

A meeting of the Health & Social Care Committee will be held on Thursday 22 October 2020 at 3pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to Members and relevant Officers. The joining details will be sent to Members and Officers prior to the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation.

Please note that this meeting will be recorded.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

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4. Inverclyde Community Justice Partnership Annual Report 2019-2020 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
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NEW BUSINESS	
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ITEMS FOR NOTING		
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The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act whose numbers are set out opposite the heading to each item.		
PERFORMANCE MANAGEMENT		
9.	Reporting by Exception – Governance of HSCP Paras 6 & 9 Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	p
NEW BUSINESS		
10.	Social Care Records Management Replacement System Paras 1 & 9 Procurement Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the procurement progress and funding to replace the current Social Care Case Management Solution, SWIFT	p

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.

In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from the meetings of the Committee on public health grounds. The Council considers that, if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.

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

Report:	Health & Social Care Committee	Date:	22 October 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/86/20/AE/SW
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Samantha White	Contact No:	01475 712652
Subject:	Revenue & Capital Budget Report – Position as at 31 August 2020		

1.0 PURPOSE

- 1.1 To advise the Committee of the projected outturn on revenue and capital budgets for 2020/21 as at 31 August 2020.

2.0 SUMMARY

- 2.1 The projected Revenue Outturn for Social Work as at 31 August 2020 is an overspend of £704,000 which is a movement of £777,000 since Period 3.

The projections include net Covid costs of £3.949 million which are assumed to be fully funded by Scottish Government Covid Funding (£3.883 million) and Grants (£0.066 million), leaving a net nil effect on the Social Work Net Expenditure for 2020/21.

Main areas of underspend are:

- A projected underspend of £399,000 within Residential and Nursing Care client commitments as a result of a reduction in the number of beds, projecting at 525 beds for the remainder of the year.
- A £419,000 projected underspend within External Homecare based on the invoices received, projecting up to the end of the year, which includes a £150k adjustment for packages on the assumption that increased service delivery is resuming.
- Additional turnover savings being projected across services of £301,000.

Main areas of overspend are:

- A projected overspend of £655,000 within Learning Disability Client commitments which is comparable with the position reported for 2019/20 with the increased costs reflecting necessary uplifts in clients' packages relating to increased needs.
- Within Criminal Justice a £337,000 projected overspend as a result of shared client package costs with Learning Disabilities. It is anticipated that these costs will reduce further in 2020/21 and this will be reported to the next Committee, once Officers are able to project with better certainty.
- A projected overspend of £682,000 in Children's Residential Placements after full utilisation of the smoothing Earmarked Reserve.
- A £155,000 projected overspend on agency staff costs within Mental Health as approved by the Corporate Management Team (CMT) in 2019/20. This is partly funded by increased turnover.

- 2.2 The Social Work 2020/21 capital budget is £175,000, with spend to date of £10,000, equating to 5.7% of the revised budget.
- 2.3 The balance on the Integration Joint Board (IJB) reserves at 31 March 2020 was £8.450 million. The reserves reported in this report are those delegated to the Council for spend in 2020/21. The opening balance on these is £1.748 million with an additional £2.769 million received for 2020/21, totalling £4.517 million at period 5.
- 2.4 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
 - Continuing Care
 - Residential & Nursing Accommodation
 - Learning Disability (LD) Redesign
 - Advice Services.
- 2.5 The Committee needs to note the assumption that the Scottish Government (SG) via the IJB will fully fund the net estimated £3.883 million in Covid related costs. In the event this does not happen then the IJB are indicating that it will meet any shortfall from IJB Reserves.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the projected current year revenue outturn of an overspend of £704,000 at 31 August 2020, on the assumption that net £3.883 million costs associated with Covid will be fully funded by extra Scottish Government grant.
- 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 the underspend in Learning Disability Day Services of £116,000 to meet one off costs associated with the new Learning Disability Facility.

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

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2020/21 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2020/21 projected £704,000 overspend.

5.0 2020/21 CURRENT REVENUE POSITION: PROJECTED £704,000 OVERSPEND (0.58%)

The table below provides a summary of this position, including the impact on the earmarked reserves.

2019/20 Actual £000		Approved Budget £000	Revised Budget £000	Projected Outturn £000	Covid Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
56,028	Delegated Social Work Budget	58,584	58,647	59,389	3,883	4,625	8.84
(6,295)	Contribution from IJB	(6,295)	(6,295)	(6,295)		0	
1,039	Transfer to Earmarked Reserves	0	0	0		0	
0	Use of Reserves	0	0	(38)		(38)	
0	Scottish Government Covid Funding	0	0		(3,883)	(3,883)	
50,772	Social Work Net Expenditure	52,289	52,352	52,056	0	704	1.34

19/20 Budget £000	Earmarked Reserves	Approved Reserves £000	Revised Reserves £000	20/21 Budget £000	Projected Spend £000	Projected Carry Forward £000
8,450	Earmarked Reserves	8,450	11,273	4,487	5,168	6,105
0	capital financed from current revenue (CFCR)	0	0	0	0	0
8,450	Social Work Total	8,450	11,273	4,487	5,168	6,105

Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the outturn position. The material variances are identified by service below and detailed in Appendix 3.

5.1 Children & Families: Projected £1,197,000 (11.09%) overspend

Included in the projection are Covid costs of £432,000 which in the main relate to additional staffing costs, of which £46,000 can be funded via Attainment Grant funding.

The balance of the projected overspend primarily relates to:

- External Residential Placements, which is showing a net overspend against Core of £682,000, an increase of £405,000 since period 3. There are currently 16 children being looked after in a mix of residential accommodation, secure accommodation and at home to prevent residential placements.
- Fostering, which is showing a reduced underspend of £41,000, down £38,000 from period 3 due to an additional placement.
- There is an anomaly in that 4 children who would ordinarily be foster placements are being looked after in a temporary children's unit, with the additional costs of this included in the Covid costs figure of £432,000 above.

Where possible any over/underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred from/to the earmarked reserves at the end of the year. These costs are not included in the above figures.

- The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At period 5 there is a projected net overspend of £1,077,000 of which £325,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £752,000 across these services. The Service is currently investigating costs to identify whether increased costs are Covid related.
- The opening balance on the continuing care reserve is £565,000. At period 5 there is a projected net overspend of £110,000 which would be funded from the earmarked reserve at the end of the year along with £135,000 for the 4.5 Full Time Equivalent (FTE) temporary residential workers previously approved.

5.2 **Criminal Justice: Projected £328,000 (16.59%) overspend**

Included in the projection are Covid costs of £20,000 which relate to additional staffing costs, which can be funded by the Section 27 Grant.

As reported at period 3, the projected overspend primarily relates to slightly reduced client package costs of £337,000 shared with Learning Disabilities. It is anticipated that these costs will reduce further in 2020/21 and this will be reported to the next Committee, once Officers are able to project with better certainty.

It should be noted that the percentage variance is based on the grant total not the net budget.

5.3 **Older People: Projected £1,469,000 (5.55%) overspend**

Included in the projection are Covid costs of £2,197,000, which relate to the 12-week block purchase of 32 care home beds, care home sustainability payments, additional external homecare costs based on payment for planned hours, additional Personal Protective Equipment (PPE) & equipment costs and additional staffing costs within Homecare.

The residual projected underspend of £729,000 is £165,000 lower than the position reported at period 3 and mainly comprises:

- A reduced underspend of £399,000 within Residential and Nursing Care, down £702,000. Of this £400,000 is a contribution to the Covid costs and £302,000 is because of the projected increase in the number of beds from the position reported at period 3, due in part to the enhanced hygiene and safety measures in place in the homes.
- An increased underspend of £419,000 within External Homecare, up £138,000, based on the invoices received, projected up to the end of the year and including a £150,000 adjustment for packages on the assumption that increased service delivery will continue.
- A projected net overspend of £123,000 on Employee Costs which is due to projected overspends against overtime & sessionals, and travel & subsistence.

Historically, any over/underspends on residential & nursing accommodation are transferred from/to the earmarked reserve at the end of the year. These costs are then not included in the above figures. The balance on the reserve is £223,000. However, as at period 5, Officers are not showing any transfer of the residential & nursing underspend to the earmarked reserve. There is the potential that the £399,000 may need to be used to fund the additional care home costs arising due to Covid, which would change the projected outturn in future reports.

5.4 **Learning Disabilities: Projected £584,000 (7.17%) overspend**

Included in the projection are Covid costs of £197,000 which relate to lost day services income and additional staffing costs.

The residual projected overspend mainly comprises:

- An increased projected overspend of £655,000 within Client commitments with the increase of £77,000 since period 3 due to 3 new clients and 1 significant change in package. Planned reviews may not now take place this financial year due to Covid and therefore it is unlikely to be any reduction in package costs in 2020/21.
- An increased projected underspend of £204,000 on employee costs, with the increase in underspend of £38,000 due to additional turnover, travel & subsistence and sessional savings being achieved.

- A projected underspend of £81,000 on Transport within Day Services, it is anticipated that there will be little external transport usage in 2020/21.

Within Day Services there is a projected underspend of £116,000, pending the completion of the new Learning Disability Facility, which we are recommending to the IJB that they earmark to meet one off costs associated with the Learning Disability Hub, leaving a net nil position on the projected outturn.

5.5 **Physical & Sensory: Projected £92,000 (3.77%) overspend**

Included in the projection are Covid costs of £71,000 which relate to additional staffing costs and lost income.

The residual overspend comprises:

- A reduced overspend of £11,000 within Client commitments, down £95,000 since period 3, as a result of 2 care packages ending.
- A reduced overspend of £11,000 within Employee Costs, down £47,000 since period 3, due to a lower projected shortfall against the turnover target.

5.6 **Assessment and Care Management: Projected £45,000 (2.07%) underspend**

Included in the projection are Covid costs of £31,000 which relate to additional staffing costs.

The full projected underspend comprises an underspend of £84,000 within employee costs, a reduction in spend of £95,000 since period 3, and is due in the main to the allocation of complex care funding.

5.7 **Mental Health: Projected £125,000 (8.46%) overspend**

The projected overspend is £18,000 lower than reported at period 3 and comprises a £155,000 projected overspend on agency staff costs as approved by the CMT in 2019/20 as reported in period 3, along with other minor movements across Mental Health.

5.8 **Alcohol & Drugs Recovery Service: Projected £11,000 (1.11%) underspend**

Included in the projection are Covid costs of £64,000 which relate to client-related transportation costs.

The residual projected underspend is unchanged from that reported at period 3 at £75,000 and comprises:

- A net over-recovery of turnover target of £50,000 on employee costs due to vacancies being held in connection with the addictions review.
- An underspend of £25,000 within client commitments.

5.9 **Homelessness: Projected £843,000 (76.85%) overspend**

Included in the projection are Covid costs of £883,000 which relates to the costs of additional Temporary Furnished Flats in connection with both the Covid-related reduced capacity of the Inverclyde Centre and the early release of prisoners as well as additional costs of B&Bs.

The residual underspend of £40,000 comprises minor underspends across Homelessness.

5.10 **Planning, Health Improvement & Commissioning: Projected £81,000 (4.77%) overspend**

Included in the projection are Covid costs of £47,000 which relate to additional staffing costs

As reported at period 3, the residual projected overspend of £34,000 consists mainly of a shortfall of £38,000 against a planned saving relating to the upgrade of Swift which has been delayed. This will be funded via the Transformation earmarked reserve and this funding is included as a planned use of reserves in the Table in section 5.0.

5.11 **Business Support: Projected £38,000 (1.26%) underspend**

Included in the projection are Covid costs of £6,000 which relate to additional staffing costs.

The residual projected underspend of £44,000, an increase in the underspend of £14,000 since period 3, in the main comprises a projected net underspend of £61,000 on employee costs offset by a movement in vacancies.

6.0 2020/21 CURRENT CAPITAL POSITION

6.1 The Social Work capital budget is £9,753,000 over the life of the projects with £175,000 projected to be spent in 2020/21. This projection reflects the review and re-phasing of the 2020/21 capital budget approved by the Policy & Resources Committee on 11 August 2020, which accounted for the significant impact of the current COVID-19 pandemic and the suspension/delays experienced on capital programme projects. No slippage is currently being reported on the revised projection. Expenditure on all capital projects to 31 August 2020 is £10,000 (5.71% 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 works commenced on site in October 2018.
- As previously reported the contract had experienced delays on site and was behind programme. The Main Contractor (J.B. Bennett) ceased work on site on 25 February 2020 and subsequently entered administration. The site was secured with arrangements made to address temporary works to protect the substantially completed building.
- Following contact with the Administrators it was confirmed that the Council would require to progress a separate completion works contract to address the outstanding works. A contract termination notice has been issued for the original contract.
- The project consultants have now visited the site to assess the scope of works required for preparation of a completion works contract. The final reports are being collated and documents are currently being prepared for tendering. A revised programme to completion will be advised post tender return.

6.3 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12 March 2020. The COVID-19 situation impacted the ability to progress the project with the construction industry phased re-start only approved as of mid-June 2020 and with the supply chain and consultants return from furlough. The progress to date is summarised below:

- Additional site information being obtained with some survey work now completed and further surveys to be planned at the appropriate stage of the design progression.
- Space planning and accommodation schedule interrogation work is being progressed through Technical Services to inform outline design in preparation for wider stakeholder consultation.
- Preparation of external consultant tender documents for remainder of design team appointments is nearing completion with tendering imminent.
- Work through Legal Services in connection with the public consultation required in respect of the re-appropriation of the Hector McNeil site is progressing with public notices now in place around the site perimeter and notices arranged for publication in the local press at the end of September

6.4 Swift Upgrade:

The project involves the replacement of the current Swift system. The March Policy & Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid. An update report will be brought to the Committee later in 2020/21.

7.0 EARMARKED RESERVES

- 7.1 The balance on the IJB reserves at 31 March 2020 was £8,450,000. The reserves reported in this report are those delegated to the Council for spend in 2020/21. The opening balance on these is £1,748,000 with an additional £2,769,000 received for 2020/21, totalling £4,517,000 at period 5. There is spend to date of £492,000 which is 94% of the phased budget.
- 7.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption, Fostering & Kinship,
 - Residential & Nursing Accommodation,
 - Continuing Care,
 - LD Redesign,
 - Advice Services.

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 £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

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

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

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

X

YES (see attached appendix)

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

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 LIST OF BACKGROUND PAPERS

10.1 There are no background papers for this report.

Social Work
Budget Movement - 2020/21
Period 5 1 April 2020 - 31 August 2020

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	10,744	0	54	0	0	0	10,798	0	10,798
Criminal Justice	0	0	0	63	0	0	63	0	63
Older Persons	26,473	0	(5)	0	0	0	26,468	0	26,468
Learning Disabilities	8,147	0	0	0	0	0	8,147	0	8,147
Physical & Sensory	2,447	0	5	0	0	0	2,452	0	2,452
Assessment & Care Management	2,204	0	(26)	0	0	0	2,178	0	2,178
Mental Health	1,478	0	0	0	0	0	1,478	0	1,478
Alcohol & Drugs Recovery Service	991	0	0	0	0	0	991	0	991
Homelessness	1,106	0	(9)	0	0	0	1,097	0	1,097
Planning, Health Improvement & Commissioning	1,664	0	26	0	0	0	1,690	0	1,690
Business Support	(2,965)	0	(45)	0	0	0	(3,010)	0	(3,010)
Totals	52,289	0	0	63	0	0	52,352	0	52,352

Supplementary Budget Detail**£000***Supplementary Budgets*

Community Justice Funding

50

Additional SG CJ funding

13

63*Virements*

Tier 2 Revenue Grant Allocation

(54)

Rapid Rehousing Transition Programme (RRTP)

9

Corp Dir (RRTP correction, Tier 2 Revenue Grant Allocation)

45

0

Social Work

Revenue Budget Projected Outturn - 2020/21

Period 5 1 April 2020 - 31 August 2020

2019/20 Actual Subjective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Covid Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
28,094 Employee costs	28,573	29,810	29,509	859	558	1.87
1,094 Property costs	1,090	1,103	1,100	560	557	50.51
1,098 Supplies & services	860	870	867	655	652	74.89
416 Transport & plant	376	376	281	0	(95)	(25.16)
772 Administration costs	755	783	732	0	(51)	(6.57)
41,707 Payments to other bodies	41,285	41,742	44,315	1,569	4,142	9.93
(17,153) Income	(14,355)	(16,037)	(17,415)	240	(1,138)	5.09
56,028	58,584	58,647	59,389	3,883	4,625	8.84
(6,295) Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0.00
1,039 Transfer to Earmarked Reserves	0	0	0	0	0	0.00
0 Use of Reserves	0	0	(38)	0	(38)	0.00
0 Scottish Government Covid Funding	0	0	0	(3,883)	(3,883)	0.00
50,772 Social Work Net Expenditure	52,289	52,352	53,056	0	704	1.35

2019/20 Actual Objective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Covid Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
10,658 Children & Families	10,744	10,797	11,608	386	1,197	11.09
71 Criminal Justice	0	63	391	0	328	16.59
25,756 Older Persons	26,473	26,468	25,740	2,197	1,469	5.55
8,223 Learning Disabilities	8,147	8,147	8,534	197	584	7.17
2,487 Physical & Sensory	2,447	2,452	2,473	71	92	3.77
2,052 Assessment & Care Management	2,204	2,178	2,102	31	(45)	(2.07)
1,447 Mental Health	1,478	1,478	1,603	0	125	8.46
752 Alcohol & Drugs Recovery Service	991	991	916	64	(11)	(1.11)
1,033 Homelessness	1,106	1,097	1,057	883	843	76.85
1,522 Planning, Health Improvement & Commissioning	1,664	1,690	1,723	48	81	4.77
2,027 Business Support	3,330	3,286	3,242	6	(38)	1.26
56,028	58,584	58,647	59,389	3,883	4,625	8.84
(6,295) Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0.00
1,039 Transfer to Earmarked Reserves	0	0	0	0	0	0.00
0 Use of Reserves	0	0	(38)	0	(38)	0.00
0 Scottish Government Covid Funding	0	0	0	(3,883)	(3,883)	0.00
50,772 Social Work Net Expenditure	52,289	52,352	53,056	0	704	1.34

Social Work

Material Variances - 2020/21

Period 5 1 April 2020 - 31 August 2020

2019/20 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 30/06/2020	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	Employee Costs						
6,093	Children & Families	6,101	2,357	2,531	6,174	73	1.20
1,552	Criminal Justice	1,716	663	634	1,670	(46)	(2.68)
9,141	Older Persons	9,533	3,683	3,762	9,696	163	1.71
2,374	Learning Disabilities	2,654	1,025	951	2,450	(204)	(7.69)
1,958	Assessment & Care Management	2,323	897	792	2,239	(84)	(3.62)
1,122	Mental Health	1,231	476	467	1,135	(96)	(7.80)
1,004	Alcohol & Drugs Recovery Service	1,187	459	414	1,098	(89)	(7.50)
1,552	Planning, Health Improvement & Commissioning	1,593	615	679	1,695	102	6.40
1,608	Business Support	1,752	677	638	1,637	(115)	(6.56)
26,404		28,090	10,851	10,868	27,794	(296)	(27)
1,682	Children & Families - residential placements	1,682	701	695	2,364	682	40.55
1,831	Children & Families - Adoption, Fostering and Kinship	1,744	727	838	1,814	70	4.01
141	Criminal Justice - package costs	0	0	115	337	337	100.00
14,230	Older People - Residential Nursing - client commitments KBL	14,661	6,109	4,851	14,262	(399)	(2.72)
604	Older People - Residential Nursing - other client commitments	434	181	52	479	45	10.37
3,854	Older People - Homecare - external (payments to other bodies)	4,052	1,688	909	3,633	(419)	(10.34)
(258)	Older People - community alarms income	(234)	(98)	(127)	(255)	(21)	8.83
247	Older People - housing wardens	283	118	104	241	(42)	(14.84)
8,992	Learning Disabilities - client commitments	8,634	3,598	2,799	9,289	655	7.59
122	Learning Disabilities - external transport	109	45	0	28	(81)	(74.31)
86	Mental Health - agency costs	0	0	56	155	155	100.00
443	Alcohol & Drugs Recovery - client commitments	460	192	111	430	(30)	(6.52)
(35)	Homelessness - Bed & Breakfast accommodation income	0	0	(24)	(24)	(24)	(100.00)
(125)	Business Support - Criminal Justice management recharge	(136)	(57)	0	(76)	60	(44.12)
31,814		31,688	13,203	10,379	32,677	989	3.12
58,218	Total Material Variances	59,778	24,055	21,247	60,471	693	1.16

Social Work

Capital Budget 2020/21

Period 5 1 April 2020 - 31 August 2020

Project Name	Est Total Cost	Actual to 31/03/20	Approved Budget	Revised Estimate	Actual to 31/08/20	Estimate 2021/22	Estimate 2022/23	Estimate 2023/24	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Social Work									
Crosshill Childrens Home Replacement	1,730	1,359	175	90	2	281	0	0	0
New Learning Disability Facility	7,400	0	0	75	0	3,825	3,500	0	0
Swift Upgrade	600	0	0	0	0	600	0	0	0
Complete on Site	23	0	0	10	8	13	0	0	0
Social Work Total	9,753	1,359	175	175	10	4,719	3,500	0	0

Social Work

Earmarked Reserves - 2020/21

Period 5 1 April 2020 - 31 August 2020

Project	Lead Officer / Responsible Manager	c/f Funding 2019/20 £000	New Funding Reserves 2020/21 £000	New Funding Other 2020/21 £000	Proposed Write Backs 2020/21 £000	Total Funding 2020/21 £000	Phased Budget To Period 05 2020/21 £000	Actual To Period 5 2020/21 £000	Projected Spend 2020/21 £000	Amount to be Earmarked for 2021/22 & Beyond £000	Lead Officer Update
Covid-19	Louise Long	400		1,476		1,876	0	0	1,876	0	This represents the balance of the Covid Funding allocated to Social Care by the IJB for 2019-20. Social Care has also received Covid Funding from the IJB of £1.476m in 2020-21.
Community Justice	Sharon McAlees	112				112	0	13	68	44	Funding for temp SW within prison service £65k, fund shortfall of Community Justice Co-ordinator post £11k, Whole Systems Approach 20/21 £19k and £17k to contribute to unpaid works supervisor post
Tier 2 School Counselling and Children & Young People Mental Health	Sharon McAlees	258				258	0	0	0	258	EMR covers the contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commences 1 August 2020 thus no use of EMR anticipated in 2020-21.
Refugees	Sharon McAlees	432				432	0	17	50	382	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. We anticipate further increasing this balance in 2020/21 due to the front-end loading of the income received from the Home Office.
Integrated Care Fund	Allen Stevenson	81		959		1,040	348	322	939	101	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Spend of £939k is expected for 2020-21.

Project	Lead Officer / Responsible Manager	c/f	New	New	Proposed	Total	Phased Budget	Actual	Projected	Amount to be	Lead Officer Update
		Funding	Funding	Funding	Write Backs	Funding	To Period 05	To Period 5	Spend	Earmarked for	
		2019/20	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	
		£000	£000	£000	£000	£000	£000	£000	£000	£000	
Delayed Discharge	Allen Stevenson	195		334		529	176	140	471	58	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £479k is expected for 2020-21.
Self Directed Support	Alan Brown	43				43	0	0	43	0	This supports the continuing promotion of SDS.
Dementia Friendly	Allen Stevenson	100				100	0	0	100	0	Now linked to the test of change activity associated with the new care co-ordination work.
Wifi	Allen Stevenson	20				20	0	0	20	0	Quotes being sought. Will be fully spent.
Rapid Rehousing Transition Plan (RRTP)	Andrina Hunter	83				83	0	0	73	10	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer to be employed, post was approved by CMT, March 2020. Expect post to be filled in 20/21. Some slippage in 2020-21 due to Covid - full spend is reflected in 5 year RRTP plan
Growth Fund - Loan Default Write-off	Lesley Aird	24				24	0	0	1	23	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 2020/21.
Total		1,748	0	2,769	0	4,517	524	492	3,641	876	

Report To:	Health & Social Care Committee	Date:	22 October 2020
Report By:	Louise Long, Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SW/40/2020/LA
Contact Officer:	Lesley Aird Interim Head of Strategy, Support & IJB Chief Finance Officer	Contact No:	01475 715381
Subject:	HSCP STRATEGIC PLAN – IMPLEMENTATION PROGRESS REPORT YEAR 1 APRIL 2019-MARCH 2020		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Committee with an update on progress achieved towards meeting the objectives and driving forward transformational change as outlined in and in support of the Health & Social Care Partnership (HSCP) Strategic Plan and Big 6 Actions. This report provides an implementation progress report for year 1, to March 2020 together with an initial review of the reprioritised 2020/21 plan.

2.0 SUMMARY

- 2.1 The Strategic Plan and Big 6 Actions outline the many commitments we set out to achieve through a programme of transformational change, and how this will be delivered over the next 5 years.
- 2.2 Overall, progress has been positive and achievements have been outlined in the progress report along with specific highlights from the past twelve months.
- 2.3 It should, however, be noted that the outbreak of the Covid-19 pandemic has had an impact on all organisations. This report highlights process to date and plans to continue transformational change during the forthcoming year, noting that due to Covid-19 progress in some areas will inevitably be slower than planned.
- 2.4 New priorities have emerged due to Covid delivering large scale flu vaccination, trace and protect. Additionally assisting services to recovery for Covid by addressing waiting list and increased activities.
- 2.5 Officers have reviewed priorities for 2020/21 and reprioritised these together with new and emerging Covid related priorities.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes:

- the progress to date;
- the efforts of staff and managers to continue effectively delivery of services and strategic plan outcomes even in the midst of a global pandemic;
- the uncertain nature of recovery and what the future will look like; and
- plans to, where possible, continue to deliver transformational change in line with the HSCP Strategic Plan 2019 – 2020 and its Big 6 Actions.

