

**A meeting of the Health & Social Care Committee will be held on Thursday 19 August 2021 at 3pm within the Municipal Buildings, Greenock.**

**Members may attend the meeting in person or access the meeting by remote online access. Webex joining details will be sent to Members and Officers prior to the meeting. Members are requested to notify Committee Section by 12 noon on Wednesday 18 August how they intend to access the meeting.**

**In the event of connectivity issues, Members joining remotely are asked to use the *join by phone* number in the Webex invitation and as noted above.**

**Please note that this meeting will be recorded.**

ANNE SINCLAIR  
Interim Head of Legal Services

**BUSINESS**

| 1. <b>Apologies, Substitutions and Declarations of Interest</b>   | <b>Page</b> |
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| <b>PERFORMANCE MANAGEMENT</b>   |             |
| 2. <b>Revenue &amp; Capital Budget Report – Outturn 2020/21 and 2021/22 Revenue Outturn Position as at 30 June 2021</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Head of Finance, Planning and Resources, Inverclyde Health & Social Care Partnership | <b>p</b>    |
| 3. <b>Child Protection Committee Annual Report 2018-2020</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership   | <b>p</b>    |
| <b>NEW BUSINESS</b>   |             |
| 4. <b>The Promise</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  | <b>p</b>    |
| 5. <b>Dementia Care Co-ordination Programme Update</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership   | <b>p</b>    |
| 6. <b>Learning Disability Redesign – LD Community Hub Update</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership   | <b>p</b>    |

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| <p>7. <b>Inverclyde Macmillan Improving the Cancer Journey</b><br/>Report by Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</p>  | <p><b>p</b></p>                               |
| <p>8. <b>Provision of Care at Home Services</b><br/>Report by Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</p>   | <p><b>p</b></p>                               |
| <p><b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</b></p> |   |
| <p><b>PERFORMANCE MANAGEMENT</b></p>  |   |
| <p>9. <b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b><br/>Report by Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.</p>               | <p><b>Paras 6 &amp; 9</b><br/><b>p</b></p>    |
| <p><b>NEW BUSINESS</b></p>  |   |
| <p>10. <b>Commissioning for the Provision of a Supported Living Service</b><br/>Report by Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership providing an update on the commissioning options for the provision of a Supported Living Service.</p>   | <p><b>Paras 6, 8 &amp; 9</b><br/><b>p</b></p> |
| <p><b>The reports are available publicly on the Council’s website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council’s website.</b></p>   |   |

Enquiries to – **Diane Sweeney** - Tel 01475 712147

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| <b>Report:</b>          | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b>       | <b>19 August 2021</b> |
| <b>Report By:</b>       | <b>Louise Long<br/>Corporate Director (Chief Officer)<br/>Inverclyde Health &amp; Social Care<br/>Partnership</b>            | <b>Report No:</b>  | <b>SW/22/2021/CG</b>  |
|                         | <b>Craig Given<br/>Head of Finance, Planning &amp;<br/>Resources<br/>Inverclyde Health &amp; Social Care<br/>Partnership</b> |                    |                       |
| <b>Contact Officer:</b> | <b>Samantha White</b>  | <b>Contact No:</b> | <b>01475 712652</b>   |
| <b>Subject:</b>         | <b>Revenue &amp; Capital Budget Report – Outturn 2020/21 and 2021/22 Revenue<br/>Outturn Position as at 30 June 2021</b>     |                    |                       |

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## 1.0 Purpose

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the outturn of the 2020/21 revenue budget and of the projected outturn on revenue and capital for 2021/22 as at 30 June 2021. The 2020/21 outturn is provisional subject to the audit of the year-end accounts.

## 2.0 Summary

### 2020/21

- 2.1 The Revenue Outturn for Social Work for 2020/21 is an underspend of £394,000, which is an increase in the underspend of £354,000 since the period 11 monitoring report. The main elements of the underspend are:

Main areas of underspend are:

- A £622,000 underspend within External Homecare due to Covid restrictions.
- Additional turnover savings achieved across services of £525,000.
- An underspend of £115,000 in Learning Disabilities Day Centre transport due to centres closure.
- Within Assessment and Care Management an underspend of £114,000 against short breaks and respite.

Main areas of overspend are:

- A reduced overspend of £440,000 within Learning Disability Client commitments.
- Within Criminal Justice a £147,000 overspend as a result of shared client package costs with Learning Disabilities. This is shown net of the £144,000 funding received at the year-end from Scottish Government.
- A net overspend of £448,000 in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve.

2.2 The projected Revenue Outturn for Social Work as at 30 June 2021 is an overspend of £554,000.

In order to get to this projected outturn position, Inverclyde Health and Social Care Partnership needs to use £907,000 of its smoothing reserves.

Main areas of overspend are:

- A projected overspend of £567,000 in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve. Plans are in place to resume the request for Assistance team in order to help reduce this overspend.
- Within Criminal Justice a £256,000 projected overspend as a result of shared client package costs with Learning Disabilities.
- A projected overspend of £184,000 within Residential and Nursing Care other client commitments, which reflects an anticipated overspend against direct payments and assumes that respite will return to pre-Covid levels.

Main areas of underspend are:

- A £190,000 projected underspend within External Homecare based on the invoices received.
- Additional turnover savings being projected across services of £350,000.

2.3 The Social Work 2021/22 capital budget is £1,229,000, with spend to date of £5,000, equating to 0.29% of the revised budget. No slippage is anticipated with the advancement of the capital programme in 2021/22

2.4 The balance on the Integration Joint Board (IJB) reserves at 31 March 2021 was £14.932 million. The reserves reported in this report are those delegated to the Council for spend in 2021/22. The opening balance on these is £2.607 million with an additional £0.515 million received for 2021/22, totalling £3.122 million at period 3. Projected spend for 2021/22 is £1.305 million, expenditure is currently 5% ahead of the phased budget.

2.5 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship
- Continuing Care
- Residential & Nursing Accommodation
- Learning Disability (LD) Redesign
- LD Client Commitments
- Advice Services.

### **3.0 Recommendations**

3.1 That the Committee notes the 2020/21 revenue budget outturn underspend of £394,000.

3.2 That the Committee notes the projected current year revenue outturn of an overspend of £554,000 at 30 June 2021. This position is after the use of £907,000 smoothing reserves. Similar to previous years the position continues to be reviewed with the aim of reducing the overspend by year-end.

3.3 That the Committee notes the current projected capital position.

3.4 That the Committee notes the current earmarked reserves position.

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

**Craig Given**  
**Head of Finance, Planning & Resources**  
**Inverclyde Health & Social Care**  
**Partnership**

## 4.0 Background

4.1 The purpose of the report is to advise the Committee of the Revenue Outturn position for 2020/21, the current position of the 2021/22 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2021/22 projected £554,000 overspend.

## 5.0 2020/21 Revenue Outturn: £394,000 underspend (0.76%)

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

|                                    | Approved Budget<br>£000           | Revised Budget<br>£000           | Outturn<br>£000              | Outturn Variance<br>£000 | Percentage Variance<br>%      | Movement from Period 11<br>£000 |
|------------------------------------|-----------------------------------|----------------------------------|------------------------------|--------------------------|-------------------------------|---------------------------------|
| Children & Families                | 10,474                            | 10,776                           | 11,124                       | 348                      | 3.23%                         | (30)                            |
| Criminal Justice                   | 20                                | 62                               | 166                          | 104                      | 5.26%                         | (161)                           |
| Older Persons                      | 25,384                            | 26,696                           | 26,402                       | (294)                    | (1.10%)                       | 172                             |
| Learning Disabilities              | 7,736                             | 8,003                            | 8,173                        | 170                      | 2.12%                         | (130)                           |
| Physical & Sensory                 | 2,394                             | 2,524                            | 2,475                        | (49)                     | (1.94%)                       | (108)                           |
| Assessment & Care Management       | 2,314                             | 2,028                            | 1,812                        | (216)                    | (10.65%)                      | (103)                           |
| Mental Health                      | 1,426                             | 1,548                            | 1,538                        | (10)                     | (0.65%)                       | 50                              |
| Alcohol & Drugs Recovery Service   | 971                               | 988                              | 706                          | (282)                    | (28.54%)                      | (45)                            |
| Homelessness                       | 1,026                             | 1,053                            | 1,154                        | 101                      | 9.59%                         | 84                              |
| PHIC                               | 1,677                             | 1,730                            | 1,706                        | (24)                     | (1.39%)                       | 7                               |
| Business Support                   | 3,402                             | 2,570                            | 2,328                        | (242)                    | (9.42%)                       | (90)                            |
| Covid-19                           | 0                                 | 0                                | 6,038                        | 6,038                    |                               | 341                             |
|                                    | <b>56,824</b>                     | <b>57,978</b>                    | <b>63,622</b>                | <b>5,644</b>             | <b>9.73%</b>                  | <b>(13)</b>                     |
| Contribution from IJB              | (6,295)                           | (6,295)                          | (6,295)                      | 0                        |                               | 0                               |
| Transfer to EMR                    | 0                                 | 518                              | 518                          | 0                        |                               | 0                               |
| Scottish Government Covid Funding  |                                   |                                  | (6,038)                      | (6,038)                  |                               | (341)                           |
| <b>Social Work Net Expenditure</b> | <b>50,529</b>                     | <b>52,201</b>                    | <b>51,807</b>                | <b>(394)</b>             | <b>(0.76%)</b>                | <b>(354)</b>                    |
|                                    |                                   |                                  |                              |                          |                               |                                 |
| <b>Earmarked Reserves</b>          | <b>Approved Reserves<br/>£000</b> | <b>Revised Reserves<br/>£000</b> | <b>20/21 Budget<br/>£000</b> | <b>Spend<br/>£000</b>    | <b>Carry Forward<br/>£000</b> |                                 |
| Earmarked Reserves                 | 8,450                             | 18,643                           | 4,487                        | 3,711                    | 14,932                        |                                 |
| CFCR                               | 0                                 | 0                                | 0                            | 0                        | 0                             |                                 |
| <b>Social Work Total</b>           | <b>8,450</b>                      | <b>18,643</b>                    | <b>4,487</b>                 | <b>3,711</b>             | <b>14,932</b>                 |                                 |

### 5.1 Children & Families: £348,000 (3.23%) overspend

The overspend primarily relates to a Residential Staffing overspend of £149,000, together with net overspends against External Placements and Fostering, Adoption & Kinship totalling £448,000, partially offset by additional Winter Fund income of £213,000.

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

Movement in Earmarked Reserve:

- The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At year-end there was a net overspend of £656,000 of which £325,000 was funded from the earmarked reserve, leaving an overspend against Core of £448,000 across these services as referenced above.
- The opening balance on the continuing care reserve is £565,000. At year-end there was a net overspend of £140,000 which was funded from the earmarked reserve.

#### 5.2 **Criminal Justice: £104,000 (5.26%) overspend**

The overspend primarily relates to a £147,000 overspend as a result of shared client package costs with Learning Disabilities.

#### 5.3 **Older People: £294,000 (1.10%) underspend**

The underspend mainly comprises:

- An underspend of £622,000 underspend within External Homecare due to Covid restrictions.
- An overspend of £164k in Homecare Employee Costs with the in-house service covering external provider packages where they were unable to. This is more than covered by the underspend on external homecare above.
- A one-off under recovery of TEC Grant income of £127,000.

#### 5.4 **Learning Disabilities: £170,000 (2.12%) overspend**

The overspend mainly comprises:

- An overspend of £440,000 within Client commitments Planned reviews were unable to take place this financial year due to Covid but are planned for 2021/22.
- An underspend of £115,000 in Learning Disabilities Day Centre transport due to centres closure
- A underspend of £209,000 on employee costs due to vacant posts within day services.

#### 5.5 **Physical & Sensory: £49,000 (1.94%) underspend**

The underspend is mainly due to an underspend of £35,000 within Client commitments.

#### 5.6 **Assessment and Care Management: £216,000 (10.65%) underspend**

The underspend in the main comprises:

- An underspend of £133,000 within employee costs and is due vacancies during the year.
- An underspend of £114,000 against short breaks and respite, not projected at period 11.

