Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 10 December 2020

A meeting of the Health & Social Care Committee will be held on Thursday 7 January 2021 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

****Copy to follow**

1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
PERFORMANCE MANAGEMENT		
2.	**Revenue & Capital Budget Report – Position as at 31 October 2020** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	**p**
NEW BUSINESS		
3.	**COVID-19 Recovery Plan 2020 Health & Community Care Older People's Day Service** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
4.	**Children (Scotland) Bill 2019** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5.	**Greater Glasgow & Clyde Briefing on Inverclyde Royal Hospital (November 2020)** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

6.	**Alcohol and Drug Recovery Services Update – January 2021** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7. **	**Drugs Deaths** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
8.	**Child Sexual Exploitation Research Report (SCRA and Barnardo's Scotland, October 2020)** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
PERFORMANCE MANAGEMENT 9.	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	**p**

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

Inverclyde council

AGENDA ITEM NO: 2

Report:	**Health & Social Care Committee**	**Date:**	**7 January 2021**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership** **Alan Puckrin** **Chief Financial Officer**	**Report No:**	**FIN/86/20/AE/SW**
Contact Officer:	**Samantha White**	**Contact No:**	**01475 712652**
Subject:	**Revenue & Capital Budget Report – Position as at 31 October 2020**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Committee of the projected outturn on revenue and capital budgets for 2020/21 as at 31 October 2020.

2.0 SUMMARY

2.1 The projected Revenue Outturn for Social Work as at 31 October 2020 is an overspend of £236,000 which is a reduction of £468,000 since Period 5.

The projections include net Covid costs of £5.010 million which are assumed to be fully funded by Scottish Government Covid Funding (£4.977 million) and Grants (£0.033 million), leaving a net nil effect on the Social Work Net Expenditure for 2020/21.

Main areas of underspend are:

- A projected underspend of £558,000 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 together with a reduced adjustment of £40,000, which reflects that service delivery will continue to increase.
- Additional turnover savings being projected across services of £240,000.

Main areas of overspend are:

- A projected overspend of £693,000 within Learning Disability Client commitments, which is an increase of £38,000 from the position reported to the last Committee, 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 £389,000 in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve.

2.2 The Social Work 2020/21 capital budget is £175,000, with spend to date of £28,000, equating to 16.0% 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 £5.828 million received for 2020/21, totalling £7.576 million at period 7. Projected spend for 2020/21 is £6.752 million, expenditure is currently 2.5% behind phased budget.

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 £4.977 million in Covid-related costs. In the event this does not happen then the IJB is 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 £236,000 at 31 October 2020, on the assumption that net £4.977 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 approves the virement listed in Appendix 6.

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 £236,000 overspend.

5.0 2020/21 CURRENT REVENUE POSITION: PROJECTED £236,000 OVERSPEND (0.45%)

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**	**58,397**	**58,633**	**4,977**	**5,213**	**10.01**
(6,295)	Contribution from IJB	(6,295)	(6,295)	(6,295)		0	
1,039	Transfer to Earmarked Reserves	0	(116)	(116)		0	
0	Scottish Government Covid Funding	0	0		(4,977)	(4,977)	
50,772	**Social Work Net Expenditure**	**52,289**	**51,986**	**52,222**	**0**	**236**	**0.45**

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	14,332	4,487	8,477	5,855
0	capital financed from current revenue (CFCR)	0	0	0	0	0
8,450	**Social Work Total**	**8,450**	**14,332**	**4,487**	**8,477**	**5,855**

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 £1,373,000 (12.56%) overspend**
Included in the projection are Covid costs of £909,000, of which £511,000 relates to 4 residential placements and £431,000 relates to additional staffing costs, of which £33,000 can be funded via Attainment Grant funding. The Covid staffing costs includes the cost of the temporary children's unit currently caring for children who would ordinarily be looked after in foster placements.

The balance of the projected overspend of £599,000 primarily relates to:

- An overspend of £113,000 within Employee costs within Residential, an increase of £38,000 from the position reported at period 5. This is due to a review of costs previously shown as Covid-related.
- External Residential Placements, which is showing a net overspend against Core of £285,000, a reduction of £397,000 since period 5, which is now included in the Covid costs figure of £909,000 above. Included in the projected outturn, there are currently 13 children being looked after in a mix of residential accommodation, secure accommodation and at home to prevent residential placements.
- Fostering, Adoption and Kinship, which is showing an increased overspend of £104,000, up £34,000 from period 5 due to minor movements across the 3 headings.

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.
Movement in Earmarked Reserve:

- The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At period 7 there is a projected net overspend of £714,000 of which £325,000 would be funded from the earmarked reserve at the end of the year it if continues, leaving an overspend against Core of £389,000 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 7 there is a projected net overspend of £108,000 which would be funded from the earmarked reserve at the end of the year.

5.2 **Criminal Justice: Projected £317,000 (16.03%) overspend**
As reported at period 7, 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 £2,320,000 (8.72%) overspend**
Included in the projection are Covid costs of £3,040,000, 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, loss of income and additional staffing costs within Homecare.

The residual projected underspend of £720,000 is £9,000 lower than the position reported at period 5 and mainly comprises:

- An underspend of £558,000 within Residential and Nursing Care, up £159,000. This is because the projected increase in the number of beds from the position reported at period 5 did not fully materialize and some of the new beds are residential as opposed to nursing. The projection is based on 525 beds for the remainder of the year.
- An unchanged underspend of £419,000 within External Homecare, based on the invoices received, projected up to the end of the year together with a reduced adjustment of £40,000, which reflects that service delivery is anticipated to continue increasing for the remainder of the year.
- An overspend of £77,000 within other client commitments, which is an increase of £32,000 from the position reported at period 5 as a result of a new package and other minor changes.
- A projected net overspend of £146,000 on Employee Costs within Homecare, an increase of £79,000 from the position reported at period 5. £53,000 relates to a reduction in vacancies and increased holiday pay, with the balance of £27,000 due to increased spend on sessionals, overtime and travel as a result of both vacancies and covering packages that external homecare providers are unable to provide. This projected overspend is more than offset by the projected underspend on External Homecare above.

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 7, Officers are not showing any transfer of the residential & nursing underspend to the earmarked reserve. £400,000 of the underspend on care home beds has been contributed towards Covid costs. There is also the potential that the £558,000 may need to be used to fund the additional care home costs which would change the projected outturn in future reports.

5.4 **Learning Disabilities: Projected £611,000 (7.50%) overspend**
Included in the projection are Covid costs of £187,000 which relate to lost day services income and additional staffing costs.

The residual projected overspend £424,000 mainly comprises:

- An increased projected overspend of £693,000 within Client commitments with the increase of £77,000 since period 5 mainly due to 1 significant change in package. Planned reviews may not now take place this financial year due to Covid and therefore it is unlikely that there will be any reduction in package costs in 2020/21.

- A slightly reduced projected underspend of £199,000 on employee costs, down £5,000 on the position reported at period 5.
- An increased underspend of £106,000 in the projected underspend on Transport within Day Services, up £25,000 since the position reported at period 5, reflecting that there will now be very little external transport usage in 2020/21.

5.5 **Physical & Sensory: Projected £122,000 (4.98%) overspend**
Included in the projection are Covid costs of £29,000 which relate to additional staffing costs and lost income.

The residual overspend of £93,000 in the main comprises an overspend of £78,000 within Client commitments, up £67,000 since period 5, as a result of a new care package and other minor changes to packages and provider rates.

5.6 **Assessment and Care Management: Projected £87,000 (4.29%) underspend**
Included in the projection are Covid costs of £22,000 which relate to additional staffing costs.

The residual projected underspend of £109,000 in the main comprises an underspend of £117,000 within employee costs, a reduction in spend of £33,000 since period 5, and is due to vacancies and other minor movements.

5.7 **Mental Health: Projected £44,000 (2.91%) overspend**
The projected overspend is £82,000 lower than reported at period 5 and comprises:
- As reported at period 5, a £155,000 projected overspend on agency staff costs as approved by the CMT in 2019/20
- An increased underspend of £38,000, up £20,000 since period 5 as a result of minor package changes.
- A full underspend of £40,000 against Dementia Care, as no spend is now anticipated against this.

5.8 **Alcohol & Drugs Recovery Service: Projected £157,000 (15.84%) underspend**
The projected underspend is £157,000 an increase £82,000 from that reported at period 5 at £75,000 and comprises an increased underspend of £157,000 on employee costs, up £68,000 from the position reported at period 5 of which £22,000 is due to slippage in filling vacancies and £44,000 relates to an externally funded post that won't be filled in 2020-21.

5.9 **Homelessness: Projected £726,000 (66.14%) overspend**
Included in the projection are Covid costs of £712,000 which relate 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 overspend of £14,000 comprises minor overspends and underspends across Homelessness.

5.10 **Planning, Health Improvement & Commissioning: Projected £5,000 (0.30%) underspend**
Included in the projection are Covid costs of £34,000 which relate to additional staffing costs.

The residual projected underspend of £31,000, a reduction in spend of £26,000 since period 5, which comprises:
- A projected underspend of £26,000 against Training as it is not currently feasible for face to face courses or training to take place.

5.11 **Business Support: Projected £51,000 (1.52%) underspend**
Included in the projection are Covid costs of £44,000 which relate to additional staffing costs.

The residual projected underspend of £95,000, an increase in the underspend of £51,000 since period 5, in the main comprises:
- a reduced underspend of £95,000 on employee costs, down £20,000 from the position reported at period 5 due to the use of additional hours to cover vacancies.

- An increase of £61,000 in projected income reflecting the full receipt of the recharge from Criminal Justice.

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 October 2020 is £28,000 (16% 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, final reports have been collated and documents are currently being prepared for tendering.
- Tender issue is anticipated prior to Christmas with a tender return in January 2021.
- 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 Heath & 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 and survey work now substantially complete 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.
- Tenders for Design Consultants have been returned and are being evaluated.
- Work through Legal Services in connection with the re-appropriation of the Hector McNeil site is progressing with the public consultation now closed and a report on the responses being prepared for submission to the relevant Committee. Legal Services will now progress the drafting of the court action required for the next stage of the legal process.

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 £5,828,000 received for 2020/21, totalling £7,576,000 at period 7. There is spend to date of £1,191,000 which is 97% 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?

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

8.5 **Repopulation**

There are no repopulation issues within this report.