Louise Long

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

4.0 REVIEW OF 2019/20 PROGRESS

- 4.1 Inverclyde Health and Social Care Partnership (HSCP) services have been integrated since 2010 as we recognised that the health and care needs of our population are better met by delivering services in a more joined up way. The benefits of working jointly have been evidenced for a while now with high performance in a number of areas resulting in improved outcomes and lives for our citizens. The Strategic Plan 2019-2024, which is the second Inverclyde IJB Strategic Plan developed in partnership with local people, aims to maintain and build on the high performance levels. The Strategic Plan is equivalent to other Council Directorates' CDIPs, however includes all health and social care services.
- 4.2 The Strategic Plan and Big 6 Actions outline the many commitments we set out to achieve through a programme of transformational change, and how this will be delivered over the next 5 years.
- 4.3 The Year 1 Progress Report enclosed at Appendix A outlines progress against each of the 6 Big Actions, specifically focusing on the key actions which we set out to achieve by March 2020.
- 4.4 Overall, progress in the first year of the plan, 2019/20, has been positive and specific achievements have been outlined in the progress report along with key highlights from the past twelve months.

Status	Blue - Complete	Green – on Track	Amber – slight slippage	Red – significant slippage
As at 31/03/2020	-	4	2	-

- 4.5 The format of the progress report was approved by the Strategic Planning Group (SPG) in February 2020 and supports the Strategic Plan Implementation Plans for each of the Big 6 Actions.
- 4.6 Whilst progress has been generally positive, the outbreak of the Covid-19 pandemic in March 2020 resulted in an abeyance of a range activities as the HSCP initiated its Business Continuity Plan to focus on ensuring we continued to deliver essential services and support our staff and citizens during this unprecedented time.
- 4.7 Covid-19 has meant that it has not been possible to communicate and engage with staff and service users in traditional ways. This has the potential to significantly impact on some of our more vulnerable service users. Services have worked to adapt working practices and communication routes to ensure that effective communication has been maintained but IT issues within the HSCP and digital access inequalities for some service users make that challenging at times.
- 4.8 As it becomes apparent that some element of social distancing is likely to remain in place longer term, this potentially impacts on delivery of the strategic plan in both positive and negative ways. For example the growth in community engagement and support through social prescribing linked to Big Action 6 has been a big positive to come out of the pandemic. On the other hand, across the country we have seen increased incidences of domestic abuse and violence. It is unclear what levels of hidden harm will be uncovered post lockdown that has an impact on Children's & Families, Mental Health and Adult Protection services across the country, however HSCP needs to plan for increased activity.

5.0 REVIEW AND REPRIORITISATION OF THE 2020/21 ACTION PLAN

- 5.1 The Year 1 Progress Report highlights plans to pick up the pace of transformational change, where possible, during the forthcoming year however it should be noted that progress will be slower than planned. Once a semblance of normality resumes, the pace of change will continue with the aim of ensuring the Strategic Plan is delivered in full by March 2024.

5.2 The year 2 plan is has been reprioritised in light of Covid. A prioritisation process has taken place with the Strategic Planning Group, subject to the approval of new priorities which are outlined in the report attached at Appendix B. This report has been approved by the Strategic Planning Group.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

No costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 Legal and moral duty of care for staff and service users using the services or buildings.

Human Resources

6.3 None

Equalities

6.4 Equalities

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

	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
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√	NO
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(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES
√	NO

6.5 **Repopulation**

N/A

7.0 CONSULTATIONS

7.1 N/A

8.0 BACKGROUND PAPERS

8.1 None.



STRATEGIC PLAN 2019 – 24

IMPLEMENTATION PROGRESS REPORT

Year 1 April 2019 – March 2020



R.A.G. Progress Status

Red = significant slippage


Amber = slight slippage

Green = on track

Grey = future work

Blue = complete

Principal Author	Caroline Champion Service Development Manager
Responsible Head of Service	Lesley Aird Chief Finance Officer
Report Date	28 th May 2020

BIG ACTION 1: REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH		RAG STATUS 
Objective	We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 1 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Health Learning (BA1.2, BA1.3) The HSCP has a key role in educating the public to understand their own health needs, the services available to them, and our collective responsibility on how to use our services appropriately and effectively, and to support our vision to assist everyone to live active, healthy and fulfilling lives. Promotion of ‘Choose the Right Service’ has seen positive progress, with 450 primary school children engaged in various workshops, however further work is required to achieve the target of 90% of primary care and reception staff trained in ‘sign post and care navigation’. Locality Planning Communications and Engagement Groups have now being established, and they can have a role in promoting and developing Choose the Right Service.</p> <p>One key deliverable where progress had been less positive is the plan to reduce demand on A&E services by supporting people to understand the available care pathways they can use. The target 3% reduction during 2019 / 20 was ambitious and has not been achieved. The number of A&E attendances across Greater Glasgow & Clyde HB area has seen little improvement in meeting national target reduction and the trend has been no different in Inverclyde. Work will continue to target this key area for improvement including stepping up the ‘Choose the Right Service’ campaign. Additional funding for alcohol/drug liaison nurse as part of CORRA project have seen a reduction in alcohol related admissions to hospital Since March 2020 Covid 19 has had an impact nationwide and A&E attendances have dramatically dropped. It will be important to consider this as part of the longer term recovery to see if there are any potential lessons to keep numbers down.</p> <p>Digital Platforms (BA1.8 – 1.10) From 2019, we set out to explore the benefits and opportunities that technology will offer our local citizens. The HSCP is developing a Digital Strategy which will include self-management of long term conditions (FLORENCE), Technology Enabled Care (TEC), Webchat advice model and new social care case recording system. To date we now have TEC being used by several people, despite being at an early stage 22 people are using FLORENCE, 17 Docobo have been deployed and installed in 17 patient homes with a further 13 planned in the near future. The HSCP Digital Strategy is</p>	

being developed with implementation originally due in 2021. Covid-19 has meant that some of this digital strategy work has been accelerated to support home and agile working across the HSCP. To enhance information access the Inverclyde aspects of the Scottish Services Directory are still being developed. Near Me technology was expedited with all primary care practice now using Near me the roll out of this technology in mental Health and alcohol and drug services is being progressed as part of the recovery agenda.

Access (BA1.11, BA1.12)

Educating the public is an ongoing process and apart from Choose the Right Service, the HSCP aims to ensure people have easy access to information, advice and support when they need it. Our aim is to build on current models that connect people with a range of services when they need them, or point them to less formal support that might be more effective for them. Six Locality Communications and Engagement Groups will give us the opportunity to build on our existing resources and engage with wider communities and other partners to explore ways to improve access to information and support for local people, including options on supporting education, health literacy and self-management. Recruitment of community members to join their local Locality Communications and Engagement Groups has commenced and all six groups are now established – these Groups will support Locality Planning Groups (LPGs) to develop and implement Locality Action Plans driving forward transformational change in support of the HSCP Strategic Plan 2019 – 24. Resources have been identified to refresh the HSCP website which was one of the key deliverables, and to date 1,010 contacts to Access 1st have been made. Covid 19 has meant that a number of services are now being delivered virtually through phone, video conferencing and text reminders. Nearly 4000 keeping in touch calls made by Your Voice and Compassionate Inverclyde during the COVID19 crisis. Services like Near Me are being rolled out across Social Care services as well as Health to support this.

Social Prescribing to Improve Physical and Mental Wellbeing (BA1.16 – BA1.18)

By 2019 / 20, the HSCP aimed to have developed its approach to social prescribing. Community Connectors and Community Link Workers are now in place and making a positive impact on people’s lives. The tender process was delayed due to COVID19

Community Connectors

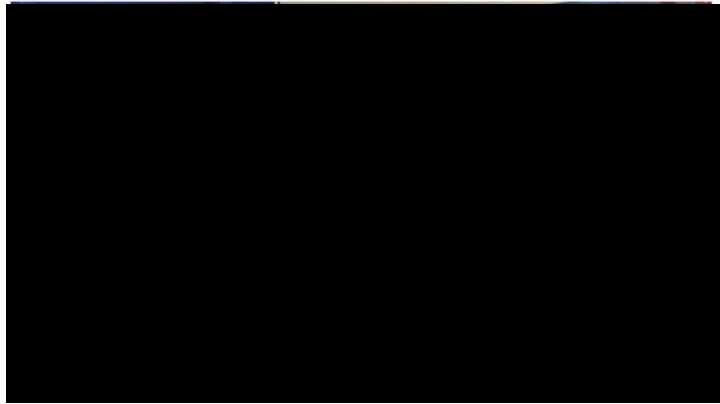
Community Connectors have been well established within the community for the past 4 years, working across the community they have developed good relationships with a variety to local assets, and assist with the various health hubs and ‘pop ups’ within the community. A total of 3,186 people have been referred to the project, enabling local people to develop meaningful social support networks through person centred conversations and one to one support. Community Connectors work with individuals for an average of 12 weeks – 1,909 people were supported for 1 – 6 weeks, 631 for 6 – 8 weeks, and 646 for 8 – 12 weeks. The type of ‘connections’ included access to physical support groups (435 people),

	<p>social / peer support groups (875), training / education (145), church groups (176), volunteering opportunities (133), and helping agencies (582). A Community Champion programme has also been developed through Your Voice.</p> <p>The Community Link Workers programme was established in 2017 as a partnership between the HSCP and CVS Inverclyde. Community Link Workers initially worked within 6 GP practices, this increased to 11 practices in 2018 / 19, and by the end of 2019 a CLW was based in every GP practice. A total of 1,823 people were referred to the programme, the top 6 main reasons for referral were finance (30.5%), stress (23.1%), mental health and wellbeing (22.2%), housing (14.6%), employability (14.3%) and carer issues (9.9%). Clear pathways have been developed between the Community Link Workers, Social Prescribing Co-Ordinators and Community Connectors.</p>
Next Steps	<p>Progress on some of the key deliverables was initially slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan.</p> <p>The two areas where particular focus is required are :</p> <ul style="list-style-type: none"> • to achieve the target of 90% of primary care and reception staff trained in 'sign post and care navigation' • to continue to look at proactive ways to reduce demand on A&E services by supporting people to understand the available care pathways they can use, this will include stepping up / refreshing the Choose the Right Service campaign • Promote Community Champion approach with communities one current restriction on social distancing have been lifted
Issues / Risks	<p>Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.</p>
Highlights	<p>The following extracts have been taken from the Social Prescribing Update Report, October 2019</p>

Billy

SPRING Case Study

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



From a GP:

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

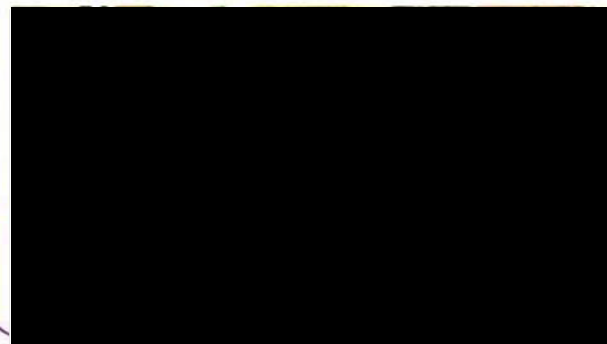
– **Dr Luty**
Dorema Surgery


Case Study - Pearl

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

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

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



BIG ACTION 2: A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE		RAG STATUS 
Objective	We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 2 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Access to early help and support – enhancing and further embedding the Inverclyde GIRFEC Pathway (BA2.1, BA2.2)</p> <p>The health visiting workforce is now at the Scottish Government end point of 25 Whole Time equivalent HVs in post. This has facilitated the reduction of caseloads in line with weighting tool in order to support assessment and planning for children in their early years, and provide greater capacity to support families with additional needs and child protection concerns. The Revised Universal Pathway for pre-5 children is almost at full implementation, hindered only by a delay at a Board level in relation to the antenatal contact. All families are now supported with a minimum to 10 (11 including A/N contact when introduced) face to face home contacts which provide the opportunity to develop therapeutic relationships and enhance health and wellbeing at an individual and population level. Getting it Right for Every Child is well embedded in practice and improvement work in relation to effective team around the child meetings, assessment and planning in relation to child neglect and building collaborative and facilitative relationships across the Partnership are progressing well. There are a number of projects that serve to create streamlined pathways between Children’s and Specialist Children services including a test of a joint speech and language (SLT) assessment process to support early access to SLT following the 27-30 month assessment (Child Health Surveillance) and a new nursery nurse post to work across both service areas designed to support pre-5 children and their parents with additional needs relating to autism for example. In School Nursing, the Scottish Government commitment to increasing the number of Public Health Nurses (SCPHN) for School age children has facilitated an increase in SCPHN from 0.69 to 1.6 whole time equivalent with another 1.0 SCPHN due to return to Inverclyde early next year. This facilitates an increased ability to support children and young people in relation to child protection needs, emotional and mild mental health difficulties using LIAMs (an anxiety management intervention) and in supporting effective transitions. This increased capacity feeds directly into an ability to offer early interventions.</p>	

Improved health and wellbeing – support and improve children and young people’s mental health (BA2.8, BA2.9)

It is crucial that our staff are skilled and confidently equipped to recognise and support young people’s mental health and wellbeing, and we stated that by 2019 we would have directed investment to up-skilling our workforce. The HSCP is developing a training needs analysis to identify specific specialised training requirements for staff.

Discussions are currently ongoing and aligned to the HSCP People Plan and implementation on the HSCPs Training Board programme. Inverclyde Mental Health Program Board has developed and help to deliver train to schools throughout Inverclyde

Work has been progressing towards developing support for families affected by parental mental illness and substance misuse which we said we would achieve by 2020. Available data suggests that January – June 2019, 123 children were on Kinship placement with 82% of primary concern of substance misuse or parental mental health. The Kinship Through Family Ties Group have identified the need for specific support around bereavement and in response a bereavement group is being established for kinship carers, and young people will have the opportunity of support through the Seasons for Growth programme. Further work is being undertaken to identify young carers who are known to education and health but not known to social work services so that appropriate support can be offered. Further work is required to deliver on this action and this will be taken forward during 2020.

There has been a delay in deliver the tender for a tier 2 wellbeing services for school age children due to COVID19.A joint initiative between Education and the HSCP it will deliver wellbeing service from September 2020.During 2019/20 in the absences in the teir2 additional temporary investment in Child and Adolescent Mental Health services to cope with additional demands. The capacity for this services will need to be reviewed within the HSCP recovery plan.


Opportunities to maximize learning, achievements and skills for life (BA2.11)

In order to support maximizing opportunities for learning, maximize achievements and attain skills for life, by 2020 we set out to increase the availability of high quality support for families supported on a voluntary basis. The HSCP commissions Barnardos to provide a range of services to vulnerable children and families, many of whom are supported on a voluntary basis. Barnardos offer a wide range of interventions to promote whole family wellbeing, using a range of individual and group work supports at the service base, within the family and in school or nursery. Barnardos have developed bespoke support in line with children’s developmental needs and key transition stages. The range and scope of delivery has grown over the years and development in line with the needs of commissioners and families. We will continue to explore more opportunities and look to evaluate provision to ensure we provide safe, sustainable, effective and high quality parenting support for all our families.

Access to high quality care, accommodation and housing that will meet the needs of looked after children,

	<p>corporate parenting (BA2.14 – BA2.15)</p> <p>In order to support access to high quality care, accommodation and housing that will meet the needs of looked after children (Corporate Parenting), as part of the revised Learning Disability Services model, we stated technology and support would be available to help young people with disabilities and support them to live as independently as possible. As part of the learning disabilities service redesign, an independent travel training pilot commenced and following the pilot, an evaluation will take place to support development of the travel training programme which will be available to young people transitioning between children and adult services. The pilot and evaluation will continue into 2020 and further developmental work will follow.</p> <p>The development of Proud2Care, a group for young people who are looked after by the local authority or extended family has been a triumph. Engaging young people in a meaningful way to help to develop and shape services. The group will lead aspects of Inverclyde’s response to the national care review</p> <p>We also set out to implement an accessible model of service to meet the housing and support needs of young people entitled to continuing care, in particular the development of 4 supported tenancies. The service is supported by existing staff plus the addition of two Grade E posts through the family support model, and underpinned by an Outcome Star Assessment based on health and wellbeing. The Core and Cluster accommodation model has been delivers with two flats ready for any young adult wishing to move.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 2.</p> <p>The five areas where particular focus is required are :</p> <ul style="list-style-type: none"> • whilst progress is already being made, continued implementation of the Universal Pathway will be pushed forward to ensure all 0 – 5 year olds receive Core Up provision by the end of 2020 • progress development of support for families affected by parental mental illness and substance misuse • completion of the independent travel training pilot and evaluation in support of the development of the travel training programme which will be available to young people transitioning between children and adult services • progress towards local implementation of the recommendations outlined in the national review of the care system

Issues / Risks	Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.
Highlights	<ul style="list-style-type: none"> • Proud 2 Care • TAG report • Fostering & Adoption Inspection Report • Children's Houses Inspection Reports • Home Start Report • Bardardos report

BIG ACTION 3: TOGETHER WE WILL PROTECT OUR POPULATION		RAG STATUS 
Objective	We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 3 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Raising Awareness (BA3.1, BA3.2) From 2019 onwards, the intention was to develop a plan to raise awareness about topics such as protection of children, vulnerable adults and those affected by serious and violent crime. The main focus of our engagement activities in 2019 were around locality planning and child poverty, however there are now plans in place to start a new round of social media activity in relation to key themes concerning adult support and protection and the many forms of abuse that can affect vulnerable adults.</p> <p>An initial joint Alliance and HSCP Communications and Engagement Strategy and related Action Plan has been drafted setting out standards for all communications and engagement activities, and guidance for the locality planning Communications and Engagement Groups. The Action Plan provides clear objectives including the need to raise the profile of the HSCP and the Integration Joint Board (IJB), this will provide focus for specific activities required to bridge the gap in people’s knowledge and understanding of the organisation and support the crucial work of the Locality Planning Groups (LPS). The draft joint Alliance and HSCP Communications and Engagement Plan was approved by the Strategic Planning Group (SPG) on 21st February 2020. This is now sitting with Corporate Communications at the Council for further development and the plan needs to link to locality planning for the Alliance Board prior to being presented to the Integration Joint Board (IJB) for approval in May 2020 this has been delayed due to COVID19</p> <p>Within the Strategic Plan, the HSCP, working in partnership with the Alliance, agreed to establish six Locality Planning Groups (LPGs) and their respective Locality Communications and Engagement Groups. The proposed framework to establish six Locality Planning Groups (LPGs) was approved by the Integration Joint Board (IJB) in June 2019. The Port Glasgow Locality Planning Group (LPG) was established on 1st April 2020 as the pilot site prior with the five remaining groups due to become operational by the end of May 2020. The Communications and Engagement Groups have now been established in all six localities, these Groups will support Locality Planning Groups (LPGs) to develop and</p>	

implement Locality Action Plans driving forward transformational change in support of the HSCP Strategic Plan 2019 – 24 and ensure the voice of local people is taken into account when planning service redesign and improvements for local communities.

All 6 local plans have been developed however there are no locality groups in place yet to progress them

Planning (BA3.4, BA3.5)

We stated that by 2019 and thereafter the duration of the Strategic Plan, we will have in place an annual business plan to deliver consistently high quality child and adult protection and MAPPA (Multi-Agency Public Protection Arrangements) services. A MAPPA business plan is currently in place for North Strathclyde and covers Inverclyde area. The Adult Protection Committee (APC) business plan accompanies the Biennial Report, the next being due to be submitted to the Scottish Government in October 2020.

We also stated that by 2020, the Alcohol and Drug Partnership (ADP) and Violence Against Women Partnership planning process would be aligned with existing public protection process, under the governance of the Public Protection Chief Officers Group (PPCOG). The review of alcohol and drug services and governance arrangements is underway and due to be completed in 2020.


Interventions (BA3.7 - BA3.9)

By 2020, we said we would have in place a new model for women involved in offending and over the course of the last twelve months, positive progress has been made. The Women's Project aims to achieve a change in the response to women in the criminal justice system, with proposals developed by women themselves focusing on a fundamental shift towards effective early intervention. Since funding was awarded in 2019, project staff have been appointed and a one year milestones document produced and agreed with the funder. A review of existing literature on women involved in the criminal justice system, gendered approaches to service provision and methods of analyzing interventions has been completed. Methodology for assessing financial viability of potential service change has also been completed drawing on a framework for calculating the costs and benefits of potential interventions or service change from basic data and applying government – calculated estimates of the unit costs and benefits of interventions to public sector budgets, to the economy, and to the wellbeing of society generally. Initial mapping of the current service provision and engagement by women through discussion with service providers has been completed and such engagement will continue throughout the duration of the project. A co-production group of women with lived experience of the criminal justice system is being established to inform the project, with recruitment is due to commence in April 2020. The qualitative data gathering process in relation to women with lived experience is on track to commence from April 2020 and will continue throughout this phase of the project.

We further stated that in 2020, we will have commissioned an evidence-based approach to reducing gender based

	<p>violence and domestic abuse in our community, and we are on track to deliver against this key objective. Eighteen (18) staff have now been trained in the UP2U programme. This is a trauma informed approach that has been commissioned by the HSCP to work with perpetrators of domestic abuse and support victims in order to reduce gender based violence and abuse. The programme can be adapted to the individual circumstances of perpetrators. Ten (10) staff from criminal justice team and eight (8) from children and families team have now been trained in the programme. There are nine (9) interventions currently underway with nine (9) people. Current focus is on establishing quality assurance mechanisms and setting up support mechanisms for victims and children involved.</p> <p>Ensuring Quality (BA3.11 – BA3.13)</p> <p>The HSCP Clinical and Care Governance Strategy was due to be completed by the end of 2019, but this along with an implementation Action Plan has now been drafted and will be presented to the Strategic Planning Group (SPG) in June then submitted to the Integration Joint Board (IJB) for approval. Once ratified, the Strategy and Action Plan will be implemented. Members of the Your Voice Advisory Group contributed to its development to help us adopt the person – centered culture which is one of the key domains of clinical and care governance.</p> <p>The Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure “effective, coherent and joined up clinical and care governance arrangements” to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and HSCPs as well as considering local and international best practice. Whilst this guidance was further anticipated earlier this year work has progressed locally to develop the HSCP Clinical and Care Governance Strategy which had been due to be completed at the end of 2019.</p> <p>To support the implementation of the Clinical and Care Governance Strategy, an Action Plan will be developed to ensure delivery against the clearly defined domains as outlined in the Strategy and within agreed timeframes. A short life working group has recently been established to develop the Action Plan. The plan will ensure continued support from key stakeholders including members of the Your Voice Advisory Group who contributed to the development of the strategy helping us adopt the person – centered culture which is one of the key domains of clinical and care governance.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been delayed due to COVID19. Regular implementation plan progress updates will continue to be discussed at Strategic Planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 3.</p> <p>The areas where particular focus is required are :</p>

	<ul style="list-style-type: none"> • continue focus on establishing quality assurance mechanisms in relation to reducing gender based violence and domestic abuse, and setting up support mechanisms for victims and children involved • continue to ensure staff working in public protection are supported and equipped to provide appropriate relationship-based and trauma informed support to victims and perpetrators of abuse • work will continue to ensure we have in place appropriate support for young people involved in offending • further develop a self-evaluation framework with agreed minimum standards applied across public protection services and implementation of the HSCP Quality Assurance Framework • Clinical Care Governance Strategy
Issues / Risks	Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.
Highlights	<div data-bbox="443 651 719 863" data-label="Image"> </div> <div data-bbox="443 914 864 967" data-label="Section-Header"> <h2>Leadership Award</h2> </div> <div data-bbox="443 991 1084 1059" data-label="Text"> <p>Derek Flood Inverclyde Health & Social Care Partnership</p> </div> <div data-bbox="1196 651 1957 1082" data-label="Image"> </div> <div data-bbox="427 1098 2011 1230" data-label="Text"> <p>Derek has brought 3 separate teams together under a single vision of improving the lives of our most vulnerable citizens, inspiring confidence and a passion for the possible. The team still carries out the three elements of Social Security advice and information; Welfare Rights representation, and Specialist Money Advise, however this is done in a joined up way that minimises duplication and maximises long-term and sustainable gain for the citizen</p> </div>

BIG ACTION 4: TOGETHER WE WILL SUPPORT MORE PEOPLE TO FULFILL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING, TOGETHER WE WILL MAXIMISE OPPORTUNITIES TO PROVIDE STABLE SUSTAINABLE HOUSING FOR ALL		RAG STATUS 
Objective	We will enable people to live as independently as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 4 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Access (BA4.2, BA4.4) The review of NHS Greater Glasgow and Clyde wide Out of Hours (OOHs) service and future development was underway as planned however early 2020, the difficult and contentious decision was made to temporarily withdraw OOHs service for Inverclyde. This was due to a number of operational challenges but ultimately the inability to maintain a safe and sustainable service for our local community was the primary reason. Patients are currently receiving OOHs support via NHS 24 and Royal Alexandra Hospital in Paisley. This position will be subject to ongoing review.</p> <p>The HSCP undertook to complete the full business case for a new Learning Disability Hub to be based in Greenock. The service model and business case was completed after an options appraisal was carried out, this included input from Property Services, architect and other key stakeholders. Two locations were fully evaluated and one identified as the preferred site. In March 2020, full approval was granted and capital funding approved by the Council for the new £7.4 million state of the art Hub for adults with learning disabilities on the site of the former Hector McNeil Baths.</p> <p>By 2020, the HSCP set out to define the role of Allied Health Professionals (AHPs) in relation to how they support independent living. The first part of the review has been undertaken (Occupational Therapy), an implementation plan approved and the service is now moving towards implementing proposed changes. The next phase of the review will focus on Speech and Language Therapy, Physiotherapy and Dietetics, this is due to be completed by the end of the year.</p> <p>In our Strategic Plan, we stated we would ensure health and social care services will have a single point of access through Access 1st. During the last twelve months, the Access 1st Team has been recruited to and more referrals are</p>	

being made to the team. This will be subject to ongoing review and progress towards the HSCP having a single point of access for adults ensuring they have the right help and the right advice when they need it. The current pandemic pressures has tested the robustness of the current process and despite the increased difficulties has shown to be able to maintain performance around hospital discharges and Adult Protection and Welfare. It was also key as a frontline response to enquiries by the people of Inverclyde.

