police officer to help them train for a marathon. Both recounted to us their fondness of the adventures during that time out.

The adults and the young people thrived on their contact with each other. The relationships internally and externally were of a large family who sought to help one another. We found such heartening examples of individualised care. There had been changes to the house in the last year; however, any transitions onward were of the highest standard with young people finding the absolute right flat for them at the right time with no rushed exit. The flats were decorated by the staff to the highest standard. Once young people had left, they returned often and with ease, in a natural and family like way; The focus being on support always being available. For the new young people who had moved into Kylemore, staff impressively adjusted their style and approach to meet their needs in wayS that made them feel incredibly valued, cared for, celebrated and claimed.

The Kylemore dog continued to be a source of tremendous support. The dog went on holiday with the young people and provided comfort when young people were upset. We observed staff relentlessly finding the individual things that mattered to young people. For example, one young person loved football and staff who didn't like football spent hours in the garden role playing football matches and using creative play to embed positive experiences.

We found the universal staff focus was solely on what young people needed and would benefit from instead of what the staff were willing or comfortable doing. We heard this from Who Cares? Scotland, children's rights, schools, parents and the young people. People told us that they loved the atmosphere and how the young people interacted and supported one another.

The service is incredibly well managed. Everyone knew their job and the ethos of Kylemore had been formed over many years, with a focus on providing young people with a truly loving home environment. This was being achieved because of everyone working together with the sole purpose of maximising outcomes for young people.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**6 - Excellent**

Kylemore is a model of sector leading planning. Strategically, this occurs as a result of the family orientated approach to care and support and the aspirational determination of everyone who connects with the young people. Unconditional positive regard is at the heart of interactions and planning is always strengths based. We continued to see young people blossoming and setting plans for their future that set a new standard for care homes for children and young people in Scotland.

The young people wanted to talk to us about their care plans and show us the work they had done. They were a model of young people centred planning. Included in the records the service held about young people were memories and the young people delighted in revisiting their experiences.

For one young person who was new to the service, there was such care taken to ensure his needs, views and wishes had been fully gathered. The staff knew exactly how to help him. This was reflected in the support all the young people received. The care plans were tailored completely to the young people's age, views and wishes. The young people were engaged in their goals and this was evident in the things they were trying to achieve. Two young people had learned to drive and then purchased their first cars and were setting further goals for the future.

Significant planning went into the transition for all young people, which led to excellent outcomes. Continuing care has been embedded in the ethos of the service for several years now, to the extent that young people only leave into the best possible environments where they will continue to thrive and progress.

For one young person, significant consideration had been given to them living in Kylemore. To ensure it was the correct environment, an appreciation day had been held that involved the young person and the people they had significant relationships with. Positive messages had been gathered from classmates, professionals and family to celebrate the best aspects of the young person's character. Using the positive information gathered, a multi-agency plan had been developed to ensure they were getting the right support. We considered this approach to planning and matching for young people to be a model of best practice.

We were hugely impressed with the joint work the service undertook with partner agencies. The experienced staff were able to lead on therapeutic meetings and guide thinking and planning. Furthermore, the Children and Adolescent Mental Health Service (CAMHS) linked with the staff at team meetings to help formulate and find creative ways of responding to trauma. The manager understood the importance of strong partnerships. We found partners therefore wanted to work alongside Kylemore and this conscious service led strategy enabled ground-breaking joint working at an operational level.

The manager and staff at Kylemore are focused on continuing to develop and, as such, we have guided them to develop much more positive behaviour support plans. We have also suggested exploring enhanced training for all residential staff in relation to attachment focused models of care to further strengthen their approach.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	6 - Excellent
1.1 Children and young people experience compassion, dignity and respect	6 - Excellent
1.2 Children and young people get the most out of life	6 - Excellent
1.3 Children and young people's health benefits from their care and support they experience	6 - Excellent
How well is our care and support planned?	6 - Excellent
5.1 Assessment and care planning reflects children and young people's needs and wishes	6 - Excellent

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Report To:	Health & Social Care Committee	Date:	27 February 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/19/2020/AS
Contact Officer:	Allen Stevenson Head of Service	Contact No:	01475 715212
Subject:	Joint Inspection of Adult Support and Protection		

1.0 PURPOSE

- 1.1 This report is to inform the Committee that the Care Inspectorate, along with inspectors from Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary in Scotland have given Inverclyde Council and partners in Police Scotland and NHS Greater Glasgow and Clyde notification that they are to carry out a joint inspection of adult support and protection arrangements. The Inspection process is now underway.

