

A meeting of the Health & Social Care Committee will be held on Thursday 6 January 2022 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 5 January 2022 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.

Information relating to the recording of meetings can be found at the end of this notice.

ANNE SINCLAIR
Interim Head of Legal & Democratic Services

BUSINESS

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5. Early Action System Change – Women Involved in the Criminal Justice System Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
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11.	Learning Disability Redesign – LD Community Hub Update Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
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<p>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</p>			
NEW BUSINESS			
13.	Tender for a New Social Care Case Management Solution Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting the Committee agree to the award of contract in relation to the replacement of the SWIFT system.	Paras 6 & 9	p
PERFORMANCE MANAGEMENT			
14.	Reporting by Exception – Governance of HSCP Commissioned External Organisations Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	Paras 6 & 9	p
<p>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.</p>			

Please note that the meeting will be recorded for publishing on the Council's website. The Council is a Data Controller under UK GDPR and the Data Protection Act 2018 and data collected during any recording will be retained in accordance with the Council's Data Protection policy, including, but not limited to, for the purpose of keeping historical records and making those records available.

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

Report: Health & Social Care Committee **Date:** 6 January 2022

Report By: Allen Stevenson
Interim Corporate Director (Chief
Officer) Inverclyde Health &
Social Care Partnership

Report No: SW/10/2022/CG

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

Contact Officer: Samantha White **Contact No:** 01475 712652

Subject: Revenue & Capital Budget Report – Position as at 31 October 2021

1.0 Purpose

- 1.1 The purpose of this report is to advise the Committee of the projected outturn on revenue and capital budgets for 2021/22 as at 31 October 2021.

2.0 Summary

- 2.1 The projected Revenue Outturn for Social Work as at 31 October 2021 is a £66,000 overspend, which is a reduction in costs of £456,000 since Period 5.

In order to get to this projected outturn position, Inverclyde Health and Social Care Partnership needs to use £1,071,000 of its smoothing reserves.

Main areas of overspend are:

- A projected overspend of £590,000 in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve.
- Within Criminal Justice a £246,000 projected overspend as a result of shared client package costs with Learning Disabilities.
- A projected overspend of £133,000 across Learning and Physical Disabilities client commitments as a result of two new clients, a package change and increased respite take-up.
- A projected overspend of £134,000 on Agency staffing costs within Children and Family Social Work teams, the costs of which are being met by the additional service-wide turnover savings being achieved, as detailed below.
- A projected shortfall in Homecare charging income of £58,000 as a result of a lower take-up of chargeable services.

Main areas of underspend are:

- A £491,000 projected underspend within External Homecare based on the invoices received together with an anticipated reduction in hours to be delivered.
- Additional turnover savings being projected across services of £650,000.

- 2.2 The Social Work 2021/22 capital revised estimate is £1,022,000, with spend to date of £183,000, equating to 17.91% of the revised estimate. Net slippage of £207,000 is anticipated with the advancement of the capital programme in 2021/22.

- 2.3 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 £2.393 million with an additional £0.498 million received for 2021/22, totalling £2.891 million at period 7. Projected spend for 2021/22 is £1.200 million, expenditure is currently 22% ahead of the phased budget.
- 2.4 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption, Fostering & Kinship
 - Continuing Care
 - Residential & Nursing Accommodation
 - Learning Disability (LD) Redesign
 - LD Client Commitments
 - Advice Services

3.0 Recommendations

- 3.1 That the Committee notes the projected current year revenue outturn of a £66,000 overspend at 31 October 2021. This position is after the use of £1,071,000 smoothing reserves.
- 3.2 That the Committee notes the current projected capital position.
- 3.3 That the Committee notes the current earmarked reserves position.
- 3.4 That the Committee notes the recommendation to the IJB to earmark the underspend in Learning Disability Day Services of £63,000 to meet one off costs associated with the new Learning Disability Facility.

Allen Stevenson
Interim 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 current position of the 2021/22 Social Work revenue and capital budgets and to highlight the main issues contributing to the projected £66,000 overspend.

5.0 2021/22 Current Revenue Position: Projected £66,000 overspend (0.12%)

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

2020/21 Actual £000		Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected (Under) / Overspend £000	Variance to Budget %
57,584	Delegated Social Work Budget	54,652	54,714	54,780	66	0.12
(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	54,714	54,780	66	0.12

2020/21 Actual £000	Earmarked Reserves	Approved Reserves £000	Revised Reserves £000	2021/22 Budget £000	Projected Spend £000	Projected Carry Forward £000
14,932	Earmarked Reserves	14,932	15,662	3,122	8,195	7,467
0	CFCR	0	0	0	0	0
14,932	Social Work Total	14,932	15,662	3,122	8,195	7,467

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

5.1 Children & Families: Projected £712,000 (6.77%) overspend

The reduction in the projected overspend of £111,000 primarily relates to:

- A projected overspend of £303,000 against external residential placements, a reduction of £112,000 from period 5, due to a reduction of 2 residential placements along with some changes to other packages. Included the projected outturn, there are currently 11 children being looked after in a mix of residential accommodation, secure accommodation and at home to prevent residential placements.
- A projected overspend of £287,000 within fostering, adoption and kinship, a minor reduction of £4,000 since period 5.
- A projected underspend of £34,000 within employee costs in Integrated Services, a reduction in costs of £100,000 from period 5, which relates to the transfer of a Team Leader's costs to Refugees reflecting the current duties, with the balance of the movement due to additional slippage in filling vacancies.
- A projected overspend of £134,000 on Agency staffing costs within Children and Family Social Work teams, the costs of which are being met by the additional turnover savings being achieved across the service as a whole.

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 7 there is a projected net overspend of £940,000, of which £350,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving a £590,000 overspend against Core across these services.
- The opening balance on the continuing care reserve is £425,000. At period 7 there is a projected net overspend of £130,000 which would be funded from the earmarked reserve at the end of the year.

5.2 Criminal Justice: Projected £191,000 (9.50%) overspend

The projected overspend is showing a reduction in costs of £63,000 since period 5. This is largely within employee costs and is due to additional slippage and maternity, together with additional funding received.

5.3 Older People: Projected £276,000 (1.18%) underspend

The reduction in costs of £317,000 since period 5 mainly comprises:

- A projected underspend of £491,000 within External Homecare, an increase in the underspend of £104,000 since period 5, which reflects the allocation of £77,000 Carers funding, together with a slightly higher reduction in the hours anticipated to be delivered. This is partially offset by staffing costs overspend detailed below, required to maintain service delivery.
- A projected overspend of £151,000 on Employee Costs within Homecare, Community Alarms, Day Care & Respite, a reduction in costs of £154,000 since period 5, due to increased vacancies (an additional 9.04 FTE since period 5), together with slippage in filling posts and reductions in allowances payable.
- A reduction of £176,000 in the projected overspend within Residential and Nursing Care other client commitments, which reflects the allocation of new Carers and Living Wage funding.
- A projected shortfall in Homecare charging income of £58,000 as a result of a lower take-up of chargeable services.

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 7 there is a projected overspend of £241,000 which would be funded from the earmarked reserve at the end of the year (£106,000 underspend reported at period 5) with the increased costs due higher bed placements as a result of reduced Care at Home capacity, projecting 570 beds at period 7 compared with 551 at period 5.

5.4 Learning Disabilities: Projected £132,000 (1.58%) underspend

The reduction in the projected underspend of £87,000 since period 5 primarily relates to Day Services and Client Commitments:

Within Day Services there is a projected underspend of £63,000, pending the completion of the new Learning Disability Facility, which we are recommending to the IJB that they earmark this underspend to meet one off costs associated with the Learning Disability Hub leaving a net nil position on the projected outturn being reported.

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 7 there is a projected net overspend of £413,000, of which £350,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving a £63,000 overspend against Core across these services, an increase in costs of £45,000 since period 5, which is due to higher respite take up.

5.5 **Physical Disabilities: Projected £69,000 (2.80%) overspend**

The increase in the projected overspend of £47,000 since period 5 primarily relates to client commitments and is as a result of two new service users and a package change.

5.6 **Assessment and Care Management: Projected £66,000 (2.84%) underspend**

The projected underspend has increased slightly by £11,000 since period 5.

5.7 **Mental Health: Projected £111,000 (11.82%) underspend**

The increase in the projected underspend of £32,000 since period 5 is mainly within client commitments, where spend is projected to be in line with that in 2020/21.

5.8 **Alcohol & Drugs Recovery Service: Projected £184,000 (21.10%) underspend**

The increase in the projected underspend of £50,000 since period 5 is mainly within client commitments, where spend is projected to be in line with that in 2020/21.

5.9 **Planning, Health Improvement & Commissioning: Projected £61,000 (3.64%) underspend**

The increase in the projected underspend of £51,000 since period 5 primarily relates to employee costs and the transfer of a Welfare Rights Adviser's costs to Refugees reflecting the current duties together with additional slippage in filling posts.

5.10 **Business Support: Projected £96,000 (3.45%) underspend**

The projected underspend has reduced slightly by £16,000 since period 5.

6.0 **2021/22 Current Capital Position**

6.1 The Social Work capital budget is £10,829,000 over the life of the projects with £1,728,000 projected to be spent in 2021/22. Net slippage of £207,000 is currently being reported in connection with the implementation of the Swift Upgrade and to reflect pre-contract design stage progress on the New Learning Disability Facility. This has been partially offset by the previously reported advancement in connection with the virement of Covid contingency from the Environment & Regeneration capital programme to address the completion works for the new Crosshill Children's Home. Expenditure on all capital projects to 31 October 2021 is £183,000 (14.89% of approved budget, 17.91% of revised estimate). Appendix 4 details capital budgets.

6.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the 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 COVID-19 situation impacted the progression of the completion works tender which was progressed in 1st Quarter 2021 as previously reported. The completion work recommenced on 4 May 2021 with a contractual completion date in early November 2021.
- The works are progressing on site as summarised below:
 - Internal wall linings/finishes in progress.
 - Electrical and plumber work 1st fix complete with 2nd fix in progress.
 - External drainage in progress with Scottish Water connection complete.
 - Main plant room works in progress.

- The Contractor has intimated delays due to supply chain issues and anticipates completion in early March 2022 which is currently being assessed by Technical Services.

6.3 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th 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. Additional surveys have been undertaken to determine the exact location of the culverted Burn due to the close proximity to the proposed building. The culvert line has now been established and plotted. From the site investigation information it is known that bedrock is close to the surface of the site and will impact the design of the drainage attenuation and the drainage runs. An assessment is currently underway to determine the relative cost implications of cutting into the rock or raising the ground level by importing material.
- Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. The approach to the structural solution for the building has been developed by the consultant engineers with the mechanical ventilation and heating system options currently under development.
- Property Services are progressing the procurement of a Quantity Surveyor to allow the cost of the developing design at Architectural Stage 2 to be checked against the original project budget. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the development of net zero carbon building standards.
- Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.

6.4 Swift Upgrade:

The project involves the replacement of the current Swift system. The March 2020 Policy & Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid and this is not now expected to take place until the new year. Consequently slippage of £500,000 is now being reported for 2021/22. There is a separate report on the agenda for this project.

7.0 Earmarked Reserves

7.1 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 £2.393 million with an additional £0.498 million received for 2021/22, totalling £2.891 million at period 7. Projected spend for 2021/22 is £1.200 million. There is spend to date of £561,000 which is 22% ahead of the phased budget. Appendix 5 details the Earmarked Reserves.

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

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

8.0 Implications

8.1 Finance

All financial implications are discussed in detail within the report above

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

8.2 Legal

<input type="checkbox"/>
X

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

NO

8.3 Human Resources

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

8.4 Equalities

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

Yes See attached appendix

No

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

(b) Fairer Scotland Duty

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

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

<input type="checkbox"/>
<input checked="" type="checkbox"/>

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

NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

NO

8.5 Repopulation

There are no repopulation issues within this report.