An evaluation was planned for Spring 2020 but this has been partially completed and will be finalized as part of the HSCP recovery plan.

Inverclyde Home 1st Plan is the Unscheduled Care Plan for Inverclyde in collaboration of colleagues from Inverclyde Royal hospital. It is also the HSCP Health & community Care development plan tying directly into Inverclyde HSCP 6 Big Actions Strategic Plan. The Home 1st incorporates the special measures required to meet the challenges of seasonal variance in particular Winter and these measures are clearly identified (Winter Plan)

Inverclyde Home 1st plan has been in place for 3 years and up to now has focused correctly on managing the length of time people spend in hospital when they are physically fit for discharge. For 2020/21 Inverclyde will increase emphasis on the community

Over past 12 months Inverclyde has continued to develop and improve services with a clear emphasis on preventing hospital attendance and admissions whilst facilitating fast safe discharge.

- Develop Home1st team bringing together ACM, Enablement, in reach team and discharge team to move the emphasis of discharge planning from hospital to community provision. Discharge planning begins in the community and assessments completed in the service users home.
- Discharge to assess approach, when an individual is medically fit to be discharged they return home when assessment for future needs is completed by the new Home 1st (Enablement) Team.
- Reviewed the partnership staff involved in Discharge to ensure a smooth patient pathway, early referral for social care assessment and reduce duplication develops and expands the 7 day service. Include development of the Discharge Hub at the IRH.
- Care Home Liaison Nurses including CPN support involvement in supporting care homes to maintain residents in community and avoid hospital admission

The continuing focus is on the Home1st Plan _ Getting it Right First Time 7 Essential Actions

	<ol style="list-style-type: none"> 1. Support improved 7 day Service 2. Communication – cultural change in Inverclyde 3. Distress support to people at times of crisis to remain in own home and engage services to reduce frequency of episodes 4. Assess to Admit (Acute) Discharge to assess (HSCP) 5. Frequent Attenders (Flow 1&2 – attendances at IRH (frequent attendees by flows)Evaluate the Winter Plan initiative in identifying frequent attenders and developing ACP 6. Alcohol, drug, Recovery CMHT address individual frequent attenders 7. Frequent Attendees – HSCP GP utilising Primary Care Link Workers <p>Housing (BA4.19, BA4.20)</p> <p>A Housing Contribution Statement was developed in 2019 as planned. A comprehensive review of specialist housing demand is now underway, looking into future demand for specialist housing provision which will influence allocations and future builds in Inverclyde. The draft report was circulated in March 2020 for comment by the Housing Partnership Group and once comments have been received, the report will be finalized and recommendations implemented.</p> <p>In addition, by 2020 we set out to ensure housing providers were supported to provide a re-ablement model of care across Inverclyde. Following the Supporting People review, the recommendation was to recruit to a temporary post to support the change in approach within sheltered housing. Part of the work plan is to implement a re-ablement approach within sheltered housing across Inverclyde. Training is currently being developed to support implementation.</p> <p>By 2020, we set out to have in place community support to reduce homelessness across Inverclyde. A Rapid Rehousing Transition Plan (RRTP) has been developed and a Partnership Officer recruited to support this work. The intention now is to implement Housing First approach working with Registered Social Landlords (RSLs) and Third Sector commissioned partners. Housing First Sub Group was established in March and the inaugural meeting due to take place in later that month.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 4.</p>

	<p>The areas where particular focus is required are :</p> <ul style="list-style-type: none"> • continue implementation of free personal care for under 65s • continue to review and update existing and new Anticipatory Care Plans (ACPs) to support improved information sharing across health and social care • review of care and support at home service including commissioned provision commenced late 2019 and will be completed during 2020 • further work is required to develop pathways for people with long term conditions (LTCs) including use of technology • continue to develop and monitor single point of contact through Access 1st • work to reduce activity at hospital including delayed discharges throughout the remainder of the Strategic Plan • work to continue the review of community transport & a new Transport Policy within the Learning Disability and Older People services • continue to develop community support to reduce homelessness
Issues / Risks	<p>Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.</p>
Highlights	<div data-bbox="488 901 763 1114" data-label="Image"> </div> <p data-bbox="878 906 1854 944">The Campbell Christie Public Service Reform Award Finalists</p> <ul style="list-style-type: none"> • Mental Health Hub, NHS 24 • Home 1st, Inverclyde Health & Social Care Partnership • The Borderlands Deal, UK & Scottish Governments, Dumfries & Galloway, Cumbria, Carlisle, Northumberland and Scottish Borders Councils

£7.4m set aside for new community hub

Thursday 19 March 2020

People with learning disabilities and autism in Inverclyde are set to benefit from a new, £7.4m, state-of-the-art daytime activity hub.

Pictured, from left, support worker James Haggerty, service users Steven Sweeney and Allan Pace, Senior Day Care Officer Debbie Taggart, and Learning Disability Operations Officer Heather Simpson, with Councillor Robert Moran, Convener of Inverclyde Council's Health & Social Care Committee.



Proposals for the new community hub were included in Inverclyde Council's 2020-2021 capital budget, which councillors approved on Thursday 12 March.

The Community hub will replace the McPherson Centre in Gourrock, which has already closed, and the Fitzgerald Centre in Greenock.

Councillor Robert Moran, Convener of Inverclyde Council's Health & Social Care Committee, said, "We are delivering on the promise we made to people with learning disability who use the centre and their families. It's been our long term goal to provide people with learning disabilities with a centrally-located, daytime activity hub. Now that the money has been allocated for the project we can forge ahead and make this important, new facility a reality.

"Our intention is for the hub to be housed in a community building, which can also be used by the wider community. The ethos will be to provide a space where people with additional needs and the wider community can come together in a modern, open environment which has room for everyone.

"The hub will make sure that people with a learning disability get the support they need to achieve their ambitions to be as independent as possible and to be included in their community."

Thomas Arthur, 24, is looking forward to using the new Hub. Thomas moved to Fitzgerald Centre from McPherson Centre in Gourrock when the building closed in 2018. Thomas has a learning disability with complex health needs which means he needs full and constant support.


Mrs Arthur, Thomas' mother, said, "I was devastated when the McPherson Centre closed and was worried that the new Hub wouldn't happen. Now, I am over the moon that this has been given to go ahead and money invested in it, it has exceeded my expectations and I'm just on a high. Hats off to everyone who made this happen. Thomas will continue to get the support he needs but will have access to much better facilities and therapies and will get outdoor. He loves watching traffic go by so it's a great location."

The building will also accommodate the Integrated Learning Disability Team of specialist learning disability health and social Care staff, creating a new service which meets all the needs of people who have a learning disability along with day opportunities under one roof.

The new hub is intended to support people who have complex needs including autism, and to provide accessible therapeutic and personal care facilities.


Proposals for the new facility envisage a building:

- With a capacity for 50-plus service users
- That can be used as a drop-in base for any service user or member of the community who needs accessible personal care facilities, help with eating or specific therapies not accessible elsewhere
- With a café style facility that offers a service all day and is run as either a social enterprise by service users or is set up to offer employment training to anyone who requires a supported employment service
- With a therapeutic, learning and development model to meet personal health and social outcomes for a number of people with physical and learning disabilities and/or autism
- With flexible space and zoning to allow peer activities, therapies, quiet spaces and an attractive large area that can be used by community groups and day/evening adult education.


BIG ACTION 5: TOGETHER WE WILL REDUCE THE USE OF AND HARM FROM ALCOHOL < TOBACCO AND DRUGS		RAG STATUS 
Objective	<p>We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help support ill health. We will support those affected to become more involved in their local community</p>	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 5 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Working with the Wider System (BA5.1, BA5.2) The HSCP set out to ensure it works with partners to facilitate a focus on alcohol, drug and tobacco prevention across all life stages, and developing digital support for people. Work is continuing through the Alcohol and Drugs Partnership (ADP) with a focus on recovery, education and prevention, especially establishing a pathway of support for young people.</p> <p>As planned, during 2019 the alcohol and drug service was reviewed with a view to developing an integration service located at Wellpark Centre. This review was completed, the new integrated alcohol and drug recovery service implemented and staff co-located at the Centre by autumn. A recovery lead was appointed and further work is ongoing with 3rd Sector partners. The review implementation has been delayed due COVID19.</p> <p>Ensure Appropriate Treatment (BA5.5, BA5.6) In 2019, we said we would develop further the addictions primary care model and other community based interventions. The CORRA project was implemented, a steering group established to take forward the delivery plan, outcomes and indicators for the project, and currently the CORRA project lead post is going through the recruitment process. Specialist drug treatment service staff have been working with GPs to enhance their primary care drug treatment provision, and Shared Care capacity for drug treatment has been extended to an additional practice in Inverclyde. There has been a delay in tendering for recovery family support service due to COVID19</p> <p>By the end of 2019, we set out to develop a pathway for those with long term conditions (COPD) including supported use of technology, with the aim of reducing unplanned hospital admissions relating to COPD. To support this, two Long Term Conditions district nurses have been appointed to work with adults with related conditions and aim to support these people at home. Telehealth Doc@Home Audit was carried out based on 32 patients using this technology to</p>	

	<p>monitor their conditions. Before being monitored with Doc@Home, there were 41 admissions to hospital, 87 occupied bed days and standby medication used 49 times. Once these patients moved onto Doc@Home, there was a significant reduction in activity with 8 hospital admissions, 34 occupied bed days, 5 GP visits, and standby medication used 31 times. This equates to 80% reduction in hospital admissions, 61% reduction in occupied bed days, and 89% reduction in GP visits. As at February 2020, there were 33 patients (21 using the Hub, 12 using the App) enrolled to use Doc@Home and it is anticipated further roll out will continue during the year with positive benefits for people who choose to enroll.</p> <p>Focus on Recovery (BA5.9 - BA5.11) It was agreed to develop a Recovery Strategy that outlines the HSCP vision to support people on the road to recovery, and this would be done in partnership with the 3rd Sector. Development of the Alcohol and Drug Recovery Strategy (ADRS) is underway with a focus on embedding recovery from initial engagement between the service and patients. By the end of 2020, all adults will have a recovery plan in place to ensure an individual focused approach is at the forefront of each persons' journey to recovery. A Recovery Development Group has been established, this Group will be responsible for furthering the work plan and commissioning support co-ordination and the development of peer support. There has been in a delay in tendering due to responding to COVID19.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 5.</p> <p>The areas where particular focus is required are :</p> <ul style="list-style-type: none"> • develop additional support to families with caring responsibilities for those with alcohol and drug problems through third sector • continue working with the recovery lead and 3rd Sector partners to further develop the integrated alcohol and drug recovery service • evaluation of the CORRA project and continue to develop further the shared care model within primary care and other community based interventions • continue to develop a pathway for those with long term conditions (COPD) including supported use of technology, with the aim of reducing unplanned hospital admissions relating to COPD • during 2020, we will continue to develop a seven (7) day service to support people with alcohol and drugs problems

	<ul style="list-style-type: none"> • Implement the Alcohol & Drugs Recovery Service Review once NHS policies allow restructuring.
Issues / Risks	Whilst some key deliverables are progressing due to COVID19 this has impacted more on implementing the review of the Alcohol and Drugs services. The tendering process for recovery and family support were delayed are now being progressed.
Highlights	Stories

BIG ACTION 6: WE WILL BUILD ON THE STRENGTH OF OUR PEOPLE AND OUR COMMUNITY		RAG STATUS 
Objective	We will build on our strengths. This will include our staff, our carers, our volunteers and people within our community, as well as our technology and digital capabilities	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 6 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Building up Capacity in the Community (BA6.1) A nurturing Inverclyde has been key to our HSCP success, whether that is our staff, carers or communities.</p> <p>Inverclyde Cares Programme Board has been constituted and Terms of Reference have been drafted for review and agreement by the Programme Board at its first meeting to take place mid-June 2020. The Board will be chaired by Louise Long, HSCP Chief Officer and Corporate Director and Vice Chaired by Charlene Elliott, CVS Inverclyde Chief Executive and Sponsor of Big Action 6 of the HSCP Strategic Plan. The programme board will meet fortnightly to guide, develop and implement plans to achieve our ambition of Improving Lives through a vision to ensure that “Inverclyde is a caring, compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”. The group is responsible for developing a proposed framework which will be share with the Strategic Planning Group (SPG) prior to implementation. The proposed framework will include policy intentions and connections and incorporate Autism Friendly, Dementia Friendly, Compassionate Inverclyde, and Recovery Friendly Inverclyde and Carer Friendly.</p> <p>Inverclyde Cares is a social movement and Inverclyde’s response to the Covid-19 pandemic embodies all 3 of the guiding principles of engaging communities, connecting people and built on neighbourliness and kindness.</p> <p>Compassionate Inverclyde continues to develop supporting people in the community and those in hospital who are at end of life, or those who are isolated and lonely. In recognition of their support to Compassionate Inverclyde, Inverclyde HSCP and Ardgowan Hospice were finalists for the Colin Mair Award for Policy in Practice, and at the awards ceremony in December 2019, won the coveted award. A steering group is being established to develop an accreditation scheme for Compassionate Inverclyde.</p>	

	<p>We stated that in 2019, we would evaluate our approach to Community Champions and consider extending this to all communities across Inverclyde. Community Champions are volunteers who engage with people in their community, raise awareness of support available to them within their communities, and signpost people to access opportunities to suit their needs. Community Connector Community Champions already work across Inverclyde with a particular focus on isolation and those living with health issues. Community Champions will continue to be developed and extended. Big Action 1 includes a full update on Community Connectors and Social Prescribing.</p> <p>We stated that throughout 2019, we would build on the work of Proud2Care to develop and embed principles of co-production into all service planning, review, redesign and development. Co-production is very much at the heart of the joint Alliance and HSCP Communications and Engagement Strategy, once approved we will ensure the foundations and principles of Proud2Care are embedded into all our service planning and development practice.</p> <p>Community Strengths (BA6.10)</p> <p>By Spring 2019, we aimed to have scoped all community assets across Inverclyde. Locality profiles have been developed for the six Locality Planning Groups (LPGs) which were approved by the Strategic Planning Group (SPG) in November 2019, these were developed in line with the Strategic needs Assessment (SNA) and includes community assets for each locality. Locality Action Plans were approved prior to COVID19.</p> <p>Work has been progressing to build the new Greenock Health and Care Centre which will create a modern, state of the art community asset. Completion was due in Autumn 2020 however due to the impact of Covid- 19 with most building work ceased to comply with Government advice, it is anticipated the opening date will be pushed back.</p> <p>The HSCP, in partnership with the Alliance, carried out a series of locality planning community engagement events in August / September 2019. Over 750 people attended the six events. A feedback report was approved by the Inequalities Strategic Implementation Group in September 2019 which highlights key themes following discussion with local people. These themes are now the focus of the locality Communications and Engagement Groups who will be responsible for developing and implementing a robust, comprehensive involvement, engagement and where necessary formal consultation framework in support of their Locality Planning Group (LPG), and this will include further engagement within their own communities.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan</p>

	<p>and Big Action 6.</p> <p>The areas where particular focus is required are :</p> <ul style="list-style-type: none"> • Inverclyde Cares Working Group to developing a proposed framework for approval by the HSCP Strategic Planning Group (SPG) and thereafter implementation • continue to implement Inverclyde's Carer and Young Carer Strategy 2017 - 2022 • carry out an evaluation of current models of peer support to address stigma • work will continue to ensure we develop models of care for local people and choice for end of life • completion of the HSCP People Plan and approval by Strategic Planning Group (SPG) • we will continue to develop promotional material to support recruitment and training • progress further development of the SVQ Centre
Issues / Risks	<p>Whilst some key deliverables have been more significantly impacted by COVID19 the locality groups will need to be reinstated which will take time.</p>
Highlights	 <p>The logo for the 2019 Scottish Public Service Awards. It features a stylized blue figure of a person with arms raised, holding a yellow star. To the right of the figure, the text '2019' is in yellow, 'SCOTTISH PUBLIC SERVICE' is in blue, and 'AWARDS' is in white on a blue rectangular background.</p>

Colin Mair Award for Policy in Practice Inverclyde HSCP
and Ardgowan Hospice for support to Compassionate
Inverclyde
Inverclyde HSCP and Ardgowan Hospice



HSCP and Ardgowan hospice fund and support Compassionate Inverclyde a social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos about local people working alongside existing formal services enabling ordinary people to do ordinary things, tapping into our desire to be kind, helpful and neighbourly.

APPENDIX 1

HSCP Strategic Plan 2019 – 2024

6 Big Actions Corporate Sponsors

Big Action	Description	Corporate Sponsor
1	Reducing Inequalities By Building Stronger Communities & Improving Physical & Mental Health	Lesley Aird Chief Finance Officer
2	A Nurturing Inverclyde Will Give Our Children & Young People The Best Start In Life	Sharon McAlees Head of Children & Families & Criminal Justice / Chief Social Work Officer
3	Together We Will Protect Our Population	Sharon McAlees Head of Children & Families & Criminal Justice Allen Stevenson Head of Health & Community Care
4	We Will Support More People To Fulfil Their Right To Live At Home Or Within A Homely Setting & Promote Independent Living	Allen Stevenson Head of Health & Community Care
5	Together We Will Reduce The Use Of & Harm From Alcohol, Tobacco & Drugs	TBC Head of Mental Health, Addictions & Homelessness
6	We Will Build On The Strengths Of Our People & Our Community	Charlene Elliot Chief Executive, Inverclyde CVS

INVERCLYDE HSCP STRATEGIC PLAN- 6 BIG ACTIONS 2020/2021 EMERGING KEY PRIORITIES

Executive Summary

1.0 Introduction

Due to the Covid pandemic a number of areas of work have had to be paused and reviewed while at the same time other areas have emerged as critical areas of work for the coming year.

It is recognised that the HSCP cannot maintain activity across the totality of the strategic plan next year.

The HSCP SMT have reviewed the current strategic plan and actions due for delivery in 2020/21 and developed an executive summary of the high level priorities during 2020/2021 while we manage the significant ongoing pressures presented by the on-going global pandemic.

This short executive summary covers two specific areas;

1. There are a number of key overarching themes emerged as a result of the pandemic. These are in section 1.
2. Section 2 captures the key areas of work by service that are now being prioritised for action in the remainder of 2020/2021 and beyond. We are narrowing our scope of activity to focus on the key areas of work that are critical to the sustained delivery and improvement of services. This will also ensure we focus on “Improving Lives” by focussing on improving outcomes for the people who require support.

2.0 Overarching Themes

<u>Themes</u>	<u>Narrative</u>
Covid 19 Live	We will need to plan for ongoing work relating to Covid assessment work and testing moving forward through the winter period and beyond. Flu and Track and Trace responsibilities
Covid 19 recovery	Our teams will continue to implement recovery steps where appropriate and taking account of any local or national lockdown arrangements.
Anti-Poverty work	£1m from anti poverty fund to be invested
Readiness of third sector to bid for contracts	Seeking advice from procurement about this issue and Market Facilitation Group to review this potential issue

3.0 Service Specific Priorities

Health & Community Care	
Access 1 st	We will complete our review of the Access 1 st test of change by March 2021.

Care at Home	We will commence our review of our internal care at home service by the spring of 2021
Unscheduled Care	We will work whole system to ensure we put plans in place to offer alternatives for the Inverclyde population to reduce unscheduled care pressures across the system
Flu and Winter Planning	We will be working to ensure our normal winter period is planned for and we make best use of the resources we have. We will also be working to deliver the most significant immunisation for Flu across Inverclyde this winter.
OOH review	We will work with Out of Hours team to develop a local solution for the OOH review.
New Learning Disability Hub	We will work to ensure we deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.
Mental Health, Addictions & Homelessness	
Homelessness Vision	We will work with a range of partners to implement year 2 of the 5 year RRTP with particular focus on implementation of Housing First; review of temporary accommodation and scope supported accommodation requirements.
Alcohol and Drugs	We will complete the review of alcohol and drugs with a clear focus on building recovery communities and We will work with our ADP partners to delivery key actions of the Inverclyde Drug Related Death Prevention Strategy.
ADRS Redesign	We will implement the ADRS workforce redesign and implementation by December 2020 (dependant on Organisation Change process being agreed)
Mental Health Assessment Unit	We will work with the wider NHSGGC system and partners to determine the appropriate model for Inverclyde MHAU to meet local and national needs
Distress Brief Interventions (DBI)	We will work with partners to develop and implement The Distress Brief Intervention (DBI) initiative within Inverclyde
Children, Families & Criminal Justice	
Care Review	Implement Promis from national review, develop action plan.
Kinship and Fostering	Review Kinship/Fostering rates and support in line with national guidance.

Women's Project for Justice	Big Lottery funded project, engaging women in the justice system in communities.
Development of the wellbeing service	£15m new monies nationally approximately £250k for service for children in Inverclyde.
Clinical and Care Governance	
Track and Trace	Support track and trace to ensure appropriately staffed
Develop Action Plan for Clinical & Care Governance strategy	
Strategy and Support Services	
Digital Development	Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic. Work needs to continue on this to ensure services can continue to be delivered safely and efficiently.
Capital Development including Health Centre	We have a number of live capital projects (new Greenock Health Centre and new LD Hub) that are key to service delivery. Work is able to progress, despite the pandemic, albeit at a slightly slower pace due to social distancing requirements. It is important that these projects continue to be delivered.
Replacement of the Social Care Records Management System (SWIFT) Development	<p>A robust social care record management system is vital to deliver services safely and effectively. The new system will ensure this can be delivered longer term and will also bring a number of additional benefits to services and service users as outlined in the Business Case and funding request reports to the IJB in March and Sept 2020.</p> <p>This IT project was agreed pre covid but has been further delayed as a result of the pandemic. It is anticipated that Scotland Excel will finalise and publish the procurement framework for the system in Oct/Nov and work can recommence locally to procure and implement the system once that framework is available.</p>
Commissioning support to Care Homes	Care Homes have faced unprecedented challenges during the pandemic. Governance and scrutiny of practices is heightened. Linked to this the Strategic

	Commissioning Team will continue to be required to provide support and enhanced monitoring to the sector for the duration of the pandemic. Looking at developing/building local care home hub.
Locality Planning	Establish virtual locality planning structures. Your Voice taking forward pilot in Port Glasgow
National Adult & Care Review	Consider report from national review adult care. Report due Jan 2021

4.0 Governance

The governance related to this draft proposal will require a number of steps to be taken for agreement of these revised key priorities.

1. Input and consultation with the Extended Senior Management team (EMT)
2. Agreement by HSCP Senior Management team (SMT)
3. Agreement by the Strategic Planning Group
4. Approval by IJB

5.0 What's Next?

The next steps will require the EMT and SMT to complete the review of the current actions within the previously agreed implementation plans, then complete the revised list of priorities per service with timescales agreed with the relevant Head of Service.

Once agreed the revised implementation plan will then be presented to the Strategic Planning Group and finally to IJB for agreement.

Report To:	Health and Social Care Committee	Date: 22 October 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No: SW/35/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No: 715282
Subject:	Inverclyde Community Justice Partnership Annual Report 2019-2020	

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health and Social Care Committee the Inverclyde Community Justice Partnership Annual Report 2019-2020.

2.0 SUMMARY

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

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee:
- Notes and gives comment on the Inverclyde Community Justice Partnership Annual Report 2019-2020.
 - Approves submission of the Annual Report to Community Justice Scotland, pending the addressing of any amendments necessary following comment from the Inverclyde Health and Social Care Committee and partners.

4.0 BACKGROUND

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

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

- 4.5 The Annual Report has two distinct sections. Firstly a community-facing, easy read section that gives an outline of what has been achieved in each of the local priorities.
- 4.6 The second section of the Annual Report uses the required template provided by Community Justice Scotland and outlines progress against both the national and local outcomes.
- 4.7 Community Justice Scotland prepare a Community Justice Outcome Activity Across Scotland Annual Report, citing examples of good practice from across the country. One example highlighted from Inverclyde cited in the 2018/2019 Annual Report was the development of a bespoke needs review tool that captures distance travelled by individuals on their journey out of the justice system. This tool is based on a public health approach to justice.
- 4.8 Considerable progress has been made over the last year. This includes the embedding of the community justice agenda across community planning. Highlights of achievements include:
- We have strengthened partnership working by collectively considering complex issues and partners working collaboratively and in their respective organisation to progress agreed deliverables.

- The Care Inspectorate provided external scrutiny and assurance by undertaking a comprehensive inspection of Justice Services, focusing on the delivery of Community Payback Orders (CPO). As well as noting the range of positive outcomes achieved for those on a CPO, it was also noted how well embedded into practice the community justice agenda was and the resultant proactive response to severe and multiple disadvantages.
- The Care Inspectorate also noted that the Community Justice Partnership had provided an opportunity for leaders to develop services from an early intervention and prevention perspective. It also created additional opportunities to include individuals in service development.
- Following the publication of the Hard Edges Scotland report considerable effort was made in furthering our understanding of the impact of severe and multiple disadvantages and working collaboratively to develop local responses.