9.0 CONSULTATIONS

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

10.0 LIST OF BACKGROUND PAPERS

10.1 There are no background papers for this report.

Social Work

Budget Movement - 2020/21

Period 7 1 April 2020 - 31 October 2020

Service	Approved Budget	Movements					Amended Budget	IJB Funding Income	Revised Budget
		Inflation	Virement	Supplementary Budgets	IJB Funding	Transfers (to)/ from Earmarked Reserves			
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Children & Families	10,744	0	189	0	0	0	10,933	0	10,933
Criminal Justice	0	0	0	63	0	0	63	0	63
Older Persons	26,473	0	145	0	0	0	26,618	0	26,618
Learning Disabilities	8,147	0	0	0	0	(116)	8,031	0	8,031
Physical & Sensory	2,447	0	5	0	0	0	2,452	0	2,452
Assessment & Care Management	2,204	0	(176)	0	0	0	2,028	0	2,028
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	(430)	0	0	0	(3,395)	0	(3,395)
Totals	**52,289**	**0**	**(250)**	**63**	**0**	**(116)**	**51,986**	**0**	**51,986**

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
Older People - Winter Planning Allocation	150
Assessment & Care Management - Winter Planning Allocation	(150)
Corp Dir (SIMD Deprivation)	(250)
	(250)

Social Work

Revenue Budget Projected Outturn - 2020/21

Period 7 1 April 2020 - 31 October 2020

2019/20 Actual £000	Subjective Analysis	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	29,895	29,655	899	659	2.21
1,094	Property costs	1,090	1,103	1,082	161	140	12.67
1,098	Supplies & services	860	888	914	341	367	41.28
416	Transport & plant	376	376	280	0	(96)	(25.42)
772	Administration costs	755	783	774	0	(9)	(1.20)
41,707	Payments to other bodies	41,285	41,355	43,465	3,366	5,476	13.24
(17,153)	Income	(14,355)	(16,003)	(17,537)	210	(1,324)	5.93
56,028		**58,584**	**58,397**	**58,633**	**4,977**	**5,213**	**10.01**
(6,295)	Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0.00
1,039	Transfer to Earmarked Reserves	0	(116)	(116)	0	0	0.00
0	Use of Reserves	0	0	0	0	0	0.00
0	Scottish Government Covid Funding	0	0	0	(4,977)	(4,977)	0.00
50,772	**Social Work Net Expenditure**	**52,289**	**51,986**	**52,222**	**(0)**	**236**	**0.45**

2019/20 Actual £000	Objective Analysis	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	10,932	11,396	909	1,373	12.56
71	Criminal Justice	0	63	380	0	317	16.03
25,756	Older Persons	26,473	26,618	25,898	3,040	2,320	8.72
8,223	Learning Disabilities	8,147	8,147	8,571	187	611	7.50
2,487	Physical & Sensory	2,447	2,452	2,545	29	122	4.98
2,052	Assessment & Care Management	2,204	2,028	1,919	22	(87)	(4.29)
1,447	Mental Health	1,478	1,477	1,521	0	44	2.91
752	Alcohol & Drugs Recovery Service	991	991	834	0	(157)	(15.84)
1,033	Homelessness	1,106	1,097	1,111	712	726	66.14
1,522	Planning, Health Improvement & Commissioning	1,664	1,691	1,652	34	(5)	(0.30)
2,027	Business Support	3,330	2,901	2,806	44	(51)	1.52
56,028		**58,584**	**58,397**	**58,633**	**4,977**	**5,213**	**10.00**
(6,295)	Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0.00
1,039	Transfer to Earmarked Reserves	0	(116)	(116)	0	0	0.00
0	Use of Reserves	0	0	0	0	0	0.00
0	Scottish Government Covid Funding	0	0	0	(4,977)	(4,977)	0.00
50,772	**Social Work Net Expenditure**	**52,289**	**51,986**	**52,222**	**0**	**236**	**0.45**

Appendix 3

Social Work

Material Variances - 2020/21

Period 7 1 April 2020 - 31 October 2020

2019/20 Actual £000	Budget Heading	Revised Budget £000	Proportion of budget £000	Actual to 31/10/2020 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
	Employee Costs						
6,093	Children & Families	6,233	3,364	3,601	6,305	72	1.16
1,552	Criminal Justice	1,716	926	877	1,656	(60)	(3.50)
9,141	Older Persons	9,683	5,226	5,350	9,923	240	2.48
2,374	Learning Disabilities	2,654	1,432	1,319	2,455	(199)	(7.50)
1,958	Assessment & Care Management	2,173	1,173	1,080	2,056	(117)	(5.38)
1,004	Alcohol & Drugs Recovery Service	1,226	662	574	1,068	(158)	(12.89)
1,552	Planning, Health Improvement & Commissioning	1,593	860	939	1,649	56	3.52
1,608	Business Support	1,752	946	887	1,657	(95)	(5.42)
26,404		27,030	14,589	14,627	26,769	(261)	(28)
1,682	Children & Families - Residential Childcare KBL	1,682	981	1,286	1,879	197	11.71
1,831	Children & Families - Adoption, Fostering and Kinship KBL	1,744	1,017	1,193	1,847	103	5.91
141	Criminal Justice - package costs	0	0	171	337	337	100.00
14,230	Older People - Residential Nursing - client commitments KBL	14,661	8,552	7,865	14,103	(558)	(3.80)
604	Older People - Residential Nursing - other client commitments	434	253	122	511	77	17.74
3,854	Older People - External Homecare Payments KBL	4,052	2,364	1,682	3,633	(419)	(10.34)
(258)	Older People - community alarms income	(234)	(137)	(189)	(255)	(21)	8.83
8,992	Learning Disabilities - Client Commitments KBL	8,741	5,099	4,557	9,434	693	7.93
122	Learning Disabilities - external transport	109	64	0	3	(106)	(97.25)
86	Mental Health - agency costs	0	0	75	155	155	100.00
9	Mental Health - dementia care	40	23	0	0	(40)	0.00
1,648	Physical & Sensory Disabilities - client commitments	1,635	954	876	1,714	79	4.83
443	Alcohol & Drugs Recovery - client commitments	460	268	200	417	(43)	(9.35)
33,384		33,323	19,439	17,838	33,778	455	1.36
59,788	**Total Material Variances**	**60,353**	**34,027**	**32,465**	**60,547**	**194**	**0.32**

Appendix 4

Social Work

Capital Budget 2020/21

Period 7 1 April 2020 - 31 October 2020

Project Name	Est Total Cost	Actual to 31/03/20	Approved Budget	Revised Estimate	Actual to 31/10/20	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	20	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**	**28**	**4,719**	**3,500**	**0**	**0**

Appendix 5

Social Work

Earmarked Reserves - 2020/21

Period 7 1 April 2020 - 31 October 2020

Project	Lead Officer / Responsible Manager	Total Funding 2020/21 £000	Phased Budget To Period 7 2020/21 £000	Actual To Period 7 2020/21 £000	Projected Spend 2020/21 £000	Amount to be Earmarked for 2021/22 & Beyond £000	Lead Officer Update
Covid-19	Louise Long	4,935	400	400	4,935	0	This represents the balance of the Covid Funding allocated to Social Care by the IJB for 2019-20 plus Covid Funding from the IJB of £4.535m in 2020-21.
Community Justice	Sharon McAlees	112	36	29	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 supervisior post
Tier 2 School Counselling and Children & Young People Mental Health	Sharon McAlees	258	0	0	62	196	EMR covers the Tier 2 contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commences 1 August 2020 thus no use of Tier 2 element of EMR anticipated in 2020-21. £62k re Children & Young People Wellbeing will be spent in 2020-21.
Refugees	Sharon McAlees	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	1,040	522	536	946	94	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Spend of £946k is expected for 2020-21.

Appendix 5

Social Work

Earmarked Reserves - 2020/21

Period 7 1 April 2020 - 31 October 2020

Project	Lead Officer / Responsible Manager	Total Funding 2020/21 £000	Phased Budget To Period 7 2020/21 £000	Actual To Period 7 2020/21 £000	Projected Spend 2020/21 £000	Amount to be Earmarked for 2021/22 & Beyond £000	Lead Officer Update
Delayed Discharge	Allen Stevenson	529	264	196	482	47	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £482k is expected for 2020-21.
Self Directed Support	Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS.
Dementia Friendly	Allen Stevenson	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	0	13	20	0	Quotes being sought. Will be fully spent.
Rapid Rehousing Transition Plan (RRTP)	Andrina Hunter	83	0	0	45	38	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. Post filled in October 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	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.

Appendix 5

Social Work

Earmarked Reserves - 2020/21

Period 7 1 April 2020 - 31 October 2020

Project	Lead Officer / Responsible Manager	Total Funding 2020/21 £000	Phased Budget To Period 7 2020/21 £000	Actual To Period 7 2020/21 £000	Projected Spend 2020/21 £000	Amount to be Earmarked for 2021/22 & Beyond £000	Lead Officer Update
Adoption/Fostering/Residential Childcare/ Kinship	**Sharon McAlees**	**325**	**0**	**0**	**325**	**0**	**This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes EMR will be fully utilised in 2020/21.**
Continuing Care	Sharon McAlees	565	69	62	102	463	To address continuing care legislation. Based on period 5 projections it is assumed that £102k of the EMR will be utilised in 2020/21.
Residential & Nursing	Alan Brown	223	0	0	0	223	no use of this reserve anticipated at this time in 2020-21
LD Redesign	Allen Stevenson	352	19	5	74	278	balance of original £100k approved for spend to be spent in 2020/21. No further expenditure anticipated in year due to Covid.
Total		**7,576**	**1,222**	**1,191**	**6,752**	**824**	
Overall Total		**14,332**	**1,651**	**1,989**	**8,477**	**5,855**	

Appendix 6

Social Work

Virement Requests 2019/20

Period 7 1 April 2020 - 31 October 2020

	Budget Head	Increase Budget £000	Decrease budget £000
1.	Corporate Director - Payment to Other Bodies		(250)
	Policy & Resources Committee - Miscellaneous	250	
2	Corporate Director - Payment to Other Bodies		(135)
	Children & Families - Employee Costs	135	
		385	(385)

Notes:

1. Budget reallocation of £250,000 SIMD Deprivation funding within HSCP to a Council-wide Fund.
2. Budget reallocation of £135,000 to cover Children & Families residential emplyoyee costs

Inverclyde council

AGENDA ITEM NO: 3

Report to:	**Health and Social Care Committee**	**Date: 7 January 2021**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: SW/01/2021**
Contact Officer:	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**COVID-19 RECOVERY PLAN 2020 HEALTH & COMMUNITY CARE OLDER PEOPLE'S DAY SERVICE**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee on the impact of COVID-19 on the delivery of Day Services for Older People and to highlight the planned recovery within flexible time scales.

2.0 SUMMARY

2.1 Day services for older people within Inverclyde closed in March 2020 in line with Scottish Government guidance. The closure of these settings has undoubtedly had an impact on the lives of supported people and unpaid carers. The longer-term impact for carers is becoming increasingly difficult which is being addressed through assessment teams and the Carers Centre in terms of the provision of alternative breaks.

2.2 On 3rd August the Scottish Government confirmed that registered building-based adult day services could re-open subject to risk assessment and local sign off. Communication is attached under section 7.1 Guidance to support re-opening was published on 31st August. Locally, the importance of day services is recognised however there are a number of considerations to be taken into account for adapting and re-opening services while minimising risk. There is also an inter-dependency with essential service provision which takes priority particularly at this time as the winter months present a significant pressure on community services. The main aim is to ensure people receive the support they need in an enjoyable and appropriate way, while meeting the requirements of all core public health measures in relation to hygiene and the prevention and control of the spread of infection.

2.3 Local day services and HSCP assessment teams have worked collaboratively adopting new models of service delivery to continue to provide support in response to critical and substantial need. Hillend, Crown Care and Muirshiel day services have all provided virtual support and an outreach service in the last 6 months with meal delivery where required. We have been striving to adopt a tiered approach to local day services with building based provision as part of our critical care provision and with the majority of support being provided in the community.

2.4 **Winter Service Delivery Approach**

People who have been without their usual care and support, and who have been reliant on their families need confidence in how they will be supported in the next period. For the

purposes of planning, it is sensible to consider the next phase to be winter, lasting until 31st March 2021. During this period the potential for people to be supported with alternative activity may be impacted by weather, reducing daylight hours and further local or national restrictions. HSCPs are obliged, therefore, to ensure that we have in place arrangements to facilitate care and support for our service users, and respite for carers, in a robust and considered way. It is planned to develop a tiered model of daytime support that will be based on need and risk assessment, pragmatic solutions developed in collaboration with individuals and their families/carers and seeks to allow a step up/step down model whereby support can be varied depending on local and personal circumstances.

