

A meeting of the Social Work & Social Care Scrutiny Panel will be held on Thursday 18 August 2022 at 3pm.

Members may attend the meeting in person or via remote online access. Webex joining details will be sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Wednesday 17 August 2022 how they intend to access the meeting.

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

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IAIN STRACHAN
Head of Legal & Democratic Services

BUSINESS

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2. Revenue & Capital Budget Report – Outturn 2021/22 and 2022/23 Revenue Outturn Position as at 30 June 2022 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Head of Finance, Planning & Resources, Inverclyde Health & Social Care Partnership	p
3. Inverclyde HCSP Draft Refreshed Strategic Plan 2019-24 Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
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NEW BUSINESS		
5.	Primary Care – Update on Vaccination Transformation Programme and General Dental Services Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
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The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph of Part I of Schedule 7(A) of the Act.		
10.	Reporting by Exception – Governance of HSCP Commissioned External Organisations Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

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Enquiries to – Lindsay Carrick - Tel 01475 712114

Report To:	Social Work & Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Corporate Director (Interim Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SWSCSP/08/22/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 – Outturn 2021/22 and 2022/23 Revenue Outturn Position as at 30 June 2022		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel on the outturn of the 2021/22 revenue budget and of the projected outturn on revenue and capital for 2022/23 as at 30 June 2022. The 2021/22 outturn is provisional subject to the audit of the annual accounts.

1.3 **2021/22:** The revenue outturn for Social Care for 2021/22 was a £221,000 underspend, which reflected an improved position of £177,000 from the projected underspend of £44,000 reported at period 9.

1.4 **Current Year 2022/23:** The projected Revenue Outturn for Social Care as at 30 June 2022 is an underspend of £975,000.

1.5 The Social Work 2022/23 capital budget is £1,346,000, with spend to date of £34,000, equating to 2.53% of the revised budget. No slippage is anticipated with the advancement of the capital programme in 2022/23.

1.6 The balance on the Integration Joint Board (IJB) reserves at 31 March 2022 was £28.325 million. Within this balance, specific reserves totalling £3.199 million have been delegated to the Council for use in 2022/23. Spend of £0.042 million has been incurred to date, being 27% of the phased budget. Also within the IJB reserves balance, smoothing reserves of £4.156 million are held in relation to delegated functions to the Council of a more volatile nature, in order to mitigate the risk of in year overspends. Where possible, any over / underspends in these areas are transferred to the earmarked reserve at the end of the year. These assumptions are reflected in the projected position for 2022/23.

2.0 RECOMMENDATIONS

- 2.1 That the Panel notes the 2021/22 revenue budget outturn underspend of £221,000.
- 2.2 That the Panel notes the projected current year revenue outturn of a £975,000 underspend at 30 June 2022.
- 2.3 That the Panel notes the current projected capital position.
- 2.4 That the Panel notes the current earmarked reserves position.

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

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

3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to advise the Panel of the Revenue Outturn position for 2021/22, the current position of the 2022/23 Social Work revenue and capital budgets and to highlight the main variances contributing to the 2022/23 projected £925,000 underspend.

4.0 2021/22 Revenue Outturn: £221,000 underspend

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

	Approved Budget 2021/22 £000	Revised Budget 2021/22 £000	Outturn 2021/22 £000	Outturn Variance 2021/22 £000	Percentage Variance %	Movement from Period 9 £000
Children & Families	10,474	10,562	11,555	993	9.40%	(60)
Criminal Justice	20	118	106	(12)	(0.57%)	(85)
Older Persons	25,384	23,782	22,965	(817)	(3.44%)	(65)
Learning Disabilities	7,736	8,776	8,931	155	1.77%	32
Physical & Sensory	2,394	2,372	2,507	135	5.69%	(27)
Assessment & Care Management	2,314	2,338	2,174	(164)	(7.01%)	(34)
Mental Health	1,426	855	795	(60)	(7.02%)	48
Alcohol & Drugs Recovery Service	971	788	498	(290)	(36.80%)	(7)
Homelessness	1,026	1,227	1,210	(17)	(1.39%)	(26)
PHIC	1,677	1,707	1,684	(23)	(1.35%)	42
Business Support	3,402	9,033	8,912	(121)	(1.34%)	5
Covid-19	0	0	0	0	0.00%	0
	56,824	61,558	61,337	(221)	(0.36%)	(177)
Contribution from IJB	(6,295)	(6,295)	(6,295)	0		0
Transfer to EMR	0	3,472	3,472	0		0
				0		0
Social Work Net Expenditure	50,529	58,735	58,514	(221)	(0.38%)	(177)
Earmarked Reserves						
	Approved IJB Reserves 2021/22 £000	Council delegated Reserves 2021/22 £000	Net use of Council Reserve 2021/22 £000	Council Reserves Carry Forward 2021/22 £000	IJB Reserves Carry Forward 2021/22 £000	
Earmarked Reserves	14,932	4,018	819	3,199	28,325	
CFCR	0	0	0	0	0	
Social Work Total	14,932	4,018	819	3,199	28,325	

4.2 Children and Families

A net overspend of £993,000 was reported for the service.

This related mainly to overspends against External Residential Placements of £389,000, Fostering, Adoption & Kinship of £379,000 and Direct Payments of £58,000, together with a staffing overspend of £136,000, including agency social worker costs of £102,000.

At year-end a balance of £800,000 was held on smoothing reserves for External Residential Placements/Fostering, Adoption and Kinship. The balance on the continuing care earmarked reserves remained unchanged during 2021-22 at £425,000.

4.3 Older Persons

Older Persons services was under spent by £817,000.

The underspend mainly comprised:

- A £523,000 underspend within External Homecare as a result of a reduction in the hours delivered by providers, partially offset by an overspend in in-house employee costs of £164,000 required to maintain the service.
- Within Residential and Nursing placements, a £386,000 underspend due to additional Living Wage funding received during the year together with lower bed numbers than anticipated.
- Internal transport savings of £80,000 within Day Care, as the service was not fully operational due to the effect of the Covid 19 pandemic.

The residential and nursing underspend of £386,000 was transferred to the smoothing earmarked reserve at the end of the year, which is reflected in the final position of £1,003,000.

4.4 Learning Disabilities

A final over spend of £155,000 arose for Learning Disabilities.

This included overspends against Client Commitments of £331,000, The Advisory Group contract of £49,000, and £77,000 under recovery of supported living charges. These were partially offset by underspends against Employee Costs of £205,000 due to vacant posts within day services and Day Centre Transport of £107,000, as the Centre was not fully operational during 2021/22.

A year-end smoothing reserve of £600,000 was held for Learning Disability client commitments.

4.5 Physical & Sensory

The net overspend of £135,000 within the service was mainly due to a £190,000 overspend within Client commitments together with additional spend of £47,000 on Disability Aids, partially offset by an overachievement of turnover savings in Employee Costs of £93,000.

4.6 Assessment and Care Management

The year end under spend position of £164,000 primarily related to Employee Costs of £145,000 and Respite of £73,000 due to lower take up of the service, which were partially offset by additional Legal costs of £39,000.

4.7 Mental Health

An underspend of £83,000 in Employee costs due to slippage in filling posts, partially offset by additional Legal expenses of £21,000 contributed to the overall under spend in Mental Health Services of £60,000.

4.8 Alcohol and Drugs Recovery Service

The service was underspent by £290,000. The underspend related mainly to Employee Costs of £208,000, due to a delay in implementing the ADRS review, and Client Commitments of £84,000.

4.9 Business Support

In Business Support a year end underspend of £121,000 was reported. And under spend in Employee Costs of £162,000, due to slippage in filling vacancies, partially offset by a £29,000 Insurance recharge overspend contributed to this position.

4.10 Covid

During the year, Covid 19 spend of £6,235,000 was incurred, which was fully funded by the Scottish Government for this purpose.

5.0 2022/23 Current Revenue Position: Projected £975,000 underspend

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

2021/22 Actual £000		Approved Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Outturn 2022/23 £000	Projected (Under) / Overspend 2022/23 £000	Variance to Budget %
11,555	Children & Families	11,638	11,638	11,774	136	1.18
106	Criminal Justice **	118	118	223	105	6.14
22,965	Older Persons	28,026	28,099	27,342	(757)	-2.69
8,931	Learning Disabilities	9,359	9,797	9,709	(88)	-0.90
2,507	Physical & Sensory	2,607	2,797	2,894	97	3.47
2,174	Assessment & Care Management	2,804	2,734	2,695	(39)	-1.43
795	Mental Health	1,222	1,222	1,052	(170)	-13.91
498	Alcohol & Drugs Recovery Service	950	950	776	(174)	-18.32
1,210	Homelessness	1,266	1,296	1,269	(27)	-2.08
1,684	PHIC	1,792	1,792	1,796	4	0.22
2,617	Business Support	5,740	5,079	5,017	(62)	-1.22
55,042	Delegated Social Work Budget	65,522	65,522	64,547	(975)	(1.49)
3,472	Transfer to EMR	0	0	0	0	
58,514	Social Work Net Expenditure	65,522	65,522	64,547	(975)	(1.49)

2021/22 Actual £000	Earmarked Reserves	Approved IJB Reserves 2022/23 £000	Council related reserves 2022/23 £000	Projected Spend 2022/23 £000	Projected Carry forward 2022/23 £000
28,325	Earmarked Reserves	28,325	7,355	2,289	5,066
0	CFCR	0	0	0	0
28,325	Social Work Total	28,325	7,355	2,289	5,066

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

5.1 Children and Families

The projected overspend of £136,000 mainly comprises a £141,000 overspend in Employee Costs within Residential Services due to the current projected under achievement of the service turnover target.

A net transfer of £159,000 would arise at year end to Children and Families smoothing reserves and is reflected in the projections at 5.0. These transfers are as follows:-

- A projected underspend of £267,000 in relation to External Residential placements and Fostering, Adoption and Kinship placements.
- At period 3 there is a projected net overspend of £108,000 for continuing care which would be funded from the earmarked reserve for that purpose at the end of the year.

5.2 Criminal Justice

Criminal Justice is currently projected to overspend by £105,000, mainly attributable to client package costs of £94,000 shared with Learning Disabilities.

5.3 Older Persons

Older Persons is currently projected to underspend by £757,000.

The projected underspend mainly comprises:

- A projected underspend of £609,000 within External Homecare, which is mainly due to a reduction in the number of providers together with staffing shortages across the sector. Following the retender of the care at home contract, 2 new providers have been commissioned to deliver services within Inverclyde. The projection includes additionality for increased hours expected to be delivered by these providers during the financial year.
- A projected net underspend of £234,000 on Employee Costs across Homecare, Day Services and Respite, due to the level of vacancies across these services.
- Recruitment and retention issues, a busy annual leave period and the ongoing Covid 19 staffing implications across both in house and external services are contributing to current pressure on the service to deliver all of their commissioned home care hours.

These are partially offset by:

- A projected overspend of £73,000 within other client commitments mainly in relation to respite package assumptions.

At period 3 there is a projected underspend of £77,000 for nursing and residential placements, which would be transferred to the earmarked reserve at the end of the year, should this position remain.

5.4 Learning Disabilities

Learning Disabilities is currently projected to be underspent by £88,000.

The projected underspend primarily relates to £194,000 against employee costs including vacant posts within day services. This is partially offset by a projected shortfall in Day Services income from other authorities of £89,000.

5.5 Physical and Sensory

The projected overspend of £97,000 primarily relates to client commitments, which reflects the full year impact of package changes from 2021-22 together with anticipated costs of further packages expected in 2022-23.

5.6 Mental Health

The projected underspend of £170,000 mainly relates to an underspend of £110,000 within client commitments, with expenditure comparable with that in 2021-22, together with a £64,000 underspend against employee costs due to additional turnover being projected.

5.7 Alcohol and Drugs Recovery Service

The projected underspend of £174,000 is mainly attributable to an underspend of £112,000 within client commitments, together with a £62,000 underspend against employee costs due to vacancies within the service.

5.8 Business Support

The projected underspend of £62,000 relates to an anticipated over achievement of payroll turnover for the service.

6.0 2022/23 Current Capital Position

6.1 The Social Work capital budget is £12,035,000 over the life of the projects with £1,346,000 projected to be spent in 2022/23. No slippage is currently being reported, however, the projection will depend on the ability to progress the New Learning Disability Facility through the remaining pre-contract stages to construction stage as outlined below. Expenditure on all capital projects to 30 June 2022 is £34,000 (2.53% of approved budget). Appendix 4 details capital budgets. 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 an original contractual completion date in early November 2021.
- As previously reported, the Contractor had intimated delays due to supply chain issues impacting the programme with the most recent issues affecting availability of key components for the heating system and difficulty securing the necessary approved rendering sub-contractor.
- The works are now nearing completion on site with handover anticipated mid-August. Property Services are currently liaising with the Service on the arrangements for transfer to the new facility including registration and portage of loose furniture & equipment.

The final account for the project will be subject to resolution of the extension of time submissions from the Contractor currently being assessed by Property Services with a report on the outcome presented to a future meeting.

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 progress to date is summarised below:

- As previously reported, design stage work has been progressing through the design team led by Property Services, however, the process has been protracted due to a combination of continuing construction sector supply chain issues and the requirement to assess site specific development risks and their impact on the developing design proposals.
- A detailed report was submitted to the June Health & Social Care Committee on the progress to date including external funding support secured and the proposals for an alternative design approach including procurement through hub West Scotland. The Committee approved the progression of the project subject to the submission of a report to the Inverclyde Integration Joint Board and confirmation of the additional funding support required to allow the project to proceed to the next stage.
- The funding support was approved at a special meeting of the Inverclyde Integration Joint Board on 20th July.

A qualifying project request has now been submitted to hub West Scotland who will engage with Property Services and the Client Service to develop the project proposals through the remaining pre-contract design stages and statutory approval processes ahead of the market testing stage. The initial work will include developing a programme for pre and post contract stages with a further update provided to the next meeting.

6.4 Swift Upgrade

The mini competition is now complete and a preferred bidder selected with a contract start date of 1 June 2022. One off capital costs are less than anticipated at £200,000. The remaining £400,000 has been returned to the Council capital budget as reported to the Health and Social Care Committee on 9 June 2022.

7.0 Earmarked Reserves

7.1 The balance on the IJB reserves at 31 March 2022 was £28,325,000. The reserves noted in this report are those delegated to the Council for spend in 2022/23, and smoothing reserves held for areas of volatility within Council services. The opening balance, and balance as at Period 3, on these is £3.199 million and £4.156 million respectively. Current projected spend for 2022/23 is £2.289 million.

7.2 The smoothing reserves held are for the following service areas:

- Children's Residential Care, Adoption, Fostering & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care,
- Learning Disabilities (LD) Redesign,
- LD Client Commitments
- Pay Contingency

8.0 IMPLICATIONS

8.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk		x	
Human Resources		x	
Strategic (LOIP/Corporate Plan)		x	
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

8.2 Finance

All financial implications are discussed in detail within the report

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					

8.3 Legal/Risk

There are no specific legal/risk implications arising from this report. This is a factual report for noting.