9.0 Consultations

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

10.0 List of Background Papers

10.1 There are no background papers for this report.

Social Work

Budget Movement - 2021/22

Period 7 1 April 2021 - 31 October 2021

Service	Approved Budget £000	Movements				Amended Budget £000	IJB Funding Income £000	Revised Budget £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000			
Children & Families	10,494	0	25	0	0	10,519	0	10,519
Criminal Justice	75	43	0	0	0	118	0	118
Older Persons	22,548	414	357	0	0	23,319	0	23,319
Learning Disabilities	8,435	0	0	0	0	8,435	0	8,435
Physical & Sensory	2,461	0	0	0	0	2,461	0	2,461
Assessment & Care Management	2,716	(454)	62	0	0	2,324	0	2,324
Mental Health	939	0	0	0	0	939	0	939
Alcohol & Drugs Recovery Service	960	0	(89)	0	0	871	0	871
Homelessness	1,218	0	0	0	0	1,218	0	1,218
Planning, Health Improvement & Commissioning	1,649	26	0	0	0	1,675	0	1,675
Business Support	3,157	372	(694)	0	0	2,835	0	2,835
Totals	54,652	401	(339)	0	0	54,714	0	54,714

Budget Movements Detail

£000

Inflation

Care at Home	108
National Care Home Contract	293
	401

Virements

ADRS to Community Learning & Development (CLD)	(89)
Corp Dir (SIMD Deprivation)	(250)
	(339)

Social Work

Revenue Budget Projected Outturn - 2021/22

Period 7 1 April 2021 - 31 October 2021

2020/21 Actual Subjective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
29,314 Employee costs	29,677	31,943	31,261	(682)	(2.14)
1,437 Property costs	997	996	1,011	15	1.50
2,965 Supplies & services	805	905	973	68	7.51
254 Transport & plant	378	348	301	(47)	(13.39)
840 Administration costs	723	741	847	106	14.25
46,578 Payments to other bodies	42,904	42,861	43,697	836	1.95
(17,767) Income	(20,832)	(23,080)	(23,310)	(230)	0.99
63,622	54,652	54,714	54,780	66	0.12
(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
51,807 Social Work Net Expenditure	54,652	54,714	54,780	66	0.12

2020/21 Actual Objective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
11,124 Children & Families	10,494	10,518	11,230	712	6.77
166 Criminal Justice	75	118	309	191	9.50
26,402 Older Persons	22,548	23,319	23,043	(276)	(1.18)
8,173 Learning Disabilities	8,435	8,435	8,303	(132)	(1.58)
2,475 Physical & Sensory	2,461	2,461	2,530	69	2.80
1,812 Assessment & Care Management	2,716	2,324	2,258	(66)	(2.84)
1,538 Mental Health	939	939	828	(111)	(11.82)
706 Alcohol & Drugs Recovery Service	960	872	688	(184)	(21.10)
1,154 Homelessness Planning, Health Improvement &	1,218	1,218	1,238	20	1.64
1,706 Commissioning	1,649	1,675	1,614	(61)	(3.64)
2,328 Business Support	3,157	2,835	2,739	(96)	(3.39)
6,038 Covid-19	0	0	0	0	0.00
63,622	54,652	54,714	54,780	66	0.12
(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
51,807 Social Work Net Expenditure	54,652	54,714	54,780	66	0.12

Social Work

Material Variances - 2021/22

Period 7 1 April 2021 - 31 October 2021

2020/21 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 31/10/2021	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	Employee Costs						
6,243	Children & Families	6,344	3,407	3,434	6,309	(35)	(0.55)
1,708	Criminal Justice	1,765	948	844	1,682	(83)	(4.70)
10,101	Older Persons	10,666	5,727	5,896	10,818	152	1.43
2,445	Physical Disabilities	2,645	1,420	1,310	2,445	(200)	(7.56)
901	Learning Disabilities	982	527	520	957	(25)	(2.55)
2,039	Assessment & Care Management	2,165	1,163	1,101	2,083	(82)	(3.79)
1,087	Mental Health	1,263	678	600	1,160	(103)	(8.16)
1,057	Alcohol & Drugs Recovery Service	1,144	614	548	1,028	(116)	(10.14)
896	Homelessness	1,059	569	501	1,027	(32)	(3.02)
1,642	Planning, Health Improvement & Commissioning	1,690	908	912	1,635	(55)	(3.25)
1,623	Business Support	2,220	1,192	1,134	2,117	(103)	(4.64)
29,742		31,943	17,153	16,800	31,261	(682)	(2.14)
2,079	Children & Families - Residential Childcare	1,982	1,156	1,602	2,285	303	15.29
1,922	Children & Families - Adoption, Fostering and Kinship	1,744	1,117	1,256	2,031	287	16.46
170	Children & Families - Respite	201	117	147	243	42	n/a
125	Children & Families - agency staffing costs	0	0	116	134	134	n/a
147	Criminal Justice package costs	0	0	0	246	246	n/a
3,369	Older People - External Homecare Payments	4,331	1,324	1,055	3,840	(491)	(11.34)
(41)	Older People - Homecare Charges Income	(107)	(62)	(22)	(49)	58	(54.21)
9,178	Learning Disabilities - Client Commitments	9,220	4,280	3,715	9,283	63	0.68
2	Learning Disabilities - Legal Fees	0	0	59	59	59	n/a
1,607	Physical Disabilities - Client Commitments	1,636	954	884	1,739	103	6.30
1,285	Mental Health - Client Commitments	1,324	772	562	1,287	(37)	(2.79)
389	ADRS - Client Commitments	472	275	127	404	(68)	(14.41)
2	Homelessness - Additional System License Costs	6	4	34	36	30	500.00
20,234		20,809	9,938	9,535	21,538	729	455.98
49,976	Total Material Variances	52,752	27,090	26,335	52,799	47	0.09

Social Work
Capital Budget 2021/22

Period 7 1 April 2021 - 31 October 2021

Project Name	Est Total Cost	Actual to 31/03/21	Approved Budget	Revised Estimate	Actual to 31/10/21	Estimate 2022/23	Estimate 2023/24	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
Social Work								
Crosshill Childrens Home Replacement	2,315	1,489	221	720	169	106	0	0
New Learning Disability Facility	7,400	67	406	200	14	1,500	5,498	135
Swift Upgrade	1,101	0	600	100		1,001	0	0
Complete on Site	13	0	2	2		11	0	0
Social Work Total	10,829	1,556	1,229	1,022	183	2,618	5,498	135

Social Work

Earmarked Reserves - 2021/22

Period 7 1 April 2021 - 31 October 2021

Project	Lead Officer / Responsible Manager	Total Funding 2021/22 £000	Phased Budget To Period 7 2021/22 £000	Actual To Period 7 2021/22 £000	Projected Spend 2021/22 £000	Amount to be Earmarked for 2022/23 & Beyond £000	Lead Officer Update
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. Projected spend in 2021-22 of £41k reflects shortfall in SG grant against contract.
C&YP Mental Health & Wellbeing	Sharon McAlees	202	0	7	202	0	Plan and implement a programme aimed at supporting children and young people whose life chances are negatively impacted 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	187	157	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	149	194	543	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.
Autism Friendly	Alan Best	164	0	0	0	164	Plans currently being developed.
Integrated Care Fund	Alan Best	109	0	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.
Delayed Discharge	Alan Best	422	246	245	422	0	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Full spend of £422k is expected for 2021-22.

Social Work

Earmarked Reserves - 2021/22

Period 7 1 April 2021 - 31 October 2021

Project	Lead Officer / Responsible Manager	Total Funding 2021/22 £000	Phased Budget To Period 7 2021/22 £000	Actual To Period 7 2021/22 £000	Projected Spend 2021/22 £000	Amount to be Earmarked for 2022/23 & Beyond £000	Lead Officer Update
Self Directed Support	Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS.
Wifi	Alan Best	7	0	0	7	0	Work has been carried out with balance looking to be fully spent this year.
Dementia Friendly	Anne Malarkey	100	5	1	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	20	2	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 plan
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 - IDEAS Projects	Craig Given	297	0	0	0	297	Plans currently being developed.
Total		2,891	458	561	1,200	1,691	

Report To:	Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/02/2022/SMcA
Contact Officer:	Sharon McAlees Head of Children & Criminal Justice Services	Contact No:	715282
Subject:	Chief Social Work Officer Annual Report 2020/21		

1.0 PURPOSE

- 1.1 The purpose of the report is to advise the Health & Social Care Committee of the content of the Inverclyde Chief Social Work Officer (CSWO) Report for 2020/21.

2.0 SUMMARY

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The reports provided by all CSWO across the country allows the Chief Social Work Advisor to present a national picture of the social work profession and practice which in turn influences the development of social work practice and delivery.
- 2.3 The report follows the same format of that in previous years and seeks to provide an overview of the delivery of social work services in the Inverclyde context, outlining the particular challenges and opportunities over the past year.
- 2.4 The report highlights the challenges facing the most vulnerable members of our communities and the action taken by social work services to address these challenges. As with previous years the 2020/21 CSWO report seeks to highlight the positive work undertaken and the continued strong track record of participation and consultation with the community.
- 2.5 This year's report is inevitably set within the context of the global pandemic. Reference is made to the pandemic throughout the report and an additional section has been added that looks at some of the key adaptations and activities that were necessary throughout the year.

3.0 RECOMMENDATIONS

- 3.1 The Health & Social Care Committee are asked to note and make comment on the content of the Chief Social Work Officer Report.

Allen Stevenson
Interim Chief Officer
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

- 4.1 The Social Work (Scotland) Act 1968 sets out a requirement for all Scottish Local Authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Each CSWO report is required to set out the local context within which social work services are delivered and give consideration to the following specific areas:
- opportunities and challenges
 - governance arrangements
 - partnerships
 - service quality and performance
 - resourcing
 - workforce planning
- 4.3 It is a responsibility of the role of Chief Social Work Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at times of vulnerability or crisis. Given the demographic profile of Inverclyde the report highlights the very many areas of challenge our community's experience and for this particular year reflects these challenges in the context of the pandemic.
- 4.4 The annual CSWO report provides an opportunity to reflect on, to recognise and to appreciate the work of social work and social care staff. This is an opportunity that is very much welcomed and valued by Council and HSCP and provides members the opportunity to express their appreciation of the commitment, quality and life changing outcomes that our staff contribute to the residents of Inverclyde. 2020/21 was unprecedented all of the same complex and challenging issues that affect Inverclyde continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual at times exceeding service delivery in preceding years and responding with incredible creativity and often courageously.
- 4.5 At the time of writing this report our attention is focused on recovery even as we lean into and make plans for what will be a challenging winter. Our recovery plans and actions are based on reflecting on what we have learned over the past year, what has worked well and what we can improve upon. Our approach however will remain consistent and that is based on a clear ambition to deliver the best possible outcomes for the citizens of Inverclyde.

5.0 PROPOSALS

- 5.1 N/A

6.0 IMPLICATIONS

Finance

6.1 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 N/A

6.3 **Human Resources**

N/A

Equalities

6.4 Equalities

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

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

Repopulation

6.5 N/A

7.0 CONSULTATIONS

7.1 The report has been prepared by the Chief Social Work Officer and after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 Chief Social Work Officers Report



CSWO Report
2021.docx

Report To: Health & Social Care Committee **Date:** 6 January 2021

Report By: Allen Stevenson **Report No:** SW/07/2022/AG
Interim Corporate Director (Chief
Officer) Inverclyde Health & Social
Care Partnership

Contact Officer: Anne Glendinning **Contact No:** 715368
Acting Chief Social Work Officer
Inverclyde Health and Social
and Social Care Partnership

Subject: Child Protection Committee Annual Report 2020-2021

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the publication of a draft version of the Inverclyde Child Protection Committee's Annual Report 2020-21.
- 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 2018-2020. This was a 2 year report due to there being no Lead Officer in post during the majority of 2019. The Committee will note that the report under consideration spans from March 2020 to March 2021. There is always debate as to where to begin and end a report with some CPC's using the calendar year, some using the academic year and others basing it around key events. We chose with the 2018-20 report to end on the cusp of the COVID-19 pandemic, thus it makes sense to begin this report from March 2020 when CPC had, like the rest of the world, to adjust to a new way of working under a global pandemic.
- 2.3 The attached report was presented to and accepted by Inverclyde Child Protection Committee on 18 October 2021. It was presented to and accepted by Inverclyde Chief Officer's Group on 16 November 2021.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to note the content of this report.