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

5.0 IMPLICATIONS

Finance

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

5.1.2 Further funding allocation of £50,000 was agreed by the Scottish Government for subsequent years on an annual basis. This highlights the temporary nature of funding and the need to articulate at appropriate national forums the case for a long-term commitment to funding to ensure the successful implementation of the community justice agenda.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

5.3 There are no implications.

Equalities

5.4 Has an Equality Impact Assessment been carried out?

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

(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

Repopulation

5.5 There are no specific repopulation issues.

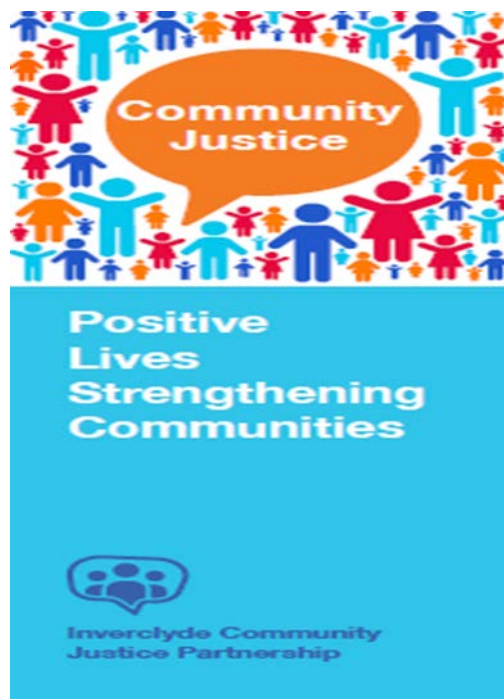
6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 Inverclyde Community Justice Partnership Annual Report 2019-2020.

Inverclyde Community Justice Partnership Annual Report 2019 / 2020



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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Mandarin

本文件也可應要求，製作成其它語文或特大字體版本，也可製作成錄音帶。

Polish

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

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

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

Inverclyde HSCP, Hector McNeil House
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Inverclyde Community
Justice Partnership

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1. Foreword

As Chair of Inverclyde Community Justice Partnership I commend the Inverclyde Community Justice Partnership Annual Report for 2019 / 2020. We recognise this partnership is still at the early stages of development and yet over the past year there is considerable evidence of effective partnership working.

This report highlights key developments and achievements that demonstrate ways in which partners can deliver positive outcomes together to address very complex issues. There are examples of innovation and collaborative leadership as well as striving to learn and improve.

This is a journey with a clear direction and while we reflect on our achievements, we also indicate the next steps we will take in realising our vision of “Improving Lives, Strengthening Communities”.

Sharon McAlees

Chair of Inverclyde Community Justice Partnership

Head of Children and Justice Services

Inverclyde HSCP

2. Introduction

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

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



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



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

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

3. What Did We Achieve?

This section highlights key achievements of the Inverclyde Community Justice Partnership during 2019 / 2020.

a. Strengthening Partnership

The Community Justice Partnership meets every eight weeks. Each meeting has a particular topic as part of the agenda where time is given to considering that topic. This provides an opportunity to develop a shared understanding of a topic, and agree any actions to be taken both as a collective partnership as well as each individual partner organisation. Topics this year have included:

- A presentation of findings and recommendations following a Short Life Working Group on the Sexual Health Needs of Women Involved in the Justice System.
- A presentation of key findings from the Community Justice Partnership Strategic Needs Assessment.
- A presentation of findings relating to Drug Related Deaths.
- A presentation of key findings following the local Hard Edges event and subsequent focus groups.
- A presentation outlining our current model of Voluntary Throughcare and key statistics underpinning the proposed new model of delivery.



b. Effective Interventions

The Care Inspectorate provides scrutiny and assurance of Justice Services and an inspection process started in Inverclyde on 1st May 2019, concluding with the publication of their findings in December 2019. Key parts of the inspection included:

- Justice Services submitting a comprehensive self-evaluation.
- Ninety Justice Service's files being read by Inspectors.
- Speaking to forty people subject to a Community Payback Order.
- In addition, the Care Inspectorate undertook focus groups and interviews with key members of staff, partner agencies, stakeholders, senior managers and elected members with responsibility for Justice Services.

The score for each indicator is outlined below and to date, Inverclyde has achieved the highest rankings in Scotland.

Quality Indicator	Inverclyde
1. Improving the life chances and outcomes for people subject to a community payback order.	Very Good
2. Impact on people who have committed offences.	Very Good
3. Assessing and responding to risk and need.	Good
4. Planning and providing effective intervention.	Good
5. Leadership of improvement and change.	Very Good

The Care Inspectorate noted that a range of positive outcomes had been achieved by individuals including:

- Access to stable accommodation;
- Improved stability around alcohol and drug use;
- Access to further education and learning opportunities;
- Increased ability to manage finances;
- Better family relationships;
- Increased structure and purpose in their life;
- Addressing offending behaviour

Of particular strength, the service is proactive in responding to the poverty, disadvantage and needs profile of individuals by providing person-centred services that adopt a public health model.

The Inspectors commented that the community justice agenda was embedded in Justice Services practice.

Individuals subject to community payback orders experienced positive relationships with staff that were characterised by respect, support and appropriate challenge. Staff were found to be honest, straightforward, trustworthy and reliable.

There was a strong culture of co-production within justice services in improving and reshaping of services.

A recurring theme throughout the report is the aspirational leadership at all levels within the HSCP and the council in challenging traditional ways of delivering justice services and moving towards adopting a public health model which is underpinned by a determination to address the impact of poverty, deprivation and disadvantage. This was noted to have a significant impact on the capacity of staff to develop strong supportive relationships with services users that were pivotal in contributing in many cases to changing patterns of offending and improving lives.



c. Early Intervention

Lankelly Chase commissioned a report, *Hard Edges Scotland*, and this was published in July 2019. Inverclyde was successful in securing funding to hold a local event to consider the findings of this research.

A standout finding across all six case study areas included as part of the report was the extent to which the criminal justice system was used as the last resort 'safety net' for people facing severe and multiple disadvantages (SMD) whom other services routinely failed to provide with the help they desperately needed.

In the absence of a court order, local authority statutory homelessness services were the next most likely service to 'lead' on SMD cases, but this presented a host of issues.

The clear routes into SMD appeared to be driven by poverty, violence and trauma. Most people interviewed had had difficult early lives involving a range of 'adverse childhood experiences' (ACEs), including physical and/or sexual abuse, disrupted schooling and, in some cases, local authority care.

The people with lived experience interviewed as part of the *Hard Edges Scotland Report* were very clear on what made for helpful services from their point of view: the provision of emotional as well as practical support, and 'personalised' support tailored to their specific needs.

The link to the *Hard Edges Scotland Report* is below:

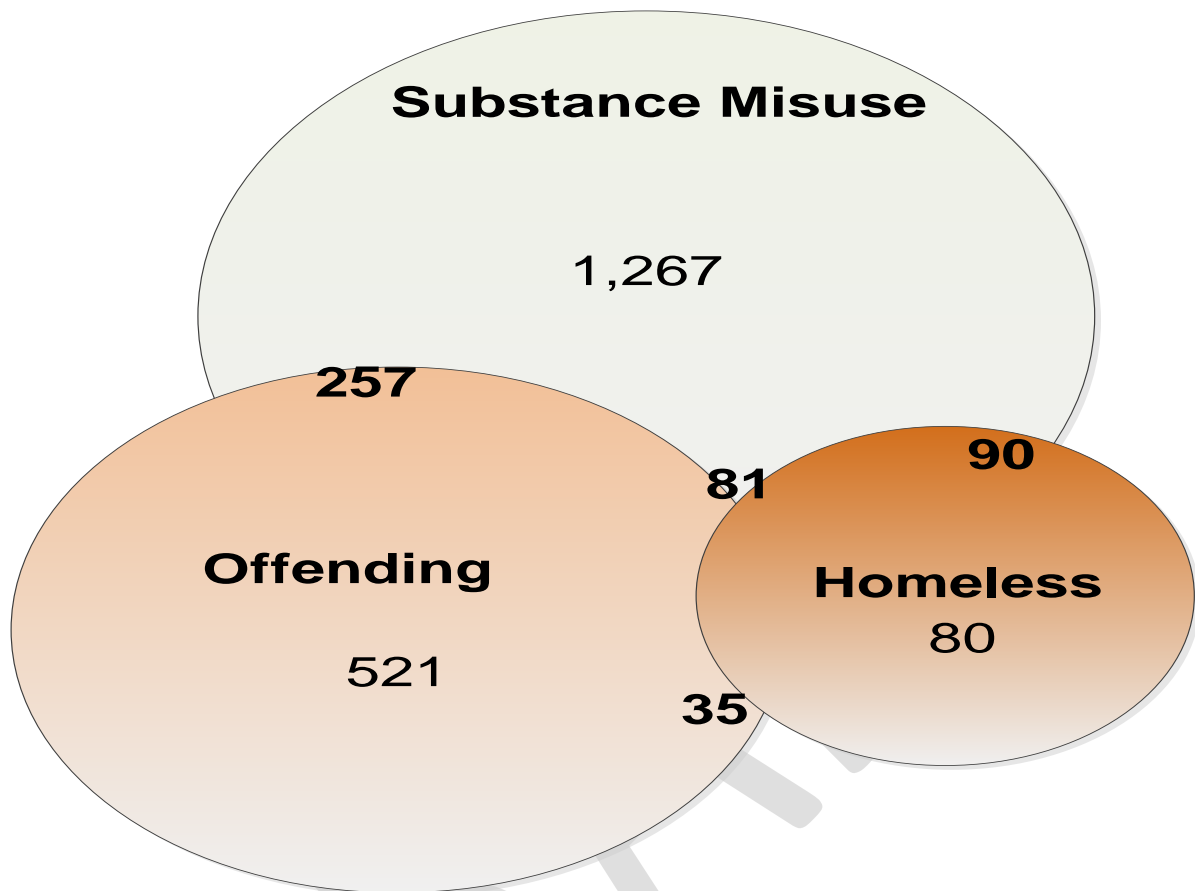
<https://lankellychase.org.uk/resources/publications/hard-edges-scotland/>

A multi-agency local event was held on 22nd October with 80 attendees from a wide range of services. Community Justice Partners were involved in developing the programme for the event. This included someone talking about their story and lived experience. There were four conversation cafes, each facilitated by a different Community Justice partner:

1. Poverty and Severe and Multiple Disadvantages
2. Trauma and Severe and Multiple Disadvantages
3. Prevention and Early Help
4. Working Together

The Hard Edges Scotland report provided a breakdown of SMD's in Inverclyde as outlined below:

Three Disadvantages – Inverclyde Picture



The discussions highlighted from the conversation cafes suggested three follow-up actions:

1. Hold a specific event for people with lived experience and front-line staff with the aim of reducing stigma and sharing a common language of compassion and kindness.
2. Recognising a whole community response is required that includes all of the local assets in our communities.
3. Develop a more joined up approach that is person-centred with the range of partners offering support working more closely together.

Two focus groups were held in January that included both operational staff and people with lived experience of SMD's. Their depiction of SMD's is below:



The vision of a whole community response is illustrated below:



The Resilience Network was launched in February 2020.

In addition, regular interface meetings are now held between Justice Services, Alcohol and Drug Recovery Services, Homelessness and Mental Health Services.

The HSCP has also agreed to fund a test of change, in the development of two new Care Navigator posts. Homelessness will host these posts but they will target people who are experiencing severe and multiple disadvantages.

d. Women Involved in the Justice System

Following our successful bid to the Big Lottery for funding from the Early Action System Change fund under the category of women involved in the justice system the following progress was made:

The Steering Group for the Women's Project prepared a Delivery Plan and developed job descriptions for the project team. This includes a Project Manager, Community Worker and Data Analyst. It was also agreed that the HSCP would host the Project Manager and Data Analyst posts and that Turning Point Scotland would host the Community Work post.

Several partners were part of the recruitment process and women with lived experience of the justice system were also involved in interviewing both the Project Manager and Community Worker.

Since coming into post the project team have:

- Completed a literature review.
- Developed plans for a cost benefit analysis.
- Developed a Co-Production Plan
- Developed a Communication and Engagement Plan



e. Domestic Abuse

The delivery of the Up2U programme is a joint Justice Services and Children's Services initiative with staff from both being jointly trained. Some aspects of the programme may be delivered on a group work basis. This is a cognitive behavioural programme aimed at behaviour change. The programme can range between 6 and 40 sessions and targets individuals who use domestically abusive behaviours in their intimate partner relationships. Support to victims will also be available through the programme.

As a precursor to the introduction of the Up2U: Creating Healthy Relationships programme, 44 staff were trained in Version 3 of SARA (Spousal Assault Risk Assessment). This is the main risk assessment tool used in planning the appropriate programme pathway for each service user.

Following a two day planning session between the Up2U provider and Inverclyde HSCP managers in August 2019; dates were agreed to progress with the 8 day training programme:

- 12 staff completed this training over a two week period in October and November 2019.
- 12 staff completed this training in January / February 2020.
- Treatment Manager training was completed on 4th March 2020

Now that staff are trained, the implementation of the programme can commence.



4. Going Forward

There is strong evidence of how we have listened to people with living experience of the justice system and held people at the centre of what we do. We are now approaching the final stage of our five year plan, the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022. During this time the community justice agenda is well embedded into both practice and in strategic planning.

In going forward we will finalise the implementation stage of key developments highlighted in this report. At the same time, we will focus on aspects that still need further development including on community engagement; developing a performance framework and a quality assurance framework.

We have built a momentum that we will strive to drive forward in continual learning, improvement and demonstrating innovation.

APPENDIX

Community Justice Scotland
Ceartas Coimhearsnachd Alba

April 2020

Community Justice Outcome Activity Across Scotland
Local Area Annual Return Template and Guidance
2019-20

1. Background

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

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

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

2. Statement of Assurance

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

The data submitted using this template will be used for this reporting purpose only. In the report, local authority areas will only be specifically identified with their consent. However, Community Justice Partnerships should be aware that any information held by Community Justice Scotland is subject to statutory Freedom of Information obligations.

3. General principles of the template

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

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

It would be helpful if responses in each of the “evidence and data” boxes within section 4 of the template (“performance reporting”) is held to a maximum of 300 words per indicator to ensure the main points are captured. This allows for an efficient analysis by Community Justice Scotland on return. The use of bullet points in your answers is acceptable.

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

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

This is the third iteration of the template and guidance.

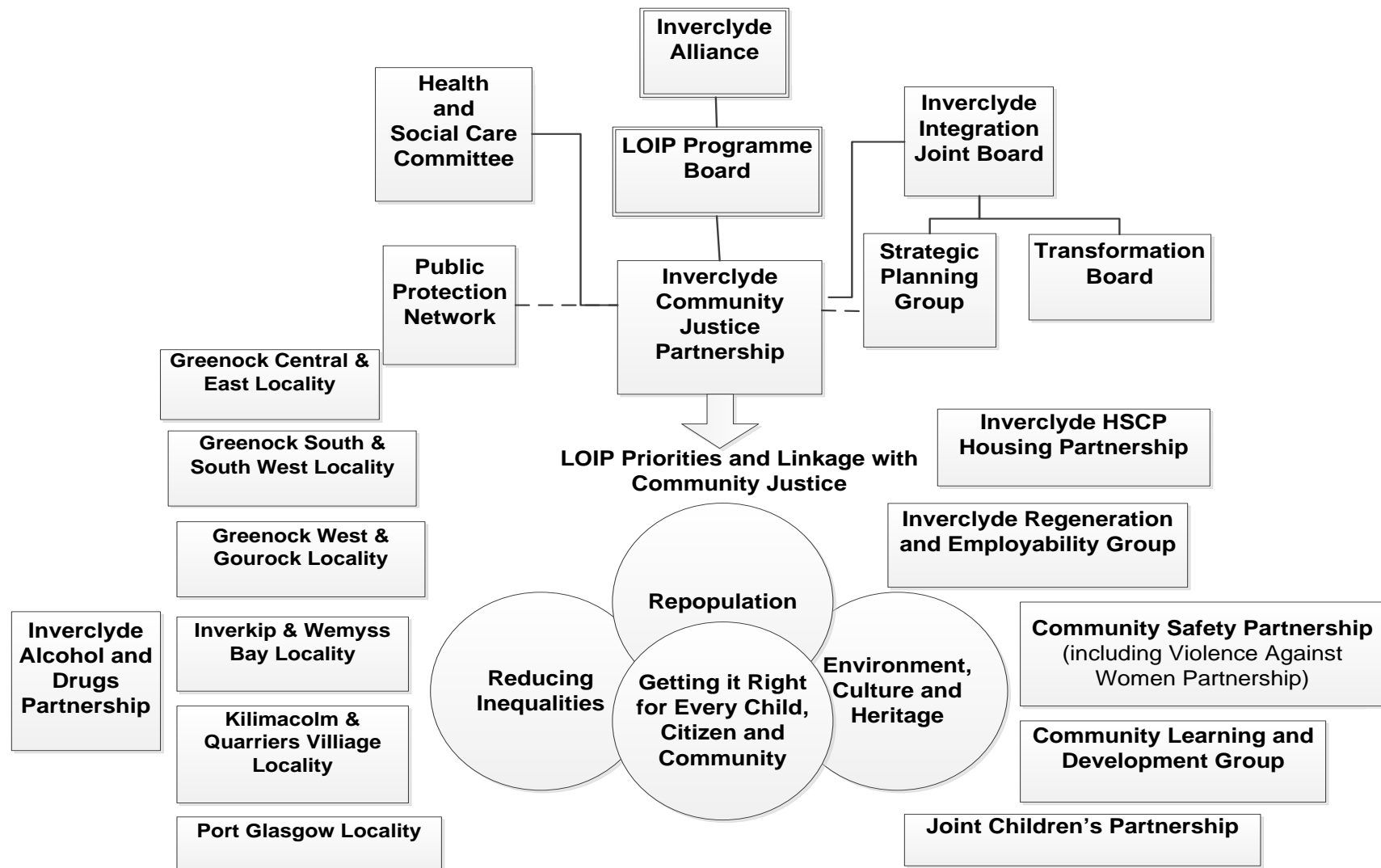
DRAFT

4. Template Completion

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

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

3. Governance Arrangements
<p>Please outline below your current governance structure for the community justice arrangements in your area :</p> <p>The governance arrangements and strategic landscape is outlined in the diagram below. The Inverclyde Community Justice Partnership is an active participant to various strategic partnerships that sit beneath each of the three LOIP priorities. This includes the ADP, Community Safety Partnership and Violence Against Women Partnership, Regeneration and Employability Group and the Community Learning and Development Group. In addition, there are strong links with the Public Protection Network, Inverclyde HSCP Housing Partnership, MAPPA, Adult Protection and Child Protection.</p> <p>The Locality Partnerships are in various stages of development and Inverclyde Community Justice Partnership is well placed to cultivate links with these in due course.</p>



4. Performance Reporting – National Outcomes

NATIONAL OUTCOME ONE
Communities improve their understanding and participation in community justice

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Activities carried out to engage with 'communities' as well as other relevant constituencies	There was extensive engagement with local communities and relevant constituencies as part of the development of the Inverclyde HSCP Strategic Plan 2019-2024. Through this process six "big actions" were identified including Big Action 3 "Together we will protect our population".	The Chair of Inverclyde Community Justice Partnership is the sponsor for Big action 3 and regular updates are provided to the Inverclyde Integrated Joint Board. Evidence of impact measurement will be undertaken during the lifetime of the Strategic Plan.
Consultation with communities as part of community justice planning and service provision	Following the publication of the Hard Edges Scotland Report, an Inverclyde event was held with a further two follow-up focus groups. In addition, a deep dive of HSCP data from Justice Services, Homelessness and Alcohol and Drug Recovery Services (ADRS) was undertaken.	Reports outlining key findings from both the consultation and data were presented to the Inverclyde Alliance and Inverclyde Integrated Joint Board and using this evidence base, funding was approved for two Care Navigator posts to support people experiencing severe and multiple disadvantages. Regular intra-agency meetings are also now held across Justice Services, Homelessness, ADRS and Mental Health to support local planning and service provision.
Participation in community justice, such as co-production and joint delivery	<p>We have co-produced our Participation Strategy with people who have lived experience in the justice system.</p> <p>Women who have lived experience were part of the recruitment process for both the Project Manager and Community Worker posts in our Women's Project.</p> <p>We have learned from experience of co-production from other areas across Scotland and approaches to this.</p>	<p>Our Participation Strategy, in being co-produced, is a much richer and relevant document that sets out our approach in going forward.</p> <p>The Project Manager and Community Worker were appointed as part of the Women's Project team. Involvement of women who have lived experience of the justice system was critical in this process and their involvement brought considerable learning in how we can develop our future recruitment processes.</p> <p>We have brought this learning back to an informal "go to" group of people who are currently involved in the justice system in various settings, to check out and test approaches. This has included, for example, checking out projects using song-writing, poems and letter writing with a view to trying these locally.</p>

	<p>At each stage of our focus on Hard Edges and understanding the experience of people of severe and multiple disadvantages, we have “sense checked” our findings and analysis with people.</p> <p>We have expanded and evolved our Community Justice Network to a Resilience Network. CVS Inverclyde is leading on this development.</p>	<p>This continual “sense checking” has informed our commitment to fund a test of change with the creation of two Care Navigator posts and to offer support in a different more targeted way.</p> <p>We have brought our learning from various strands including our Community Justice Network, learning from our Resilience Project and our focus on Hard Edges together and again “sense checked” our findings with people about the development of a Resilience Network.</p>
Level of community awareness of / satisfaction with work undertaken as part of a CPO	We continue to use the HSCP and Inverclyde Council twitter to highlight various projects in our communities that our Unpaid Work Service have supported. These are also reported in our CPO Annual Report.	<p>We collate feedback from recipients of Unpaid Work. This indicates that people are very satisfied with the work carried out, the attitude and politeness of people undertaking the work and that they would be very likely to use this support again.</p> <p>As part of our continual improvement cycle for Unpaid Work, we will review Our feedback mechanism.</p> <p>We would like to expand our offer of personal placements as part of Unpaid Work and develop a new delivery model around this.</p>
Evidence from questions to be used in local surveys / citizens’ panels and so on	We developed a question set in 2016 and repeated the question set relating to community justice with the Citizen Panel in November 2018. The report of findings was reported to the Community Justice Partnership in July 2019.	A report of findings, analysis and recommendations was made to the Inverclyde Community Justice Partnership and to the Inverclyde Alliance (the Community Planning Partnership). This highlighted the need to focus on community participation. It was agreed to link this in with the development of new locality partnerships particularly in relation to Big Action 3 “Together we will protect our population”.
Perceptions of the local crime data	<p>This is included in our Strategic Needs Assessment as well as the Community Safety Strategic Needs Assessment and the HSCP Strategic Needs Assessment.</p> <p>A joint initiative “Improving Inverclyde” is being led by the Community Safety Partnership whereby using local data, particular focus is being given to Lower Port Glasgow. The Violence Reduction Unit commissioned extensive consultation within that area.</p>	<p>Findings from this have informed conversation events in localities.</p> <p>Following the publication of findings from the community consultation on Improving Lives, the Violence Reduction Unit are working alongside key partners and people in the community to develop a resilient community approach.</p>
Other information relevant to National Outcome One		
<p>A key theme over the past year is around the “ripple effect of crime” in our communities and using evidence and conversations with people who have direct experience to be able to see the very warp and weft strands. For example, Inverclyde experiences a significant level of targeted acts of violence where the perpetrator and victim know each other. In many instances such incidents may arise in the vicinity of a residence and alcohol and / drugs may also be involved. Having this understanding enables us to deliver appropriate interventions.</p>		

A further focus from feedback findings is that a number of people who are caught up in the “revolving door” of offending also experience severe and multiple disadvantages and do not feel part of their community. This has been a critical insight in our response to Hard Edges and our focus on building resilience that encompasses community assets and a public health approach without the need to access support via a “justice” entry point.

