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**Report To:** Inverclyde Integration Joint Board      **Date:** 25 January 2021

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/06/2021/SM

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Chief Social Work Officer      **Contact No:** 715282

**Subject:** CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20

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## **1.0 PURPOSE**

- 1.1 The purpose of the report is to advise the IJB of the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2019/20.

## **2.0 SUMMARY**

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collation of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisor allows for the development of a picture of social work and social care practice across the country. This is important in benchmarking evaluations of performance in terms of implementation of legislation, development of innovative practice and addressing common challenges in delivering social work services across Scotland.
- 2.3 At a Local Authority level the report provides an opportunity to ensure Members are fully sighted on the issues affecting the most vulnerable members of our communities and the action taken by social work services to address these vulnerabilities. Throughout the global pandemic we have seen a determined effort to provide the best possible responses to the needs of our service users and at the same time support the wellbeing needs and resilience of our staff.
- 2.4 The report also highlights the process of continuous improvement in social work services and the many areas of progressive and developing practice.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the IJB notes the content of the Inverclyde Chief Social Work Officer Report.

**Louise Long**  
Chief Officer

## 4.0 BACKGROUND

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

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

- opportunities and challenges
- governance arrangements
- partnerships
- service quality and performance
- resourcing
- workforce planning

Included in this year's report is a section on COVID 19.

- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to support HSCP Committees and IJBs to be clear about the CSWO role in general and in particular in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services across Scotland.
- 4.4 As Inverclyde HSCP goes forward as a fully mature integrated partnership, the report reinforces the achievements of the collaborative relationship in which social work practice and values have had a significant impact. Social Work has a vital role to play in the continued development of the partnership into the future.
- 4.5 At a Local Authority level, the CSWO report should serve to provide Council and IJB Members alike with a broad understanding of the range of needs and challenges faced by Inverclyde citizens. The report should also contribute to ensuring a clear line of sight for Members as to how social work services are contributing to improving outcomes for the most vulnerable citizens of Inverclyde.
- 4.6 As in previous years, there is a lag between the end of the reporting period and the presentation of this report in order for the data to be collated and verified and the report to be written. This year the Covid-19 pandemic has added a slight further delay to the finalisation and presentation of this report. It would be important to note therefore that data may differ from that contained in other reports on similar topics.
- 4.7 The Inverclyde Chief Social Work Officer's report for 2019/20 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. Partnership Governance structures and links to the Council and Health Board reporting processes are highlighted. Key public protection functions and performance are outlined. The report seeks to highlight the important contribution of social work and social care services in supporting the most vulnerable in our community.

- 4.8 This year has been a year unlike any other. All of the same complex and challenging issues that affect our community continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual responding with incredible creativity and often courageously.
- 4.9 The report draws attention to areas of particular strength across the range of social work functions and specifically highlights areas of sector leading practice.
- 4.10 The full CSWO report for 2019/20 is attached.

## 5.0 IMPLICATIONS

### FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

### LEGAL

5.2 There are no legal implications arising from this report.

### HUMAN RESOURCES

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

### EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

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

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

**5.6 NATIONAL WELLBEING OUTCOMES**

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

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

## 6.0 DIRECTIONS

6.1

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

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1 Annual Report by the Inverclyde Chief Social Work Officer for the year 2019/20

**INVERCLYDE  
CHIEF SOCIAL WORK OFFICER  
ANNUAL REPORT  
2019/20**



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# 1. Introduction

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

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

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

It would be impossible to construct this year's report without reference to the impact of the global pandemic and how this has affected the Inverclyde Community and the response by the Health and Social Care Partnership and given the focus of the report the contribution made by social work and social care staff to containing and mitigating as far as possible the impact on the people of Inverclyde.

Reference is made to this at varying points throughout the report and an additional section has been added that looks at some of the key adaptations and activities that were necessary throughout the year.

The challenge faced by staff has been unprecedented and the pace of response, ongoing reflection and review has been extremely rapid. However I have been particularly keen to ensure the report highlights the many creative and innovative ways in which services were and continue to be developed and delivered in order to achieve the best outcomes for our service users both despite and because of the pandemic. The efforts of our staff, working with our sister services, our community of volunteers and our service users has supported our community through the most challenging of circumstances.

Each year the annual chief social work officer report provides an opportunity to reflect on, to recognise and to appreciate the work of social work and social care staff. This is an opportunity that I know is very much welcomed and valued by the Council and provides members the opportunity to express their appreciation of the commitment, quality and life changing outcomes that our staff contribute to the residents of Inverclyde. This year has been a year unlike any other. All of the same complex and challenging issues that affect our community continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual responding with incredible creativity and often courageously.

I would like to take this opportunity to extend my thanks to social work and social care staff across statutory, third and independent sectors and to our partners for their collective resilience over the past year. I would also like to reinforce the commitment of the leadership of HSCP to offer ongoing and enhanced support to our staff over the coming year.



## 2. Achievements

I would like to open 2019/20's Annual Report by highlighting some of the areas we are particularly proud of. Examples have been chosen from a range of service areas to give an overall picture of the dedication and commitment to deliver better outcomes and improving lives of the people of Inverclyde.



### Leadership Award

Advice Service Team Lead  
Inverclyde Health & Social Care Partnership

Our Advice Service Team Lead won the Leadership Award at the 2019 Scottish Public Service Awards. This national recognition was for leadership in bringing together 3 separate teams under a single vision of improving the lives of our most vulnerable citizens, inspiring confidence and a passion for challenging inequality. The team continues to carry out the three elements of Social Security advice and information; Welfare Rights representation, and Specialist Money Advice, however this is done in a joined up way that minimises duplication and maximises long-term and sustainable gain for the citizen.

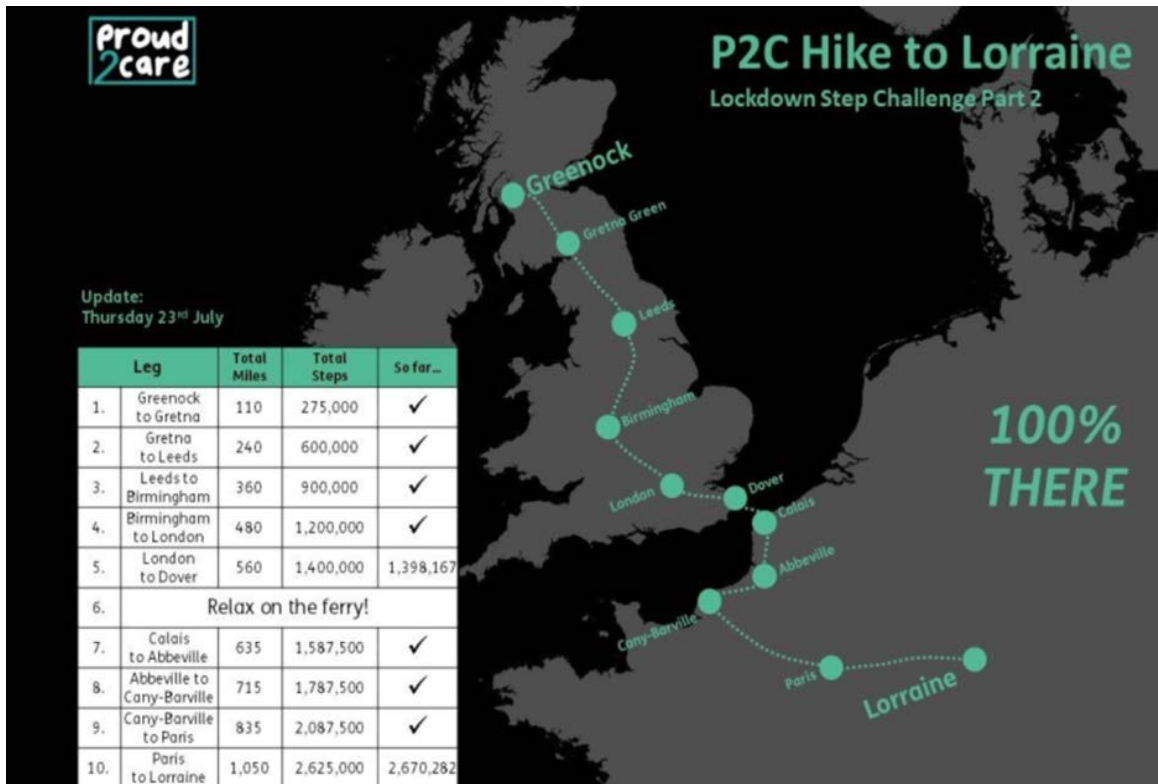
### Colin Mair Award for Policy in Practice



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

## Children and Young People

The young people from Proud2Care were each gifted a FitBit from funding received by the Inverclyde Communities Fund and Your Voice, and in partnership with their Corporate Parents they set a family walking challenge. The Corporate “Maws & Paws” along with their Corporate Kids successfully completed a full virtual tour of Scotland “500 Miles & 500 More.” They have all enjoyed it so much that all involved have now began a virtual walk to Lorraine in France in honour of the cross of Lorraine in Greenock – via Inverclyde’s twinned town of Cany Barville.



Some of our Proud2Care group and care experienced young people utilised art boxes during lockdown and have entered some of their art work as part of a Virtual Art Exhibition. Additionally, our care experienced young people partnered with residents Balclutha House care home, establishing pen friends creating intergenerational links - Our "Balclutha Buddies" agreed to be the art competition judges.

A founding member of Proud2Care was awarded Inverclyde Youth Worker of the Year in 2019 in recognition of his passion and commitment to children and young people and has since went on to secure employment in this role.



## **Inverclyde Rights of Child Award (IROC)**

All of Inverclyde schools, additional early year's establishments and all three children's residential houses are currently Rights Respecting Schools/Establishments/Houses and participate in the UNICEF Rights Respecting Award at various stages. As a means of rolling this approach out across services the Inverclyde Rights of the Child Award (IROC) was designed with young people with the additional aim of using services participation in this award as means of fulfilling our reporting duties outlined in the Children & Young People (Scotland) Act 2014. Inverclyde Adoption Services were the first service area to participate and gain the award.

## **Reducing the poverty related attainment gap**



## **2GETHER: Care Experienced Young People Attainment Fund 2019/20**

The Care Experienced Attainment Fund; has enabled the HSCP to develop our self-directed approach with children, young people and their families. This has enabled and opened up opportunities for families. Importantly this represents an important shift in the involvement of service users in taking control and determining how their services are shaped. A comment from a parent:

"K has been really enjoying the sensory stories, with sound effects – K LOVES this. We've got some music therapy sessions planned for the next few weeks. It's making a huge difference and I feel that I'm actually managing to do something fun with K rather than just get through the day."

The focus on digital technology has also been promoted with 125 laptop and dongles being purchased since March 2020 to support on-line learning. These areas of practice are important in themselves but important too in signaling how we intend to continue along a continuum of service provision that is empowering of our service users.

## Inspection of Criminal Justice Social Work

In July and August 2019 a team from the Care Inspectorate visited Inverclyde to assess how well the Criminal Justice Social Work Service was implementing and managing Community Payback Orders (CPOs) as well as how effectively the Service was achieving positive outcomes.

The inspection involved reviewing a representative sample of records of 90 people who were or had been subject to a CPO, meeting 40 people subject to CPOs and undertaking focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers with responsibility for the Criminal Justice Social Work Service.

The inspection findings were very positive and published in a report in December 2019. The report noted many key strengths within the Service including:

Leaders demonstrate a strong commitment and vision to improve outcomes for individuals.

There is a well-embedded performance management framework and access to high quality data analysis that shows strong Criminal Justice Social Work Service performance that exceeded national targets, sometimes by a considerable margin.

A range of positive outcomes had been achieved for individuals.

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

The Service is well integrated into the Health and Social Care Partnership which strengthened governance arrangements and supported quick and easy access to services for individuals including those aimed at addressing mental health and addiction issues.

The Unpaid Work Service was operating effectively and played an important role in improving outcomes for individuals while ensuring payback to communities.

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

Of the five quality indicator that the Service was assessed against, 3 were noted as 'Very Good' and 2 were 'Good'.

<b>Quality Indicator</b>	<b>Rating</b>
Improving the life chances and outcomes for people subject to a community payback order	Very Good
Impact on people who have committed offences	Very Good
Assessing and responding to risk and need	Good
Planning and providing effective intervention	Good
Leadership of improvement and change	Very Good

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## Technology Enabled Care Services (TEC)

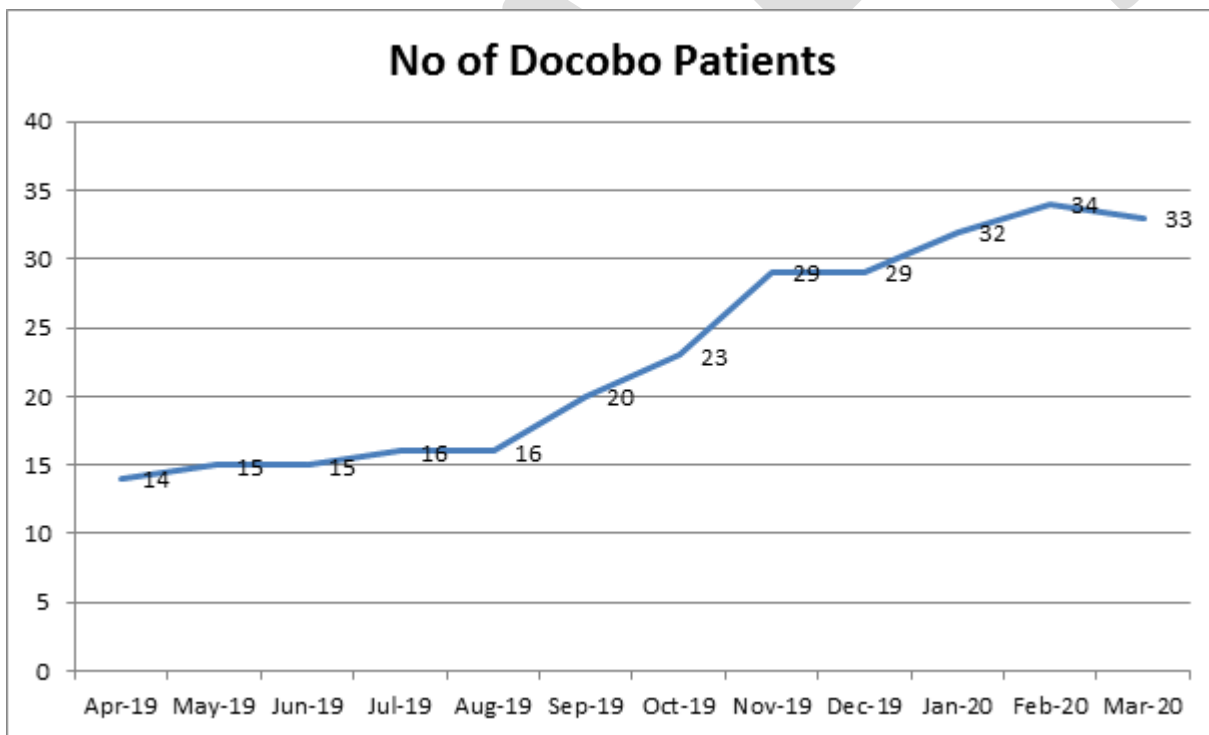
### Analogue to Digital (A2D)

Inverclyde has over 2,000 users in receipt of a telecare service and in taking a proactive approach, Inverclyde HSCP made a bid for one off test of change funding in August 2019 to the Scottish Government's TEC Programme Board. This bid was successful and the aim of the test of change is to trial and test digital alarm units in service users' homes for a period of 3 months.

### Long Term Conditions – Home and Mobile Health Monitoring

#### Docobo Care Portal

The Service supports people with Chronic Obstructive Pulmonary Disease (COPD) in the community to better self-manage their condition. In April last year, the Service replaced its home monitoring hubs as the previous equipment had reached the end of its lifespan. There has been an increase in the use of the hubs as the undernoted chart confirms. The Service has also introduced the use of an App for those who are confident in using this preferred method of communication, which has given us increased capacity to use and recycle the home hubs.



The service provides early intervention and anticipatory medication, thus hopefully avoiding potential hospital admissions. Since April 2019, there have been a total of 83 avoided hospital admissions from those using the Docobo remote home health hub.

Service user feedback about Docobo:

“Takes about 2 minutes in the morning then you can get on with your daily life, you get plenty of help..... If I can do it anyone can do it believe you me. I wasn't brought up with computers or modern technology – that left me behind. I couldn't dial a mobile phone before. Now I can send texts, I'm on Facebook, I'm just dandy”

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## Florence (FLO)

The service also supports people in the community to improve self-management of their long term condition by using Florence (FLO) – a phone App. Florence is a text messaging service which sends patients tailored reminders and health tips. Within Inverclyde, FLO is used to help monitor Diabetes and Hypertension. Patients are enrolled through their GP practice and sign up to send their readings via a text to a secure platform where clinicians can view and monitor readings as well as take appropriate action if necessary. Using FLO has reduced the number of face to face consultations and decreased the need for patients to travel to and from their GP practice.

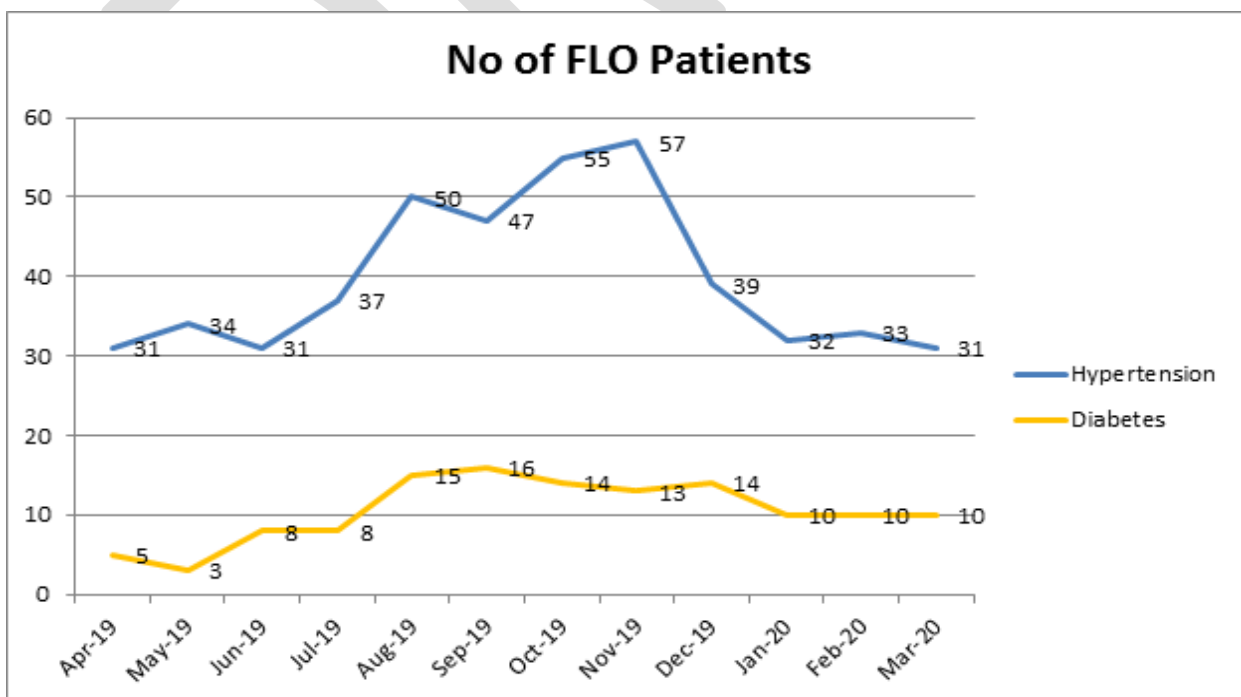
### Diabetes

FLO is being used as part of an initiative to improve self-care in diabetes and increase the number of patients self-administering insulin, thus reducing the number of home visits required by a District Nurse. Patients are prompted by FLO to submit their blood glucose readings on a specified day and time. While the take up of this technology has not been as high as expected, collaborative work with the acute diabetes specialist team in both the hospital and community has been established as a result of this work. This has involved the consultant physician reviewing all diabetic patients on the District Nursing caseload via a virtual clinic to optimise treatment plans and include health improvement measures. All 32 patients have been reviewed resulting in a reduction of 373 visits per week to 208. A second review is planned for October/November 2020.

### Hypertension

FLO is being used to both diagnose and monitor hypertension in the community. Patients are given a BP monitor and requested to respond to prompts from FLO by submitting their blood pressure BP reading which is viewed by clinicians in their GP Practice. Since commencement in 2018, 283 patients have been referred to the service by GP practices for short term monitoring of hypertension and medicines titration thus reducing primary care appointments significantly.