Allen Stevenson
Interim 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. 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 records the multiagency response to the COVID-19 pandemic and examines areas of best practice. 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 Whole Family (previously CAPSM) 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 In terms of public information and advice, Inverclyde CPC participated in the national **Eyes and Ears** campaign over the summer of 2020. This was intended to encourage family members and communities to keep an eye out for children who might be struggling or experiencing harm and a listening ear to their needs. This campaign was reissued over Christmas. The campaign was succeeded in March 2021 by **KeepingKidsSafeOnline**, a virtual poster campaign with information links for parents and carers encouraging them to check in on what their children are up to online. This was on the back of Police Scotland noting that there had been a 13.4% increase in reports of online abuse and exploitation since lockdown commenced. Autumn 2020 was to see the launch of 'Helping Hands' an Inverclyde specific campaign to promote access to early support for children and families in need. It was decided to delay this, however, in order to focus on the national rollout of the **Children (Equal Protection from Assault) (Scotland) Act 2019**. This act, known colloquially as the 'smacking ban'

removes the defence of ‘reasonable chastisement’, which a parent or carer could previously use to justify the use of physical force to discipline a child. The change in law necessitated a robust publicity campaign to ensure parents and carers were aware and our local early years services were particularly adept at communicating the change via parent packs despite the limitations imposed by ongoing social distancing. New guidance was developed for practitioners and a series of online information events were offered to multiagency staff teams. Inverclyde’s Lead Officer for Child Protection joined the communications sub group of CPC Scotland in May 2021 and was party to the development of a more asset focused campaign over the summer of 2021 called **For Kid’s Sake...** which encouraged extended family and local communities to keep a benign eye on children over the summer holidays and offer a helping hand to parents. A new and exciting development within CPC Scotland’s sub-group will encourage children and young people to become directly involved in the theming and co-production of future campaigns. Inverclyde’s Lead Officer for Child Protection is encouraging Inverclyde’s extremely active Champs and Little Champs, members of the Proud2Care network, to get involved and help shape the future of child protection communication.

4.8 With regard to Learning and Development, COVID-19 has had a significant impact on delivery of training to staff. Indeed, in the first few months of the pandemic CPC were unable to deliver any training. (fortunately, February and early March 2020 had seen delivery of both the 5 day Child Protection Course for enhanced practitioners and Children Affected by Parental Substance Misuse training to multiagency teams). Within months, however, our training sub-group was up and running virtually and we spent the following months converting in-person training to a virtual format. In early 2021 we commenced training in The Assessment of Care: Formerly known as the Neglect Toolkit, we have so far delivered 5 sessions to 41 members of staff from social work, health and community learning and development. A twilight session has taken place for education staff. A recent evaluation session noted that the training has increased awareness of the impact of neglect though practitioners have struggled to use the toolkit with families given lockdown restrictions. Neglect training for the general workforce: A virtual programme is complete and ready to deliver to relevant agencies. Child Protection Awareness for the general workforce: This has been adapted to a virtual format and is now being delivered to a range of services. Scottish Drugs Forum: Everyone has a story, an account of the impact of problematic substance use on children and young people was delivered virtually to a multiagency staff team. All training is conducted with reference to the **assess-plan- do-review** cycle which means we revisit it with participants at regular intervals in order to assess how well learning is embedded in practice.

4.9 The draft Annual Report concludes with a plan of business. This includes plans to progress work already begun via CPC sub groups and deliver multiagency training in relation to neglect, child protection awareness and Whole Family Support for addiction. All of the objectives noted are underway and an update report will be offered within the next annual report. The Annual Report for 2020-2021 is attached below.

5.0 IMPLICATIONS

Finance

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

YES

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

(b) Fairer Scotland Duty

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

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

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

NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

NO

Repopulation

5.5 n/a

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS



Annual report
2020-21.docx

Report To:	Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/05/2022/SMcA
Contact Officer:	Sharon McAlees Head of Children & Criminal Justice Services	Contact No:	715282
Subject:	Early Action System Change - Women Involved in the Criminal Justice System		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Health and Social Care Committee in respect of the project 'Women Involved in the Criminal Justice System'.
- 1.2 The report outlines the progress to date with regards to phase one of the project including the proposed Test of Change and then details the mechanisms for the Test of Change in phase two of the project.

2.0 SUMMARY

- 2.1 The National Lottery Community Fund Early Action System Change (EASC) programme awarded £682,250 (inclusive of £75,000 Test of Change monies) to Inverclyde HSCP in 2019. The purpose of the EASC fund is to help make a fundamental shift towards effective early intervention in Scotland. The funding was awarded under the Women and Criminal Justice theme.
- 2.2 The Women's Project aims to develop a system change in the response to women in the Criminal Justice System (CJS) with a focus on a fundamental shift towards effective early intervention. Due to COVID-19 related delays, phase one of the project (the discovery phase) was extended, with agreement of the funder, until August 2021.
- 2.3 Two key themes which emerged from engagement with women were a lack of support at their earliest interactions with the CJS and a lack of opportunity for/anxiety around accessing suitable community activities and networks as well as volunteering or employment opportunities.
- 2.4 The project, through the Steering Group identified a clear need for the Test of Change to focus on both of these themes, along with the need for a cultural change to the way women are communicated and engaged with and for their anxieties to be acknowledged and better supported.
- 2.5 The Test of Change proposed is to adopt a trauma informed approach to support women as close to their entry to the CJS as possible. Significantly, the Test of Change will involve staff across 3 separate services within the HSCP as well as colleagues from the Third Sector. The mechanisms for the delivery of the Test of Change are noted below.
- 2.6 Being trauma informed/responsive requires organisations and their staff to embrace the principles of Choice, Collaboration, Trust, Safety and Empowerment in all interactions.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee:
- a. Note the progress of the Early Action System Change Women's Project
 - b. Approves and supports the work being driven in respect of the Test of Change in adopting a trauma informed approach to support women as close to the entry to the Criminal Justice System as possible.

**Allen Stevenson
Interim Chief Officer
Inverclyde HSCP.**

4.0 BACKGROUND/PHASE ONE

- 4.1 The National Lottery Community Fund Early Action System Change (EASC) programme awarded £682,250 (inclusive of £75,000 Test of Change monies) to Inverclyde HSCP in 2019. The purpose of the EASC fund is to help make a fundamental shift towards effective early intervention in Scotland. The funding was awarded under the Women and Criminal Justice theme. The project aims to achieve a system change in the response to women in the Criminal Justice System (CJS) and seeks to fully involve women with lived experience, ensuring that they co-produce this change. Phase one (the discovery phase) of the project has focused on engagement with women with lived experience of the CJS and services and organisations that support women as well as analysis of relevant literature.
- 4.2 The work of phase one was carried out by a Project Manager who oversaw the running of the project; a Data Analyst (employed on a part time basis) who led on data, cost analysis and evaluation and a Community Worker who led on engagement with women with lived experience of the criminal justice system and co-production.
- 4.3 Governance of phase one was led by the project Steering Group with representation from each of the services and organisations involved in the partnership:
 - Criminal Justice Social Work
 - Alcohol & Drugs Recovery Services
 - Homelessness Services
 - Mental Health & Wellbeing Services
 - Inverclyde Community Justice Partnership
 - Inverclyde Alcohol & Drug Partnership
 - Your Voice
 - Turning Point Scotland
 - CVS Inverclyde
- 4.4 Engagement with women and development of a Co-production Group was about to begin in spring 2020 and unfortunately coincided with the first COVID-19 lockdown. The COVID-19 restrictions in place for the remainder of phase one, along with the extreme difficulties that the pandemic presented for many women had a significant impact on engagement. In spite of these difficulties, the Community Worker was able to successfully make inroads and communicate with a small number of women with involvement with the criminal justice system in Inverclyde. Initial contact was mostly achieved through referrals from frontline staff in HSCP services who were already supporting women. Some additional contact with women came via social media channels. The Community Worker also communicated with third sector networks in order to open up the potential for referrals as widely as possible.
- 4.5 Although engagement with women with lived experience of the criminal justice system during phase one of the project was only achieved with a small number of women, two broad common themes did emerge:
 - A lack of support around initial involvement in the CJS – period between arrest and possible court outcome
 - A lack of obvious opportunities for positive and supportive community networks or groups.
- 4.6 Additionally, engagement was carried out with frontline staff from a range of HSCP and third sector organisations about their experiences of working with women. Two broad common themes emerged which staff identified as being significant to women's involvement in the criminal justice system; the impact of trauma and the role of relationships.
- 4.7 Phase one of the project has concluded with a Test of Change proposal. The Test of Change proposed is to adopt a trauma informed approach to support women as close to their entry to the CJS as possible. In addition, it will also feature, again with a trauma informed approach, facilitation for opportunities for women to engage in activities, volunteering or employment within their community.

5.0 TRAUMA INFORMED APPROACHES

- 5.1 It is anticipated that to enable a trauma informed approach, staff from a range of HSCP services and third sector organisations will:
- receive trauma informed training (expected to be trauma enhanced level for at least some of these staff) and implement this into their practice, and;
 - take part in regular group supervision to provide a structure for ongoing support and reflection upon their practice and support for implementing trauma informed approaches and reinforcing associated general principles.
- 5.2 In practical terms, this group will be made up of staff who are involved in supporting women and are likely to come into contact with them at some of the earliest entry points to the CJS e.g. those involved in bail supervision assessments, arrest referral, diversion from prosecution etc. This is likely to include frontline staff from Criminal Justice Social Work, Alcohol and Drug Recovery, Homelessness Services. In addition, staff from some third sector organisations who provide more generalised and more flexible support e.g. Community Link Workers, Community Connectors etc. would also be involved. It is envisaged that these staff will play a central role, in particular, in the development of community based opportunities and activities for women.
- 5.3 As well as implementing a trauma informed approach to their own practice, the staff groups should proactively work together to identify how and where individual women could benefit from additional support and ensure that they play an active role in facilitating women accessing this additional support in a manner that best suits the needs of each individual woman. Suggested examples include, but not limited to, 'warm handovers', accompanying women to activities in the early stages of engagement, support to identify opportunities, additional efforts to explain questions and their rationale during engagement etc.
- 5.4 Critical to the implementation of this system change will be the commitment of leadership and management to supporting staff and to understanding, embedding and modelling changes in practice. Evidence from a trauma informed pilot project in Edinburgh Criminal Justice Social Work Service highlighted that the involvement of leaders in implementing a trauma informed approach had a positive impact on front line staff who recognised that management were validating and investing in their practice. The leadership and staff training will be developed using the NHS Education for Scotland Scottish Psychological Trauma Training Plan and delivered in collaboration with NHSGGC. Early contact has been made with the Community Justice Health Improvement Lead for NHSGGC for this purpose
- 5.5 Nationally The Scottish Government's ambition, shared by COSLA and partners, is for a trauma informed workforce and services across Scotland. Commitment was first made in Survivor Scotland (2015) 'to develop a national approach to enable the workforce to respond to the needs of survivors'. Further commitments were reiterated in subsequent programmes for Government 2018-19, 2019-20, 2020-21, and supported by commitments in other strategic documents including Mental Health Strategy 2017-20.