8.4 Human Resources

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

8.5 Strategic

There are no specific strategic implications arising from this report.

9.0 CONSULTATION

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

10.0 BACKGROUND PAPERS

10.1 There are no background papers for this report.

Social Work

Budget Movement - 2022-23

Period 3 1 April 2022 - 30 June 2022

Service	Approved Budget £000	Movements					Amended Budget £000	IJB Funding Income £000	Revised Budget £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000			
Children & Families	11,638	0	0	0	0	0	11,638	0	11,638
Criminal Justice	118	0	0	0	0	0	118	0	118
Older Persons	28,026	0	73	0	0	0	28,099	0	28,099
Learning Disabilities	9,359	0	437	0	0	0	9,796	0	9,796
Physical & Sensory	2,607	0	190	0	0	0	2,797	0	2,797
Assessment & Care Management	2,804	0	(70)	0	0	0	2,734	0	2,734
Mental Health	1,222	0	0	0	0	0	1,222	0	1,222
Alcohol & Drugs Recovery Service	950	0	0	0	0	0	950	0	950
Homelessness	1,266	0	30	0	0	0	1,296	0	1,296
Planning, Health Improvement & Commissioning	1,792	0	0	0	0	0	1,792	0	1,792
Business Support	5,740	0	(660)	0	0	0	5,080	0	5,080
Totals	65,522	0	0	0	0	0	65,522	0	65,522

Budget Movements Detail

Inflation

£000

0

Virements

0

Social Work

Revenue Budget Projected Outturn - 2022/23

Period 3 1 April 2022 - 30 June 2022

2021/22		Approved	Revised	Projected	Projected	Budget
Actual Subjective Analysis		Budget	Budget	Outturn	Over /	Variance
£000		£000	£000	£000	(Under)	%
					Spend	
					£000	
32,184	Employee costs	33,965	34,636	33,883	(753)	(2.17)
1,347	Property costs	1,025	1,024	1,060	36	3.52
1,045	Supplies & services	1,005	1,018	1,040	22	2.16
183	Transport & plant	352	397	397	0	(0.15)
900	Administration costs	732	771	771	0	(0.18)
43,886	Payments to other bodies	51,100	51,235	50,845	(390)	(0.75)
(24,503)	Income	(22,657)	(23,559)	(23,449)	110	(0.47)
55,043		65,522	65,522	64,547	(975)	(1.49)
3,472	Transfer to Earmarked Reserves	0	0	0	0	0
58,515	Social Work Net Expenditure	65,522	65,522	64,547	(975)	(1.49)

2021/22		Approved	Revised	Projected	Projected	Budget
Actual Objective Analysis		Budget	Budget	Outturn	Over /	Variance
£000		£000	£000	£000	(Under)	%
					Spend	
					£000	
11,555	Children & Families	11,638	11,638	11,774	136	1.18
106	Criminal Justice	118	118	223	105	6.14
22,965	Older Persons	28,026	28,099	27,342	(757)	(2.69)
8,931	Learning Disabilities	9,359	9,797	9,709	(88)	(0.90)
2,507	Physical & Sensory	2,607	2,797	2,894	97	3.47
2,174	Assessment & Care Management	2,804	2,734	2,695	(39)	(1.43)
795	Mental Health	1,222	1,222	1,052	(170)	(13.91)
498	Alcohol & Drugs Recovery Service	950	950	776	(174)	(18.32)
1,210	Homelessness	1,266	1,296	1,269	(27)	(2.08)
	Planning, Health Improvement &					
1,684	Commissioning	1,792	1,792	1,796	4	0.22
2,617	Business Support	5,740	5,079	5,017	(62)	(1.22)
55,042		65,522	65,522	64,547	(975)	(1.49)
3,472	Transfer to Earmarked Reserves	0	0	0	0	0
58,514	Social Work Net Expenditure	65,522	65,522	64,547	(975)	(1.49)

Social Work

Material Variances - 2022/23

Period 3 1 April 2022 - 30 June 2022

2021/22 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 30/06/22	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	Employee Costs						
6,498	Children & Families	6,472	1,472	1,499	6,587	115	1.78
1,580	Criminal Justice	1,748	397	356	1,672	(76)	(4.35)
11,462	Older Persons	12,505	2,844	2,522	12,272	(233)	(1.86)
2,502	Learning Disabilities	2,728	620	563	2,534	(194)	(7.11)
2,066	Assessment & Care Management	2,352	535	475	2,297	(55)	(2.34)
1,194	Mental Health	1,288	293	271	1,226	(62)	(4.81)
1,012	Alcohol & Drugs Recovery Service	1,230	280	248	1,168	(62)	(5.04)
2,123	Business Support	2,341	532	468	2,272	(69)	(2.95)
28,437		30,664	6,973	6,402	30,028	(636)	(26.69)
142	Criminal Justice package costs	0	0	0	94	94	n/a
3,758	Older People - External Homecare Payments	4,721	908	604	4,112	(609)	(12.90)
501	Older People - Residential Nursing - other client commitments	642	161	87	715	73	11.37
(174)	Learning Disabilities - Day Care Income	(255)	(64)	0	(166)	89	(34.90)
1,706	Physical Disabilities - Client Commitments	1,940	485	429	2,057	117	6.03
1,567	Mental Health - Client Commitments	1,876	469	251	1,766	(110)	(5.86)
304	ADRS - Client Commitments	515	129	29	403	(112)	(21.75)
7,804		9,439	2,088	1,400	8,981	(458)	(58.01)
36,241	Total Material Variances	40,103	9,060	7,802	39,009	(1,094)	(2.73)

Social Work

DRAFT Capital Budget 2022/23

Period 3 1 April 2022 - 30 June 2022

Project Name	Est Total Cost £000	Actual to 31/03/22 £000	Approved Budget £000	Revised Estimate £000	Actual to 30/06/22 £000	Estimate 2023/24 £000	Estimate 2024/25 £000	Future Years
Social Work								
Crosshill Childrens Home Replacement	2,315	2,016	249	249	34	50	0	0
New Learning Disability Facility	9,507	133	884	884		5,248	3,242	0
Swift Upgrade	200	0	200	200		0	0	0
Complete on Site	13	0	13	13		0	0	0
Social Work Total	12,035	2,149	1,346	1,346	34	5,298	3,242	0

Social Work

Earmarked Reserves - 2022/23
Period 3 1 April 2022 - 30 June 2022

Project	Lead Officer / Responsible Manager	c/f Funding from 2021/22 £000	New Funding Reserves 2022/23 £000	New Funding Other 2022/23 £000	Proposed Write Backs 2022/23 £000	Total Funding 2022/23 £000	Phased Budget To Period 3 2022/23 £000	Actual To Period 3 2022/23 £000	Projected Spend 2022/23 £000	Amount to be Earmarked for 2023/24 & Beyond £000	Lead Officer Update
Tier 2 School Counselling	Sharon McAlees	312				312	0	0	42	270	EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020. Projected spend in 2022-23 of £42k reflects shortfall in SG grant against contract.
C&YP Mental Health & Wellbeing	Sharon McAlees	148				148	37	0	148	0	Plan and implement a programme aimed at supporting children and young people in the community whose life chances are negatively impacted through mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, 2 FTE staff from Barnardo's, 1 FTE research assistant based in Educational Psychology and 0.2 FTE Educational Psychologist to act as development Officer with backfill.
Refugees	Sharon McAlees	1,077				1,077	0	15	150	927	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.
Autism Friendly	Alan Best	164				164	0	0	164	0	No spend planned in 22/23
Integrated Care Fund	Alan Best	109				109	0	0	0	109	No spend planned in 22/23
Delayed Discharge	Alan Best	102				102	0	0	0	102	No spend planned in 22/23
Winter Planning - Care at Home	Alan Best	712				712	66	0	712	0	Review the current and projected position within the local sector taking account of increased demand and reduced capacity. Staffing within the HSCP has increased while there has been little recovery in the commissioned market. There continues to be significant issues due to a lack of availability of service impacting on unscheduled care and the overall quality of Care at Home.
Dementia Friendly	Anne Malarkey	89				89	23	27	89	0	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				136	30	0	136	0	RRTP funding - progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan.
Welfare - IDEAS Projects	Craig Given	350				350	0	0	93	257	Plans currently being developed. New post being created to achieve out come, 2x Grade 6 money advisor posts for Advice Services. 2x advice posts for financial fitness. Further delivery tbc for 22/23 and 23/24
Covid Recovery - Establish Inverclyde's Board and Memorial	Allen Stevenson	5				5	0	0	5	0	Creating a social movement that promotes kindness and neighbourly communities
Covid Recovery - Develop Food to Fork project to promote growing strategy	Allen Stevenson	30				30	0	0	30	0	Supporting people to reconnect who have remained at home during COVID
Covid Recovery - Develop Wellbeing Campaign	Allen Stevenson	14				14	0	0	14	0	Mental health support
Pay contingency	Craig Given	891				891	0	0	891	0	

Social Work

Earmarked Reserves - 2022/23
Period 3 1 April 2022 - 30 June 2022

Project	Lead Officer / Responsible Manager	c/f Funding from 2021/22 £000	New Funding Reserves 2022/23 £000	New Funding Other 2022/23 £000	Proposed Write Backs 2022/23 £000	Total Funding 2022/23 £000	Phased Budget To Period 3 2022/23 £000	Actual To Period 3 2022/23 £000	Projected Spend 2022/23 £000	Amount to be Earmarked for 2023/24 & Beyond £000	Lead Officer Update
Adoption/Fostering/Residential Childcare/ Kinship	Sharon McAlees	800				800	0	0	-267	1,067	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years.
Continuing Care	Sharon McAlees	425				425	30	23	108	317	To address continuing care legislation.
Residential & Nursing	Alan Brown	1,003				1,003	0	0	-77	1,080	This reserve is used to smooth the spend on older people residential and nursing costs over the years.
Learning Disabilities Client Commitments	Alan Best	600				600	0	0	0	600	This reserve is used to smooth the spend on Learning Disabilities Client Commitment costs over the years.
Learning Disabilities Redesign	Alan Best	437				437	0	0	100	337	
IJB Primary Care Support & Public Health	Allen Stevenson	338				338	57	51	57	281	This is an IJB reserve & is coded to 94019.
IJB ADP	Allen Stevenson	843				843	843	583	843	0	This is an IJB reserve & is coded to 94013.
IJB Mental Health - Action 15	Allen Stevenson	236				236	236	236	236	0	This is an IJB reserve & is coded to 94014.
IJB Mental Health Transformation	Allen Stevenson	750				750	44		135	615	This is an IJB reserve & is coded to 94016. The split of the funding between Council and Health is tbc.
IJB Contributions to Partner Capital Projects	Allen Stevenson	1,103				1,103	0	0	0	1,103	This is a shared reserve & is coded to 94017.
IJB PCIP	Allen Stevenson	1,527				1,527	1,527	1,527	1,527	-0	This is an IJB reserve & is coded to 94012.
IJB Prescribing Smoothing Reserve	Allen Stevenson	798				798	0	0	0	798	This is an IJB reserve & is coded to 94020.
IJB Addictions Review	Allen Stevenson	250				250	0	0	0	250	This is an IJB reserve & is coded to 94021.
IJB CAMHS Post	Allen Stevenson	68				68	0	0	0	68	This is an IJB reserve & is coded to 94022.
IJB Transformation Fund	Allen Stevenson	1,975				1,975	300		1,335	640	Expenditure on projects approved by the Transformation Board and IJB. Updates reported regularly to both the Transformation Board and IJB. Projects can be Council, Health or Joint.
IJB Swift	Allen Stevenson	504				504	0	0	0	504	This is an IJB reserve & is coded to 94035. Previously included within the Transformation Fund as a project

Social Work
Earmarked Reserves - 2022/23
Period 3 1 April 2022 - 30 June 2022

Project	Lead Officer / Responsible Manager	c/f Funding from 2021/22 £000	New Funding Reserves 2022/23 £000	New Funding Other 2022/23 £000	Proposed Write Backs 2022/23 £000	Total Funding 2022/23 £000	Phased Budget To Period 3 2022/23 £000	Actual To Period 3 2022/23 £000	Projected Spend 2022/23 £000	Amount to be Earmarked for 2023/24 & Beyond £000	Lead Officer Update
IJB CAMHS Tier2	Allen Stevenson	100				100	0		0	100	This is an IJB reserve & is coded to 94036. Previously included within the Transformation Fund as a project
IJB DN Redesign	Allen Stevenson	88				88	88	88	88	0	This is an IJB reserve & is coded to 94026.
IJB Covid-19	Allen Stevenson	8,130				8,130	825	448	8,130	0	This is an IJB reserve & is coded to 94027.
IJB Covid Community Living Change	Allen Stevenson	320				320	0		160	160	This is an IJB reserve & is coded to 94028.
IJB Covid Shielding SC Fund	Allen Stevenson	34				34	0		0	34	This is an IJB reserve & is coded to 94029.
IJB Staff L&D Fund	Allen Stevenson	254				254	0		0	254	This is an IJB reserve & is coded to 94030.
IJB Homelessness	Allen Stevenson	350				350	0		0	350	This is an IJB reserve & is coded to 94031.
IJB Fixed Term Staffing	Allen Stevenson	200				200	0		0	200	This is an IJB reserve & is coded to 94033.
IJB WP MDT	Allen Stevenson	217				217	217		217	-0	This is an IJB reserve & is coded to 94037.
IJB WP HSCW	Allen Stevenson	206				206	206		206	0	This is an IJB reserve & is coded to 94038.
IJB Care Home Oversight	Allen Stevenson	115				115	55		55	60	This is an IJB reserve & is coded to 94039.
IJB Digital Strategy	Allen Stevenson	676				676	0		0	676	This is an IJB reserve & is coded to 94040.
IJB MH Recovery & Renewal	Allen Stevenson	877				877	371	319	428	449	This is an IJB reserve & is coded to 94041.
IJB Fire Reserves	Allen Stevenson	962				962	0		0	962	This is an IJB reserve & is coded to 94025.
Total Category A		0	0	0	0	0	0	0	0	0	
Total Category B		22,298	0	0	0	22,298	4,768	3,262	14,456	7,842	
Total Category C		3,199	0	0	0	3,199	156	42	1,534	1,665	
Total Category D		2,828	0	0	0	2,828	30	23	-236	3,064	
Total CFCR		0	0	0	0	0	0	0	0	0	
Overall Total		28,325	0	0	0	28,325	4,954	3,327	15,754	12,571	

Report To:	Social Work and Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Interim Chief Officer Inverclyde HSCP	Report No:	SWSCSP/06/2022/AH
Contact Officer:	Andrina Hunter Planning and Performance Manager, Inverclyde HSCP	Contact No:	76125
Subject:	Inverclyde HSCP Draft Refreshed Strategic Plan 2019-24		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The 2019-24 Inverclyde Integration Joint Board Strategic Plan set out the shared strategic priorities and ambitions for Inverclyde. The plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining two year term focussed on our future challenges. The Covid 19 pandemic impacted on the delivery of the original Strategic Plan and a two year Transition Plan has been in place since then
- 1.3 The Strategic Needs Assessment undertaken in 2019 has been refreshed and the refreshed Strategic Plan for 2022-24 has been developed and continues with the focus on the six Big Actions for Inverclyde with 49 key deliverables. Consultation of the plan has taken place throughout April 2022 with an online survey and range of focus groups (both online and face to face).
- 1.4 Following consultation with both Inverclyde Council Social Work and Social Care Scrutiny Panel, and NHS Greater Glasgow and Clyde Finance Planning and Performance Committee, the Strategic Plan will be submitted for approval at the Integration Joint Board in September 2022.