2.0 SUMMARY

- 2.1 Following on from the Pilot Joint Inspection of Adult Support and Protection across six partnerships in 2018, Inverclyde, as part of the Renfrewshire Risk and Concern Hub, has been notified that it will be the first of the remaining 26 partnerships to undergo a Joint Inspection within an ongoing two year programme.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the contents of this report and instructs the Chief Officer to bring back a report detailing the findings of the Inspection including identified areas of possible improvement.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde, along with Renfrewshire (part of the Renfrewshire Risk and Concern Hub) is the first of 26 partnership areas in Scotland to be inspected. This follows on from the Pilot Joint Inspection of Adult Support and Protection across six partnership areas published in July 2018.
- 4.2 The purpose of this joint inspection is to seek assurance that vulnerable adults at risk of harm across Scotland are supported and protected by existing national and local adult support and protection arrangements.
- 4.3 The joint inspections will scrutinise key areas of adult support and protection activity focusing on:
 - Key processes of adult support and protection
 - Leadership of adult support and protection

This will be done across three work streams:

- Submission of a local Partnership Position Statement along with collating best evidence identifying the local partnerships areas strengths and areas for improvement;
 - Staff Survey across all partners including provider organisations;
 - File Reading of Social Work, Police and Health records of adults at risk of harm.
- 4.4 The Inspection Team will not provide an evaluation using the standard six-point scale, rather they will provide concise judgements on progress with key processes for adult support and protection and leadership. If necessary there will be identified areas of improvement the Partnerships should focus on within a development plan.

The HSCP will receive a draft report in April 2020 for comment. The Joint Inspection Report will be published on the websites of the Care Inspectorate, Healthcare Improvement Scotland and HMICS in May 2020.

5.0 PROPOSALS

- 5.1 There is a tight deadline in which to prepare for the inspection, particularly preparing files from across partners for the File Reading which is scheduled to start on Monday 23rd March 2020.

Allen Stevenson, Head of Health and Community Care will act as Inspection Co-ordinator. Senior officers from Health and Police Scotland have been identified to ensure records and other supporting information is available to inspectors. A Project Management Team will take forward this work to ensure a smooth process is in place to meet our duties during the inspection.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 No implications.

Human Resources

6.3 No implications.

Equalities

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

(b) Fairer Scotland Duty

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

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

x

YES – Looked after children and young people experience stigma and disadvantage the development of a sustainable model of continuing care will help address some of the barriers experienced by young people leaving care.

NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

x

YES –

NO

Repopulation

6.5 N/A.

7.0 CONSULTATIONS

7.1 None.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Report To:	Health & Social Care Committee	Date:	27 February 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SW/16/2020/SMcA
Contact Officer:	Sharon McAlees Head of Service Children and families and Criminal justice	Contact No:	01475 715282
Subject:	Continuing Care		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with an update on the work being progressed to reduce the pressures associated with the provision of continuing care whilst ensuring corporate parenting duties are fulfilled in respect of young people's right to continuing care.

2.0 SUMMARY

- 2.1 Over the course of the past ten years new policy initiatives and legislation have been implemented; this has not only influenced the philosophy of how we look after our young people, but has increased our corporate parenting responsibilities. A significant feature of this is continuing care, increasing young people's right to receive care and support including accommodation until the age of 21 years, effectively extending the length of time that a young person can potentially remain in placement by five years.
- 2.2 A review of residential care was undertaken to enable a clear understanding of the demographic and demand-led changes affecting provision of in-house residential care including the impact continuing care.
- 2.3 The review highlighted a number of pressures associated with continuing care and offers a proposal for an extension of our strategic approach to our corporate caring responsibilities to include a "staying close" hybrid model of care as a cost effective measure to enable us to meet both our statutory and demand pressures in conjunction with the need to increase bedroom capacity within each of our residential children's houses from six to seven.