6.0 PHASE TWO - TEST OF CHANGE

- 6.1 Phase two of the project formally commenced on 1 September 2021. As agreed with the funder the staffing arrangements for phase two has a Project Manager (1 FTE) and Community Worker (1 FTE). The Data Analyst post expired on completion of phase one.
- 6.2 In order to develop trauma informed organisation and services in Inverclyde, it is recommended that, inline with other areas who have commenced with developing trauma informed organisations and services, to in the first instance invite Management and Leaders across relevant organisations to participate in Scottish Trauma Informed Leadership Training (STILT).
- 6.3 The STILT training programme was created in recognition that trauma informed and

responsive practice can only happen in the context of trauma informed and responsive environments, policies, systems and organisations. STILT is designed to support Leaders take a trauma informed lens to their organisation and in so doing support a top down as well as bottom up approach. This follows the approach as recommended by NHSGG&C and aligned with the National Transforming Psychological Trauma Programme in fulfilment of the Scottish Governments 2015 commitment for the workforce to become trauma informed.

- 6.4 Management and Leaders from Inverclyde HSCP, Your Voice Inverclyde and CVS Inverclyde were invited to attend STILT Training on Friday 3 December 2021.
- 6.5 On completion of STILT Training this group of Managers and Leaders will be invited to take part in the Trauma Informed Learning Training Workshop in February/March 2022. This workshop is being supported by the Health Improvement Lead (Community Justice) NHS Greater Glasgow & Clyde. The aim is to consider the organisational context within which the Test of Change will be delivered and what shifts may be needed to support this. This is viewed as a vital next step as leaders have been identified as instrumental to the success of delivering trauma informed systems and approaches.
- 6.6 Governance of the project currently sits with the Inverclyde Community Justice Partnership with an 'Implementation Group' created for those agencies who have responsibility for staffing groups who will directly participate in the Test of Change. It is anticipated that the Implementation Group will look to introduce a training pathway for staff groups in a wider framework of staff training, development and support.
- 6.7 Although the overall project and indeed phase two of the project is to enable a trauma informed approach for women involved in the CJS, there is potential for the learning to be scaled up across organisations including the HSCP. Similarly there is also the opportunity to engage and work collaboratively with the Inverclyde Alcohol and Drugs Partnership (ADP) and their funded project on early help in Police custody and the likely shared outcomes between both programmes.

7.0 PHASE TWO PROJECT TIME LINE:

Phase 2 (Years 3 to 5)	Key Milestones/Activities
Year 3 August 2021/22	Preparatory work for Test of Change: <ul style="list-style-type: none"> • Test of Change Implementation Group established • Identified HSCP/Third Sector Leaders participate in national STILT webinar • Local STILT workshop(s) with identified HSCP/Third Sector Leaders take place and Action Plan developed and agreed • Training pathway for frontline staff identified and training implemented • Co-production activities with women remain a consistent thread throughout to ensure their voice continues to inform Test of Change
Year 4 August 2022/23	Implement Test of Change
Year 5 August 2023/24	Evaluate Test of Change

8.0 IMPLICATIONS

8.1 Finance

In Phase one the spend against the project was £272,900, leaving a balance of £409,350.

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 £000	Virement From (if Applicable)	Other Comments
Criminal Justice: Women's Project	Staffing: Test of Change Non Staffing	Phase 2: Year 1 (2021/22)	39 0 1	Externally funded from The National Lottery Community Fund	Starts 1/9/21 (7 months of costs)
	Staffing: Test of Change Non Staffing	Year 2 (2022/23)	112 40 1		12 months
	Staffing: Test of Change Non Staffing	Year 3 (2023/24)	114 35 1		12 months
	Staffing: Test of Change Non Staffing	Year 4 (2024/25)	57 0 0.5		Ends 31/08/24

8.2 Legal

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

8.3 Human Resources

The project grant will fully fund the project staff posts. Finance colleagues were involved in the costings of these, and the posts themselves are temporary in nature.

8.4 Equalities

Equalities

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

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

X	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. An impact assessment was completed at the project implementation.
	NO

8.5 Repopulation

There are no specific repopulation issues.

9.0 CONSULTATIONS

9.1 The report has been prepared after due consideration with relevant senior officers in the HSCP. This approach has also been informed by involving women with lived experience, ensuring that they co-produce this change.

10.0 BACKGROUND PAPERS

10.1 Big Lottery: Early Action Systems Change Fund (SW/27/2018/SMcA)

Report To:	Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/11/2022/AG
Contact Officer:	Anne Glendinning Acting Head of Children & Criminal Justice Services	Contact No:	715282
Subject:	Criminal Justice Social Work Statistics 2019/20 - People Dying on Community Payback Orders (CPOs)		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health & Social Care Committee information relating to individuals on Community Payback Orders where the reason recorded for the termination of their order is due to death.
- 1.2 The report outlines data provided within the Criminal Justice Social Work Statistics series, a submission to the Scottish Parliament Criminal Justice Committee regarding this issue and an update from the Inverclyde Community Justice Partnership in respect of further action.

2.0 SUMMARY

- 2.1 Local authority criminal justice social work services are required to provide the Scottish Government with annual returns in relation to their work activity. The report includes data on justice social work services and court social work orders, as well as characteristics of the individuals involved. The most recent publication was for the period 2019-20.
- 2.2 Whilst a number of other community orders and licences exist across Scotland this report to the Health & Social Care Committee focuses on the termination of Community Pay Orders (CPOs) where the reason for the termination of the CPO was recorded as being due to death.
- 2.3 CPOs are court orders which are imposed on individuals sentenced in relation to offences committed from 1st February 2011. These orders were created by the Criminal Justice and Licensing (Scotland) Act 2010 (2010 Act). A CPO may consist of one or more of nine requirements as set out in the Criminal Procedure (Scotland) Act 1995 (1995 Act).
- 2.4 The Criminal Justice Social Work Statistics 2019-20 notes that during the reporting year across Scotland 188 CPOs were terminated by reason of death from a total of 15,992 CPOs terminated in Scotland in that period. Within Inverclyde 7 CPOs were terminated by reason of death from a total of 230 terminated in Inverclyde in the same period.
- 2.5 The Inverclyde Community Justice Partnership (ICJP) is a strategic partnership with a shared vision to "Improving Lives, Strengthening Communities" underpinned by seven national outcomes. Presently ICJP is undertaking a Strategic Needs and Strengths Assessment which seeks to provide a comprehensive overview of community justice activity within Inverclyde and identify the needs and strengths specific to Inverclyde.

3.0 RECOMMENDATIONS

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

- a) Notes and comments on the report
- b) Requests a further update following completion of the Strategic Needs and Strengths Assessment.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP.

4.0 BACKGROUND TO COMMUNITY PAYBACK ORDERS (CPO)

- 4.1 The governance arrangements for justice social work services are set out in legislation, making local authorities responsible for delivering a range of services for those involved in the criminal justice system.
- 4.2 Statutory social work orders include community payback orders (CPO) which can be imposed by courts in Scotland as an alternative to a custodial sentence. A person subject to a CPO can be required to comply with the terms of a supervision requirement and / or undertake an unpaid work requirement. The court can select one or more when deciding on the requirements of the order. They can be tailored specifically to each individual based on the nature of offending and any underlying issues. The requirements are:
- unpaid work or other activity requirement
 - offender supervision requirement
 - compensation requirement
 - programme requirement
 - mental health treatment requirement
 - drug treatment requirement
 - alcohol treatment requirement
 - residence requirement
 - conduct requirement
- 4.3 The annual publication 'Criminal Justice Social Work Statistics in Scotland' presents national-level information on criminal justice social work activity in Scotland. The report includes data on justice social work services and social work orders, as well as characteristics of the individuals involved. The current publication for the period 2019-20 can be found via the following link; [Criminal Justice Social Work Statistics in Scotland: 2019-20](#) .
- 4.4 Through this annual publication is a data set on CPOs terminated by outcome. Whilst locally and nationally a significant majority of CPOs are terminated due to being successfully completed/early discharge, there is a total where the CPO has been terminated due to death. During the period 2019/20 the publication notes that during the reporting year across Scotland 188 CPOs were terminated by reason of death from a total of 15,992 CPOs terminated in Scotland in that period. Within Inverclyde 7 CPOs were terminated by reason of death from a total of 230 terminated in Inverclyde in the same period.

5.0 THE SCOTTISH PARLIAMENT CRIMINAL JUSTICE COMMITTEE

- 5.1 The issue of CPO's being terminated due to death was raised as an issue by Dr Hannah Graham, Senior Lecturer in Criminology, University of Stirling at the Scottish Parliament Criminal Justice Committee on 15 September 2021. This paper was submitted in advance of a session on '*Reducing reoffending, offering community justice solutions and alternatives to custody*'. The full submission to the Committee can be accessed via [The Scottish Parliament](#).
- 5.2 In the submission, Dr Graham noted:
- In the one year period (2019-2020), 188 CPOs were terminated by reason of death, from a total of 16,700 CPOs commenced [and 15,992 terminated] in Scotland in that period.
 - The age-standardised mortality rate in 2019 was 425 deaths per 100,000, whilst the crude mortality rate for CPOs was 1,125 per 100,000. Caution must be considered in applying this comparison to death rates but it does *suggest* the death rate is higher for people subject to CPOs than the general population.
 - Over a seven year period (2013-14 to 2019-20), there have been a total of 1,178 CPOs terminated by reason of death (Scottish Government, 2021), which is a relatively high number in light of the ages of people subject to CPOs (often aged in their 20s, 30s, 40s)

5.3 Additionally certain characteristics and circumstances as noted above are clear in the annual publication based on gender differences, age differences and differences in employment status. These are as follows:

- Gender differences: In the one year period of 2019-2020, the total of 188 CPOs terminated because of death are reported as 42 females (22.3%) and 146 males (77.7%). Across a seven year period (2013-2020), there has been a gradual but steady increase in the total numbers of females dying on CPOs, from 17 in 2013-2014 to 42 in 2019-2020.
- Age differences: The majority of deaths on CPOs are among younger adults: for example, in the one year period of 2019-2020, 61.3% were aged between 16-40 years old.
- Differences in employment status: Across a seven year period (2013-2020), it varies a little by year, but between 6–13% of those who died on CPOs are reported to be employed or self-employed. Those who are in full-time education are 0.0–1.0%. The majority of those who died are reported to be unemployed or not seeking employment (which includes retired, supported by family, caring for home/family, or long-term sick/disabled).

5.4 Local authorities with the highest numbers of CPOs ended because of death over a seven year period (2013-2020) are: Glasgow (n = 142), Fife (n = 95), North Lanarkshire (n = 95), Aberdeen City (n = 78), South Lanarkshire (n = 65), Highland (n = 53), and North Ayrshire (n = 51). Conversely, local authorities with the lowest numbers in the same period are: Orkney Islands (n = 3), East Renfrewshire (n = 4), Shetland Islands (n = 4), Argyll and Bute (n = 7), East Lothian (n = 7), and Midlothian (n = 9). The figure for Inverclyde over the same seven year period is 20.

5.5 Cause of death is not recorded within the annual publication nor is the information available anywhere else for this and for other types of community sentences.

6.0 INVERCLYDE CONTEXT

6.1 In order to provide some context to the issue in Inverclyde figures for the previous seven years for the number of terminations completed and termination due to death. Information has been sourced via [Scottish Government](#).

REPORTING YEAR	TERMINATIONS TOTAL	TERMINATION DUE TO DEATH
2013/14	245	2
2014/15	300	2
2015/16	263	2
2016/17	293	1
2017/18	344	4
2018/19	275	2
2019/20	230	7

6.2 Whilst the Criminal Justice Social Work Statistics for the reporting year 2020/21 are yet to be formally released by the Scottish Government, analysis by the HSCP's Quality and Development Service indicates that for the period 2020/21 there was a total of 143 CPO terminations in Inverclyde of which 11 were due to death. It is also important to note that for both the total number of terminations and for terminations due to death these figures do not always necessary equate to unique individuals, there are occasions when multiple terminations can apply to an individual.