NATIONAL OUTCOME TWO
Partners plan and deliver services in a more strategic and collaborative way

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
<p>Services are planned for and delivered in a strategic and collaborative way</p>	<p>A key aim of the Resilience Network is to provide a space to sow the seeds of collaboration with third sector and community organisations, strengthening our local community assets.</p> <p>While we have been unsuccessful in securing continual funding for the Resilience Project, a joint employability project; it did provide valuable learning.</p> <p>Following the successful bid to the Early Action System Change Fund in the category for Women and Criminal Justice; we established a Steering Group involving key partners. The Steering Group developed a Delivery Plan and it was also agreed that Turning Point Scotland would host the Community Worker post. Several partners were involved in the recruitment process of the Project Team.</p> <p>Regular feedback received from people involved in the justice system identified the need to focus on developing a local model of voluntary throughcare.</p>	<p>We have launched the Resilience Network and have established an online channel using the Slack platform. To date 38 organisations have joined the Network.</p> <p>This pilot project provided a real learning opportunity. There were three different strands to the project; firstly delivering multi-agency training around employability of people involved in the justice system; secondly to deliver multi-agency training on addressing stigma and thirdly, testing out the use of the resilience doughnut in an employability project. Learning from this has informed using the resilience doughnut as a strength based tool, with a view to adopt a common strength based language in the Resilience Network. There was also valuable learning about the commissioning and tendering process.</p> <p>In the first year the Project Team have:</p> <ul style="list-style-type: none"> • Prepared a literature review. • Developed a Cost Benefit Analysis framework. • Developed a Co-Production Plan • Developed a Communication and Engagement Plan • Progressed a Data Profile <p>Listening to people’s experience of how difficult it is leaving custody and returning to their community while also considering the evidence of data. The latter not only included voluntary throughcare numbers as we were of the view these presented a skewed picture</p>

		<p>of voluntary throughcare. The Local Authority trend figures remain low, however, the number of people eligible for this support was considerably higher. It was unclear how many people were receiving support from the national PSP's and local supports or whether people were choosing not to request support. Inverclyde Council signed a Data Sharing Agreement with the Scottish Prison Service to enable the sharing of information about people leaving custody. This has enabled us to adopt a pro-active in-reach model of voluntary throughcare and directly make contact with people to plan supports prior to them leaving custody.</p>
Partners have leveraged resources for community justice	<p>As outlined elsewhere, a key focus of learning this year relates to Hard Edges and the impact of poverty, trauma and violence on people who also experience severe and multiple disadvantages.</p> <p>There have been initial discussions with Police Scotland and the Custody Division to explore the development of a local hub for early intervention at Greenock Police Station.</p> <p>Justice Services funded Up2U training that was delivered to both Justice Services and Children's Services staff.</p> <p>NHS GG&C funded an initial scoping for a health needs assessment of people on community orders.</p>	<p>Using our learning and evidence base from our data, the Inverclyde Integrated Joint Board approved funding of two Care Navigator posts. These will be based in the Homelessness Service but will support people experiencing severe and multiple disadvantages. Data estimates that there are 80 people in Inverclyde who are currently involved in Homelessness, Justice and ADRS services.</p> <p>Partners have brought together data to help us have a better understanding of the needs of people who are held in police custody. Police Scotland have offered office accommodation and internet access.</p> <p>We have had early discussions to develop a whole system early intervention approach that would include support from the point of arrest, arrest referral, bail supervision, diversion and structured deferred sentence. This has the potential to make best use of local resources, including offering staff time to build supportive relationships with people at these transition points in the justice system.</p> <p>Staff are now trained and ready to deliver the Up2U programme as a joint venture.</p> <p>NHS GG&C have subsequently agreed to commission a piece of research focusing on the health needs of people on community orders.</p>
Development of community justice workforce to work	<p>Domestic abuse is one of our local priorities and following a data mapping exercise, it was agreed to commission training for social work staff to deliver a programme. Funding was secured jointly</p>	<p>Up2U is a domestic abuse programme that will jointly be delivered by social work staff in Children's Services and Justice Services. All staff have now received SARA training (as a prerequisite of the</p>

<p>effectively across organisational/professional/geographical boundaries</p>	<p>from Justice Services and Children's Services and Portsmouth Council (Up2U) were successful in securing the tender.</p> <p>Following the publication of the Hard Edges Scotland report, we were successful in securing funding for local events.</p> <p>Regular interface meetings are held involving Team Leaders and Service Managers of Justice Services, ADRS, Homelessness Services and Mental Health Services.</p>	<p>Up2U training) and the Up2U training on delivering this programme. Our approach and targeting for programme delivery exemplifies our commitment to early intervention in being able to offer this support to people who have not been mandated to attend as part of a Court Order as well as to those who have.</p> <p>We held an Inverclyde Hard Edges event where 80 staff from a wide range of organisations attended. Partners from the Community Justice Partnership facilitated workshops at this event. Following feedback from this event, a further two focus groups were held for more in depth discussion. CVS Inverclyde and Snook facilitated the focus groups and produced a report of findings. Representatives from the Inverclyde Community Justice Partnership presented findings from the Inverclyde Hard Edges events at a national Hard Edges Scotland event held in Stirling.</p> <p>These meeting have improved understanding of each other's roles and responsibilities, while also improving operational pathways. There is closer working together and identifying shared outcomes.</p>
<p>Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA</p>	<p>Our MAPPA arrangements are well established and include a robust performance and quality assurance framework which has supported a well evidenced commitment to staff training and development.</p> <p>The work of the MAPPA Operational Group is progressed through two standing sub-groups; one relating to Quality Assurance and the other to Training. In addition, Short Life Working Groups (SLWG) may focus on particular issues.</p>	<p>Details of progress is detailed in the North Strathclyde MAPPA Annual Report. A summary of activity includes:</p> <ul style="list-style-type: none"> • Four SLWG's convened during 2019 / 2020 and produced Elected Members Guidance; a new Case File Audit Tool and tools to support and track the delivery of the MAPPA Business Plan. • Undertaking case file audits and other quality assurance processes. • Delivering 21 Awareness Raising training events to a wide range of partners.

Other information relevant to National Outcome Two

Community Justice Scotland has been developing a Commissioning Framework and the Community Justice Lead has actively supported this workstream at every stage. In turn, following the development of our first Community Justice Strategic Needs Assessment, Community Justice Scotland provided helpful support in how we can use data effectively in understanding a complex landscape.

The Community Justice Lead was also successful in being invited to part of the “Making the Change” programme. This was a year-long action learning programme that brought together twelve leaders from across the community justice sector. It was a joint venture sponsored by the Criminal Justice Voluntary Sector Forum and Community Justice Scotland and was designed to build capacity for local collaborative leadership and learning throughout community justice. The key themes of this programme explored:

- How best to adapt and respond to change;
- How effective collaborative leadership can help affect change in a complex system;
- Using evidence and data to inform decision-making; and
- Ensuring there is an underlying commitment to involve people and communities at every stage.

Learning from this programme culminated in a national event where the Community Justice Lead facilitated workshops. A final report was published and disseminated. In addition, as this was an action learning programme, the Community Justice Lead was able to test and apply learning locally.

NATIONAL OUTCOME THREE

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

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
<p>Partners have identified and are overcoming structural barriers for people accessing services</p>	<p>As well as learning from our analysis in the Community Justice Partnership Strategic Needs Assessment; a pivotal piece of learning arose from the Hard Edges Scotland Report. The Community Justice Partnership was successful in receiving funding to hold local events. Key partners led conversation cafes on:</p> <ul style="list-style-type: none"> • Poverty and severe and multiple disadvantages. • Trauma and severe and multiple disadvantages. • Prevention and Early Help. • Working Together. <p>A further two focus groups were held alongside a deep dive of data, applying learning from methodology used in the Hard Edges Scotland report.</p> <p>NHS GG&C Community Justice Regional Group have identified a need to undertake a health needs assessment for people who are on a Community Order. This is a gap and to date has never been done.</p> <p>A NHS GG&C Employability and Recruitment Project has been established. The purpose of this is to explore the possibility of developing a network to support collaboration around employability. This will initially be led by Recruit with Conviction.</p>	<p>The culmination of learning from the focus on Hard Edges has been transformative. There has been a significant closer working together of services, at all levels. This has improved an understanding of each other's roles and responsibilities while also highlighting the shared outcomes. The evidence from the data and feedback also resulted in a major financial contribution of £100k from the HSCP Transformation Board to fund two Care Navigator posts that are designed to target people experiencing severe and multiple disadvantages.</p> <p>Commissioning Brief and agreement to proceed reached with partners. Steering group established. Commissioning due to take place March 2020.</p> <p>Widening Access Partnership Group established, first meeting 20th Jan 2020. Group were asked to consider membership of this group which will be expanded to include, amongst others, DWP, SDS and Local Employability Leads were these are identified locally. Brief dissemination paper detailing purpose and aim of Partnership agreed with the group.</p> <p>NHS Strategic Group (primarily involving NHS HR) meeting in March 2020 stalled due to COVid19. Progress will be reinstated 2020/21 to finalise details of work programme of Recruitment Staff Training, Recruiting Manager Training and connect with development/expansion and work with Partnership group.</p> <p>One recommendation related to training being delivered to staff. Course content being developed by partners for pilot May/June 2020; overlaps with drug harm-reduction messaging and trauma-informed practice are being incorporated into training programme.</p> <p>Following the initial meeting, contacts have been made with local GG&C property services with a view to making links with our Unpaid Work Service to</p>

	<p>Recommendations were made by a Short Life Working Group considering the sexual health needs of women involved in the justice system.</p> <p>Continuing to develop trauma informed practice.</p> <p>It was agreed at the Sheriffdom meeting led by COPFS that it would be helpful if the NHS GG&C Community Justice Lead could provide training on mental health awareness to staff in COPFS.</p> <p>The Inverclyde Regeneration and Employability Group agreed to undertake a strategic needs assessment focusing on employability.</p>	<p>identify suitable projects that improve our local hospital and health centre grounds.</p> <p>Alongside The Anchor (NHSGG&C Psychological Trauma Service), suitable training packages being developed or identified for level 1&2 to offer variety/combination of online and face-to-face, quality assured training options open to staff in NHS/HSCPs & Partners. Additionally, exploring Training for Trainers developments that would enable organisations, agencies and services quality assured training packages to cascade to staff. Working with NES Funded NHSGG&C Training Coordinator Post (Level 3&4 Training) to scope out requirement for Criminal Justice Staff to receive level 3 and pathways to access this level of training.</p> <p>NHSGG&C partners worked in partnership with COPFS to deliver bespoke Mental Health Awareness Training to National Initial Case Processing Unit staff. Further bespoke training to Trial and Jury staff was planned for delivery but due to CoVid-19 restrictions had to be postponed.</p> <p>Skills Development Scotland supported this exercise alongside other partners. Data was mapped into geographic clusters for the purpose of being able to target key communities when arranging job fayres and other community events.</p>
<p>Existence of joint-working arrangements such as processes / protocols to ensure access to services to address underlying needs</p>	<p>Inverclyde Council and SPS have agreed and signed a Data Sharing Agreement. The purpose of sharing this information is to ensure people leaving custody are able to receive a multi-agency support package.</p> <p>We have subsequently developed a clear process map and monitoring mechanism.</p> <p>Work has been ongoing with the HSCP Housing Partnership and Homelessness service with regards to local implementation of the SHORE Standards.</p>	<p>The Data Sharing Agreement has strengthened joint working and enabled a more rapid response to meet the identified needs of people leaving custody. This links strongly to our focus on Hard Edges.</p> <p>We will be able to report the impact in next year's annual report.</p> <p>At a local level good progress has been made to implement the SHORE standards. While we have developed good working relationships with prison establishments within the GG&C area; we will aim to extend this good practice to other prison establishments.</p>

	Local support arrangements have been agreed for people leaving custody and returning to Inverclyde.	There is close liaison with a range of supports including from both statutory partners and third sector. This includes an offer from SFRS to undertake fire safety checks and CVS Community Link Workers supporting people to register with a GP. These offers have been circulated through the local Voluntary Throughcare Network and services have enquired further directly.												
Initiatives to facilitate access to services	<p>We have established regular intra-agency meetings involving Justice Services; Homelessness; ADRS and Mental Health Services.</p> <p>We have extended our Community Justice Network to become a Resilience Network. This is a significant shift to enable easier access to supports without the need to come through a specific "justice" entry point.</p> <p>The Housing Partnership has prepared a Housing Contribution Statement and there has strong involvement with the development of the Rapid Rehousing Transition Plan.</p>	<p>These meetings have enabled a more joined-up approach and culture shift, with the primary focus on person-centred planning.</p> <p>By completing a mapping exercise of services / supports; it was highlighted that if considered through a tiered lens; there is a need to strengthen tier one level supports and entry points into these. The Resilience Network is one way of addressing this.</p> <p>The needs of people involved in the justice system have been highlighted as part of these developments.</p>												
Speed of access to mental health services	Performance Measure - 90% of patients to commence psychological therapy based treatment within 18 weeks of referral, recognising that the data will include the whole community.	As indicated in previous Annual reports, this indicator is unhelpful. It reflects whole population and does not include the wide range of mental health supports available.												
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
	Waiting <= 18 Weeks	85.2%	83.6%	82.3%	86.9%	83.6%	85.6%	73.9%	76.9%	62.1%	63.6%	66.7%	44.1%	
		<p>A Mental Health Programme Board has been established and is chaired by the Chief Officer of the HSCP. A key focus relates to Action 15 monies. The local plan includes funding:</p> <ul style="list-style-type: none"> • Distress Brief Interventions; • Cognitive Behavioural Therapy; • Mental Health support in police custody; • A Training Needs Analysis is being undertaken in relation to trauma. 												
% of people released from a custodial sentence : a) registered with a GP b) have suitable accommodation	As indicated in previous Annual reports, currently there is no national or local mechanism for capturing this data.	<p>Inverclyde Council and SPS have signed a Data Sharing Agreement that will enable local person-centred planning for people released from custody. We have agreed and implemented a new Voluntary Throughcare model that is being monitored by a Voluntary Throughcare Network, a sub-group of the Community Justice Partnership.</p> <p>In going forward as a result of these developments, we will be able to report on a range of performance measures and personal outcomes.</p>												

c) have had a benefits eligibility check		
Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending	<p>Community Justice Scotland, in agreement with Judiciary; circulated a template for Community justice Partnerships to complete that details local area disposal information.</p> <p>Effective delivery of Community Payback Orders as a targeted intervention.</p>	<p>This template was completed and submitted to Community Justice Scotland. We were able to reflect local changes and improvements following the inspection of Justice Services. In addition, new Sheriffs have been appointed at Greenock Sheriff Court, so this information was helpful.</p> <p>Findings from the Care Inspectorate indicated:</p> <p>“Individuals told us they benefitted from quick access to services providing support to address alcohol, drug and mental health issues. They found these services to be effective with many highlighting increased stability in their lives. Individuals also benefitted from a wide range of supports including clothing grants, emergency fuel payments, educational and volunteering opportunities, housing advice and help to resolve childcare arrangements. Individuals valued the additional help and support provided by third sector agencies including Turning Point Scotland, Venture Trust and Shine mentoring services, which complemented the support provided by justice staff.”</p>

Other information relevant to National Outcome Three

During 2019 / 2020 key presentations have been given at Inverclyde Community Justice Partnership meetings. Topics have included

- A presentation of findings and recommendations following a Short Life Working Group on the Sexual Health Needs of Women Involved in the Justice System.
- A presentation of key findings from the Community Justice Partnership Strategic Needs Assessment.
- A presentation of findings relating to Drug Related Deaths.
- A presentation of key findings following the local Hard Edges event and subsequent focus groups.
- A presentation outlining our current model of Voluntary Throughcare and key statistics underpinning the proposed new model of delivery.

Following each presentation partners would identify data / an action they could progress in their organisation. These discussions enabled a more collaborative approach to “wicked” issues that in their very complexity can only be considered in partnership. An example of this approach was following the presentation relating to Drug Related Deaths, partners indicated the following:

- At an executive level, the HSCP Chief Officer established a Task Group and presented findings to the Alliance Board (Community Planning Partnership).
- The Community Justice Lead included data in the Strategic Needs Assessment and in presentations relating to Hard Edges and severe and multiple disadvantages.
- NHS GG&C advised training has been agreed and this is being developed in partnership with the Scottish Drugs Forum.

- Justice Services are collating data relating to Serious Incident Reports.
- Skills Development Scotland are widening the range of partners they are working with and making better links.
- SPS are reviewing their Substance Misuse Policy.
- In terms of Primary Care, Community Link Workers have a key role and are building on their visibility within GP practices.

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NATIONAL OUTCOME FOUR Effective interventions are delivered to prevent and reduce the risk of further offending		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Use of 'other activities requirements' in CPOs	<p>The increase in other activity hours is reflective of the development of a rolling programme of six standalone sessions covering the following topics:</p> <ul style="list-style-type: none"> • Communication Skills • Basic Drug / Alcohol Awareness • Problem Solving • RTA Awareness • Basic Anger Management Awareness • Assertiveness / Self Confidence <p>Other activity hours were also credited for:</p> <ul style="list-style-type: none"> • Various college courses • Participation on the Resilience Project (employability project) • Health & Safety training • A programme of work undertaken as part of residential rehabilitation 	<p>The number of other activity hours carried out in 2019 / 2020 were 743. This is an increase of 53.83% from the previous year.</p> <p>Feedback from people participating in "other activity" indicates 95% have a better understanding of offending.</p> <p>Comments include:</p> <p>"I have not offended in three years."</p> <p>"Alcohol reduced and more aware of situations."</p> <p>"I have changed my ways, thanks with the help I have had. It has helped me to stop drinking completely."</p> <p>"Lifestyle changes are evident, no inclination to socialise with strangers or non-family members. Education and training now a priority."</p>
Effective risk management for public protection	<p>The HSCP has created a public protection hub within Hector McNeil House where lead officers for adult and child protection and MAPPA are co-located. This is further enhanced by a Public Protection Network chaired by the CSWO that brings the full range of lead officers across the spectrum of public protection to share and develop practice.</p> <p>Core Public Protection issues are scrutinised by the Chief Officers Group which is chaired by the Chief Executive of the Council. Both he and the Corporate Director of the HSCP are directly sighted on key issues such as high risk situations, Care Inspectorate notifications, ViSOR developments etc.</p>	<p>Following an inspection of Justice Services, the Care inspectorate noted:</p> <p>"Strong public protection arrangements were underpinned by multi-agency public protection arrangements and multi-agency risk assessment arrangement's and a public protection hub where lead officers for public protection were co-located.</p>

<p>Quality of CPOs and DTTOs</p>	<p>Twenty one people who are on a CPO / DTTO in 2019 / 2020 completed a feedback survey on completion of their order. This includes feedback on the quality of their Order.</p>	<p>Feedback indicated:</p> <ul style="list-style-type: none"> • 90% indicated they felt informed and listened to by staff. • 95% indicated they had a good support network. • 95% indicated they have a better understanding of offending. • 95% indicated the Justice Services had a positive impact on behaviour. <p>Other comments include: "I work full time and appointments were arranged to accommodate this." "My nominated officer was consistent, supportive, non-judgemental. Other staff who I had contact with were also exemplary in their roles. I feel I have benefited in a number of ways from the support provided by staff."</p>																																			
<p>Reduced use of custodial sentences and remand :</p> <p>a) Balance between community sentences relative to short custodial sentences under one year</p> <p>b) Proportion of people appearing from custody who are remanded</p>		<p>*Shift in Balance of Community v's Custodial Sentence:</p> <table border="1" data-bbox="1263 756 2060 1257"> <thead> <tr> <th></th> <th>2015 / 2016</th> <th>2016 / 2017</th> <th>2017 / 2018</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Community Overall:</td> <td>83.63%</td> <td>85.27%</td> <td>85.12%</td> <td>81.89%</td> </tr> <tr> <td>Community Males:</td> <td>81.06%</td> <td>83.33%</td> <td>82.98%</td> <td>80.94%</td> </tr> <tr> <td>Community Females:</td> <td>96.82%</td> <td>94.74%</td> <td>95.77%</td> <td>86.96%</td> </tr> <tr> <td>Custody Overall:</td> <td>16.37%</td> <td>14.73%</td> <td>14.88%</td> <td>18.11%</td> </tr> <tr> <td>Custody Males:</td> <td>18.94%</td> <td>16.67%</td> <td>17.02%</td> <td>19.06%</td> </tr> <tr> <td>Custody Females:</td> <td>3.18% (5)</td> <td>5.26% (13)</td> <td>4.23% (8)</td> <td>13.04% (15)</td> </tr> </tbody> </table> <p>*This includes all types of community sentence and all lengths of custodial sentence. The above statistical information has been extracted from the Criminal Proceedings in Scotland Experimental Data publication.</p>		2015 / 2016	2016 / 2017	2017 / 2018	2018/19	Community Overall:	83.63%	85.27%	85.12%	81.89%	Community Males:	81.06%	83.33%	82.98%	80.94%	Community Females:	96.82%	94.74%	95.77%	86.96%	Custody Overall:	16.37%	14.73%	14.88%	18.11%	Custody Males:	18.94%	16.67%	17.02%	19.06%	Custody Females:	3.18% (5)	5.26% (13)	4.23% (8)	13.04% (15)
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		<p>Balance between community sentence relative to short custodial sentences under one year:</p> <table border="1"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>*Community Sentences</td> <td>207</td> <td>214</td> <td>156</td> <td>167</td> </tr> <tr> <td>Custodial Sentences <1year</td> <td>104</td> <td>110</td> <td>120</td> <td>93</td> </tr> </tbody> </table> <p>*This only includes those categorised as "community sentence" in the Criminal Proceedings in Scotland experimental data publication.</p> <table border="1"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> <th>2018/19</th> <th>2019/20</th> </tr> </thead> <tbody> <tr> <td>Average Number of People on Remand per Month</td> <td>25.25</td> <td>30.8</td> <td>30.8</td> <td>34.5</td> <td>33.58</td> </tr> </tbody> </table> <p>*The above information has been extracted from the monthly SPS statistical report.</p>		2015/16	2016/17	2017/18	2018/19	*Community Sentences	207	214	156	167	Custodial Sentences <1year	104	110	120	93		2015/16	2016/17	2017/18	2018/19	2019/20	Average Number of People on Remand per Month	25.25	30.8	30.8	34.5	33.58
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<p>The delivery of interventions targeted at problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]</p>		<table border="1"> <thead> <tr> <th colspan="2">Alcohol Brief Interventions (ABI) During 2019 / 2020</th> </tr> </thead> <tbody> <tr> <td>Local Enhanced Service</td> <td>72</td> </tr> <tr> <td>Non Local Enhanced Service</td> <td>3</td> </tr> <tr> <td>Wider Settings</td> <td>160</td> </tr> <tr> <td>Total</td> <td>235</td> </tr> </tbody> </table> <p>We do not currently receive any information of the number of ABI's in criminal justice healthcare settings. However, we hope to address this.</p> <p>The ADP and CJ Leads work closely together, including considering the development of meaningful performance measurements.</p> <p>The CJ Lead is a member of the Addiction Review Programme Board whereby a new service delivery model is being developed.</p>	Alcohol Brief Interventions (ABI) During 2019 / 2020		Local Enhanced Service	72	Non Local Enhanced Service	3	Wider Settings	160	Total	235																	
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Number of Police Recorded Warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs)	Type of Intervention	2015/16	2016/17	2017/18	2018/19
	CPO	347	308	263	242
	DTTO	12	11	3	10
	Fiscal Fine	527	342	291	305
	Fiscal Fixed Penalty (COFP)	70	77	87	72
	Fiscal Combined Fine with Compensation	20	30	23	33
	Fiscal Compensation	4	4	8	6
	Fiscal Fixed Penalty (Pre-SJR)	-	-	-	-
	Anti-Social Behaviour Fixed Penalty Notice	413	262	47	42
	Police Formal Adult Warning	61	5	-	-
	Recorded Police Warning	40	156	315	488
	Fiscal Work Orders	1	20	6	11
	Statutory Throughcare (in community & custody)	84	113	111	121
	CJSW Voluntary Throughcare	11	13	3	1
	RLO Reports Requested	15	33	21	

		Diversion Referrals	32	35	38	51
		Requests from Court for Bail Information	250	193	228	214
		The above statistical information has been extracted from the Criminal Proceedings in Scotland Experimental Data publication and the Criminal Justice Social Work statistical publication.				
Number of short-term sentences under one year			2015/16	2016/17	2017/18	2018/19
		Custodial Sentences <1year	104	110	120	93
		The above statistical information has been extracted from the Criminal Proceedings in Scotland Experimental Data publication.				
Other information relevant to National Outcome Four						
<p>Findings from the Community Justice Partnership Strategic Needs Assessment highlighted a need to focus on interventions at key transition points in going forward. This includes developments as part of an Early Intervention approach including arrest referral, diversion, bail supervision and structured deferred sentences. Another key transition point is at the end of an Order, whether community or custodial. We have developed a new model of Voluntary Throughcare and will continue to evaluate and improve this. We will also focus on the development of a new model of delivery of personal placements for people on Unpaid Work. While some of these developments have yet to be fully implemented, the learning from data and discussions outlining the next steps have taken place during 2019 / 2020.</p>						

NATIONAL OUTCOME FIVE

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

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Individuals have made progress against the outcome	<p>A new model of Voluntary Throughcare has been developed. This includes key partners as part of a local Voluntary Throughcare Network. This is also strongly linked to our findings from Hard Edges and subsequent funding of two Care Navigator posts.</p> <p>Findings from the Care Inspectorate are indicated in the opposite box.</p>	<p>A clear process map of referral pathway has been agreed and implemented. Early indications are positive and will be reported in the coming year.</p> <p>“A range of positive outcomes had been achieved for individuals, many of whom had achieved greater stability in accommodation and increased access to further education and learning opportunities. Individuals were able to demonstrate increased awareness of the issues that contributed to their offending alongside improved confidence in their ability to desist from further offending in the future.”</p>

Other information relevant to National Outcome Five

NATIONAL OUTCOME SIX

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

Indicator	Evidence and Data (max 300 words per indicator)
	Please describe the activity

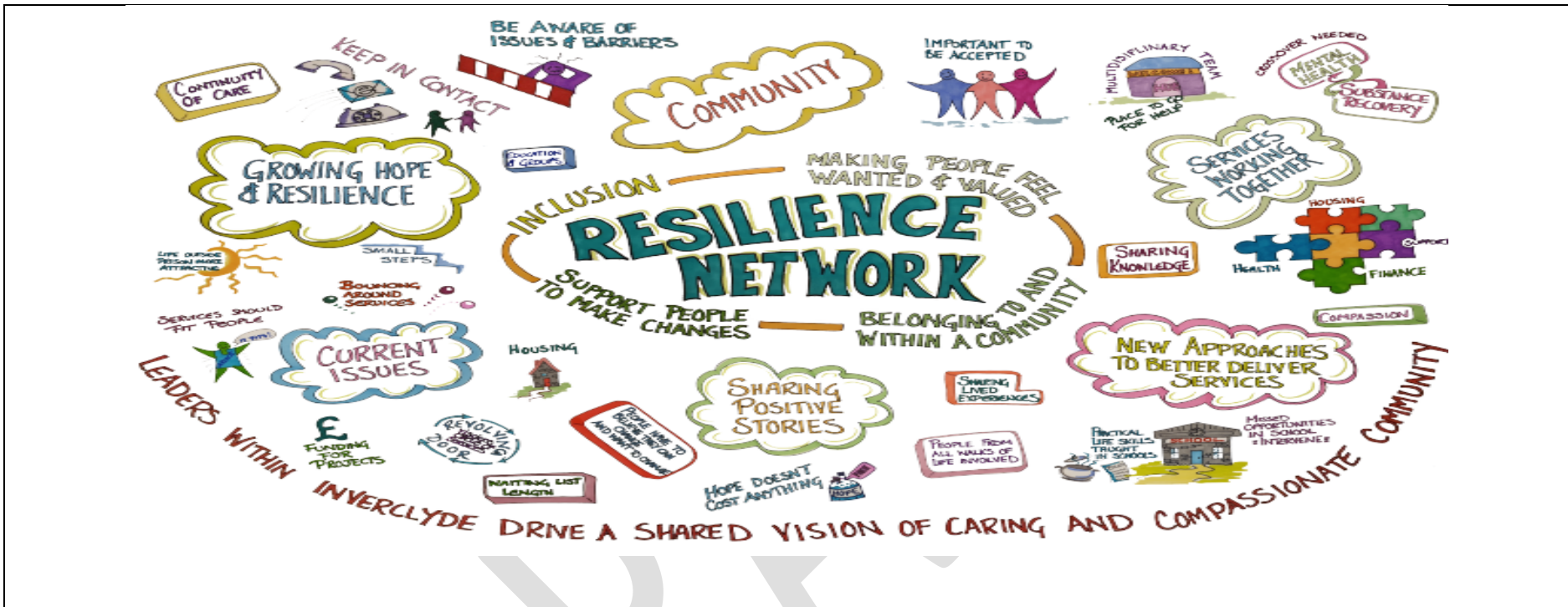
Individuals have made progress against the outcome

The diagram below outlines the feedback we received as part of our focus on Hard Edges of people's experience.