3.0 RECOMMENDATIONS

- 3.1 The Health & Social Care Committee is asked to note the content of this report and endorse the recommendations contained within:
1. Adaptation to each of the children's houses to increase from 6 to 7 bedrooms.
 2. Development of hybrid core and cluster accommodation linked to residential services.
 3. Increase staffing in Inverclyde to support an increasing number of young people to stay in either an Inverclyde Children's House or to be supported in housing accommodation close by.

4.0 BACKGROUND

- 4.1 In 2008, Inverclyde's residential children's services commenced an ambitious programme of re-provisioning. It was a three stage programme that required significant financial investment from Children and Families Services via revenue budget savings, and included replacing three residential Children's Houses that provided accommodation for 24 young people, with three modern purpose-built homes for 18 young people
- 4.2 In 2014/15, the percentage of children and young people looked after in Inverclyde was 1.4% of total numbers in Scotland. By 2017/18, this percentage had steadily increased to 1.7%. The numbers have remained the same within Inverclyde for 2018/19, however the Scottish figures for 2018/19 have not yet been published. Given the levels of deprivation, alcohol and drug dependency and the prevalence of other adverse childhood experiences, these figures are expected to remain static if no other action is taken.
- 4.3 The service continues to see that young people who become looked after and accommodated are not returning home. It could be argued that the roll-out of GIRFEC, effective early intervention and robust permanency planning are effective in ensuring only those who require to be looked after and accommodated do so and as a consequence, remain in long term care. Indeed we are seeing a notable reduction in short term admissions, however those young people who are accommodated long term have complex needs. This pattern has been developing since 2013 and reinforced by the introduction of the continuing care legislation in 2015. Continuing care increases a young person's right to receive care and support including accommodation until 21 years of age which in effect increases their right to stay in placement by five years.
- 4.4 The provision of continuing care undoubtedly provides a safety net for some of the most vulnerable young people in Inverclyde. However, should the trend in numbers of Inverclyde looked after children continue, this will present significant financial pressures with the challenge being twofold. Firstly, providing sustainable continuing care placements that are financially viable. Secondly, retaining capacity within our existing services to meet the needs of future children requiring to be accommodated. Failure to strike a balance in these competing demands is likely to result in the need to purchase placements externally resulting in significantly increased costs.
- 4.5 The service does not anticipate that all looked after young people will opt for continuing care however it is recognised that for the majority of young people who cannot return to their birth family the longer they remain in a supportive placement the better the long term outcome. It is anticipated that the biggest financial pressure will be within our own children's houses and for young people with a disability in specialist placements. Fostering services are managed through the approval of foster carers' registration approval age range and placement numbers. Although continuing care placements are not counted by the Care Inspectorate as part of the number of children placed, carers are nevertheless restricted by the size of their accommodation. Kinship carers are specifically caring for family members and are more likely to reach mutually agreeable family decisions around when a young person moves on.
- 4.6 There are three main alternatives to continuing care:
 - If the young person is between 16 years and 18 years they can remain within their care placement on a statutory basis (looked after) as long as this placement is meeting their needs. Inverclyde currently has 10 young people in local residential provision in this category with a further four eligible in 2020. In external provision there are no young people in receipt of continuing care however one is eligible but remains looked after and in 2020 a further four will be eligible.
 - Development of a Core and Cluster model will provide the option for young people age 18 years to transition to Cluster accommodation aligned to the Core Children's House.
 - Young people who cease to be looked after and do not opt for continuing care are entitled to after-care services; this can be within their own home or with parents/relatives.