6.3 Additionally as noted at 4.1 social work services are responsible for delivering a range of services for those involved in the criminal justice system and analysis has indicated a number of deaths on other orders and licences within Inverclyde.

- 6.4 Inverclyde Community Justice Partnership is currently undertaking a Strategic Needs and Strengths Assessment (SNSA). A SNSA is one of the first steps in the planning and reporting cycle for Community Justice Partnerships. It is a crucial step that will underpin understanding of both service provision and population needs in Inverclyde and form a baseline for planning decisions and measuring outcomes. The SNSA will facilitate evidence-led planning to effectively address the needs of individuals in a local area. This is a significant piece of work that requires careful consideration from all community justice partners.
- 6.5 In order to better understand the wider issues, the inclusion of deaths on CPO's and other orders/licences will allow the Community Justice Partnership to build a picture on this issue and consider future developments that might improve this situation. Similar to Dr Graham's submission to the Scottish Parliament, the Inverclyde Community Justice Partnership acknowledges that there are common inequalities experienced by people with lived experience of the criminal justice system. These inequalities include, poorer physical and mental health, the impact of trauma, the likelihood of past and/or current drug and/or alcohol misuse and likely experiencing poverty.
- 6.6 Noting that cause of death is not recorded within the annual publication it may not be fully possible to conclude causation between deaths. In addition, for the reporting period 2020/21 consideration will also have to be given to the impact of COVID-19 on the figures.
- 6.7 It is anticipated that the SNSA will be completed in early 2022 ahead of the Community Justice Partnership considering all themes as part of a delivery plan for 2022/23 and the Inverclyde Community Justice Outcomes Improvement Plan due for publication in April 2023. Specifically in relation to people dying on CPOs and other orders and licences the aim is to present an Inverclyde overview of this issue and identify any improvement actions.

7.0 IMPLICATIONS

Finance

7.1 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					

7.2 **Legal**

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

7.3 **Human Resources**

There are no specific human resource implications in respect of this report.

7.4 Equalities

Equalities

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

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

Repopulation

7.5 Deaths of individuals on community payback orders and other criminal justice orders and licences will have an impact on repopulation.

8.0 CONSULTATIONS

8.1 This report has been prepared by the (Interim) Chief Officer Inverclyde Health & Social Care Partnership after consultation with Criminal Justice Social Work.

9.0 BACKGROUND PAPERS

9.1 Scottish Parliament Criminal Justice Committee- Reducing youth offending, offering community justice solutions and alternatives to custody (Written submissions).

Report To:	Inverclyde Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/09/2022/AM
Contact Officer:	Anne Malarkey Head of Service Mental Health, ADRS and Homelessness	Contact No:	715284
Subject:	Inverclyde Alcohol and Drug Partnership Update		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health and Social Care Committee an update on the Inverclyde Alcohol and Drug Partnership, with a particular focus on responding to questions raised at the previous Committee on 21 October in relation to Naloxone and residential rehabilitation.

2.0 SUMMARY

- 2.1 In 2020, there were 1,339 drug-related deaths registered in Scotland. This was 5% more than in 2019 and the largest number since records began in 1996. In NHS Greater Glasgow and Clyde there were 444 drug-related deaths, an increase of 9.9% on 2019. In Inverclyde there were 33 drug-related deaths, no change from 2019.
- 2.2 Using age standardised death rate in relation to drug related deaths, the Scotland wide rate average from 2016-2020 is 21.2 per 100,000 population. NHS GG&C has the highest age-standardised drug-related death rate of all health board areas at 30.8. Inverclyde has the third highest rate at a Local Authority level with a rate of 36.7. This compares to Dundee at 43.1 and Glasgow City at 39.8.
- 2.3 In 93% of all drug-related deaths, more than one drug was found to be present in the body.

The table below provides an outline of the overall substances implicated:

Substances	Scotland	NHS GG&C	Inverclyde
opiates/opioids (such as heroin/morphine and methadone)	89%	86.7%	87.88%
benzodiazepines (such as diazepam and etizolam)	73%	72.97%	75.76%
gabapentin and / or pregabalin	37%	32.88%	24.24%
cocaine	34%	33.56%	69.7%

- 2.4 Accidental overdose is a common cause of death among users of heroin, morphine and similar drugs, which are referred to as opioids. Naloxone is a drug which reverses the effects of a potentially fatal overdose with these drugs and provides time for emergency services to arrive and for further treatment to be given.
- 2.5 Targeted distribution of Naloxone is one of the national Drug Death Taskforce priorities and is also a key priority in Inverclyde's Drug Death Prevention Strategy.
- 2.6 Inverclyde ADP successfully secured funding from the Drug Death Taskforce in 2020 to develop a specific Naloxone post. This bid also included funding for 500 Naloxone kits.
- 2.7 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. A key focus of the National Drugs Mission is residential rehabilitation as a treatment option.
- 2.8 As outlined in a letter to ADP Chair's in June 2021; Inverclyde ADP has been allocated an additional funding for 2021-2022 of:
 - £81,537 to support priorities of National Mission;
 - £81,537 to support access to residential rehabilitation; and
 - £57,076 to support implementation of a Whole Family Approach.
- 2.9 Inverclyde ADP is developing a residential rehabilitation pathway and has submitted a bid to the Corra Improvement Fund to support the implementation of this over the next five year period.

3.0 RECOMMENDATIONS

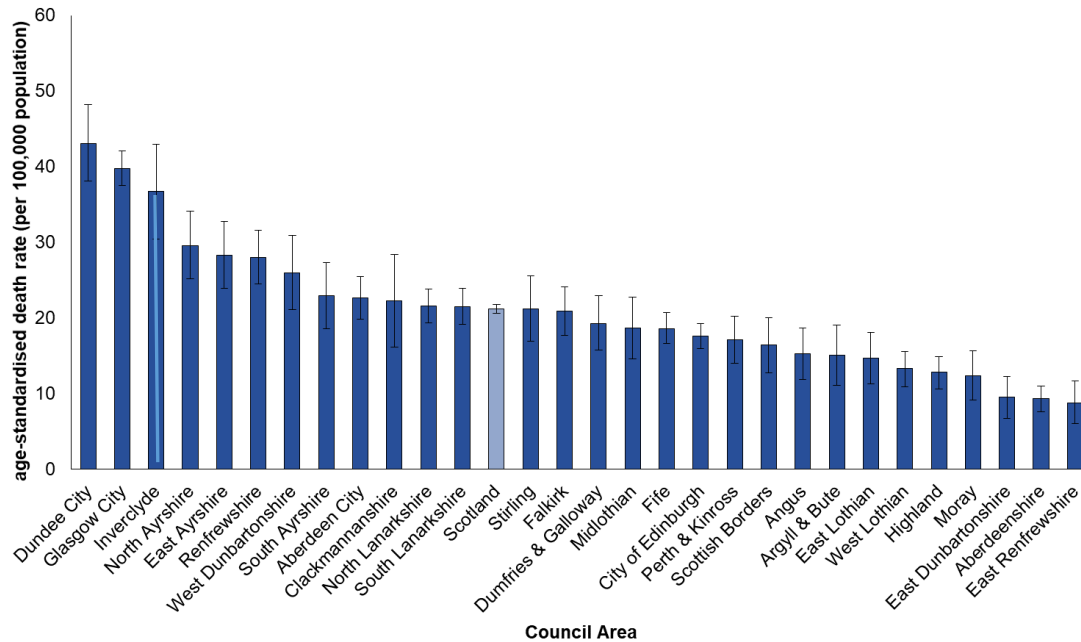
- 3.1 It is recommended that the Health and Social Care Committee:
 - a. Note and give comment on this report.
 - b. Approve the work being driven through the Inverclyde Alcohol and Drug Partnership in relation to drug death prevention.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

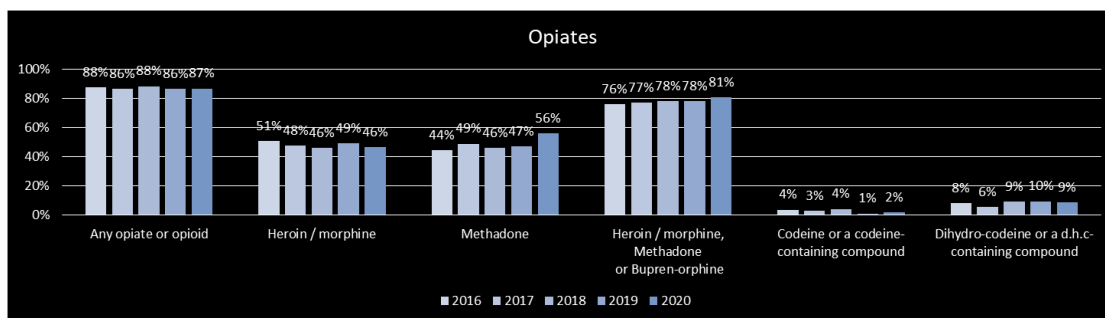
4.1 While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate outlined above; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1. This is illustrated in the graph below:

Figure 6A: Drug-related deaths for selected council areas, age-standardised death rates, Scotland 2016-2020



4.2 Poly-drug use is a critical factor with 93% of drug-related deaths in Scotland evidencing more than one substance from the toxicology reports. While toxicology indicates the range of substances taken opiates remains the largest grouping as outlined in the chart below. The significance of this is that at the point of a suspected overdose where it may be unclear what particular substances have been taken, there is a high level of likelihood that this will include an opiate. Naloxone is a drug which reverses the effect of opiates. Even where Naloxone is administered and it transpires that no opiates were taken, Naloxone will not cause any harm to that individual.

4.3 Opiates Implied in the Cause of Death



4.4 Targeted distribution of Naloxone is one of the national Drug Death Taskforce priorities and is also a key priority in Inverclyde’s Drug Death Prevention Strategy.

4.5 It has been recommended that annual provision of Take Home Naloxone Kits should be 9-20 times the annual number of opioid related deaths. This is calculated based on the number of Drug Related Deaths, non-fatal overdoses and has previously been based on a rolling 2 year average to take account of cumulative supplies and kit expiry dates. Greater Glasgow & Clyde produce regular performance reports with regards to Naloxone community supplies. The table below outlines the recommended target for Inverclyde and the actual number of Naloxone kits supplied.

Target 2019/20	Actual kits Supplied 2019/20	Target 2020/21	Actual Kits Supplied 2020/21	Target 2021/22	Actual kits Supplied to September 21
210	145 69%	580	147 25%	580	79 13%

4.6 Currently Inverclyde Alcohol and Drug Recovery Service (ADRS) offer Naloxone kits and training as part of every new assessment. ADRS also supply emergency Naloxone kits to staff at the Homelessness Service and train them in how to administer it. Eight Local Community Pharmacies who provide IEP (Injecting Provision Equipment (50% of all local pharmacies)) offer Naloxone, however take up is low.

4.7 In addition, Scottish Families Affected by Alcohol and Drugs developed a postal Naloxone service at the start of Covid-19. Essentially, this offers a discreet service for families. From April-August 2021 SFAD sent out 17 Naloxone kits to people in Inverclyde. Scottish Government started showing a national TV advert about Naloxone in September 2021 which has had a positive impact in the uptake of the SFAD service with 24 kits being sent out in September and 63 kits in October.

4.8 It is clear that Inverclyde is not meeting the recommended target with regards to Naloxone supply.

4.9 Inverclyde ADP successfully secured funding from the Drug Death Taskforce in 2020 that included the development of a specific part-time Naloxone post. Two attempts were made to recruit a Band 5 nurse to this post, but these were unsuccessful. A decision was therefore made to advertise the post as a full-time position and following expert advice, the job description was amended that it was not an essential requirement for the post holder to be a qualified nurse. This enabled the job to be advertised to a wider pool of people.