Then describe the impact

Using the feedback from the Hard Edges event and focus groups has formed the basis of the development of Resilience Network as outlined below. We have checked this out with people to ensure this is what people are looking for.



Other information relevant to National Outcome Six

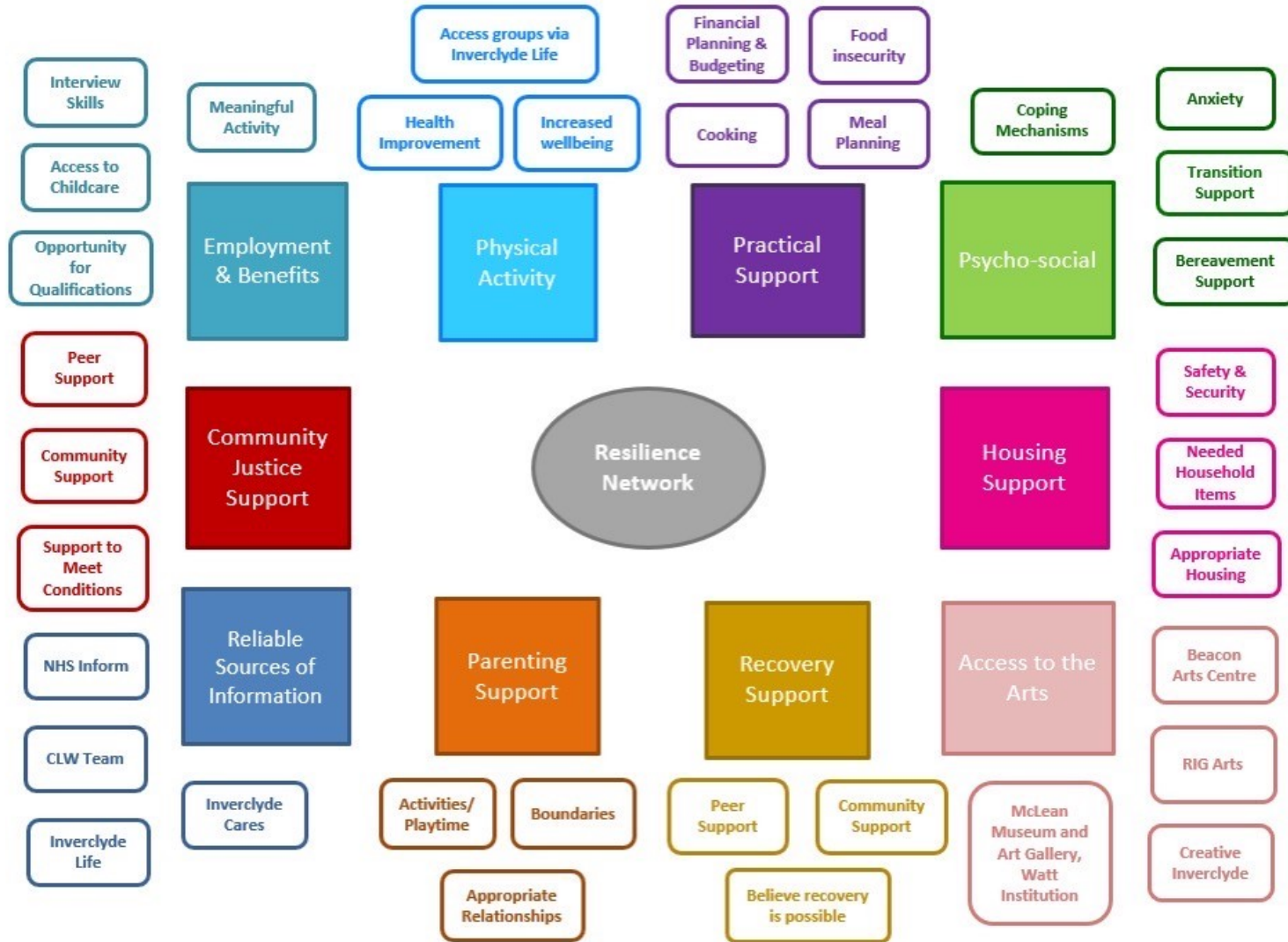
NATIONAL OUTCOME SEVEN
Individuals' resilience and capacity for change and self-management are enhanced

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact

DRAFT

Individuals have made progress against the outcome

Inverclyde Resilience Network – Areas of Impact



	The Resilience Network was launched in February 2020 and incorporates all of the above areas of impact. It is based on the resilience doughnut strength based tool.	
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Other information relevant to National Outcome Seven		

DRAFT

5. Priority Areas of Focus

A key area of focus has been on transition planning, including prevention and early intervention and for when people complete an Order, whether community or custodial.

6. Case Studies

Lankelly Chase commissioned a report, Hard Edges Scotland, and this was published in July 2019. Inverclyde was successful in securing funding to hold a local event to consider the findings of this research.

A standout finding across all six case study areas included as part of the report was the extent to which the criminal justice system was used as the last resort 'safety net' for people facing severe and multiple disadvantages (SMD) whom other services routinely failed to provide with the help they desperately needed.

In the absence of a court order, local authority statutory homelessness services were the next most likely service to 'lead' on SMD cases, but this presented a host of issues.

The clear routes into SMD appeared to be driven by poverty, violence and trauma. Most people interviewed had had difficult early lives involving a range of 'adverse childhood experiences' (ACEs), including physical and/or sexual abuse, disrupted schooling and, in some cases, local authority care.

The people with lived experience interviewed as part of the Hard Edges Scotland Report were very clear on what made for helpful services from their point of view: the provision of emotional as well as practical support, and 'personalised' support tailored to their specific needs.

The link to the Hard Edges Scotland Report is below:

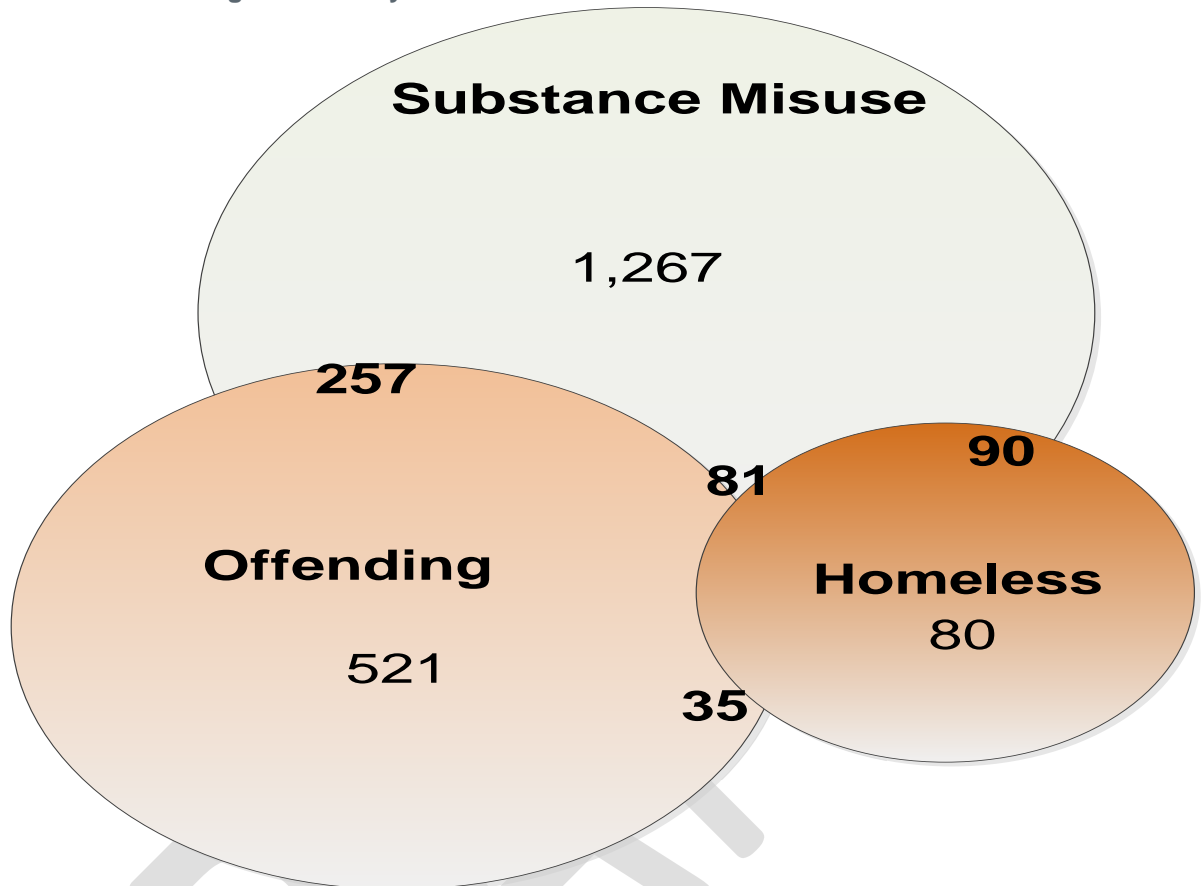
<https://lankellychase.org.uk/resources/publications/hard-edges-scotland/>

A multi-agency local event was held on 22nd October with 80 attendees from a wide range of services. Community Justice Partners were involved in developing the programme for the event. This included someone talking about their story and lived experience. There were four conversation cafes, each facilitated by a different Community Justice partner:

5. Poverty and Severe and Multiple Disadvantages
6. Trauma and Severe and Multiple Disadvantages
7. Prevention and Early Help
8. Working Together

The Hard Edges Scotland report provided a breakdown of SMD's in Inverclyde as outlined below:

Three Disadvantages – Inverclyde Picture



The discussions highlighted from the conversation cafes suggested three follow-up actions:

5. Hold a specific event for people with lived experience and front-line staff with the aim of reducing stigma and sharing a common language of compassion and kindness.
6. Recognising a whole community response is required that includes all of the local assets in our communities.
7. Develop a more joined up approach that is person-centred with the range of partners offering support working more closely together.

Two focus groups were held in January that included both operational staff and people with lived experience of SMD's. Their depiction of SMD's is below:



The vision of a whole community response is illustrated below:



The Resilience Network was launched in February 2020.

In addition, regular interface meetings are now held between Justice Services, Alcohol and Drug Recovery Services, Homelessness and Mental Health Services.

The HSCP has also agreed to fund a test of change, in the development of two new Care Navigator posts. Homelessness will host these posts but they will target people who are experiencing severe and multiple disadvantages.

7. Challenges

While we have been undertaking a wide range of work and making good progress towards what we had originally set out in our Community Justice Outcomes Improvement Plan; we are continuing to build a collaborative model of partnership. One where all partners see their unique role towards meeting community justice outcomes. Partners are beginning to lead on workstreams and this is welcomed.

Community Justice, in all of its breadth, spans much of the strategic planning landscape. In an attempt to “being smarter with strategy” we have taken the decision, that the Community Justice Lead will also support the Alcohol and Drug Partnership. This will bring closer alignment of both of these strategic partnerships and has the potential to make a significant impact for people who are impacted by justice, drugs and alcohol.

DRAFT

8. Additional Information

Appendix 2 – Acronym List

ABI	Alcohol Brief Intervention
ACE	Adverse Childhood Experience
ADP	Alcohol and Drug Partnership
CJP	Community Justice Partnership
CJS	Community Justice Scotland
COPFS	Crown Office and Procurator Fiscal
CPO	Community Payback Order
CPP	Community Planning Partnership
CYCJ	Centre for Youth and Criminal Justice
DTTO	Drug Treatment and Testing Order
LDP	Local Delivery Plan
LS/CMI	Level of Service Case Management Inventory
MAPPA	Multi-Agency Public Protection Arrangements
OPI	Outcomes, Performance and Improvement
PASS	Presumption Against Short Sentences
RLO	Restriction of Liberty Order
SFRS	Scottish Fire and Rescue Service
SHORE	Sustainable Housing on Release for Everyone
SPS	Scottish Prison Service

Report To: Health and Social Care Committee **Date:** 22 October 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership (HSCP) **Report No:**
SW/44/2020/SMcA

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

Subject: Progress Update on Criminal Justice Social Work Inspection Improvement Action Plan

1.0 PURPOSE

1.1 The purpose of this report is to provide the Health and Social Care Committee with an update on progress made in taking forward the two areas of improvement identified following the inspection of Criminal Justice Social Work in 2019.

2.0 SUMMARY

2.1 On 1st May 2019 the Care Inspectorate advised of their intention to inspect Criminal Justice Social Work Services within Inverclyde. Their particular focus was on how well Community Payback Orders were being implemented and managed as well as how effectively the Service was achieving positive outcomes.

2.2 The Care Inspectorate published their findings in December 2019. Using a quality indicator model to form their evaluation, they scored the Service's performance as follows:

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

2.3 Although this was a very positive outcome and to date the highest grading received by a Local Authority, two areas were identified for improvement:

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

2.4 An improvement action plan addressing these areas was developed. Notwithstanding the understandable interruption presented by the COVID-19 pandemic, considerable progress has been made in relation to taking forward the identified actions.

3.0 RECOMMENDATIONS

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

- a. Notes and comments on the content of the report including the progress made in taking forward the identified improvement actions.
- b. Requests a further update on the improvement action plan.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

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

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

- 4.5 Whilst this was a very positive outcome, the Care Inspectorate identified two areas for improvement:

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

An improvement action plan to address these areas was developed.

- 4.6 Although COVID-19 has had an impact on progressing these actions, the following has been achieved to date:

- Detailed Guidance has been developed covering the use of Level of Service/Case Management Inventory (LS/CMI) tool at all stages in the Criminal Justice system (i.e. pre and post sentence and in the community and custodial environments). It provides staff with a clear steer on the use of the shortened and full versions of the tool as well as when to review and reassess. The Guidance has been shared with staff and was the feature of a staff practice development session on 2nd October 2020. Whilst this action is ostensibly complete it will be the subject of ongoing monitoring by the Criminal Justice Social Work management team.

- A comprehensive protocol to support the review of all cases involving statutory supervision has been developed and shared with staff. As well as providing clear guidance on content and timescales, the framework advanced also incorporates service user engagement and makes full use of information obtained through the application of our Criminal Justice Needs Review tool. A staff development session to support the protocol's introduction is in the process of being arranged for early November. Discussion is also underway with our Performance and Information and Quality and Development Service to consider how we capturing data on compliance for reporting within the Service's Quarterly Performance Service Review framework.
- On case recording, a Short Life Working Group (SLWG) involving staff from three different Criminal Justice settings (community, prison, court) was established in December 2019. This met three times, focusing on current practice and learning from feedback from the Care Inspectorate, research on case recording and applying learning. The SLWG also reached out to Community Justice Scotland and the Institute for Research and Innovation in Social Sciences (IRISS) for their expertise and knowledge of current developments. They found there to be a dearth of research concerning case recording in Criminal Justice Services opposed to other areas of Social Work practice. The SLWG therefore adapted learning from existing research and is in the process of finalising a report which will be disseminated to staff across the Service. Development sessions will be planned thereafter to support implementation.

4.7 The Service, as can be seen from the above, has already begun to identify ways in which evidence can be gathered to support the effective implementation of the newly developed Guidance and protocols. Notwithstanding this, it is the Service's intention to consider longer term the development of an all-encompassing quality assurance strategy.

5.0 IMPLICATIONS

Finance

5.1 There are no financial implications.

Legal

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

Human Resources

5.3 There are no implications.

5.4 Equalities

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

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

(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

5.5 There are no specific repopulation issues.

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 None attached.

Report To:	Health and Social Care Committee	Date:	22 October 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/38/2020/AH
Contact Officer:	Andrina Hunter Strategic Service Manager Mental Health, Alcohol and Drugs and Homelessness	Contact No:	01475 715284
Subject:	Alcohol and Drug Review Update		

1.0 PURPOSE

- 1.1 The purpose of this report is to update Health and Social Care Committee on the progress of the Inverclyde Alcohol and Drug Review; activity in relation to tackling drug deaths in Inverclyde; and the recent funding from the Scottish Government Drug Death Taskforce.

2.0 SUMMARY

- 2.1 Previous reports to the Committee have outlined the background to and ongoing work in relation to reviewing and redesigning the support for people affected by alcohol and drug related harm.
- 2.2 The three key areas of prevention and education; assessment, treatment and care; and recovery have all been progressed with significant work undertaken to date, with a range of 3rd sector organisations now delivering services alongside the statutory service. The internal workforce redesign of the HSCP alcohol and drug service (ADRS) has unfortunately been impacted by Covid-19, with the focus being to deliver safe services based on risk and vulnerability to service users. The redesign has been paused as no organisational change is taking place during the pandemic.
- 2.3 Drug related deaths are a significant concern for Inverclyde with the 2019 figures due to be released by the Scottish Government in December 2020. Drug Related Deaths Monitoring Group has been established within Inverclyde to develop better multiagency understanding of, and efforts to, reduce drug deaths.
- 2.4 Inverclyde has been awarded £78,439/year for two years from the national Drug Death Taskforce to support activity in relation to reducing drug deaths, with a key focus locally to increase Naloxone supply and availability; and ensure assertive outreach and immediate support into ADRS services for anyone who has experienced a non-fatal overdose.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the activity undertaken to date in relation to the review and redesign of wider alcohol and drug services, and notes that the impact of Covid has resulted in the redesign being paused.
- 3.2 That a further report is submitted to the Committee following the publication of the 2019

drug death figures and an update of progress on actions taken to address drug deaths.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.0 Alcohol and Drug Review

The review of alcohol and drug service provision within Inverclyde has been ongoing for a period of time with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. There are three main areas of focus within the review:

- Prevention
- Assessment, Treatment and Care
- Recovery

The review is now in the final (3rd) phase and is well underway with substantial progress being made against all actions within the implementation plan however the review was paused due to Covid.

4.2 Prevention

The review identified the need to implement a robust whole population cohesive approach to prevention and education within schools and the wider community. The Alcohol and Drug Partnership (ADP) Committee endorsed the creation of an Inverclyde Prevention and Education Steering Group which commissioned an external consultant to review the current prevention and education support offered by ADP partners. Rocket Science have now concluded this review with a range of recommendations across both young people and wider communities.

4.3 This work has now been remitted to the Prevention and Education Group to implement and develop an action plan, led by the Council's Inclusive Education, Culture and Communities directorate and feeds into the Alcohol and Drugs Partnership.

4.4 Assessment Treatment and Care

The review highlighted a need for redesign within the HSCP Alcohol and Drug Teams and to date good progress being made with the implementation plan, bringing together two separate teams and a number of singleton posts together to develop a single integrated Alcohol and Drug Recovery Service.

A number of processes have been implemented:

- A single duty system of service access;
- Merging of two teams within one building and capital works associated with it.
- An allocations process with 3rd sector involvement to ensure services users receiving the right support by the right service at the right time;
- Improving waiting time to access treatment;
- Testing for Blood Borne Viruses at all assessment appointments, ongoing regular testing ongoing and where required onward referral for treatment and support;
- Implementation of a Standard Operating Procedure for people who routinely present at emergency department (ED) to improve access to timely assessment and support;
- The new workforce structure and job descriptions developed and consultation has taken place with staff.

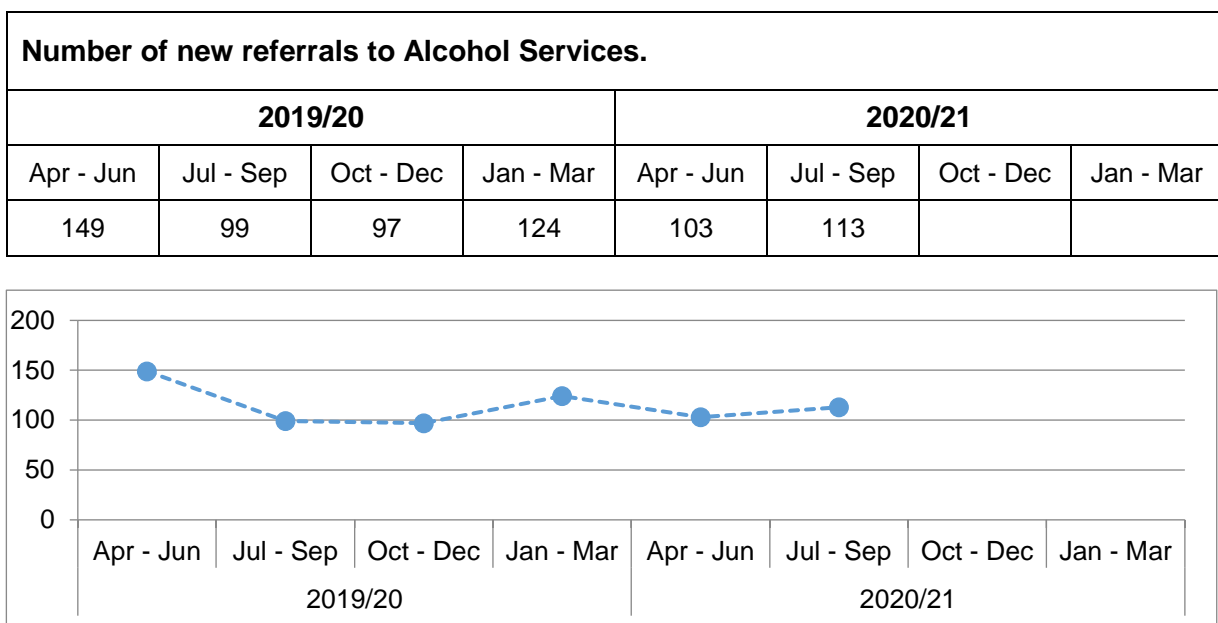
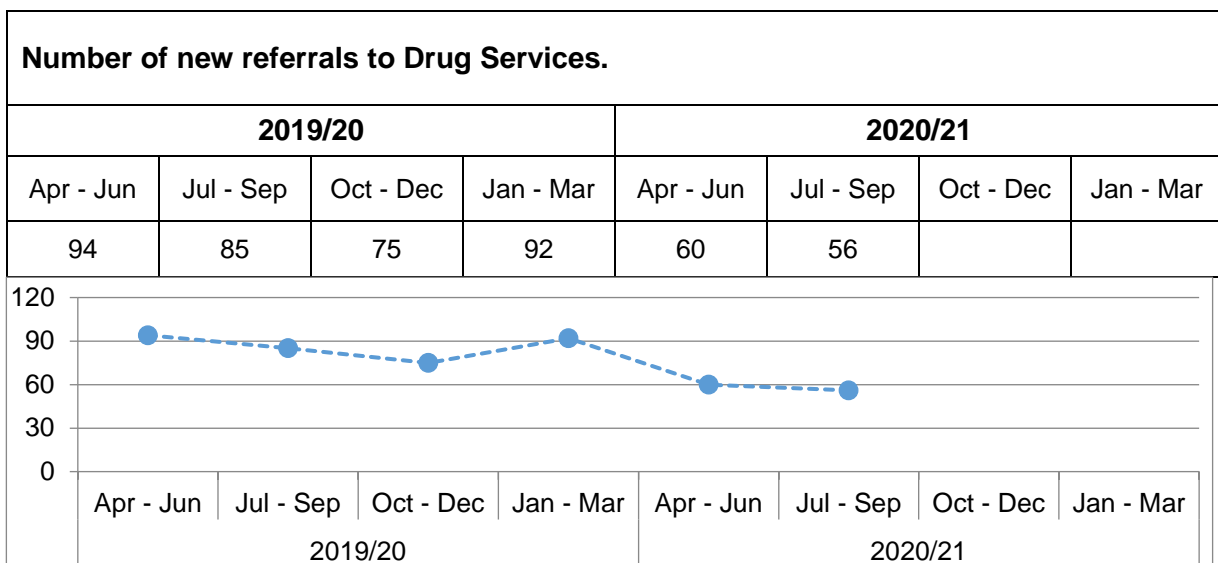
Full implementation of the review was paused at the beginning of the pandemic.

4.5 Throughout Covid, the key principle underpinning service delivery during this period has been the safe delivery of essential services based on a dynamic assessment of risk and vulnerability. This resulted in Red, Amber and Green categories being assigned to around 1100 service users to determine the level, frequency and type of contact.