The undernoted chart highlights the number of patients using FLO between April 2019 and March 2020:





### Mrs B's story

Mrs B is a 76 year old insulin diabetic lady who found her condition getting worse due to forgetting to take her blood glucose readings and insulin at specified times, particularly around tea time. Mrs B's husband has dementia and deteriorated recently which has seen an increase in his dependency upon her. Following a visit with the Diabetes nurse specialist, Mrs B enrolled on FLO in November 2019 and has seen an improvement in her glucose control due to the prompts sent by FLO to her mobile phone. Mrs B told us "This is a great wee service. It's like having a wee person in your ear reminding you to do your stuff. My results are better and I am managing things better". "I know I still miss an odd time but all in all, I am a lot better than beforehand".

### Health and Community Care Out of Hours (OOH) Review

A review of the Out of Hours Care and Support at Home, Technology Enabled Care and District Nursing Services has been completed in the last year. The purpose of the review was to develop an improved coordinated and fully integrated model of health and social care service fit for the future.

The outcome of the review includes the development of an integrated management structure, both in terms of operational and professional leadership. It resulted in increased District Nursing cover to respond to the high levels of complexity and interventions identified in the review and the recruitment of a Home Support Supervisor to support TEC Responders at the weekend.

The Inverclyde review is in line with the Greater Glasgow and Clyde Review of Health and Social Care out of Hours Services commissioned in 2017.

The Unscheduled Care Resource Hub (UCRH) will be implemented in Glasgow City Council during September 2020 and be based at their Borron Street offices. It will host a number of OOHs board-wide.

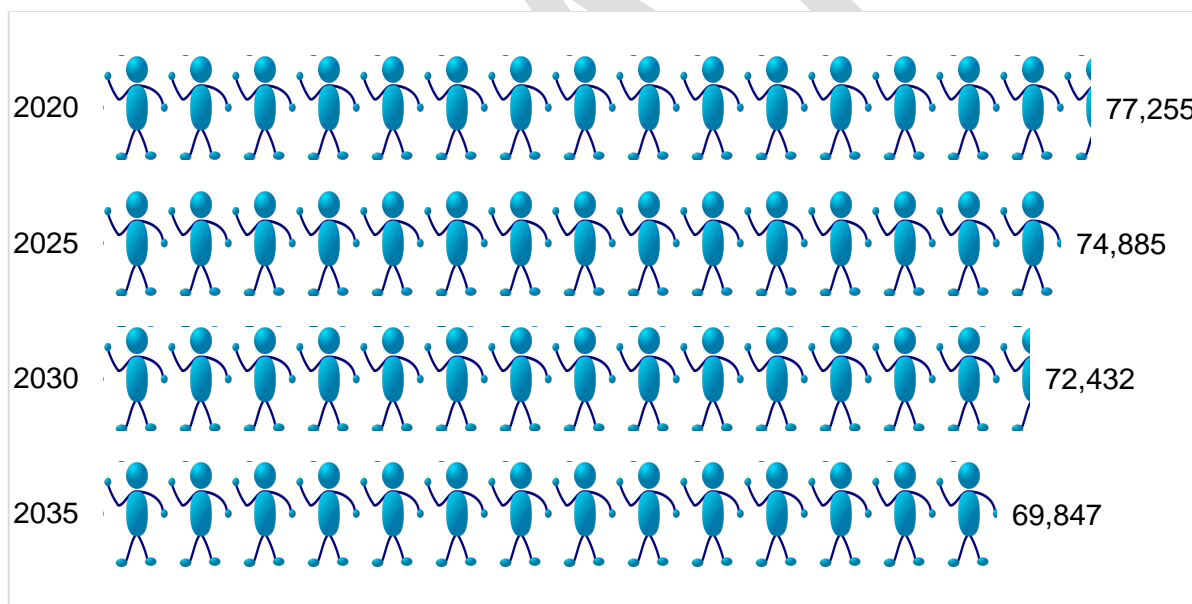
Services such as Emergency Social Work and Mental Health Services. Thereafter, all other HSCP's will implement their local response hubs on a phased basis. The local Response Hub in Inverclyde will be based within the Hillend Centre, Greenock.

### 3. The Inverclyde Context

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,800 (down from 78,150 last year) as at the end of June 2019.



Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2018-based), published by NRS on 24 March 2020, our population is expected to decline as is shown in the graphic below.

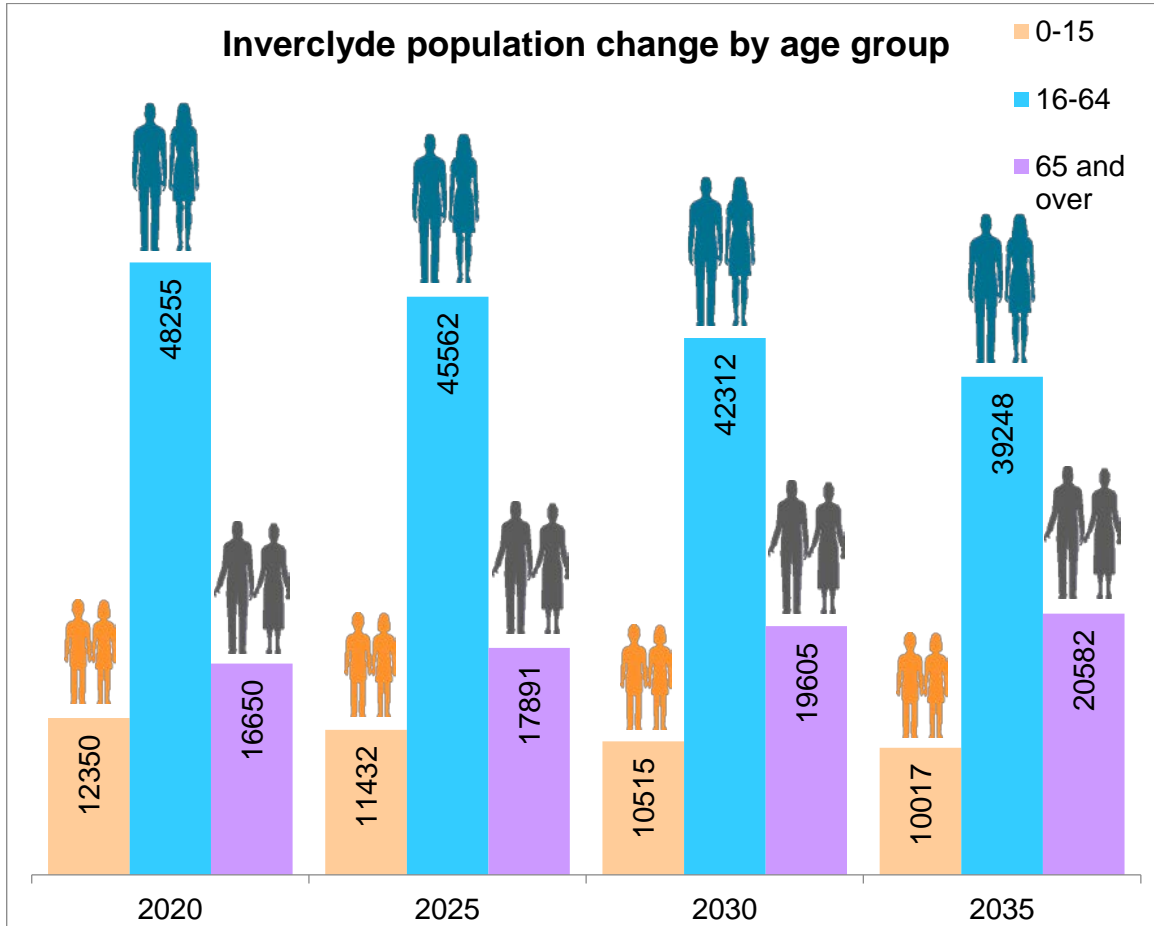


Source: NRS: population projections for Scottish Areas (2018-based)

Population projections have limitations. A projection is a calculation showing what happens if particular assumptions are made. These population projections are trend-based and as the process of change is cumulative, the reliability of projections decreases over time. The projected figures do not take into account the work locally to reverse our depopulation.

Our population size is affected in 2 specific areas. From 2018 to 2019 there were 1,010 deaths in Inverclyde compared to 653 births during this period, resulting in natural change of -357. Outmigration was again higher than in-migration, with an estimated 1,233 people moving into the area and 1,317 leaving, resulting in net migration of -84.

The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



Source: NRS: population projections for Scottish Areas (2018-based)

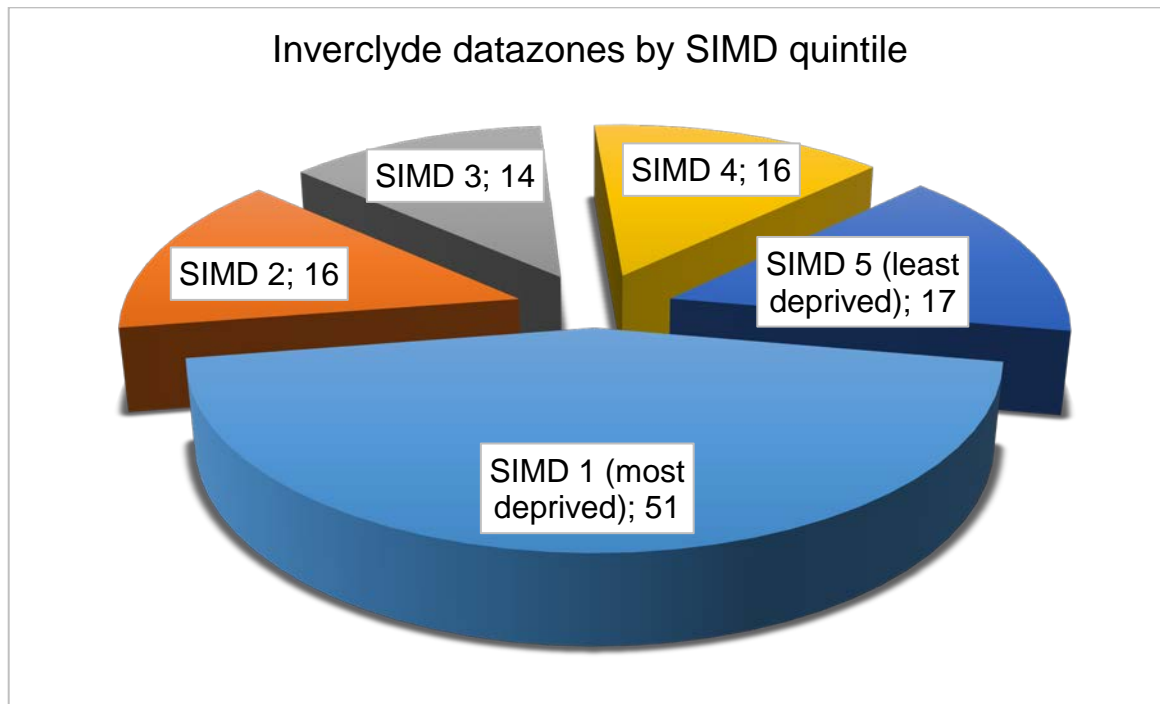
### Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2020) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks small areas called data zones (DZ) from most deprived to least deprived.

Scotland is split into 6,976 DZ's; Inverclyde has 114 DZ's, 51 of which are in the 20% most deprived areas in Scotland. When looking at the 5% most deprived DZ's in Scotland (a total of 348 DZ's) 21 are in Inverclyde (18.42% of our local area and 6.03% of the National share).

Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The highest deprivation areas of in Inverclyde are around Central and East Greenock. Unfortunately this now includes the most deprived area in Scotland.

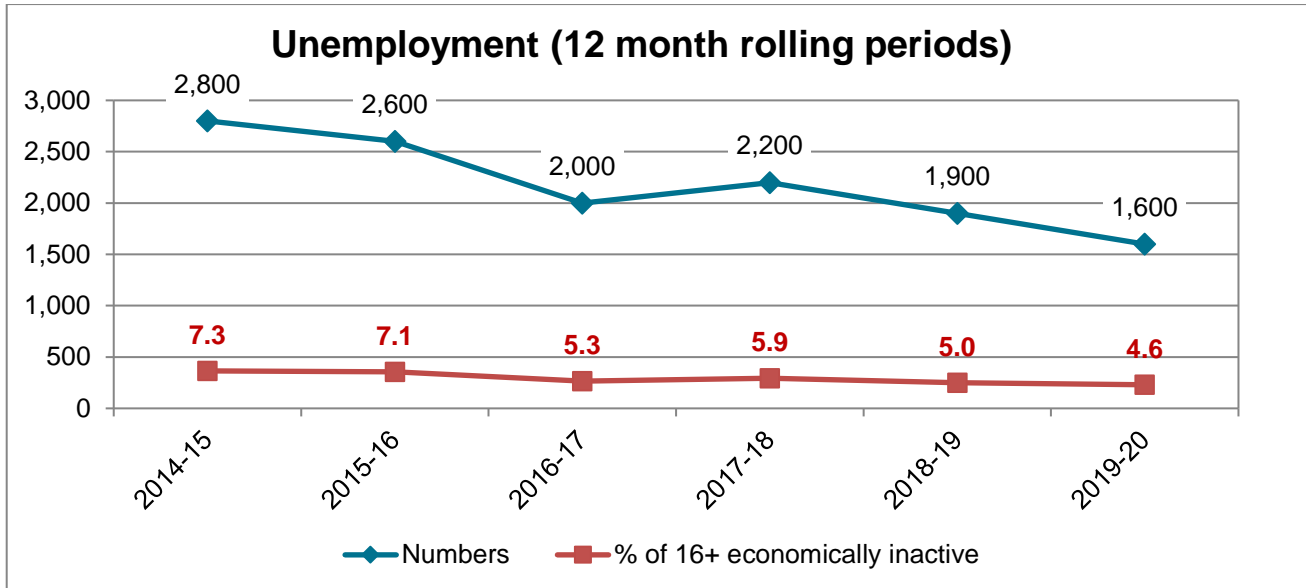


Source: Scottish Government SIMD 2020

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## Economy

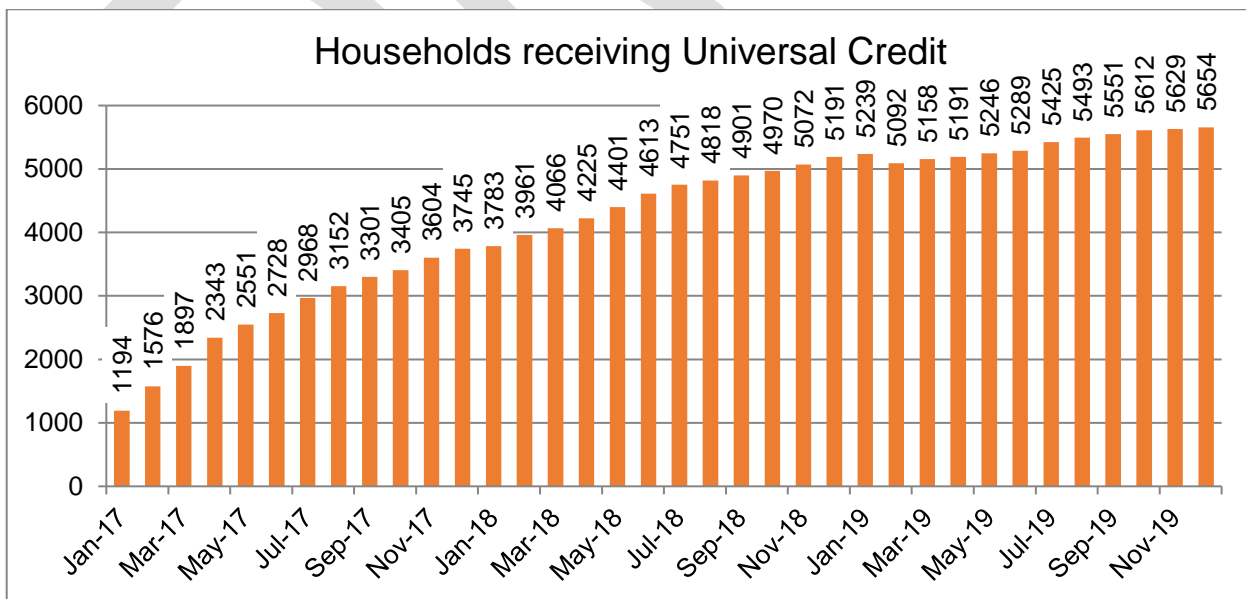
Employment for the people of Inverclyde remains heavily reliant on the public sector. Reductions in public sector budgets, resulting in a shrinking workforce in this area, will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde, tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a stubborn challenge for Inverclyde. It is within this context that social work services are providing vital support and services to people living in some of Scotland's most deprived communities.



Unemployment (in 12 month rolling periods)

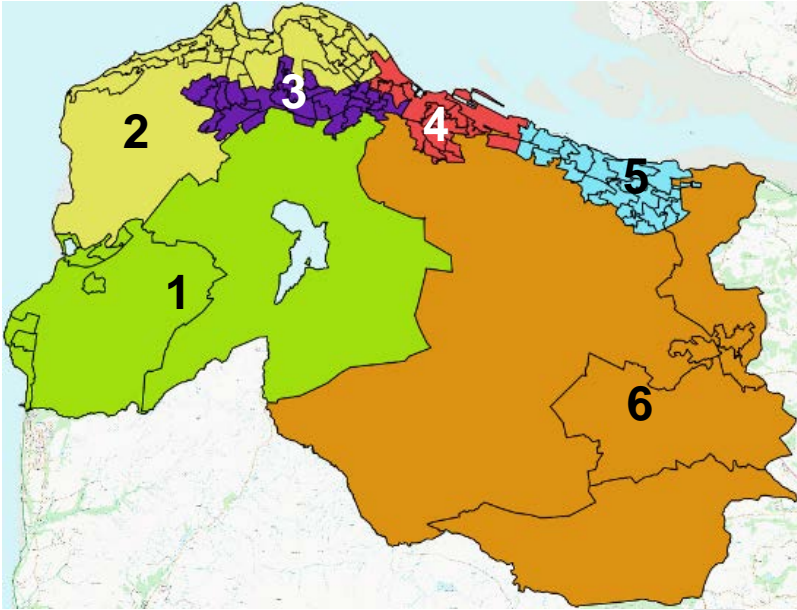
Unemployment figures

[http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea\\_time\\_series/report.aspx](http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea_time_series/report.aspx)



Number of households receiving Universal Credit

## Localities



Our 6 localities are:

1. Inverkip & Wemyss Bay
2. Greenock West & Gourrock
3. Greenock South & South West
4. Greenock East & Central
5. Port Glasgow
6. Kilmacolm & Quarrier's Village

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## **Locality Planning Groups (LPGs)**

The Inverclyde HSCP and Inverclyde Alliance have been working towards establishing the six new Locality Planning Groups. Arrangements had been put in place to pilot the revised locality planning arrangements in Port Glasgow in January 2020 with Greenock East and Central then Greenock South and South West being established next, however the outbreak of COVID-19 resulted in progress being suspended. This work will recommence once it is safe to so.

Following publication of the Scottish Index of Multiple Deprivation (SIMD) in January 2020, working with local communities in the most deprived areas in Inverclyde is even more important and will be our primary focus as implementation of the HSCP Strategic Plan 2019 – 2024 is progressed.

## **Communication & Engagement**

Once established, the six Locality Planning Groups (LPGs) will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformational change in line with agreed strategic policy and priority areas. Locality Action Plans will set out how community planning partners, including the HSCP, will improve the experience of those who access and use local services, improve outcomes for people living in local communities, ensure services are safe, effective, of high quality, sustainable, provide best value, and address inequalities.

The extent of past engagement and consultation has highlighted that there is real appetite locally to be involved in shaping Inverclyde's future. That is why we are looking to adopt the joint Alliance and HSCP communication, engagement and where necessary formal consultation processes. People want to have their say, and we have a duty to ensure that their voices are able to influence the planning and delivery of services provided by public sector organisations.