The tiered model for daytime care and support over winter is consistent with the strategic drive towards increased informal and community-based support during the day which all HSCPs have been strategically aspiring to for some time. Work with providers is underway to explore where contracted provision can mirror the model envisaged for internally run services and to ensure the whole system of day care can operate on a flexible tiered model.

2.5 This paper identifies options and work required locally to ensure a safe service as part of the wider recovery plan. Currently most of the staff group within HSCP day services is deployed within the community which supports the provision of critical and essential interventions. The HSCP has a responsibility to prioritise essential services and it is envisaged that the HSCP day service will be provided as an outreach service throughout the next 6 months. These proposals are in line with the HSCP Greater Glasgow & Clyde Day Service Working Group looking at winter planning and recovery.

2.6 All current service users will receive a review of their support package with a view to identifying an appropriate way to meet their outcomes. If service users are unable to, or choose not to, attend the service, consideration will be given to alternative ways to provide support in order to meet their needs. People will be fully involved in all decisions about the support that would suit them best, and those eligible for social care support may wish to move to a different self-directed support option to support their goals.

2.7 The demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. It is inevitable that the progress of the pandemic and any further measures required will impact and service provision will be reintroduced in a way which ensures flexibility and responsiveness. Day services are developing digital connections with virtual links for service users, which is being explored further to potentially include small groups.

2.8 HSCP Hillend Day Service has 49 older people who would normally be supported within Hillend using 83 places and 18 people through the ALFA service which outreaches in the community. The following options have been considered:-

1. The HSCP has a responsibility to focus on critical and essential support in the community. Day service and respite staff are required to continue to support home care services throughout the pandemic period and especially over the winter months due to increase risks, which necessitates an extension to the suspension of internal day services for a further 6 months.

2. With the building-based element of the day service at Hillend remaining suspended over the next 6 months there is potential for ALFA services to re-establish an individualised service for the whole service user cohort. This would include face to face contact at home or in the community as well as alternative virtual intervention. A limited number of staff would be required which would ensure appropriate support for home care services.

3. For the building-based service to reopen, it would be providing very limited support which would be a maximum of 4 service users at one time. Priority service users would be grouped in a bubble of four and could attend approximately fortnightly dependent on numbers. This option is unlikely to be popular with service users as it is so limited in terms of contact and activity.

2.9 Within commissioned day services, Muirshiel supports 38 people using 84 places and Crown Care 29 people using 53 places. Both services are keen to further develop the outreach service currently provided and re-establish a limited building-based service. These services would focus on providing short breaks for carers. It is important to ensure the sustainability of these services over the next 6 months. Funding allows for 153 placements per week however this includes 11 people who are currently using alternative providers under self-directed support.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to note the recovery plan for Older People's Day Services while ensuring the priority for critical care at home, over the winter period, as follows:

- Service user reviews will be completed over the next 4 to 6 weeks to establish the requirement for day service within the self-directed support options. The level of new demand for social support and carer support will be monitored over the next 6 months.

- The recommendation is for Option 2 for Hillend Day Services to be implemented which leaves the building-based service suspended until April 2021 while providing a safe service within the community and supporting the HSCP priority to maintain critical interventions at home. This option presents the lowest risk.

- Alongside option 2, it is essential that commissioned services reintroduce a limited building-based service in addition to the current outreach and virtual contact. This will be targeted at priority service users to provide a break for carers. Service risk assessments will be approved prior to service recommencement.

3.2 The Health and Social Care Committee is asked to note the demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. This will enable the HSCP to take both a flexible and creative approach to meet the demands of the post pandemic community, impact of a second wave and the likely severe pressures on the system this coming winter.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Hillend Day Service

Hillend Day service and ALFA, Active Living For All, suspended service in March 2020 in line with Government guidance. Staff within the service have been deployed within Care at Home and have contributed significantly to maintaining essential service in the community over the last 6 months.

Telephone contact has been maintained with service users; from 25th May, 884 outbound calls have been made, feedback highlights that service users welcomed the contact. Carers also felt that the calls were a safety net and provided reassurance particularly where they had no physical contact with their relatives due to government restrictions.

In response to the pandemic there has been an expansion of tec interventions which is being considered for use within day services.

4.2 Commissioned Day Services

Muirshiel and Crown Care Day services have been suspended since March 2020. Both services have maintained contact with service users and provided an outreach service with support with meals if required. This has reduced social isolation for people and supported people to remain safe at home.

Commissioned providers have received sustainability payments which are due to finish at the end of October 2020. These services are essential to maintaining people living at home and both are keen to further develop the outreach service currently provided and re-establish a limited building-based service. These services would focus on providing short breaks for carers. It is essential to ensure the sustainability of these services over the next 6 months.

4.3 Impact

The pandemic appears to have had the greatest impact on the most deprived communities as well as the elderly and those with a long-term health condition. We know from carers/families and service users that self-isolation and retraction of non-essential support services have had a significant impact on the physical and mental wellbeing of service users and carers.

4.4 Rehab and Reablement Service

Day services will work alongside AHP teams and the reablement service as there is recognition that there will be an increase in rehab work required to improve health and wellbeing of older people who have become deconditioned or frailer during the last 6 months. It is also recognised that service users may be wary of engaging in a social situation in the current climate so alternative means of engagement are essential to ensure people feel safe and connected at home.

4.5 Next Steps

All current service users within day care will receive a review of their support package with a view to identifying an appropriate way to meet their outcomes. If service users are unable to, or choose not to, attend the service, consideration will be given to alternative ways to provide support in order to meet their needs. People will be fully involved in all decisions about the support that would suit them best, and those eligible for social care support may wish to move to a different self-directed support option to support their goals.

It is a service priority to re-engage social contact where possible and to further develop remote ways of working to provide support. Support for carers is a priority as it is recognised that informal carers have been under increased pressure due to the shutdown of services.

4.6 The demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. It is inevitable that the progress of the pandemic and any further measures required will impact and service provision will be reintroduced in a way which ensures flexibility and responsiveness.

4.7 In planning our response to these challenges, the Service believes it needs to take both a flexible and creative approach to meet the demands of post pandemic community, prospect of a second wave and the likely severe pressures on the system we will face this coming winter.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
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 arising from this report.

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from 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)
X	NO

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 CONSULTATION

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

7.0 LIST OF BACKGROUND PAPERS

7.1 Respite and Day Care - Letter from Cabinet Secretary

7.2 Covid 19 Outreach Risk Assessment

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Heath & Social Care Committee**	**Date:**	**7 January 2021**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/05/2021/SMcA**
Contact Officer:	**Sharon McAlees**	**Contact No:**	**715282**
Subject:	**Children (Scotland) Bill 2019**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health & Social Care Committee that the Children (Scotland) Bill was passed by the Scottish Parliament on 25 August 2020.

1.2 This report will also outline the implications that this has for the delivery of Children's Services in Inverclyde.

2.0 SUMMARY

2.1 The Children (Scotland) Bill (thereafter called The Bill) is part of the wider Scottish Government's Family Justice Modernisation Strategy that seeks to respond to the changing legal and societal landscape of evolving and more complex family circumstances.

2.2 The Bill provides the secondary legislation to address the gaps in the Children (Scotland) Act 1995, which is the primary legislation in relation to parental responsibilities and rights, and cases where a child should live and who should see the child if parents are separated or not together (contact and residence cases).

2.3 The Bill aims to:

- Ensure that the child's best interests are at the centre of any contact and residence case or Children's Hearing;
- Ensure that the views of the child are heard;
- Achieve further compliance with the principles of the United Nations Convention on the Rights of the Child (UNCRC) in family courts; and,
- Further protect victims of domestic abuse and their children.

2.4 Significantly, the Bill's change of language reflects how children and young people view their familial relationships and is in step with the Independent Care Review (ICR). This will make changes to aspects of the Children's Hearing system and Adoption proceedings, Looked After Children Regulations 2009, for example, who can attend Children's Hearing, seeking the views of siblings in care planning, and the views of other adult who are significant to children.

2.5 While the overall focus of the Bill to minimise delays in decision-making that currently exist for children is welcomed, the Bill's additional tasks will put pressures on Children's Services because their delivery will require increased time and resources to respond to the complexity of family circumstances.

2.6 It is also acknowledged that the Bill is only one part of the process, and in order to realise the change that keeps the *child's best interests at the centre*, this will take conscientious implementation over time and involve all parties that are part of the legal proceedings.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to:-

a. Note the changes that this secondary legislation brings to the delivery of Children's Services

b. Note the consequent resource implications that this brings in to practice.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Bill advances the Scottish Government's Family Justice Modernisation Strategy. COSLA, in its response to the Bill, stated that it enhances the rights of children, supports the GIRFEC principles and aligns with their role in the development of the National Performance Framework.

4.2 The Children (Scotland) Bill resulted from a consultation on the Review of the Children (Scotland) Act 1995 (the 1995 Act), the primary legislation in relation to parental responsibilities and rights, and cases where a child should live and who should see the child if parents are separated or not together (contact and residence cases).

4.3 The Bill provides secondary legislation to address the gaps in the 1995 Act which, while it was ground breaking at the time, is now 25 years old. Its provisions position *the child's best interests* as being central in all family law cases and their voices are given due weight in Court by:

- removing the current legal presumption that a child aged 12 or over is mature enough to give their view;
- a new role and registration of child welfare officers (CWRs); and,
- giving more protection to victims of domestic abuse and their children

4.4 The amended presumption to seek all children's views ensures that the right of every child to express their view (as set out in Article 12 of the UNCRC) is respected. The Court or other decision maker must also do this in a manner that the child prefers. This is welcome, and where this is not progressed, a clear rationale and explanation must be given.

4.5 The new role of CWRs is welcomed to keep the best interests of the child at the centre of proceedings. Currently, 90% of reports to courts are provided by solicitors and many of the responses to the Bill highlighted that CWRs should be drawn from a mix of professional backgrounds, and with different skill sets to meet the challenges and complexities that are inherent to these proceedings. Social workers will be part of this pool of professionals, along with psychologists and play therapists.

4.6 All CWRs and curators ad litem will be required to be registered under the Bill and, while these roles are to be further defined through guidance and regulations; this is a positive step forward. It will give a set of standards, qualification and training requirements and adherence to these will be part of their review when re-registering. Registration will give much needed transparency and regulation to what has in the past been seen as an opaque process.

4.7 The role of the CWRs (who give a report to the court after speaking to a child about their family situation) is potentially important to reduce the number of different people that a child tells their story to, and they would also be a known person who explains the court decisions to the child.

4.8 The role of the curator ad litem remains unchanged outwith what has been highlighted in 4.6. The Court remains able to appoint a curator ad litem to represent a child's interest in a court case. The Scottish Government is continuing to work on regulations and guidance to detail the standard rules on how they work and the CWRs.

4.9 Special measures to assist vulnerable witnesses and their children giving evidence in domestic abuse cases will be put in place. This will include the offer of a support person, the use of screens and/or live video links. Restrictions will also be put in place so that a party to the proceedings cannot personally conduct their own case where there is a vulnerable witness; to prevent further harm to the witness. A solicitor can be appointed by the Court to lead this evidence.

4.10 Significantly, these proposed changes will regulate the way in which vulnerable parents and witnesses are able to give evidence in cases involving their children. This gives families a more certain path and ensures that where domestic abuse or other types of abuse are part of the family dynamic, the court will have the power to protect witnesses and allow them to give

evidence in the least traumatic way possible.

4.11 The Bill also extends the current legal duties on local authorities to take steps to promote, on a regular basis, personal relations and direct contact between siblings and ongoing relationships that are 'like sibling' relationships.

4.12 The desire and importance of having continuing relationships with their siblings, and those that they consider as siblings, were strongly expressed through the Independent Care Review (ICR).