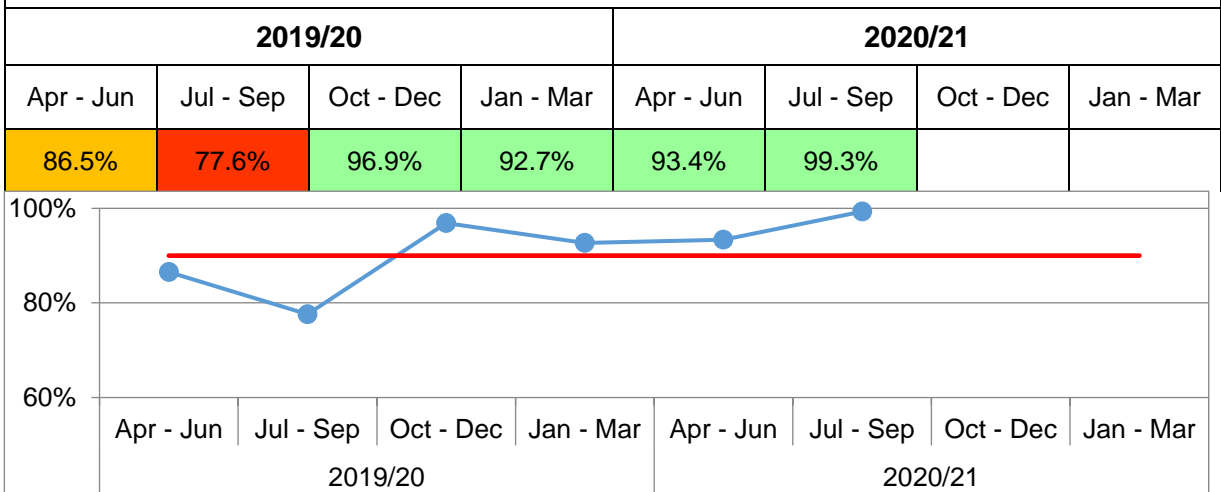
The most essential elements of the service have been:

- maintain a prescription management service and ensure the safe frequency of collection of Opiate Replacement Therapy (ORT) plus other controlled and medication for 580+ service users;
- delivery of ORT to service users self-isolating or on the shielding list;
- the supply of Injecting Equipment Provision, Locked Boxes and Naloxone (the injection used to treat an opiate overdose in an emergency situation) to service users; (in the 3 months, April to June 2020, 58 Naloxone kits had been distributed within Inverclyde compared to 133 for the full 2019/20 year).
- liaising with other teams and agencies when identifying other complex needs such as homelessness, mental health, community care and/or adult and/or child protection issue;
- Incrementally increasing face to face service contact.
- In line with NHS GG&C guidance Blood Borne Virus testing and Inpatient Alcohol Detox was immediately suspended at the beginning of the pandemic. As guidance has developed we have incrementally increased access to these, commensurate with other HSCP's.

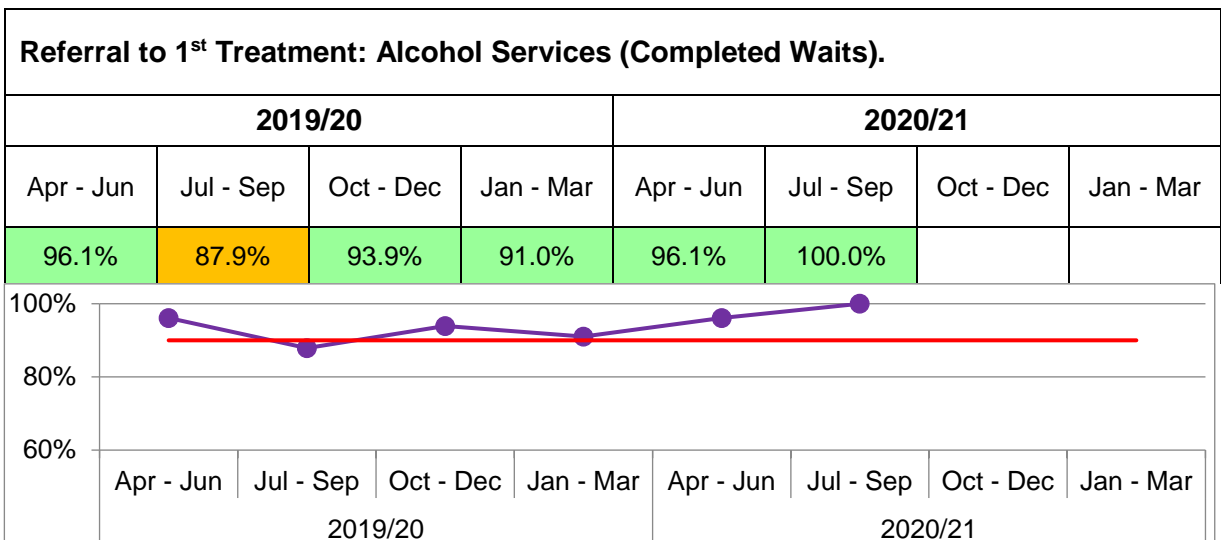
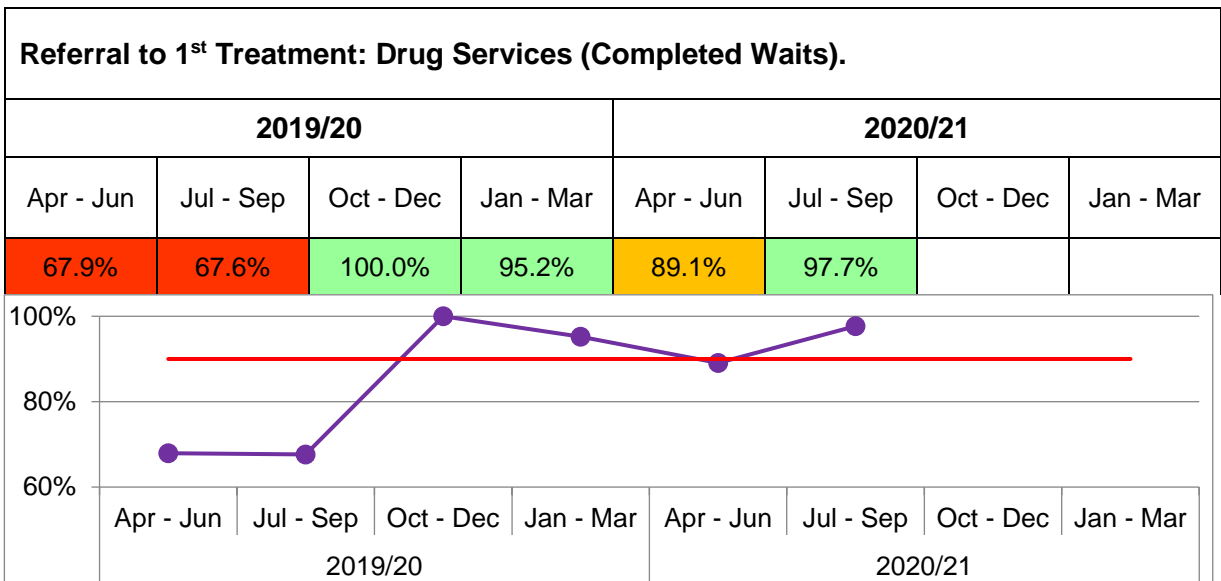
4.6 Performance Measures for ADRS



90% of clients will wait no longer than 3 weeks from referral received to an appropriate drug or alcohol treatments that supports their recovery. % Seen Within 3 Weeks (Completed Waits).



Red line is national target



4.7 Recovery

A key outcome from the Alcohol and Drugs Review was to develop a recovery strategy and implementation plan as part of the wider recovery framework and development of the Recovery Orientated Systems of Care (ROSC) across the HSCP. This is a key area of focus and is underway with an Inverclyde Recovery Development Group being established and Scottish Drugs Forum working with key partners in Inverclyde to develop the Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community. The Recovery Strategy and associated action plan are currently in development and are key components of the ADP delivery Plan.

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

- 4.8 Three contracts have been awarded to support recovery within Inverclyde (in addition to ongoing recovery activity) and are at various stages of delivery:

YourVoice - Recovery Development Coordinator Service. To further develop recovery communities and volunteer peer mentors across Inverclyde, with 15 peer mentors with lived experience now having being trained within the community. 12 are active at this time, this includes 6 newly trained peer mentors with 8 mentors supporting one mentee each by:

- Provide information to mentees on community services and supports that are available to them which may support their recovery journey
- Help build confidence and capacity of mentees to progress their recovery journey
- Assist people to access services / supports / initiatives to aid their recovery The mentors have supported wider work throughout Covid and supported over 50 referrals from the HSCP for support.
- The Inverclyde Recovery Café is now open on a Friday evening running at full capacity - 12 /14 people attending on a weekly basis with plans for online support. Other activities being progressed include Recovery walking group; Women' s Group and Men's Group

This activity will continue to grow and develop with the plan for the peer mentors to become more active and linked to services.

Moving On - Early Intervention Service. To provide support for people at early stages of developing alcohol and drug related conditions.

Scottish Families affected by Alcohol and Drugs (SFAD) Family Support Service. To provide a range of support services in partnership with and for families who are affected by someone else's alcohol or drug use. The post has been recruited to and will commence on 1st November 2020

One further contract, to develop Employment/Education and Meaningful activity opportunities for individuals recovering from alcohol or drug use has yet to be awarded.

5.0 DRUGS DEATHS

- 5.1 Tackling drug related deaths is a strategic priority for Inverclyde Alcohol and Drug Partnership. The latest figures regarding confirmed drug deaths are the 2018 figures of 24. Add in how relates to 2017 figures and wider GGC figures.

From the 2018 data we know that

- 67% of those who died were male and 33% female.
- The average age at death was 46.

- There was slight fall in people who have died being under 35 - for both women and men compared with previous years data.
- 37% of those who died were currently undergoing Opiate Substitute Treatment. This was a significant fall from over 60% in the previous two years.
- 37.5% of individuals had underlying health conditions, which reflects a steadily rising trend – in 2015 this figure was 12.5%.
- 87.5% of individual who died in 2018 were living in the poorest 20% of communities within Inverclyde.
- In 50% of cases toxicology reported three or more drugs present.
- High presence of Benzodiazepines and Atypical Benzodiazepines (Etizolam) which were both found in 80% of cases in 2018.
- Cocaine was present in 30% of deaths in 2018, increased from 18% in 2015.
- Of those who died in 2018, 44% had at some point been in prison and 26% had been in police custody within the 6 month period prior to their death.

5.2 Verified drug related death data for 2019 which was original due in July 2020, is not yet available due to the national issue around toxicology capacity. These figures are expected to be released in December 2020.

5.3 An Inverclyde Drug Related Deaths Monitoring Group has been established to develop better multiagency understanding of, and efforts to, reduce drug deaths locally.

Specifically this group will:

- Monitor trends in Inverclyde in drug-related deaths, including selected risk factors.
- Facilitate the review of drug-related deaths where the person was known to services.
- Facilitate the review of drug-related deaths where the person is not known to services.
- Scrutiny of current practice and lessons learned which will shape future service response.
- Identification of multiagency responses to reducing drug related deaths.
- Direct the strategic development of non-fatal overdose response as an important part of prevention and early intervention.
- Act as the steering group for the implementation of the Inverclyde Drug Death Prevention Strategy.
- Inform planning and strategic development of drug related death prevention plans.

5.4 This group has had its initial meeting and is currently developing processes including a multiagency approach to reviewing all drug related deaths, and in particular, deaths of people who were not known to ADRS services at the time of their death to ascertain learning, and required changes in practice and actions for all partners.

5.5 The Scottish Government has established the national Drug Death Taskforce with the aim to co-ordinate and drive action to improve the health and wellbeing outcomes for people who use drugs, reducing the risk of harm and death. The Taskforce has awarded Inverclyde £78,439 per year for two years for specific work related to delivering the Taskforce's six evidence-based strategies to help reduce drug-related deaths:

1. Targeted distribution of Naloxone;
2. Having an immediate-response pathway for non-fatal overdose;
3. Optimising medication-assisted treatment (MAT);
4. Targeting people most at risk;
5. Optimising public health surveillance; and
6. Ensuring equivalence of support for people in the criminal justice system.

5.6 Inverclyde ADP will utilise this funding to focus on key areas:

1. Increase Naloxone supply and distribution across Inverclyde including our statutory and 3rd sector partners. A part time dedicated Naloxone support officer to develop and oversee all Inverclyde ADP plans to increase Naloxone supply and delivery across all sectors will be recruited.
2. Extend the current ADRS liaison service to become the Liaison and Assertive Outreach Service to provide quick response times to undertake assertive outreach to bring people into treatment,

particularly following a non-fatal overdose, and support those most vulnerable to stay in treatment services.

3. By taking the joint approach of a nurse who can undertake a range of interventions with individuals who may not initially be in treatment (i.e. Mental health and physical health assessments; wound management; Blood Borne Virus (BBV) testing, supply and/or administration of a range of pharmacotherapies under the Patient Group Direction (PGD), provision of injecting equipment, harm reduction advice, referral pathways to other health care professionals etc.); working collaboratively with a 3rd sector peer support worker whose approach will be based on assertive outreach and peer to peer support; will prove to be a proactive approach to supporting those most at risk.
4. Develop protocols and quick access pathways with the local ED and through time Police Scotland, Scottish Ambulance and Fire and Rescue to ensure that anyone who has had a non-fatal overdose is referred within 48 hours to ADRS liaison and assertive Outreach service.
5. To implement a joint partnership approach with Police Scotland to primarily target those people whose crimes have been committed in order to sustain their dependency on drugs and/or alcohol. When arrested or held in custody, the aim would be to ensure swift referral and access into the ADRS Liaison and Assertive Outreach team.

5.7 The actions taken to reduce drug deaths will take time and may be impacted on by Covid.

6.0 IMPLICATIONS

Finance

6.1

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	Other Comments

Legal

6.2 There are no legal issues within this report.

Human Resources

6.3 There are no Human Resources issues within this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

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

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

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

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. Many of the service users affected by drug and alcohol issues are from areas of deprivation and suffer greater inequalities. Through delivering more recovery orientated care should bring positive impact on service users ability to engage more meaningfully within the community.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.5 Repopulation

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

7.0 CONSULTATION

7.1 As part of the review, a reference group has been established supported by Your Voice and staff representatives have been involved in all workforce change elements.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Report To:	Health and Social Care Committee	Date:	22 October 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/41/2020/SMcA
Contact Officer:	Sharon McAlees	Contact No:	01475 715282
Subject:	MIGRATION AND RESETTLEMENT ISSUES		

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the Council's involvement in current Government refugee schemes and support to other migrants and to seek approval in principle to recommence refugee resettlement in Inverclyde via participating in the Government's new arrangements for accommodating and supporting refugees which were announced, by the then Home Secretary, in June 2019.

2.0 SUMMARY

- 2.1 The Council has been participating in three refugee schemes run by the UK government through the Home Office. The refugee schemes are the Afghan Relocation Scheme, the Syrian Vulnerable Persons Resettlement Scheme and the Vulnerable Children's Scheme.
- 2.2 In addition, other migrants arriving in the area, including European Economic Area nationals, are given appropriate advice, guidance and assistance to facilitate their settlement and integration in Inverclyde.
- 2.3 The Home Secretary made an announcement on 17 June 2019 to confirm the Government's ongoing commitment to resettlement, announcing plans for a new UK Resettlement Scheme which will see thousands more refugees provided with a route to protection when it was anticipated to begin in 2020. The new scheme has been delayed by the ongoing pandemic crisis and discussions are underway for its recovery plan.
- 2.4 The UK Resettlement Scheme will consolidate the existing Vulnerable Persons' Resettlement Scheme (VPRS), Vulnerable Children's Resettlement Scheme (VCRS) and Gateway Protection Programme which will all naturally come to an end in 2020. This new scheme will be open to refugees identified by the United Nations High Commissioner for Refugees (UNHCR) to be in need of resettlement to the UK because of their vulnerability and does not have a specific geographical focus. The European Union Settlement Scheme is also likely to impact on Council Services, depending on the outcome of Brexit negotiations.
- 2.5 The Home Office is also keen for local authorities in Scotland to participate in widening asylum seeker dispersal and to become involved in the National Transfer Scheme for Unaccompanied Asylum Seeking Children. Consideration is being given to mandate councils in Scotland to participate in respect of this if voluntary agreement is not reached.

3.0 RECOMMENDATIONS

The Health and Social Care Committee is asked to:-

- 3.1 Note the existing work of the Council in successfully integrating migrants in Inverclyde;

- 3.2 Approve in principle recommencement of the resettlement of families under the Syrian Vulnerable Persons Resettlement Scheme and subject to detail on financial implications to committee
- 3.3 Agree that Inverclyde will participate in the new UK Resettlement Scheme and assist EEA nationals who require assistance under the European Union Settlement Scheme; and
- 3.4 Approve the strategic direction for the New Scots Service as outlined in this report.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde has been participating in three Government Resettlement Programmes, the Afghan Relocation Scheme, the Syrian Vulnerable Persons' Resettlement Scheme and the Vulnerable Children's Resettlement. The first Afghan families arrived in March 2015 and the first Syrian families arrived in November 2015. A further family, under the Vulnerable Children's Scheme, arrived in December 2017. When introducing these schemes, the UK Government asked local authorities to take the lead in accommodating and supporting individuals and families arriving in the UK. The decision on how to accommodate and support was left to individual councils, some, although none in Scotland, sub-contracted all of the arrangements out to community and third sector organisations.
- 4.2 Currently the Inverclyde HSPC 'New Scots' Refugee Integration Team coordinates all support for refugee families in Inverclyde and this involves a number of commissioned services. The team provides all support required to enable a family to establish their new life in Inverclyde from the point they arrive at Glasgow airport. This includes airport pick up, securing and furnishing tenancies, materials and food for the home on arrival, support to register with medical services, access to bespoke mental health supports, support to apply for benefits, introduction and support to make community links, access to courses to learn language, assistance to commence voluntary work, support to secure employment, managing tenancies, and supporting children into their education are core activities.
- 4.3 All the refugee families are provided with a service from the refugee integration team which fits with the Nurturing Inverclyde vision to 'Get It Right for Every Child, Citizen and Community' and close attention is paid to attending to all aspects of the wellbeing indicators of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. In addition by ensuring the Health and Social Care Partnership provides a co-ordinated and supportive introduction to the area the team contributes the Inverclyde Alliance Strategic Priorities of stabilising the population, addressing any inequalities for this minority group within the community at the earliest opportunity and enhancing the culture in Inverclyde to contribute to making the community an attractive place to live, work and visit.
- 4.4 To date, a total of 55 families have resettled in Inverclyde. A number of Afghan families (18) have left the area but not for any reasons associated with their experience of living in Inverclyde. The main reasons given were, lack of a mosque (and therefore no Imam for the religious education of their children), little access to affordable halal meat, desire to live closer to a larger Afghan community, a wish to live near friends and/or family and greater employment opportunities. In contrast, no Syrian families have enquired about leaving the area and, in fact, Syrians from other parts of Scotland and the UK, as well as Europe, have come and settled in Inverclyde, partly because of family connections but also because of the quality of support and services. There are currently 35 families and individuals who arrived under the three previously detailed Government Schemes, this is made up of 64 adults and 60 children. The arrival of two new families will take this up to 70 and 65 respectively. In addition, we provide advice, guidance and assistance to two families who have arrived from another Scottish Local Authority and four other individuals.
- 4.5 Staff from the 'New Scots' Refugee Integration Team also provide support to other migrants who arrive in the area. These include former asylum seekers who have been granted refugee status, support only asylum seekers who do not request accommodation and EEA nationals. River Clyde Homes (RCH) have recently reached an agreement with the Scottish Refugee Council, whereby asylum seekers who have been living in Glasgow and been granted refugee status will be referred to RCH and shown properties to see if they would be interested in moving to the area. In response to this the refugee integration team has agreed a process and will maintain communication with RCH to ensure we are aware of and have the resources to support

any individuals moving to the area by applying for the appropriate funding from the Home Office. To date, there have been three cases of this type moving into the area and more can be expected in future.

- 4.6 Refugees who have come to the UK as part of the Syrian Resettlement Team or the Vulnerable Children's Scheme have the same rights as other citizens and can arrive in the area because they have family in Inverclyde and wish to relocate without officially transferring. This would mean that the local authority would receive no additional funding from the Home Office to support these individuals. To date the New Scots team has managed to liaise with the Home Office and the other local authorities to arrange a transfer of funding for every family or individual who has relocated to the area therefore maintaining an oversight and some involvement with all refugee families coming to Inverclyde.
- 4.7 The EU Settlement Scheme may also see EEA nationals approach the Council for advice and, potentially, support, depending on the outcome of Brexit negotiations. In order to support these individuals, and to give advice to families as they approach living in the UK for five years and have to apply to remain in the country, the locality requires access to registered and accredited Immigration Advisors. The citizens advice bureau has been funded to provide this advice across Scotland and Inverclyde share this dedicated resource with East Renfrewshire.
- 4.8 The Home Office is also in discussions with the CoSLA Strategic Migration Partnership about widening the asylum seeker dispersal scheme and asking more local authorities to become involved. Inverclyde has participated in discussions with CoSLA and the Home Office regarding this, however, things are still at a very early stage and certain conditions would have to be agreed before any further progress was made. The Council has also been asked to participate in the National Transfer Scheme for Unaccompanied Asylum Seeking Children but is not in a position to do so at present. Again, certain conditions, including financial considerations, would have to be met before any agreement was reached. Currently councils are being consulted on their ability to participate in these schemes however the emerging crisis in respect of settling these vulnerable groups has raised some suggestion that if voluntary agreement with a sufficient number of councils cannot be reached that areas may be mandated to participate.
- 4.9 The UK Resettlement Scheme, in its first year, will look to resettle categories of refugees broadly similar to those under existing schemes, with the majority coming from the Middle East and North Africa. However, over time the nationalities of refugees settled may change in response to world events and the global context. In the first year of operation of the new scheme, the UK will aim to resettle in the region of 5,000 refugees. Decisions on the number of refugees to be resettled in subsequent years will be determined through future spending rounds. Year on year, resettlement volumes are likely to fluctuate according to the flow of referrals from overseas and the availability of suitable accommodation and support in the UK. Local authority participation in the new scheme will continue to be voluntary at this stage, with refugees allocated in the same way as currently under the existing schemes.
- 4.10 The option of continuing to participate in the scheme going forward could bring significant further benefit to the council by adding Home Office funding to Health, Education and Social Work Service budgets, by developing existing community and third sector resources and by contributing to the Council's agenda to support repopulation and to reduce inequalities to make Inverclyde a better place to live.
- 4.11 The introduction of the new Resettlement Scheme, which is a consolidation of arrangements, would also allow the Council to review the role and size of the Refugee Integration Team contingent on the scale of involvement in the scheme. It also offers the opportunity to look at current posts in place and explore longer term contracts for the team as funding from the Home Office will be available for five years from the date of families' arrival.

- 4.12 There is currently no available information on a preferable staffing ratio for working with the refugee groups and this would be difficult to ascertain as a result of the wide ranging issues presented by the individuals using the scheme. The refugee families have varied levels of vulnerability, physical and mental health considerations and social and educational backgrounds. For comparative purposes, contact was made with Renfrewshire Council to look at the size and structure of its team. Renfrewshire currently supports a total of 43 families, comprising 78 adults and 89 children. It may need to increase once more families resettle however this will be linked to the financial paper.
- 4.13 The New Scots Team operate very effectively as a result of the small size of the authority and the close working relationships the team have established with other agencies, services and community groups in the area.
- 4.14 The Inverclyde Migration Group, which was formed when the Council agreed to accept Afghan Refugees under the Afghan Locally Engaged Staff Relocation Scheme, will continue to meet over the course of the programme and address issues relating to community response and engagement, monitoring demand along with viability in regard to availability of social housing, school places, the impact on health services, to consider resource implications to support the development of the future strategic direction of the service. The Group membership covers all of the Council's key community planning partners as well as organisations from the Third Sector. Social Work, Health, Education, Police, Department of Work and Pensions, Registered Social Landlords are all members of the Group along with participating Third Sector Organisations such as Your Voice, The Trust etc. An annual report detailing the development of the New Scots Service, how its objectives are being met and how it links with other local and national strategic outcomes shall be submitted to the Corporate Management Team, Policy & Resources Committee and Health & Social Care Committee.
- 4.15 Considered planning in respect of stepping down services at the end of the five year period of support is required for each family. A key component of this would be the ability of the Integration Team to access accredited legal advice on immigration matters, along with ensuring that all families will have become fully integrated into the local community over that period. The failure to ensure that families apply for indefinite leave to remain in the UK at the end of the five years will leave an intolerable financial burden on the Council. This is because as their leave to remain in the UK expires, people will have no recourse to public funds and will lose entitlement to welfare benefits and social housing and will look to the local authority for financial support and accommodation. Legal opinion is firmly of the view that local authorities will have a duty to provide this. It is, therefore, crucial that staff within the team become registered and accredited advisers with the Office of the Immigration Services Commissioner.

As the case studies (background paper 7.1) illustrate, many of these vulnerable families may require support beyond the five year period funded by the Home Office, assuming they have their leave to remain extended or made indefinite.

5.0 IMPLICATIONS

Finance

- 5.1 Depending on the number of families which locate in Inverclyde there could be significant implications. Officers will bring a report back to Committee outlining these before a final decision is taken.

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

5.2 Legal

There are no new legal duties place on the Council as a result of this report.

5.3 Human Resources

Should the report be approved, a review of required staffing levels will be carried out and a further report on additional staffing requirements be completed. Any costs arising from this will be met by the income derived from the Home Office.

5.4 Equalities

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

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

5.5 Repopulation

The recommendations contained in the report will result in an increase in the local population and become a key component of the Council's ongoing repopulation strategy.

6.0 CONSULTATION

6.1 The Corporate Management Team agrees with the proposals in this report.

7.0 LIST OF BACKGROUND PAPERS

7.1 Policy and Resources Committee Paper 14th November 2017 (Item 16)

<https://www.inverclyde.gov.uk/meetings/meeting/2010>

Report To:	Health & Social Care Committee	Date:	22 October 2020
Report By:	Corporate Director Environment, Regeneration & Resources	Report No:	SL/LP/110/20
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 reports are submitted for the Committee's information:

- Inverclyde Wellbeing Service (Tier 2)
- Reconvening of Inverclyde Joint Adult Support and Protection Inspection
- Learning Disability Redesign – LD Community Hub

2.0 RECOMMENDATION

2.1 That the above reports be noted.

Report To: Health & Social Care Committee **Date:** 22 October 2020

Report By: Louise Long
Corporate Director
Inverclyde Health & Social Care
Partnership **Report No:**
SW/34/2020/SMcA

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

Subject: INVERCLYDE WELLBEING SERVICE (TIER 2)

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the commencement of Inverclyde's Children and Young People's Wellbeing Service.