#### 5.7 **Alcohol & Drugs Recovery Service: £282,000 (28.54%) underspend**

The underspend in the main comprises:

- An underspend of £173,000 on employee costs and is due to slippage in filling vacancies following the ADRS review and restructure of posts.
- An underspend of £70,000 within client commitments.

#### 5.8 **Homelessness: £101,000 (9.59%) overspend**

The overspend comprises:

- An overspend against the for bad debt provision of £75,000. This is mainly due to rent payments.
- An overspend against employee costs of £30,000 due to the non-achievement of the turnover target.

#### 5.9 **Planning, Health Improvement & Commissioning: 24,000 (1.39%) underspend**

The underspend is comprised of various minor over and underspends.

#### 5.10 **Business Support: £242,000 (9.42%) underspend**

The underspend mainly comprises:

- An underspend of £129,000 on employee costs, due to major slippage in filling vacancies.
- One-off underspends of £85,000 against uncommitted Social Care Fund budget headings.

## 6.0 2021/22 Current Revenue Position: Projected £554,000 overspend (1.45%)

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

| 2020/21 Actual<br>£000 |                              | Approved Budget<br>£000   | Revised Budget<br>£000   | Projected Outturn<br>£000 | Projected Over / (Under) Spend<br>£000 | Budget Variance<br>% |
|------------------------|------------------------------|---------------------------|--------------------------|---------------------------|--|----------------------|
| 57,584                 | Delegated Social Work Budget | 54,652                    | 55,044                   | 55,598                    | 554                                    | 1.01                 |
| (6,295)                | Contribution from IJB        | 0                         | 0                        | 0                         | 0                                      |                      |
| 518                    | Transfer to EMR              | 0                         | 0                        | 0                         | 0                                      |                      |
| 51,807                 | Social Work Net Expenditure  | 54,652                    | 55,044                   | 55,598                    | 554                                    | 1.01                 |
| 2020/21 Actual<br>£000 | Earmarked Reserves           | Approved Reserves<br>£000 | Revised Reserves<br>£000 | 2021/22 Budget<br>£000    | Projected Carry Forward<br>£000        |                      |
| 14,932                 | Earmarked Reserves           | 14,932                    | 15,447                   | 3,122                     | 7,990                                  |                      |
| 0                      | CFCR                         | 0                         | 0                        | 0                         | 0                                      |                      |
| 14,932                 | Social Work Total            | 14,932                    | 15,447                   | 3,122                     | 7,990                                  |                      |

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

## 6.1 Children & Families: Projected £645,000 (6.16%) overspend

The projected overspend primarily relates to:

- A projected overspend of £371,000 against external residential placements. Included the projected outturn, there are currently 12 children being looked after in a mix of residential accommodation, secure accommodation and at home to prevent residential placements.
- A projected overspend of £196,000 within fostering, adoption and kinship, which in the main relates to kinship, where 117 children and young people are being looked after, up 6 from 2020/21. Payments are age-related and means tested.
- A projected overspend of £29,000 within employee costs. This is comprised of a projected overspend of £132,000 within residential due to the houses all accommodating 7 young people, as well the provision of outreach support as a preventative measure; a projected underspend within youth services of £42,000 after accounting for the allocation of a youth justice worker's cost to Criminal Justice; and a projected underspend of £44,000 within integrated services due to a projected overachievement of the turnover target. Work is currently underway in Children & Families with a view of reducing this overspend.

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

Movement in Earmarked Reserve:

- The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £350,000. At period 3 there is a projected net overspend of £917,000 of which £350,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £567,000 across these services.
- The opening balance on the continuing care reserve is £425,000. At period 3 there is a projected net overspend of £118,000 which would be funded from the earmarked reserve at the end of the year.

## 6.2 **Criminal Justice: Projected £252,000 (12.53%) overspend**

The projected overspend primarily relates to client package costs of £256,000 shared with Learning Disabilities.

## 6.3 **Older People: Projected £176,000 (0.77%) overspend**

The projected overspend mainly comprises:

- A projected overspend of £184,000 within other client commitments, which reflects an anticipated overspend against direct payments and assumes that respite will return to pre-Covid levels.
- A projected underspend of £190,000 within External Homecare, based on the invoices received, projected up to the end of the year together with an allowance for the 8% increase in provider rates approved earlier this year, which is fully funded.
- A projected net overspend of £150,000 on Employee Costs within Homecare.

Any over / underspends on residential & nursing accommodation are transferred to the earmarked reserve at the end of the year. The opening balance on the residential & nursing accommodation reserve is £617,000. At period 3 there is a projected net overspend of £89,000, which would be funded from the earmarked reserve at the end of the year if it continues. This is not included in the projected overall overspend.

## 6.4 **Learning Disabilities: Projected £165,000 (1.96%) underspend**

The projected underspend primarily relates to £187,000 against employee costs due to vacant posts within day services resulting in additional turnover being projected.

Any over / underspends on Learning Disability client commitments are transferred to the earmarked reserve at the end of the year. The opening balance on the Learning Disability client commitments reserve is £350,000. At period 3 there is a projected net overspend of £372,000 of which £350,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £22,000 across these services.

## 6.5 **Assessment and Care Management: Projected £47,000 (2.03%) underspend**

The projected underspend is against employee costs and due to additional turnover being projected.

## 6.6 **Mental Health: Projected £49,000 (3.19%) underspend**

The projected underspend primarily relates to £64,000 against employee costs due to vacancies and slippage in filling a post.

## 6.7 **Alcohol & Drugs Recovery Service: Projected £139,000 (14.62%) underspend**

The projected underspend is against employee costs and due to a combination of delays in reviewing roles following the restructure together with slippage filling posts.

## 6.8 **Homelessness: Projected £31,000 (2.55%) underspend**

The projected underspend primarily relates to £46,000 against employee costs due to additional turnover being projected.

## 6.9 **Business Support: Projected £73,000 (1.98%) underspend**

The projected underspend is against employee costs and due to additional turnover being projected.

## 7.0 **2021/22 Current Capital Position**

- 7.1 The Social Work capital budget is £11,149,000 over the life of the projects with £1,229,000 projected to be spent in 2021/22. No slippage is currently being reported with advancement of £499,000 in connection with the virement of covid contingency from the Environment & Regeneration capital programme in connection with the completion works for the new Crosshill Children's Home and based on the current programme to completion. Expenditure on all capital projects to 30 June 2021 is £5,000 (0.41% of approved budget, 0.29% of revised estimate). Appendix 4 details capital budgets.



## 7.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the original Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018 and had been behind programme when the Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration. The Administrators confirmed that the Council would require to progress a separate completion works contract to address the outstanding works and a contract termination notice was issued for the original contract.
- The COVID-19 situation impacted the progression of the completion works tender which was issued in late December 2020 and returned mid-February 2021. Approval to accept the lowest acceptable tender was granted through emergency powers in March 2021. The completion work recommenced on 4 May 2021 with a contractual completion date in early November 2021.
- The building has been made wind and watertight with defective materials identified and removed from site. Previous equipment installations have been surveyed and remedial works action plans are being progressed including the requirement to replace part of the previously installed external drainage.

## 7.3 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12<sup>th</sup> March 2020. The COVID-19 situation has impacted the progression of the project. The progress to date is summarised below:

- Site information and survey work has been completed including engagement of specialist consultants to assess the flood risk of the site and surrounding area, informing the detail design ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process.
- Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the concept design. Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.
- Property Services are progressing the procurement of a Quantity Surveyor for the project with the Design Team focus currently on concluding the concept design to Architectural Stage 2.
- The legal process connected with the inalienable common good status of the site and the proposed change of use for a community Learning Disability Resource Hub has now been concluded with an application to the Court granted in June 2021.

## 7.4 Swift Upgrade:

The project involves the replacement of the current Swift system. The March Policy & Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid. An update report will be brought to the Committee later in 2021/22.

## 8.0 Earmarked Reserves

- 8.1 The balance on the IJB reserves at 31 March 2021 was £14,932,000. The reserves reported in this report are those delegated to the Council for spend in 2021/22. The opening balance on these is £2.607 million with an additional £0.515 million received for 2021/22, totalling £3.122 million at

period 3. Projected spend for 2021/22 is £1.305 million. There is spend to date of £209,000 which is 5% ahead of the phased budget. Appendix 5 details the Earmarked Reserves.

8.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children’s Residential Care, Adoption, Fostering & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care,
- LD Redesign,
- LD Client Commitments
- Advice Services.

## 9.0 Implications

### 9.1 Finance

All financial implications are discussed in detail within the report above

#### Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 9.2 Legal

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

### 9.3 Human Resources

There are no specific human resources implications arising from this report

### 9.4 Equalities

Has an Equality Impact Assessment been carried out?

Yes    See attached appendix

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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.

## 9.5 Repopulation

There are no repopulation issues within this report.

## 10.0 Consultations

10.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and Craig Given the Head of Finance, Planning and Resources, Inverclyde Community Health & Care Partnership.

## 11.0 List of Background Papers

11.1 There are no background papers for this report.

## Social Work

## Budget Movement - 2021/22

Period 3 1 April 2021 - 30 June 2021

| Service                                      | Approved Budget<br>£000 | Movements         |                  |                               |                     |   | Amended Budget<br>£000 | IJB Funding Income<br>£000 | Revised Budget<br>£000 |
|--|-------------------------|-------------------|------------------|-------------------------------|---------------------|---|------------------------|----------------------------|------------------------|
|  |                         | Inflation<br>£000 | Virement<br>£000 | Supplementary Budgets<br>£000 | IJB Funding<br>£000 | Transfers (to)/ from Earmarked Reserves<br>£000 |                        |                            |                        |
| Children & Families                          | 10,494                  | 0                 | 0                | 0                             | 0                   | 0   | 10,494                 | 0                          | 10,494                 |
| Criminal Justice                             | 75                      | 0                 | 0                | 0                             | 0                   | 0   | 75                     | 0                          | 75                     |
| Older Persons                                | 22,548                  | 401               | 0                | 0                             | 0                   | 0   | 22,949                 | 0                          | 22,949                 |
| Learning Disabilities                        | 8,435                   | 0                 | 0                | 0                             | 0                   | 0   | 8,435                  | 0                          | 8,435                  |
| Physical & Sensory                           | 2,461                   | 0                 | 0                | 0                             | 0                   | 0   | 2,461                  | 0                          | 2,461                  |
| Assessment & Care Management                 | 2,716                   | 0                 | 0                | 0                             | 0                   | 0   | 2,716                  | 0                          | 2,716                  |
| Mental Health                                | 939                     | 0                 | 0                | 0                             | 0                   | 0   | 939                    | 0                          | 939                    |
| Alcohol & Drugs Recovery Service             | 960                     | 0                 | (9)              | 0                             | 0                   | 0   | 951                    | 0                          | 951                    |
| Homelessness                                 | 1,218                   | 0                 | 0                | 0                             | 0                   | 0   | 1,218                  | 0                          | 1,218                  |
| Planning, Health Improvement & Commissioning | 1,649                   | 0                 | 0                | 0                             | 0                   | 0   | 1,649                  | 0                          | 1,649                  |
| Business Support                             | 3,157                   | 0                 | 0                | 0                             | 0                   | 0   | 3,157                  | 0                          | 3,157                  |
| <b>Totals</b>                                | <b>54,652</b>           | <b>401</b>        | <b>(9)</b>       | <b>0</b>                      | <b>0</b>            | <b>0</b>  | <b>55,044</b>          | <b>0</b>                   | <b>55,044</b>          |

## Budget Movements Detail

£000

*Inflation*

Care at Home

108

National Care Home Contract

293

401

*Virements*

ADRS to CLD

(9)

(9)