4.10 The Naloxone Link Worker commenced the post on 19 October. A draft plan of what we aim to achieve for the remaining duration of this post includes:

- By 31 March 2022 an additional 500 Naloxone kits (in addition to current delivery numbers via ADRS and on prescription) will have been distributed across Inverclyde.
- By 31 March 2022 all 3rd sector commissioned support providers working with service users with homelessness; alcohol and drug issues or known to criminal justice community organisation staff will have been offered training to administer Naloxone.
- By 31 March 2022, 20 peer mentors will be able to supply Naloxone within the wider community.
- By 31 March 2022 six 3rd sector organisations will be part of the Naloxone Programme and will be registered to distribute Naloxone- including The Richmond Fellowship Scotland, Salvation Army, Inverclyde Association of Mental Health, Inverclyde Faith in Throughcare, Your Voice (Lived Experience Network), Jericho House.

- 4.11 The above actions will form the basis of a community approach to tackling drug related deaths by ensuring people are aware of Naloxone, can access training and have access to Naloxone kits.
- 4.12 One further action being progressed by the Naloxone Link Worker will be to develop a local reporting mechanism recording the number of Naloxone kits distributed, by which service / organisation as well as when we are aware of these kits being used. This will link in with information about near fatal overdoses.
- 4.13 A further development relating to Naloxone is a pilot being led by a senior pharmacist with ADP funding that is testing the role of co-prescribing Naloxone to patient's prescribed long-term opioids for chronic non-malignant pain.
- 4.14 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. A key priority being to support residential rehabilitation as a treatment option. Inverclyde ADP is receiving an additional £81,537 for this specific priority.
- 4.15 Following an options appraisal; Inverclyde ADP's preferred option for a local residential rehabilitation model is to replicate the Fife Intensive Rehabilitation and Substance Misuse Team (FIRST) in Fife which is cited as a best practice example. Following discussions with Turning Point Scotland, it was agreed that a joint bid be submitted to the Corra Improvement Fund to fund the posts for this model including a Lead Practitioner, Band 6 Nurse and Admin support. Inverclyde ADP will commit match-funding costs towards residential rehabilitation and any necessary detox placements. We are waiting for confirmation from Corra if this bid has been successful.
- 4.16 The criteria is relatively simple to access residential rehabilitation in that:
- People have a long-standing drug or alcohol issue for a period of years as opposed to months;
 - People need to be committed to actively participate in a residential programme and
 - Agree to participate in recovery community activities following discharge from residential.
- 4.17 Referrals can come via several professional routes and a triage drop in clinic is also available for self-referrals. From recent feedback from people currently in a residential placement, residential rehabilitation will be promoted locally as an option.
- 4.18 The assessment stage is considered critical alongside the preparatory stage. Whilst resident there will be ongoing contact, family support, six weekly reviews and planning for discharge and aftercare. The final stage is aftercare and engagement with the Recovery Peer Support team currently commissioned by Inverclyde ADP.
- 4.19 Critically, where people are not offered residential rehabilitation, alternative community rehabilitation support is provided. This highlights the underlying belief that no-one should be left behind without an offer of support.
- 4.20 It is envisaged in the first year that the project will receive 30 referrals whereby approximately 10 people will access residential rehabilitation. This calculation is based on learning from the FIRST project in Fife. We would aim to increase both the referrals received and the number accessing residential rehabilitation year on year.
- 4.21 From the Residential Rehabilitation in Scotland: Service Mapping Report (December, 2020), Scottish Government, it is clear that there is considerable variation in the costs

for the 18 providers detailed in this report ranging from a weekly cost of £335 PPPW to £3,489 PPPW. Likewise, while each indicated a minimum stay period, this varied from 5 weeks to 44 weeks. This makes it very difficult to navigate around the various residential rehabilitation providers. It highlights both the need for specific project staff to be able to build relationships with the providers and understand all that they offer in which to be able to best match the needs of each individual being assessed for residential rehabilitation.

4.22 Inverclyde ADP has commissioned a Recovery Development Coordinator post who has a pivotal role in the development of a recovery community. Inverclyde ADP is also funding a Peer Support sessional budget who can also work alongside the Peer Support funded by the Drug Death Taskforce. Some of the current recovery activity includes:

- A weekly recovery walk;
- A weekly “recovery jam” with approximately 8 people attending;
- A weekly recovery café in Greenock on a Tuesday with approximately 20 people attending;
- A weekly recovery café in Greenock on a Friday night;
- A weekly recovery café in Port Glasgow with approximately 20 people attending;
- A weekly recovery café on a Saturday is due to start soon.

4.23 The Recovery Development Coordinator is also supporting the Lived Experience Network (LEN). The LEN hosted an event as part of recovery month titled “Shine a light on recovery”. This was attended by fifty people from a wide range of partners. At this event two of the speakers from the LEN announced they have recently started Peer Support posts.

4.24 Inverclyde ADP has been approached by several small community organisations / third sector supports who play a vital role in enabling recovery. They have indicated difficulties in securing a suitable venue for their activity. Inverclyde ADP is funding a Recovery Hub venue that will be open seven days a week, including evenings providing a range of support delivered by partners.

4.25 A further hugely significant milestone this year was that there were two vigils organised by various third sector organisations, to remember all those who have lost their life following a drug death. Both events were well attended and demonstrated that Inverclyde is a caring and compassionate community.

5.0 IMPLICATIONS

Finance

5.1 Inverclyde ADP has secured several various strands of additional funding where combined actions are aiming to over time, reduce drug-related deaths.

Legal

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

Human Resources

5.3 There are no implications.

Equalities

5.4 Has an Equality Impact Assessment been carried out?

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

Repopulation

5.5 There are no specific repopulation issues.

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 None

Report To:	Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SW/06/2022/AM
Contact Officer:	Anne Malarkey Interim Head of Mental Health, Alcohol and Drug Recovery and Homelessness Services	Contact No:	01475 715284
Subject:	Inverclyde ADRS Update – Benefits of Service Redesign		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with an update on the benefits of the service redesign following completion of the implementation plan.

2.0 SUMMARY

- 2.1 As previously reported Inverclyde Alcohol and Drug Recovery Service (ADRS) has undergone a service review and redesign over the past 2-3 years which concluded with the completion of the workplan.
- 2.2 Following the previous report to the Health and Social Care Committee the service was asked to provide an update on benefits of the redesign.

3.0 RECOMMENDATIONS

The Health and Social Care Committee is asked to:

- (a) note the benefits identified in relation to the aims of the review and service redesign; and
- (b) agree that a report be tabled in future following full service user consultation and data analysis on service activity.

Allen Stevenson
Interim Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 A review of Inverclyde HSCP Alcohol and Drug Services commenced in 2017. The aim was to develop a coherent and fully integrated model.
- 4.2 Phase 1 concluded in June 2018 which reviewed all aspects of service delivery at the time. It identified that the journey through HSCP addiction pathway was complex; with two very distinct teams - namely a Community Drug Team and Inverclyde Alcohol Service operating in very different ways; with separate client recording systems and an extensive range of tiered services being delivered within the HSCP.
- 4.3 It was identified that the two distinct alcohol and drug teams should co-locate, to provide an integrated model of care, with a single pathway through one service, with consistent streamlined assessment, risk assessment, support plans and recording systems.
- 4.4 The two services merged to become the Inverclyde HSCP Alcohol and Drug Recovery Service and co-located to the Wellpark Centre in April 2019. There was some initial Organisational Development work at that time to support the integration. In addition staff were involved with community partners in attending Recovery Orientated SC training to support recovery pathways between the service and community organisations.
- 4.5 A tiered approach to care and support was agreed, enabling ADRS to develop the knowledge, skills and resources to focus on those with the most complex needs requiring Tier 3 / Tier 4 support.
- 4.6 The tiered approach enables people with drug and/or alcohol issues and their families more choice and control to engage with a wider range of community supports being developed through the Alcohol and Drug Partnership Recovery Development Group.
- 4.7 The service has successfully established a clear, visible single service model which includes a single point of access (SPOA); a single pathway through the service; a single, responsive duty system for all service users with regard to their alcohol and/or drug issues, joint clinical reviews and discharge planning to support consistent practice across the two teams coming together.
- 4.8 The range of treatments has been extended with day service expanding to offer physical and mental health checks for all service users; development and roll out of Buvidal clinic; alcohol Home Detoxification and improved response to those with more complex needs and difficult to engage via Assertive Outreach Liaison to primary care
- 4.9 By focusing on Tier 3 /Tier 4 supports, it was identified that prevention and education work across all age groups and wider communities including schools could be delivered more appropriately by wider ADP partners. The staff from the Healthier Inverclyde team have transferred to and are now managed by the Education and Communities Directorate to ensure delivery. A separate workstream overseen by the Alcohol and Drug Partnership (ADP) is responsible for delivering the prevention and education agenda.
- 4.10 A review of Family Support moved this from within the statutory service and is now being provided by third sector partners. This ensures families affected by addiction issues, and those caring for others, are appropriately supported within the community regardless of whether the person with an addiction is in treatment through ADRS.
- 4.11 Inverclyde ADRS works alongside 3rd Sector Recovery Services who are commissioned through the Alcohol and Drug Partnership to provide a range of recovery programmes with psycho-social, training, volunteering, and employment opportunities. As more recovery support is commissioned through ADP, people will have a wider range of opportunities within the community, reducing their reliance on the statutory service. Moving On, community partners attend the service allocation meeting which enables people to receive support at the right time by the right service.

- 4.12 Initial development work has taken place across adult services to improve the interface across justice, mental health and homeless to create better pathways across different service areas.
- 4.13 CORRA funding received to engage with Primary Care for hard to reach individuals, paused during the pandemic, has enabled a more cohesive, efficient Assertive Outreach Liaison Service to be developed with response times currently within 24 hours of referral Monday – Friday.

EMERGING CHALLENGES

- 4.14 Since the review, the Drug Deaths Taskforce established by the Scottish Government in September 2019 in response to the drug-related deaths across Scotland introduced a number of initiatives including the introduction of Medication Assisted Treatment (MAT) Standards for Scotland. The Standards were published in May 2021 to ensure consistent delivery of safe, accessible high quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support.

The Standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.

The service has self-evaluated current practice against the MAT Standards. ADRS is in a good position to evidence how we are working towards the standards. However there are a number of outstanding actions and challenges to address. The service is working with the ADP and wider NHS Greater Glasgow and Clyde ADRS partners to identify how to manage full implementation of the standards.

WHAT DO THE STANDARDS MEAN FOR PEOPLE WHO USE AND PROVIDE SERVICES AND SUPPORT?

- 4.15
- People can get a prescription or other treatment support they request on the day they present to any part of the service. People have the right to involve others, such as a family member or nominated person(s) to support them in their journey throughout their care. Staff will help people to do this if they choose this form of support.
 - People are informed of independent advocacy services that are available and feel able to use them to discuss the issues that matter to them.
 - People are aware that treatment is not conditional on abstinence from substances or uptake of other interventions.
 - People who have stopped accessing MAT or who have undergone detox are supported to easily come back into services for the care they need.
 - If people miss appointments, services do not discharge them and actively get in touch to find out what people need to continue in treatment.
 - People are made aware that abstinence is offered as a choice along with other treatment options.
 - People will be given information and advice on recovery opportunities within their community.
 - People can expect support from community pharmacists, dentists and GPs as part of their care plan, including being able to ask to move their drug treatment to their GP when appropriate.
 - People are clear about what choices are available to them throughout their journey through services and are aware of their right to make their own decisions about their care plan.
 - People feel listened to and involved in all decisions. They understand the different medication options available, including appropriate dose options.
 - People feel able to talk about and review the choices they have made with their worker at any time. They have support if they choose from advocacy or a family member or nominated

person(s) and are encouraged to do so.

- People feel able to provide feedback, including complaints, to the service on the way they have been treated, through formal or informal channels.
- People can expect a service that is welcoming and treats them with dignity and respect, working with them to improve their health and wellbeing.
- People can get treatment and care for as long as they want to.
- People can expect that different organisations will work together to meet their needs and that information about them will be shared and stored appropriately.
- People feel involved in the design, delivery and evaluation of MAT services.