- 4.7 Taking account of young people currently in continuing care or eligible for continuing care and the projection of those in long term placements who will become eligible, it is evident that additional accommodation is required. Additional accommodation provision will provide the opportunity to retain young people in Inverclyde, which allows young people to maintain their networks of support and sense of belonging whilst at the same time being cost effective
- 4.8 The development of a Core and Cluster model of residential care would allow looked after children to be cared for within Core accommodation at Crosshill, Kylemore and The View and over 18s who opt for continuing care and are assessed as being ready to make the transition would be placed within the cluster accommodation leased from RSLs. It is envisaged that the model would work in a similar basis to homelessness services whereby the RSL leases the accommodation to the HSCP and the service determines which young people move in.
- 4.9 The current programme of social housing expansion across Inverclyde has provided the opportunity for new build accommodation to be leased to the HSCP as cluster accommodation for young people. Cloch Housing Association has identified four 1apartment flats and Oaktree have identified two 2 apartment. houses. In effect, over the course of 2020 this will provide accommodation for up to 8 young people, and in turn, this provides future capacity to provide placements for new admissions, reduces the need for external residential placements or planned returns for young people from external placements to local provision if in the young person's interests.
- 4.10 The provision of cluster accommodation is viewed as a viable model of alternative accommodation. Cluster flats will enable young people to receive a tailored level of care and support that meets their needs. Whilst this model would be in keeping with the legislation it has the advantage of being aligned to a young person's developmental needs and at the same time considerably more cost effective than traditional residential care. The area of need that will require specific planning and resource will be linked to the individual young person's wellbeing needs but will also take account of their financial circumstances as this will influence capacity to contribute to managing living expenses.
- 4.11 The cluster accommodation potentially provides the capacity to reduce one external placement. This would release a saving of circa £200,000 FYE per annum. It would also enable the service in the longer-term to offer internal placements rather than more costly external placements avoiding future costs rising.
- 4.12 To address the pressures associated with continuing care, the service was allocated recurring budget of £200,000 in conjunction with £500,000 earmarked reserves. This funding has contributed towards recruitment of one Care Planning and Improvement Officer and two support workers. The robust management of care planning processes is the most effective mechanism to manage placement demand and control costs, along with additional capacity of support workers to enable young people to make successful transition to cluster accommodation.
- 4.13 The provision of cluster accommodation alongside the increase in the number of bedrooms within each of the Inverclyde's children's houses is viewed as a viable model that will allow looked after children to stay put and have a sense of belonging within their own community. Whilst this model would be in keeping with the legislation, it has the advantage of being aligned to a young person's wellbeing needs and at the same time considerably more cost effective than funding external placements in the long term.

5.0 PROPOSALS

- 5.1 It is proposed that the service continue to progress the workstream associated with continuing care, aiming to have the works associated with additional bedrooms completed early 2020, the first core and cluster houses ready for occupancy first quarter of 2020 and the final flats in late 2020.

5.2 It is further proposed to increase staff funding from any current budget reconfiguration and future pressures monies

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
Children & Families	Continuing Care	19/20	31	N/A	Continuing Care EMR – Start-up costs Cluster Flats (TBC)
Children & Families	Continuing Care	20/21	31	N/A	Continuing Care EMR – Start-up costs Cluster Flats
Children & Families	Property Costs	20/21	60	N/A	Estimated cost to convert 3 study rooms to bedrooms, Fund from children's residential EMR (TBC)

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
Children & Families	Continuing Care	20/21	5	N/A	1 st Year running costs Cluster Flats. Funding from balance of continuing care recurring budget.
	Employee Costs	20/21	162	N/A	4.5 FTE Grade 5 Residential Social Workers. Funding from new SG monies in 20/21 settlement.
Children & Families	Continuing Care	21/22	13	N/A	Full year impact of cluster flats – funding from balance of continuing care recurring budget.

Legal

6.2 N/A

Human Resources

6.3 N/A

Equalities

6.4 Equalities

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

<input type="checkbox"/>	YES
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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
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(b) Fairer Scotland Duty

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

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

x	YES – Looked after children and young people experience stigma and disadvantage the development of a sustainable model of continuing care will help address some of the barriers experienced by young people leaving care.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –
x	NO

Repopulation

6.5 N/A

7.0 CONSULTATIONS

7.1 The work associated with continuing care has been undertaken in consultation with corporate parents/ young people and RSLs.