4.13 While we share the outcome of the ICR, the complexity of family structures (and the journey of some children through care placements) is likely to place considerable pressure on Children's Services. There is already pressure on facilitating current contact arrangements and the new duty will require all relevant relationships to be assessed. This is not a simple process (balancing wish, welfare and best interests considerations), and for every child this requires time.

4.14 There will be further rules about this, but this means they will have the right to be notified of a hearing, to be provided with paperwork that is relevant to them, to be able to attend, be represented and seek review of decisions after 3 months.

4.15 All this means that when taking decisions about a child in their care, a local authority will have to ask the child's brothers and sisters for their views on what should happen.

4.16 Also, when courts are making decisions about family matters, like where children are going to live and who they have contact with, the court must take account of children's important relationships, like grandparents (brothers and sisters already referenced above).

4.17 Other changes include the registration of contact centres. Given the number of children and their families who use these, ensuring consistent standards training and facilities can only enhance and make this a safe place to be.

A court is also given specific power to appoint a Child Welfare Reporter to investigate and report on the circumstances of the alleged failure to obey a Court Order.

4.18 The changes outlined to the Children's Hearing and Court processes will have an impact on current practices within Children and Families Services. This was highlighted by COSLA and Social Work Scotland in their response to the Bill. They noted that:

"It has been documented through numerous inquiries, consultation and reviews; there is not capacity within the current social work profession to accommodate additional tasks without cost elsewhere."

4.19 With regard to the CWR role and for this to happen, there is a need to ensure that there are enough professionals who are available and accessible to give effect to this. The detail in the accompanying Financial Memorandum is key to ensure that there are a sufficient number of available social workers, art and play therapists and psychologists to meet the expected increase in demand.

4.20 Consequently, for social workers who are currently employed in Children's Services to fulfil the role of CWRs; time is required to fulfil training and registration needs, all of which impacts on case time and service delivery.

5.0 PROPOSALS

5.1 Briefing sessions to inform the Children's Service workforce around the additional duties contained in this legislation (COVID-19 safe).

5.2 Consideration of what these duties mean for workforce planning and delivery of service.

6.0 IMPLICATIONS

6.1 Finance

The financial memorandum to accompany the Bill indicates that much of the funding will fall on the Scottish Government and does not anticipate additional cost implications for local authorities. Where there are new duties on local authorities such as increased involvement with extended family and facilitation of contact, there will be additional resource implications that services will have to absorb.

Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

6.2 Legal

There are no legal implications in respect of this report.

6.3 Human Resources

There are no human resources implications in respect of this report.

6.4 Equalities

Equalities

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

x	YES An EQIA was undertaken and published by Scottish Government in connection with the Bill. None of the provision within the Bill is considered to give rise to the possibility of those with protected characteristics being treated less favourably and for some protected groups the Bill will have a positive impact.
	NO –

(b) Fairer Scotland Duty

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

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

X	YES – Scottish Government completed and published a Fairer Duty Impact Assessment
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –.
x	NO

6.5 **Repopulation**

There are no repopulation implications in respect of this report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 Family Justice Modernisation Strategy (Scottish Government, 2019)

References COSLA, Social Work Scotland, Children and Young People Strategic Commissioner (CYPSP)

Inverclyde council

AGENDA ITEM NO: 5

Report to:	**Health & Social Care Committee**	**Date: 7 January 2021**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: SW/03/2021/AS**
Contact Officer:	**Allen Stevenson, Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**GREATER GLASGOW & CLYDE BRIEFING ON INVERCLYDE ROYAL HOSPITAL (NOVEMBER 2020)**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health & Social Care Committee of NHS Greater Glasgow & Clyde's Briefing on Inverclyde Royal Hospital (November 2020).

2.0 SUMMARY

2.1 NHS Greater Glasgow & Clyde have published a briefing paper (November 2020) in relation to Inverclyde Royal Hospital which details the current operating environment during Covid as well as the future operating environment for some services being delivered across GG&C.

2.2 Within the paper, NHS GG&C's Chairman Professor John Brown CBE signals the Board's ongoing commitment to Inverclyde Royal Hospital longer term future.

2.3 As part of NHS GG&C remobilisation, the Briefing Paper highlights that residents of Inverclyde will have access to specialist services delivered across the Board or west of Scotland.

2.4 The Briefing Paper highlights the proposal to develop the patient pathway used during Covid which sees stabilised level 3 intensive care patients being transferred to Queen Elizabeth University Hospital. This will account for 100 of the total 1450 critical care admissions to IRH per annum.

2.5 The report describes the development of the Scottish Major Trauma Network with Queen Elizabeth University Hospital being one of four established nationally. IRH will continue to treat the majority of trauma patients but will see 1% of the most critical cases transferred to QUEH and 14 patients per week transferred to the Royal Alexandra Hospital with 60% of these patients transferred back to IRH within three days.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to note the content of NHS GG&C's Inverclyde Royal Hospital Briefing paper of November 2020 which outlines:

- Current Service Configuration
- Acute Activity
- Finance

- Investment in Capital and Equipment
- Investment in services Pre-Covid
- Response to the Pandemic
- Managing the Pandemic and Beyond – Long-term Future

4.0 BACKGROUND

4.1 Inverclyde Royal Hospital provides a range of services to residents of Inverclyde and the surrounding populations, including the Isle of Bute and the Cowal Peninsula as well as North Ayrshire. The 284-bedded district general hospital serves a population of approximately 125,000 residents.

Services delivered from the site include an Emergency Department, a critical care floor and outpatient clinics, together with a range of general medical, surgical and orthopaedics inpatient beds housed in the main hospital stack.

The Larkfield Unit is a five ward annexe which provides medicine for the elderly and stroke acute services together with rehabilitation facilities for adults with physical disability.

Also on the site is the £7.3 million Inverclyde Adult and Older People's Continuing Care Hospital, Orchard View, which has 42 beds, 30 of which are dedicated to continuing care for older people. Facilities include:

- 24 continuing care beds for patients with dementia
- 6 continuing care beds for patients with dementia and co-morbidity conditions
- 12 adult continuing care beds
- Social enterprise space including a cafe and hair-dressers
- Treatment rooms
- Multi-purpose social spaces for male and female patients

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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?

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

6.0 CONSULTATION

6.1 Information Paper.

7.0 LIST OF BACKGROUND PAPERS

7.1 NHS Greater Glasgow & Clyde Briefing on Inverclyde Royal Hospital (November 2020).

NHS GREATER GLASGOW AND CLYDE **APPENDIX 1**

BRIEFING ON INVERCLYDE ROYAL HOSPITAL

1. CONTEXT

Inverclyde Royal Hospital provides a range of services to residents of Inverclyde and the surrounding populations, including the Isle of Bute and the Cowal Peninsula as well as North Ayrshire. The 284-bedded district general hospital serves a population of approximately 125,000 residents.

Services delivered from the site include an Emergency Department, a critical care floor and outpatient clinics, together with a range of general medical, surgical and orthopaedics inpatient beds housed in the main hospital stack.

The Larkfield Unit is a five ward annexe which provides medicine for the elderly and stroke acute services together with rehabilitation facilities for adults with physical disability.

Also on the site is the £7.3 million Inverclyde Adult and Older Peoples Continuing Care Hospital, Orchard View, which has 42 beds, 30 of which are dedicated to continuing care for older people. Facilities include:

- 24 continuing care beds for patients with dementia
- 6 continuing care beds for patients with dementia and co-morbidity conditions
- 12 adult continuing care beds
- Social enterprise space including a cafe and hair-dressers
- Treatment rooms
- Multi-purpose social spaces for male and female patients

2. CURRENT SERVICE CONFIGURATION

2.1 EMERGENCY CARE

Inverclyde Royal Hospital provides unscheduled care to patients through the Emergency Department (ED) which operates 24 hours a day, 365 days per year. Unscheduled care admissions come from either the ED department or by direct attendance at ward J North for appropriate patients referred by GPs.

There are typically almost 33,000 ED attendances at the hospital each year. During the pandemic we have seen ED attendances at all of our sites reduce (although this is now returning to pre-COVID levels). New Mental Health Assessment Units were created during the Coronavirus pandemic with the purpose to divert physically fit people in urgent need of mental health support and assessment directly towards these units and away from Emergency Departments (ED) where their needs would be better met.

Based on Scottish Government guidance, MHAUs are intended to:

- Provide the assessment of unscheduled mental health needs for anyone presenting with mental health crisis or distress.

- Only require referrals via the ED where physical medical attention is required first or where people present in the ED under self-referral.
- Provide assessment separate to the ED.
- Be staffed by mental health professionals 24/7

2.2 INPATIENT SERVICES PROVIDED ON SITE: ALL SPECIALTIES

There are 284 acute beds on the site. J North is the Medical Admissions ward which includes Medicine for the Elderly patients. Stroke patients are admitted through the Stroke Unit. For General Surgery, H North is the receiving/emergency ward, with H South/Centre focussed on elective surgery. K North takes a mix of orthopaedic elective and trauma patients. The critical care floor includes two ICU beds, four HDU beds and 11 coronary care beds.

2.3 OTHER SERVICES

In addition to the emergency and inpatient facilities, the following services are delivered from the site:

Service Type	Description
Day Patient Services	Medical and surgical specialties including medical and surgical endoscopies and ENT; plastic surgery, haematology, gynaecology and oral health
Day Hospital Services	Older People Services
Outpatient Services	General medical and surgical services including fracture clinics; haematology, oncology, neurology, rehab medicine, plastic surgery, obstetrics and gynaecology, orthodontics and medical paediatrics, together with a range of diagnostic testing facilities
Imaging Services	Plain film, CT. MRI, Ultrasound, Mammography, Fluoroscopy, Bone Densitometry
Laboratory Medicine	Biochemistry and Haematology
Clinical Photography	Clinical photography provided as a 'visiting' service
Allied Health Professional Services	Those working across hospital and community settings including Physiotherapists, Occupational Therapists and Podiatrists,
Community Midwifery Unit	All obstetric related activity including antenatal out patients, day care, birthing unit and inpatient facility
Renal Dialysis Unit	14 Stations and outpatients

3. ACUTE ACTIVITY

The following details the key acute activity data that takes place within Inverclyde Royal Hospital each year:

Approximately

- 33,000 ED attendances
- 11,000 emergency inpatient admissions
- 1,500 planned inpatient admissions
- 1450 critical care admissions
- 10,500 day cases
- 25,500 new outpatient attendances
- 51,000 returning outpatient attendances (consultant-led clinics)
- 25,000 outpatient attendances (nurse-led clinics)
- 70,000 AHP and other outpatient attendances.

4. FINANCE

The total running costs associated with Inverclyde Royal Hospital are £92m. Staffing costs account for £69m, with the remaining £23m attributable to non-pay costs including supplies and maintenance.

5. INVESTMENT IN CAPITAL AND EQUIPMENT

Within the last decade there has been significant capital investment in the Inverclyde Royal Hospital. Including investment committed for 20/21, almost £46 million has been spent on improvements to hospital services, including:

- £13 million on department and ward upgrades – including the £1.2 million refurbishment of accident and emergency and the main entrance of Inverclyde Royal Hospital and £4 million on the theatres upgrade

- £14 million on infrastructure upgrades including more than £2m in upgrading the Boiler House and associated plant in order to bring additional resilience and reliability to the heating and power sources for the site.

- £5 million on statutory compliance works including legionella prevention, fire safety, general health and safety requirements

- £6 million on capital equipment on schemes over £5k including equipment replacement such as CT scanner and mammography unit replacement in 2018/19

- £7.3 million on the new continuing care hospital, Orchard View.