5.0 PROPOSALS

- 5.1 This report outlines the benefits of the service redesign against the aims the project set out to achieve.
- 5.2 Following on from a review of data and service user consultation and engagement will in future determine the impact on people who use the service.
- 5.3 ADRS in collaboration with the ADP provide a future update regarding MAT Standards.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

- 6.2 No implications

Human Resources

- 6.3 No implications

Equalities

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

	YES (see attached appendix)
✓	NO -

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 None. This will be undertaken with Service users prior to any future reporting.

8.0 LIST OF BACKGROUND PAPERS

8.1 [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot](#)

Report To:	Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/01/2022/AB
Contact Officer:	Alan Best Interim Head of Service Health and Community Care	Contact No:	01475 715212
Subject:	Provision of Day Care Services		

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 Day Care Service in Inverclyde and to request that the delegated authority be given to the Interim Head of Legal & Democratic Services to accept the successful tenders as per 17.3 (ii) of the Standing Orders relating to Contracts.

2.0 SUMMARY

- 2.1 The tender for the provision of a Day Care 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. The increasing complexity of service users attending older people's day services requires services (dementia support, medication support, and more complex personal care) to be able to deliver an enhanced level of services and in, light of this, it is recommended that the Day Care 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 and this is only undertaken on a case by case basis. Day Care services are already provided in Inverclyde by 2 providers the overall annual value is approximately £587k.

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 Day Care Service and therefore suspends 13.2 of the Standing Orders relating to Contracts; and
 - Delegates authority to the Interim Head of Legal & Democratic Services to accept the successful tenders for the provision of Day Care Services in accordance with Contract Standing Order 17.3 (ii), provided the cost is within the budget allocation for the project.

Allen Stevenson
Interim Chief Officer
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

- 4.1 The initial contract for Day Care Services was awarded on 1st July 2017 for a period for up to 4 years with the at an estimated annual value of £587k .The contract was due to expire on 30 June 2021, however a 1 year direct award, to 30 June 2022, was agreed to allow for a service review which was delayed due to Covid.
- 4.2 Older People’s Day Services are seeing an increasing complexity in both physical and mental assessed need, therefore services are adapting to meet this need with qualitative service developments based on the requirements of the Care Inspectorate.
- 4.3 The key driver impacting the procurement option is a review of Day Care Services which will look at the recent introduction of an outreach community based service in addition to the traditional building based service.
- 4.4 The agreed option to move forward will be a two year contract with option to extend for one year plus one 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 Day Care 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. and services will only undertake this on a case by case basis.
- 5.3 Services will ensure that all financial, legal and procurement officers are informed of progress of the tender process and the relevant committees informed.

6.0 IMPLICATIONS

Finance

- 6.1 The External Day Care budget is currently £587,980.

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 Interim Head of Legal & Democratic Services, the Corporate Procurement Manager and the Chief Financial Officer have been consulted on the terms of the Report. The proposal to vary the tender weightings contained within this report is in line with 13.3 of the Standing Orders relating to Contracts. 17.3(ii) of the Standing Orders relating to Contracts states that tenders may only be accepted on behalf of the Council where the total estimated value or amount exceeds £500,000 by the Head of Legal Services with authority from the appropriate committee.

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.

(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 – A DPIA will be progressed as part of the procurement process.

7.0 CONSULTATIONS

7.1 The Interim Head of Legal & Democratic 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

Report To:	Inverclyde Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Chief Officer Inverclyde Health and Social Care Partnership	Report No:	SW/14/2022/AM
Contact Officer:	Anne Malarkey Head of Service Mental Health, ADRS and Homelessness	Contact No:	715284
Subject:	Inverclyde Alcohol and Drug Partnership – Commissioning for Recovery		

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval for delegated authority be given to the Interim Head of Legal and Democratic Services to accept the successful tender for the provision of a Recovery Community in Inverclyde as per 17.3 (ii) of the Standing Orders relating to Contracts.

2.0 SUMMARY

- 2.1 Inverclyde ADP has commissioned various elements of recovery activity as tests of change in recent years. Inverclyde ADP Committee approved the commissioning intentions of preparing a full tender for a recovery model on 22nd February 2021. Approval was also given by the Integration Joint Board on 29th March 2021 to use Addictions Review Earmarked Reserve to fund this for the initial 12 month period until formal notification of additional ADP funding has been received.
- 2.2 It is anticipated that the tender documentation will be published on 17th December with a return date of 21st January 2022. It has been agreed that the weightings for scoring the tender will be based on 60% on price and 40% on quality. The contract will be awarded on 18th February, whereby a brief mobilisation period will commence, with delivery commencing on 1st April 2022.
- 2.3 The new contract is set to run from 1st April 2022 to 31st March 2023, with an option to extend for a further year dependent of confirmation of available funding.
- 2.4 The annual value of this contract is £250k. With the anticipated extending period, this would reach the £500k threshold stated within section 17.3 (ii) of the Standing Orders relating to Contracts, therefore, given the timescales involved with the tender process and value of the contract, delegated authority to award is requested.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee delegates authority to the Interim Head of Legal & Democratic Services to accept the successful tender for provision of a Recovery Community in Inverclyde in accordance with 17.3 (ii) of the Standing Orders relating to Contracts, provided the cost is within the budget allocation for the project.

**Allen Stevenson
Interim Chief Officer
Inverclyde HSCP**

4.0 BACKGROUND

- 4.1 In recent years Inverclyde ADP has commissioned small tests of change relating to recovery activity. We have applied the learning from these to inform a new recovery model in going forward.
- 4.2 We have used this time to learn what works well, to listen to people with lived and living experience as well as ADP partners.
- 4.3 A recent example of this is responding to people highlighting the need for recovery support over seven days a week, including weekends and evenings. At the same time Inverclyde ADP was approached by several small community organisations / third sector supports who play a vital role in enabling recovery. They have indicated difficulties in securing a suitable venue for their activity. Inverclyde ADP is funding a Recovery Hub venue that will be open seven days a week, including evenings providing a range of support delivered by partners.
- 4.4 Inverclyde has an active Lived Experience Network (LEN) that the existing Recovery Development Coordinator supports. Inverclyde ADP has also brought in the expertise of the Scottish Recovery Consortium, with a view to enabling this group into a role of co-production with the ADP. Two members of the LEN have recently been successful in gaining employment in Peer Support roles, also commissioned by the ADP.
- 4.5 Inverclyde ADP is clear that the recovery model in going forward is increasingly peer led.
- 4.6 Having a recovery community in Inverclyde is critical in enabling people to re-build their lives away from a dependency on drugs and alcohol. Recovery is also about restoring family relationships and giving people hope in some of our most deprived communities, showing that recovery is possible. More fundamentally, a strong recovery community is pivotal in reducing drug related deaths.
- 4.7 The ADP overall target would be to support 300 people in the various stages of recovery and this will require an up-scaling from the existing tests of change to a more comprehensive model.

5.0 IMPLICATIONS

5.1 Finance

Financial Implications:

The tender will be structured and managed in a way which ensure that the costs included in and the overall value of any contract award resulting from the tender will be met within the overall ADP budget. The finance information is contained in paper within 7.2

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

- 5.2 The Interim Head of Legal and Democratic Services, the Corporate Procurement Manager and the Chief Financial Officer have been consulted on the terms of the Report. 17.3(ii) of the Standing Orders relating to Contracts states that tenders may only be accepted on behalf of the Council where the total estimated value or amount exceeds £500,000 by the Head of Legal Services with authority from the appropriate committee.

Human Resources

- 5.3 There are no implications.

Equalities

- 5.4 Has an Equality Impact Assessment been carried out?

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

(b) Fairer Scotland Duty

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

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

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

*This is considered in the tender paperwork, including the technical questions.

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

✓

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

NO

Repopulation

5.5 There are no specific repopulation issues.

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 Report to Inverclyde ADP Committee, 22nd February 2021



7.2 Report to Inverclyde Integration Joint Board, 29th March 2021



07 Commissioning
for Recovery.pdf

Report to: Health & Social Care Committee **Date:** 6 January 2022

Report By: Allen Stevenson
Interim Corporate Director (Chief
Officer) Inverclyde Health and
Social Care Partnership **Report No:** SW/08/2022/AB

Contact Officer: Alan Best
Interim Head of Health and
Community Care **Contact No:** 01475 715212
Inverclyde Health and Social Care
Partnership (HSCP)

Subject: Learning Disability Redesign – LD Community Hub Update

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 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 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.

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 advised that service user, carer and staff consultation continues to be a key consideration in the development of the LD Community Hub.

Allen Stevenson
Interim 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 opportunities resources for people with LD and Autism with more complex needs, requiring building based support.
- Ensure ongoing, significant review of all LD packages of care to ensure that packages are delivering high quality support to people in achieving their personal needs and outcomes and are financially sustainable.

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

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 12 March 2020 for the new Learning Disability Hub within the 2020/23 Capital Programme.

5.0 CURRENT POSITION

5.1 Work is progressing through the design team led by Property services to assess specific site development risks and to develop the design proposals. Specialist consultants were engaged to assess the flood risk of the site and surrounding area ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process. Surveys of the culvert and retaining wall on the site were delayed until October 2021 due to the ongoing supply chain issues being experienced in the construction sector but have been completed. Additional surveys were undertaken to determine the exact location of the culverted Burn due to the close proximity to the proposed building. The culvert line has now been established and plotted. From the site investigation information it is known that bedrock is close to the surface of the site and will impact the design of the drainage attenuation and the drainage runs. An assessment is currently underway to determine the relative cost implications of cutting into the rock or raising the ground level by importing material.

5.2 As previously reported, 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. As all identified legal issues around use of the site have been resolved, this is now at green on the risk register.

5.3 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. At each Programme Board the risk register is discussed and updated, with an estimated completion date by late 2023 subject to progression through the design stages, statutory approvals process and conclusion of the formal tender/procurement process.

5.4 Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. 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 approach to the structural solution for the building has been developed by the consultant engineers with the mechanical ventilation and heating system options currently under development.

- 5.5 Property Services are progressing the procurement of a Quantity Surveyor to allow the cost of the developing design at Architectural Stage 2 to be checked against the original project budget. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the development of net zero carbon building standards.
- 5.6 Consultation with service users, families, carers and learning disability staff continues supported by The Advisory Group (TAG). The Communications and Engagement group involving 2 parent representatives and a Unison Health and Safety officer made a recent site visit in November. Their perspective on the proposed site is important in contributing to the design of both the building and outside areas. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a much wider group of service users, families and carers.

6.0 IMPLICATIONS

FINANCE

Financial Implications:

6.1 One off Costs

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

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Capital	Learning Disability	2020/23	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

- 6.2 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

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

EQUALITIES

- 6.4 There are no equality issues within this report.

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

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

- (b) Fairer Scotland Duty

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

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

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

- (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

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

7.0 CONSULTATION

- 7.1 The recommendations in this report are supported by the CMT and IJB.
- 7.2 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.

8.0 LIST OF BACKGROUND PAPERS

None.

Report To:	Health & Social Care Committee Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Health & Social Care Partnership	Report No:	SW/27/2020/AS
Contact Officer:	Alan Best Interim Head of Service Laura Moore Chief Nurse	Contact No:	O1475 715212
Subject:	Update on Support to Care Homes During the COVID-19 Pandemic		

1.0 PURPOSE

- 1.1 This report is to update Committee of the ongoing actions taken by the HSCP to support Care Homes in Inverclyde during the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 Since March 2020 the HSCP in partnership with NHS GGC and Care Home Providers in Inverclyde have worked together in partnership to support and secure safety of Care Home residents in Inverclyde. This work was based around the need for a mobilisation plan to support the Acute sector which has faced unprecedented pressure as a result of the pandemic, and the subsequent Plan to support the Care Home sector agreed in May 2020.