8.0 BACKGROUND PAPERS

8.1

Report To:	Health and Social Care Committee	Date:	27 February 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/24/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No:	715282
Subject:	Hard Edges Scotland Report		

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of the main findings from the Hard Edges Scotland Report and key messages from recent Inverclyde events.

2.0 SUMMARY

- 2.1 Lankelly Chase and Robertson Trust commissioned a piece of research from Heriot-Watt University to look at the complexity of the lives of people facing multiple disadvantages in Scotland. The findings from this research culminated in the publication of the Hard Edges Scotland Report in June 2019.
- 2.2 The central aim of this study was to establish a statistical profile of the extent and nature of severe and multiple disadvantage (SMD) in Scotland. This included clarifying the patterns of overlap between the different specified domains and creating a fuller profile of those affected.
- 2.3 It also sought to illuminate both service provider and service user perspectives on the routes into SMD and experiences of interacting with multiple service systems, in order to identify requirements for national and local system change.
- 2.4 In addition, Lankelly Chase also allocated funding for the purpose of holding local events as a means of launching the Hard Edges Scotland Report and holding local new conversations about SMD. An event was held in Inverclyde on 22nd October followed by two follow-up sessions in January.
- 2.5 Inverclyde HSCP has undertaken a thorough analysis of the data to identify people who are currently receiving a service from Criminal Justice Social Work, Alcohol and Drug Recovery Services and Homelessness Service (i.e experiencing three SMDs) to understand how these services overlap, how effective they are in addressing need and identify examples of best practice or indeed areas for service improvement.

Current analysis shows 22 people with all 3 disadvantages within Inverclyde and an individual response is required. It is proposed to introduce a pilot to develop a care coordinated response to individuals with multiple complex issues. It is recommended that 2 care navigators are appointed to support a new way of working involving a multi-disciplinary approach using the totality of resources in a coordinated way with individual bespoke support packages.

3.0 RECOMMENDATIONS

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

- a. Notes and gives comment on the Hard Edges Scotland Report.
- b. Agrees to the appointment of two care navigators subject to funding being approved by the IJB.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Lankelly Chase had originally commissioned a Hard Edges England Report which was published in 2015. It was agreed to replicate this research in Scotland while applying learning from the original study. The latter included forming a statistical profile of SMD, but moreover, outlining the patterns of overlap between the different specified domains. In addition, the Scottish study included qualitative elements from six Local Authorities where 25 local key informants were interviewed; 47 front-line workers participated in focus groups and 42 in-depth interviews were undertaken of people experiencing SMD.
- 4.2 The original Hard Edges England Report focused on three disadvantages of homelessness, substance dependency and offending. The Hard Edges Scotland Report extends this to also consider mental health and domestic abuse.
- 4.3 The Hard Edges Report identified the key themes of routes leading into SMD being driven by poverty, violence and trauma. It also outlined the considerable impact of these on every aspect of people's lives including increased likelihood of experiencing a long-term limiting illness, difficulties in maintaining stable housing and prospects of securing employment.
- 4.4 The research estimates that around a total of 191,000 people have a relevant experience across the three original domains in a typical recent year. This suggests a national prevalence rate in Scotland of 42.9 per thousand population for one domain. It is estimated that 156,700 people experience one of these disadvantages only, 28,800 people experience two disadvantages and 5,700 people experience three disadvantages.
- 4.5 When considering the five disadvantages, the research estimates that overall 875,000 people in Scotland experienced one of these disadvantages (over one fifth of the entire adult population); 226,000 people have experienced two of them, but a much smaller number of 21,000 have experienced three SMDs.
- 4.6 When considering the overlap of these disadvantages, it is estimated that 8,500 people have a combination of homelessness and offending; a very similar number (8,300) have a combination of homelessness and substance misuse and a somewhat higher number (11,900) experience offending and substance dependency. It is also estimated that 5,700 people experience all three disadvantages.
- 4.7 The research estimates for Inverclyde that the overlap of people experiencing both homelessness and offending is 35, while the overlap of homelessness and substance dependency is 90. However, the overlap of offending and substance dependency is 257 people. The research estimates that there are 81 people in Inverclyde who are currently experiencing all three of these disadvantages.
- 4.8 Inverclyde held a Hard Edges event on 22nd October where approximately 80 people attended from a range of agencies and services, both public sector and third sector. There were four conversation cafes as part of the event that focused on:
 - Poverty and SMD
 - Trauma and SMD
 - Early Intervention
 - Working Together
- 4.9 Key messages from the event and suggested actions included:
 - Holding a specific event for people with lived experience of SMDs and front-line staff with the aim of reducing stigma and sharing a common language of compassion and kindness.
 - Recognising a whole community response is required that includes all of the local assets in our communities.
 - The need to continue to develop a more joined up approach that is person-centred and the range of partners and supports are able to work more closely together.