2.0 RECOMMENDATIONS

- 2.1 The Social Work and Social Care Scrutiny Panel is asked to note and provide any final comments on the final draft of the 2022-24 Strategic Plan as part of the consultation process.

Allen Stevenson
Interim Chief Officer

3.0 BACKGROUND AND CONTEXT

3.1 In 2019 Inverclyde IJB initially set out through its 5 year Strategic Plan (2019-24), and in particular the 6 Big Actions, its ambitions and vision. This plan reflected the many conversations we had at that time with the people across Inverclyde, professional colleagues, staff, those who use services including carers and children and young people across all sectors and services. The original plan set out the shared strategic priorities and ambitions for Inverclyde and what we had planned to deliver by 2024; the plan was always to be refreshed in 2022- 23 with a revised plan in place for the remaining two year term focussed on our future challenges. The Covid 19 pandemic impacted on the delivery of the original Strategic Plan and a two year Transition Plan has been in place since June 2020.

3.2 As stated it was always the intention to refresh the Strategic Plan in year 3. To undertake this refresh we have:

- Reviewed the original actions within the [Strategic Plan](#); [Transition Plan](#) and the wider [Inverclyde Alliance Covid 19 Partnership Recovery Plan](#)
- Updated the Strategic Needs Assessment to better understand our demographic and health challenges;
- Reviewed the impact of the Covid 19 pandemic on services and wider community;
- Reviewed the wider planning context;
- Listened to communities and what they have told us through various engagement opportunities

The actions in all the previous plans have been reviewed and either closed off as complete or continued, in a new format into our refreshed plan. An audit trail of our previous actions is available on request.

3.3 Through discussion at the Strategic Planning Group and with 3rd sector and community representatives, there was a strong consensus that we should retain the original vision and priorities set out through the six Big Actions for Inverclyde. Feedback received is that these were set for five years and are still relevant, and importantly, well known and understood by our communities.

3.4 Our current demographic context for Inverclyde is presented fully within the updated Strategic Needs Assessment (SNA). The full Strategic Needs Assessment can be accessed [Inverclyde HSCP Strategic Needs Assessment 2022](#)

The Strategic Needs Assessment is updated utilising the most up to date verified data at the time of writing and as such there will be a data lag with some of the information sources. Whilst the SNA doesn't therefore represent fully the impact of Covid which is still emerging, we know from our local intelligence the impact is being seen within our services and this will be fully captured within our Annual Performance Report and the next SNA which will be refreshed in line with the next strategic plan in 2024

3.5 The refreshed Strategic Plan for 2022-24 contains 49 key deliverables under the 6 Big Actions which link clearly with the nine National Outcomes for Scotland and also the National Outcome Framework for Children, Young People and Community Justice. It continues the 'road map approach' utilised in the original plan and has been developed by officers and utilising previous feedback from our communities.

3.6 To ensure that partners and the community were fully engaged on the proposed refreshed plan, throughout April 2022 a full consultation was undertaken supported by key partners, YourVoice, CVS Inverclyde and Inverclyde Council's Community Learning and Development Team. An

online survey was developed alongside nine focus groups (mixture of face to face and virtual). There were 20 responses to the online survey and 74 people attended the focus groups. The majority of the responses stated that they found the refreshed Strategic Plan easy to read and understand. Key themes from the consultation were related to: access to services; pathways of care; stigma and future funding.

3.7 In order to ensure focus on targets and outcomes, a performance framework is being developed to support the key deliverables outlined in the plan. Once the plan is approved at the IJB in September, an 'easy to read' version of the plan will be developed. As stated this is a refresh of the original plan, development work on the new Strategic Plan for 2024 will commence in early 2023 and involve all key partners.

4.0 PROPOSALS

4.1 The Social Work and Social Care Scrutiny Panel is asked to note the refreshed Strategic Plan and provide any final comment on the accompanying draft refreshed Strategic Plan as part of the consultative process.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		x	
Legal/Risk	x		
Human Resources		x	
Strategic (LOIP/Corporate Plan)	x		
Equalities & Fairer Scotland Duty	x		
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

5.2 Finance

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					

5.3 Legal/Risk

As part of the Public Bodies (Scotland) Act 2014 the Integration Joint Board requires to have a Strategic Plan

5.4 Human Resources

None

5.5 Strategic

This refreshed Plan links to the Inverclyde Alliance Local Outcome Improvement Plan.

5.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

x	YES – Assessed as relevant and an EqIA is required.
	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, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here [Inverclyde HSCP Strategic Plan 2022-24 EIA](#)

6.0 CONSULTATION

6.1 Consultation of the plan has taken place across Inverclyde during April 2022 with an online survey and range of focus groups (both online and face to face). Participants included the wider community, community groups, unpaid carers, providers and partner organisations and HSCP staff. Issues raised during the engagement are reflected within the plan.

7.0 BACKGROUND PAPERS

7.1 None

INVERCLYDE HEALTH & SOCIAL CARE STRATEGIC PLAN 2019 – 2024

YEAR 3 REFRESH (2022-24)

“Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”

“Improving Lives”

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Welcome Alan Cowan

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What will success look like and how will we know

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- Appendix 3- Public Health Priorities
- Appendix 4-Refreshed Housing Contribution Statement

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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish


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

Punjabi

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

Urdu

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

 Inverclyde Health & Social Care Partnership, Hector McNeil House, 7-8 Clyde Square, Greenock PA15 1NB

 01475 715365

 Strategic.Comm@inverclyde.gov.uk

Welcome from Alan Cowan

Chair Inverclyde IJB



We are pleased to present the refresh of our second Strategic Plan (2019-24) for Inverclyde Integrated Joint Board which has been developed by the Health and Social Care Partnership (HSCP) and the Strategic Planning Group, in consultation with the people of Inverclyde.

Our HSCP was set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation. Since integration, Inverclyde HSCP has had a clear ambition to improve the lives of the people of Inverclyde and the benefits of integration are already evidenced with excellent performance in a number of areas.

When we published the original five year plan in 2019 we had huge ambition to deliver the priorities set out within it, and looked forward to continuing our commitment to improving outcomes for Inverclyde people over the lifetime of the plan. In March 2020 the COVID-19 pandemic began to impact on our communities and services and it has brought two of the most challenging years for all of us. Our vision *“Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”* has never been more important as we know the impact the pandemic has had on our communities. Despite the challenges and uncertainty brought by the pandemic there have been significant improvements in services over the last three years, however there is still much more to do.

Whilst the Covid 19 pandemic brought constraints and challenges there has also been significant learning, with new and innovative ways of working, and much to build into our future working. Our staff are our main asset and have demonstrated great resilience and commitment to supporting the Inverclyde community.

We had always planned to refresh this Strategic Plan in year three (2021/22) however the measures put in place to keep us safe during the COVID-19 pandemic meant that we had to prioritise key areas of work which we delivered through our Transition Strategic Plan (20-22).

This refreshed plan brings together the actions from the original Strategic Plan; the Transition Plan; and the Inverclyde Covid 19 Recovery Plan; and sets out our key priorities, focused around our Six Big Actions, for the remaining two years until March 2024.

I welcome the ongoing commitment from our staff; our partners; and our community to the delivery of actions within this plan to achieve the best possible outcomes for the Inverclyde community.

Section 1

1. Background

Inverclyde Integration Joint Board (IJB) is a distinct legal body which was created by Inverclyde Council and NHS Greater Glasgow and Clyde, and approved by Scottish Ministers in line with the legislation. The IJB is a decision-making body that meets regularly to discuss, plan and decide how health and social care services are delivered in Inverclyde.

All IJBs require to have a Strategic Plan and in line with the legal requirements, the IJB established a Strategic Planning Group with wide representation from partners including carers and community representatives, who are responsible for shaping and monitoring the effectiveness of the plan.

Within Inverclyde we fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. We strongly believe that integration will continue to offer many different opportunities to build on our previous achievements and continue what we can improve on to benefit the local people and communities of Inverclyde.

1.1 Our original 5 year Plan (2019-24)

Inverclyde IJB initially set out through its 5 year Strategic Plan (2019-24), and in particular the 6 Big Actions, its ambitions and vision. This plan reflected the many conversations we had with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

Our original plan set out the shared strategic priorities and ambitions for Inverclyde and what we had planned to deliver by 2024; the plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining two year term focussed on our future challenges.

1.2 Our Transition Plan (2020/22)

In response to the Covid 19 Pandemic and to allow services to focus on the delivery of crucial services and recovery, the work to deliver the original actions in the Strategic Plan (2019-24) were paused and a more streamlined Transition Plan for 20/22 developed. This transition plan reflected a revised priority list to include new Covid 19 related themes and the deliverability of existing priorities in the midst of a pandemic. Engagement with our communities was undertaken in December 2020 by CVS Inverclyde and Your Voice to gain a community view to ensure Inverclyde HSCP were prioritising the right themes and services for 2020/2022.

1.3 Our refreshed Plan (2022-24)

As previously stated, it was always the intention to refresh the original strategic plan in year 3 to ensure a continued focus on the key priorities for Inverclyde. This refreshed plan will set out our priorities for 2022-24 and should be read in the context of our original plan.

To undertake this refresh we have:

- Reviewed our original actions within the [Strategic Plan](#); [Transition Plan](#) and the wider [Inverclyde Alliance Covid 19 Partnership Recovery Plan](#)
- Updated our Strategic Needs Assessment to better understand our demographic and health challenges;

- Reviewed the impact of the Covid 19 pandemic on our services and wider community;
- Reviewed the wider planning context;
- Listened to our communities and what they have told us through various engagement opportunities

The actions in our previous plans have been reviewed and either closed off as complete or continued, in a new format into our refreshed plan. An audit trail of our previous actions is available on request.

2. Our Vision and Priorities for 2022-24

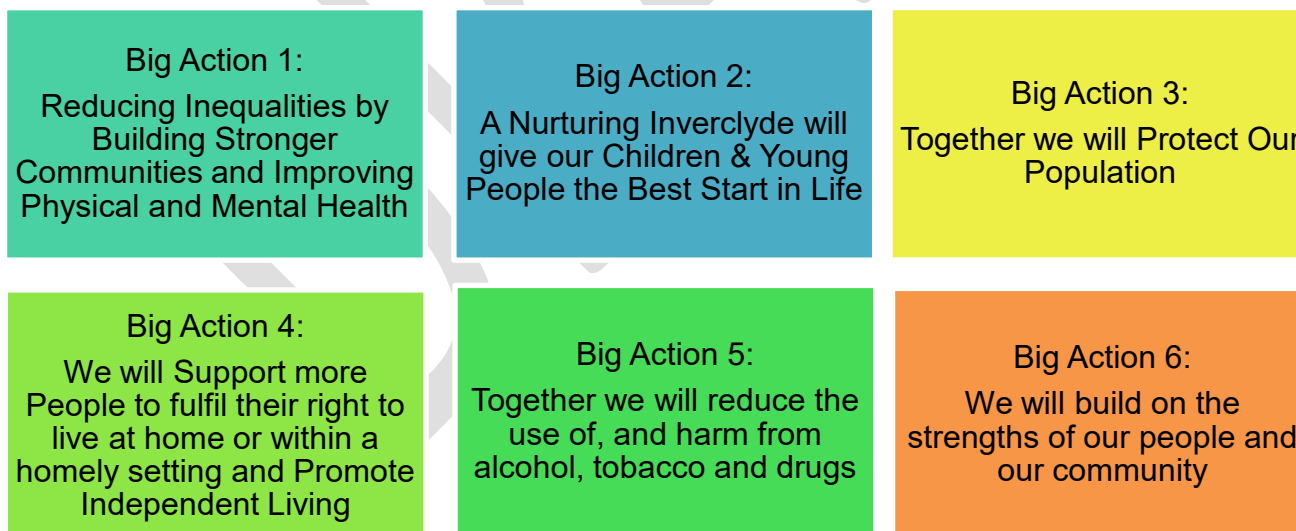
Inverclyde HSCP is built on our established integration arrangements and our vision, values and six ‘Big Actions’ set out in our original strategic plan were shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. As part of that we also undertook targeted engagement with the children and young people of Inverclyde to ensure that their voices were heard.

Through recent discussion at our Strategic Planning Group and with our 3rd sector and community representatives, there was a strong consensus that we should retain our original vision and priorities set out through our six Big Actions for Inverclyde. Feedback received is that these were set for five years and are still relevant, and importantly, well known and understood by our communities.