*Supplementary Budgets*

0

## Social Work

## Revenue Budget Projected Outturn - 2021/22

Period 3 1 April 2021 - 30 June 2021

| 2020/21<br>Actual Subjective Analysis<br>£000 | Approved<br>Budget<br>£000 | Revised<br>Budget<br>£000 | Projected<br>Outturn<br>£000 | Projected<br>Over /<br>(Under)<br>Spend<br>£000 | Budget<br>Variance<br>% |
|---|----------------------------|---------------------------|------------------------------|---|-------------------------|
| 30,911 Employee costs                         | 29,677                     | 31,781                    | 31,431                       | (350)   | (1.10)                  |
| 1,437 Property costs                          | 997                        | 996                       | 1,011                        | 15  | 1.50                    |
| 1,564 Supplies & services                     | 805                        | 845                       | 845                          | 0   | (0.00)                  |
| 254 Transport & plant                         | 378                        | 380                       | 401                          | 21  | 5.63                    |
| 840 Administration costs                      | 723                        | 767                       | 770                          | 3   | 0.34                    |
| 46,578 Payments to other bodies               | 42,904                     | 42,967                    | 43,897                       | 930   | 2.17                    |
| (17,962) Income                               | (20,832)                   | (22,692)                  | (22,757)                     | (65)  | 0.28                    |
| <b>63,622</b>                                 | <b>54,652</b>              | <b>55,044</b>             | <b>55,598</b>                | <b>554</b>                                      | <b>1.01</b>             |
| (6,295) Contribution from IJB                 | 0                          | 0                         | 0                            | 0   | 0                       |
| 518 Transfer to Earmarked Reserves            | 0                          | 0                         | 0                            | 0   | 0                       |
| (6,038) Scottish Government Covid Funding     | 0                          | 0                         | 0                            | 0   | 0                       |
| <b>51,807 Social Work Net Expenditure</b>     | <b>54,652</b>              | <b>55,044</b>             | <b>55,598</b>                | <b>554</b>                                      | <b>1.01</b>             |

| 2020/21<br>Actual Objective Analysis<br>£000         | Approved<br>Budget<br>£000 | Revised<br>Budget<br>£000 | Projected<br>Outturn<br>£000 | Projected<br>Over /<br>(Under)<br>Spend<br>£000 | Budget<br>Variance<br>% |
|--|----------------------------|---------------------------|------------------------------|---|-------------------------|
| 11,124 Children & Families                           | 10,494                     | 10,494                    | 11,139                       | 645   | 6.16                    |
| 166 Criminal Justice                                 | 75                         | 118                       | 370                          | 252   | 12.53                   |
| 26,402 Older Persons                                 | 22,548                     | 22,810                    | 22,986                       | 176   | 0.77                    |
| 8,173 Learning Disabilities                          | 8,435                      | 8,436                     | 8,271                        | (165)   | (1.96)                  |
| 2,475 Physical & Sensory                             | 2,461                      | 2,461                     | 2,446                        | (15)  | (0.61)                  |
| 1,812 Assessment & Care Management                   | 2,716                      | 2,262                     | 2,215                        | (47)  | (2.03)                  |
| 1,538 Mental Health                                  | 939                        | 938                       | 889                          | (49)  | (5.32)                  |
| 706 Alcohol & Drugs Recovery Service                 | 960                        | 951                       | 812                          | (139)   | (14.62)                 |
| 1,154 Homelessness<br>Planning, Health Improvement & | 1,218                      | 1,218                     | 1,187                        | (31)  | (2.55)                  |
| 1,706 Commissioning                                  | 1,649                      | 1,675                     | 1,675                        | 0   | 0.00                    |
| 2,328 Business Support                               | 3,157                      | 3,681                     | 3,608                        | (73)  | (1.98)                  |
| 6,038 Covid-19                                       | 0                          | 0                         | 0                            | 0   | 0.00                    |
| <b>63,622</b>  | <b>54,652</b>              | <b>55,044</b>             | <b>55,598</b>                | <b>554</b>                                      | <b>0.00</b>             |
| (6,295) Contribution from IJB                        | 0                          | 0                         | 0                            | 0   | 0                       |
| 518 Transfer to Earmarked Reserves                   | 0                          | 0                         | 0                            | 0   | (0)                     |
| 0 Use of Reserves                                    | 0                          | 0                         | 0                            | 0   | 0                       |
| (6,038) Scottish Government Covid Funding            | 0                          | 0                         | 0                            | 0   | 0                       |
| <b>51,807 Social Work Net Expenditure</b>            | <b>54,652</b>              | <b>55,044</b>             | <b>55,598</b>                | <b>554</b>                                      | <b>0.96</b>             |

## Social Work

## Material Variances - 2021/22

Period 3 1 April 2021 - 30 June 2021

| 2020/21<br>Actual | Budget Heading  | Revised<br>Budget | Proportion of<br>budget | Actual to<br>30/06/2021 | Projected<br>Outturn | Projected<br>Over/(Under)<br>Spend | Percentage<br>Variance |
|-------------------|---|-------------------|-------------------------|-------------------------|----------------------|------------------------------------|------------------------|
| £000              |   | £000              | £000                    | £000                    | £000                 | £000                               | %                      |
|                   | <b>Employee Costs</b>   |                   |                         |                         |                      |                                    |                        |
| 6,243             | Children & Families   | 6,273             | 1,444                   | 1,494                   | 6,301                | 28                                 | 0.45                   |
| 10,101            | Older Persons   | 10,653            | 2,452                   | 2,532                   | 10,836               | 183                                | 1.72                   |
| 2,445             | Learning Disabilities   | 2,645             | 609                     | 560                     | 2,458                | (187)                              | (7.07)                 |
| 2,039             | Assessment & Care Management                                  | 2,165             | 498                     | 445                     | 2,118                | (47)                               | (2.17)                 |
| 1,087             | Mental Health   | 1,263             | 291                     | 236                     | 1,199                | (64)                               | (5.07)                 |
| 1,057             | Alcohol & Drugs Recovery Service                              | 1,144             | 263                     | 240                     | 1,005                | (139)                              | (12.15)                |
| 896               | Homelessness  | 1,059             | 244                     | 221                     | 1,013                | (46)                               | (4.34)                 |
| 1,623             | Business Support  | 1,549             | 356                     | 329                     | 1,488                | (61)                               | (3.94)                 |
| 29,078            |   | 26,751            | 6,156                   | 6,057                   | 26,418               | (333)                              | (32.58)                |
| 2,079             | Children & Families - Residential Childcare                   | 1,982             | 496                     | 671                     | 2,353                | 371                                | 18.72                  |
| 1,922             | Children & Families - Adoption, Fostering and Kinship         | 1,744             | 436                     | 656                     | 1,940                | 196                                | 11.24                  |
| 388               | Older People - Residential Nursing - other client commitments | 434               | 109                     | 56                      | 618                  | 184                                | 42.40                  |
| 147               | Criminal Justice package costs                                | 0                 | 0                       | 0                       | 256                  | 256                                | n/a                    |
| 3,369             | Older People - External Homecare Payments                     | 4,304             | 1,076                   | 312                     | 4,114                | (190)                              | (4.41)                 |
| 7,905             |   | 8,464             | 2,116                   | 1,695                   | 9,281                | 817                                | 9.65                   |
| <b>36,983</b>     | <b>Total Material Variances</b>                               | <b>35,215</b>     | <b>8,272</b>            | <b>7,752</b>            | <b>35,699</b>        | <b>484</b>                         | <b>1.37</b>            |

## Social Work

### Capital Budget 2021/22

Period 3 1 April 2021 - 30 June 2021

| Project Name                         | Est Total Cost | Actual to 31/03/21 | Approved Budget | Revised Estimate | Actual to 30/06/21 | Estimate 2022/23 | Estimate 2023/24 | Future Years |
|--------------------------------------|----------------|--------------------|-----------------|------------------|--------------------|------------------|------------------|--------------|
|                                      | £000           | £000               | £000            | £000             | £000               | £000             | £000             | £000         |
| <b>Social Work</b>                   |                |                    |                 |                  |                    |                  |                  |              |
| Crosshill Childrens Home Replacement | 2,315          | 1,489              | 221             | 720              | 35                 | 106              | 0                | 0            |
| New Learning Disability Facility     | 7,400          | 67                 | 406             | 406              | 3                  | 6,292            | 635              | 0            |
| Swift Upgrade                        | 1,421          | 0                  | 600             | 600              |                    | 821              | 0                | 0            |
| Complete on Site                     | 13             | 0                  | 2               | 2                |                    | 11               | 0                | 0            |
| <b>Social Work Total</b>             | <b>11,149</b>  | <b>1,556</b>       | <b>1,229</b>    | <b>1,728</b>     | <b>38</b>          | <b>7,230</b>     | <b>635</b>       | <b>0</b>     |

## Social Work

## Earmarked Reserves - 2021/22

Period 3 1 April 2021 - 30 June 2021

| Project                        | Lead Officer /<br>Responsible Manager | Total Funding   | Phased Budget<br>To Period 3 | Actual<br>To Period 3 | Projected<br>Spend | Amount to be<br>Earmarked for | Lead Officer Update  |
|--------------------------------|---------------------------------------|-----------------|------------------------------|-----------------------|--------------------|-------------------------------|--|
|                                |                                       | 2021/22<br>£000 | 2021/22<br>£000              | 2021/22<br>£000       | 2021/22<br>£000    | 2022/23<br>& Beyond<br>£000   |  |
| Covid-19                       | Louise Long                           | 214             |                              |                       | 214                | 0                             | Balance of Covid-19 funding received in 2020-21. Will be spent in 2021-22.   |
| Community Justice              | Sharon McAlees                        | 88              | 0                            | 0                     | 13                 | 75                            | Funding community justice Third sector work, £13k along with funding shortfall in prison income and shortfall of turnover savings against core grant in 21/22  |
| Tier 2 School Counselling      | Sharon McAlees                        | 375             | 0                            | 0                     | 41                 | 334                           | EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020.  |
| C&YP Mental Health & Wellbeing | Sharon McAlees                        | 202             | 0                            | 0                     | 202                | 0                             | Plan and implement a programme aimed at supporting children and young people whose life chances are negatively impact through community mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, two FTE staff from Barnardo's, one FTE research assistant based in Educational Psychology and 0.2 Educational Psychologist to act as development Officer with backfill. |
| C&YP Winter Planning           | Sharon McAlees                        | 187             | 94                           | 112                   | 187                | 0                             | The winter pressure Fund funding has been allocated to a number of projects, direct awards to families and enhanced family support, additional staff to meet demands of additional workload associated with outstanding referrals, deferred children's hearing orders etc. This will be spent in full in 21/22   |
| Refugees                       | Sharon McAlees                        | 737             | 0                            | 0                     | 50                 | 687                           | Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.   |
| Autism Friendly                | Allen Stevenson                       | 164             |                              |                       | 0                  | 164                           | Plans currently being developed.   |
| Integrated Care Fund           | Allen Stevenson                       | 109             | 0                            | 0                     |                    | 109                           | The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.   |



## Social Work

## Earmarked Reserves - 2021/22

Period 3 1 April 2021 - 30 June 2021

| Project                               | Lead Officer /<br>Responsible Manager | Total Funding   | Phased Budget<br>To Period 3 | Actual<br>To Period 3 | Projected<br>Spend | Amount to be<br>Earmarked for | Lead Officer Update   |
|---------------------------------------|---------------------------------------|-----------------|------------------------------|-----------------------|--------------------|-------------------------------|---|
|                                       |                                       | 2021/22<br>£000 | 2021/22<br>£000              | 2021/22<br>£000       | 2021/22<br>£000    | 2022/23<br>& Beyond<br>£000   |   |
| Delayed Discharge                     | Allen Stevenson                       | 422             | 105                          | 97                    | 422                | 0                             | Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £422k is expected for 2021-22.   |
| Self Directed Support                 | Alan Brown                            | 43              |                              | 0                     | 0                  | 43                            | This supports the continuing promotion of SDS.  |
| Wifi                                  | Allen Stevenson                       | 7               |                              | 0                     | 7                  | 0                             | Work has been carried out with balance looking to be fully spent this year.   |
| Dementia Friendly                     | Anne Malarkey                         | 100             | 0                            | 0                     | 30                 | 70                            | Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group. |
| RRTP                                  | Gail Kilbane                          | 136             | 0                            | 0                     | 60                 | 76                            | RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP   |
| Growth Fund - Loan Default Write-off  | Craig Given                           | 24              | 0                            | 0                     | 1                  | 23                            | Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2020/21.  |
| Welfare                               | Craig Given                           | 297             | 0                            | 0                     | 0                  | 297                           | Plans currently being developed.  |
| Anti Poverty - Community Support Fund | Craig Given                           | 17              |                              |                       |                    | 17                            | £7k NDR relief Tail O The Bank, £10k HSCP Digital Devices   |
| <b>Total Category C to E</b>          |                                       | <b>3,122</b>    | <b>199</b>                   | <b>209</b>            | <b>1,227</b>       | <b>1,895</b>                  |   |

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**Report To:** Inverclyde Health & Social Care Committee      **Date:** 19 August 2021

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care      **Report No:** SW/16/2021/SMcA

**Contact Officer:** Sharon McAlees  
Chief Social Work Officer  
Inverclyde Health and Social Care  
Partnership (HSCP)      **Contact No:** 715282

**Subject:** Child Protection Committee Annual Report 2018-2020

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the publication of Inverclyde Child Protection Committee's Annual Report 2018-2020.
- 1.2 Consider the report's findings in relation to Inverclyde Child Protection Committee's duty to provide an annual update of child protection business.