2.0 SUMMARY

- 2.1 A number of policy drivers including the Scottish Government's 10year Mental Health Strategy places children and young people at the centre of the early intervention and prevention agenda. The independent Children and Young People's Mental Health Task Force and the supplementary work of Audit Scotland's report on children and young people's mental health outlined a range of recommendations to improve how mental health services are delivered to young people.
- 2.2 A range of consultations across Inverclyde during the development of the HSCP Strategic Needs Plan in particular Big Action 2 (Nurturing Inverclyde will give our children the best start in life) and Clyde Conversations identified mental health and wellbeing as a key priority for the people of Inverclyde.
- 2.3 In 2019 agreement was given to jointly commission a service that would help improve the wellbeing and mental health needs of children and young people across Inverclyde. Funding was provided by Scottish Government Grant and the Integration Joint Board Transformation Fund.
- 2.4 Action for Children were awarded the contract. They have been working through the implementation and mobilisation phase and the service commenced on 1 September 2020. Inverclyde's Children and Young People's Wellbeing Service will deliver a whole system approach to early support and intervention. The 52 week service will promote children and young people's wellbeing and increases resilience through a range of services including one-to-one counselling, group work, family support as well as preventative activities.
- 2.5 The approach taken by Inverclyde is viewed as innovative and the anticipated challenges for the Inverclyde community as it seeks to recover from the far reaching consequences of the Covid pandemic further confirms the need for this service. It is hoped that at some point in the future when current restrictions have relaxed a formal launch of the service can take place and young people will be involved in providing a name for the service.

- 2.6 A report on the progress of Inverclyde's Children and Young People's Wellbeing Service will be progressed through the relevant committee structures in line with the governance frameworks.

3.0 RECOMMENDATIONS

- 3.1 Members of the Committee are asked to note the contents of this report and the progress of Inverclyde's Children and Young People's Wellbeing Service.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 A child and young person's emotional wellbeing is influenced by their combined environmental, psychosocial, behavioural and protective factors that they experience; all of which may strongly influence their outcomes for later life.
- 4.2 The national approach of Getting It Right for Every Child (GIRFEC) is to ensure that every child gets the right, help at the right time to reach their potential in a relationship based way that mitigates the inequalities that they may experience. Strategic analysis of Inverclyde highlights that our adult and child population face some of the most challenging consequences arising for intergenerational inequality.
- 4.3 A number of policy drivers including the Scottish Government's 10year Mental Health Strategy places children and young people at the centre of the early intervention and prevention agenda. The independent Children and Young People's Mental Health Task Force and the supplementary work of Audit Scotland's report on children and young people's mental health outlined a range of recommendations to improve how mental health services are delivered to young people.
- 4.4 A range of consultations across Inverclyde during the development of the HSCP Strategic Needs Plan in particular Big Action 2 (Nurturing Inverclyde will give our children the best start in life) and Clyde Conversations identified mental health and wellbeing as a key priority for the people of Inverclyde. Inverclyde's Children and Young People's Wellbeing Service is joint service response to this delivering a whole system approach to early support and interventions that enhance wellbeing.
- 4.5 Following a joint commissioning and procurement process Action for Children was awarded the contract to work alongside the HSCP, Education Service, and key stakeholders by providing a range of Tier 2 interventions through a single point of access that is aligned to our local GIRFEC pathway.
- 4.6 The interventions provide additionality to what is already available in Inverclyde and will reduce the pressures on the Tier 3 Children and Adolescent Mental Health Service through a structured whole system response based on:
 - **Prevention** - Awareness raising, Digital Toolkit – Can't Talk, Write and Talktime Sessions (lunchtime drop ins, in school);
 - **Early Help** (Evidence Based Programmes) - Friends Resilience in Primary and The Blues Programme in Secondary;
 - **Targeted Counselling** - CBT principles, solutions focused, My Mind – Outcomes Star for Mental Health and Step down to groups;
 - **Risk Management** - De-escalation, Mind Of My Own App and Access to Functional Family Therapy.
- 4.7 Alongside this, there are significant community benefits that offer sustainability through staff capacity building in the form of training and mentoring. In addition to this, the service has provided local employment opportunities including the community benefit element of the contract providing employment for a care experienced young adult.
- 4.8 The impact of the Wellbeing Service will tracked through the GIRFEC pathway and the governance framework that will report to the Committee annually.

5.0 IMPLICATIONS

Finance

- 5.1 The Scottish Government has confirmed funding of £948,000 over a 4 year period to support the Wellbeing Service. In addition to this the Integration Joint Board and Education Services have contributed a one off sum of £150,000 each to support the Service. As a result, £1,248,000 funding is available over the term of the Service delivery.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

- 5.2 There are no legal issues within this report.

Human Resources

- 5.3 There are no human resources issues within this report.

5.4 **Equalities**

- (a) Has an Equality Impact Assessment been completed

	YES
X	NO EQIA was completed when service was initially developed. This paper is not introducing a new policy but updating service has now commenced.

- (b) Fairer Scotland Duty

Has there been active consideration as to how the recommendations reduce inequalities of outcome

X	YES The Duty requires local authorities to actively consider (pay due regard to) inequalities of outcomes caused by socio-economic disadvantage. The service is accessible to all Inverclyde school age children some of whom will generally live on a low income and are subject to material and area deprivation. The service will have a positive impact on their wellbeing
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(c) Data Protection

Has a data protection assessment been completed

X	YES Sensitive data will be processed and data protection assessment completed when service plan developed and data processing agreement in place

5.5 Repopulation

There are no repopulation issues.

6.0 CONSULATION

6.1 None.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Report To:	Health & Social Care Committee	Date:	22 October 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SW/37/2020/AS
Contact Officer:	Allen Stevenson Head of Health and Community Care	Contact No:	01475 715212
Subject:	RECONVENING OF INVERCLYDE JOINT ADULT SUPPORT AND PROTECTION INSPECTION		

1.0 PURPOSE

- 1.1 The purpose of this report is to brief the Committee on the proposed plan to reconvene the Inverclyde Joint Adult Protection inspection, led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary.

2.0 SUMMARY

- 2.1 The Inverclyde Joint Inspection commenced in January 2020 with progress being made until the suspension of the programme as a result of the COVID-19 pandemic. The majority of the inspection was complete, with casefile reading of social work, health and police records along with staff focus groups the two elements outstanding.
- 2.2 As part of their Recovery Plan, the Lead Inspector from the Care Inspectorate has advised that it wishes to reconvene the inspection.
- 2.3 A formal approach has not yet been made but discussion has taken place between the Head of Health and Community Care, Service Managers and the inspecting organisations to discuss whether two proof of concepts can be tested in Inverclyde.
- 2.4 Inspectors wish to use the remainder of the Inverclyde Joint Inspection to test proof of concepts both involving file reading case files remotely in order to comply with COVID-19 regulations and rather than visit Inverclyde to carry out the inspection from different locations.
- 2.5 If successful, this will enable the Inverclyde Inspection to reach a full conclusion and allow inspectors to adopt the proof of concepts as the recognised methodology for future joint Adult Protection Inspections across Scotland.
- 2.6 A formal letter to reconvene the inspection is due imminently which will set out a programme of activity with associated timescales.

3.0 RECOMMENDATIONS

- 3.1 The Health & Social Care Committee is asked to note the contents of the report.

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

4.0 BACKGROUND

- 4.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at the time inspectors stood down due to the COVID-19 pandemic.
- 4.2 The Care Inspectorate has advised that it wishes to test two proof of concepts in order to conclude the Inverclyde inspection which, if successful, will become the recognised methodology for future inspections across Scotland.
- 4.3 The two proof of concepts require that file reading takes place out-with Inverclyde.
- 4.4 The first proof of concept is for one team of inspectors to be based securely in a central Care Inspectorate location with remote, read only access to systems in order to undertake file reading.
- 4.5 The second proof of concept is for a smaller team of inspectors to be based securely in their own homes with remote, read only access to systems in order to undertake file reading.
- 4.6 The Care Inspectorate is currently undertaking a Data Protection Impact Assessment (DPIA). This will document the end to end processes for each proof of concept, highlighting risks and controls to mitigate them.
- 4.7 The most effective and efficient way to access social work records is to provide inspectors with Inverclyde Council laptops with read only access to SWIFT and CIVICA. This will enable them to access the Adult Protection module and associated records and documents.
- 4.8 Pre-file reading training will be given by the Performance and Information Team prior to the actual file reading to ensure that Inspectors can access the system.
- 4.9 Trainers and practitioners will be identified to offer inspectors remote support throughout the file reading period.
- 4.10 Inspectors will be issued with Inverclyde Council laptops to undertake the file reading. SWIFT(Social work information system) and CIVICA (document management system) will be installed to enable read only access for social work records and special software will also be added to ensure the Inspectors can read health files
- 4.11 Her Majesty's Inspectorate of Constabulary in Scotland have made separate arrangements with Police Scotland to have access to the appropriate platform for remote, read only access to police records.
- 4.12 On completion of the file reading, remote focus groups with staff will take place to conclude the Inverclyde Joint Adult Protection Inspection.

5.0 PROPOSALS

- 5.1 To facilitate the Inspection team with read only access to the Social work information system and access to PDF copies of partners files with their agreement.

6.0 IMPLICATIONS

6.1 Finance – None

One off costs

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

Annually Recurring Costs/(Savings)

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

Legal

6.2 No implications

Human Resources

6.3 No implications

Equalities

No implications

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

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

(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. The Data Protection Impact Assessment is in progress

NO

Repopulation

6.5 No implications.

7.0 CONSULTATIONS

7.1 The report has been prepared after due consideration with relevant senior officers in the HSCP.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Report To: Health and Social Care Committee **Date:** 22 October 2020

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/36/2020/AS

Contact Officer: Allen Stevenson
Head of Health and Community
Care
Inverclyde Health and Social Care
Partnership (HSCP) **Contact No:** 01475 715212

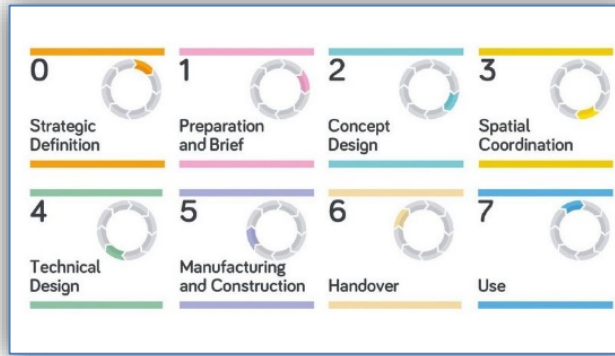
Subject: LEARNING DISABILITY REDESIGN – LD COMMUNITY HUB

1.0 PURPOSE

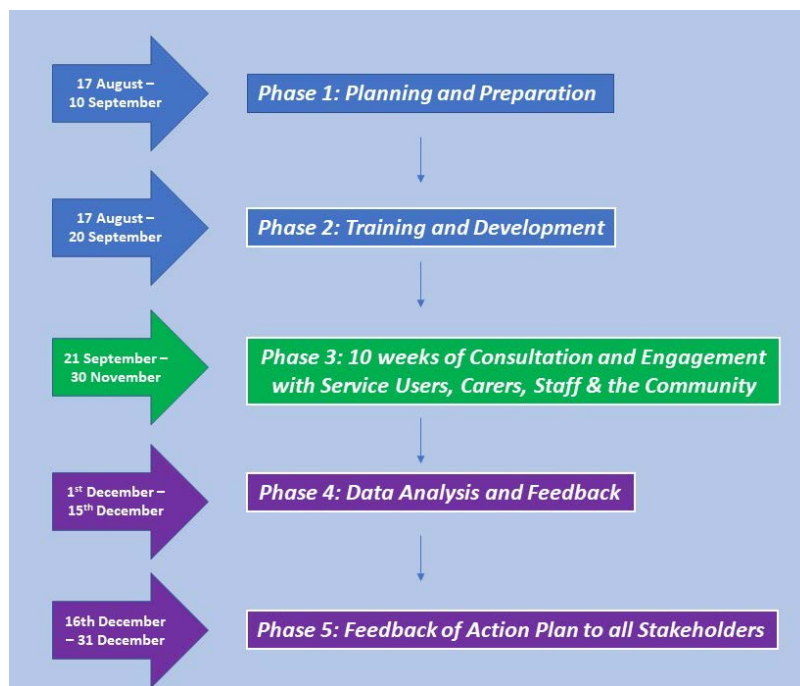
- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the decision by the Inverclyde Council in early 2020 of the inclusion of £7.4 million funding for the new Learning Disability Hub at the former Hector McNeil Baths site within the 2020/23 Capital Programme and to advise of ongoing development work in the design of the Learning Disability Community Hub.

2.0 SUMMARY

- 2.1 The Outline Business Case was presented to the Corporate Management Team in July 2019 outlining the work undertaken to date in progressing with the LD Redesign.
- 2.2 The former Hector McNeil Baths site was agreed by the Inverclyde Council in early 2020 for the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme and giving the go ahead for the development of the site to be progressed by the HSCP and Property Services.
- 2.3 In mid March 2020, the continuous community transmission of COVID-19 and the resultant cessation of non-critical Health and Social Care services resulted in staff resources being focused on critical health and social care service support, including the learning disability service. Despite services being diverted to respond to COVID, virtual work continues with the LD Community Hub design to develop the former site in terms of the early building and open space concept and online consultation with service users facilitated by The Advisory Group.
- 2.4 The HSCP LD Redesign Programme has, to this point, demonstrated the importance of involving people at as early a stage as possible, to ensure the voice of people with LD and/or Autism and their families, have been fully involved and engaged in any changes and developments thus far. There are eight stages which require to consideration in the development of the Learning Disability Hub.



- 2.5 The HSCP remains committed to continuing this engagement process in the development of the new LD Community Hub throughout each phase of the programme, and crucially in the *'Developing the Design'* phase scheduled at this time, from August 2020 through to March 2021.
- 2.6 In partnership with our Lead LD independent organisation, The Advisory Group (TAG), and the Carers centre, the HSCP has developed a Communication and Engagement Strategy with timelines for involving people throughout the programme of works, indicatively scheduled from August 2020 through to construction and completion Winter 2022. Each milestone and phase of the programme will have its own activity timeline.



- 2.7 By developing and engaging with networks we aim to foster a participatory and collaborative environment to achieve the best possible outcomes for people with LD and /or Autism and their families in Inverclyde. By adhering to these principles, we will also be complying with the *'National Standards for Community Engagement for planning'* (Voice Scotland, National Standards for Community Engagement, 2015).

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the former Hector McNeil Baths site being agreed by the Inverclyde Council in early 2020 for the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme.
- 3.2 The Health and Social Care Committee is asked to note that despite services being

diverted to respond to COVID-19, virtual work continues with Property Services to develop the former site in terms of the early building concept and online consultation with service users facilitated by The Advisory Group.

- 3.3 The Health and Social Care Committee is advised that service user, carer and staff consultation will be a key consideration in the development of the LD Community Hub.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Following the Strategic Review which set out the case for change, the Learning Disability Redesign was progressed to:-

- Develop a new model of day opportunities for adults with LD, with clear service access criteria.
- Merge two LD day centres on an interim basis, into one service on the Fitzgerald Centre site.
- Seek a longer term development to create a new community hub to accommodate day opportunities resources for people with LD and Autism with more complex needs, requiring building based support.
- Ensure ongoing, significant review of all LD packages of care to ensure that packages are delivering high quality support to people in achieving their personal needs and outcomes and are financially sustainable.

4.2 An original list confirmed 28 potential sites identified across Inverclyde. Following option appraisal work this reduced to 8 and then 4 and then 2 sites which were considered within the Feasibility Study.

4.3 The Integration Joint Board of 10 September 2019 approved the creation of a £526k Earmarked Reserve to meet one-off costs associated with the project. £100k was allocated for site investigation works on the two emerging sites, with the balance set aside to meet any one-off costs associated with the project, out with any funding approved by the Council. Both sites were subject to more detailed site investigation work in order to reach a preferred site. This concluded in December 2019.

4.4 The Health and Social Care Committee recommended the former Hector McNeil Baths site which was subsequently agreed by the Inverclyde Council in February 2020 for the inclusion of funding for Disability Hub within the new Learning the 2020/23 Capital Programme.

5.0 IMPLICATIONS

Finance

5.1 One off Costs

It is proposed that the development be funded by Prudential Borrowing. A £360,000 allowance was factored into the December, 2019 Financial Strategy.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Capital	Learning Disability	2020/23	7300-7400		Estimated Capital Cost of the range of the development
CFCR	Learning Disability	2020/23	265		Estimated kit out and ICT costs Funded from EMR.

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
General Fund	Loans Charges	2022/23	360		Estimated loans charges to deliver the £7.3-7.4m investment.
Learning Disabilities	Running Costs	2022/23	1,327		Estimated sum available for the running costs of the new facility

Legal

- 5.2 Hector McNeil Baths site is Common Good land which requires to be re-appropriated through legal processes, potentially taking over one year, depending on any objections. This will also incur legal costs which have not been included in the report. A similar exercise was recently concluded in respect of Lady Alice Bowling Club which occupies part of the same site. The public consultation required in respect of the re-appropriation of the Hector McNeil site is progressing with public notices now in place around the site perimeter and notices arranged for publication in the local press at the end of September.

Human Resources

- 5.3 There are no human resources issues within this report.

Equalities

- 5.4 There are no equality issues within this report.

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

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

- (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?

x

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

NO

Repopulation

5.5 No implications

6.0 CONSULTATION

6.1 The recommendations in this report are supported by the Corporate Management Team and Integration Joint Board.

6.2 There has been ongoing consultation sponsored by the Learning Disability Programme Board. This consultation has consulted on the service requirement for a new resource hub and the rationale for a community location but has not consulted on a specific site.

7.0 LIST OF BACKGROUND PAPERS

7.1 Appendix 1. LD Services September 2020 Newsletter.

Inverclyde HSCP Learning Disability Newsletter



September 2020



Hello everyone,

We wrote to you in July to tell you about the plans for reopening some of our Day Opportunities and Residential Respite Services, beginning with those who were most critical need. I am pleased to hear that since August we have been able to provide support for these people in a safe way both in the building at Fitzgerald and in the community.

Although the numbers of people are limited and session times are limited, staff have offered essential support to people and their family carers.

I would like to take this opportunity to thank you for your patience in this process and for your understanding that we need to do things slowly and in the safest way possible for everyone's wellbeing whilst following all the COVID19 guidance provided.

We continue to review the local position with regards to any growing concerns about potential outbreaks of the virus within our local community and consider any changes we may need to make as per Scottish Government guidance.

Everyone's cooperation and support has been appreciated as we work together in what has been, and continues to be, an incredibly challenging time.

In the July newsletter I highlighted that work to develop our new Learning Disability Community Hub remains ongoing and my number one priority and that of the HSCP. I would like to reiterate how important it is for the HSCP to involve you and for you to have a voice in its design and development.

We now have a programme of consultation and engagement with you, service users, carers, staff and the wider community beginning in September 2020

Further in the newsletter we will highlight the process that was used to reach the decision to use the old Hector McNeil Swimming Baths site in Brachelston Street, Greenock and to explain the steps that need to be taken in order to design and build the new Hub. It's an exciting time ahead.

Michael and The Advisory Group (TAG), alongside Lorna and her Team from Inverclyde Carers Centre and other members of the Communication and Engagement Team are committed to ensuring your views and ideas will help shape the development of the Hub and that it meets the needs of people in Inverclyde with Learning disability and those with Autism and their families.

Allen Stevenson
Head of Health and Community Care



The Process so far...

The redesign of services and supports for people with Learning Disability and/or Autism in Inverclyde has meant people have had to adapt to some changes, some being difficult others exciting and welcomed.

Through the changes we have secured £7.4 Million to develop the new LD community HUB to be built on the old Hector McNeil Swimming Baths on Brachelston Street in Greenock.

We want to explain the process for choosing this site.



We asked service users, staff and carers their thoughts on possible sites which were all considered when an appraisal exercise was carried out.

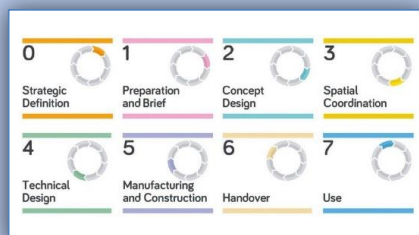
The short-listing exercise was carried out by various stakeholders across different departments in the council, from our own staff teams, finance, property services, TAG and Your Voice. Those taking part were asked to score the sites based on what service users, staff and carers had told us was important factors to consider along with what we knew was needed to support people safely in a building, alongside other building and environmental factors. This stage was called the option appraisal and was confidential as it was important to follow Council rules and regulations due to its sensitivity.

The site on Brachelston Street scored high and became the preferred option due amongst other factors, to being close to the town, local transport links, sports complex's and other local amenities and its size and condition and being owned already by the Council.

This site is more suited to a HUB for people with LD unlike the current Fitzgerald Centre which is positioned at the top of a hill, not good for people in wheelchairs or with mobility issues, away from the community and amenities in an industrial environment. The Brachelston St site location will mean people being and feeling more included and integrated in their local community.

It has taken a lot of hard work and time over the past few years supported by you all, to allow us to get to this point. The next phase of building and design comes now. We are excited to have your expert input and experience to help us to enable Inverclyde to have a facility that will improve people with Learning disability and /or Autism's health and wellbeing and one that we can all be proud of.

Next Steps ...



There are 8 stages that must be completed in order to get to the finished building of the hub.

We are currently at Stage 1 of this programme.. We will keep you updated through our newsletters and ongoing engagement sessions throughout this process.

How will we do it?

In preparation for the next phase of planning and designing the new hub, we now have a new Communication and Engagement Strategy. The strategy outlines the importance the role communication and engagement will play in the design of the new community hub, but also in the continued development of learning disability services in Inverclyde.

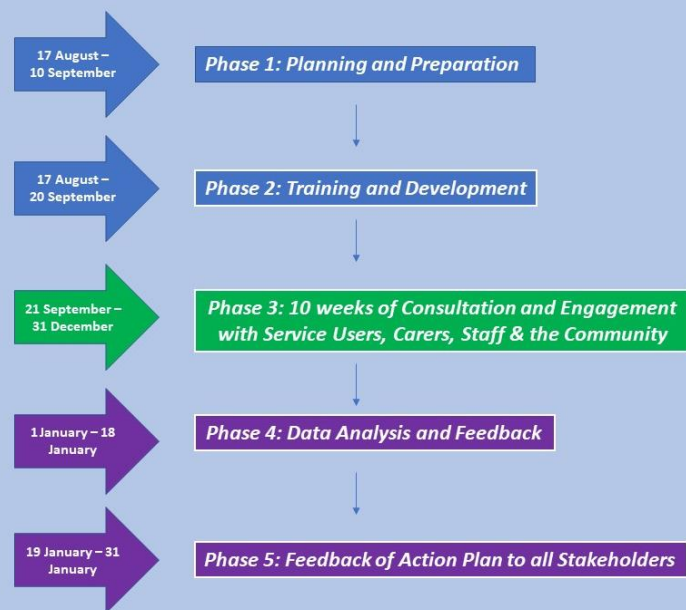
The focus of the strategy will be engagement around:

- The design and development of the new LD community hub
- Implementation of a new learning disability service model
- Implementation of the Inverclyde Autism Strategy
- Development of process for transition into adulthood
- Inverclyde HSCP transport policy and provision (consultation currently suspended due to the impact of Covid-19)

Get involved...

Inverclyde HSCP are committed to ensuring that service users, staff, carers and the wider community have a say in the look and design of our Learning Disability Community Hub.

In partnership with The Advisory Group and Inverclyde Carers Centre, we will be asking for your opinions on what the new Hub should look like. Unsurprisingly, we won't be able to meet everyone the way we normally would because of Covid-19 restrictions.



However, we have set up a series of virtual meetings for people to log in to and take part in some conversations. We really want to hear your thoughts and will have a few ways people will be able to input!

We need people with a learning disability whether you receive support from the HSCP, attend college or local social clubs in Inverclyde, we want you to get involved with our 'Expert Team' so people with learning disabilities are at the forefront of helping to shape this modern new community facility!

Having Your Say...

Engaging with Service Users – EXPERT TEAM

We need people with a learning disability in Inverclyde to come and join our 'Expert Team' to help develop the new hub.

This will involve taking part in some online chats with Michael from TAG to speak about the design, function and what goes on in the hub!

Please either get in touch with Michael or return the attached form if you or someone you support would like to get involved.

Please note that most of the engagement will be carried out virtually and support can be given to source the correct technology in order to participate.

Engaging with Family Carers

TAG and Inverclyde Carer's Centre will be working in partnership with to engage with family carers. All engagement will be carried out virtually via WebEx.

We have our first meetings planned for: **30 September 2020 at 10.30am and 5th October from 6-7pm**

If you would like to join the call please contact: Donna Martin at Inverclyde Carers Centre on 01475 735180 or dmartin@inverclydecarerscentre.org.uk



New Faces in the CLDT...



Claire Dewar
Learning Disability Nurse

"Hi, I'm Claire. I'm a learning disability nurse, new to the Inverclyde Community Learning Disability Team.

I used to work in a hospital ward for people with learning disabilities. I am very pleased to be working with you all."



Veronique Preud Homme
Physiotherapist

"Hi, I am Veronique, a new Physio recruit for the Inverclyde Community Learning Disability Team, working there 2 days per week.

I am also working as a Sp. Community Physiotherapist at ICIL in Greenock, so you might have seen me around...

I will be happy meeting you and working with you."

Our Day Opportunities Service also said goodbye to long serving member of staff Ann McNaught. Ann has now retired after many years of working at Fitzgerald Centre. Everyone at Inverclyde HSCP would like to wish Ann a long and happy retirement.