2.1 Our Vision

“Inverclyde is a caring and compassionate, community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”

2.2 Our Priorities-Six Big Actions



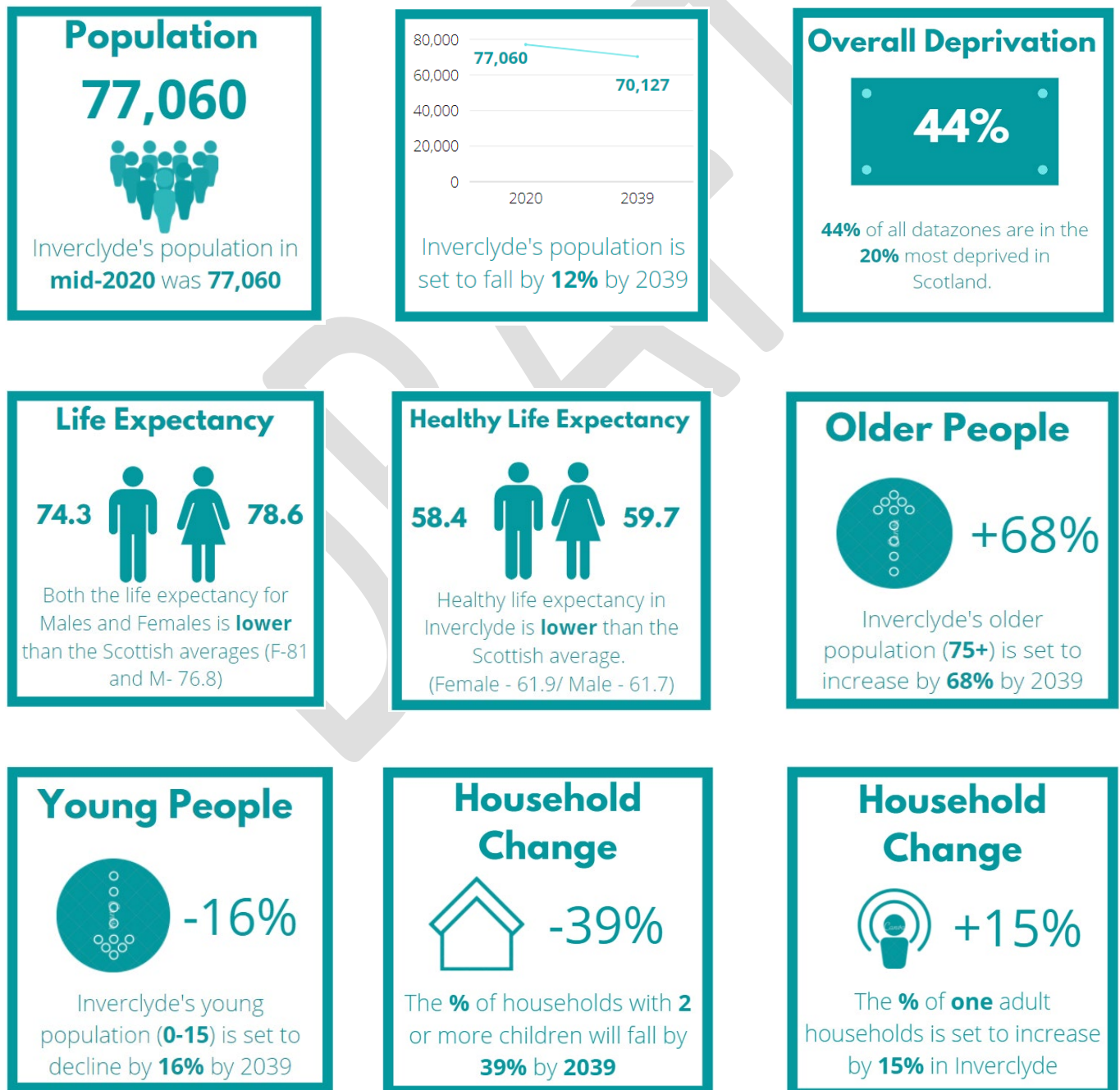
Our Six Big actions link clearly with the nine National Outcomes for Scotland and also the national outcome framework Children, Young People and Community Justice. Appendix 2 provides an overview of how our Big Actions align with the National Outcomes and Appendix 3, the links to national Public Health Priorities.

3. Demographic Profile

Our current demographic context for Inverclyde is presented fully within our updated Strategic Needs Assessment (SNA). The full Strategic Needs Assessment can be accessed here. [Inverclyde HSCP Strategic Needs Assessment 2022](#)

The Strategic Needs Assessment is updated utilising the most up to date verified data at the time of writing and as such there will be a data lag with some of the information sources.

Whilst the SNA doesn't therefore represent fully the impact of Covid which is still emerging, we know from our local intelligence the impact is being seen within our services and this will be fully captured within our Annual Performance Report and the next SNA which will be refreshed in line with the next strategic plan in 2024.



Our Strategic Needs Assessment makes reference to some key information relating to children, because our 6 Big Actions relate to all of our people, including our children and young people. Our Joint Children's Services Plan (2020-23) should be regarded as a companion document to this Strategic Plan, and can be found here [Children's Services Plan 2020/23](#).

4. Impact of Covid 19

The Covid 19 pandemic has had, and continues to have, a significant impact on Inverclyde and it will only be in the fullness of time that the true impact of Covid 19 will become clear. Our thoughts are with those members of our community who lost loved ones during the pandemic.

Our services worked incredibly hard through the pandemic to ensure services were delivered to those most vulnerable within Inverclyde, and whilst there were many challenges, and many will continue, we also know there has been positives and new and innovative ways of working.

National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups, a number of groups have been particularly affected, including households on low incomes or in poverty; low paid workers; children and young people; older people; disabled people; minority ethnic groups and women. Many of these are our service users therefore we need to ensure we continue to support them through these ongoing challenging times.

The consultation undertaken by YourVoice and CVS Inverclyde in December 2020 on behalf of the HSCP highlighted poverty, social isolation and mental health and wellbeing as the key areas of concern for the community. National research has concluded there will be significant longer-term impacts on mental health and wellbeing from the pandemic therefore we need to ensure a real focus in this area.

However positives have emerged locally and nationally in response to the pandemic, such as the rapid implementation of innovative approaches, particularly in relation to the expansion of digital services to ensure that service users remain connected, as well as facilitating ongoing service delivery, albeit in a different way. One huge strength that has emerged has been the extraordinary response from Inverclyde's communities in coming together to offer help and support to each other. In addition the improved partnership working and communication across partners has been incredibly helpful and if all this can be sustained and strengthened then there will be a lasting positive impact on communities.

Our HSCP staff have been at the forefront of the Covid 19 pandemic and have showed their resilience and innovation throughout. Many teams have had to cope with increased staff sickness and absence due to self-isolation periods and for some specific areas, difficulties in recruitment to vacant posts. It will be important to continue to provide high levels of support to our teams to preserve and build their wellbeing.

5. Strategic Context

5.1. Related Strategies, plans and legislation

Inverclyde HSCP operates within a complex and evolving framework of national guidance and legislation; and local and regional plans; and policies. The partnership is committed to delivering high quality and appropriate services to our communities taking cognisance of this evolving landscape. Together the legislation and policies aim to shape a whole system of health and social care, providing seamless care for everyone who needs it. We have a focus on better outcomes for the people who use services, and services being delivered in the right setting, at the right time, and by the right professionals.

As this framework is large we have set out below a summary, which is not exhaustive, and also some further information related to the Independent Review of Adult Social Care and the National Care Service; and the Independent Care Review and The Promise which will undoubtedly shape current and future service delivery.

Legislation	National Strategies and guidance	Local Strategies and Guidance	HSCP Plans
Public Bodies(Joint Working) Scotland Act 2014	Remobilise; Recover; Redesign The Framework for NHS Scotland (2020)	Inverclyde Council Inverclyde Council Corporate Plan	Workforce Plan Digital Plan
Community Empowerment (Scotland) Act 2015	Realising Realistic Medicine (2017)	NHS Greater Glasgow and Clyde NHSGGC Remobilisation Plan	Primary Care Improvement Plan
Children and Young People (Scotland) Act 2014	Getting it Right for Every Child (GIRFEC)	Moving Forward Together	Rapid Rehousing Transition Plan
Carers (Scotland) Act 2016	Public Health Scotland's Strategic Plan (2020/23)	Turning the Tide through Prevention	Market Facilitation and Commissioning Plan
The 2018 General Medical Services Contract in Scotland	A National Clinical Strategy for Scotland (2016)	NHS GGC Mental Health Strategy	Clinical and Care Governance Strategy and Plan
The Equality Act(Scotland) 2010	Independent Care Review-The Promise 2020	Inverclyde Alliance (Community Planning Partnership) Local Outcome Improvement Plan (LOIP)	
Child Poverty (Scotland) Act 2017		Integrated Children's Services Plan Inverclyde Alcohol and Drug Partnership Strategy Inverclyde Community Justice Outcomes Improvement Plan	

5.2 Independent Review of Adult Social Care and a National Care Service

The Independent Review of Adult Social Care in Scotland was published in February 2021 and set out the vision for adult social care across Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach. The report set out three key foundations which the review proposed as integral to future delivery:

- The need for further implementation of need self-directed support and full integration of health and social care
- Nurturing and strengthening the social care workforce.
- Support and enable unpaid carers to continue to be a cornerstone of social care support

In August 2021 the Scottish Government published its consultation paper “A National Care Service for Scotland” which went beyond the recommendations in the adult social care review report. The consultation sought views on 7 key areas:

- Improving Care for People
- Establishing a National Care Service
- The scope of a National Care Service
- Reforming Integration Joint Boards
- Improving Commissioning of Services
- Regulation
- Valuing people who work in Social Work

Nearly 1400 responses have been received from the consultation and the National Care Service (Scotland) Bill has recently been published and views are sought. . We expect over the lifetime of this plan to better understand the Scottish Government’s plans for future delivery of health and social care; and we will ensure recommendations and specific actions from the Scottish Government are implemented.

5.2 Independent Care Review and The Promise

Beginning in 2016, The Independent Care Review consulted with over 5,500 individuals with over half being babies, infants, children, young people and adults with experience of care. This also included over 300 families and voices from the paid and unpaid workforce. On 5 February 2020, the Care Review published seven reports, with ‘the promise’ narrating a vision for Scotland, built on Five Foundations:

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

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

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

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

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

Inverclyde HSCP in partnership with CVS Inverclyde and Your Voice submitted a successful application to the Promise Partnership and have now established an I Promise Partnership locally. This will enable Inverclyde to identify and design system changes that can be informed from our current learning and to reach out further across the community. Paramount to this will be the commitment to cultural changes in how Inverclyde HSCP and in turn our partners, delivers services across the partnership.

5.4 Equality and Diversity

Inverclyde HSCP has statutory legal obligations under the terms of the Equality Act 2010. We are committed to the principles of fair equality and diversity. We also recognise our responsibilities as a health and social care service provider, to ensure the fair treatment of all individuals and to tackle social exclusion and inequality. This also extends to community benefits and HSCP staff. The legislation identifies a number of protected characteristics that are known to carry a risk of unequal outcomes. These protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sexual orientation; sex; marriage and civil partnership (for which the law provides protection in the area of employment and vocational training only). An updated Equalities Outcome Plan is required for the HSCP and this will be developed and implemented in the lifetime of this refreshed plan. An Equality Impact Assessment has been undertaken of this plan and can be accessed here once completed [Inverclyde HSCP Strategic Plan 2022-24 EIA](#)

6. Engagement with Communities

Inverclyde HSCP is committed to working better together because we know that's what makes a difference. There is a history of strong partnership working with communities, patients, service users, our local GPs and hospitals, the independent and third sector service providers, Council partners and housing providers.

Our original five year Strategic Plan was developed in 2019 by engaging and consulting fully with our staff, partners and the communities we serve. That feedback along with the responses from our survey questionnaire, Strategic Needs Assessment and locality profile intelligence gave us the understanding of local perspective and things that matter to people. From that we developed our Six Big Actions.

This refreshed plan (2022-24), has been developed following feedback from a range of partners involved in the Strategic Planning Group and consultations undertaken previously by our 3rd sector and community partners. Full consultation on this plan will be undertaken with our communities and key feedback included in the final version. We will continue to seek out the voices of local people in all our future planning and delivery.

In order for the HSCP to ensure it continues to meet the needs of our local population we must maintain a clear understanding of the differing levels of need and service provision across the HSCP. Inverclyde Alliance (Community Planning Partnership) previously agreed to trial a model of locality engagement which would meet both the Public Bodies (Joint Working) Scotland Act 2014 and the Community Empowerment Act 2015 legislation, and try to build an overarching structure for community engagement across Inverclyde.

The structure involved the establishment of six locality based Communication and Engagement groups and six formal Locality Planning Groups. The Covid 19 pandemic has hampered the full development of locality planning structures however six localities were developed as follows:

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central
- Greenock South and South West
- Greenock West and Gourock
- Inverkip and Wemyss Bay

The six Communication and Engagement Groups are now well established across Inverclyde. Two Locality Planning Groups were piloted in Port Glasgow and Inverkip and Wemyss Bay and learning from these groups and discussions for future models of delivery are underway. A proposal is being considered to retain the six Communication and Engagement Groups to deliver under the Community Empowerment Act 2015 and have responsibility for developing the locality plans; and move to Locality Planning Groups (East and West Inverclyde) to meet the needs of the HSCP under the Public Bodies (Joint Working) Scotland Act 2014 legislation. Through the remaining 2 years of this plan locality planning groups will be fully established.

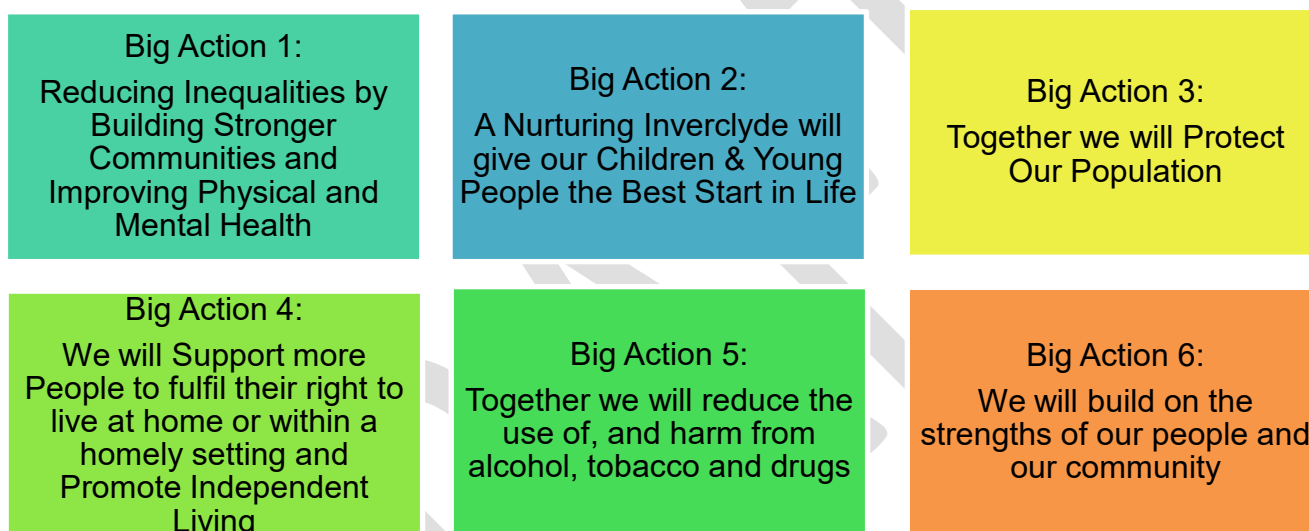
Once this plan is approved we will work with our 3rd sector partners to develop an 'easy to read' version.

Section 2

OUR BIG ACTIONS

The Strategic Plan sets the blueprint for services that will improve health and wellbeing. Our big actions will give a focused view of Inverclyde people's priorities, and how services will support those who are vulnerable or in need.

The following Big Actions will be delivered over the next 2 years.



The development of the Big Actions is an ongoing process and progress will be reviewed and reported through regular updates to and by the Strategic Planning Group (SPG), with 6-monthly reports to the IJB. Each action has a more detailed implementation plan, with measures which will be monitored and reported to the SPG.

BIG ACTION 1

Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control.

The causes of inequalities in health are complex, and often the people who are most likely to experience poorer health also experience other inequalities, for example; lower income, fewer qualifications, poorer quality housing. Although the roots of inequalities are complex and interconnected, there is strong evidence to support approaches that prevent illness, and promote good mental and physical health. Where physical or mental illness exists, there are many ways in which people can be supported. Significant work has been undertaken by the Community Planning Partnership through the Local Outcomes Improvement Plan (LOIP) click [here](#) to view the LOIP. Big Action 1 aims to build on existing relationships within our communities, to support a more robust approach to improving physical and mental health. We are committed to the local implementation of NHSGGC Public Health Strategy: Turning the Tide.