- In recent years, we have also replaced almost the entire local, wide area and wireless network connections, replaced the majority of end user devices and simultaneously upgraded to the latest Microsoft operating system with the O365 productivity suite, we have also upgraded the core of the telephony system.

6. INVESTMENT IN SERVICES PRE-COVID

Prior to the start of the pandemic the Clyde Sector was working on a number of local service developments and investments in the hospital. These included:

Medicine:

- Developing ambulatory care services for acute medicine
- Introduction of Acute Medical Advanced Nurse Practitioners in acute medical receiving unit
- Expansion of Gastro nurse specialist roles
- Investment in two additional Clyde ED consultants
- Insulin pump clinic introduced to Inverclyde supported by additional consultant
- Better integration of community diabetes interface resulting in wait for outpatient clinics being reduced to two weeks
- Rheumatology pilot under development with a view to improving pathways and vetting with further development of the nurse specialist telephone support service
- Joint working between Rheumatology consultant staff and Argyll and Bute HSCP to provide training and support to GPs in Cowal
- Appointment of flow co-ordinator within ED (9-9.30pm 7 days per week) to improve quality and efficiency
- Invested in PUVA Unit, which provides ultra violet light therapy to treat dermatological conditions such as psoriasis. The unit was purchased for Inverclyde to provide this service locally
- Plans in development for medical assessment unit

Surgery:

- Ambulatory acute clinics introduced to help avoid admission for surgical patients.
- Process of reviewing surgical pathways and ensuring Inverclyde patients have access to specialist acute surgical teams.

Older Adults:

- Elderly Care Assessment Nurse post established
- Frailty Practitioner established
- Board pilot of AHP consultant working with older people
- Working through options for the development of an older adult assessment unit on the site
- Significant work with HSCPs to improve pathways for patients ready to leave hospital
- Acute Sector working with GPs to improve access and utilisation of rapid access clinics in Inverclyde established to support admission avoidance and to support early discharge
- Compassionate Inverclyde (ensuring no one dies alone) – partnership working between Acute, HSCP and Ardgowan Hospice. Pilot underway in Inverclyde Royal Hospital.

Others:

- Development of discharge hub
- Patient Information Centre opened
- Expansion of Haematology service by increasing non-medical prescribing capacity

7. RESPONSE TO THE PANDEMIC

The Inverclyde area was the first in Scotland to see cases of COVID-19 in early March and the Inverclyde Royal Hospital put in place an early response to this, including the introduction of green and red pathways to separate COVID patients from other hospital admissions. When the Cabinet Secretary for Health and Sport put all health and social care services on an emergency footing in March, routine planned surgery was paused whilst the NHS focused on treating COVID cases and continuing to treat emergency, urgent and cancer patients.

(a) ICU care

All NHS GGC services were mobilised in preparation for a significant demand on inpatient care and theatre and anaesthetic staff were retrained and redeployed to support intensive care teams in each of the main sites. With planned operations suspended, one of the Inverclyde theatres was converted into an ICU unit to create extra capacity in addition to the two funded and staffed ICU beds based within critical care.

We know from published evidence that 30% of COVID-19 patients who require ventilation also require renal support. Renal replacement therapy has not been able to be provided to IRH ICU patients for a number of years now. If faced with an increasing number of COVID-19 patients in ICU they would be required to be transferred.

A new pathway was established in response to the pandemic which saw certain patients transfer for ongoing, multidisciplinary, Intensive Care Unit support to the Queen Elizabeth University Hospital. All critical care patients continued to first be assessed and managed at IRH by the relevant clinical team. The decision to transfer and the timing of transfer was determined by senior staff at Inverclyde Royal Hospital in consultation with the critical care staff at the Queen Elizabeth University Hospital through facilitated communication and close cooperation between onsite staff at IRH and those at QEUH.

The experience of this model was positive with senior clinicians firmly of the view that it significantly benefited the residents of Inverclyde, providing them with access to the highly specialised multidisciplinary care which other Greater Glasgow and Clyde residents receive.

We are proposing to build on the patient pathway that was used in the pandemic to ensure that IRH patients get access to the highest quality of care. The High Dependency and Coronary Care Unit will continue to treat patients at Inverclyde Royal Hospital throughout their journey. This will continue to include support for breathing problems (via non-invasive ventilation) and circulation support as is the case at present (Level 1 and 2 care).

Patients who need Intensive Care Unit support are typically the sickest, and their care can include ventilation or multiple organ support. These are also called ICU Level 3 patients and require one nurse per patient.

The Level 3 ICU beds will remain open and patients from Inverclyde will continue to be admitted to the beds, assessed and stabilised. The primary purpose of these beds will be the provision of immediate Level 3 care support ensuring patients are stabilised within the Level 3 beds in IRH. Patients requiring invasive ventilation as part of this care will undergo this in IRH. This is essentially the transition point from Level 2 HDU care to Level 3 ICU care. This Level 3 support will be provided pending further assessment with the expectation that a majority will transfer for ongoing care. Patients who require ongoing multidisciplinary Level 3 ICU care will be transferred following admission to IRH. IRH ICU staff will manage and stabilise these patients and support their transfer to QEUH. This will account for around 100 of the total 1450 critical care admissions to the hospital per annum.

(b) High Dependency Unit

It is also the case that we have learned from the first wave of COVID-19 that many patients will benefit from non-invasive ventilation in an HDU setting. We increased the capacity to offer this on the IRH site and made new appointments in Respiratory Medicine to support the delivery of this. We anticipate that this should reduce the number of patients who require Level 3 support.

(c) Introduction of Surgical Assessment Unit

With the reduction in elective operations due to COVID-19, we used this time to redesign the surgical service and introduced the surgical assessment unit, allowing our patients to be assessed quickly and cared for without the need for a hospital admission.

The newly created unit has four beds. This new model, will be of great benefit to our Inverclyde patients.

8. MANAGING THE PANDEMIC AND BEYOND – LONG TERM FUTURE

The Board is fully committed to delivering high quality safe services from IRH for the local community. The Chairman of the Board, Professor John Brown CBE, has signalled the Board's ongoing commitment to the hospital on a number of occasions stating: "Inverclyde Royal Hospital has a long term future and will continue to play an important part in the delivery of healthcare in Greater Glasgow and Clyde."

Remobilisation

In the short term, all Boards have produced remobilisation plans to set out how services will recover over the winter and into the spring of 2021. The NHSGGC plan sets out a number of key priorities for all its sites, including Inverclyde, as follows:

- The use of technology to support remote consultations is being significantly scaled up. To support remobilisation, the focus is on the use of Active Clinical Referral Triage (ACRT) ensuring that all referrals to secondary care (including advice and patient-led

referrals) are triaged by a senior clinical decision maker to evidence-based, locally agreed pathways after reviewing all the appropriate electronic patient records. The options include virtual attendance, giving patients clinical information and allowing them to opt-in, ordering investigations, placing on a waiting list for a procedure / surgery and face-to-face appointments.

- Identification of tests and investigations ahead of a virtual clinic appointment and the ability to take the test in the community or patients home. Acute Phlebotomy Hubs have been implemented at pace across all sectors – including Inverclyde Royal Hospital.

- A coordinated approach to the re-start of acute services is being implemented with services across NHSGGC adopting the same approach.

    (a) Increasing outpatient capacity to 80% of 2019/20 rates using virtual patient management, reprioritisation and revalidation of waiting lists
    (b) Increasing endoscopy capacity
    (c) Increasing radiology activity
    (d) Prioritising treatment of all category 3 cancer surgical patients, particularly targeting the urology tumour group
    (e) Increasing inpatient capacity by clinically validating waiting lists, increasing day management of patients, enhancing staffing arrangements, enhancing pre-op assessment and pre-admission management
    (f) Supporting GPs by offering a consistent range of electronic advice options as an alternative to admission to Assessment Units
    (g) Maintaining COVID-19 pathways in hospitals and communities to protect staff and patients
    (h) Ongoing support for successful service changes implemented during COVID-19 e.g. signposting at EDs, SATAs and Community Assessment Centres (CACs)
    (i) Developing the NHSGGC response to the national work to increase scheduling of urgent care

In the medium to longer term, the Board will continue to deliver its clinical strategy Moving Forward Together, together with regional and national plans, including the delivery of the Major Trauma Network. The reference point for these strategies is the Scottish Government's National Clinical Strategy with a focus on retaining and maximising services that can be safely delivered locally either within the hospital or, where appropriate, within a community setting. Where services are not available locally Inverclyde residents will have access to specialist services delivered across the Board or West of Scotland. Current examples would include the Neurosciences Institute on the QEUH campus, the Beatson Specialist West of Scotland Cancer Centre on the Gartnavel General Campus and the West of Scotland Heart and Lung Centre hosted in the Golden Jubilee Hospital.

Investors in People (IiP)

The Board recognises that our people are our most valuable asset. Central to the success of any organisation is the right blend of talent, motivation and leadership. As part of the NHSGGC's Culture Framework, which was approved in February 2020, the Board gave a commitment to investing in our leaders and our staff by seeking Investors in People accreditation.

We have agreed that Inverclyde Royal Hospital should be the first site to implement the programme, which will help in our efforts to attract and retain a talented workforce for the

hospital. The rollout of the Investors in People Standard commenced at Inverclyde Royal Hospital in October 2020 and the learning from this pilot site will inform wider rollout across NHSGGC in a three year implementation programme.

Moving Forward Together

The blueprint for the future delivery of health and social care services in Greater Glasgow and Clyde was approved by the NHS Board in June 2018.

The Moving Forward Together strategy sets out how primary, community and acute health and social care services will work together to support people to live longer, healthier lives in their own homes and communities and to promote self-management and independence. The strategy seeks to maximise the number of people who are supported to live at home in good mental and physical health for as long as possible.

It describes how care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community.

A whole system approach will be taken to achieve this in which services are delivered by a network of integrated teams across primary, community and specialist hospital-based care, working seamlessly around the needs of the person.

To support the NHSGGC response to the COVID-19 pandemic, the Moving Forward Together (MFT) programme, including the formal planning and governance arrangements was paused in March 2020. However, since that time many strands of work aligned to MFT have continued to deliver important and necessary change for the organisation and indeed, a number of work streams have been vastly accelerated. The COVID-19 pandemic has reinforced the objectives and practical assumptions set out within MFT and associated strategies.

Major Trauma Network

In 2017, the Scottish Government announced its plan to improve trauma care in Scotland for the 6000 seriously injured patients in Scotland each year through the creation of a Scottish Trauma Network, with four major trauma centres in Scotland, including one at the Queen Elizabeth University Hospital. The Major Trauma Centre is due to open in March 2021 with planning well underway to establish the 24 bed major trauma ward which will provide specialist care to major trauma patients and also provide early access to hyper acute rehabilitation. As part of this network, Inverclyde Royal Hospital will continue to operate as an emergency hospital. The majority of trauma and injury patients will continue to be seen and treated at the IRH, with less than one patient per week transferred to QEUH Major Trauma Centre and approximately 14 patients per week transferred to the Trauma Unit at Royal Alexandra Hospital. Six of 10 patients transferred will be repatriated to IRH for ongoing care within three days.

These changes - as part of the national strategy - free up current trauma theatre activity at the hospital and the plan is to use this capacity to develop a centre for excellence in orthopaedics at the IRH. A design team have now been appointed for the £1.5million capital programme to reconfigure one of the hospital's theatres for orthopaedic activity. A further £350,000 will also be invested to upgrade two wards to support the redesigned trauma and orthopaedic service.