## 2.0 SUMMARY

- 2.1 Child Protection Committees (CPC's) are the key local bodies for developing, implementing and improving child protection work across and between agencies, bodies and the local community. A CPC is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that ***"It's everyone's job to make sure I'm alright"***. CPCs must ensure all of these functions are carried out to a high standard and are aligned to the local Getting It Right For Every Child arrangements.
- 2.2 One of the key functions of a CPC is to provide a report of CPC business on an annual basis. The author is generally the Lead Officer for Child Protection. The last report published covered work across 2017. The Committee will note that the report under consideration spans from March 2018 to March 2020. The two year span is due to a vacancy in the Child Protection Lead Officer role during 2019. A report covering March 2020 to March 2021 is currently under construction and will be presented to Committee later in the year.
- 2.3 The attached report was presented to and accepted by Inverclyde Child Protection Committee on 14 March 2021. It was presented to and accepted by Inverclyde Chief Officer's Group on 20 March 2021

## 3.0 RECOMMENDATIONS

- 3.1 The Committee is asked to:-
  - a. note the content of this report

**Louise Long**  
**Chief Officer**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 CPC's have 4 functions: Continuous improvement; Public information engagement and participation; Strategic planning and connections; Annual reporting on the work of the CPC
- 4.2 Continuous improvement: This involves the collation of data which records outcomes for children and audit activity which identifies gaps in provision and determines improvement activity. CPC's are also responsible for delivering training and other learning activity to ensure that practitioners across all services are aware of the best and most up to date practice initiatives. The CPC also has a duty to ensure that policies, procedures and guidance are kept up to date and that practitioners are aware of their content and availability. Finally CPC's take the lead in terms of any learning when a child is significantly harmed or dies.
- 4.3 Public information, engagement and participation: CPC's have a role in raising awareness so that members of the public, including children and young people, know what child protection means and what to do if they have a concern for a child or young person. They must engage with local communities to raise awareness of indicators of concern and increase understanding of the role that communities and all adults have in protecting children and young people. Finally they must involve children, young people and families in the design and delivery of child protection systems.
- 4.4 Strategic planning and connections: CPCs must ensure strong and robust strategic planning links to wider integrated children's services planning arrangements in their local area in order to ensure that the need for support and protection of children and young people can be comprehensively met in well designed, effective and sustainable local services, programmes and initiatives. CPCs must also link effectively with other multi-agency partnerships and structures locally, regionally and nationally, including Chair and Lead Officer participation in Child Protection Committees Scotland.
- 4.5 Annual reporting on the work of the CPC: CPCs must produce and publish an annual report, endorsed by the Chief Officers, which sets out the work undertaken by the Committee, delivery against key performance measures in that year as well as identified priorities for the year ahead.
- 4.6 The Inverclyde Child Protection Committee Annual Report begins with an account of the role of remit of the Child Protection Committee within Inverclyde, set within the context of wider strategic planning groups. In the main body of the report it reviews our post-inspection action plan, examines areas of best practice and offers further evidence of Inverclyde as a sector leader in terms of children and young people's participation (an area for which we received a designation of 'Excellent' in the 2017 inspection). The report then goes on to review the priority areas described in 4.2 to 4.4, detailing the work achieved in these areas via CPC's Performance Management, Training, Child Sexual Exploitation and Children affected by Parental Substance Misuse sub-groups. This section also reflects on work being undertaken by the Violence Against Women forum of which the CPC Lead Officer is a member, and notes work being done in the areas of parent and children's mental health. The report concludes by charting areas of future work.
- 4.7 The report records areas of best practice, notably Inverclyde's involvement in the 'Barnahus' pilot. A Barnahus is a 'one stop' location which provides a safe interview space for children as well as on-site medical facilities and therapeutic and other support for children and their families pre and post interview. The North Strathclyde Pilot develops and strengthens the quality of the Joint (Police and Social Work) Investigative Interviewing of vulnerable child witnesses with the aim of reducing the need for children to appear in court and thus reduce re-traumatisation following abuse. The aim of the Joint Investigative Interview Improvement Pilot is to create the conditions for securing best evidence from child victims and witnesses, and for Joint Investigative Interviews to be of a sufficiently high standard to be used as Evidence in Chief or hearsay evidence in Court Proceedings. Working within the recommendations of the Evidence and Procedure Review and within principles of Getting It Right For Every Child, the Joint Investigative Interviewing Project has developed a Scottish Child Interview Model to provide an approach for the interviewing of children which is both

trauma informed and achieves best evidence through more robust planning and interview techniques. Staff within the cadre have advanced knowledge, skills and competencies and the required experience of forensic interviews that produce best quality evidence and ensure the protection of the child. Recovery that is trauma informed is built into the process from the point of disclosure for children. Children 1st have succeeded in obtaining National Lottery money to develop the first Barnahus which will be located in the West of Scotland. This is a highly innovative and ground breaking project which Inverclyde is proud to be involved in and one where we have made a substantial contribution to the development of the work.

- 4.8 A further area of best practice described is the Up2U. Up2U is a programme for people who use domestically abusive and unhealthy behaviours in their relationships. It seeks to reduce incidents of domestic violence, prevent the cycle of abuse, and reduce the numbers of children in child protection services, edge of care or children in care. Up2U recognises that people use domestic abuse for different underlying reasons ranging from childhood trauma and emotional deregulation, learned behaviour, attitudes that support gender differentials, poor conflict resolution to the use of power and control resulting in different typologies of domestic abusers. The service seeks to help people use non-abusive behaviours through a range of skills that target thinking, feeling and behaviour. The service aims to support service users to take responsibility for their own thinking, emotions and behaviours and learn to use healthy and respectful relationship behaviour; promote safety within families and reduce the risk of continuing domestic abuse; address the link between substance misuse and abusive behaviours; increase their ability to recognise and manage emotions, increasing their emotional and mental wellbeing; prevent the cycle of abuse by modelling healthy relationships to their children. Modules and sessions delivered to each individual are matched to their particular needs. To avoid lengthy waiting times for referral and to cut out complicated referral processes which may cause delay when a person is most motivated to change, Up2U operates an informal referral pathway. To be eligible for referral a person must accept that they use abusive or unhealthy behaviours in their relationship and want to change these behaviours. When someone is accepted onto the Up2U programme support is offered to their partner/ex-partner to ensure ongoing safety and risk management. If an Up2U client has children and they are not currently working with children's services Up2U will refer through the Children's referral processes for support to be in place. 20 practitioners have now been trained within Inverclyde in the approach.
- 4.9 Of course one of the biggest challenges across 2020 has been delivering these services within the COVID-19 pandemic. This has led to delays in the implementation of Barnahus, although the team did get up and running in August of 2020 and are already evidencing positive signs in the number of disclosures made by children under interview, the quality of the interviews and of the support children and their families receive via the project. Up2U has also had to move temporarily to a virtual format or is being delivered in COVID safe office spaces rather than in the home environment. The 2018-20 Annual Report was deliberately linked to the end of the financial year so that, while it mentions the COVID-19 pandemic, it does not focus on it. The 2020-21 report, which is almost completed, will pick up on Inverclyde CPC's response to the pandemic.
- 4.10 The Annual Report offers a plan for the direction of future work as well as being a reflection on what has been achieved. In the current year, and despite the ongoing impact from the pandemic, we have progressed plans for multiagency audit activity in relation to Child Protection Registrations. We have continued to chart outcomes for children and young people via the National Minimum Dataset. Our Children Affected by Parental Substance Misuse sub-group has had a change of name and focus, with a right's respecting shift to Whole Family interventions. Training has moved online with a focus on multiagency delivery of the Assessment of Care, seeking to improve the identification of and intervention into neglect. We have also maintained our public communication role with a number of public information campaigns co-ordinated by Child Protection Committee's Scotland (our Lead Officer is a member of their communications sub-group) and our own briefings in relation to new legislation such as the Children (Equal Protection from Assault) (Scotland) Act 2019.
- 4.11 The Annual Report concludes with a plan of business 2020-23. This includes plans to progress work already begun via CPC sub-groups, deliver multiagency training in relation to neglect and make improvements to the CPC website. All of the objectives noted are

underway and an update report will be offered within the next annual report. The Annual Report for 2018-2020 is attached below.

## 5.0 PROPOSALS

5.1 To approve the annual report.

## 6.0 IMPLICATIONS

### 6.1 Finance

There are no financial implications in this report.

#### Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 6.2 Legal

There are no legal implications in this report.

### 6.3 Human Resources

There are no human resource implications in this report.

### 6.4 Equalities

#### Equalities

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

|   |
|---|
|   |
| X |

YES

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

(b) Fairer Scotland Duty

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

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

|     |     |
|-----|-----|
|     | YES |
| N/A | NO  |

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

|   |        |
|---|--------|
|   | YES –. |
| x | NO     |

**6.5 Repopulation**

There are no repopulation implications in this report.

**7.0 CONSULTATIONS**

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

**8.0 BACKGROUND PAPERS**

8.1



CPC Annual  
Report.pdf

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|                         |  |                    |                        |
|-------------------------|--|--------------------|------------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b>       | <b>19 August 2021</b>  |
| <b>Report By:</b>       | <b>Louise Long<br/>Corporate Director (Chief Officer)<br/>Inverclyde Health and Social Care<br/>Partnership (HSCP)</b> | <b>Report No:</b>  | <b>SW/15/2021/SMcA</b> |
| <b>Contact Officer:</b> | <b>Sharon McAlees</b>  | <b>Contact No:</b> | <b>715282</b>          |
| <b>Subject:</b>         | <b>The Promise</b>   |                    |                        |

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Committee of the funding application made and outcome of this to The Promise Partnership to progress the cultural and system changes linked to #KeepThePromise.
- 1.2 The report offers an outline of the proposed plan developed by Inverclyde for the local delivery and progression of The Promise which will be referred to locally as – I-Promise (Inverclyde Promise)

## 2.0 SUMMARY

- 2.1 The Promise was published in February 2020, demanding change across the ‘care system’ in Scotland.
- 2.2 In support of this the Scottish Government made an investment in the Promise Partnership of £4m administered by Corra Foundation. This funding is aimed at helping organisations #KeepThePromise and bring about system change to ensure children and young people grow up loved, safe and respected.
- 2.3 On 5<sup>th</sup> February 2021 it was announced that investment of up to £50,000 is available to help organisations create capacity, adapt approaches and work towards cultural shifts and collaboration across the ‘care system’. These changes must reflect what is important to care experienced children, young people and families. This investment is about infrastructure change, which can include rethinking services, but it is not a fund for ongoing or new service delivery. The Promise Partnership investment is flexible, but funds should enable organisations to drive forward or implement system change plans in-line with The Promise.
- 2.4 In addition to the above, further investments of up to £200,000 via the Promise Partnership Diagnostic Route have been offered to help support and drive forward big ideas that reflect what is important to children, young people and families and to re-think current approaches and service delivery in-line with The Promise. A condition of the funding is that applications must be a partnership and there must be commitment to the Scottish Approach to Service Design (SAtdSD) model. All applications were by invite only. Inverclyde received an invite to apply on 15<sup>th</sup> February 2021 due to our commitment to The Promise being recognised nationally and specifically to focus on a key piece of work that will contribute to #KeepThePromise.
- 2.5 The submission timeframe was tight with closing dates of 1<sup>st</sup> and 8<sup>th</sup> of March 2021. The HSCP had been developing proposals around #KeepThePromise based on engagement with children young people and their families and our learning from the successful models of Proud2Care

and Birth Ties which informed our Stop Go Pledges “*help me by helping my family*” and “*nothing about us without us*” . Submissions were made to both funds in partnership with CVS Inverclyde, Your Voice and Inverclyde Drug and Alcohol Partnership. The focus of the submissions was around developing a whole system approach to whole family support across Inverclyde by utilising the SATSD approach.