4.10 Following approval of these actions at the Alliance Board on 9th December; the following progress has been taken:

- Approval was given by Lankelly Chase to fund two workshops targeting people with lived experience and front-line staff from the wide range of third sector organisations. CVS Inverclyde hosted these in January.
- Feedback from these workshops will be used to launch the development of a Resilience Network in February that will adopt a whole community response and will help to improve pathways of support for people to move out of SMD.
- The HSCP is in the process of taking a deep dive into data to have a better understanding of how services are currently working together and identify any improvements of practice.
- Inverclyde Community Justice Partnership will focus on Voluntary Throughcare at the annual Development Session in March to develop a bespoke local model with clear pathways of support. This will target people who are potentially experiencing the three SMD of offending, substance misuse and homelessness.
- Four representatives from Inverclyde Community Justice Partnership will represent Inverclyde at a national Hard Edges event in Stirling in February, outlining progress to date and actions going forward.

Local analysis found:

- the ADRS caseload is 1206 individuals(EMIS)
- Homelessness case (either Prevent 1 or HL1) that was open 428 individuals(SWIFT)
- Any Criminal Justice order (e.g. CPO, DTTO) is 420 individuals(SWIFT)
- 107 are open to ADRS & Homelessness
- 104 are open to ADRS & CJ
- 39 are open to Homelessness & CJ
- 22 people are open to Criminal Justice, ADRS and Homelessness

5.0 PROPOSALS

5.1 The locally analysis was a snap shot in time however it has identified 22 people currently within the system experiencing three disadvantages. Response to hard edges is to adopt a similar approach to the pathway work adopted for long term conditions, a pathway for complex care that support people through a system. A care navigator is appointed who works with a small number of people linking them into locally service, advocating, mentoring and supporting them. Often people within hard edges report are involved with services however they have the most complex entrenched issues. A multi-disciplinary approach is required to break the cycle of addiction, offending, prison and homelessness.

Outcomes for 22 individual are easily tracked through an outcome framework to monitor the success of the pilot.

The workers should be based in the Inverclyde centre to build relations and support individuals outwith normal working hours. There will be a link into social prescribing, primary care, recovery services including peer mentors, housing and leisure facilities to support a lifestyle change.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

Two posts funded by transformation fund at cost of 100k including on costs for 12 months.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report (£)	Virement From	Other Comments
Hard Edges (new)	Employee Costs	19-20 to 20-21	81,600		Costs based on 2 FTE Grade 6s for 12 months

Annually Recurring Costs/ (Savings)

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

6.2 **Legal**

n/a

6.3 **Human Resources**

n/a

6.4 **Equalities**

Equalities

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

x	YES
	NO –

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

x

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

NO

Repopulation

6.5 There are no specific repopulation issues.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 Hard Edges Scotland Report Summary.