NHS Greater Glasgow and Clyde
November 2020

Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Health & Social Care Committee**	**Date: 7 January 2021**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: SW/05/2021/AM**
Contact Officer:	**Anne Malarkey** **Head of Service** **Mental Health, Addictions and Homelessness**	**Contact No: 01475 715284**
Subject:	**Alcohol and Drug Recovery Services Update – January 2021**	

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Health and Social Care Committee on the detail of how of the Alcohol and Drug Recovery Service redesign service is being taken forward. The review was in progress prior to the Covid pandemic and was put on hold by NHS GG&C, agreement to progress was reached in October.

2.0 SUMMARY

2.1 Committee members requested that the service provides a regular update. Previous reports to the Committee have combined the activity of the Alcohol and Drug Partnership (ADP) and the work of the Alcohol and Drug Recovery Service (ADRS). The report in October 2020 provided performance information on ADRS, performance data for quarter 3 is not yet available therefore the previous performance data is included as appendix 1.

2.2 This report will give a brief narrative on how the ADRS fits into the wider support and recovery work across Inverclyde with the key focus being on outlining the plan of work to redesign the Alcohol and Drug Recovery Service. The redesign requires significant changes to the way the team works.

2.3 A process of engagement with staff and staff partnership is required to make changes to job descriptions, pathways within services and expansion of treatment options.

2.4 The expansion of pharmaceutical and non-pharmaceutical treatments requires processes and robust governance arrangements to be developed and embedded within team to ensure patient/service user safety and monitor effectiveness.

2.5 National Records of Scotland are planning for release the Drug-related Deaths in Scotland in 2019 on 15th December 2020; a further report on Drug-related Deaths for Inverclyde will follow pending the publication of this information.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to approve the contents of the report and specifically:

- Approval of staff moving from the HSCP to Community Learning Development

- Agree the programme redesign for alcohol and drugs recommenced
- Agree the programme and sub-groups supporting the redesign

3.2 The report for next Health and Social Care Committee will focus on measuring outcomes and the new national drug and alcohol information system (DAISy) will be implemented in April 2021.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Implementation Phase of the alcohol and drug review was paused at the beginning of the pandemic, however a number of changes have already taken place to increase supports within the community and these are noted below.

4.2 **Prevention and Education** – this work is being led by the Inclusive Education, Culture and Communities directorate, reporting directly to the Alcohol and Drugs Partnership. Two posts previously sat within the Alcohol and Drug Recovery Service to provide a whole system response. These posts will move to CLD to support the wider prevention agenda. Although the Alcohol and Drug Recovery Service is represented on this group, the service governance will now rest with CLD to take prevention/education for children and adults forward.

4.3 **Recovery** – this work is being undertaken through the Recovery Development Group, which also reports directly to the Alcohol and Drug Partnership. This includes the support undertaken by commissioned providers across the wider community and within ADRS. This included the commissioning of tests of change for recovery including family support, peer support and recovery services.

4.4 Staff in ADRS will work with service users to identify recovery oriented goals, develop a support and recovery plan with an emphasis on achieving an effective transition from the statutory service to continue their ongoing recovery in the community within a supportive environment. ADRS will embed the underpinning ethos of recovery within the service as part of the redesign going forward.

4.5 **Assessment, Treatment and Care** – this is the main activity of the service which will focus on working towards achieving to Big Action 5 within the Strategic Plan. Getting this right will also contribute to all the other Big Actions. The work of the service must be underpinned by the aspiration of potential recovery for everyone and therefore is a key area of development for the service and will continue to be an area of focus going forward.

4.6 Tackling drug-related deaths is a key priority for all ADP Partners and communities. However, the Alcohol and Drug Recovery Service will specifically work to ensure that we expand access to a range of pharmacological and non-pharmacological treatments, including increasing Cognitive Behaviour Therapy support, ensuring that prescribing and dispensing arrangements are tailored to individual needs. This includes the rollout of Buvidal which is a new slow release formulation of 7 day or 28 day depot injections, resulting in service users no longer attending chemists daily for supervised methadone dispensing.

4.7 It is hoped this will allow patients to focus on improving their lives and overall health rather than managing their dependence; increase the distribution of naloxone; empower service users to identify urgent, short, medium and long term recovery goals and promote cultural change within the service.

4.8 Since the beginning of the pandemic, the service has implemented a hub model which has provided an opportunity to peer review every caseload and reassess the level of vulnerability and risk of each service user.

4.9 In collaboration with service users and other services, staff are undertaking refreshed reviews to develop joint support plans, prioritising those identified as being most vulnerable and at risk.

4.10 The aim is to provide support to service users in an outcome-focused way to re-establish daily living skills and community connections. Where longer-term support is needed, the service is developing a revised standard operating procedure to empower and enable service users, including options to uptake service from commissioned providers to meet medium and longer term support needs where this is deemed

appropriate. The service is currently reviewing assessment and care management arrangements and will also be developing a revised standard operating procedure in these areas.

4.11 The service has also identified a number of people who remain stable and could successfully be supported with community prescribing and support arrangements. The service will review the existing GP Shared Care arrangements to determine if there is any additional capacity as well as consider other models of care such as Independent Prescribers and Advanced Nurse Practitioner roles within the community.

4.12 A number of workstreams have been developed to lead on the final phase of implementation to modernise the service which are outlined below:

4.13 *ADRS Steering Group*

- Chaired by the Head of Mental Health, Alcohol and Drug Recovery and Homelessness Services to provide oversight of the following sub-groups, including action plans and timescales for delivery.

4.14 *Workforce Sub-group*

- Identified priority areas include finalising social care job descriptions, staffing structure and teams within ADRS;
- Develop staffing model/structure across all disciplines in the service - social care, nursing, occupational therapy, psychology and medical staff;
- Align service to professional leads and Chief Social Work Officer roles;
- Embed governance structures into service delivery;
- Support culture change to create Recovery Oriented Systems of Care in practice;
- Identify suitable solutions for learning and development needs of the workforce.

4.15 Although medical staff were not included in the review, imminent changes in personnel requires the service to develop a new medical staffing model. This provides an opportunity to consider the role of independent prescribers and advanced nurse practitioners to the Inverclyde ADRS workforce.

4.16 *Care and Treatment Sub-group*

- Service definition, access criteria, referral pathways;
- Personal support and recovery plans to include urgent, short, medium and long term goals;
- Defined pharmacological and non-pharmacological interventions;
- Clarity of the care management role and interface with other services, teams and partners.

4.17 *Performance and Information Sub-group*

- Quality assurance processes to ensure accuracy of data, clarity of reporting arrangements.
- Develop a performance matrix linked to local and national reporting requirements and influence priorities in service activity.

4.18 *Communication and Engagement Sub-group*

- Engagement plan developed in collaboration with ADRS staff and service user
- Service User Reference Group
- Recovery Community and Peer Workers to influence work within other sub groups,

- Communication strategy to inform staff, service users and wider community of service and partner activity.

5.0 Next steps

5.1 Appendix 1 contains current performance data related to ADRS services.

The new national drug and alcohol information system (DAISy) will be implemented in April 2021 in Inverclyde. The new system will collect much more detailed information than previous systems, including:

- Service User details- demographics etc.
- Referral details
- Full assessment details including social circumstances waiting times; drug and alcohol use; prescribing information; naloxone use.
- Reviews
- Recovery Outcomes (still to be developed by Scottish Government)

5.2 The Committee is asked to note and comment on the contents of the report. The report for next Health and Social Care Committee will focus on measuring outcomes and the new national drug and alcohol information system (DAISy) will be implemented in April 2021.

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)

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

Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.5 **Repopulation**

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. This will move forward in the Communication and Engagement Sub-Group.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Appendix 1 Performance Data

As at 5th December 2020 there are 1079 service users within the ADRS service.

Fig.1

Number of new referrals to Drug Services.							
2019/20				**2020/21**			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
94	85	75	92	60	56		

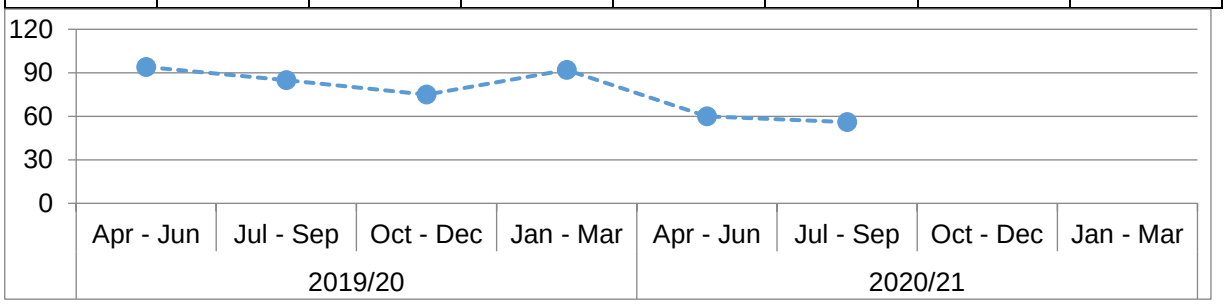


Fig.2

Number of new referrals to Alcohol Services.							
2019/20				**2020/21**			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
149	99	97	124	103	113		

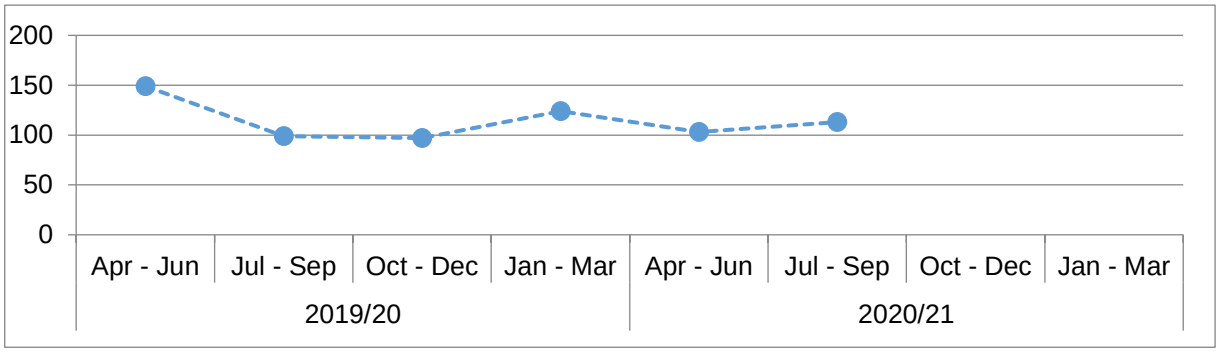


Fig.3

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).

2019/20				2020/21			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
86.5%	77.6%	96.9%	92.7%	93.4%	99.3%		

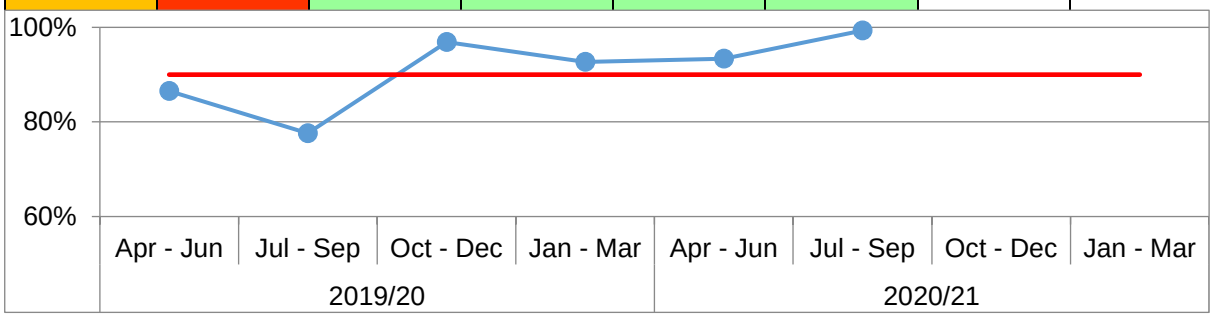


Fig.4

Referral to 1st Treatment: Drug Services (Completed Waits).