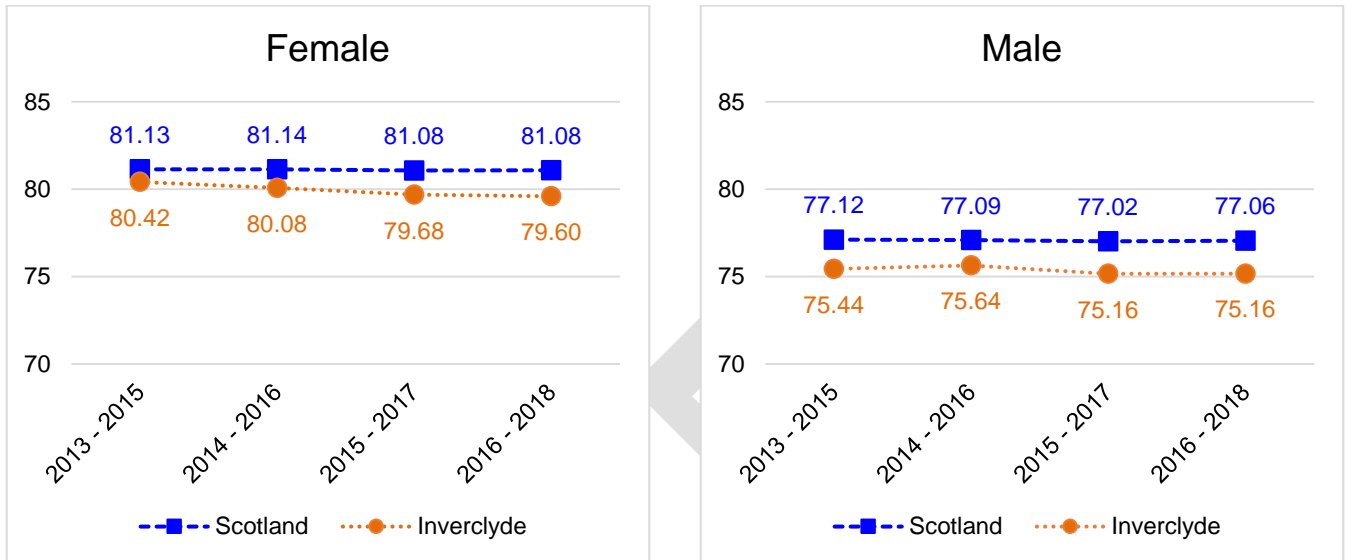
During August / September 2019, the HSCP and Alliance held six community engagement events, one in each locality to "Celebrate the Present, Shape the Future". Over 750 members of the community attended the events, and a significant amount of feedback was shared. A Feedback Report was published which outlined key themes that came out of discussions with people which Locality Planning Groups (LPGs) will be required to take into account, along with other feedback and key priorities when planning services that are fit for the future and improve outcomes for local people.

Jointly, we are now aiming to build on all the positive engagement and consultation work carried out, develop continuous dialogue with local communities, and embedding this into our day to day business.

The Communications and Engagement Strategy which outlines some of the key principles and objectives for the HSCP was approved by the HSCP Strategic Planning Group (SPG) in February 2020 and now awaiting approval by the Integration Joint Board (IJB) and Inverclyde Alliance Board. Due to the outbreak of COVID-19 pandemic, progress has been slower than planned.

## Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2016 to 2018 (published by National Records of Scotland in December 2019). The charts below compare the average life expectancy in years across Inverclyde and Scotland.



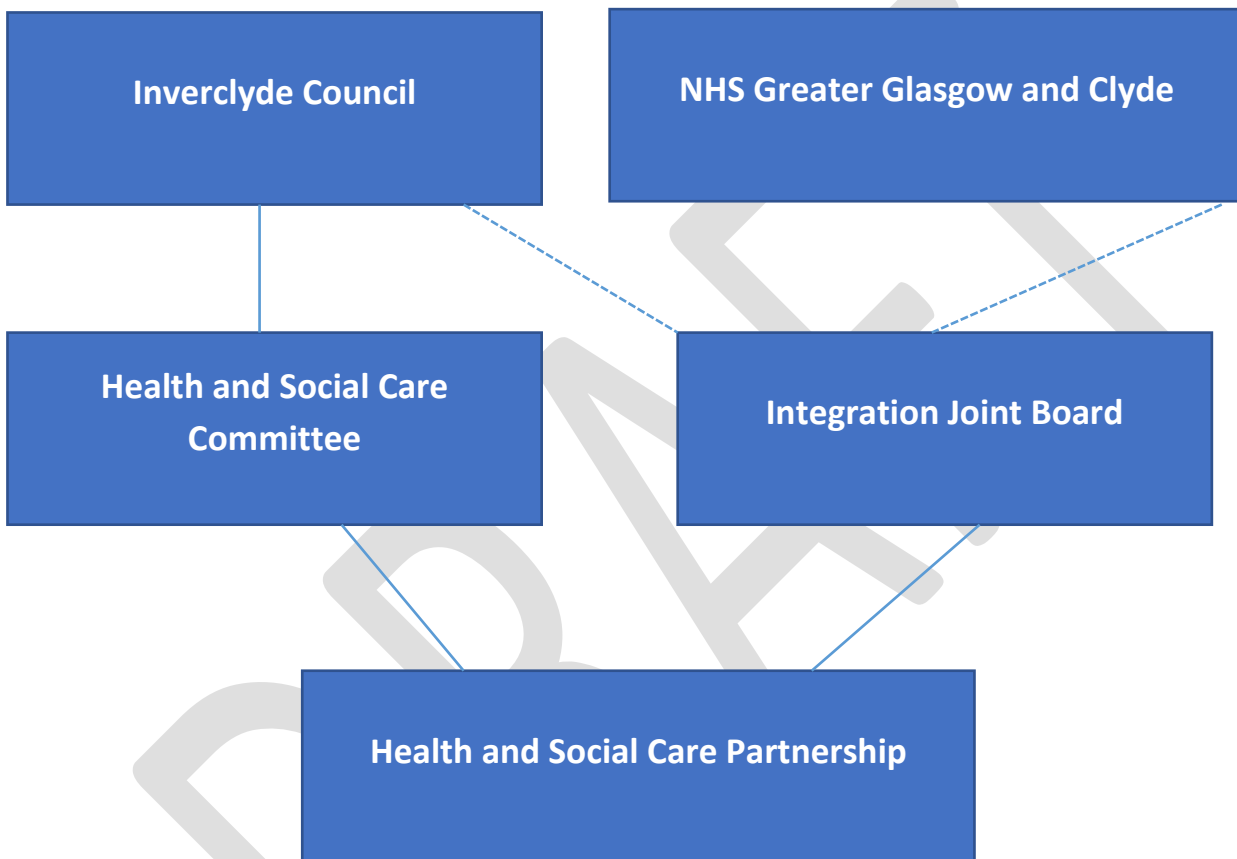
In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

Inverclyde is a beautiful area of Scotland and an area with a proud tradition of community. There is little doubt that many of our communities are facing significant challenges in terms of inequality of outcomes in comparison to other areas in Scotland. This is an area that the Inverclyde Community Planning Partnership – The Inverclyde Alliance have a sustained focus on. Social Work Services are engaged with the most vulnerable citizens in our communities and as a consequence have a great deal to contribute in understanding the issues our residents face and in supporting communities to mobilise lasting solutions to these long term challenges.



## 4. Governance

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



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

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

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

The HSCP governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle. The governance process is subject to mandatory reporting as per Inverclyde Council's Governance of External Organisations and is overseen by the CSWO.

Over the past year a revised Clinical and Care Governance Strategy has been developed and the CSWO will lead on the development of the work plan that will support the implementation of the strategy. This work aligned with a revised approach to learning and development which has also to come under the leadership of the CSWO will provide a more planned, cohesive and integrated approach to the quality agenda across the HSCP.

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## **Criminal Justice**

In 2018 the Care Inspectorate published an overview report detailing themes which emerged from the Significant Incident Review (SIR) notifications submitted between February 2015 and December 2017. The Criminal Justice Service used this Report as an opportunity to reflect on its practice with regard to how it undertakes the completion of case reviews which follow the notification process.

The Service was particularly struck by a key message within the Care Inspectorate's Report which stressed the importance of embedding a learning culture within Criminal Justice Social Work Services that would support a review process that is meaningful, thoughtful and forward looking. Consequently, in the Chief Officers Group report (16<sup>th</sup> April 2019) the Service stated that it had taken action to introduce a new approach to how it would undertake the case reviews which follow the notification process.

Previously this had involved the worker concerned and their line manager, with oversight from the Service Manager. Whilst the Service Manager still retains oversight, the new review process is now led by the Prison Based Social Work Manager, who by dint of their role will have no direct involvement in the case. In addition, the process also includes a Senior Practitioner and a Social Worker. By opening up the process in this way the Service believes this creates an opportunity to generate learning in the system at the earliest opportunity as well as helping to support a collective narrative around what good practice looks like. Where appropriate the Service has involved other HSCP Services in this process where they have had a direct input into the individual's care/risk management plan. The latter has led to the establishment of several multi-agency forums, which have been instrumental in providing clarity around referral processes and expectations of support services.

## **Mental Health Officer Service**

A review of MHO Service provision was commissioned and commenced to explore options for the most appropriate sustainable service model and related governance requirements. This will ensure a continued focus on high quality social work practice and service delivery to meet the increasing demands faced by the MHO service and expectation of national standards. Data gathering has been completed and the service awaits the final analysis report.

## **Community Learning Disability Team**

The CLDT have contributed to Health & Community Care's Clinical & Care Governance agenda as well as the wider NHS GG&C Clinical & Care Governance Group to ensure that learning from DATIX and Scottish Care Information (SCI) from across the board are embedded in clinical and care practice. Staff are also supported via Clinical Professional Leads.

## **Learning Disability Day Services**

Learning Disability Day Services have also contributed to Health & Community Care's Clinical & Care Governance agenda as well as the wider Social Work Scotland Learning Disability Sub Group to ensure that learning from incidents, good practice and outcomes from Serious Case Reviews nationally are embedded in clinical and care practice. Staff are also supported via Clinical Professional Leads.

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## 5. Partnerships

Partnership working is important in order to bring about improved outcomes. Inverclyde HSCP works in a broad range of partnership arrangements, both internally and externally. The HSCP works in partnership with independent and third sector organisations to deliver services. Inverclyde also has a very strong track record of working in partnership with service users and communities. The following outlines some of the key partnership arrangements that are in place and seeks to highlight the added impact of this on service delivery and outcomes.

### **Protecting vulnerable adults - The Adult Protection Committee**

Some people with particular vulnerabilities need formalised protection to ensure that they are kept safe from harm. One of the ways that this is achieved is via the Adult Protection Committee for which social work has a key role.

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

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 was produced and delivered to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. This approach has been very successful as evidenced in the Adult Protection Thematic Inspection Staff Survey Feedback Report. The strategy is currently being reviewed and adapted with the development of a blended learning approach being adopted given challenges arising to delivering training in context of the COVID-19 pandemic.
- Ongoing programme of self-evaluation, quality assurance and focus on the impact of adult support and protection activity across operational Adult Services. This includes further development of the Service User and Carer Evaluation to elicit the lived experiences of adults at risk of harm and their unpaid carers to identify strengths and areas for improvement.
- Refresh of Communication and Engagement Strategy to improve public awareness of Adult Support and Protection.
- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review and aim is to incorporate learning from operating in context of the COVID-19 pandemic.

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

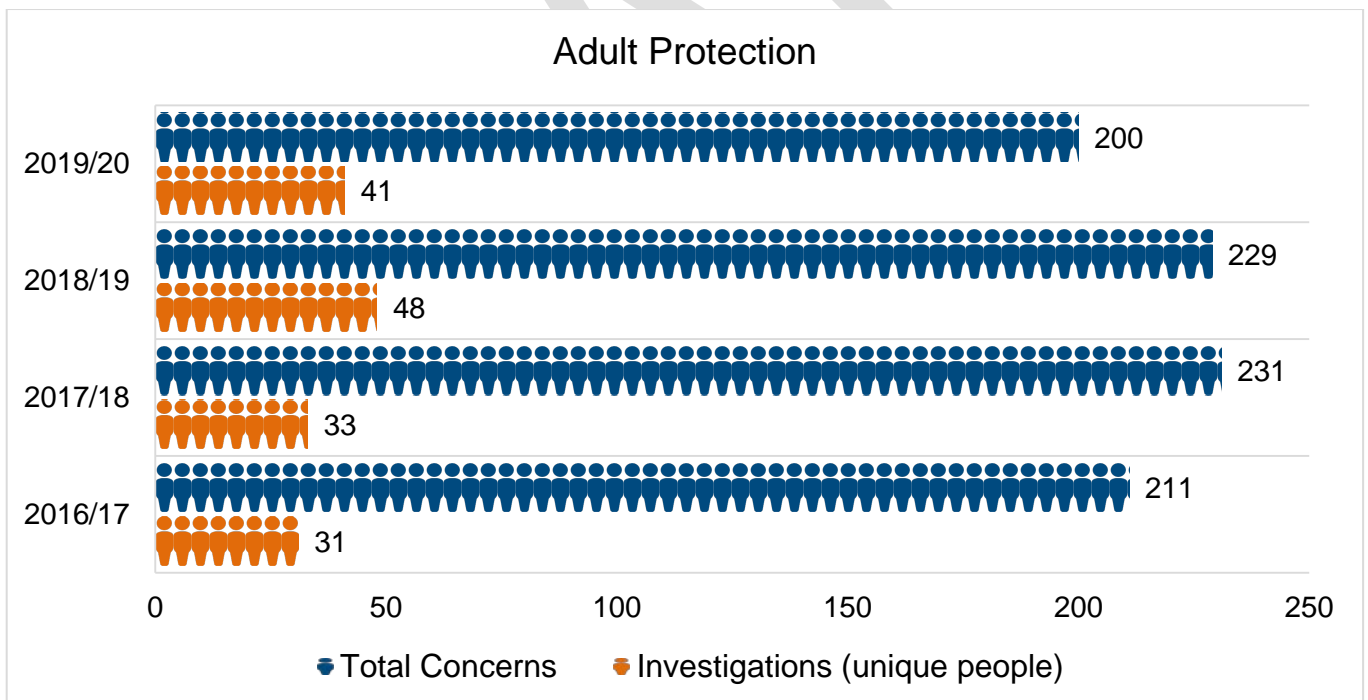
### K's story

K's situation came to light following a referral from the hospital. She was a woman with disabilities who lived alone. A family member was her sole source of support. She was taken to hospital following a fall at home. However on admission her overall physical condition led to concern that she was subject to neglect.

Her situation was progressed under the auspices of adult support and protection. Social work and health staff worked together to establish what had been happening. During this process it was identified that she was being both neglected and financially abused.

A plan was developed with her to protect her wellbeing and finances. K now lives in a care setting suitable for her needs and has support with her finances. She continues to see her relative as her relationship with them was important to her but with agreed safeguards in place.

During 2019/20, 200 Adult Protection concerns were referred to the HSCP (a decrease of 29 since 2018/19). After initial inquiries 41 of these concerns - or about 19% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.



## **Quality and Policy Sub Group**

The Adult Protection Committee (APC) viewed that leadership for operational and strategic collaborative working among key agencies required to be strengthened. The outcome from these discussions was the establishment of the Quality and Policy Subgroup .

The Quality and Policy Sub Group is the key forum for progressing operational and collaborative working among social work, police, health and other partners for adult support and protection. This is chaired by the Head of Service (Health and Community Care). Membership comprises senior managers with frontline responsibilities from key partner agencies to ensure leadership for operational and collaboration on adult support and protection matters. This is held 6-weekly.

An action log has been developed to identify specific actions required at operational level to continue to improve this collaborative approach. The identified actions from the APC Business Plan and Action Log are progressed by working groups or task and finish groups. Membership for each is agreed by the Quality and Policy Subgroup on basis of having right knowledge, skills and experience to effectively progress the action required. The Action Log is reviewed at each meeting and provides an overview of all actions and agreed progress.

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## **The Inverclyde Child Protection Committee**

The Inverclyde Child Protection Committee (CPC) is tasked with ensuring that children and young people within Inverclyde are offered the highest level of protection, using best practice learning from research and operational experience.

The committee is the key partnership forum for achieving the above goal and is chaired by the CSWO, who also carries the role of Head of Service for Children's Services and Criminal Justice.

The committee's core functions are strategic planning, continuous improvement, public information and communication and participation and these functions thread through and support the work streams undertaken by the committee. The CPC's focus remains upon our areas of priority need as highlighted within our strategic needs assessment; neglect, domestic abuse, parental mental health and parental substance misuse as well as progressing dynamic improvement activity following on learning from quality assurance, performance information and from Serious Case Reviews both locally and nationally.

The CPC's focus over the last twelve months has been to adopt and utilise the learning from Inverclyde's collaboration with CELCIS as part of the child protection improvement programme's Addressing Neglect and Enhancing Wellbeing Collaborative. The coaching provided to our involved partners on Improvement methodology has significantly altered our perspective on the challenges and benefits of creating effective change and improvements within and across partnerships, particularly focusing on the early help arena. Improvement methodology promotes a slower and methodical approach which begins with the collation of high quality data and information about need, resource, fit and evidenced effectiveness of any planned intervention.

Improved collation and use of data has been a key focus and our performance management group has adopted the national minimum data set supported by CELCIS. We are now producing quarterly reports using the national data set measures and are refining other measures to add to this to reflect local areas of improvement. The ability to measure and compare baseline data and making better use of performance measures to monitor the difference we are making will increase the impact of our interventions.

Linked to this is the improvement activity to further refine and develop the linkages between other children's service structures such as the GIRFEC Strategic Group, the Children Services Planning Group, the Poverty Action Group and the HSPC Big Action Plan to ensure resources are well utilised, that plans are aligned and that efforts are not duplicated.

As a result of the ANEW collaboration, we have undertaken through analysis of what works well and where the challenges are in relation to our early help offer. We are working closely with our partners to address any deficits and service gaps and recognise the complexity and challenge in addressing need for those children and families that sit just beyond the front door of social work services.



The CPC's domestic abuse working group has been collaborating with Criminal Justice to commission 'Up2U', a behaviour change programme for people who use domestically abusive and unhealthy behaviours in their relationships. Inverclyde is taking the unique approach of offering this intervention to parents of children subject to compulsory measures of supervision or on the CP register rather than using it as a court mandated intervention for domestic abuse. This early intervention approach seeks to reduce the incidents of domestic violence, prevent the cycle of abuse and reduce the risk to children to reduce the number of children subject to care proceedings. As ever our focus will also continue to be on the collection of data to improve our performance in all key areas.

The CPC continues to retain a focus on children affected by parental substance misuse and parental mental health through dedicated working groups. The CPC has also reflected on the Hard Edges Report and how it resonates locally for many of our service users. The HSCP has commenced a piece of work to look at the experience of these 'multi service' users, to understand the need and challenges and better align the support and service offer to ensure the principles of GIRFEC, Recovery Oriented Care, Getting Our Priorities Right and the findings of the Hard Edges report are considered.

Inverclyde CPC has also committed to participate in a pilot within North Strathclyde to create a Joint Investigative Interview Cadre made up of specially trained Police Officer's and Social Workers utilising a trauma informed model of interviewing vulnerable child witnesses and achieving best evidence. The CSWO has supported the secondment of a Social worker from Inverclyde to the pilot and enabled a service manager and the social worker to attend a study visit with the other partners from North Strathclyde and Children First to a 'Barnahus' in Iceland which provides a world acclaimed approach to interviewing vulnerable child witnesses. Children first has successfully been awarded funding to build a 'Bairns hoose' in North Strathclyde which will be able to house the Cadre and shall be hugely beneficial for the children of Inverclyde.

As for all services, the Committee's current priority has been ensuring that children and young people continue to be offered a high level of multiagency protection throughout the COVID-19 pandemic. This has meant close work with all partner agencies on both a local and national level, identifying the most vulnerable children and ensuring that they receive a consistent service despite the unprecedented challenges forged by lockdown. The multi-agency response in Inverclyde for our vulnerable families has been outstanding and we recognise that we will have much to reflect on and develop in terms of the good practices initiated within the pandemic crisis.

## Multi Agency Public Protection Arrangements (MAPPA)

The Multi Agency Public Protection Arrangements (MAPPA) is a key public protection process which enables partnership agencies to co-produce risk management plans for individuals representing a risk of sexual or violent harm towards others. Agencies have a duty to cooperate and share information to inform risk management planning. Risk management is a dynamic process and thus risk management plans require to be reviewed on an ongoing basis.

The North Strathclyde MAPPA operates a governance structure which consists of the MAPPA Operational Group (MOG) which reports to the MAPPA Strategic Oversight Group (SOG). The CSWO is a member of the SOG. These Groups meet 3 times a year respectively and are attended by partners from the Responsible Authorities (Councils, Police, Health and Scottish Prison Service) and in the case of the MOG Victim Support is also represented. The North Strathclyde MAPPA Unit itself is hosted by Inverclyde HSCP.

Key achievements in 2019/20 include:

Four Short Life Working Groups convened which have produced Elected Members Guidance, a new Case File Audit Tool and, tools to support and track the delivery of the MAPPA Business Plan.

The introduction of the new Case File Audit Tool in May 2019 which has supported individual audits across North Strathclyde.