Most of the physical health inequalities outlined in our Strategic Needs Assessment correlates closely with deprivation (as defined by the Scottish Index of Multiple Deprivation). Those who live in our poorest areas are more likely to have lower life expectancy and have more years of ill-health, many living with long term conditions such as Diabetes and COPD (Chronic Obstructive Airways disease). They are less likely to have good quality, secure jobs – the lack of satisfying work or activity can also damage health. Intergenerational inequalities and poverty impacts on all aspects of people's lives. We need to ensure that are community are supported to engage in ways that are accessible for them, our focus on improving digital access and also innovative ways to manage long term health conditions will be necessary.

We know that Covid 19, along with the impacts of Brexit, and the recent increases to the cost of living, will have a significant effect on the most vulnerable members in our community. The Council and HSCP are trying to mitigate where possible these impacts through the Anti-Poverty funding and Covid 19 Recovery funding, and we will continue to work through our strong partnerships to tackle the underlying causes of deprivation.

We recognise mental health has a significant impact on our local community and this was a key message from our previous, and also more recent engagement process, and the strategic needs assessment. Poor mental health often impacts on physical health and the person's ability to work or to engage with their community therefore we will continue to innovative to deliver quality mental health services within Inverclyde. We will continue to work in partnership with people who use services, carers and staff to influence the NHSGGC Five year Strategy for Adult Mental Health services and contribute to its delivery within Inverclyde.

Big Action 1 Roadmap

REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH

1.1 We will respond to the proactive and reactive needs of the Covid 19 Pandemic

1.3 We will deliver a replacement recording system to support health and social care

1.2 We will review and deliver the HSCP Digital strategy in line with NHSGGC and Inverclyde Council's Digital Strategies

1.4 We will deliver HSCP projects funded through the Council/HSCP Anti-poverty fund which aim to support the most vulnerable in our communities

1.5 We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery

1.6 We will develop and implement the Scottish Government's Mental Health and Wellbeing Primary Care Service model

1.8 We will contribute to the delivery of the 5 year NHSGGC Adult Mental Health Strategy and deliver on specific areas for Inverclyde

1.7 We will review the action plan and strengthen relationships within the Inverclyde Financial Inclusion partnership

1.9 We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities



BIG ACTION 2

A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation.

Inverclyde is a beautiful place to live and grow up, however we know that some children growing up in Inverclyde face deep rooted and intergenerational challenges. We have become increasingly attuned to the nature and impact of these challenges. Poverty and the impact of poverty on people's life chances present some of our biggest challenges. We have improved our use of evidence-informed approaches that help us to target and mitigate the impacts, and this requires us to work with key partners across Inverclyde HSCP to support those families, children and young people particularly affected by alcohol, drugs and mental illness.

"Nurturing Inverclyde" is our collective vision to ensure that everyone has the opportunity to have a good quality of life and good mental and physical health. This approach puts the child, citizen and community at the centre of our thinking, our planning and our actions. We have and we will continue to build Nurturing Inverclyde into our culture. One way in which this is evident is our focus on high quality relationships with children and their families including their active participation in decision making and in developing services that affect them. This will continue through the work of the Scottish Government's Independent Care Review and The Promise, whose aim is to identify and deliver lasting change in Scotland's 'care system', and leave a legacy to transform the wellbeing of infants, children and young people.

The strategic direction of the HSCP's services to children and families is heavily integrated with that of our Community Planning Partners, as well as the strategic priorities set out in our Children's Services Plan and our Corporate Parenting Strategy. We have led on a joint approach to data analysis in children's services across the Inverclyde Community Planning Partnership, resulting in a robust and detailed strategic needs analysis, click [here](#) to view the full analysis and our Children's Service Plan.

To date we have worked hard to deliver our Child and Adolescent Mental Health Service (CAMHS) and now have the lowest waiting times across NHSGGC Board area. We will continue to strive to ensure young people have access to the right service at the right time.

Big Action 2 Roadmap

A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

2.1 We will implement and deliver all aspects of #The Promise Partnership within Inverclyde

2.2 We will review the support to families for young carers and children with Additional Support Needs (ASN)

2.4 We will support children who require to be looked after away from home to remain within Inverclyde with a particular focus on increasing availability of foster care

2.3. We will continue to support young people's mental health and wellbeing through the delivery of CAMHS and the Children's Wellbeing Service

2.5 We will continue to deliver a Whole System Approach to youth offending including EEI, diversion, court support, embedding Care and Risk Management (CARM) to support risk reduction and management in the community.

BIG ACTION 3

Together we will Protect Our Population

We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities

Together we have a duty to ensure that people who are vulnerable within our community are protected and feel safe. This is and will remain a core strategic priority for the HSCP. We have arrangements in place to raise awareness of public protection issues, facilitate proportionate information sharing, diligent screening, prompt assessment and timely targeted support to people who may require advice, support and protection. The main areas where we provide support in public protection are in relation to child protection, adult protection and people affected by serious and violent crime.

Within each aspect of public protection and clinical and care governance we have a suite of readily accessible procedures and guidance to assist staff in working together and to ensure safe, consistent practice in this very complex area. Robust arrangements are in place to ensure procedures, processes, systems and practice are updated in relation to new research or emerging areas of risk that are identified locally or nationally.

Recent internal and external audits identify good evidence that there are strong public protection arrangements in place in Inverclyde, however continuous improvement has been identified as a key mechanism in maintaining quality. Consequently, ensuring quality is a key priority.

Public protection activity by its nature relies on a partnership approach. The direct governance of our public protection activity is through the Public Protection Chief Officer's Group (PPCOG). The PPCOG provides robust challenge and scrutiny of the public protection agenda and in particular in respect of planning and improvement in public protection including approval of annual business plans and quarterly scrutiny of public protection activity. The strategic direction of public protection is closely aligned to The Child Protection Committee, the Adult Protection Committee and the Multi Agency Public Protection Arrangements.

We all have an important role to contribute to the reduction of violence, crime and disorder in our community. As part of our Criminal Justice strategy we will continue to develop our approach to reducing offending and reoffending and work closely with our partners to deliver the Community Justice Outcome Improvement Plan. We know that the factors that cause women to become involved in the criminal justice system are very likely to relate to multiple vulnerability. In addition we know that many of our service users have experienced trauma therefore we need to ensure we are supporting our staff to fully understand trauma informed approaches are key to delivery and support.

We will look to strengthen our whole-system approach to offending extending, and will develop our system of early and effective intervention to young people involved in offending. We will ensure that, where we can, we divert young people from offending. Where this is not possible, we will provide safe alternatives to young people being detained in custody.

Big Action 3 Roadmap

Together we will protect our population

3.2 We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB

3.1 We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's)/Significant Critical Incidents (SCI's)

3.3 We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities

3.4 We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available

3.5 We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services

3.6 We will continue to progress the Woman in Criminal Justice System Project



BIG ACTION 4

We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living, together we will maximise opportunities to provide stable sustainable housing for all.

We will enable people to live as independently as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone

Throughout the life cycle there will be times when people's physical and emotional health and wellbeing may require additional support. Whilst this can happen at any age, this has a specific relevance to our older people. People have consistently told us that they would rather remain in their own homes if at all possible. Over a number of years we have been developing our care at home supports and using a ranges of services including increased use of technology and we have continued to develop approaches to independence while managing risk across all care groups.

Inverclyde HSCP will continue to build local services to support primary care and ensure that only those who need to be seen at hospital are seen there. Multidisciplinary teams and technology has enabled us to support people more long term. In line with National Strategy, NHS GG&C Moving Forward Together, and NHS GGC Unscheduled Care Joint Commissioning Plan, the HSCP will continue to develop care in the community and provide a more joined up service with hospitals to stop people needing hospital care, and when they do get them home quickly. If members of our community require to go into hospital we have an excellent record on supporting them to leave hospital quickly so that they can be cared for in a more appropriate place. Our Primary Care Improvement Plan is delivering on the 6 key areas and we continue to review impact across Inverclyde

We recognise the positive contribution of families and unpaid carers as equal partners to enable us to delivery supports and we will build on this. Some people will require support that can only be provided in a care home and we recognise this as a positive choice. Care homes in particular have been impacted by Covid 19 and we will continue to work with local care home providers to ensure the highest standards of care are maintained.

We are well underway to having a new purpose built learning disability Hub for day and social opportunities bringing together a range of centre based and community based services and supports for people aged 16+ with a learning disability, including those who may have complex and multiple needs.

All of our community have the basic human right to a home or homely setting. We have identified the need to improve our responses to people presenting as homeless, including people who need help both with access to a settled tenancy and support to sustain their home. A significant number of people who experience homelessness in Inverclyde have a mental health problem or difficulty with drugs and/or alcohol and require sustained support.

Our aim is to provide the right support at the right time, and for the right length of time across all our services, so that we can help people towards the highest level of independence possible. Our

Housing Contribution Statement (Appendix 4) brings the HSCP together with local housing providers to plan future housing designed for a lifetime of independent living.

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Big Action 4 Roadmap

We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.

4.1 We will continue to roll out Access 1st to all adult services across the HSCP to ensure easy access and the right support to people accessing adult social care services

4.2 We will undertake and complete the Review of our internal and external Care at Home Services

4.3 We will continue to deliver the range of work related to Unscheduled Care with a focus on preventing admission for those with long term conditions; and ensuring we continue our good record on ensuring people are not delayed from being discharged from hospital.

4.4 We will support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.

4.5 We will ensure engagement in the development of the Care Home Collaborative and utilisation of available resources by local care homes to support residents care

4.6 We will deliver the new Learning Disability Hub to provide transformational support for our learning disabled clients

4.7 We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community

4.8 We will continue to work with our wider primary care partners to implement and review impact of the Primary Care Improvement Plan

4.9 We will continue to support and ensure carer engagement to help develop and shape services

4.10 We will continue to work to support patients and families through the provision of compassionate, responsive, patient centred end of life care

4.11 We will continue to support Inverclyde residents through the provision of Reablement and Rehabilitation programmes.

4.12 We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies

4.14 The Learning Disability service will continue to work with local Registered Social Landlords to increase the provision of Core and Cluster supported living places in Inverclyde.

4.13 We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan

BIG ACTION 5

Together we will reduce the use of, and harm from alcohol, tobacco and drugs

We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those affected to become more involved in their local community.

Our Strategic Needs Assessment demonstrates that Inverclyde has a number of particular challenges related to the use of alcohol, drugs and tobacco. Inverclyde has a long history of people affected by alcohol and drug use and our rates are higher than most of Scotland. A higher proportion of our child protection registrations are due to parental drug and alcohol use.

These issues impact on all communities; from the wellbeing of children to the increased demand on our local services; and on the ability for those affected to contribute to the local economy and community. People with alcohol and drug problems are more likely to have persistent difficulties sustaining their own home. The consultation for the original Strategic Plan highlighted that communities felt more had to be done to support families affected by alcohol and drugs.

The multi-agency Alcohol and Drug Partnership (ADP) is responsible for developing strategic approaches to tackling these issues and increased funding from the Scottish Government has enabled a range of work to be progressed to date. HSCP Alcohol and Drug services have been redesigned to provide more a more cohesive and fully integrated service for people affected by drugs and alcohol.

We know there is much more work to be done and the increased focus on developing services and on recovery will continue to be supported by a wider recovery system of care. This will include extending services and support to people both recovering from alcohol and drug use and their families and carers.

People who have problems with drug and alcohol and tobacco use are more likely to experience other significant physical and mental health problems. The Strategic Needs Assessment identified that they are more alcohol, drug and chronic obstructive pulmonary disease (COPD) related hospital stays than in the rest of Scotland. Therefore we need to develop different pathways that can provide appropriate support to people to prevent deterioration in their health and avoid unnecessary hospital admissions.

Big Action 5 Roadmap

Together we will reduce the use of, and harm from alcohol, tobacco and drugs

5.1 We will continue to commission and expand our recovery and support communities for those affected by drugs and alcohol

5.2 We will deliver on the Medication Assisted treatment (MAT) standards across all services within the Alcohol and Drug Partnership

5.3 We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services

5.4 We will expand the Alcohol and Drug recovery service (ADRS) to deliver a 7 day a week service to ensure appropriate support for individuals.

5.5 We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde

5.6 We will increase the provision of Naloxone through the Naloxone Distribution Programme to support prevention of drug related deaths

BIG ACTION 6

We will build on the strengths of our people and our community

We will build on our strengths this will include our staff, our carers, our volunteers and people within our community, as well as our technology and digital capabilities”

A Nurturing Inverclyde has been key to our HSCP success, whether that is our staff, carers or communities.

A shared desire to see Inverclyde thrive motivates us to work together, to build on our assets and develop communities that care for one another. Social isolation or exclusion is common in society and impacts on people’s physical and mental health and wellbeing. This has been exacerbated by the Covid 19 pandemic and we know from our recent engagement our communities feel this is a key concern.

The human relationships that people need can be developed by creating opportunities in communities to notice, to connect and to show kindness. Given the inherent strength of our communities, seen through Covid 19, and the overwhelming comments during our previous and ongoing engagement, we will continue to build on this. We are also committed to working with communities to find ways of tackling stigma, felt most by some of our most vulnerable in our communities.

Involvement in service design and feedback from our service users and community is key to our development and we need to ensure we have robust feedback mechanisms and learn from this. We need to ensure our partners and communities are involved in future planning of health and social care services.

Health and social care services cannot deliver everything for everyone therefore it’s important that we have our Market Facilitation and Commissioning Plan. This gives us the opportunity to design and commission services differently so that people are treated first and foremost as people rather than for their specific conditions.

We recognise our duties to protect the health of our staff and to ensure that they have a safe working environment and that we look after their health and wellbeing. This extends to our commissioned partners and carers who are key partners in our wider delivery. This has been a key area of focus for the HSCP to date and we will continue our focus on well-being within our Workforce Plan. The plan will complement the Workforce Plans of NHSGGC and Inverclyde Council.

Whilst we have excellent assets within our community, including our local award winning new Greenock Health and Care Centre, we want to ensure we have continued investment to enable our services are delivered to the highest possible standard.

Big Action 6 Roadmap

We will build on the strengths of our people and our community

6.1. We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result

6.2 We will use our complaints process to ensure continuous learning and development of quality services

6.3. We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts

6.4 We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing The Kindness Award; and delivering the Covid 19 memorial project

6.6 We will work with Inverclyde Council in participatory budgeting and explore ways the HSCP can contribute to this

6.5 We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community

6.7 We will develop our HSCP Workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff

6.8 We will continue to develop initiatives and campaigns to support our communities through Covid 19 recovery

6.9 We will continue to develop Capital investments to support sustained delivery and improvement of services

Section 3

Health & Social Care Spend

Financial Performance to Date

Financial Year 2019/20

The financial year 2019/20 resulted in an overall surplus against budget of £1.169m.