In terms of support to Care Homes in the Older People and Adult Sector this has included;

- a. Financial support funded through the Scottish Government to ensure sustainability of Care Homes at times of reduced occupancy and additional costs around infection control
 - b. Frequent and regular contact with Care Home Managers and Providers including Governance meetings and a Care Home managers meeting where direct contact with senior HSCP managers.
 - c. Development of the Care Home Collaborative and improved Infection Control Nursing support in partnership with NHS GGC
 - d. Programme of 6 monthly Monitoring and Assurance Visits
 - e. Close support from Strategic Commissioning Team Assessment & Care Management Review Team and Care Home Liaison Nurses
 - f. ACM Review Team is currently reviewing all residents in Inverclyde Care Homes
 - g. Operating a PPE store at Fitzgerald Centre to provide PPE in contingency situations
- 2.2 The pandemic has had a devastating impact upon Care Homes and residents and families and we recognise and offer sincere condolences to all who have lost family members.
- 2.3 It is through close partnership arrangements and dedication of staff from all agencies that we are in a positive place in terms of safeguarding residents and supporting Care Home Providers. No Care Home is closed to admissions or visiting and all comply with the relevant Scottish Government Guidance.

2.4 No one in the sector is complacent around the risks associated with the pandemic and the pressures that the forthcoming Winter period will have on the Health and Social Care system, but we believe the robust governance and adherence to safe practice which has worked well will stand in good stead for the coming months.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to:

- a) Note the ongoing and continued support to Older People and Adult Care Homes in Inverclyde by the HSCP and NHS Greater Glasgow and Clyde
- b) Note the continued implementation of the Delayed Discharge mobilisation plan to address the pressures presented by COVID-19 pandemic.
- c) Acknowledge the work of staff, managers and Care Home Providers in partnership with the HSCP to protect, safeguard and care for the wellbeing the most vulnerable of service users

4.0 BACKGROUND

4.1 In Inverclyde there is an existing partnership approach between providers and the HSCP. It is this good relationship that has allowed continued high level performance around discharges from hospital.

4.2 Following the first wave of COVID-19 in Spring 2020, the NHS Nurse Director became responsible for nursing leadership, support, and guidance across the Care Home sector. Further instruction from the Cabinet Secretary in March 2021 highlighted that Nurse Directors will continue to provide clinical leadership to support health needs of Care Home residents until March 2022 at least. On 24th May 2021 the Chief Nursing Directorate at Scottish Government issued a further correspondence, clearly setting out the professional leadership and oversight responsibilities of the Nurse Director as follows:

- Provide clinical leadership to support the health needs of care home residents
- Use information from safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required.
- Facilitate assurance/professional support visits providing professional and clinical advice on IPC practice, education requirement and nursing standards of care
- Maintain oversight of the overall status of each care home included in the weekly compliance report to Scottish Government.

4.3 Care Home Collaborative

There is a commitment across the Health Board that people who live in Care Homes are enabled to have purposeful fulfilled lives supported by consistent and timely access to good health and care and to have their needs met in a person centred, holistic, consistent and co-ordinated way. To address this commitment the strategic direction within NHS GGC is to build on the support model provided to care homes over the last year by the creation of a Care Home Collaborative.

The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support Care Homes: one to cover Glasgow City HSCP, the other hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships and lastly one specialist central team with shared resources spanning both local Hubs. The overarching purpose is to enable care home residents to live their best lives aligned to what matters to them. In order to achieve this the Hubs will provide professional support, oversight and leadership offering a range of additional support in key areas including (but not limited to) Infection Prevention and Control, person centeredness, food fluid and nutrition, Tissue Viability, quality improvement, leadership and education. Funding has now been fully agreed for the Collaborative and recruitment is well underway with the aim of having the team fully recruited to by January 2022. Numerous key posts are now in place and a formal governance process has commenced, with the Care Home Collaborative Steering Group to be chaired by the Chief Nurse for Inverclyde.

4.4 Assurance Visits to Care Homes

Care Home Assurance Tool (CHAT) visits commenced across all NHS GGC partnerships in May 2020 in response to the impact of COVID-19. The visits provide additional specific infection control, nursing support and guidance to Care Homes in the provision of high quality personalised care for residents. This work is aligned to the Executive Nurse Directors responsibilities set out by Scottish Government to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within Care Homes. This person centred focus will form a key work stream of the Collaborative.

All Care Homes across Inverclyde received at least one assurance visit in Spring 2021. The visits utilised the CHAT for reporting purposes and to maintain a focus on key areas including IPC. Good practice and improvements were identified during the assurance process, with care

homes taking ownership of the actions required and working in collaboration with the HSCP to achieve improvements. Outputs from the CHAT visits undertaken in Care Homes across NHSGGC were analysed and reported through governance routes identifying key themes which have worked to drive the improvement agenda.

The tool was reviewed and a new version was finalised in October 2021 at the same time as a Standard Operating Procedure (SOP) was approved for all partnerships across NHSGGC. The aim of the SOP is to ensure that the CHAT visits are approached in a consistent, collaborative way that promotes partnership with Care Homes to achieve high quality care that enables residents to live their best possible life aligned to what matters to them. CHAT visits should be person centred and supportive and collaborative in their approach and provide a link between HSCP to GGC Care Home Hubs to support improvement.

The CHAT visits are conducted using a strength based approach to give assurance to Care Home organisations, HSCP's and the Chief Nurse Executive that guidance is being implemented consistently and provide a means to improve partnership working within by a process of continual improvement. It was agreed that CHAT visits should be completed by HSCP teams alongside the Care Home Collaborative on a 6 monthly basis unless a Care Home would benefit from more intensive support. CHAT visits are led by a senior nurse from the HSCP or Care Home Collaborative in addition to two other health or social care staff.

A further round of CHAT visits is currently in progress for all older adult homes in Inverclyde, with plans in place for these to be completed by mid-December 2021. A process of self assessment has been undertaken by the care homes, and to date Home Managers have reported this to be helpful. Full reports will be collated for every visit and sent to the Home Managers for them to check for factual accuracy. Reports will then be looked at locally by the Chief Nurse to identify any key themes and trends to focus ongoing support and improvement activity, and in order to provide assurance to the HSCP SMT and IJB.

All reports will also be submitted via the Care Home Collaborative Governance processes to provide assurance to the Executive Nurse Director team.

- 4.5 Inverclyde HSCP is supporting Care Homes at present through the COVID-19 situation by a variety of means. The Commissioning Team currently undertake regular calls to check on the welfare of the home and its Manager/Staff and supplies, provide information and advice on the latest guidance/information available from the Scottish Government/Public Health Scotland. Any concerns or significant events are reported to the Commissioning team daily. This allows the HSCP to "traffic light" providers and direct support to the Care Homes most in need.
- 4.6 The HSCP wants to support Local Authority, independent and Third Sector Care Home providers to protect their staff and residents, ensuring that each person is getting the right care in the appropriate setting for their needs. The HSCP recognises how important it is for Care Homes to have access to the right knowledge, staff and resources so they are equipped to deliver care at all times, but it is even more critical we do so at this challenging time. This is why officers are working very closely with local Care Homes to offer any support they require including (but not limited to) the following:
 - appropriate information, guidance and support to safely admit, accept discharges from hospital, and care for patients during the pandemic with direct access to the Public Health Protection team
 - the right information and the right support to care for people within their Care Home
 - ensure fair and prompt payment for existing care commitments by working with Commissioners
 - ensure they have the right equipment and supplies, this includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and that they are appropriately resourced.
 - psychological support to staff working in care homes
 - training opportunities and support to all care homes in GGC through Webinars

4.7 In order to reduce the risk of the virus spreading into care homes the latest government guidance is in place. These measures have reduced the risk of infections being transferred back into Care Homes and are complied with by all Care Homes and their visitors.

4.8 **Testing of Residents in Care Homes**

Scottish Government Guidance agreed to test for COVID-19 for all residents in Care Homes as well as staff and visitors including professional staff. All residents are tested on a surveillance basis whilst staff require to be tested twice a week. All visitors require a negative test before any visit. The test results are monitored weekly by the HSCP and in the event of a positive test the HSCP are notified and appropriate and proportionate action is taken to mass test residents and look to Home closure or isolation as per public health advice.

We continue to test all service users prior to admission to a Care Home from either the community or Acute setting.

Cumulative totals for testing in Older People Care Homes

- From 1st test on 27th April 2020 52,132 staff tests have been carried out.
- From 1st test on 29th April 2020 6,164 resident tests have been carried out in older people care homes.

For the period Thursday 18th November 2021 to Wednesday 1st December there has been 39 resident tests and 1,232 staff tests completed.

Cumulative totals for testing in Adult Care Homes

- From 1st test on 1st June 2020, 141 resident tests have been carried out.
- From 1st test on 1st June 2020, 6167 staff tests have been completed.

4.9 **Vaccination**

Inverclyde HSCP have worked in Partnership with NHS GGC and Care Home Providers to ensure all residents and staff are offered or received the COVID-19 vaccinations and booster as well as the usual Flu vaccination

Older People Care Homes

1st Vaccination - 97% of Residents and 90% Staff
2nd Vaccination - 97% of Residents and 88% Staff
3rd Vaccination - 89% of Residents and 55% Staff
Flu Vaccination - 85% of Residents and 40% Staff

Adult Care Homes

1st Vaccination - 100% of residents and 78% of staff
2nd Vaccination - 100% of residents and 67% of staff
3rd Vaccination - 89% of residents and 50% of staff
Flu Vaccination - 89% of residents and 26% of staff

It has been noted numbers for the 3rd vaccination is not as high as those for 1st and 2nd. This is due to there being a change in residents since the first two doses and not all residents are due their 3rd dose yet. There are also a small number of residents being admitted to Care Homes who have not received any doses of the vaccine yet.

4.10 **Oversight and Support**

On the 17th May 2020 the Cabinet Secretary issued new guidance around support and clinical governance of Care Homes. The letter emphasised the need to monitor and support Care Homes around 3 key areas;

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

The Cabinet Secretary has also directed NHS Boards and Councils to ensure direct oversight of Care Home performance with daily meetings led by the Chief Social Worker officer and Nursing Director.

Inverclyde has established Care Home Safety Huddle which meets twice weekly to monitor performance and address any concerns or issues involving Care Homes. There is also a fortnightly multi-disciplinary team meeting chaired by the Interim Chief Officer and including the Care Inspectorate and Public Health Representative as well as senior HSCP managers and Lead Clinicians.

4.11 Sustainability payments for Care Homes since April 2020:

Since March 2020 Inverclyde Council along with all councils in Scotland have been facilitating and monitoring the Sustainability payments agreed by the Scottish Government to support Care Home providers in light of the extra costs due to the pandemic. The payments have been around payment for vacancies and other staff related costs. We have facilitated the following payments:

Vacancy payments:

23/03/20 – 31/10/21 £3,259,241.78

Sustainability (Staff, PPE, Other Costs):

23/03/20 – current claimed £1,717,089.76

4.12 Care Home Outbreaks

The last notification of COVID outbreak in Older People Care Homes was September 2021. An outbreak is defined as when 2 or more people have a positive COVID test. The last COVID outbreak that involved a resident was in February 2021

The last notification of COVID outbreak in Adult Care Homes was 28th October and did not involve residents.

5.0 PROPOSALS

- 5.1 To continue with the current level of support to Care Homes in Inverclyde and to make necessary adjustments in line with future Scottish Government Guidance.

6.0 IMPLICATIONS

Financial Implications:

6.1

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

Annually Recurring Costs/ (Savings)

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

6.2 LEGAL

None

6.3 HUMAN RESOURCES

There are no human resources issues within this report.

6.4 EQUALITIES

(a) There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

X

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

NO

7.0 CONSULTATION

7.1 None

8.0 LIST OF BACKGROUND PAPERS

None.