Training subgroup has supported 21 Awareness Raising events targeting range of partners including: Registered Social Landlords', Education Services, DWP, Sport Scotland, Community Payback Unpaid Work staff, Scottish Prison Service, Community Police, Victim Support, The Wise Group, Inverclyde Libraries, West of Scotland University, and Children and Family Social Work. This training helps to dispel any myths around what MAPPA is and is not, identifies the roles of key staff and aims to facilitate the exchange of information to support public protection.

Across the North Strathclyde MAPPA area there have been 15 Initial Case Review (ICR) Notifications submitted during 2019/20, three of which have progressed to a full ICR Panel. Learning from these Reviews is communicated via the MAPPA Quarterly Newsletter, incorporated into training events and informs chosen themes for the Annual MAPPA Development Day.

## **Inverclyde Community Justice Partnership**

The Community Justice (Scotland) Act 2016 sets out the legislative framework for community justice. Inverclyde Community Justice Partnership was established on 1<sup>st</sup> April 2017 and although relatively new, has established strong links with other strategic partnerships.

Key milestones during 2019 / 2020 include:

- Following the successful application to the Community Fund (formerly the Big Lottery) Early Action System Change Fund in the category for Women and Criminal Justice, steps were taken to recruit the identified Project staff. All three staff, Project Manager, Data Analyst and Community Worker joined the Project in 2019/20. Critical to this was the involvement of women who had lived experience of the Justice System directly in the recruitment of the Project Manager and Community Worker. In addition, with the agreement of the Project Steering Group, the Community Worker's post is hosted by Turning Point Scotland thus enabling the Project to draw directly on this partner's expertise in co-production.
- Commenced and completed staff training on the Up2U domestic abuse programme. This training targeted both Children's Services and Criminal Justice Services staff and speaks to the Partnership's commitment to early help and early intervention in terms of making this intervention available to non-Court mandated individuals. The final cohort of staff completed their training on 20<sup>th</sup> February 2020.
- A Data Sharing Agreement was signed between SPS and Inverclyde Council as part of the new local model of voluntary throughcare. In recognition of the significance of the Third Sector in taking this forward, the Community Justice Lead, as part of their role, will support the coordination of voluntary throughcare in Inverclyde.
- The Community Justice Network has now evolved into a broader Resilience Network. This is being led by CVS Inverclyde with the purpose of building not only third sector resilience in Inverclyde, but also the resilience of our local communities and people who are involved in the Justice System.
- Following the publication of the Hard Edges Scotland Report, an event was held in Inverclyde to share the findings of this Report with partners and to agree local action. Two further focus group events were held as a follow-up and a local analysis of data was undertaken to have a better understanding of the impact of severe and multiple disadvantages. This has resulted in funding by the HSCP of two new Community Navigator posts who will be hosted in Homelessness Services, but who will be supporting people who have experience of multiple and severe disadvantages.

## Children and Families Strategic Partnerships

The GIRFEC strategic group is chaired by the CSWO and has recently reviewed its terms of reference and membership to align better with other planning structures and it now reports to the children's service planning group.

The group is focusing improvement activity on three specific areas relating to the GIRFEC pathway that could be improved with the goal of achieving earlier intervention and prevention of cumulative neglect: Transition points, Team around the child, Relationships and collaboration.

In utilising the learning from the ANEW collaboration with CELCIS, the service has been focusing on key aspects of partnerships working: shared language, good working relationships and frameworks and processes to support staff. Children's services across health and social work have engaged in a number of collaborative events to build on existing working relationships, to help partners understand and recognise that challenges in each other's roles. Making time for staff to be together for 'collaborative coffees' has been encouraged and regular events are planned throughout the year to foster good working relationships.

In addition, we have been developing a comprehensive escalation procedure and guidance on professional curiosity – these are being refined by the staff who shall be using them, utilising language that they are happy with and processes that support them to have robust and respectful conversations about need and risk.

The GIRFEC strategic group has also created a multi-agency quality assurance group to examine the transition points for children and families along the GIRFEC pathway. This group provides rich qualitative data that can be used to inform improvement activity.

## The Inverclyde Champions Board

Inverclyde's Champions Board funded by Life Changes Trust continued to develop. Our partnership between Corporate Parents and care experienced young people has strengthened and further opportunities have been created for care experienced young people to influence how we deliver services. The Champions approach has provided valuable employment opportunity for care experienced young people with Your Voice and within the early years expansion.

Proud2Care hosted a very well attended event as part of their contribution to Better Hearings. Their contribution to this important area of work received very positive feedback.

**“Proud2Care have been instrumental in delivering the Better Hearings agenda in Inverclyde – such a fantastically inspirational and ambitious group of young people. Their Proud2Hear event really transformed the Better Hearing planning.”**

*Lisa Bennett Head of Strategy OD and Corporate Parenting Lead SCRA*

## COVID-19 and ensuring young people's views are taken into account

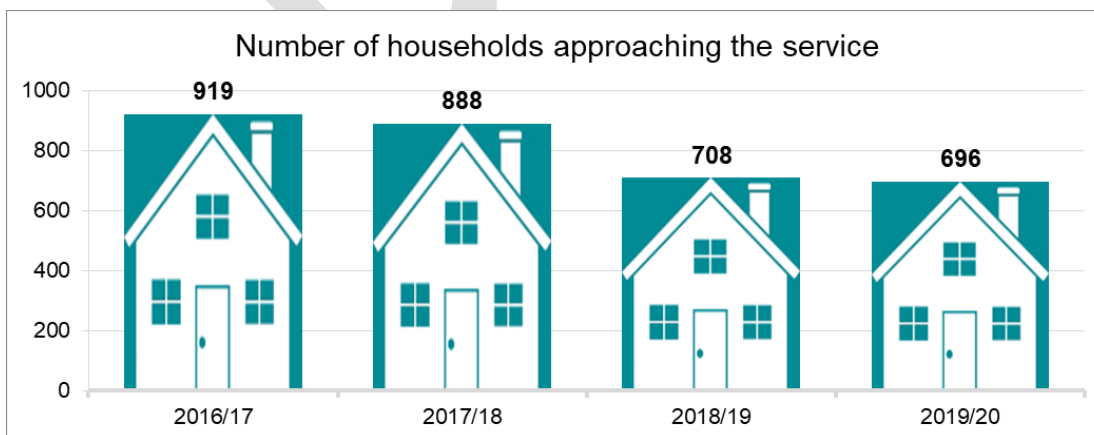
Young people within all three residential houses have been involved in supported consultation around COVID-19 testing measures and contact with families/friends to ensure they have a good understanding, that they have a say in what this might look like and a chance to say what they need from adults to help make this both comfortable and safe. Additionally, wider consultation has been done with young people around face to face contact with workers and families to ensure that have a say in shaping plans moving forward.

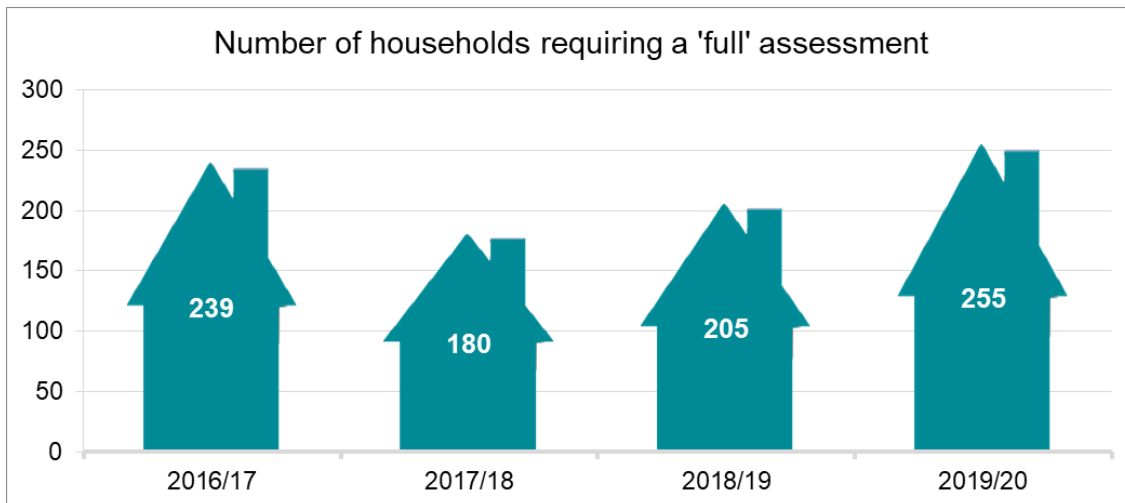
## Broader Partnership Working

### Inverclyde Rapid Rehousing Transition Plan

Inverclyde submitted its 5 year Rapid Rehousing Transition Plan (RRTP) to the Scottish Government in December 2018 with subsequent resubmissions in June and October 2019. Due to much reduced allocation of funding from the Scottish Government than was initially expected, the RRTP action plan was significantly scaled back with a focus on the two areas of Housing Options and Housing First. In order to drive the delivery of the RRTP, a governance structure involving a range of stakeholders was established to effectively oversee the delivery plan, with the intention that this will further develop the local partnerships required across the various council departments and the local / national Registered Social Landlords (RSLs) with stock in Inverclyde. The RRTP Steering Group and two sub groups have been established and are progressing work plans.

Inverclyde HSCP has historically delivered a model of commissioned 3<sup>rd</sup> sector support to homelessness service users through the Inverclyde Housing Support framework. This has enabled a varied number of hours of housing support, based on assessment and support planning, to help with a range of tasks to sustain tenancies and other supports. This has been vital in supporting a range of service users both in temporary accommodation and those moving into permanent accommodation. Due to the number of homelessness service users with alcohol and drug related harm, the commissioned support budgets for homelessness and alcohol and drugs were able to be utilised across funding streams which has impacted positively on the amount of support service users could access. Through this way of working, relationships with a range of 3<sup>rd</sup> sector providers have been developed and maintained, and experience gained of working with this vulnerable and complex group of service users. Through the RRTP, with a focus on delivering Housing First, this will be a welcome extension and further development of the support currently provided.





### Local Housing Strategy

The service has been working with Housing Strategy to evidence and influence further wheelchair housing with colleagues at Scottish Government and local Registered Social Landlords.

Following the review of Supporting People the service is supporting the remodelling of the sheltered housing model in Inverclyde to support people to live independently.

### Supported Living Services

Community Mental Health Services, Alcohol and Drug Recovery Service, and Homelessness services moved to a shared resource allocation forum for commissioning Supported Living Services from HSCP approved partner agencies. This development has worked to improve person centred recovery outcomes as the focus of commissioning the right support at the right time for individuals. Further development work is scheduled to standardise the resource allocation process. This will be in collaboration with partners to embed robust quality and governance assurances across this HSCP directorate and consistency within the HSCP. Service user engagement will be a critical element of review.

### Care and Support at Home Services

The Care & Support at Home service deliver approx. 21000 visits weekly to 1200 vulnerable service users in the community using a reablement approach to ensure that service users remain as independent as possible and meet their agreed outcomes.

The service responds to approx. 80 referrals per month and responds to individual needs within the Eligibility criteria timescales, the service also aims to facilitate hospital discharges within our 24 hour target and this target is achieved for the vast majority of cases.

The service has developed a Response Team, where the aim is to be able to respond within short timescales where there has been a significant change to the service users assessed need, a rapid discharge following a short hospital admission and also to facilitate any requests for discharges out of office hours.

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## Focus on Dementia

The HSCP was successful in securing the national test site to work jointly with Healthcare Improvement Scotland iHub. The focus is on improving integrated health and social care coordination across the dementia pathway from early intervention to end of life care.



## Community Learning Disability Team

There has been continued service user engagement in the new service model for Learning Disability services and plans for the new LD Hub. Members of the team have continued to partner with parents and voluntary organisations in the review of Transitions and in the Autism Implementation Group.

The Resource Panel (CART) meeting for LD Supported Living services normally invite all the support providers on the framework each month to discuss new packages and to be involved in commissioning support. At the start of the COVID-19 lockdown, risk assessments were shared with our service providers to ensure they could continue to provide essential services even if significant numbers of their staff became unwell or needed to self-isolate. We have conferred closely with providers about who was shielding, who needed to have meals delivered, and who could manage with large alterations to their usual supports, while colleges and clubs were shut down. A virtual CART process has continued and we are continuing to assess need and provide new supports to individuals where required, which has involved a range of different meetings: some by phone, some by video conference, and some held in gardens. As services resume, we intend to continue to plan and commission supports in partnership with these support providers.

## Learning Disability Day Services

The ethos of working closely in partnership with The Advisory Group in the service model for Learning Disability Services, Transport Policy and planning for the LD Hub, has enabled the service to have continued engagement with service users, carers and staff. This has been achieved, ensuring everyone has been given an opportunity to contribute to shaping ways the service develops. This has been augmented by service user group 'The way forward', staff representative group and various 'open evenings' taking place, to encourage parents/carers to share their views and ideas. Sharing good news and any updates through the LD Newsletter, which is produced quarterly or when required has also been carried out.



## **Scottish Fire and Rescue Service**

Working in partnership with Scottish Fire and Rescue Service, a GDPR agreement to share information to allow fire safety checks was established. This will be the model that will now be implemented across Scotland.

In addition, the service supported fire awareness training and set up pathways to identify service users who are at greater risk from fire (those using oxygen supplies, air flow mattresses etc)

## **Partnership with Carers**

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

The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:

<http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

The above provides a flavour of the range of partnership working that takes place across the range of social work functions. It is an important reflection however that social work services in Inverclyde are structured and organised on a partnership basis with many services fully integrated with health at the point of delivery and at the same time closely aligned to both the council and wider community planning partnership, third and independent sector and views and perspectives of service users and communities. This services to highlight the complex partnership environment that social work operates within but at the same time evidences the skill and experience that the service is able to draw upon to make such effective use of this wealth of opportunity.

Inverclyde HSCP has:

Funded a Carer's Passport Card to support increased identification of carers, linking to a "Carer Friendly Inverclyde" by encouraging local organisations to offer community/commercial discounts for carers

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

Raised awareness of young carers and issues, and increase capacity of Young Carers support from Barnardo's Thrive Project

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

Commissioned Your Voice to develop a range of carer engagement opportunities

Supported Inverclyde Carers Centre to provide emotional support to carers

## **6. Service Quality and Performance**

### **How Social Work Services are improving outcomes for Children and Families**

#### **Getting it Right for Every Child in Inverclyde**

##### **Children and Families Fieldwork**

The children and families fieldwork teams continue to work to mitigate against the impact of the inequalities in the local population. They work closely with health and education colleagues to help address abuse and neglect, and work with colleagues in welfare rights to help address poverty and poverty of opportunity. Financial support via Section 22 funds is considered when appropriate and a progressive approach based on empowering service users has been utilised in the use of the attainment fund for looked after children aiming as far as possible to get resources directly into the hands of services users.

Significant support is provided in direct work to address the difficulties that parents face in meeting the needs of their children. This includes parenting work, both on an individual basis by workers and in partnership with Barnardo's and work with perpetrators and victims of domestic abuse. Genograms and chronologies are also undertaken with families to help them identify key relationships and significant events in their childhoods that need to be addressed. Over time teams have made increasingly sophisticated use of tools to help children identify their views in the child protection arena. Work has also been carried out with parents in relation to emotional regulation, which has had a direct impact on their interactions with their children.

Since the COVID-19 outbreak, this direct work has been beset by challenges however in many cases staff and families have worked in a collaborative manner to enable important safeguarding and sustaining services to families to continue. Staff have used a blended approach to staying in touch with families and often families have commented on the importance of the quality of relationships with their social worker and how important this has been for them.

##### **Child Protection**

Practice in this area has continued to improve with the Initial Referral Discussion process coordinated by senior social workers now fully embedded. The consistent and effective application of this has resulted in positive improvements in the quality of initial response to child protection concerns.

Between April 2019 and March 2020, 111 Child Protection (CP) referrals were received. As a result of these, 218 children were subject to Initial Referral Discussions (IRDs) between Social Work, Health and Police representatives during this period and this in turn resulted in 68 child protection investigations being undertaken.

The number of children on the child protection register steadily increased, fluctuating from a low of 26 in 2018/19 to 27 in 19/20 and from a high of 37 in 2018/19 to a high of 63 in 19/20 through the period and the risks to 249 children were considered in multi-agency child protection case conferences. The average time spent on the child protection register is 26 weeks.

## **Children with Additional Support Needs (ASN) Team**

The ASN Team continues to provide a discrete service to children with additional support needs and their carers. Over the last year, children and young people with additional support needs received residential respite amounting to 314 nights in total. In addition, Inverclyde have an agreement with Barnardo's whereby they provide 5000 hours of community based respite. This is made up of 1:1 support, community groups and sitter service.

The team has continued to promote self-directed support with the goal that all parents or carers have an understanding of the options open to them and that the choice they have opted for is clearly outlined in the Wellbeing Assessment completed on the child. Young Carer Statements promotes choice and influences service design based on a self-directed support approach.

## **Family Placement Services (Adoption, Fostering and Kinship)**

Our range of family placement services have continued to develop and strive to offer a secure and nurturing base when children and young people cannot live with their parents.

Inverclyde has a strong group of Kinship Carers who are not only committed to the children that they care for but also support one another. They have participated in a number of local and national events sharing their experience with government advisors and politicians. A common theme for many of our kinship carers is that of recovery for the grandchildren, nieces and nephews that they care for and the parents of these children. The most heart-warming factor is that under some of the most challenging circumstances they remain positive focusing on solutions. Kinship carers highly value the social work support that is available to them.

Ongoing training and development is integral to the support provided to foster carers and some had the opportunity to undertake a six week online course organised by Strathclyde University – Caring for Vulnerable Children.

Feedback from one foster carer:

“Having completed the 6 week ‘caring for vulnerable children’ course with Strathclyde University I would recommend all foster carers, particularly new carers, to complete this worthwhile course full of interesting topics”

During 2019, family placement services built on the use of digital technology (text messaging, Facebook, Twitter to support communication with children, young people and their families and carers. The Team Leads noted that this as an achievement of social work being adaptable to change and through these new ways of working enabled the service to respond with minimum disruption when faced with COVID-19 lockdown restrictions and new ways of working.

Recruitment of adoptive families continues to be an area of significant challenge given the demographic profile of Inverclyde. However, the recruitment strategy and rebranding has had a positive impact. The focus of recruitment has been on ‘Together We Make A Family’ and ‘What Makes It Worth It?’ and ‘The Needs of Children Placed for Adoption’ during 2019. These key messages will continue to be built upon during 2020 to raise the awareness of the service within the local area.

During LGBT+ Fostering and Adoption Week, the Adoption Service joined with the Fostering Service to hold a live question and answer session on Twitter. This served to increase the awareness of LGBT+ Fostering and Adoption Week and increased the engagement with both services through social media.

In conjunction with the Children's Rights Officer a focus group, Families Together, consisting of adopted young people and adoptive parents was formed. The group worked closely with Magic Torch and created a comic book for all adopted young people discussing their right to information regarding their birth family. This comic book will be given to every adopted child from Inverclyde and all Inverclyde adoptive parents.

During National Adoption Week in 2019, a film and book launch took place within Broomhill Hub. This event was well attended with over forty people in attendance.

The short films highlighting the needs of children who require permanent placement outwith their birth family was well received and will be used not only for recruitment purposes but also as a training resource for adoptive parents, foster carers and children and families social workers. A number of adopters and foster carers took part in the filming and shared their experiences of the children they care for.



The event also featured the launch of our Just Ask comic book.

During 2019, all new adoptive placements were given a 'Kitbag' which is a useful resource and can be helpful when a family adopts a child. It was designed to help people develop '*mindfulness, resilience and inner resources*'. The Kitbag contains '*calming oil, a set of Presence cards, a one-minute timer and a set of Animal cards. There is a Feelings Card to help children describe and talk about their feelings, a wooden Talking Stick to encourage talking and listening with respect, Finger Puppets for play and dialogue and a visualisation exercise, called Wonder Journey.*

*This work highlights the awareness of the often traumatic journey for children who cannot be cared for by their birth family and equally the importance of paying attention to the*

*therapeutic needs of everyone affected by the process and the importance of the provision of skilled social work support.*

## Planning Permanency for all Looked After Children

The Care Inspectorate – Children’s Services Inspection Report in 2017 highlighted that the Child’s Planning and Improvement Officers (CPIO) had a unique oversight of the impact of the GIRFEC pathway and the impact of the Child’s Plan. All looked after children have a right to a clear and settled plan for their future and to know that their plan is closely scrutinised so as to bring about the best possible outcomes for each child.

We now have three Child’s Planning and Improvement Officers (CPIO’s) , which means that each child’s plan will be reviewed in accordance with the timescales set out in Inverclyde HSCP’s Assessment and Care Planning Manual ensuring arm’s length scrutiny of the effectiveness of each child’s care plan.