The main reasons for this were as follows:

- Additional Covid funding of £0.400m to be carried forward
- Various Health services underspends of £0.743m due to the delay in filling vacancies
- Underspend in Prescribing £0.300m
- Underspend in Social Care services £0.504m mainly due to delay in filling vacancies
- Overspends in Mental Health budget £0.343m
- Overspends in Learning and Psychological Disabilities £0.315m mainly due to increased demand and equipment costs

Financial Year 2020/21

The financial year 2020/21 resulted in an overall surplus against budget of £6.482m. The main reasons for this were as follows:

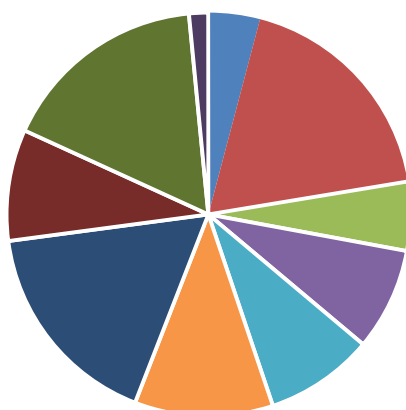
- Additional Covid funding of £3.250m to be carried forward
- Various Health services underspends of £1.023m due to the delay in filling vacancies
- Underspends in PCIP, Action 15 and ADP £1.413m when funding was received at the end of the year but commitments not due to 2022/23.
- Underspend in Prescribing £0.454m
- Underspend in ADRS £0.499m mainly due to vacancies

The IJB is facing continued cost pressures in a number of areas including Children & Families Residential placements, Learning disability, Mental Health inpatient services and Prescribing.

The key areas of uncertainty for the IJB include:

- Impact of future Scottish Government funding levels for our partners
- Pay settlements
- Demand led pressures in all services
- Prescribing costs

2022/23 Budget by Service



■ Strategy & Support Services	■ Older Persons
■ Learning Disabilities	■ Mental Health
■ Children and Families	■ Prescribing
■ Family Health Services	■ Other
■ Set Aside	■ Addiction & Substance Misuse

IJB Budget 2022/23 to 2023/24

The high level budget estimates for the IJB for the next three years are based on assumed pressures around pay inflation, drug inflation and demographic changes. We expect a net anticipated funding gap of £2.046m over this period.

The IJB recognises that there are existing core funding pressures in Children and Families and Learning Disabilities. As such the relevant services have developed 2 spend to save initiatives which deliver a total of £0.500m recurring savings. The Savings and Efficiencies also includes the 2022/23 effect of prior year savings of £0.143m that were agreed.

Key Budget Assumptions

Partner Contributions

- **Health** – in 2022/23 we anticipate a 2% uplift on all budgets in line with the Scottish Government Health settlement. This includes a 2% uplift in Set Aside. This same 2% assumption has been used in the remaining year of the plan.
- **Council** - in 2022/23 The Government announced extra funding for councils for onward transmission to IJBs of £554m as part of its Winter planning Commitment. A condition of the local authority grant settlement is that the 2022/23 contribution by councils to their IJBs should be no less than the recurring 2021/22 IJB contribution plus that council's share of the £554m. The IJB's uplift from Inverclyde Council linked to this is £9.184m. In addition to this Scottish Government also announced an Additional £22m of Social Care funding for 2022/23. The IJB's share of this would be an additional £0.360m and an additional £40m for Multi Discipline teams (MDTS) in 22/23. The IJB's share of this is an additional

£0.655m, Additional £30m for Band 3/4 changes. The IJB's share of this is an additional £0.491m. Also the IJB will receive its share of the Mental Health Recovery and Renewal Funding. This is an additional £0.051m and its share of the National Trauma Training funding. This is an additional £0.050m. In addition there is a one off contribution of £0.550m to be passed to IJB Earmarked Reserves from Council Reserves to assist with general pressures in the IJB.

For the remaining year of the Council funding the IJB is expecting a flat cash settlement.

Pressures and Savings 2023/24

- Pay award pressures - £1.3m Council staffing based on estimated pay uplift. We are assuming all Health pay awards are funded from Scottish Government funding.
- Demographic Changes - £0.280m assumed estimate increased costs due to demographic changes in the area.
- Loss of Council non-recurring funding - £0.550m assumed one off funding expected to stop at the end of 2022/23.
- Drug Inflation Pressure - £0.100m assumed increase in 2022/23 onwards. We expect this to be covered as part of the overall 2% Health budget increase.
- Savings – it is anticipated that additional funding or savings will be required to offset any resultant funding gap each year. Current estimate in £2.046m in year 2023/24.
-

IJB Budget 2021/22 to 2023/24

The high level budget for the IJB over the life of the Strategic Plan, based on the above assumptions is as follows:

PARTNERSHIP FUNDING/SPEND ANALYSIS	Anticipated Outturn 2021/22 £000	Proposed Budget 2022/23 £000	Indicative 2023/24 £000
NHS Contribution to the IJB	102,755	99,214	100,575
NHS set aside (notional)	28,177	29,350	29,937
Council Contribution to the IJB	57,553	66,071	65,571
IJB Net Income	188,485	194,635	196,083
Social Care Expenditure	57,553	66,071	67,623
Health Expenditure	130,932	128,564	130,506
Transfer to Reserves	767	0	0
HSCP SURPLUS/(DEFICIT)	0	0	(2,046)

Section 4

What will success look like and how will we know

The Inverclyde Health & Social Care Partnership Strategic Plan (2022-24) lays out our vision, our ambitions, and our aspirations for the next two years. These have been shaped in partnership with our communities and other partners and the Plan provides a realistic blueprint for us to work together to deliver better outcomes for the people of Inverclyde throughout this Covid 19 recovery period.

Delivery of effective and lasting transformation of Health and Social Care is central to Inverclyde's vision and this plan outlines how we will continue on our journey to plan and deliver a range of services with partners, carers and those who use services. We firmly believe health and social care integration brings great opportunity to work together to serve communities and individuals better.

Each of our six big actions has an implementation plan which sets out the specific details of what we will do. Once the plan is approved we will develop an outcomes framework which will show clear improvement measures and targets. The Strategic Planning Group will monitor and report regularly to the IJB. By providing specific actions, we can be held to account by our communities and our Integration Joint Board (IJB), and we can also monitor the effectiveness of our actions.

We review our performance data against agreed local and national performance indicators including:

- National Integration Indicators
- Ministerial Strategic Group (MSG)
- Statutory Performance Indicators

Throughout the lifetime of this plan the HSCP will implement Pentana a performance management information system which will allow great monitoring of this plan and more accurate and detailed management of our performance information.

The IJB will receive a formal Annual Performance Report providing accountability and strong governance with a six monthly performance update. Regular reports will also be presented to the NHS Board and the Council, and, in addition, the Annual Performance Reports will be published on the HSCP and Council websites so that our communities can also take stock of our progress.

The link to our 2020/21 Annual Performance Report can be found [here](#)

Appendix 1 Our Key Deliverables

Big Action 1	
1.1	We will continue to respond to the proactive and reactive needs of the Covid 19 Pandemic as per Scottish Government guidelines
1.2	We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery in line with NHSGGC and Inverclyde Council's Digital Strategies
1.3	We will deliver the replacement recording system to support health and social care delivery
1.4	We will deliver the HSCP projects funded through the Council/HSCP Anti-poverty fund which aims to support the most vulnerable in our communities
1.5	We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery
1.6	We will develop and implement the Scottish Government's Mental Health and Wellbeing Primary Care Service model
1.7	We will review the action plan and strengthen relationships within the Inverclyde Financial Inclusion Partnership
1.8	We will contribute to the delivery of the NHSGGC mental health strategy and deliver on specific areas for Inverclyde
1.9	We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities

Big Action 2	
2.1	We will implement and deliver all aspects of #The Promise Partnership within Inverclyde
2.2	We will review the support to families for young carers and children with Additional Support Needs (ASN)
2.3	We will continue to support young people's mental health and wellbeing through the delivery of CAMHS and the Children's Wellbeing Service
2.4	We will support children who require to be looked after away from home to remain within Inverclyde with a particular focus on increasing availability of foster care
2.5	We will continue to deliver a Whole System Approach to youth offending including EEI, diversion, court support, embedding Care and Risk Management (CARM) to support risk reduction and management in the community.

Big Action 3	
3.1	We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's)/Significant Critical Incidents (SCI's)
3.2	We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB
3.3	We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities
3.4	We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available
3.5	We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services
3.6	We will continue to progress the Woman in Criminal Justice System Project

Big Action 4	
4.1	We will continue to roll out Access 1 st to all adult services across the HSCP to ensure easy access and the right support to people accessing adult social care services
4.2	We will undertake and complete the Review of our internal and external Care at Home Services
4.3	We will continue to deliver the range of work related to Unscheduled Care with a focus on preventing admission for those with long term conditions; and ensuring we continue our good record on ensuring people are not delayed from being discharged from hospital.

4.4	We will support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.
4.5	We will ensure engagement in the Care Home Collaborative and utilisation of available resources by local care homes to support resident care
4.6	We will deliver the new Learning Disability Hub to provide transformational support for our learning disabled clients
4.7	We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community
4.8	We will continue to work with our wider primary care partners to implement and review impact of the Primary Care Improvement Plan
4.9	We will continue to support and ensure carer engagement to help develop and shape services
4.10	We will continue to work to support patients and families through the provision of compassionate, responsive, patient centred end of life care
4.11	We will continue to support Inverclyde residents through the provision of Reablement and Rehabilitation programmes.
4.12	We will implement a new model for homeless service within Inverclyde to support people where possible in their own tenancies
4.13	We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan
4.14	The Learning Disability service will continue to work with local Registered Social Landlords to increase the provision of Core and Cluster supported living places in Inverclyde.

Big Action 5	
5.1	We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol
5.2	We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership
5.3	We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services
5.4	We will expand the HSCP Alcohol and Drug recovery service (ADRS) to deliver a 7 day a week service to ensure appropriate support for individuals.
5.5	We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde
5.6	We will increase the provision of Naloxone through the Naloxone Distribution Programme to support prevention of drug related deaths

Big Action 6	
6.1	We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result
6.2	We will use our complaints process to ensure continuous learning and development of quality services
6.3	We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts
6.4	We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing the Kindness Award; and delivering the Covid 19 memorial project
6.5	We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community
6.6	We will work with Inverclyde Council in participatory budgeting and explore ways the HSCP can contribute to this
6.7	We will develop our HSCP workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff
6.8	We will continue to develop initiatives and campaigns to support our communities through Covid 19 recovery
6.9	We will continue to develop Capital investments to support sustained delivery and improvement of services

Appendix 2 - Overview of how our big actions meet the national outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

Outcome	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X		X	X	
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.				X	X	X
People who use health and social care services have positive experiences of those services, and have their dignity respected.	X		X			
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.				X	X	
Health and social care services contribute to reducing health inequalities.	X			X		
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.	X			X		X
People using health and social care services are safe from harm.	X	X	X	X	X	X
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	X			X		X
Resources are used effectively and efficiently in the provision of health and social care services.	X		X			X

Children and Criminal Justice Outcomes						
Our children have the best start in life and are ready to succeed.		X				X
Our young people are successful learners, confident individuals, effective contributors and responsible citizens.		X				X
We have improved the life chances for children, young people and families at risk.		X				X
Community safety and public protection.	X		X			
The reduction of re-offending.	X				X	
Social inclusion to support desistance from offending.	X			X	X	

Appendix 3 - Overview of how our big actions meet Scotland’s Public Health Priorities

Public Health Priority	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
A Scotland where we live in vibrant, healthy and safe places and communities.			X			
A Scotland where we flourish in our early years.		X				
A Scotland where we have good mental wellbeing.	X					
A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.					X	
A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	X			X		
A Scotland where we eat well, have a healthy weight and are physically active.						X

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Appendix 4 Housing Contribution Statement

The Housing Contribution Statement is a statutory requirement, set out in the Statutory Guidance and Advice note to support the Public Bodies (Joint Working) (Scotland) Act 2014. The guidance advises Integration Authorities, Health Boards and Local Authorities on their responsibility to involve Housing Providers to achieve outcomes for Health and Social Care. The Inverclyde Housing Contribution Statement (HCS) has been developed in partnership with Housing and Health and Social Care strategic planners and operational practitioners. The statement acknowledges people's right to live at home or within a homely setting; that suitable, quality housing contributes to reducing health inequalities; and recognises Housing's role as the 'stabilising third leg of health and social care integration

Inverclyde has successfully established a multi-agency Housing Partnership Group (HPG) which has responsibility for delivering on the actions contained within the HCS.

The currently HCS is underpinned by 3 outcomes which the HPG will aim to realise:

Outcome 1 - Increase the provision of quality, affordable homes across all tenures which meet the needs of the people of Inverclyde

Outcome 2 - Provide suitable provision of housing adaptations and housing related support to ensure that our people live in homes which meet their physical and wellbeing needs

Outcome 3 - Ensure easy access to relevant information and advice on housing and support services to improve housing outcomes for all Inverclyde residents

The HPG has determined that the following actions will help deliver on its outcomes, help meet the vision of the Strategic Plan, and safeguard Housing's role as the stabilising third leg of Health and Social Care integration:

1. Use evidence based need and demand to identify specialist provision housing requirement early in the planning of the Affordable Housing Supply Programme.
2. Review how information about partners' services, products and customers is shared and who they share it with.
3. Continue the joint review of Inverclyde's Adaptation Services
4. Continue to improve housing outcomes across a range of measures for young people, including care leavers.
5. Ensure smooth transition to a Rapid Rehousing approach by 2024, utilising Housing First where necessary.
6. Assess whether a buyback programme assisted by the Affordable Housing Supply Programme might better address health inequalities & build stronger communities.
7. Review and address fuel poverty in light of the Scottish Government's target to reduce the number of households in fuel poverty to 5% by 2040.
8. Review how to address poor stock condition in the private rented and owner occupied sectors

The HPG will continue to address and deliver on ongoing actions from the actions in the HCS 2019-2024 however the Statement 2019-2024 is currently being refreshed to reflect the Inverclyde Health and Social Care Partnership Strategic Plan 2019-2024 three year refresh. The progress made will be reviewed, any gaps identified and an updated action plan to reflect priorities for the remaining 2 years (2022-24). The refreshed Housing

Contribution Statement will be available here once completed. [Housing Contribution Statement](#)

DRAFT

Report To:	Social Work & Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Interim Chief Officer IHSCP	Report No:	SWSCSP/01/2022/AB
Contact Officer:	Alan Brown Service Manager Assessment & Care Management	Contact No:	715212
Subject:	Inverclyde Adult Support and Protection Partnership - Adult Support and Quality Improvement Plan 2021-22		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to advise the Social Work & Social Care Scrutiny Panel of the progress to date of the Adult Support and Protection Quality Improvement Plan 2022-23.