- 2.6 The Promise Partnership will support organisations who are focused on change and who are committed to cultural change. This requires leadership and buy in at a corporate level therefore Inverclyde’s Champions Board will play a pivotal role given the participation and co-production that currently exists between the Champions Board and care experienced young people. Since the publication of The Promise in 2020 HSCP Committee and Integrated Joint Board members have made requests for support in enabling them to fully understand their role in fulfilling The Promise again highlighting the willingness to continue to build on making changes that improve outcomes for care experienced children and their families.
- 2.7 The decision makers Panel reviewed the application and informed on the 29<sup>th</sup> March 2021 that Inverclyde had been offered investment from Corra Foundation through the Promise Partnership on behalf of the Scottish Government for £250,000. It was noted that the Panel felt the proposal reflected a strong commitment to #keepthepromise.
- 2.8 The investment is for one year commencing April 2021. As part of the investment Inverclyde will work closely with the National Promise Team and expenditure must commence within 4 months.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Health and Social Care Committee:
  1. Notes the contents of this report and the successful applications by HSCP, in partnership with CVS Inverclyde and Inverclyde Alcohol Drug Partnership, to both Promise Partnership funding streams;
  2. Supports the proposal of forming Inverclyde’s I-Promise Team to take the lead in progressing the cultural and organisational shifts aimed at #keepthepromise; and that member’s actively support the work of the I-Promise as it develops.

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



## 4.0 BACKGROUND

4.1 Beginning in 2016, The Independent Care Review was comprised of four stages each building on the last, these were Orientation, Discovery, Journey and Destination. Inverclyde were involved at each of these stages. The Review consulted with over 5,500 individuals with over half being babies, infants, children, young people and adults with experience of care. This also included over 300 families and voices from the paid and unpaid workforce. On 5 February 2020, the Care Review published seven reports, with 'the promise' narrating a vision for Scotland, built on five foundations. These five foundations are:



Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focused on children and those they trust.



The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.



Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties that get in the way.



Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.



Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

4.2 The Promise is responsible for translating the findings of the Care Review into The Plan for change. The Plan will be phased across ten years from 20/21. The remaining nine years will focus on the deep work that will bring long lasting change. The key aspiration of the promise is an intention that love is no longer a casualty of the care system but the value around which it operates, wherever safe to do so children and families are supported to stay together and children and their families will be listened to respected and involved in every decision that affects them.

4.3 The Independent Care Review have outlined that, "The Plan will be ambitious, it will require commitment, strength, humility, and honesty. And it must be enacted so that Scotland's children grow up *'loved, safe and respected.'* Its phases will adapt to changing circumstances – like Covid-19 – to ensure they are flexible and agile enough to adapt to meet the needs of infants, children and young people and their families in the ever changing external environment. It will support work to communicate with the people of Scotland about the lived experience of care in ways that avoid stigma and uphold children's rights.

4.4 The Promise Partnership fund was established as an investment focused on redesign development and implementation, and how we make significant changes to how services are delivered. The investment is flexible but has a clear expectation that funds will be used by a collaborative partnership to create leadership capacity including staff on the ground to enable them to drive forward big ideas. The Partnership fund cannot be used to support existing services.

4.5 Following an invite to apply for funding Inverclyde HSCP in partnership with CVS Inverclyde and Your Voice submitted a successful application to the Promise Partnership diagnostic route and have been awarded £250k for one year. The success of the bid was based in part on close working relationship with The Promise throughout the Independent Care Review and in recognition of our readiness to progress the work. Inverclyde with Life Changes Trust funding established an effective Champions Board with the aim of giving a voice to care experienced

children and young people and change their experience of the 'care system'. The HSCP has worked effectively with Your Voice in working with and listening to our care experienced children and young people via Proud2Care. The Promise Partnership funding will enable Inverclyde to identify and design system changes that can be informed from our current learning and to reach out further across the community. Paramount to this will be the commitment to cultural changes in how Inverclyde HSCO and in turn our partners, delivers services across the partnership.

- 4.6 Members of the HSCP Committee and Integrated Joint Board have already made know their desire to understand their role to #keepthepromise and offer their support in making effective improvements for children, young people and their families.
- 4.7 Inverclyde's Plan will follow the same road map that was used for the Independent Care Review, namely Orientation, Discovery, Journey and Destination. Commitment to following the Scottish Approach to Service Design (SAtSD) is a condition of the funding. This approach promotes the active participation of citizens (those who either receive the service, are eligible for the service or could receive the service in the future) and staff (all of those involved in the delivery of the service) in the definition, design and delivery of the service. The main purpose of using this approach is to design effective service journeys which deliver the best user experience and help people out of a difficult situation as efficiently and effectively as possible. This is a method already implemented within Inverclyde in our approach to areas of work such as Champions Board, Birth Ties, Families Together, Family Ties, Bereavement Kinship Support Group and Foster Carer Support groups etc.
- 4.8 The plan submitted to the Promise Partnership is to resource the activity required by creating a small dedicated team (the Lead Promise Keepers) who will work across the partnership and with children, young people and their families to deliver our vision of the Promise, I-Promise. (see attached). This team will be made up of local partnership organisations from HSCP, CVS Inverclyde, Your Voice and with the opportunity for a graduate post and support from staff within Inverclyde ADP ensuring children, young people and families are connecting with local services building on relationships and support from within their communities and helping to build a sense of belonging where they live.
- 4.9 The dedicated I-Promise Team will consist of the following roles and remits
  - The I-Promise Senior Officer will be the connector between SMT, CMT, The ADP, the mental health programme board and the National Promise Team regarding the Promise activity taking place as part of I-Promise Inverclyde. The senior officer will have accountability for progressing Promise Plans and provide wider support across the authority in implementing the Promise . They will chair the I-Promise Board and mentor senior officers recruiting them to be mentors and developing a mentoring programme.
  - Third Sector Development worker providing an independent lens to the work of the team connecting all 3<sup>rd</sup> sector networks locally and nationally. They will support the delivery and development of Champions Board activity and be involved in all levels of participation and consultation.
  - The I-Promise Coaching and Modelling practitioner and engagement worker will lead on coaching and mentoring for teams across the partnership and provide the support to ink development work and modelling practice on a whole family model incorporating practitioners from the fields of drug and alcohol, mental health, justice and children's services with the goal of aligning these services to the ethos and commitments of the Promise. This will include third sector providers.
  - The I-Promise apprentice/trainee will undertake relevant training and professional development opportunities, lead in the presentation and delivery of the work of the team. Where possible we would seek to utilise existing graduate/apprenticeship posts within the council.

- I-Promise resource worker will provide administrative and financial support to the I Promise Team and Champions Board. This role could be filled through flexible use of existing administrative/finance post.

4.10 The I-Promise Team will have a key role in modelling for the wider organisation and as such although there is a structural hierarchy within the team in terms of responsibility, there will be no hierarchy in the approach or accessibility of the team to wider stakeholders. The I-Promise Team will be recruited predominantly on experience and the ability to establish effective working relationships. This reinforces the importance of relationships and promotes the foundation of People and Voice in the creation of the I-Promise Team and upholds an agile way of working.

4.11 Sitting alongside this work stream is the wider Promise activity both at an HSCP level and as part of the strategic children's services partnership. Early activity around the Promise began within the multi-agency corporate parenting subgroup of Children's Services Planning Partnership in conjunction with the Champions Board. Moving forward it is hoped that the I-Promise Team will have capacity to support the delivery of the wider HSCP commitment and planning activity for #keepthepromise and potentially provide support from the learning taking place to other agencies and services to develop their own plans to deliver on transformational change.

4.12 In terms of the governance for the project, an oversight board will be created, to ensure that all stakeholders have a voice in ensuring that Inverclyde #Keepthepromise. It is suggested that the attendees of the oversight board will be Inverclyde 'Promise Keepers' and the board will be referred to as the I-Promise Board in effect rebranding Inverclyde's approach and language around corporate parenting. To ensure that the Voice of children, young people and their families as well as all stakeholders groups are heard there will be a range of sub groups created and supported throughout the journey by the I-Promise Team. It is envisaged this format will grow and develop and change as the work progresses. A structure will be created to ensure children, young people and families feed directly in to the work of the board and that the Promise Keepers from the board itself are accountable to the children, young people and families for #Keepingthepromise. At the same time there is a need to develop a governance structure to support this work in terms of the children's services planning arrangements and Inverclyde's overall commitments to the Promise. It is hoped that this work will closely align and support those plans.

4.13 A range of methods will be used to gather and analyse data under the Foundation headings. This will mean robust scrutiny of quantitative data held on various data systems through our I-Promise Oversight Board and engagement with children, young people and their families, to hear their lived experience. Inverclyde's ambition is to gather information from all care experienced young people, children and families in order to create a baseline and to learn from them what would mean change has happened. This will inform our future data gathering and map the change that takes place.

4.14 Establishing and resourcing the HSCP I-Promise in the main can be funded through the Promise partnership fund and flexibility of existing resources however additional funding will be required to support some of the activity over the next year including conducting small tests of change in order to upscale areas of effective service delivery.

## 5.0 PROPOSALS

5.1 It is proposed that the Health and Social Care Committee:

1. Notes the contents of this report and the successful applications by HSCP, in partnership with CVS Inverclyde and Inverclyde Alcohol Drug Partnership, to both Promise Partnership funding streams;

2. Supports the proposal of forming Inverclyde's I-Promise Team to take the lead in progressing the cultural and organisational shifts aimed at #keepthepromise; and that member's actively support the work of the I-Promise as it develops.

## 6.0 IMPLICATIONS

### Finance

#### 6.1 Financial Implications

The following is based on the successful application to the Promise Partnership. The one year funding of £250k would be utilised to establish the I-Promise team (as per the attached proposal) and budget to conduct the discovery/design phase of I-Promise plan including some test of change work.

| Cost Centre                           | Budget Heading          | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments  |
|---------------------------------------|-------------------------|--------------|---------------------------------|---------------|---|
| I Promise Partnership                 | Employee Costs          | 21/22        | 65                              |               | To be job evaluated   |
|                                       | Payment to Other Bodies |              | 95                              |               | Grade 8 x2 3 <sup>rd</sup> sector – Development worker and Coaching and Modelling Worker                                      |
|                                       |                         |              | 33                              |               | Resourcing of discovery and orientation phases workforce/community engagement, communications Graphics<br>Test of change work |
| Utilise Attainment monies/ADP funding | Employee Costs          | 21/22        | 60                              |               | Recruitment of a CLD apprentice for 3 years   |

#### Annually Recurring Costs/ (Savings)

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

### 6.2 Legal

- 6.2.1 There are no legal implications.

### 6.3 Human Resources

- 6.3.1 The implementation plan would include the creation of an I-Promise Team and associated posts.

### 6.4 Equalities

## Equalities

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

|   |  |
|---|--|
| x | YES<br>The proposals outlined in this report will reduce the inequalities faced by care experienced children and young people and their families including those within protected groups                   |
|   | NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required |

(b) Fairer Scotland Duty

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

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

|  |   |
|--|---|
|  | YES –The Promise seeks to address the human and economic cost of the care system and reduce the disadvantage and inequalities of children, young people and their carers. |
|  | NO  |

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

|   |        |
|---|--------|
|   | YES –. |
| x | NO     |

## **Repopulation**

6.5 There are no repopulation implications.

## **7.0 CONSULTATIONS**

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

7.2 Children and young people have bene involved in all stages of the Independent Care Review as well as involved in the Launch of the Promise and discussion round the future plans through the Proud2Care group and beyond.