2019/20				2020/21			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
67.9%	67.6%	100.0%	95.2%	89.1%	97.7%		

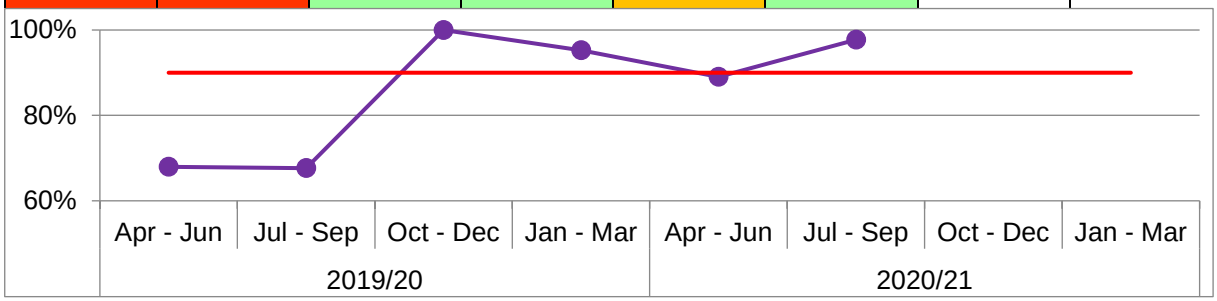
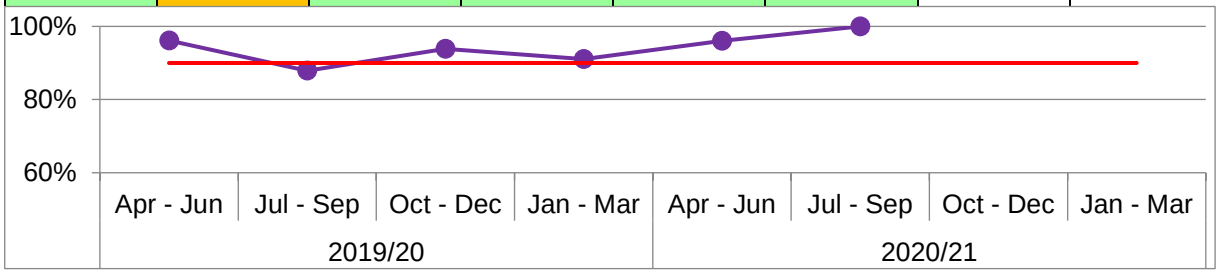


Fig. 5

Referral to 1st Treatment: Alcohol Services (Completed Waits).							
2019/20				2020/21			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
96.1%	87.9%	93.9%	91.0%	96.1%	100.0%		



The solid red line in above charts (Fig. 3,4 &5) is the national target therefore Inverclyde is now performing well against the national targets

Inverclyde council

AGENDA ITEM NO: 8

Report To:	**Health & Social Care Committee**	**Date:**	**7 January 2021**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/02/2021/SMcA**
Contact Officer:	**Sharon McAlees**	**Contact No:**	**715282**
Subject:	**Child Sexual Exploitation Research Report (SCRA and Barnardo's Scotland, October 2020)**		

1.0 PURPOSE

1.1 The purpose of this report is to:

a. advise the Health & Social Care Committee of the findings of the Scottish Children's Reporter Administration (SCRA) and Barnardo's Scotland national report on child sexual exploitation (CSE) in Scotland.

1.2 b. consider the report's findings in relation to Inverclyde's response to identifying concerns of CSE and its pathway of multi-agency safeguarding of vulnerable children.

2.0 SUMMARY

2.1 The SCRA and Barnardo's prevalence study is the first at a national level in Scotland on child sexual exploitation (CSE) and the first to consider the vulnerabilities to sexual exploitation experienced by both girls and boys.

2.2 Child sexual exploitation is a particularly hidden form of sexual abuse and crime. Victims may not be aware that they are being sexually exploited; such is the coercive nature of perpetrators and the control that they exert over their victims. It is very rare for a child to disclose that they are a victim, or in some cases even recognise that they have been victimised.

2.3 The study was based on data that was held by SCRA, which has a national focus on children most at risk aged 18 and under (the legal definition of a child in Scotland). This therefore involved children who were in the care system and involved in the Children's Hearing System (CHS). Previous studies have highlighted children in these circumstances, as being particularly vulnerable to CSE (Jay Report, 2014, Barnardo's 2014. Brown et al, 2017).

2.4 The framework of this national study has been used to scrutinise Inverclyde's local data over the last three years, and assess the workings of our local CSE safeguarding pathway that is overseen by Inverclyde's Child Protection Committee.

2.5 Our local data highlights that local partnerships are aware of our most vulnerable children, and established pathways are in place to respond to this complex area of safeguarding through a strategic and tiered approach:

- Prevention and early intervention;
- Intervention and recovery; and
- Disruption and prosecution.

2.6 The nature of this work requires a multi-agency workforce that is skilled and trained in trauma

informed practices; a current national agenda in Scotland.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to:-

a. Note the content of this report

b. Note the implications for the wider safeguarding workforce trained in trauma-informed practices that aligns with the GIRFEC pathway.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The safety and wellbeing of all children and young people is a key priority for the Scottish Government. Child Sexual Exploitation is an abhorrent crime and can have a devastating impact on its victims and their families. The Scottish Government has been working in partnership across agencies to develop a plan to tackle Child Sexual Exploitation that is innovative, challenging and ambitious in scope. One of the main aims of Scotland's National Action Plan is to support culture change throughout children's services agencies, and society at large, to ensure that Child Sexual Exploitation is recognised as an issue that needs to be properly tackled and addressed.

4.2 Scotland's National Plan to Tackle CSE was published in 2014. It focuses on prevention of abuse, prosecution and supporting children and young people affected by CSE. An update was offered in 2016 and a final Report on the Delivery of the Action Plan was published in July 2020. This noted progress in multiple areas. An early achievement was the Group's efforts in agreeing and establishing a national definition of Child Sexual Exploitation in Scotland. This was an important milestone which has enabled a common understanding of what is meant by CSE across different services and organisations. As a result of the work taken forward by the CSE Group and stakeholders, a lot more is known today about the nature of CSE and the response it requires.

4.3 The CSE Working Group works in partnership with Child Protection Committees Scotland to develop key messages on child sexual exploitation, as part of a wider series of messaging, to form the basis of ongoing efforts to raise public and media awareness of child protection issues and the role everyone can play to help keep Scotland's children safe from harm. This is part of the Child Protection Improvement Programme and cannot be separated from other strands of work in this area in relation, for example, to neglect and workforce development. This work is in turn cascaded to individual child protection communities.

4.4 Inverclyde CPC hosts a CSE sub-group whose role it is to cascade best practice to partners across the authority. This is spearheaded by a local training approach. Practitioners across health, education, and social work have been trained by the CSE Programme Manager for Barnardo's Scotland to deliver a rolling programme of training across the community planning partnership. The recent refresher of training for trainers was shared with another 3 local authoritie, all of which gave opportunities to share good practice in 2019.

4.5 In 2015-16, Inverclyde CPC focused its annual campaign on CSE, producing posters and leaflets to raise the profile of CSE within the Inverclyde community. It also hosted a Conference in 2016 which was attended by 99 practitioners from the police, education, health, 3rd sector, social work and other support services. The keynote speakers were: Daljeet Dagon Children's Services Manager, Barnardo's Scotland - Sexual Exploitation of Boys and Young Men & Exploitation in Gangs; Ethel Quale Reader in Clinical Psychology and Director of Research Edinburgh University - Exploitation Online; and Nicola Dalby Safe and Sound Derby – Hearing the Voice of the Victim. There were also workshops on: Local & Regional Responses to Child Sexual Exploitation; Child Trafficking for the Purposes of Labour Exploitation; Radicalisation as Exploitation and Exploitation in Residential Child Care Settings.

Shared learning from this conference helped to frame Inverclyde's CSE strategy from 2017 to the current period.

4.6 Awareness was raised with primary-aged children and pupils at St John's Primary in 2017 produced a website, which encouraged children and young people to speak out about things that might be worrying them.

4.7 The 'Wasted' programme (raises awareness around the hidden nature of CSE) for all S2 pupils and Barnardo's programme was piloted in 2 schools. This was led by the Community Learning Development Team (CLD) and Education's health and wellbeing lead.

4.8 Staff training sessions have also included the following:

- Multi-agency Awareness Raising sessions – 257 members of staff attended
- Individual staff groups:
  - 30 residential staff and managers;
  - 27 members of staff in education services;
  - 42 foster carers, kinship cares and adopters;
  - 13 members of the West College Scotland Safeguarding Group;
  - 36 members of the Community Learning and Development (plus some SDS staff); and a 9 further SDS staff.

4.9 As national awareness grows into this hidden form of abuse, there is awareness of new forms of exploitation (for example during lockdown there was a national increase in incidents of online exploitation) and planning innovative ways of disrupting perpetrators (for example by a focus on the night time economy in Inverclyde). Reflective learning is a key tool for increasing awareness. In 2019, CPC Scotland and NSPCC released a national campaign asking the public to be aware of hidden harms being perpetrated under the cover of lockdown, CSE particularly in relation to online exploitation, being one of these.

4.10 In Inverclyde we continue our multi-safeguarding approach. A Child Protection Practitioners Forum, held in January 2020 in relation to child trafficking and attended by 25 practitioners from across the authority has now led to the development of a CSE information website (see point 4.11). In March 2020 a GIRFEC Community of Practice was led by CSE Programme Manager for Barnardo's. 22 attended from health, police, social work, community safety and education.

4.11 Currently in development is a bespoke suite of web based information, support and practice tools, created in co-production with Inverclyde pupils which, in 2021, will be available to all schools, pupils, parents and carers within Inverclyde. Consideration is being given by the Scottish Government to extend this programme to all schools in Scotland, rendering Inverclyde once more a sector leader in the identification and disruption of CSE.

4.12 The SCRA/Barnardo's report, though limited in its scope (in being concerned with children already within the Children's Hearing System) offers good practice examples for practitioners in terms of ensuring that CSE is identified earlier as a risk factor and that children's panel members are clearly signposted to the potential impact of CSE on children's behaviour (for example going missing from home or involvement in anti-social behaviour). This should result in a more nuanced response to children who are identified as at risk.

4.13 There are opportunities in terms of the CSE risk assessment tool, utilised in the research, to identify children at risk at an earlier stage.

4.14 We believe we have been successful in raising the profile of CSE within Inverclyde but recognise that, as the landscape of exploitation is constantly shifting, we try to remain one step ahead of perpetrators. The best way to do this is to ensure that children and young people and their carer(s) are alert to the possibility of exploitation and know who to turn to if they are worried. In Inverclyde we are delivering this knowledge via training, communities of practice and user friendly internet tools as well as via traditional but essential routes such as building on relationships leading to improved communication.

4.15 CSE is not defined in law in Scotland, but there is a national definition that ensures all practitioners and agencies use the same definition to facilitate joint risk assessments and effective multi-agency responses. It highlights the behaviours of the perpetrator:

'CSE is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to forces or entice a child into engaging in sexual activity in turn for something received by the child and/or those perpetrating of facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act' (Scotland's National CSE Group, 2016).