The Child’s Planning and Improvement Officers have also played a role in progressing areas identified in Inverclyde’s Children’s Service Plan. Examples of this are as follows:-

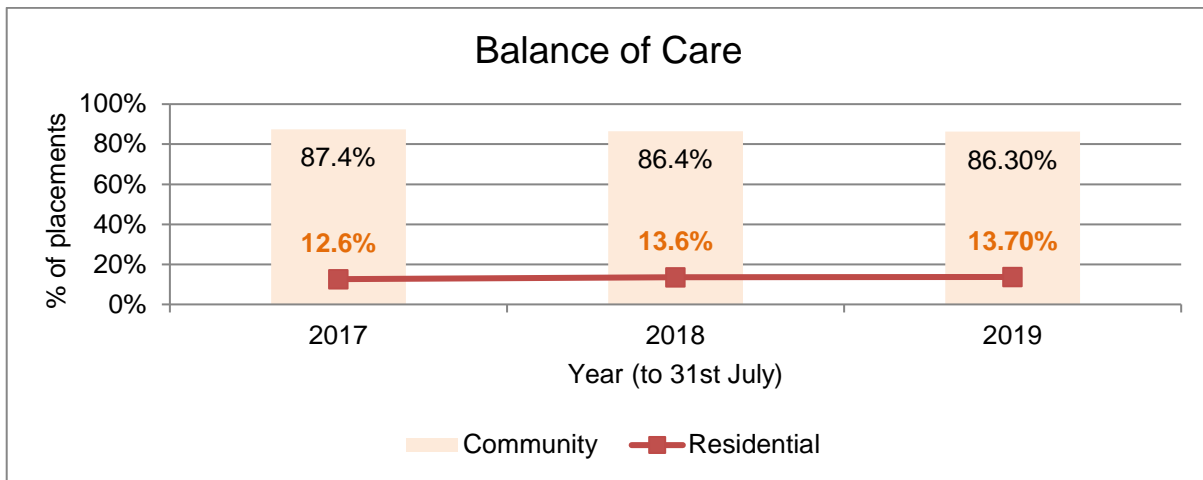
- The Attainment Fund which has the purpose of reducing the attainment gap for Care Experienced young people & children. The CPIO’s raise awareness of this fund at each review and help evaluate the impact it has had on the child/ young person;
- Transition Planning pathway for children with ASN in collaboration with colleagues from education, CVS, adult learning disability and carers to provide a clear transition pathway that will provide a clear multi agency process to help signposting and plan for young people when they leave school; and,
- 6 weekly meetings with “Inverclyde Offer” who track each young person who is 16 years old to look at a positive destination in terms of education, training, employment, further education. This is to prevent young people from leaving school with no plan for their future.

During lockdown and recovery Looked After Reviews are being facilitated via virtual means which include the participation of parents, carers and for those young people who choose to take part. Some families have said that this medium reduces the stress of sitting in a meeting.

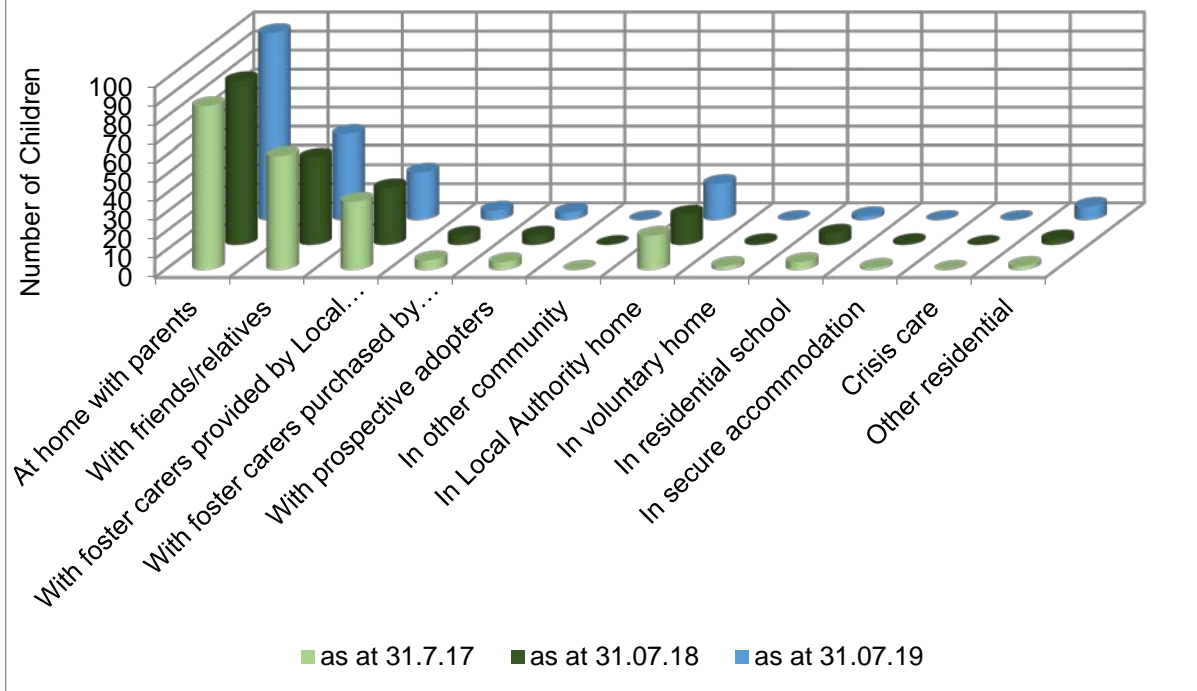
Along with the Children’s Right & Information Worker an avatar app was developed to explain to children & young people (who are looked after along with their carers) how they could contact the CPIO’s if they had any questions about their child’s plan during the COVID-19 lockdown restrictions.

## Children Looked After at home or away

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



### 3 Year Placement Types



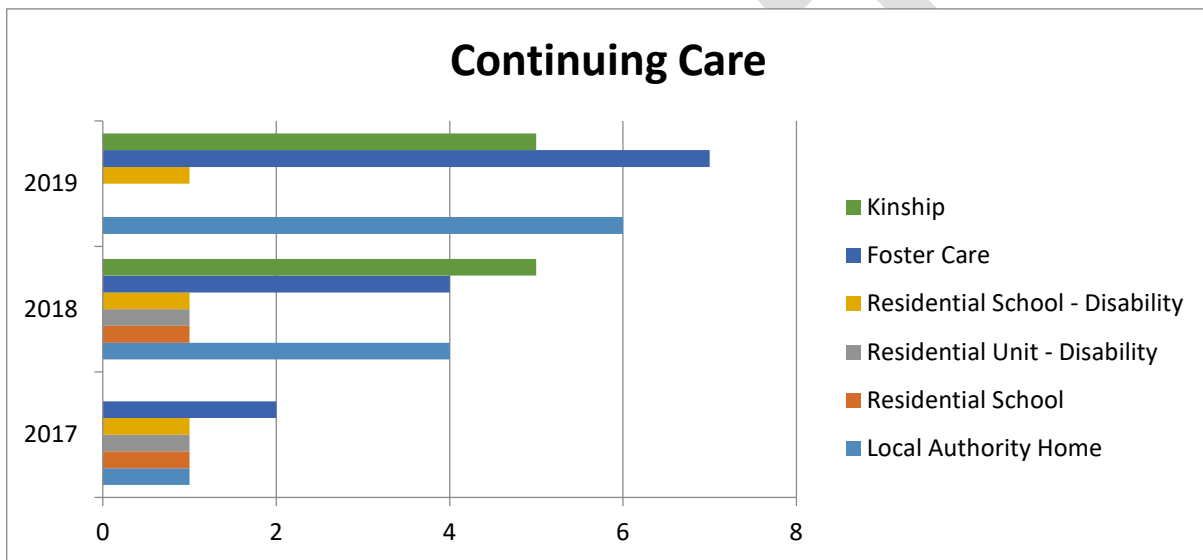
The above figure represents the population of our looked after children and young people and placement types. As at 31 July 2019, 175 children were subject to Compulsory Supervision Orders, an increase of 40 on the previous year. Our deployment of early help and support to identify the most vulnerable children is reflective of the increase in children being looked after at home. This structured support affords parents the opportunity to get the right help, at the right time through our GIRFEC pathway.



## Continuing Care

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

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



## Children's Residential Care Services

During 2019, a review of Inverclyde's children's residential services was undertaken a significant outcome of this was the decision to increase staffing ratios enabling the service to consistently deliver a family orientated approach to residential care where young people feel safe, secure and loved.

Our residential staff regularly undertake training and all residential managers have participated in trauma informed training which incorporated "relaxed kids" principles. Regular inspections by the Care Inspectorate further confirm that residential care in Inverclyde is very good and in some areas sector leading. Indeed comments from inspectors have noted that aspects of our residential services are setting the standard for Scotland .

Indeed residential services have gone from strength to strength this year in the care and support that they offer young people. This has been acknowledged by the Care Inspectorate during inspection of two of our residential homes, The View achieving grade 5 and Kylemore achieving grade 6. These grades are an acknowledgment of the loving kindness and commitment that residential staff across our three residential homes brings to our young people. Following our review of children's residential care noted above ,staffing levels have increased which will enhance the service delivery to the young people, giving greater opportunity for residential workers to develop meaningful and positive relationships with young people. During the lockdown young people and staff have used the pause in normal living to build even better and stronger relationships through the various activities that have been in place and the time they have spent together. Across the three residential houses during this time we have seen a massive difference in our young people confidence and in the way that they are presenting themselves. The young people at The View were featured on the Care Inspectorate website describing some of the activities they had been participating in.

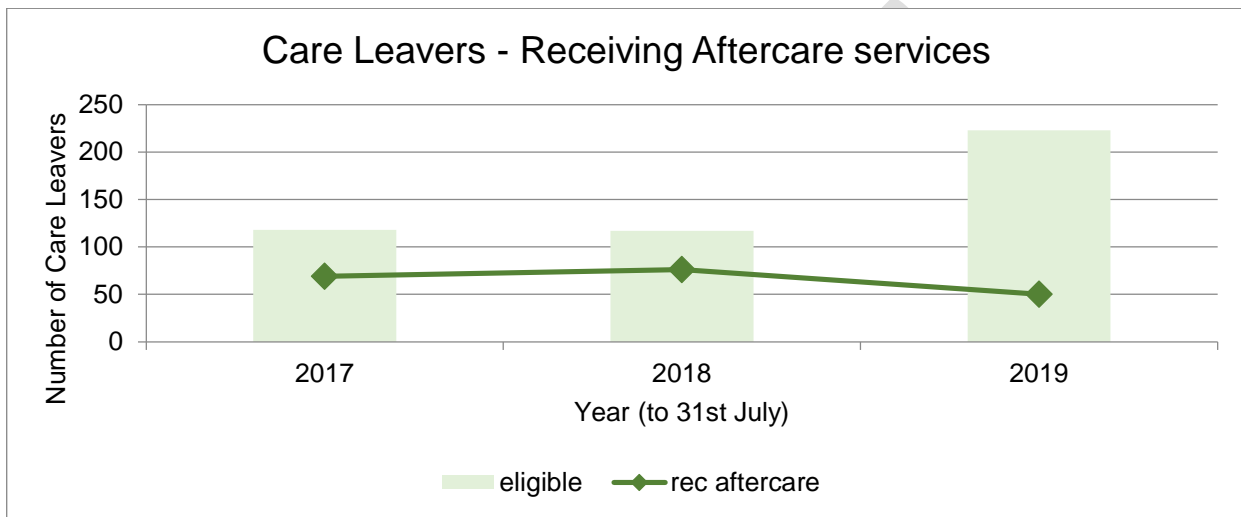
As noted above there has been a progression in the development of Continuing Care Services. In partnership with one of our registered social landlords we have developed two, two bedded house for the provision of Continued Care to four young people aged 18 to 21 years. These will be semi -independent living house where young people can access the support of our newly appointed Continuing Care workers. This project will support the transition of young people into their own tenancies and the world of employment or further education. Another RSL will also provide housing creating an additional four one bedded apartments for this project. This will give an opportunity for eight of our young people to experience a supportive and gradual transition of continuing care.

Over the last year we engaged in the Permanence & Care Excellence (PACE) programme through CELSIS which aims to provide stability to children through the best permanence route for an individual child. The PACE team established in Inverclyde benefited from the partnership working of children and families staff, Scottish Children's Reporters Administration (SCRA) and Legal Services.

Picking up on the theme of permanence and what that means to young people .Work was undertaken in conjunction with the Children's Rights Officer and third sector partner Your Voice to explore young people's views on explaining permanence. The clear message from the young people involved was that achieving permanence meant having a sense of belonging. The concept of sense of belonging is something that will progress as we progress the delivery of The Promise.

## Youth Services

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

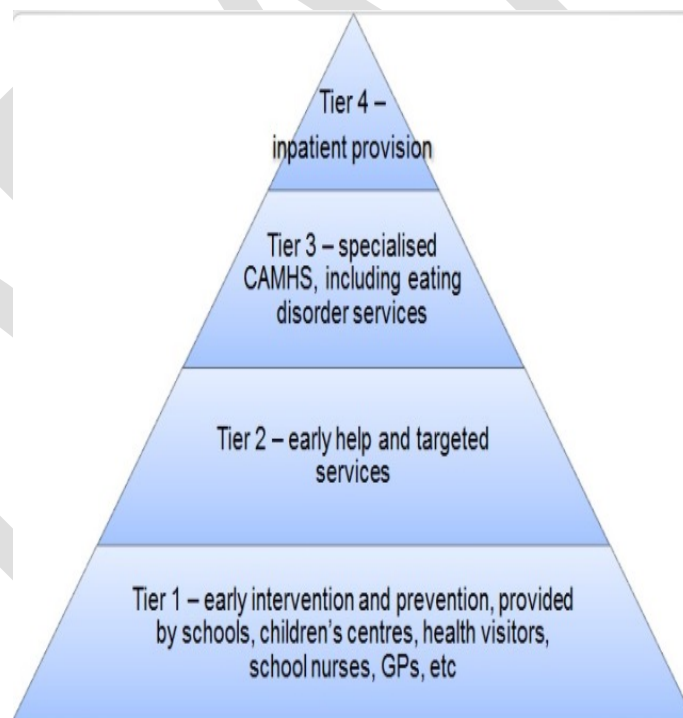


## Commissioning of the Provision of an Emotional Wellbeing Service

Inverclyde Health and Social Care Partnership and Inverclyde Council Education Services made a commitment to improve Children and Young Peoples Mental Health in Inverclyde based on a collaborative model. During 2019/20 staff from both services, alongside the strategic commissioning team, legal and procurement services worked to commission a new service for children and young people that delivered on the programme for governments commitment to provide school based counselling but that was a strategic fit reflecting the needs and expressed views of Inverclyde young people. The money for the new venture was secured through the Scottish Government Programme for Change for access to counselling services through schools and supplementary funding from the Inverclyde IJB to further expand the new service to younger children.

The new service has also been developed and will align with local GIRFEC plans and existing service provision to ensure a seamless journey for children, young people and their families as well as stakeholders and will address the Tier 2 service gap locally. It will also align with the Mental Health Strategy for early help and prevention in respect of children and young people.

The new service will sit between Tier 1 and Tier 3 (before the need for NHS mental health specialist support) as shown on the diagram below:



This is an exciting new development and provision of counselling and a range of emotional wellbeing supports for the young people in Inverclyde which will deliver an early help service to promote and improve the mental health, emotional resilience and wellbeing of children and young people who are negatively affected or are at risk of being affected by poor mental health. This will be a counselling service delivered p in schools and in homes and community settings, to support children and young people aged 5 to 18 years and will provide:

The provision of the service will be delivered by Action for Children and commencement is in August 2020 ready for the children and young people's return to school.

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

Effective community based sentencing options are essential to achieving the National Outcomes for Justice: community safety and public protection; reducing reoffending and social inclusion to support desistance from offending. In July and August 2019 a team from the Care Inspectorate visited Inverclyde to assess how well the Criminal Justice Social Work Service was implementing and managing Community Payback Orders (CPOs) as well as how effectively the Service was achieving positive outcomes.

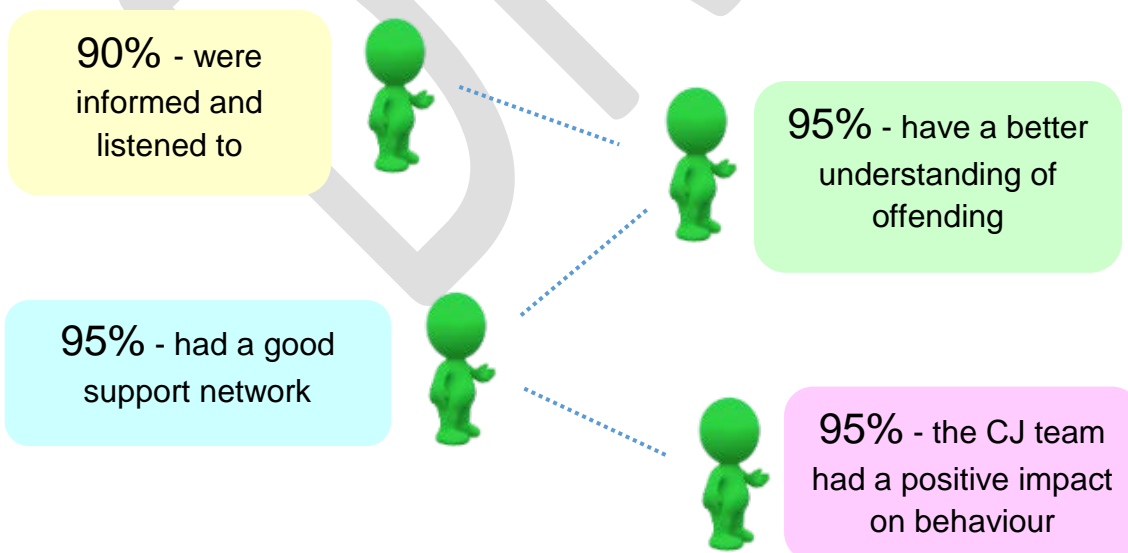
The inspection team noted evidence of strong and improving performance trends across several important Community Payback Order standards. They found this to be accompanied by a demonstrated ability to use data effectively to change practice and services where needed.

The introduction of the Criminal Justice Needs Review tool in 2018 is illustrative of the above. This tool captures a range of data both at the commencement and completion of the Service's involvement with individuals in the Criminal Justice system. This includes:

- Self-scoring on nine separate lifestyle areas: health, self-care, emotional well-being, alcohol and drug use, offending behaviour, training and employment, housing, relationships with friends and family life.
- Feedback on the Service experience.
- Identifying organisations/services the individual has been referred to
- Suggestion box relating to potential Service improvements.

To date the Service has collected 94 forms at the commencement of an individual's involvement with Criminal Justice Social Work (stage 1) and 53 on completion (stage 2). Analysis of the 21 forms completed at stage 2 for 2019/2020 evidences:

Percentage of individuals who 'agreed' or 'strongly agreed' that they felt:



This supports key findings from the inspection which reported the Service achieving the following positive outcomes for individuals:

- ✓ Access to stable accommodation;
- ✓ Improved stability around alcohol and drug use;
- ✓ Access to further education and learning opportunities;
- ✓ Increased ability to manage finances;
- ✓ Better family relationships;
- ✓ Increased structure and purpose in their life;
- ✓ Improved confidence in the ability to desist from further offending in the future.

The Service is aware that placement availability for those individuals sentenced by the Courts to carry out Unpaid Work in the community can at times be challenging. This has also been reflected in some comments made by individuals too. To help build resilience in this area the Service is working with the Inverclyde Community Justice Partnership to explore the potential for the local third sector to assist with the provision of individual placements. This work will be ongoing throughout 2020/21 and brings with it the possibility of helping individuals reconnect with their community.

The Service recognise that it still has some way to go to demonstrate year-on-year trend data showing sustainable positive impact in the life chances and key outcomes for the individuals it works with. However, as noted in the inspection report our 'culture of striving for continuous improvement and a drive to achieve transformational change in service provision puts the service in a strong position to strive for excellence'.