<https://lankellychase.org.uk/resources/publications/hard-edges-scotland-summary-report/>

Report To:	Health & Social Care Committee	Date:	27 February 2020
Report By:	Corporate Director Environment, Regeneration & Resources	Report No:	SL/LP/029/20
Contact Officer:	Sharon Lang	Contact No:	01475 712112
Subject:	Items for Noting		

1.0 PURPOSE

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

- Update on Significant Case Review

2.0 RECOMMENDATION

2.1 That the above report be noted.

Report To:	Health & Social Care Committee	Date:	27 February 2020
Report By:	Louise Long Corporate Director (Chief Officer), Inverclyde HSCP	Report No:	SW/25/2020/SMcA
Contact Officer:	Sharon McAlees Head of Service	Contact No:	01475 715282
Subject:	Update on Significant Case Review		

1.0 PURPOSE

- 1.1 This report updates the Committee on the actions taken to initiate the Significant Case Review (SCR) in respect of Ms Margaret Fleming, deceased.

2.0 SUMMARY

- 2.1 Relative to the circumstances of the death of Ms Margaret Fleming, a Significant Case Review has been commissioned by the multi-agency partnerships for child and adult protection within Inverclyde, the Child Protection Committee and the Adult Protection Committee. In the circumstances, the Adult Protection Committee is the lead Committee for this SCR
- 2.2 The arrangements for SCRs have a clear statutory framework and follow set procedures as established by Scottish Ministers. It is a requirement and an essential necessity of due process that any SRC be commissioned through the partnership agency, above.
- 2.3 In terms of this multi-agency approach, both the Child and Adult Protection Committees made a recommendation to the Inverclyde Chief Officers' Group (comprised of the senior officers from each of the partners) to appoint an independent Chair to complete the critical work of the SCR and Professor Jean MacLellan OBE has confirmed her acceptance of this post and on 6 February 2020 the first meeting took place. The SCR has now formally commenced.

3.0 RECOMMENDATION

That the Committee:-

- 3.1 Note the formal commencement of the Significant Case Review for the death of Ms Margaret Fleming, chaired by Professor Jean MacLellan; and
- 3.2 Notes that the outcome of the Significant Case Review will be reported to the Committee in public and to the Inverclyde Integration Joint Board as soon as is practicable.

4.0 BACKGROUND

- 4.1 The Committee will be aware of the criminal prosecution that has taken place of Edward Cairney and Avril Jones in connection with the death of Ms Margaret Fleming. The criminal proceedings concluded on 11 July 2019 and an appeal against both conviction and sentence was thereafter lodged by Mr Cairney.
- 4.2 Prior to events last year, on 17 April 2018, an initial case review process was initiated in respect of the, at the time, alleged death. Advice was received by the multi-agency partners that any initial case review/significant case review process should be deferred until such time as the criminal trial in respect of the matter had been concluded.
- 4.3 On 5 September 2019, a joint meeting of the Adult Protection Committee and the Child Protection Committee was convened to formally conclude that the threshold to proceed with a Significant Case Review had been reached and that the review should be conducted by an independent Chair with experience in the fields of both adult and child protection and that of individuals with additional support needs.
- 4.4 A Significant Case Review is a multi-agency process for establishing facts and for learning lessons from a situation where a person has died or has been significantly harmed. The Care Inspectorate is the central collation point for the evaluation of all Significant Case Reviews and the Care Inspectorate is required to report publicly on any findings from Significant Case Reviews in order to provide independent public assurance on the quality of multi-agency services for child and adult protection. Significant Case Reviews are intended to assist the sharing of any lessons and to promote improvements in child and adult protection across the country.
- 4.5 On 8 January, Professor MacLellan intimated her acceptance of the role of independent chair of the SCR. Professor MacLellan met with the review team on 6 February. Stage 1 of the review has been scoped and commenced. The outcome of the review will be reported to this Committee and to the Inverclyde Integration Joint Board with as much information as is possible in the public domain. The Committee will have the opportunity as part of that process to review all issues arising from the outcome of the Significant Case Review.

5.0 IMPLICATIONS

5.1 Finance

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.2 Legal

The legal implications are set out in the report.

5.3 Human Resources

None.

5.4 Equalities

Equalities

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

(b) Fairer Scotland Duty

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

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

x

YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

x

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

NO

5.5 Repopulation

None.

6.0 CONSULTATIONS

6.1 The Head of Legal & Property Services has been consulted on the drafting of this report.

7.0 BACKGROUND PAPERS

7.1 None.