## 8.0 BACKGROUND PAPERS

8.1 <https://thepromise.scot/resources>

8.2



I Promise  
Proposal.pdf

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|                         |  |                    |                       |
|-------------------------|--|--------------------|-----------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>                                      | <b>Date:</b>       | <b>19 August 2021</b> |
| <b>Report By:</b>       | <b>Louise Long<br/>Corporate Director, (Chief Officer)<br/>Inverclyde HSCP</b> | <b>Report No:</b>  | <b>SW/17/2021/AM</b>  |
| <b>Contact Officer:</b> | <b>Anne Malarkey<br/>Head of Mental Health, ADRS and<br/>Homelessness</b>      | <b>Contact No:</b> | <b>715284</b>         |
| <b>Subject:</b>         | <b>Dementia Care Co-ordination Programme Update</b>                            |                    |                       |

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## 1.0 PURPOSE

- 1.1 The purpose of this paper is to provide the Health and Social Care Committee with a progress report on the Inverclyde Dementia Care Co-ordination Programme.

## 2.0 SUMMARY

- 2.1 As part of Scotland's third National Dementia Strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve care co-ordination for people with living with dementia from diagnosis to end of life.
- 2.2 The Programme was due to end in March 2021, however during the first wave of the Covid-19 pandemic, the programme went into hibernation for 6 months. It was safely recommenced in September 2020 and, to mitigate impact from the pandemic, the Scottish Government have agreed to fund the Programme for an additional year until March 2022. The Programme priorities and action plan were reviewed following recommencement, taking account of what is achievable between February 2021 and March 2022.
- 2.3 Priority areas for improvement include care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post Diagnostic Support service; care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination; and care co-ordination for people living with advanced dementia at a palliative and/or end of life stage by testing Alzheimer Scotland Advanced Dementia Practice Model.

In addition the following actions will be implemented: Creating a sustainable approach to dementia workforce development; Clarification of roles and responsibilities and service pathways; Development and testing of a self-management leaflet and app; Local implementation of the Dementia and Housing Framework; Enhancement of the Allied Health Professional contribution to an integrated and co-ordinated approach; Improvement in the completion and consistency of Anticipatory Care Planning for individuals with dementia and; re-establishment of Dementia Friendly and Enabled community work.

- 2.4 A Programme measurement plan is being agreed and the Scottish Government are in the process of commissioning an external evaluation. A requirement of the Programme is to share learning across NHS GGC and Scotland and the steering group are in the early stages of discussions about arranging an end of Programme shared learning session. Discussions are also planned with stakeholders to consider the sustainability of the Programme priorities at the end of the Inverclyde Dementia Care Co-ordination Programme in March 2022.

### **3.0 RECOMMENDATIONS**

3.1 The Health and Social Care Committee are asked to note the contents of this paper, Programme achievements and action planning until its conclusion in March 2022.

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



## 4.0 BACKGROUND

- 4.1 As part of Scotland's third National Dementia Strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve the experience, safety and co-ordination of care, services and support for people with dementia from diagnosis to end of life. The emphasis is on supporting people to stay well at home or in a homely setting for as long as possible. Taking a whole systems and pathway approach from diagnosis to end of life, by March 2022, the programme aims to:
- Improve care co-ordination for people with dementia and their carers
  - Develop and evaluate a model of effective care coordination for people with dementia and their carers
  - Share learning across NHSGGC, Scotland and further afield.
- 4.2 Healthcare Improvement Scotland (HIS) are the National lead for the Programme on behalf of the Scottish Government. Funding associated with the Programme has allowed Inverclyde HSCP to recruit an Improvement Advisor to lead and co-ordinate the Programme and work with national and local stakeholders.
- 4.3 The Programme has actively involved stakeholders throughout. 92 stakeholders attended the launch event in September 2019, including people living with dementia, carers and representatives from local and national organisations. Priority areas were identified at the event and informed the overall Programme action plan. Shared learning, progress updates, improvement ideas and action planning have been generated through four Learning Sessions. Arrangements were agreed to involve Inverclyde Dementia Reference Group (DRG). The DRG have been instrumental in informing and supporting areas of work, e.g. participated in local stakeholder engagement work commissioned by HIS; development of a self-management leaflet; a single quality question for the Post Diagnostic Service; shared their experiences during the first wave of the pandemic, which was used to inform national policy.
- 4.4 The Programme was due to end in March 2021, however during the first wave of the Covid-19 pandemic, the programme went into hibernation for 6 months to ensure no additional pressure on frontline services. The programme was safely recommenced in September 2020 and to mitigate impact from the pandemic, the Scottish Government have agreed to fund the Programme for an additional year until March 2022. The Programme priorities and action plan were reviewed following recommencement, taking account of what was achievable from February 2021 to March 2022. Agreed priorities are listed in table 1:

| <b>Table 1: Dementia Care Co-ordination Programme Priorities February 21 to March 22</b>  |   |
|---|---|
| <b>Actions: Dementia Pathway</b>  | <b>Actions: Cross Pathway</b>   |
| Care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post Diagnostic Support service.   | - Workforce Development<br>- Clearer roles and responsibilities<br>- Clearer service pathways including GP practices  |
| Care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination. | - Self-management leaflet and app<br>- Dementia and Housing<br>- Enhance the Allied Health Professional contribution to an integrated and co-ordinated approach |
| Care co-ordination for people living with advanced dementia at a palliative and/or end of life stage by testing Alzheimer Scotland Advanced Dementia Practice Model.                            | - Anticipatory Care Planning and dementia<br>- Dementia Friendly and Enabled community (aligned to Programme)<br>- Measurement plan and evaluation              |

#### 4.5 Post diagnostic support (PDS) - a sustainable model

Everyone newly diagnosed with dementia is entitled to receive a minimum of one year's post-diagnostic support, co-ordinated by a named Link Worker and will have a person-centred support plan in place. This is centred on Alzheimer Scotland 5 Pillars Model of Post Diagnostic Support. There is a PDS Local Delivery Plan (LDP) Standard in place which is reported in two parts:

1. The percentage of people estimated to be newly diagnosed with dementia who were referred for post diagnostic support – this is reported Scotland wide and by Health Board area.
2. The percentage of people referred who received a minimum of one year's support – this is reported Scotland wide, by Health Board and HSCP.

Data is exported to Public Health Scotland (PHS) from GGC collectively. Management Information Reports detailing performance against the Dementia Post-Diagnostic Support LDP Standard are provided by PHS quarterly.

#### **LDP Standard Performance: The percentage of people estimated to be newly diagnosed with dementia who were referred for post diagnostic support.**

This part of the LDP standard requires the actual numbers diagnosed and referred for PDS, as a percentage of the estimated incidence. Table 2 presents the proportion of people estimated to be newly diagnosed with dementia who were referred for PDS up to 31<sup>st</sup> March 2021. At the time of this report, 2016/17 to 2019/20 referral data is complete, 2020/21 is provisional. Less than half of the estimated projected numbers are diagnosed and referred to PDS across Scotland and NHS GGC. Data for 2020/21 has been impacted by the Covid-19 pandemic as there was a significant reduction in numbers diagnosed across Scotland.

| <b>Table 2: Proportion of people estimated to be newly diagnosed with dementia who were referred for PDS</b> |                 |                |
|--|-----------------|----------------|
| <b>Year</b>  | <b>Scotland</b> | <b>NHS GGC</b> |
| <b>2016/17</b> (complete)  | 44.6%           | 42.7%          |
| <b>2017/18</b> (complete)  | 42.3%           | 43.1%          |
| <b>2018/19</b> (complete)  | 42.8%           | 47.4%          |
| <b>2019/20</b> (complete)  | 40.7%           | 42.6%          |
| <b>2020/21</b> (provisional)   | 29.6%           | 31.1%          |

#### **LDP Standard Performance: The percentage of people referred who received a minimum of one year's PDS.**

This element of the Standard is reported Scotland wide, by Health Board and by HSCP. There are two elements that are required to meet the Standard:

- PDS must commence, that is first direct intervention with a PDS Practitioner or team within one year from date of diagnosis and;
- A minimum of one year PDS is recorded from first direct intervention with a PDS Practitioner or team to PDS termination or transition date.

It can take up to two years from date of dementia diagnosis to complete PDS and LDP Standard requirements. Table 3 presents the proportion of people referred who received a minimum of one year's PDS up to 31<sup>st</sup> March 2021. Data for 2016/17 is now finalised and published, during this time Inverclyde HSCP compliance is 68.5%, which is less than Scotland wide and higher than NHS GGC collectively. Remaining yearly reports are still provisional and plans are in place to improve LDP Standard compliance. Please note 2020/21 data for Inverclyde is based on only 7 referrals where PDS recording is complete at time of the report. Two referrals were recorded as having met the LDP standard and 5 referrals were recorded as not meeting the standard due to PDS being completed early (calculations  $2/7 \times 100 = 28.6\%$ ). 56 referrals out of 63 received for this reporting period have PDS ongoing at the time of the report.

| <b>Table 3: Proportion people referred who received a minimum of one year's PDS</b> |                 |                |                   |
|---|-----------------|----------------|-------------------|
| <b>Year</b>   | <b>Scotland</b> | <b>NHS GGC</b> | <b>Inverclyde</b> |
| <b>2016/17</b> (complete)   | 75.5%           | 66.5%          | 68.5%             |
| <b>2017/18</b> (provisional)  | 73%             | 62.6%          | 77.4%             |
| <b>2018/19</b> (provisional)  | 76.1%           | 64%            | 57.1%             |
| <b>2019/20</b> (provisional)  | 78.4%           | 56.6%          | 54.9%             |
| <b>2020/21</b> (provisional)  | 59.3%           | 43.1%          | 28.6%             |

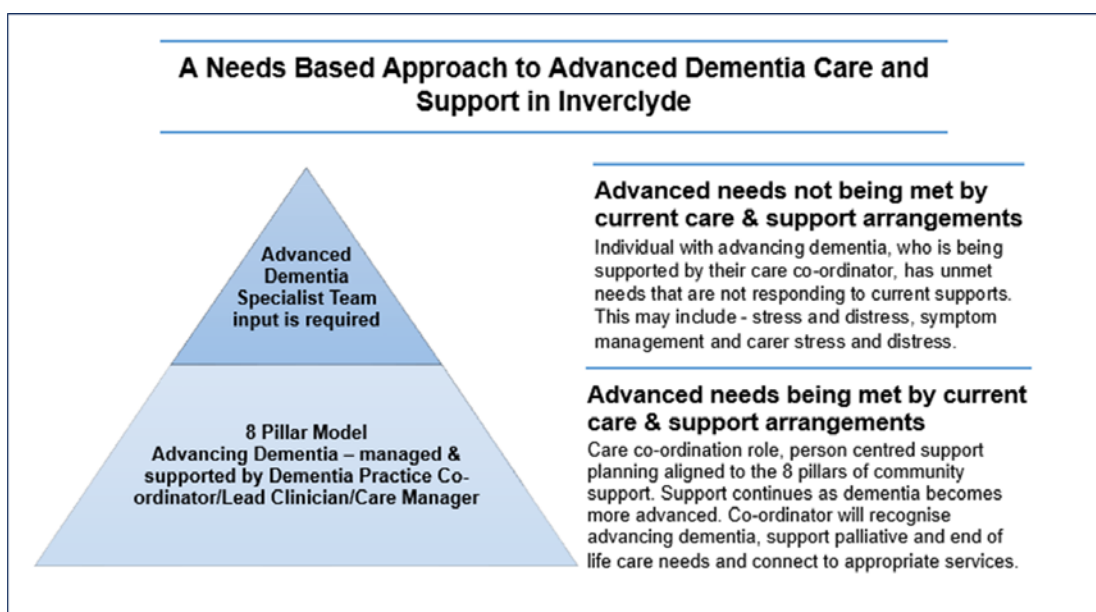
A number of areas for improvement have been identified and agreed that will ensure a responsive and quality PDS service for Inverclyde. There have been a number of service challenges over the last year. This has resulted in increased waiting list and waiting times. To address this two additional PDS Link Workers were recruited and are now fully operational. Waiting list numbers are now reducing and in particular there is an improvement in waiting times. This has reduced from over one year to around 3 – 4 months.

#### 4.6 Care Co-ordination and 8 Pillar Model Community Support

This refers to the stage of the dementia journey when people are living at home and supported to live independently and remain connected to their community, for as long as possible, as dementia progresses. This is aligned to Alzheimer Scotland 8 Pillars Model of Community Support, and when required care and support is co-ordinated by a care co-ordinator. A care co-ordinator can be a social worker, district nurse, community psychiatric nurse, Allied Health Professional or GP. The Programme hosted its 4<sup>th</sup> learning session in May 2021. This focused on care co-ordination, the different levels and duration of care co-ordination and local examples of care co-ordination in Inverclyde. A number of areas were identified where care co-ordination could be improved, e.g. improved communication, clearer roles and responsibilities and clearer pathways to services and supports, all of which are included in the Programme Action Plan.