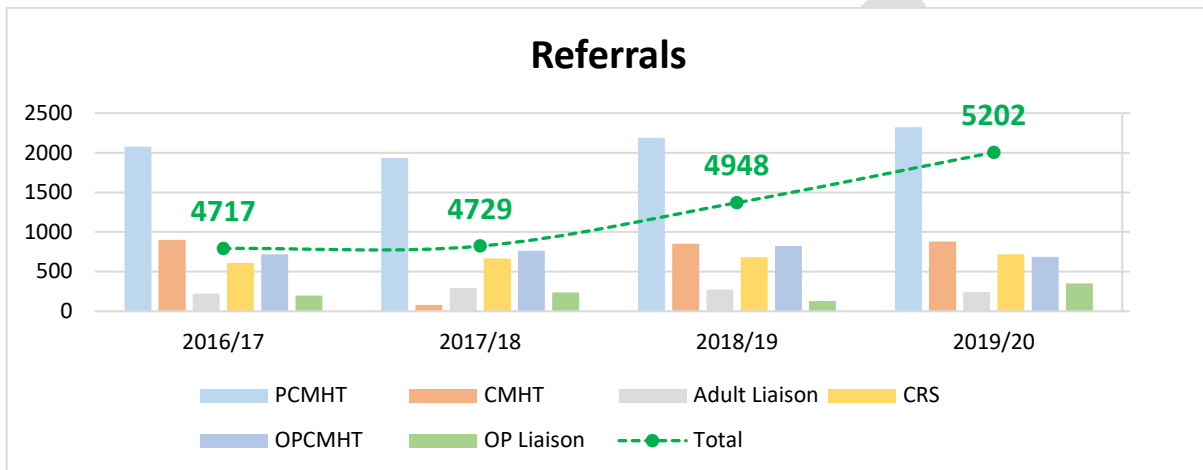
### **The role of Prison Based Social Work in achieving National Justice Outcomes**

The Prison Based social Work (PBSW) Unit at HMP Greenock provides statutory social work services to an average of 131 prisoners, just over half the population of the prison, all of whom will be subject to supervision by Criminal Justice Social Work Services in the community when released. Around half the prisoners engaged with PBSW are life-sentenced prisoners actively working towards release on parole. Around 44% of prisoners working with the team are assessed as requiring further assessment in relation to their potential to cause serious harm.

Given that the majority of prisoners known to the team are nearing or actively working towards release, the team focuses on risk assessment, risk management and public protection. Staff participate in community facing risk management team meetings contributing to the multi-agency assessment of prisoner's suitability to progress to increased levels of community access. Additionally, staff take part in MAPPA meetings and contribute to MAPPA processes in all areas of Scotland. Participation in these processes enables us to share information about a prisoner risk prior to release and allows support to multi-agency risk management planning helping to ensure that robust plans are in place for the protection of the public.

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

Within Community Mental Health Services, Primary Care Mental Health Team (PCMHT), Adult Community Mental Health Team (CMHT), Acute Liaison Service, Community Response Service (CRS), Older Persons Community Mental Health Team (OPCMHT) and Older Persons Liaison Service (Acute and Care Home) there were a total of 5202 referrals throughout 2019/20. This represents an increase of 5.1% from the previous year. Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life. How the referrals were distributed across the various teams is shown below:



### Primary Care Mental Health Team (PCMHT)

The PCMHT offers a service for those individuals who have mild to moderate common mental health problems or issues and offers up to twelve sessions of treatment. People are able to self-refer and this has contributed to the increase in referrals received by the service. The largest group of users of this service are younger adults aged between 18 and 35 years. PCMHT will be critical to supporting the developing extended community provision of alternatives for distress response.

### Community Response Service (CRS)

The CRS provides urgent response to people experiencing a mental health crisis who are known to the mental health services currently or who require urgent assessment; and steps up care to people who require more intensive support at home over seven days, working alongside existing mental health services. The service aims to support continuing care within a person's home, and to prevent unnecessary hospital admissions. The service is also critical to supporting partners to consider alternatives for distress responses where referral to Community Mental Health Services is not indicated.



## Community Mental Health Team (CMHT)

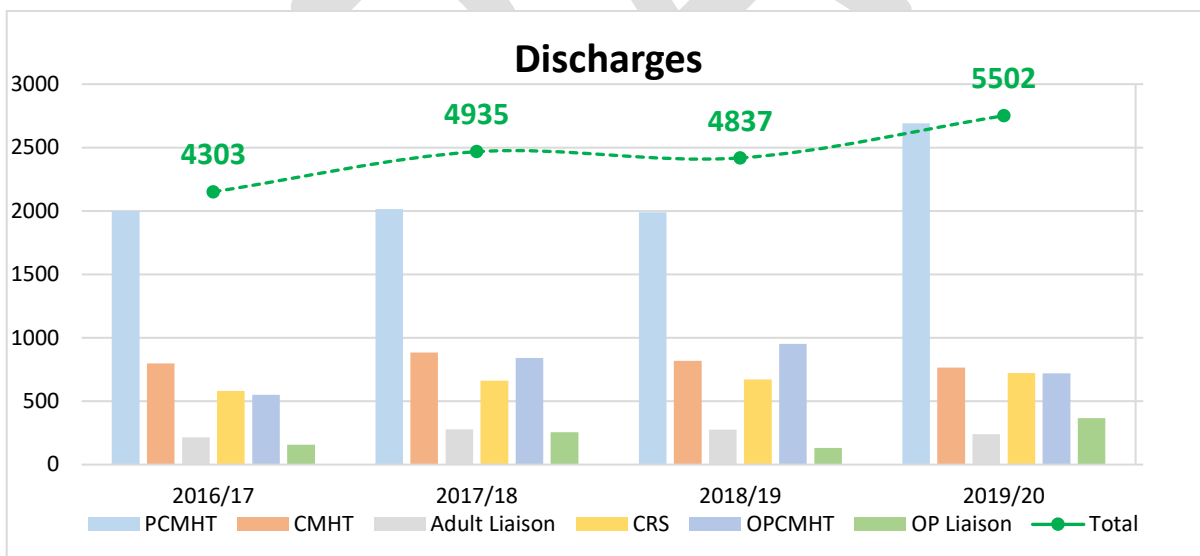
The integrated CMHT works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. This support is delivered in environments that are suitable to the individuals and their carers.

The aims of the CMHT are to:

- Reduce the stigma associated with mental illness
- Work in partnership with service users and carers
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes
- Focus upon improving the mental and physical well-being of service users

Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user and, where appropriate, carers, other professionals or agencies that are involved in their care.

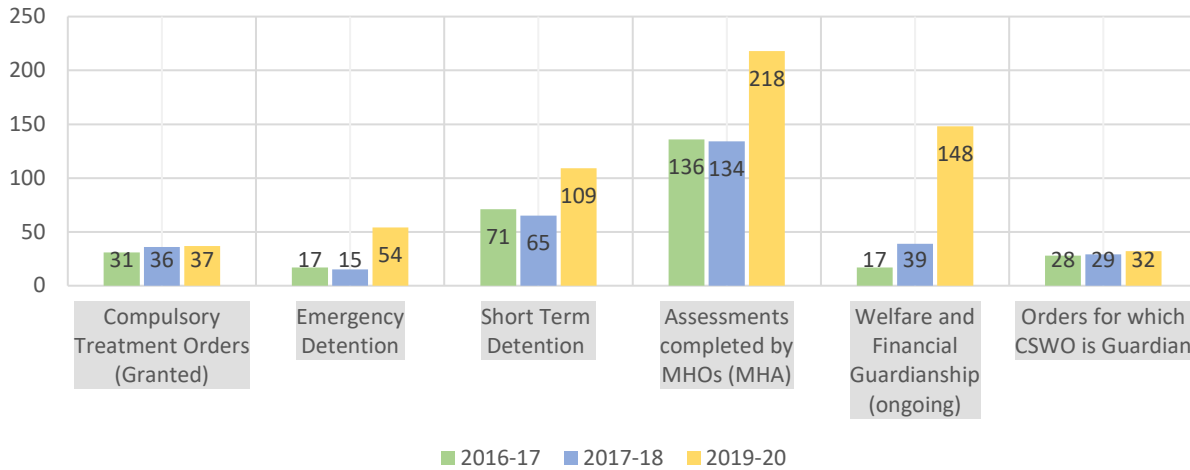
Discharges from the Mental Health Services totalled 5502 throughout 2019/2020, an increase of 13.7% from the previous year. This reflects the increased focus on recovery outcomes within the service, enabling people to move on from services, but secure in the knowledge that they have an easy route back to specialist support from the service if their needs change. The service also meets the need for some individuals to remain with the service for longer durations due to the severity of their mental health condition.



## Mental Health Officers

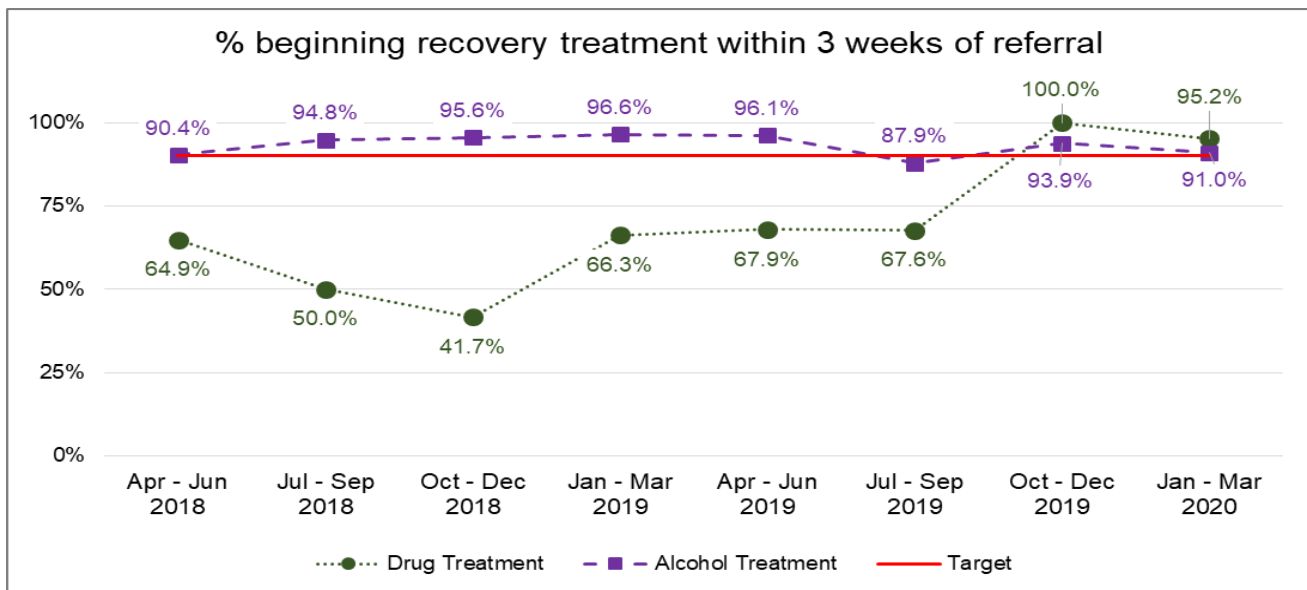
The Mental Health Officer service experiences continuing significant demand in respect of use of the Adults with Incapacity legislation to support ongoing care. The relatively high use of mental health legislation to support care and treatment is reflective of the significant mental health needs of our local population.

Mental Health Officer (MHO) work



Inverclyde HSCP continues to participate in the five year mental health strategy developments, focusing on the key themes including prevention, early intervention and health improvement, the physical health of people experiencing mental ill-health, recovery oriented and trauma-aware services. The delivery of which will require further development approaches both across services within the HSCP, including children's services and criminal justice and with wider partners. This will be the priority area of development for mental health services in line with national and local strategy.

## Alcohol and Drug Related Services



Reflecting the high levels of intergenerational inequality, Inverclyde has a significant challenge in respect of understanding and responding to the needs of service users and families who are affected by alcohol and drug issues. This includes the untimely deaths of a number of our citizens as a consequence of drug or alcohol related harm. The Chief Officer of Inverclyde instructed a thorough and wide ranging review of service responses in this area and this is in the process of concluding and implementing.

The review of Inverclyde Alcohol and Drug Related Services (ADRS) has been ongoing with the aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. The new model will see those affected by alcohol and drugs fully supported by an appropriate recovery orientated system of care which includes prevention; care and treatment; and recovery delivered by a range of statutory and 3rd sector partners. A new workforce structure has been developed which will fully integrate the current drug and alcohol teams into a single service to provide an evidence based quality treatment model to ensure fast and timely access to assessment, care and treatment based on intake and core pathway. The final stage to integrate the teams was unfortunately delayed due to the COVID-19 pandemic. This will be progressed as soon as is practicable.

The “New Pathways for Services Users” project funded by CORRA Foundation was established and aimed to undertake tests of change in three main areas:

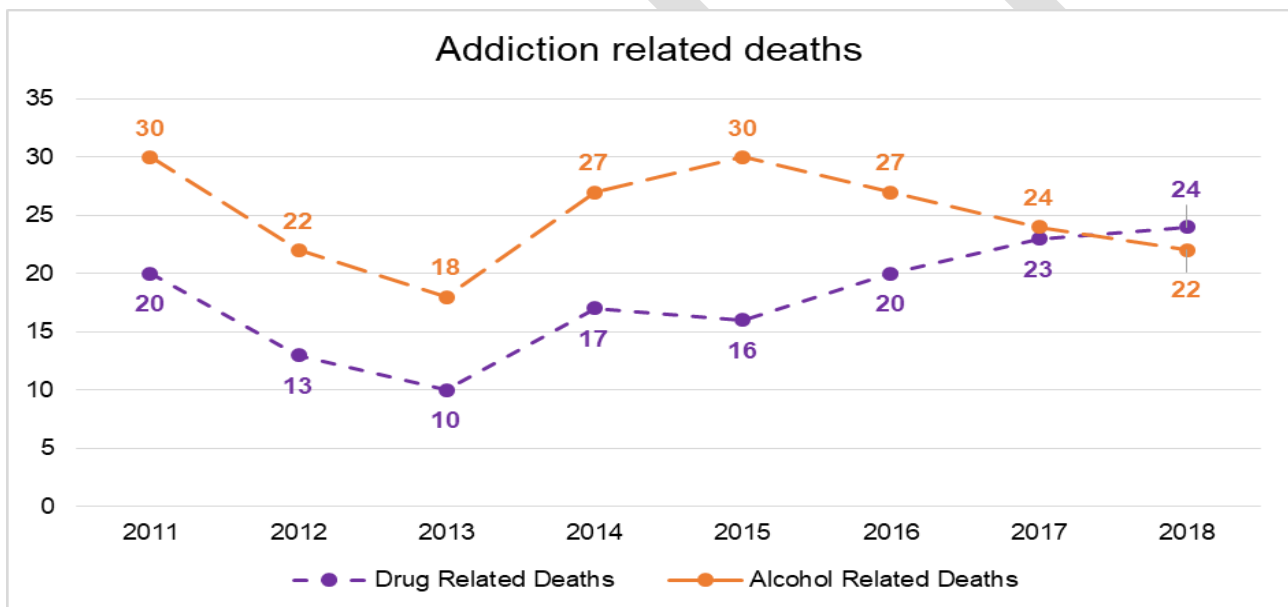
- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to services across extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis
- Providing a community based treatment option for home alcohol detox.

Relationships between the ADRS service and acute and primary care services have been further developed and this work will continue, with an out-of-hours service to be established.

Inverclyde historically has not had a well-developed recovery community, therefore developing more robust recovery opportunities has been identified as an area of required focus and attention. Work has been undertaken to develop Inverclyde's ROSC (Recovery Orientated Systems of Care) and four main areas agreed for commissioning of appropriate support services to support service users throughout their pathway in recovery.

- Early Intervention
- Development of network of volunteer peer mentors and development of recovery opportunities
- Development of meaningful activity opportunities for those on their recovery journey
- Family Support

These 3<sup>rd</sup> sector employed staff, although are not employed through the HSCP, are integral to the internal team workings in line with the HSCP People Plan.



In order to optimise the safe and effective delivery of services throughout the COVID-19 pandemic, Inverclyde HSCP moved to a Hub model of service delivery. This included an Alcohol and Drug Hub. The key principle underpinning the Hub's service delivery during this period was the safe delivery of services, based on dynamic assessment of risk and vulnerability in a way that supported staff health and wellbeing, and enabled ongoing service delivery.

A range of interventions were implemented to ensure the safety of, and support to, service users, including robust risk assessment and appropriate level of contact; relaxed prescribing where appropriate; cross working and good partnership with other HSCP colleagues where required and the retention and continuation of appropriate governance arrangements within the service.

A particular focus during the COVID-19 pandemic was on learning from any suspected drug related deaths with the following areas for improvement which the service has embraced:

1. Need to undertake analysis to identify cause of death or probable cause of death.
2. Need to review communication and joint working across services.
3. Increased need to ensure availability of Naloxone
4. Understand the current drug market.
5. Increase communication of services in the community.

### **Services to people who are experiencing Homelessness**

The COVID-19 pandemic has fundamentally changed the homelessness picture within Inverclyde. In early March 2020, with the pandemic unfolding nationally and internationally, a number of key challenges emerged which required a new response locally. These challenges have inadvertently proved beneficial in helping to consider future delivery.

- Public health advice was sought regarding the use of shared accommodation units and ability to implement social distancing, along with need for self-isolation. This led to decreasing the service user population accommodated within the Inverclyde Centre from 31 units to 15. A number of service users required to be moved out of the centre into temporary furnished flats.
- Due to COVID-19 the Scottish Government implemented the Early Prisoner Release Scheme (EPRS) for eligible prisoners due to be liberated in the 12 week period from 4<sup>th</sup> May 2020 to 31<sup>st</sup> July 2020. Within Inverclyde during the month of May, 11 prisoners were released under the EPR scheme with 7 being accommodated via homelessness within temporary accommodation. This is in addition to the normal prison liberations which have continued throughout.
- An increase in homelessness presentations has continued throughout the COVID-19 lockdown period due to a range of factors but including family/relationship breakdowns and people no longer able to stay in their previous accommodation.

In order to respond to these challenges, an increase in temporary furnished flats within the community was required and the RSLs have supported this by providing an additional 40 flats to the service throughout the first 8 weeks of the COVID-19 lockdown period. There are now 65 TFFs within Inverclyde, in the main within Greenock and Port Glasgow. This was therefore an incredibly busy period for the homelessness service to ensure these flats were brought into service, including all required gas/electricity checks being undertaken; flats carpeted and furnished and decorated to meet an approved standard of accommodation. Mobile phones were issued by the service to all tenants to enable them to keep in touch and enable daily/weekly wellbeing checks were in place during lockdown. This has worked very well and it is hoped this can continue as normal practice.

This increase in temporary furnished flats has been welcomed, however it has been acknowledged that once a service user has moved into a temporary furnished flat a range of services require to remain involved in their support plan and continue to work in partnership with a range of providers including the local RSLs and other HSCP services and 3<sup>rd</sup> sector partners to ensure the move through to appropriate accommodation and that ongoing supports are available. A number of service users with a range of higher support needs continued to be accommodated within the Inverclyde Centre with arrangements in place to support them to self-isolate and socially distance as required. This work has highlighted the need for Housing First approaches and the need for increased supported accommodation for vulnerable service users in Inverclyde. During the COVID-19 lockdown period, there has been an amazing response throughout the local community with donations of food; toiletries; hot meals etc to homelessness service users. Better relationships have been developed and support provided by a range of 3<sup>rd</sup> sector organisations which is hoped to continue as the recovery phase continues.

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

### Home 1<sup>st</sup>

The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community.



Home 1st is the ethos underpinning social and health care provision to all Older Adults and people with Long Term Condition. This links to building community capacity based on the concept of a Compassionate Inverclyde and Dementia Friendly Inverclyde. Using Community Connectors and Direct Access to services including self-managed care to divert people away from a dependency on statutory services and maintain their independence.

This includes developing Self-directed Support, Self-managed Care and Carer support to ensure a Personalisation approach to care where choice and control is in the hands of the service user. This includes tying in the principle of ensuring everyone lives their lives as independently as possible achieving their optimal level of health and wellbeing. This builds on the current work around reablement, recovery and resilience

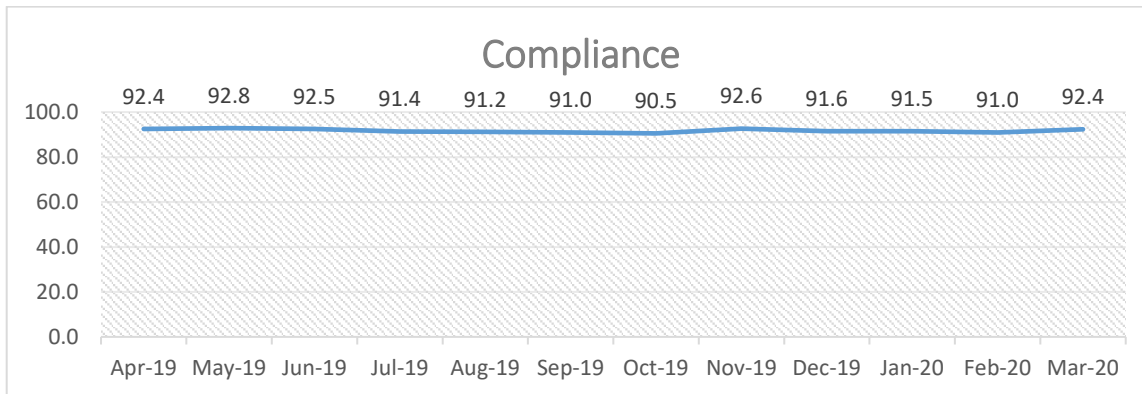
Discharge from hospital is ideally from a community perspective, though employing a Rapid Discharge Planning approach it is important that the discharge is successful, minimalizing moves of placement and avoiding unnecessary readmission.