1.3 This plan was commissioned by the Chief Officers Group from the positive Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in 2020.

2.0 RECOMMENDATIONS

2.1 That the Social Work & Social Care Scrutiny Panel note the content of this report and the progress to date of the Adult Protection Quality Improvement Plan.

2.2 That following an audit of the impact of the Improvement Plan scheduled for 2023 the findings are brought back to Social Work & Social Care Scrutiny Panel.

3.0 BACKGROUND AND CONTEXT

- 3.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the COVID 19 pandemic. The file reading did take place in January 2021 and whilst no formal grading was offered a positive written report was provided as feedback.
- 3.2 The Inspectors spent 5 days in January auditing the procedures and 50 case files subjected to ASP as well as 38 cases where the partnership had a duty to enquire and took the decision not to progress to ASP Investigation. The Inspectors also carried out two focus groups with staff across the Partnership.
- 3.3 Feedback was provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults. Noted areas of strength included:
- Staff survey showed staff across the partnership held generally positive and confident views about adult support and protection, and the partnership's efforts to keep adults at risk of harm safe, protected and supported.
 - Operational adult support and protection practice across the partnership was sound in many areas, with effective collaborative working to keep adults at risk of harm safe.
 - Partnership staff effectively shared information to identify and protect adults at risk of harm
 - Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected.
 - Police and health staff worked collaboratively to manage the risks for adults at risk of harm, and improve their health and wellbeing.
 - Almost all case file records read concurred that adults subject to adult support and protection, experienced a safer quality of life from support they receive.
- 3.4 There were as would be expected some areas where the partnership could improve its performance:
- Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a more consistent adult support and protection approach.
 - The Practice Standards and Operating Procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work.
 - The partnership should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.
 - The partnership's quality assurance performance framework needs further developed and more consistently applied.
 - The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.
- 3.5 An Adult Support and Protection Plan was drawn up and approved by the Chief Officers Group which addresses the identified areas of improvements (See Appendix 1). Key aspects of the Plan were already identified by HSCP officers and part of the established work plan. The attached plan has also been approved by the Care Inspectorate.
- 3.6 We have already implemented the plan and have signed off some actions whilst we have agreed plans to implement remaining areas by the end of 2022. It will be through the case file audit

process scheduled for 2023 that will confirm the success of the plan and that changes are now embedded in practice.

3.7 Summary of progress

- a) **Chronology Template & Guidance** - Training rolled out to all Council Officers and Assessment Staff. Chronology is now in use in line with Guidance
- b) **Revise Risk Assessment and Adult Protection Plan** - Risk Assessment Guidance and template reissued to staff recommendations made Briefing sessions completed
- c) **Implement new recording guidance for SWIFT CIVICA & EMIS** - New paperwork and hierarchy on CIVICA and SWIFT all staff briefings completed.
- d) **Interface between Partners information systems** – Internal to HSCP all Services use SWIFT and CIVICA Meetings with Partners established and this issue fully addressed with new Social work Information System.
- e) **Implement the revised West of Scotland ASP Procedures** Implement the revised West of Scotland ASP Procedures – Procedures & Guidance approved by adult Protection Committee and COG Workshop programmes in place and feedback is positive (80%).
- f) **Establish explicit recording of the application of 3 point Test at all stages of ASP Process-** Revised Guidance and Paperwork to clearly record application of the 3 point criteria is in place HSCP and Police Scotland to further develop understanding and application of the 3 point Test.
- g) **Refresh Quality Assurance framework across Partnership – APC Business Plan accelerated and Quality Improvement Plan** Improvement plan agreed at Adult Protection committee and established ASPC Quality and Development Sub Committee. Accelerate APC Business Plan implementation
- h) **Develop Multi Agency Audit and Governance Programme – Alongside single agency audits** - Previous self-evaluation and workshops have taken place will build on this foundation and future workshop to be arranged for this year, Involvement of community voice to support audit is historically part of this process.

4.0 PROPOSALS

- 4.1 That HSCP officers will continue to implement and audit the impact of the Adult Protection Quality Improvement Plan. The current progress and future improvement pathway will continue to make effective progress to ensure reassurance around the protection of vulnerable adults in Inverclyde.

A series of audits will take place in the first quarter of 2023 and a report on its conclusions will come back to Social Work & Social Care Scrutiny Panel.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic (LOIP/Corporate Plan)	X		
Equalities & Fairer Scotland Duty			X
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 Finance

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					

5.3 Legal/Risk

The implementation of the Improvement plan will provide assurance that Inverclyde continues to meet its statutory duty around Adult Support and Protection.

5.4 Human Resources

5.5 Strategic

This action is in line with the HSCP Strategic Plan Objective - Big Action 3 Together we will Protect Our Population.

6.0 CONSULTATION

6.1 Consultation with Council Officers partners and Adult Protection Committee.

7.0 BACKGROUND PAPERS

7.1 IAPC ASP Quality Improvement Plan 2021-22 v0.3

IAPC ASP Quality Improvement Plan 2021-22 v0.3

Background	<p>Following Joint Partnership Inspection 2021 5 areas for focus were identified to support the improvement programme identified in the 2020-2022 IAPC Business Plan.</p> <p>This Quality Improvement plan is developed across the Inverclyde Partners to ensure appropriate focus upon these area.</p> <p>QIP will work with Staff Reference Group Comprising of Council Officers</p> <p>The APCQSC will have oversight of the implementation of this plan</p> <p>Progress will be reported to APC with final report to be completed by 30th November 2022</p>
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Lead	Alan Best (<i>Interim Head of Service, Health and Community Care</i>)
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1: Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a standardised approach and single templates used by all adult services and partners.					
Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Chronology Template & Guidance	Reissue Chronology Template and Guidance to all staff	Alan Brown	31 st May 2021	GREEN 2019 had a soft roll out which was stalled by Pandemic. Documents and Guidance in place	Training rolled out to all Council Officers and Assessment Staff. Chronology is in use in line with Guidance.
	Briefing Sessions to Teams				
	Audit Roll out		30 th September 2022	GREEN Single Agency Audit in place.	Audit of use of chronologies. Chronologies used appropriately across Teams.
B Revise Risk Assessment and Adult Protection Plan	Audit existing tools and guidance	Margaret Burns	31 st January 2022	GREEN Revised documents ready and being rolled out.	Audit report completed and recommendations made.
	Reissue Risk Assessment Template and Guidance to all staff	Alan Brown	30 th September 2022	GREEN	Risk Assessment Guidance and template reissued to staff recommendations made.

		Briefing Sessions to Teams			30th September 2022	GREEN	Briefing sessions completed
		Audit Role out			30th September 2022	GREEN	Audit of use of risk Assessment and confirm are used appropriately across Teams.
C	Implement new recording guidance for SWIFT CIVICA & EMIS	Remove all existing paperwork from Social Work systems	Alan Best		30th September 2022	GREEN	Paper work removed.
		Agree revised Paperwork and CIVICA Hierarchy			31st January 2022	GREEN	New paperwork and hierarchy on CIVICA.
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA			31st January 2022	GREEN	All ASP recording is appropriate and on SWIFT module.
D	Interface between Partners information systems	SWIFT/CIVICA training sessions for social work staff. It was viewed this repeat of SWIFT AP module training would also be worthwhile for the Assessment & Care Management and Learning Disability teams	Alan Brown		30th April 2022	GREEN	Training completed.
		A further session including NHS staff will look at the interface between SWIFT and EMIS	Alan Crawford Gail Kilbane		31st August 2022	GREEN	Meeting completed and agreed actions in place.

2: The Practice Standards and Operating procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work including risk assessment, support planning and decision to progress with ASP process strengthening peoples understanding of the conditions around where and when it applies.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A	Implement the revised West of Scotland ASP Procedures	Allen Stevenson	31 st August 2021	GREEN	Procedures approved by APC and COG.
	Revise Inverclyde guidance following SG Code of Practice review	Margaret Burns	31 st October 2022	GREEN	Draft Procedures in Place. Awaiting final COP

4: The partnership's quality assurance performance framework needs further developed and more consistently applied based on previous audit findings.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Refresh Quality Assurance framework across Partnership	Audit of Framework – across past 2 years	Alan Best	31 st December 2021	GREEN Business Plan in place and relaunched	Signed off by COG as complete.
	Identify Key areas for Audit		31 st January 2022	GREEN Business Plan in place and relaunched	
	Agree Audit Plan and Framework		31 st January 2022	GREEN Business Plan in place and relaunched	
B ASPC Quality and Development Sub Committee	Review role remit and attendance of QDSC		31 st March 2022	GREEN Business Plan in place and relaunched	

5: The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Accelerate APC Business Plan implementation	Approve action around APC Business Plan	Allen Stevenson	In Place	GREEN Business Plan in place and relaunched	Signed off by COG as complete.
	Implement Self Evaluation and Quality Assurance compliance with the standards identified in the framework		In Place		
	Social Work Single Agency yearly audits. Include ASP cases.		In place		
	Annual audits of referrals not leading to investigation.		31 st July 2022		
	Multi Agency case file audit.		30 th November 2022		
B Develop Multi Agency Audit and Governance Programme	Arrange Audit Workshop to identify key areas and outcomes involving service users Work in partnership with users and carers to ensure safeguarding		30 th November 2022	GREEN Previous self-evaluation and workshops have taken place will build on this foundation	Signed off by COG as complete. Positive feedback from participants (80%).

		arrangements and interventions adhere to principles of the Act and actions and services are effective.				Any actions incorporated in guidance or future business plans.
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Date of Next Review	31 st August 2022
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Report To:	Social Work & Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Interim Chief Officer	Report No:	SWSCSP/02/2022/AB
Contact Officer:	Alan Best Interim Head of Health & Community Care	Contact No:	01475 715212
Subject:	Primary Care - Update on Vaccination Transformation Programme and General Dental Services		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 In 2017 as part of the commitment to deliver a new General Medical Services (GMS) contract, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed that all vaccinations would move away from a model based on GP delivery, to one based on NHS board delivery through NHS board teams. This has been delivered through a Vaccination Transformation Programme (VTP) with full delivery being achieved in April 2022.

1.3 Health Boards have assumed overall responsibility for the delivery of vaccination programmes. All vaccinations are now delivered through a range of models, including board and local arrangements. NHS GG&C have a range of delivery models, some of which are still being fully developed.

1.4 NHS general dental services (GDS) are provided by general dental practitioners. These dental practitioners are either in contract with, or employed by, their local NHS Board to provide general dental care and treatment. The public dental service (PDS) is the service provided by NHS board employed dental practitioners.

1.5 Across Scotland the impact of the covid-19 pandemic on dental care has been significant, due to complete closure of practices in the first wave and also additional infection control measures that were required to be put in place. This has resulted in a lack of capacity and within Inverclyde. It is currently not possible to register with a dental practitioner for preventative treatment. This has led us into a challenging position with a lack of routine dental care. Emergency dental treatment is still available through NHS24, for those not already registered with a dentist.

2.0 RECOMMENDATIONS

2.1 The Panel are asked to;

1. Note the contents of this report.
2. Note the ongoing work which is underway with NHS GG&C to improve local access to vaccinations and primary dental services.

3.0 BACKGROUND AND CONTEXT

3.1 VACCINATION TRANSFORMATION PROGRAMME

In 2017 as part of the commitment to deliver a new General Medical Services (GMS) contract, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed that vaccinations would move away from a model based on GP delivery to one based on NHS board delivery. This includes travel vaccinations, vaccinations for pregnant women, routine childhood and routine adult vaccinations, seasonal vaccinations (e.g. influenza, covid) and all other ad-hoc vaccinations. Covid-19 vaccinations and the extended cohorts for influenza were later included in the planning and delivery of the Vaccination Transformation Programme (VTP).

3.2 Within NHS GG&C, the Vaccination Transformation Programme (VTP) planning was undertaken by a programme board, in close collaboration with the Primary Care Programme Board and HSCPs. The different services have been implemented at periods over the last 3 years with full delivery being achieved in April 2022 as per the terms of the updated GMS contract Memorandum of Understanding. The outcome of this is a range of delivery models noted below:

Vaccinations	Delivery Model	Site / Base	Current Challenges
Travel	NHSGG&C Commissioned service – City Doc is the provider	To be fully delivered in HSCP area.	No local venue currently available however scoped out and timescale imminent. To date, 46 people have attended Glasgow appointments since 1 st April 2022.
Pregnant women	Via maternity services	Offered at antenatal venues	None
Routine childhood	Via childhood immunisation team (hosted by Glasgow City HSCP)	Offered at local clinic venues	None
Routine adult (shingles and pneumococcal)	Delivered by NHS GG&C teams in town hall vaccination clinics	e.g. Greenock Town Hall	Catch-up of those who missed these vaccinations due to covid
Seasonal (influenza and covid)	Delivered by NHS GG&C teams in town hall vaccination clinics	e.g. Greenock Town Hall	Logistics of venues and staffing / workforce planning
Ad-hoc vaccinations (all adult only), e.g post exposure tetanus / missed MMR	Delivered by NHS GG&C Board	Central Glasgow location	Numbers currently being monitored. Engaging with NHS GG&C, via the Boards Adult Vaccination Group (AVG) to deliver a local solution
Housebound (all adult vaccinations,	Delivered by Inverclyde HSCP	At home, for those unable to attend a	Financial and staffing resources

including routine / seasonal)		clinic	
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Planning and progressing the Vaccination Transformation Programme (VTP) has been extremely challenging, especially in light of the covid-19 pandemic. The increased staff and financial resources to plan and deliver Covid vaccinations, an extended cohort of flu vaccinations and the associated venue and home visiting logistics were not anticipated at the start of the programme. Data for planning purposes such as demand for travel and ad-hoc vaccinations is not always robust leading to planning based on best estimates.

To ensure clear and equitable user access, there should be one single point of contact within each Health Board to direct patients to the necessary service. This is being progressed at Board level and we are currently working to explore options for local arrangement to be put in place. Our goal is to provide a safe and sustainable model for our Inverclyde patients. We expect the first quarter's data detailing the demand for ad-hoc vaccinations to be available in July. This will support a capacity model to be considered for a permanent local service solution. The terms of the City Doc contract require an Inverclyde base from which to deliver their travel vaccination service and we expect this to be in place imminently.

3.3 GENERAL DENTAL SERVICES

Across Scotland the impact of the covid-19 pandemic on dental care has been significant, due to complete closure of practices in the first wave and also additional infection control measures that were required to be put in place. This significantly impacted capacity and waiting times and within Inverclyde it is currently not possible to register with a dental practitioner for routine preventative care. NHS general dental services (GDS) are provided by general dental practitioners who are either employed by their local NHS Board (Public Dental Service) or have a contract with the NHS Board to provide general dental care and treatment. Inverclyde HSCP does not have a role in managing these contracts and East Dunbartonshire HSCP host the Primary Care General Dental Services functions of the NHSGGC Oral Health Directorate.