#### 4.7 Alzheimer Scotland Advanced Dementia Practice Model (ADPM)

Testing Alzheimer Scotland ADPM is a requirement of the Programme. This Model sets out to ensure palliative and end of life (PEOL) care and support needs for people living with advanced dementia are met, including the needs of their family and or carers. A working group has been established to agree how the ADPM is implemented and tested in Inverclyde. A Needs Based Approach has been agreed as a Framework to test and implement the ADPM in Inverclyde, see figure below.



Advancing dementia needs supported by their care co-ordinator. However where needs are not being met, their care co-ordinator can consider if input from the Advanced Dementia Specialist Forum (ADSF) is required. Currently the effectiveness and added value of the Forum is being tested and evaluated.

## **Advanced Dementia Specialist Forum**

The purpose of the Forum is to ensure the best possible experience of care and support for people with advanced dementia, including their family and/or carers. The Forum brings together multi-disciplinary and multi-agency expertise, including health, social care and third sector partners. It aims to facilitate discussion that leads to recommendations which support the effective and co-ordinated delivery of appropriate care and supports that takes account of the preferences of individual and their carers. The first ADSF was held on the 4<sup>th</sup> June, 2021. Two cases were presented, discussed and recommendations were made. Feedback from Forum members and practitioners presenting the case was positive. The multi-disciplinary input and gaining insight from a wide variety of services and supports was valued. Duplication of existing multi-disciplinary meetings was a concern, however this was not the case as the Forum allowed more time for detailed reflection (see section 8.1 for full report). Subsequent Forum monthly meetings have been arranged.

## **Palliative and End of Life Identification Tools**

It is recognised that dementia gradually deteriorates over a longer period of time and often PEOL care and support needs are not recognised until end of life stage. It is therefore important that this stage is recognised to ensure appropriate PEOL care and support is in place. A short life working group has been arranged to progress the identification tool or a basket of tools that can be used in Inverclyde.

### **4.8 Workforce Development**

The ambition for Inverclyde is to have in place a sustainable approach to dementia workforce development. The programme is working to ensure the workforce, who support people living with dementia and their carers, have the appropriate knowledge and skills to support them to live well and live independently for as long as possible within their own community throughout their dementia journey. This will include health, social care, third sector, community groups, volunteers, housing and care home staff. To achieve this a 2 day per week dementia training co-ordinator position will be recruited for 18 months, using earmarked reserve for dementia work in Inverclyde. The post holder will co-ordinate, deliver and facilitate training capacity within the existing workforce.

### **4.9 Self-management leaflet**

A self-management leaflet has been developed for people newly diagnosed with dementia. Inverclyde Dementia Reference Group informed its development. This provides brief information and contact details for a numbers of health, social care and third sector supports available in Inverclyde, (see section 8.2). Plans are in place to review and evaluate the leaflet with service users. The leaflet will also be available online and provide direct links to information and service.

### **4.10 Self-management App**

A requirement for the Programme is to explore digital solutions to support self-management. A short life working group has been established to develop a self-management app and symptom tracker for people living with dementia. This work is being done in collaboration with the GGC eHealth team and the Digital Health & Care Innovation Centre (DHI). It is in the early stage of development and will be informed and tested by people living with dementia.

### **4.11 Clearer Roles and Responsibilities and Service Pathways**

This has been raised on a number of occasions including the last learning session. Discussions with stakeholders are underway to agree how this can be improved.

### **4.12 Dementia and Housing**

Discussions are underway to explore local implementation of the Housing and Dementia Framework. The Framework provides the tools for the housing sector to build on existing good practice and help people living with dementia, their families and carers to live in homes which

have enabling environments and help them achieve the outcomes that matter most to them. Dementia awareness training, delivered by Alzheimer Scotland Dementia Advisor, is planned within local sheltered housing. Early housing discussion by the PDS Link Workers is being explored.

#### 4.13 **Allied Health Professional (AHP) contribution**

AHPs have a key role in supporting people living with dementia and their family and/or carers. Discussions are underway to explore and enhance the AHP contribution to an integrated and co-ordinated approach as outlined in the Alzheimer Scotland AHP framework, Connecting People, Connecting Support.

#### 4.14 **Anticipatory Care Planning (ACP)**

There is currently improvement work underway across Inverclyde relating to Anticipatory Care Planning. Part of this will ensure the completion and review of ACP for everyone with a dementia diagnosis. Team Lead from Older Person's Mental Health team is currently co-ordinating ACP training and identifying and agreeing a process for recording and sharing the ACP with other HSCP services.

#### 4.15 **Dementia Friendly and Enabled Community**

Dementia friendly communities and culture was a priority identified at the Programme launch event. The scope of the initial improvement idea has widened in the context of the Covid-19 pandemic which has led to an increase in the difficulties and challenges experienced by individuals living with dementia. This work links to Commitment 11 of the Scottish Government Dementia and Covid-19 National Action Plan:

**COMMITMENT 11:** Working with local health and social care partnerships and the third sector, community groups and businesses we will support and enhance local dementia-enabled communities and reduce social isolation and loneliness, as part of our shared action to strengthen and recover resilience in our communities.

Using earmarked reserve for dementia work in Inverclyde, processes are underway to commission an external organisation to take this work forward. This will build on previous Inverclyde Dementia Friendly work.

#### 4.16 **Measurement Plan and Evaluation**

The Programme is quality improvement driven and requires measurement of impact. A Programme data sub-group is meeting in July 2021 to identify and agree a Programme measurement plan. This data will support Programme evaluation requirements. The Scottish Government is in the process of commissioning an external company to carry out a robust evaluation of the Programme.

#### 4.17 **Sharing Programme Learning**

A requirement of the Programme is to share learning across NHS Greater Glasgow and Clyde and Scotland. Programme updates are provided at national events e.g. National Post Diagnostic Support Leads meeting. Learning so far has been shared through existing networks across NHS GGC area. The Programme is now in early discussion stages to arrange an end of Programme shared learning session. This will involve national and local stakeholders including people living with dementia and carers.

#### 4.18 Sustainability

Discussions are planned with stakeholders to consider the sustainability of the Programme priorities at the end of the Inverclyde Dementia Care Co-ordination Programme in March 2022.

### 5.0 PROPOSALS

5.1 The HSCP are asked to note the contents of this paper, Programme achievements and action planning until its conclusion in March 2022.

### 6.0 IMPLICATIONS

#### Finance

6.1 Financial Implications:

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

Annually Recurring Costs/ (Savings)

| Cost Centre                | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From (If Applicable) | Other Comments  |
|----------------------------|----------------|------------------|------------------------|-------------------------------|---|
| Dementia earmarked reserve |                |                  |                        |                               | Dementia training co-ordinator - approximately £26,245 for salary and other costs for 18 months.<br><br>Dementia Friendly and Enabled Community project - approximately £62,000 for salary and other costs for 18 months. |

#### Legal

6.2 No implications

#### Human Resources

6.3 Agree job description and person specification for the Dementia Training Co-ordinator position which will be subject to HR job evaluation process to determine appropriate Grade.

#### Equalities

#### 6.4 Has an Equality Impact Assessment been carried out?

|   |      |
|---|------|
|   | YES  |
| X | NO - |

#### Repopulation

6.5 No implications

### 7.0 CONSULTATIONS

7.1 Involving stakeholders has been central throughout the Programme. 92 stakeholders attended the Programme launch event in September 2019, including people living with dementia, carers and representatives from local and national organisations. Priority areas were identified and agreed and informed the overall Programme action plan. Shared learning, progress updates, improvement ideas and action planning were generated through Learning Sessions.

Arrangements were agreed to involve Inverclyde Dementia Reference Group (DRG). The DRG have been instrumental in informing and supporting areas of work, e.g. participated in local stakeholder engagement work commissioned by HIS; development of a self-management leaflet; contributed to the design of a single quality question for the PDS Service; shared their experiences during the first wave of the pandemic, which was used to inform national policy.

### 8.0 LIST OF BACKGROUND PAPERS

#### 8.1 Inverclyde Dementia Care Coordination Programme Update Report: First Advanced Dementia Specialist Forum



Report ADSF June  
2021.docx

#### 8.2 Inverclyde HSCP Self-Management Leaflet



Dementia Z-fold  
4C.pdf

**Report to:** Health & Social Care Committee      **Date:** 19 August 2021

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)      **Report No:** SW/18/2021/AS

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

**Subject:** Learning Disability Redesign – LD Community Hub Update

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise and update the Health and Social Care Committee of the ongoing development work in the design of the Learning Disability Community Hub at the former Hector McNeil Baths site within Inverclyde Council's 2020/23 Capital Programme.

## **2.0 SUMMARY**

- 2.1 The Outline Business Case was presented to the Corporate Management Team in July 2019 outlining the work undertaken to date in progressing with the LD Redesign. The Outline Business Case was presented to the Corporate Management Team in July 2019. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th March 2020.
- 2.2 Regular updates have been provided to the Health and Social Care Committee and Integration Joint Board on the development process of the LD Hub which is currently in the design phase.
- 2.3 The development of the design is progressing with work being undertaken to assess the key site specific development risks. Specialist consultants have been engaged to assess the flood risk of the site and surrounding area to inform the detail design ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process. The costs in connection with addressing flood risk will be incorporated in the stage reports prepared throughout the design process and updates will be provided to the Health & Social Care Committee in future reports.
- 2.4 The legal process connected with the inalienable common good status of the site and the proposed change of use for a community Learning Disability Resource Hub has now been concluded with an application to the Court granted in June 2021.
- 2.5 The Learning Disability Programme Board chaired by the Head of Health and Community Care will continue to progress the development and design of the site and building with an estimated completion date by mid to late 2023.
- 2.6 In mid-July the Head of Health & Community Care met with representatives of the service and the project design team to conclude and sign off the design element of the building



from HSCP's position to allow for the design process to move to the next development step. The Health & Social Care Committee will be updated regularly on this process.

- 2.7 Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.

### **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee is asked to note the progress on the development of the new Learning Disability Hub within the 2020/23 Capital Programme.
- 3.2 The Health and Social Care Committee is asked to note the progress on the development of the project in respect of the key areas such as flood risk and the legal process connected with the proposed change of use and inalienable common good status of the site.
- 3.3 The Health and Social Care Committee is advised that service user, carer and staff consultation continues to be a key consideration in the development of the LD Community Hub.

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

## **4.0 BACKGROUND**

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

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

4.2 The Integration Joint Board of 10th September 2019 approved the creation of a £526k Earmarked Reserve to meet one-off costs associated with the project.

4.3 The Health and Social Care Committee recommended the former Hector McNeil Baths site which was subsequently agreed by the Full Council in February 2020 with the allocation of resources approved by the Inverclyde Council on 12th March 2020 for the new Learning Disability Hub within the 2020/23 Capital Programme.

4.4 Detailed surveys are required as part of the design process and the assessment of site specific development risks. The initial flood risk assessment prepared for the site indicated that it would be adversely affected by a 1:200 year extreme flooding event and that planned remedial action would be required as part of the design process. Specialist consultants were employed to undertake a more detailed modelling of the flood risk and that work has now resulted in a revised and improved position with recommendations now being incorporated into the developing design. It should be noted that the formal consultation with The Scottish Environmental Protection Agency (SEPA) is not possible ahead of the submission of an application for detailed planning approval, however, the work undertaken to date has significantly reduced this risk.

4.5 As the proposed site is inalienable common good land, it was necessary to take forward a consultation under Section 104 of the Community Empowerment (Scotland) Act 2015 and to obtain the consent of the Court under Section 75 of the Local Government (Scotland) Act 1973, in relation to the proposed change of use of the site. An action was progressed at Greenock Sheriff Court with the application granted on 17<sup>th</sup> June 2021 authorising the Council to appropriate the site for use as a community Learning Disability Resource Hub.