Home 1st in Inverclyde will be the focus for Unscheduled Care collaborative including Frailty and Dementia and will maintain and secure resources for community based services.

## Care and Support at Home Services

### Compliance / confirmation of Care at Home visits delivered

This graph shows the compliance of staff in logging in and out of a service users home, this gives us real time data to ensure that service users are receiving their service at the agreed time and allows us to monitor the punctuality and duration of visits. The team have regularly exceeded the 90% target for this measure.



### Older People Living Well

We are beginning to remodel Independent Living Services to support working more upstream in line with the National Life Curve to promote living independently well and delay the need for support services for a longer period of time. The Frailty tool roll out will be key to this work. Further analysis around scores and access points to services will offer opportunities at triage to signpost around keeping fit and active at the lower end of the care spectrum. Working in partnership with other community agencies and utilising technological resources will have the potential for self-management and optimal health and wellbeing. This work, whilst still in its infancy, shows signs of early promise.

Self-assessment models and resources to facilitate early intervention and prevention models are beginning to be developed. The focus of this work is to ensure that Inverclyde's population remain as independent and self-reliant for as long as possible.

### Response Team

The service introduced a Response Team in February 2019, the main objective of which is to have available resource to respond to any significant change in service user's health / care requirements by increasing the existing care package to meet the urgent change in need. The Response Team will respond to these increases and ensure a smooth transition of service to the appropriate team. The team is also available to respond to any rapid discharges from hospital and facilitate any weekend discharges during the out of hours period. This team has been beneficial to the service in having the ability to respond immediately to significant changes without impacting on other teams or resources.



## Independent Living Services

There has been a further remodelling of Health and Social Care staff within this service, so as to meet the increasing demand, meaning that prioritisation of the facilitation of hospital/hospice discharges and prevention of admissions, falls preventions and complex moving and handling assessments, was essential

It has been necessary to decant the Joint Equipment Loan Store, while work to upgrade the equipment decontamination area and reroof the building is undertaken, although there has been no detrimental effect to the way the service operates.

Other key highlights include –

- A procurement exercise has taken place for a new electronic stores management system which will allow for :
  - digital ordering of equipment and adaptations from a wide host of prescribers
  - more sensitive stock ordering
  - a robust system for servicing and testing lifting equipment.
  - instant stock taking
  - the ability to identify individual pieces of equipment in the event of a recall situation.
- An evaluation of the Strength and Balance classes (Falls prevention) to include individual's experience of the classes has taken place, augmented by the service beginning to refresh the multi-agency Falls Pathway
- The Diabetes team have carried out an initiative with District Nursing to review all Diabetes patients who require support. Prior to reviews being undertaken, there were 373 nursing visits per week to 32 patients. Following reviews these have been reduced to 208 visits per week – a saving of 165 visits per week.
- There has been a review of Manual Handling training to include single handed care techniques that is seeing a return on investment in more training for trainers/assessors.
- The service worked in partnership with the Allied Health Professionals at IRH to develop a fast track pathway from ED to prevent admission to hospital.

Services at Independent Living services have trained others and implemented the Rockwood Frailty tool, which is now embedded in the core assessment for all service users over the age of 65.

## **Hospital Discharge**

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of Rapid Discharge Planning (RDP) early commencement of assessments regarding future care needs in communication with the person and family at an early stage, clear identification of destination post discharge are all key elements of achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement. To assist in achieving this we have developed a frailty hub within the IRH bringing together Acute and Community Staff to facilitate successful and safe discharges working to a Home1st plan utilising a range of multidisciplinary interventions.

## **Community Learning Disability Team**

The recent crisis has placed even sharper focus on the most vulnerable people in our society, and social workers have joined together in an Adult Hub and had contact with every family known to the team to check in with them during lockdown. Keeping people safe has been the priority, which fits with the Keys to Life priority of reducing health inequalities for people affected by learning disability.

Self-directed support has continued to be a focus, and staff have ensured that families using personal assistants are still offered PPE and other support. A large amount of easy-read information has been distributed to people we support, allowing for risk enablement and continued independence for people with disabilities who live in the community.

While projects started last year, such as Independent Travel, have been paused in some cases, we have continued to use new technologies to work closely with community organisations like Parklea and Belville Gardens, and will ensure that where things have been working well during lock down we will learn from the experiences of the people we support.

The Community Learning Disability Team (CLDT) has continued to work within Inverclyde's Home First policy to avoid Delayed Discharge from hospital, including patients with learning disabilities and other complex needs. We carry out regular reviews, keep a commissioning register of people who need new services or placements, work closely with supported living providers and have multi-disciplinary planning to manage a risk register of people with challenging behaviour who could require hospital admission. Even through the COVID-19 situation we have continued to support people at home, avoiding both unnecessary admissions and delayed discharge from hospital.

In line with the Coming Home recommendations from Scottish Government, the team has continued to bring people we support back to Inverclyde, leaving us with very few people placed out of area. This continues to be a challenge at the Transitions stage for those small number of young people who have attended schools outside of Inverclyde, but is an area of work we are committed to continue with.

## Learning Disability Day Opportunities

The inspection of supported living services marked an improvement in grade to very good with the following quotes from the care inspector:

“We saw examples of transformative life experiences, significantly improved skills and confidence”, “it had been a successful year for the service in terms of improving staff guidance and morale. There was a fresh approach that resulted in people experiencing very good outcomes”

With a focus on health improvement and inclusion, last year saw a marked improvement on health outcomes for service users following an initiative by 2 staff members. A group of 3 young males competed in the Inverclyde Triathlon supported by Inverclyde Leisure, the first that they have competed in a community event that did not have a disability focus. There has been an increase in physical activity through voluntary conservation tasks with Clyde Muirshiel whilst also keeping the scenic walkways of Inverclyde litter free; partnership working with Morton Community to develop a health focussed activity programme with an element of fun which includes coaching on food groups, easy and healthy meal preparation and 1 hour of physical activity suitable for the attendees' abilities.

The Independent Travel Project, in partnership with VIA, focussed on training staff in techniques and approaches to support people to travel more independently.

After successful service user, carer and staff consultation the service was successful in completing a business case resulting in Inverclyde Council agreeing a £7.4 million investment for a Learning Disability Services Community Hub at a site agreed in Brachelston Street.

### Self-Directed Support

Self-Directed Support (SDS) continues to be developed with successful shift to outcomes focussed support plans written in the first person so ensuring outcome based practice. We have undertaken self-evaluation and quality assurance events to ensure we are heading in the right direction and learning how to widen the range of choice and control service users should have over the support they receive. It is part of wider implementation of SDS across the HSCP and the corresponding quality assurance framework. And a move to outcome focussed work across all service user groups.

### Access 1st

Access 1<sup>st</sup> service in Health & Community Care Services now has a single point of contact for referrals for adult health and community care services. It ensures a quick response to all referrals and welfare concerns including immediate assessment if required, offering of advice and guidance as well as directing to the correct assessment or service team.

Access 1<sup>st</sup> is the first service in the NHS Greater Glasgow and Clyde Health Board (NHSGGC) area to receive referrals through SCI Gateway. This is a direct pathway for GP referrals to adult health and social care services as well as e-referrals from Inverclyde Royal Hospital, ensuring assessment referrals are received and responded to more effectively and timeously for patients. All discharge referrals are now channelled through Access 1<sup>st</sup> and this has included 60% of these referrals being made electronically.

### **Community Connectors Project**

The purpose of the Community Connectors funded by Inverclyde Health and Social Care Partnership (HSCP) is to provide information their health and wellbeing, reduce their social exclusion and live as full an independent life as possible.

The connectors followed a community development approach by sourcing out what was available in the community building on the assets available in communities across Inverclyde. This is key to the overall success of the work to ensure that there are strong and sustainable organisations, networks and activities in place so that individuals can access the support and activities to meet their needs.

### **Inverclyde Royal Hospital Discharge Hub**

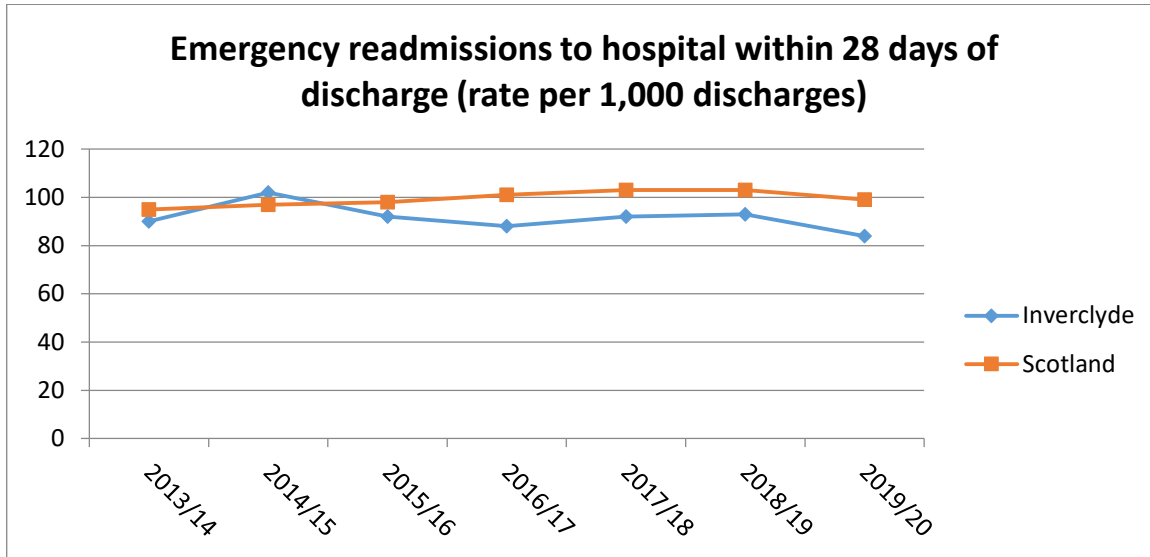
In partnership with Acute colleagues and part of the frailty work we have established a multi-agency hub based in the IRH. Discharge Team members , Frailty Nurse and other Inreach staff have a place to meet and work together in real time to sustain Inverclyde's performance around discharge.

### **Transport**

As part of the response to COVID-19 pandemic the HSCP utilised transport to facilitate discharge. Linking to discharge hub transport was available to ensure a safe discharge and allowed the supporting staff to ensure the individual was safely supported to settle into their homes. This applied to service users who did not require an ambulance transfer and family carers were not available. This service is one that we will look to expand over the winter period 2020-2021.

## Unscheduled Care Frequent Attenders

IHSCP piloted a project looking at identifying frequent attenders at ED and supporting them to avoid presentations which were not necessary. Tapping into self-management of care and looking at the individual issues which impact on people's anxieties that can lead to attendance. The COVID-19 pandemic interrupted this project but early review saw a marked drop in re-attendance. This project will be revitalised to cover the upcoming winter period.



## Complaints

Inverclyde HSCP has operated an Integrated Complaints Procedure which combined the requirements of the NHS and Social Work response targets and appeals into an agreed formal process based on the Scottish Public Service Ombudsman Model Complaints Handling Process. Learning from complaints is managed through our existing governance structures and feeds through to service improvements in individual services and in some cases supports cross system learning. The Clinical and care governance Strategy has been refreshed during this year and it is our intention that we will strengthen learning from complaints and indeed the cross system learning in particular.

<b>2019 / 20 - All Complaints</b>	<b>Met</b>	<b>Not Met</b>	<b>% within timescale</b>
<i>Acknowledged</i>	89	0	100%
<i>Completed</i>	74	15	83%

## 7. Resources

### 2019 / 20 Performance

The approved net budget for Social Work Services for 2019/20 was £50.529 million with a further £6.295m from the Social Care Fund (SCF). The budget was net of approved savings of £1.448m for the year. The following table breaks down the approved net budget over service areas.

Approved Budget	£m
Children & Families	£10.494
Community Care & Health	£37.828
Planning, Health Improvement & Commissioning	£5.079
Mental Health & Addictions	£3.423
Contribution from IJB	(£6.295)
<b>Net Expenditure</b>	<b>£50.529</b>

The Health & Social Care Partnership ended the financial year with a deficit on Social Care services of £0.249 million (0.45%) against a revised budget of £50.523m. In addition to this, the Health and Social Care Partnership carried forward £8.450 million to a number of earmarked funds.

The following table highlights the net expenditure outturn for the last four years across services.

HSCP	2016/2017	2017/2018	2018/2019	2019/2020
	£m	£m	£m	£m
Children & Families	£10.156	£10.017	£10.085	£10.986
Community Care & Health	£33.864	£34.808	£36.274	£39.247
Planning, HI & Commissioning	£3.714	£3.670	£3.998	£3.549
Mental Health & Addictions	£2.991	£3.064	£2.739	£3.285
Contribution to/(from) Reserves	£0	£1.289	(£0.305)	£0
Contribution from IJB	(£2.596)	(£5.862)	(£5.985)	(£6.295)
<b>Total Net Expenditure</b>	<b>£48.129</b>	<b>£46.986</b>	<b>£46.806</b>	<b>£50.772</b>

There were a number of significant issues and demand pressures for some social care services, some of which was managed by the use of earmarked reserves, however, this still resulted in an overspend at the end of the financial year. The Health and Social Care Partnership have available smoothing earmarked reserves for Children & Families Services and Older People Services in order to help alleviate the financial risk with demand led pressures.

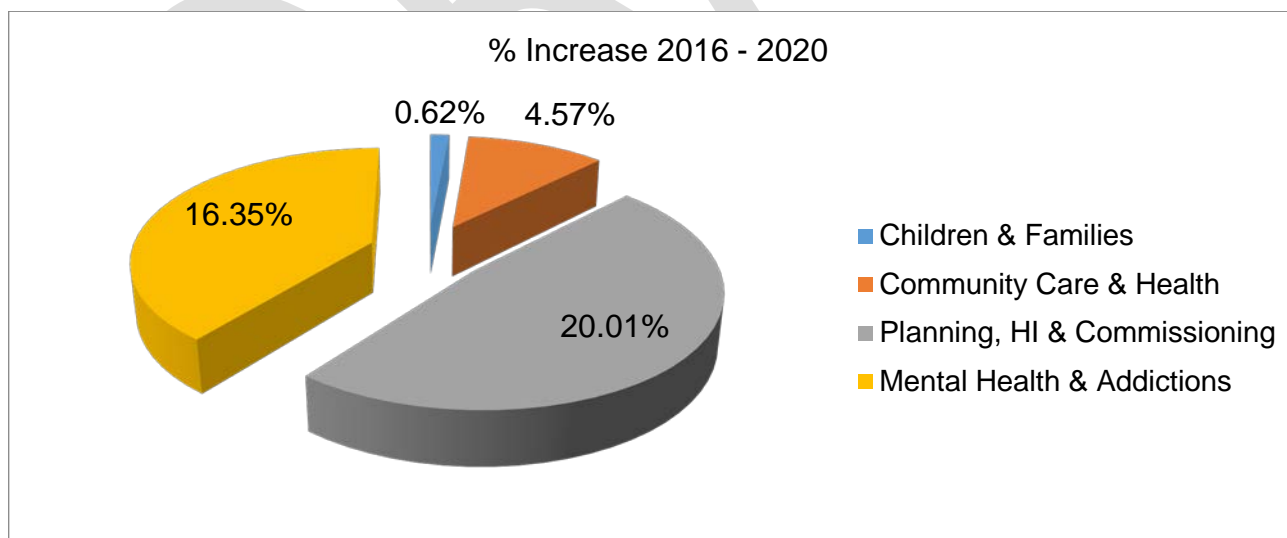
The Health and Social Care Partnership continues to provide services under challenging financial circumstances. In order to manage the pressures, the Partnership undertakes a robust budget monitoring process with clear focus on key/high risk budget areas. This has led to the Partnership to effectively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

The main areas of pressure arose within Children and Families Services, Learning Disability Services and Older People Services due to costs within client care package costs. The cost pressures have been consistent with previous years and it is anticipated that this will continue during 2020/21.

During 2019/20, expenditure on Children and Families increased by 8.9%. The Service utilised a smoothing earmarked reserve to assist with the demand led pressure, this still resulted in an overspend in year. The NRS Population projections indicate a declining number of children within Inverclyde in future years, however, the Service faces the added complexity of looking after children longer in the Service due to the Continuing Care legislation.

Spend on Community Care and Health has increased by 8.2% from 2018/19. This service area covers Older Persons, Learning Disability Services and Physical & Sensory Services. It is anticipated that expenditure will continue to increase due to the increase in aging population.

Excluding the contribution from the Social Care Fund, spend on the Social Care element of the Health and Social Care Partnership has increased by 5.5% over the last 4 years compared to an increase in approved budget of 5.7% (see table below for increases across service areas).



The Social Work Service has achieved significant savings as a result of public sector budget cuts and has achieved savings of £4.380 million since 2016/17 (as detailed in table below). The Service will deliver further approved savings of £0.968 million in 2020/21 which will prove challenging for the forthcoming year.

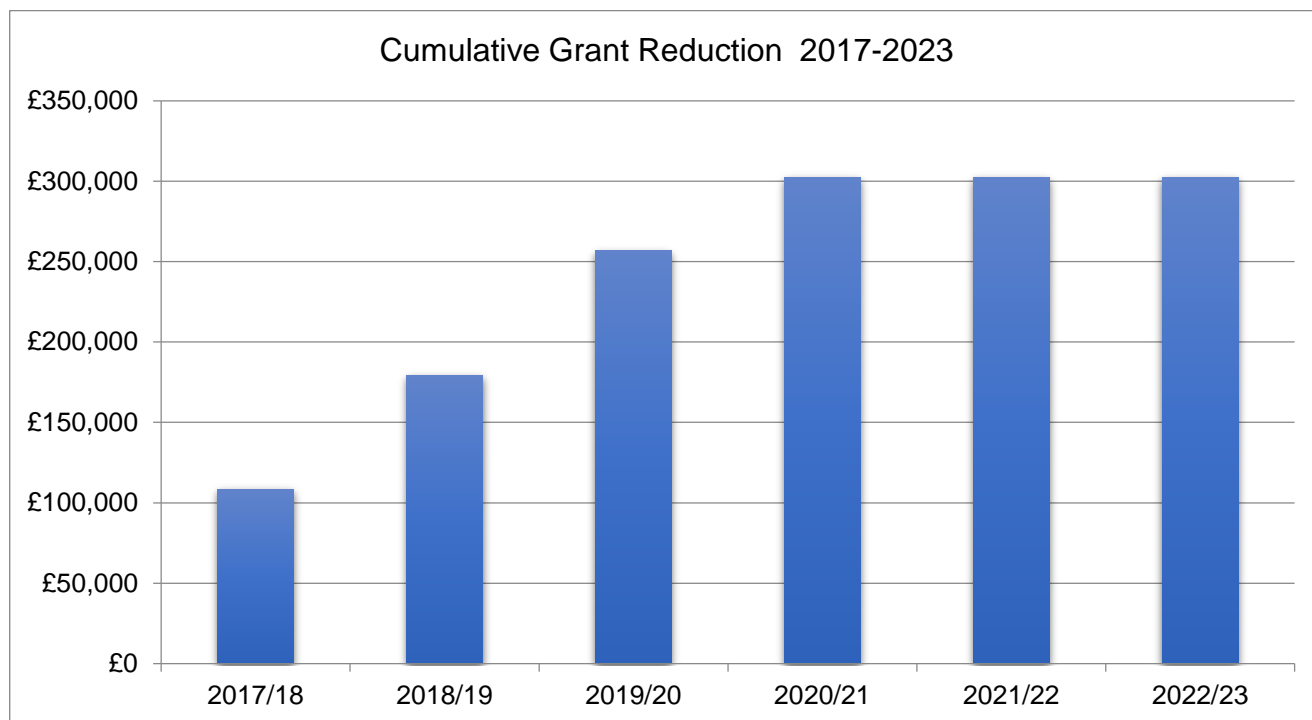


<b>Service</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>Children &amp; Families</b>	£0.120	£0.000	£0.370	£0.000	<b>£0.490</b>
<b>Community Care &amp; Health</b>	£0.541	£0.316	£0.834	£1.123	<b>£2.814</b>
<b>Planning, HI &amp; Commissioning</b>	£0.298	£0.000	£0.069	£0.190	<b>£0.557</b>
<b>Mental Health &amp; Addictions</b>	£0.088	£0.014	£0.282	£0.135	<b>£0.519</b>
<b>Overall Savings</b>	<b>£1.047</b>	<b>£0.330</b>	<b>£1.555</b>	<b>£1.448</b>	<b>£4.380</b>

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## Criminal Justice

The Scottish Government undertook a review of Criminal Justice (Section 27) funding with assistance from an expert group, which included representatives from Directors of Finance, Community Justice Authorities, Scottish Prison Service, Social Work Scotland, CJSW and COSLA. The new funding formula commenced on 1st April 2017. Based on the new formula, Inverclyde Criminal Justice Social Work budget was reduced by 5.5% for 2019/20 financial year resulting in an incremental reduction over a five year period amounting to 19.5%. It is now anticipated that there will be no further grant cut in years 2021/22 and 2022/23.