4.16 Inverclyde's multi-agency response is based on this definition and covers three strategically directed practice areas:

- Prevention and early intervention;

- Intervention and recovery; and,
- Disruption and prosecution.

This aligns with articles 31 and 35 of the United Nations Convention of Rights that stipulate that children have the right to be protected from all forms of sexual exploitation, sexual abuse and trafficking (ratified December 1991).

4.17 **Prevention** involves work with children and their families through awareness raising, which is replicated with our multi- agency workforce. We have a local training group which over the last 3 years has offered training to practitioners with regard to identifying and responding to the signs of CSE. This built on awareness raising via the 2017 ICPC campaign which focused on CSE. Partners within Inverclyde as noted above are currently developing a website which will offer children, parents and professionals advice on how to recognise and respond to CSE. This includes co-production with local school children and may be rolled out across Scotland as an example of best practice.

4.18 **Early intervention** is promoted through Children's Services (social work) Request for Assistance Team (RfA); who acts a 'front door' to assess and respond to wellbeing need and any presenting risk that a child is experiencing. Where a child is assessed to be at risk of CSE, all immediate measures will be taken to safeguard them and an Initial Referral Discussion (IRD) co-ordinated by social work will take place with the police, health, education and any other relevant service to put a plan in place to manage this.

4.19 The pathway to respond to CSE concerns where the child is known to social work will again convene an IRD and a plan will be put in place to meet the immediate risk to them. Their circumstances will also be discussed at the Vulnerable Young Person's Group (VYPG) that is chaired by a DCI in Police Scotland. Its purpose is to identify, address and work collaboratively to safeguard a child who is a victim or likely to be a victim of CSE.

4.20 **Intervention and recovery** will be led by social work, with the child, with their significant family relationships and services including Barnardo's. Key services also involve therapeutic health, education, police and SCRA. This is complex and takes time given the nature and the victim's experience of CSE.

4.21 **Disruption and prosecution** are led by colleagues in Police Scotland and they note that the information shared by all agencies at VYPG meetings enables comprehensive identification of areas of risk. This can range from known associates, places frequented or known methods of transport. The assessment of this information frequently results in further intelligence profiles being created, assessed and shared with British Transport Police, Community Police Officers or circulated out with Divisions on ebriefs to relevant policing areas.

The sharing of this information results in increased intelligence being fed back in which can lead to a more targeted approach to subsequent safeguarding decisions, investigations and the prosecution of offenders.

4.22 Reviewing the local data over the last three years highlights what this means for children who are victims or are likely to be victims of CSE. In the last three years this relates to 16 children whose experiences and safeguarding have been tracked through the VYP Group and by the Child's Planning and Reviewing Officers.

4.23 All 16 children were known to social work services prior to the concerns around CSE being raised. All had experienced family vulnerabilities that involved domestic abuse, alcohol, drugs, mental health, bereavement and/or significant loss of relationships in their early years and childhood.

4.24 Indicators of behavioural vulnerability for the children included a reduction in school/college attendance, attendance at A&E, absconding, staying out late, missing overnight, drug/alcohol use, self-harming and/or visiting locations of known risk.

4.25 The age range, at which the children were assessed to be victims or likely victims of CSE was between 14 and 17 years.

4.26 Five children were supported by their extended families to remain in their local communities. The remaining eleven have spent periods or are currently in residential care, with three spending a brief period in secure care due to serious concern about their safety and welfare.

4.27 Our local findings align with the SCRA/Barnardo's studies in relation to boys being referred to SCRA initially on the basis of an offence ground and girls being referred on the ground that the child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person.

4.28 Practice learning and reflection highlight that the road to recovery for victims of CSE is best promoted through relationship-based practice that offers significant support over an extended period of time.

4.29 The models of CSE experienced by our children have centred on location, transportation and social media. We wholly endorse the SCRA/Barnardo's recommendations to improve prevention of CSE by increasing children's protective factors and resilience while tackling the risks posed by people and places (contextual safeguarding).

5.0 PROPOSALS

5.1 With oversight from Inverclyde's Child Protection Committee we will continue to engage in the national agenda to embed this form of contextual safeguarding, and also commit to the Independent Care Review's (ICR) Promise to have a national model of family support that offers intensive family support when this is needed.

5.2 Similarly we will continue to engage in the national agenda to develop a trauma-informed workforce across the community planning partnership, supported by the Scottish Government's commitment to this.

6.0 IMPLICATIONS

6.1 Finance

There are no financial implications in this report.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.2 Legal

There are no legal implications in this report.

6.3 **Human Resources**

There are no human resource implications in this report.

6.4 **Equalities**

Equalities

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

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

(b) Fairer Scotland Duty

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

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

	YES
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –.
x	NO

6.5 **Repopulation**

There are no repopulation implications in this report.

7.0 CONSULTATIONS

7.1 The report has been prepared after due consideration with relevant managers in the HSCP and with partner agencies.

8.0 BACKGROUND PAPERS

8.1 SCRA and Barnardo's CSE Research Report October 2020

8.2 Case Study – Sam's Story see Appendix.

Sam's Story

First contact with social work is when Sam is 6. An anonymous referral is received stating that different adults are frequenting her home. Social work visit and find the family home cluttered and in poor condition. A family support worker is allocated to work with Sam's mother and help with routines for both her and her little brother who is aged, 3. Financial assistance is given to improve household conditions, routines are established and attendance at school and nursery increases.

After 6 months of sustained improvement in the family's circumstances, social work end their contact. Sam's grandmother stays nearby and she is identified as a significant source of support to the family.

The second social work contact is when Sam is aged, 9. A Community Psychiatric Nurse contacts social work and states that Sam's mother's alcohol misuse and depression is impacting on the care of her two children. A social worker visits the family and following an assessment, offers extended family support. Again there is sustained improvement in mother's alcohol use and mental health and family circumstances first stabilise and then improvement is noted. Social work support then ends after 12 months.

When Sam is aged 12, her mother forms a new relationship and the new partner is alleged to be physically abusive to her. A Child Protection assessment is initiated and both Sam and her brother's names are placed on the Child Protection register. Sam and her brother attend a Children Hearing and are placed on a compulsory supervision order (CSO) but stay with their mum.

Intensive support is offered but circumstances at home do not get better, and after a kinship care assessment and discussion through the Children's Hearing, Sam and her brother move to stay with their aunt and uncle. Both children settle very well and are thriving.

After 12 months the aunt and uncle apply for a kinship order and their CSO is terminated. The following few years are a settled period for both of the children.

Sam's gran died when she is aged 15 and at this point Sam begins to seek out more and more contact with her mum.

Sam starts to show some challenging behaviour at home and at school, begins to truant from school and has started to drink alcohol. Her aunt noted at this time that Sam had begun stealing from the family home, staying out late and becoming withdrawn.

She also starts self-harm, cutting her arms. This coincides with her starting staying out overnight. Her aunt reports her missing and the police refer her to social work.

A social worker visits the family; both Sam and her aunt are much stressed. Sams aunt says she needs support but Sam does not want to be involved with social work. The family are allocated a social worker however the risk to Sam escalates quite quickly and a full multi agency plan is put in place to address and mitigate the risks to Sam. A clear concern is emerging that Sam has become involved with at least one possibly more adult males who are exploiting her. Sam denies this and refuses to discuss any aspect of this with the staff involved with her or her aunt.

A month later, Sam is found by the police in Glasgow in a distressed state and has facial injuries; she states that she went to Glasgow meet a male, but will not give a name.

Intervention:

Sam's circumstances are discussed through an Initial Referral Discussion (IRD) and a referral is made to the Vulnerable Young Person's Group. This is a multi-agency safeguarding group with experience of responding and managing this form of abuse to children. This resulted in a multi-agency safeguarding plan being put in place.

Sam's social worker and a police officer build a relationship with Sam, and over the next few months Sam gradually discloses to them more and more information about the names, places and what has happened to her.

Disruption:

The police use this information to progress their inquiries and on this occasion are able to make arrests.

Recovery:

The social worker spends time with her aunt; helping her to understand how child exploitation happens and how it impacts on young people's physical and emotional wellbeing .This help supports the whole family to manage Sam's erratic moods and behaviour.

The social worker spends a lot of time with Sam; Sam gradually builds trust and this allows the social worker to help Sam build some protective factors and helping her to make sense of what has happened to her. This also leads the way for the social worker to start some therapeutic support for Sam laying the basis of what will be a long term recovery for her.

Sam is also put on a reduced school time table for a while, and receives help from her guidance teacher and a therapist in CAMHS.

Sam is now at college and still has a social worker. She is working hard to turn her life around, with help from her aunt. The long term trajectory for Sam , with the right support is positive .It will however be a slow and long term process.

Sam's Story

When I was 6, my dad left the house and my mum had a lot of different partners.

My mum struggled with alcohol and had depression, and I know she took drugs too.

My young brother and I had a social worker when we were young, and my mum hid things from them. My gran stayed near and when we were scared we went to stay with her. This was a happy time for me, I felt safe.

When I was 12 my mother's new partner hit me. Our names were placed on the Child Protection register and we went to a Children's Hearing. Things at home did not get any better, in fact things with mum got a lot worse. So we had to go back to the Children's Hearing and the social worker said that it would be better for me and my brother to stay with my aunt and uncle and the panel agreed to that

My younger brother got on well, and I did too for a while. It was really ok except that I was always worried about my mum. Then my gran died when I was 15, and things started to go really bad for me. Even although there was a lot of people around me, I felt really alone and that nobody loved me.

I started to get in trouble .It was fun at first, I started to truant and drink. I stole things too so I could get money. Me and my friends would ask random guys to buy us cigarettes or vodka.

I started to hurt myself. I hated my life. I would cut my arms.

One of these guys who gave me cigarettes took me to Glasgow, with one of my mates and bought us clothes. It made me feel special and that somebody at last really cared about me. There were times when I felt a bit scared but mainly I felt I could leave all the bad stuff behind and be somebody different. I started to stay out overnight and when my aunt tried to keep me in I started running away and staying away longer and longer. Eventually my aunt telephoned the police. A social worker started to come and see me and my aunt. I hated my aunt for doing this and I hated the social worker .I just wanted them to leave me alone and let me get on with my own life. I felt that I was in control at last and knew what I was doing.

There was one guy in the group that was really good to me and I thought he loved me .I would have done anything for him. I was really hurt and confused when he asked me to go with another guy, but I did it anyway. . By this time when I was away from home I was drinking quite a lot and sometimes taking drugs One time I was taken to a hotel in Glasgow, where there were other guys. I was made to do stuff that I did not want to do; it was a blur, they had given me alcohol.

I was dropped off at the train station and given money to get back home. A policewoman saw me at the station and asked if, "I was ok". I had a bruise on my face where I had struggled and got hit.

I told her that I had been hit, and was taken home.

My aunt and the social worker were there when I got home .I knew they were worried about me and wanted to help me but I was so confused .I started to tell my social worker little bits of what had happened to me; to see if I could trust her. The social worker spent a lot of time

with me and my aunt. She spent a lot of time with just me. One of the things she told me was that what had happened was not my fault and that was weird because I really thought it was my fault. Over the next few months I told the social worker more and more things. The names, places and what happened to me. We told the police all of this and then there was horrible stuff about maybe having to go to court.

I was put on a reduced school time table for a while, and also had help from a therapist in CAMHS.

I am at college now and still have a social worker. I can't change what has happened and one of the hardest things to do is to believe it wasn't my fault. The social worker keeps reminding me that I was a child and that I was vulnerable and that adults who could see I was vulnerable used that to harm me .The more time that passes the more I can see that that is right. I am working hard to turn my life around. My aunt is always there for me and I know now that she loves .