## **5.0 IMPLICATIONS**

### **FINANCE**

5.1 Financial Implications:

One off Costs

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

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

#### Annually Recurring Costs/ (Savings)

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

#### LEGAL

- 5.2 The former Hector McNeil Baths site is inalienable common good land and as such it has been necessary to take forward a consultation under Section 104 of the Community Empowerment (Scotland) Act 2015 and to obtain the consent of the Court under Section 75 of the Local Government (Scotland) Act 1973, in relation to the proposed change of use of the site. Minimal legal costs have been incurred which will be contained within the remaining earmarked reserve allocation for one-off survey/project costs.

#### HUMAN RESOURCES

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

#### EQUALITIES

- 5.4 There are no equality issues within this report.

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

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

- (b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 CONSULTATION

- 6.1 The recommendations in this report are supported by the CMT and IJB.
- 6.2 There has been ongoing consultation sponsored by the Learning Disability Programme Board. This consultation has consulted on the service requirement for a new resource hub and the rationale for a community location but has not consulted on a specific site.

## 7.0 LIST OF BACKGROUND PAPERS

None.

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|                         |  |                    |                       |
|-------------------------|--|--------------------|-----------------------|
| <b>Report To:</b>       | <b>Inverclyde Health &amp; Social Care Committee</b>                           | <b>Date:</b>       | <b>19 August 2021</b> |
| <b>Report By:</b>       | <b>Louise Long<br/>Corporate Director, (Chief Officer)<br/>Inverclyde HSCP</b> | <b>Report No:</b>  | <b>SW/20/2021/AS</b>  |
| <b>Contact Officer:</b> | <b>Allen Stevenson<br/>Head of Health and Community Care</b>                   | <b>Contact No:</b> | <b>01475 715212</b>   |
| <b>Subject:</b>         | <b>Inverclyde Macmillan Improving the Cancer Journey</b>                       |                    |                       |

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise Committee of an exciting initiative for a partnership between Macmillan Cancer Support, the Scottish Government and Inverclyde Health & Social Care Partnership. The Improving the Cancer Journey model will deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies by implementing and Improving the Cancer Journey (ICJ) model to help better meet the needs of people affected by cancer from the point of diagnosis across Inverclyde.

The ICJ will bring to Inverclyde an investment of £320,000 over a 3 year period which includes employment opportunities for 2-3 people.

- 1.2 This forms part of the new Macmillan and Scottish Government partnership programme called Transforming Cancer Care (TCC). It has been rolled out across Scotland originating in Glasgow City Council and is also in place West Dunbartonshire, Renfrewshire & East Dunbartonshire.

## 2.0 SUMMARY

- 2.1 ICJ will reduce the number of points of access for members of the public who have a cancer diagnosis or are affected by cancer, stakeholders and partners. As well as direct advice and support the ICJ will link with community groups and partners such as Inverclyde Leisure to ensure access to services and leisure activities to ensure a holistic response to people's needs. This is in line with the Self-Directed Support and Carers Strategy along with health improvement and supports the Strategic Plan 2019-2024, specifically Big Action 4.
- 2.2 The work around ICJ is timely as we recover from the impact of the COVID pandemic. We are aware, anecdotally that people are coming forward for support with health concerns later in the disease pathway. The increased capacity and role will take away a percentage of activity from the operational teams which allows them to respond to waiting lists built up through and new referrals delayed due to the pandemic.
- 2.3 The ambition is to create a single coordinated pathway which is efficient in supporting people and their families (including Carers and Young Carers) through their individual cancer journey.

### **3.0 RECOMMENDATIONS**

- 3.1 To note the agreement to work with Macmillan and Inverclyde partners to implement the Inverclyde Integrated Cancer Journey.
- 3.2 To request annual report that will identify progress of the implementation of ICJ and the impact on peoples outcomes in Inverclyde

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

## **4.0 BACKGROUND**

- 4.1 Macmillan Cancer Support, the Scottish Government and Inverclyde Health & Social Care Partnership to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies by implementing an Improving the Cancer Journey (ICJ) model to help better meet the needs of people affected by cancer from the point of diagnosis across Inverclyde. This offer forms part of the new Macmillan and Scottish Government partnership programme called Transforming Cancer Care (TCC).
- 4.2 Cancer is no longer viewed as just a medical issue but a social one also. Support is very often needed when people are no longer in acute care and have returned home. In March 2015 Macmillan Cancer Support published a report titled 'Hidden at Home', which detailed the social care needs of people with cancer.
- 4.3 With the significant advances in treatment, many people, 1 in every 2, are now surviving their cancer. It is projected that across Scotland by 2030 that 350,000 people will be living with a cancer diagnosis, however it doesn't necessarily mean that people will be living well, with 70% of people with cancer also experiencing at least one or more co-morbidity and with cancer now starting to be increasingly recognised as a long-term condition.
- 4.4 The headline figures for Inverclyde include a cancer incidence rate of approximately 632 per 100,000 equating to approximately 512 people within Inverclyde being diagnosed with cancer annually.

In addition, the incidence of cancer is also anticipated to increase by 33% over the next 5-10 years.

- 4.5 The prevalence of cancer primarily resides within populations with the highest deprivation and Inverclyde has some areas, which would be regarded as being some of the most deprived in Scotland. The increasing incidence and prevalence of cancer is also having a wider impact not only with an increase in informal carers but also on children (i.e. young carers or children with parents with cancer) and employers/education.

## **5.0 Project Development**

- 5.1 Macmillan Cancer Support has recognised that Inverclyde Health & Social Care Partnerships is in a unique place to broker local solutions for people, their carers and communities. We play a significant role in supporting people with disabilities and long-term conditions in their communities and make a real difference to the quality of life of the citizens, including people affected by cancer.

The proposed partnership will develop the provision of holistic care solutions and improve the experiences of all people affected by cancer. This will be a partnership - on a grand scale working with local independent providers, third sector, Ardgowan Hospice, local communities and people affected by cancer and carers.

- 5.2 For people affected by cancer there are hidden consequences of the disease and treatment pathways. Not only is there an impact on their physical condition, but also on their psychological, financial and social wellbeing. The project will develop services to;
  - Support with mental health issues arising from their experience of cancer
  - Help to make lifestyle choices to aid survival and prevention of secondary occurrences
  - Assistance with returning to and/or enabling independent living (including self-management) and
  - Maintaining wellbeing (including employment) or to access welfare benefits, and end-of-life and bereavement support.
- 5.3 Macmillan Cancer Care brings along a range of benefits that will support the ICJ approach across Inverclyde. This additional value that Macmillan can provide to the partnership includes;

- Engagement with local communities and its record of identifying volunteers who will add capacity for practical and emotional support to be enabled in communities alongside Compassionate Inverclyde.
- Supporting the community voice around cancer, complementing local approach to inclusion
- Cancer evidence, insight and experience
- Strategic relationships across primary and acute healthcare and LAs and other 3rd sector providers
- Resources including Learning & Development

## 6.0 Governance

6.1 The Chief Officer of Inverclyde Health & Social Care Partnership will lead on this work sponsored by the Health Board and Local Authority with the establishment of a Project Board and with an operational group below this.

The Project Board will consist of representatives from Macmillan Cancer Care, HSCP Officers, 3<sup>rd</sup> Sector, NHS GCC, Ardgowan Hospice Primary Care, Carers and people with experience of cancer.

6.2 A project manager will be provided by Macmillan and will manage the programme of work. The project manager in question has already led on the implementation of the ICJ developments in other Partnership areas across Scotland.

## 7.0 Proposed Investment

7.1 £320k has been set aside to support this development over a minimum of three years, utilising the robust approach that has been developed in Glasgow and with other ICJ developments in Dundee City, Fife, West Dunbartonshire and Renfrewshire. The funding available would primarily be used to fund the 1.5 Link Officer posts that would be put in place to support the local cancer population.

7.2 This work sits both within Macmillan's Strategic plan in Scotland and the Scottish Governments financial support for the Transforming Cancer Care programme.

## 8.0 IMPLICATIONS

### Finance

8.1 Financial Implications:

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|----------------|--------------|---------------------------------|---------------|----------------|
|             | McMillan       |              | 320,000                         |               | 3 year plan    |

Annually Recurring Costs/ (Savings)

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

### Legal

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



## Human Resources

- 8.3 There are no specific human resource implications arising from this report. Any change in duties of staff will be done in full consultation with Human Resources and through the Staff Partnership. New posts may be created to meet the needs of the roll out in line with HR policy,

## Equalities

- 8.4 Has an Equality Impact Assessment been carried out?

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

## Repopulation

- 8.5 No implications

## 9.0 CONSULTATIONS

- 9.1 The report has been prepared by the Chief Officer after due consideration with relevant senior officers in the HSCP.

Inverclyde ICJ is also reflecting the consultation around the Strategic Plan and experience of service users, carers and partners in navigating the various routes to making a referral first time.

## 10.0 LIST OF BACKGROUND PAPERS

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|                         |  |                    |                       |
|-------------------------|--|--------------------|-----------------------|
| <b>Report To:</b>       | <b>Inverclyde Health &amp; Social Care Committee</b>   | <b>Date:</b>       | <b>19 August 2021</b> |
| <b>Report By:</b>       | <b>Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b> | <b>Report No:</b>  | <b>SW/23/2021/AS</b>  |
| <b>Contact Officer:</b> | <b>Allen Stevenson Head of Service Health and Community Care</b>   | <b>Contact No:</b> | <b>01475 715212</b>   |
| <b>Subject:</b>         | <b>Provision of Care at Home Services</b>  |                    |                       |

---

## 1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval to change the tender weightings in relation to the forthcoming tender process for a Provision of Care at Home Service in Inverclyde.

## 2.0 SUMMARY

- 2.1 The tender for the provision of a Care at Home Service in Inverclyde is being prepared. As in all cases with Social Care Service provision, the quality of the care service is of paramount importance. In light of this, it is recommended that the Care at Home Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 13.2.
- 2.2 Recent Inverclyde HSCP tenders have been conducted successfully using a 60% Quality weighting. Care at Home services are already provided in Inverclyde by 5 framework providers the overall costs are approximately £3.6m per annum.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee:
- Approves the use of a 60% Quality and 40% Cost of Service weighting in the forthcoming tender for the Inverclyde Care at Home Service and therefore suspends Contract Standing Order 13.2.

**Louise Long**  
**Corporate Director**  
**Inverclyde Health and Social Care Partnership**

## 4.0 BACKGROUND

- 4.1 The initial contract for Care at Home services was awarded on 1st April 2018 for a period for up to 4 years with the at an estimated annual value of £3.6m. The contract will terminate on 31st March 2022 and a procurement solution will be required to ensure continuity of service and compliance with required governance.
- 4.2 The key drivers impacting the procurement options are; a review of Care at Home Services which will look at the capacity and capability of providers to be able to respond to the tender exercise initially programmed for September due to Covid and the ongoing demands on the service
- 4.3 The agreed option to move forward will be a one year contract with option to extend for one further year.

## 5.0 PROPOSALS

- 5.1 The aim of the tender is to accurately describe the high quality and cost effective service required in the Inverclyde area and identify the quality service provider required to deliver the service which will ensure that all service users receive the same standard of service. An essential factor in achieving this aim is to weigh the quality aspects of the service more than the cost. Where the price weighting is high, it leaves less scope to reward good quality providers.
- 5.2 It is recommended that the Care at Home contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 13.2.

## 6.0 IMPLICATIONS

### Finance

- 6.1 The External Home Care budget is currently £3,991,530.

There may however be changes to this budget in advance of the tender being issued and the budget available should therefore be reconfirmed at this stage.

### Financial Implications:

#### One off Costs

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

#### Annually Recurring Costs/ (Savings)

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

## Legal

6.2 The proposal to vary the tender weightings contained within this report is in line with 13.3 of the Standing Orders relating to Contracts.

## Human Resources

6.3 None

## Equalities

6.4 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.

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

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

(b) Fairer Scotland Duty

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

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

|   |  |
|---|--|
|   | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| X | NO - This report does not affect or propose any major strategic decision.  |

## Repopulation

6.5 None

## 7.0 CONSULTATIONS

7.1 The Interim Head of Legal Services, the Corporate Procurement Manager and the Chief Financial Officer have been consulted on the terms of this report.

## 8.0 BACKGROUND PAPERS

8.1 N/A