## Forthcoming Year

The Council approved a net budget of £52.289 million with a further £6.295 million contribution from the IJB Social Care Fund for 2020/21. This is net of savings for the year of £0.968 million. The Scottish Government released an additional £100 million in 2020/21 for additional investment in integration but this will be offset in full by a range of legislative pressures such as the Scottish Living Wage uplift for care workers, implementation of the Carers Act and further support for school counselling services. As a result of COVID 19 Pandemic, the Service is facing unknown and unprecedented financial pressures. It is anticipated that additional costs will be funded in full by the Scottish Government. This will continue to be monitored during the financial year.

## Mid Term Outlook

Social Work Services continue to face growing demographic demand pressures with anticipated budget cuts continuing to 2020/21. Both the Council and the Integrated Joint Board (IJB) produce annual Finance Strategies covering medium term financial planning in order to address the anticipated budget gap. The IJB Medium Term Financial Plan identifies a budget gap of approximately £8.9m (£1.809m Health and £7.089m Social Work) by 2024.

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

The past year has shone a light on the absolute necessity of sufficient social work and social care services that are also of sufficient quality. Demand for these services is only likely to increase as is the need to continually improve and innovate to meet the complexity of need in our communities. The financial framework within which these services are delivered must keep pace to allow these development to take place.

The forthcoming year will see significant service review both in terms of “The Promise” (children’s services) and the review of adult social care services. The impact of these is likely to be wide ranging and potential far reaching in terms of social work role, function and organisation. It is essential that Social Work Services are adequately resourced to have the capacity to respond to the emerging agendas and to be able to innovate as required.

## 8. Workforce Planning

### Inverclyde HSCP Workforce Plan

Inverclyde HSCP has recently published its Workforce Plan (2020 – 2024), a subset of the Strategic Plan, and is underpinned by the principle that everything that is done to deliver the overall vision of ‘Improving Lives’ and ambitious Big Actions, relies on the organisation’s workforce.

The Workforce Plan sets out how the HSCP will recruit, develop and retain the right people in the right place at the right time, to deliver positive outcomes for Inverclyde. The plan also outlines how the HSCP will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde.

The paid HSCP workforce includes people with a range of health and social care backgrounds, who are committed to working together in a single organisation, to improve the outcomes of people in local communities, who need health and social care support.

The COVID-19 pandemic has meant that all organisations have had to fundamentally change how they deliver. For the HSCP, this has meant significant change for staff and service users. The workforce has risen to the challenge and in a very short space of time, mobilised the model of business as usual to service hubs. This involved the majority of staff moving from office based to a blended approach including home working, agile and mobile working.

Moving forward, the lessons learned from the pandemic will influence how everyone lives and works and the ways the HSCP deliver its services and achieve its outcomes, where learning will influence the current and future workforce.

### HSCP staff (Inverclyde Council employees only)

	<b>March 2016</b>	<b>March 2017</b>	<b>March 2018</b>	<b>March 2019</b>	<b>March 2020</b>
Number of employees	1055	1038	1044	1036	1054
FTE equivalent	848.76	834.69	840.1	831.92	838.86
Number of Sessional Workers	94	108	98	80	99
Number of Modern Apprentices	N/A	4	4	2	3
Workdays lost (per FTE)	10.15	11.96	14.57	9.53	12.96

Inverclyde Council HSCP staff details

The HSCP has its own SVQ Centre. During 2019-2020, it has delivered:

Staff Group	Number SVQs	Level
Care at Home	28	SCQF level 6
Care at Home	2	SCQF level 7
Home Care Seniors	10	SQA Professional Development Award in supervision
Voluntary and independent sector	8	SVQ level 2 and 3

SVQ Centre numbers

### Workforce challenges

Over the last year there have been significant staffing difficulties across a range of services. This has impacted on service delivery in a number of areas including children's services, mental health services and occupational therapy.

Within the HSCP's Care at Home service, there is an identified ageing workforce, a significant number of staff who will be at retirement age within the next 5 years. Moreover, in this area, recruitment has been a challenge for Care at Home for a number of years.

In terms of the organisation's MHO Service, capacity has recently been expanded by 2 further officers, which is to support statutory work requirements and support the service delivery and its sustainability, in the environment of increasing service demand. This continues to be a national issue.

Robust oversight by service managers, in the deployment of a priority system for statutory work, in all of the above has been developed, which is also to ensure there is adequate management of risk.

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. An explicit action in the Workforce Plan and the incremental developments for the HSCP, is establishing a Learning & Development Group.

To support some of the above challenges, there is a work required to identify what should change in terms of current service models, and what actions can be taken, so as to continue to attract people into the health and social care sectors, and in particular to Inverclyde. The HSCP is committing to -

- equip staff with the skills they need to deliver better outcomes for them and service users.
- enable and up skill all of those who need support, focusing on their abilities and what they can do, rather than limitations
- consider ways in which careers in Health & Social Care in Inverclyde are more attractive.
- consider options to make the best use of resources to deliver services, in the most effective and efficient way.

## Staff Engagement

Due to the COVID-19 pandemic, this year's iMatter was not progressed. However, as part of the HSCP's response to sustaining and improving staff health and wellbeing, a series of staff engagements were carried out.

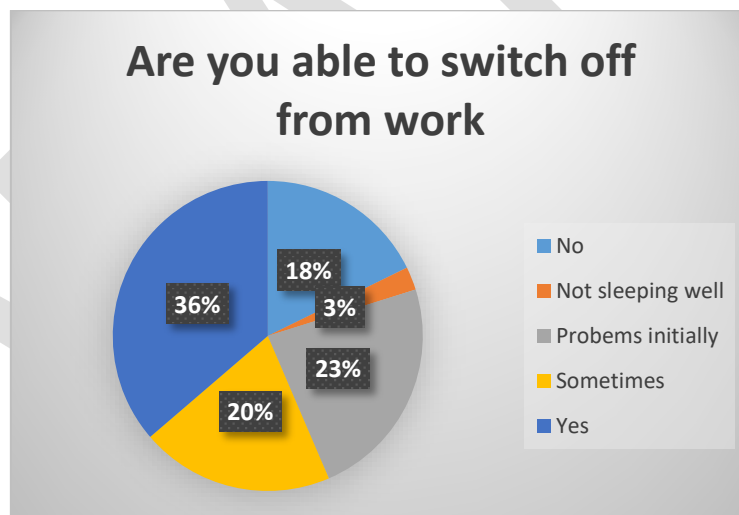
All of the following has been developed through the HSCP's Staff Wellbeing Task Group established recently to oversee and develop a Wellbeing and Resilience Action Plan.

### Wellbeing Telephone Calls for Care at Home Staff

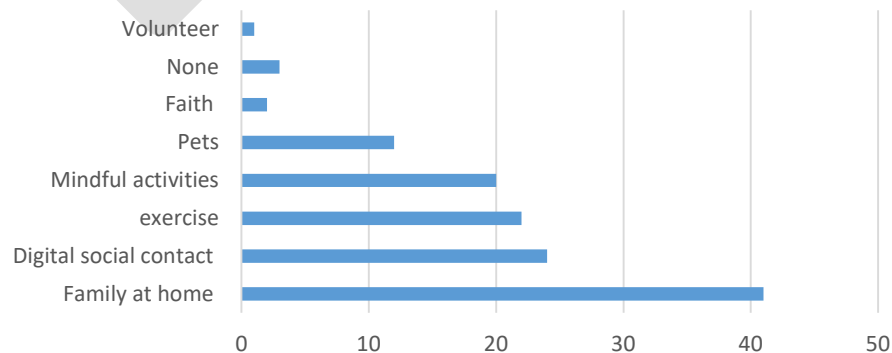
In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms the staff's day to day leadership and management and the work carried is rewarding, it can sometimes come with its challenges.

To this end, Care at Home services, supported by the Staff Wellbeing Task Group, set up a process for two telephone conversations with staff, by managers and also by affiliated staff to gather information on staff welfare. This resulted in –

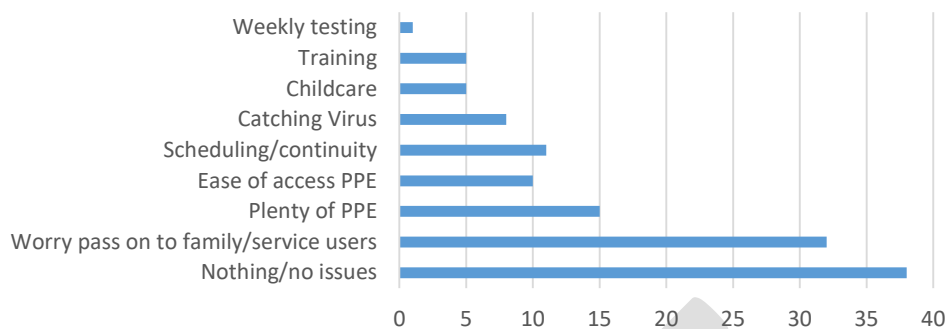
- 191 wellbeing telephone calls were carried out
- 12% (n=15) were follow up calls for staff who felt they would benefit from an additional wellbeing call



### Coping Strategies



## Worries and Anxieties Themes



All of the above data suggests-

- There are no major concerns
- Reports of staff coping well and good resilience in place, due to very good business continuity planning, leadership and management, open conversations and team spirit

## 9. COVID-19 Pandemic Response

Earlier in the year, the UK began its response to the COVID-19 pandemic with Scottish Government's directing Health Boards and Health & Social Care Partnerships to respond to initially contain and then manage a continuous community spread of the virus.

After review of staff resources within the HSCP and wider NHS and Commissioned Services with cognisance to national self-isolation guidance, the HSCP activated the following organisational actions that are in addition to those highlighted in the service response sections:

- Establishment of a Local Resilience Management Team with key services from within the HSCP, Inverclyde Council and key partners from commissioned services.
- Development of a Care at Home and Residential Home group to coordinate partnership working with Residential Services supporting our most COVID-19 vulnerable members of our community.
- The creation of service hub model to maximise available HSCP staff capacity to ensure that all critical mandatory and support functions are maintained.
- The purchase of 50 commissioned Care Home Beds to alleviate pressure on the NHS inpatient system by facilitating discharge from hospital
- Fast track training program for available staff from across the HSCP to appropriately support staff to work in critical key areas e.g. Homecare, Supported Living Services and supporting critical service structures.
- The development of a COVID-19 Assessment hub at Greenock Health Centre.
- The development of a Health & Social Care Staff Testing facility at Port Glasgow Health Centre.
- The development of a Personal Protective Equipment (PPE) at the Fitzgerald Centre
- The deployment of a Mobile Testing Centre staffed by the Army
- The recruitment of 47 volunteers to support the Care at Home Service
- Emergency recruitment of staff, again to support the Care at Home and Residential Care Services

Inverclyde HSCP, along with all communities within Scotland, faced an unprecedented challenge in managing the continuous community transmission of the virus COVID-19. It was clear from early on in the pandemic that COVID-19 was a new condition that did not follow the planned Pandemic Flu planning and appeared to impact on the elderly, people with existing health conditions and people with South Asian ethnicity.

Inverclyde HSCP's Local Resilience Management Team, chaired by the Chief Officer and attended by Heads of Service and Chief Social Work Officer, ensured that key support services and commissioned partners developed critical support to our community, based on the guidance produced by the Scottish Government via Health Protection Scotland and Greater Glasgow & Clyde Health Board to ensure staff and service users received safe and effective support in an ever changing environment of clinical information as more became known about COVID-19.



One key area of governance was in the work undertaken with Commissioned Services providing Residential Care for Older People and Adults. This community nationally was impacted by COVID-19 and Inverclyde sadly recorded 39 deaths over the period between March – July 2020. This is a source of deep sadness for all of the Inverclyde Community. We do know that the combined efforts of our community, staff across all sectors and the governance work undertaken by the HSCP and our commissioned partners worked diligently and will continue to do so to protect and care for our citizens affected by this dreadful disease.

Scottish Government issued new guidance around support and governance of care homes in May 2020. The letter emphasised the need to monitor and support care homes around 3 key areas;

- Ensure support around workforce to maintain safe staffing levels
- Infection control
- Supply of Personal Protective Equipment. (PPE)

NHS Boards and Councils have direct oversight of care home standards of care with scheduled meetings to be led by the Nursing Director, Chief Social Work Officer and Chief Officer. IHSCP have in place:

- Daily Care Home Safety Huddle
- Representative from Care Homes on the LRMT
- Weekly meeting with Care Home Managers
- Series of governance meetings in place with Care Home Companies
- Weekly Multi-Disciplinary Public Health Meeting

Inverclyde HSCP has completed all assurance visits and has in place action plans for any Care Home not ascribed as Green in terms of risk. There is full involvement in the Care Home Assurance & Governance Group (Chaired by Chief Officer for IHSCP)

Inverclyde HSCP has also developed a Care Home resource pack for all care homes across NHSGGC and a programme of webinars to share good practice.

IHSCP has agreed to a funding package to help sustain Care Homes through the current pandemic.

## **Personal Protective Equipment**

One key area in ensuring protection for Health & Social Care Staff and service users, especially service users who were shielding as a result on pre-existing health condition, was Inverclyde HSCP's ability to source and maintain a robust supply of PPE.

Inverclyde HSCP has been in the fortunate position in maintaining a robust supply of fluid resistant masks, disposable gloves, disposable aprons and eye protection as advised by Public Health Scotland for managing COVID-19 within community health & social care settings.

The HSCP, in line with National guidance, has established a PPE Supply Hub for social care providers, commissioned services, care homes, carers and personal assistants where they can locally obtain a supply of PPE when their normal supply chain has been unable to deliver PPE to them. This allows services to maintain their support to service users whilst protecting care staff and services users as per Public Health Scotland infection control advice.

The HSCP sources PPE through two main supply chains; NHS Greater Glasgow & Clyde NHS supplies for health care as well as National Services Scotland for social care provision.

Through an online national stock control system the HSCP receives a weekly top up delivery of PPE based on the previous week's usage.

Where there has been pressure on deliveries on individual items of PPE, the HSCP has been proactive in sourcing this directly from the supplier/stores.

Another area of partnership working in our COVID-19 response has been our approach to the wider testing of key staff and community for COVID-19.

## **Mobile Testing Units**

On 19<sup>th</sup> May 2020, Scottish Government COVID-19 Testing capacity was expanded to anyone in Scotland aged 5 or over who is self-isolating because they are showing symptoms. Priority for testing appointments will be maintained for key workers and their household members to support them returning to work where it is safe to do so.

A COVID-19 Mobile Testing Unit (MTU) managed by the Army, was located initially at the Waterfront Leisure Car Park Greenock, moving to St Andrews, Larkfield and later to Port Glasgow.

## Residential Care Home Testing

Working in partnership with residential care homes, the HSCP has supported the weekly testing of residential care home staff, initially through HSCP resources until the Social Care Portal was established, to allow residential care homes to manage staff testing through this process. The HSCP also supports residential partners by the surveillance testing of service users on a rolling program to ensure we have an indication of potential infection rates within our community.

Partnership working has proven invaluable in supporting our commissioned residential providers during the COVID-19 pandemic when there has been national coverage of how residential care home communities have been impacted by COVID-19.

Areas of good practice developed during COVID-19 response have been:

- Service User Meal provision to service users who are shielding unable to source cooked meals.
- Service user transport to aid discharge from hospital where an ambulance is not required.
- The development of a COVID-19 Assessment Centre utilising the skills of Health & Social Care Staff bring on line a fully functional Assessment Centre at Greenock Health Centre integrating NHS24 referrals and patient transport
- The young people in our Proud2care group partnering with older residents in our care homes
- The partnership between education services and children and families social work supporting our most vulnerable children.
- Cross HSCP planning for the early release of prisoners.
- Cross HSCP planning for adults vulnerable because of mental health issues , drugs and alcohol and homelessness

## Communities

The communities in Inverclyde have demonstrated significant compassion, kindness and a willingness to help during the Covid-19 pandemic. As the local Third Sector Interface (TSI) organisation, CVS Inverclyde has undertaken a key role in coordinating the community and third sector response to COVID-19 in partnership with a variety of organisations including Inverclyde's Third Sector, Inverclyde HSCP, Inverclyde Council, Housing Associations, Scottish Government and the local community at grassroots and individual level.

Working in partnership with Inverclyde Council and HSCP and delivered by the Partnership Facilitator, Community Link Workers and local volunteers, the shielding service supported people across Inverclyde who were identified by Government and the NHS as requiring “shielding”. With people confined to their homes for many weeks, our service, through partnership with the diverse third sector in Inverclyde supported the most vulnerable to fulfil tasks and activities they were unable to do themselves. Additionally, this team was also available to support individuals who required “humanitarian aid” assistance. These 2 services included but were not limited to:

- self-isolation boxes provided by Belville Community Garden, access to hot meals from Branchton Community Centre and/or access to a lifeline grocery service delivered through The Trust, Belville Community Garden Trust and the covid-19 volunteers.
- ensuring that people had heating & cooking facilities (with iHeat) and/or power card and telephone card top-up
- self-care items including nightwear, through Compassionate Inverclyde
- collecting medication - CVS Inverclyde volunteers in partnership with Compassionate Inverclyde and volunteers from Inverclyde Council Education Services
- telephone isolation and befriending calls provided by Your Voice and The Trust
- Cleaning supplies from Starter Packs for people who were shielding
- general wellbeing checks
- signposting to relevant services within the community

At a strategic level, CVS Inverclyde has worked closely with national partners to coordinate the local coordination of volunteers. The Ready Scotland campaign was launched by the Scottish Government on the 30th March 2020. This was to encourage people to volunteer and give their time over the COVID-19 period. Volunteer Scotland worked in partnership with SCVO and TSI organisations to cascade this information down to each locality. The campaign had an excellent response and had to be paused to provide organisations an opportunity to process applications from those interested in becoming volunteers. Furthermore, the local volunteer management website, Volunteer Inverclyde, has had more than 600 people register to become a volunteer. Some of these volunteers went on to participate in the:

- Shielding and Humanitarian Aid service
- Prescription Collection Service
- Flu Clinic greeters
- Opportunities with other local 3<sup>rd</sup> sector organisations

Staff from the Public Protection service within Inverclyde Council, in close partnership with HSCP and CVS Inverclyde undertook the task of co-ordinating and providing assistance to those Inverclyde residents identified as being within the shielding category throughout the lockdown period. Contact was made to all those identified both through telephone call and visits to their addresses. In addition to this, wider humanitarian aid was provided to those identifying a need within the community.

The service worked closely with partners to provide emergency food supplies, prescriptions, access to support whether financial or emotional, as well as assisting with access to emergency household repairs.

There were in excess of 4500 calls handled, support provided as requested and strong partnership working within the partners; this continues today.

## 10. Conclusion

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

Self-evaluation, audit, review and external scrutiny of service delivery provided strong evidence of services across the board performing to a consistently high standard and making a real difference to the lives of the people of Inverclyde.

A significant part of this last year has been marked by the impact of the global pandemic. Inverclyde was particularly affected by the progression of the virus in our community and many of our residents and our staff were touched by the loss of loved ones. Many others have been and continue to be deeply affected both directly and indirectly. Separation and loss, loss of employment, income, disruption to education and family life have all had varying degrees of impact on the health and wellbeing of our community.

Nonetheless this last year, throughout the year has seen a determined effort to provide the best possible responses to the needs of our services users and at the same time support the wellbeing needs and resilience of our staff. At the time of writing this report our attention is focused on recovery even as we make plans for what will be a challenging winter. Our recovery plans and actions will be based on reflecting on what we have learned over the past year, what has worked well and what we can improve upon. Our approach however will remain consistent and that is based on a clear ambition to deliver the best possible outcomes for the citizens of Inverclyde.