3.4 There are currently 11 dental practices within Inverclyde and at the moment none of these dental practices are taking on new routine NHS patients. There is a current range of availability across the practices, ranging from being put on a waiting list to the practice being completely private. In the past 2 years, two practices have resigned their contract and become private. This brings the total to three dental practices now being private. Currently Envisage in Kilmacolm are the only dental practice who will take on newly registered patients on the NHS, however you must join as private and when you are deemed dentally fit, the practice will then transfer you to an NHS plan. The public dental service (PDS) is the service provided by NHS board employed dental practitioners which is available to those who have clinical, functional or deprivation needs which mean they are unable to attend a high street dental service. Emergency dental treatment is still available through NHS24 for those not already registered with a dentist however this may require attending an appointment in Glasgow. Public Health Scotland reported in April 2022 that dental contacts and treatments had not yet recovered to pre-pandemic levels and that socio-economic inequalities in access had increased across Scotland.

3.5 The British Dental Association (BDA) argues that the current remuneration model for Dentists means that practices currently supply NHS treatment at a loss resulting in increasing numbers of practices leaving the NHS contract framework. Dental practices are also facing the same infrastructure and workforce recruitment and retention challenges seen across the health and social care sectors. The Scottish Local Dental Committee has called for contract reform and an interim model of remuneration which will ensure future availability of NHS Dentistry. Inverclyde HSCP has little opportunity to influence this however the HSCP does administer a local Dental

Practitioners Forum and is able to have regular dialogue with the forum Chair and members. The HSCP Primary Care and Health Improvement Teams work closely with the Oral Health Directorate team within East Dunbartonshire HSCP. This promotes delivery of the ChildSmile and Caring for Smiles programmes and offers opportunity to feed in concerns such as the availability of general dental services within Inverclyde.

4.0 PROPOSALS

4.1 VACCINATION TRANSFORMATION PROGRAMME

The primary care team within Inverclyde HSCP will continue to work closely with NHS GG&C to review activity and demand data and ensure local arrangements for vaccination delivery are implemented in a timely manner. The primary care team will provide an update for committee at the next meeting.

4.2 GENERAL DENTAL SERVICES

The primary care team within Inverclyde HSCP will continue to work closely with the Lead General Dental Practitioner for Inverclyde and also the Oral Health Directorate regarding local access issues for Inverclyde residents. A meeting has been arranged with East Dunbartonshire HSCP and Inverclyde’s Clinical Director. The primary care team will provide an update for committee at the next meeting.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty			X
Children & Young People’s Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 Finance

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					

5.3 **Legal/Risk**

There are no legal risks associated with this paper. This is a factual report for noting.

5.4 **Human Resources**

There are no HR implications associated with this paper.

5.5 **Strategic**

There are no strategic implications associated with this paper.

6.0 **CONSULTATION**

6.1 This paper has been produced in consultation with the HSCP Clinical Director and the lead for Vaccination delivery NHSGGC.

7.0 **BACKGROUND PAPERS**

7.1 None

Report To:	Social Work and Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Interim Chief Officer Inverclyde HSCP	Report No:	SWSCSP/04/2022/AM
Contact Officer:	Anne Malarkey Head of Mental Health, ADRS & Homelessness Alan Best, Interim Head of Health & Community Care	Contact No:	01475 715284
Subject:	Alcohol and Drug Partnership – Naloxone Project Phase 2		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to provide an update on the Alcohol and Drug Partnership Naloxone project and to outline a proposed second phase.
- 1.3 Naloxone is an evidenced base drug which reverses the effects of a potentially fatal opioid overdose.
- 1.4 The Drugs Death Taskforce (DDTF) included several recommendations in relation to Naloxone including to maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities. Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.
- 1.5 Inverclyde ADP secured DDTF funding for a Naloxone Link Worker temporary post with a view to increasing the local availability of Naloxone by targeting third sector organisations. This was in recognition that the Lord Advocate had enabled third sector organisations to be registered to distribute Naloxone in addition to being able to hold a stock for emergency use.
- 1.6 Furthermore, the new Medication Assisted Treatment (MAT) Standards for Scotland (2021) include Naloxone in relation to harm reduction indicating that all service providers should “have an opt-out approach to the distribution of Naloxone with all staff having a supply of Naloxone for use in an emergency.”
- 1.7 The Naloxone Link Worker commenced the post on 19th October and from the period January – March 2022 has delivered training to 120 people from third sector organisations, distributing 165 Naloxone kits. The Naloxone Link Worker has also supported key third sector organisations to register in order for them to now be able to distribute Naloxone directly. Six people from the Lived

Experience Network have also agreed to become peer mentors and will be trained to train peers in administering Naloxone.

- 1.8 Inverclyde ADP has extended the Naloxone Link Worker post for a further 12 month period with a view to moving into a second phase of widening the scope of Naloxone training, including to HSCP and Inverclyde Council staff.

2.0 RECOMMENDATIONS

2.1 The Social Work and Social Care Scrutiny Panel are asked to:

- a. Note the contents of the report.
- b. Approve that Naloxone training can be delivered to both HSCP and Inverclyde Council staff on a voluntary basis, including supplying staff with Naloxone kits for emergency use only.
- c. Note that a supply of Naloxone will be available as part of existing first aid kits in HSCP and customer facing Council premises.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 In 2020 in Inverclyde there were 33 drug-related deaths. While there was no change from 2019; 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.

3.2 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. 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.

3.3 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. Indeed the recently published final report from the Drug Death Taskforce states:

“The evidence is clear that wider distribution and training in how and when to administer Naloxone saves lives. Expanding the distribution of Naloxone would increase its coverage, meaning it is more likely to be available in the event of an opioid overdose. Expansion would also spread awareness of harm-reduction advice through Take Home Naloxone (THN) programmes. Pathways could help guide people into appropriate treatment and support. Mainstreaming the availability of Naloxone would help to reduce harmful stigma around problematic substance use and ensure it is seen in parity with other health conditions.”¹

3.4 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 date in 2021/22
210	145 69%	580	147 25%	580	74 12%

3.5 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.

3.6 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.

3.7 Nationally, SAS are now able to distribute Naloxone to anyone who has experienced a near fatal overdose. Police Scotland have also completed a pilot whereby officers are trained and carry Naloxone for emergency use. Scottish Fire & Rescue Service are a further emergency service who are also rolling this out to their staff.

¹ [Final Report | Drug Deaths Taskforce](#)

- 3.8 The Naloxone Link Worker has a key role in delivering Naloxone training and providing a supply of Naloxone. An essential element of this is raising community awareness of both the signs of a drug overdose and the safe administration of Naloxone.
- 3.9 Each Naloxone kit (injection form) costs £18 and Inverclyde ADP is committed to offering a kit to everyone completing the training.

4.0 PROPOSALS

- 4.1 Inverclyde ADP seeks agreement for Naloxone training to be made available to HSCP and Inverclyde Council staff. Attendance would be on a voluntary basis. On completing the training every participant will be offered a Naloxone kit for use in emergencies only (i.e. not for distribution). Staff would have the choice whether they would take a Naloxone kit or not.
- 4.2 The training is evaluated and feedback from this will help Inverclyde ADP to develop this programme further.
- 4.3 In addition, that Naloxone is included in all HSCP and customer facing Council Services first aid kits. This is in recognition that, along with other critical public sector services, HSCP and Council staff also have a critical role in ensuring staff are equipped to provide an appropriate response to anyone experiencing a near fatal overdose in or in the vicinity of a Council or HSCP building.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	✓		
Legal/Risk	✓		
Human Resources	✓		
Strategic (LOIP/Corporate Plan)		✓	
Equalities & Fairer Scotland Duty			x
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

5.2 Finance

One off Costs

Inverclyde ADP will fully fund the costs of purchasing Naloxone kits over the 12 month period that the Naloxone Link Worker will remain in post.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
	ADP	2022/23	Each THN is £18		Inverclyde ADP will utilise existing THN stock of approx. 250 THN kits before purchasing further THN's.

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

As part of the training provided the legal context is outlined following the Lord Advocate's advice.

5.4 **Human Resources**

Training will be offered on a voluntary basis to staff and even where staff complete the training, they have a choice as to whether they carry a THN kit.

5.5 **Strategic**

While not part of the LOIP or HSCP Strategic Plan, it is a vital action within the ADP Drug Related Death Prevention Action Plan.

6.0 **CONSULTATION**

6.1 This proposal has been prepared with a range of key partners and has also been approved by the Alcohol and Drug Partnership.

7.0 **BACKGROUND PAPERS**

7.1 None.

Report To:	Social Work and Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Interim Chief Officer	Report No:	SWSCSP/03/2022/AH
Contact Officer:	Andrina Hunter Service Manager Planning and Performance	Contact No:	716125
Subject:	Refugee Resettlement and Wider Dispersal in Inverclyde		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

- 1.2 Inverclyde has worked in partnership with the Home Office and other partners to successfully deliver a range of resettlement schemes within Inverclyde and to date there are 71 families being supported within Inverclyde. A local hotel is being utilised by the Scottish Government for 11 Ukrainian families through the Super Sponsor Scheme and proposals for locally matching them into local hosts and/or homes is underway.
- 1.3 In addition to the Holiday Inn contingency hotel, the Home Office has commenced wider asylum dispersal and Inverclyde partners are working with Mears Housing (Home Office contractor) to ensure all proposed private properties are suitable for use.
- 1.4 A partnership approach to all resettlement and asylum work is underway with a range of local and national partners involved.

2.0 RECOMMENDATIONS

- 2.1 The Social Work and Social Care Scrutiny Panel is asked to note the ongoing work and future plans for refugee resettlement and wider dispersal within Inverclyde.

Allen Stevenson
Interim Chief Officer

3.0 BACKGROUND AND CONTEXT

Vulnerable Persons Resettlement Schemes

3.1 Since 2014, Inverclyde has participated in a number of refugee resettlement schemes and currently support the following families:

- 17 Afghan families- 85 individuals (under two Afghan schemes)
- 32 Syrian families- 138 individuals (under the Syrian Vulnerable Persons Resettlement Scheme)
- 7 Sudanese families- 25 individuals (under the Vulnerable Children's Scheme)

Further families are due to arrive into Inverclyde over the coming year.

3.2 The National Transfer Scheme for UASC (Unaccompanied Asylum Seeking Children) Scheme has resulted in 5 young people being supported. Cycle 9 of National Transfer Scheme has yet to be announced however Inverclyde will be expected to take one young person from Scotland's quota of 45.

3.3 Ukrainian Resettlement

In response to the ongoing conflict in Ukraine, 2022 the Scottish Government has participated in the Homes for Ukraine Scheme and the Ukrainian Super Sponsor Scheme (Warm Scottish Welcome).

3.4 To date 15 Ukrainian families 29 individuals (under the Homes for Ukraine Scheme) are currently residing with host families or in temporary accommodation across Inverclyde. There have been a number of Expressions of Interest from hosts across Inverclyde who have had all required checks undertaken. To date these hosts are awaiting Ukrainian individuals and families to be matched by the Scottish Government/ CoSLA.

3.5 Under the Super Sponsor Scheme (Warm Scottish Welcome) Ukrainians have been able to apply for a visa naming the Scottish Government as their sponsor. To date over 5000 Ukrainians have arrived through this scheme with many more still to arrive. The Super Sponsor Scheme has been temporarily halted.

3.6 Many of the recent arrivals are being accommodated in hotels across Scotland. Locally the Scottish Government has commissioned the Gin House Hotel in Greenock to provide accommodation. Currently there are 11 family groups (41 individuals) accommodated within the hotel.

3.7 All hotel residents have had health assessments undertaken and registered with a GP and access to other health services as required. Initial £200 monetary payments have been made and the Advice Team have been supporting the Integration Team to ensure applications for Universal Credit and a range of other appropriate benefits have been made. The majority of families have settled in well and Your Voice Community Connectors have been in touch to help familiarise the residents with the local community.

3.8 As previously noted the Scottish Government and CoSLA have commenced a national matching process however due to the time lag with this, approval from the Scottish government is being sought to commence local matching. However initial scoping work indicates that there would be limited matches due to the number of family groups that have been sent to the hotel vs the majority of those on the cleared hosts' lists only offering smaller accommodation options e.g. single rooms in a house and some hosts' offers will not be

available to August / September. There may also be other options to match families to local accommodation already offered to the SG or via RSLs. It is also important that we get any local matching right so that it is sustained or we will then see these hosting relationships breaking down and this will then put pressure on the LA to find other contingency and / or accommodation solutions.

3.9 The UK Government opened up a safe route for unaccompanied Ukrainian children as an extension of Homes for Ukraine. The UK guidance does not sufficiently cover the Scottish legal context for such arrangements therefore Scottish guidance is being prepared along with proposals to support Local Authorities to meet the additional demands. It is estimated that around 80 young people will potentially be placed in Scotland.

3.10 **Asylum Contingency Hotel**

The Holiday Inn Express is currently being utilised by the Home Office as a Contingency hotel with 71 single males accommodated on a full board basis. Health assessments have been undertaken for all men on arrival and YourVoice 3rd sector organisation are linking the men into local activities.

3.11 **Asylum Wider Dispersal**

As reported previously the Home Office has advised they intend to widen dispersal across the UK including Scotland for people seeking asylum whilst awaiting their decision. Plans for a regional based approach are developing and Phase One of this will involve the local authorities surrounding Glasgow (including Inverclyde) being utilised for wider dispersal.

To date there are approx. 5050 asylum seekers in Glasgow accommodated within 2400 properties supported by Mears Housing (the Home office contractor). Early indications of future numbers across Scotland are that they should equate to 8.1% of the UK asylum seeking population therefore it's likely the Scottish numbers will increase, however CoSLA is still waiting for the Home Office to give an indication of proposed numbers for Scotland. It is hoped that this will be imminent, with a 4 week consultation on the proposed numbers to follow. For each new 'bed' leased through the dispersal programme, the local authority will receive £3,500.

3.12 Inverclyde is now replicating Glasgow's Housing Procurement protocol which involves Mears Housing identifying private properties they wish to consider utilising for wider dispersal, and appropriate checks being undertaken by the local partners to identify the suitability of these properties; landlord registration; police concerns and the proximity to education and availability of services.

3.13 If an asylum seeker receives a positive outcome of their asylum application they have 4 weeks to move on from their Mears property. If they receive a negative decision, they have No Recourse to Public Funds (NRPF) and this may place additional pressure on the local authority to support on a short term basis. Since Covid, no Home Office negative decisions have been issued and further update from the Home Office regarding this is awaited.

4.0 **CAPACITY**

4.1 To cope with the increasing refugee numbers, the New Scots Integration Team is increasing in capacity to include a new team leader, additional Integration workers; a Child and Family worker and finance/administration support. Each of the refugee resettlement schemes receive different funding allocations with additional education resources being allocated through the Ukraine schemes.

4.2 Your Voice and a range of local and national 3rd sector organisations are supporting both the refugees and the people seeking asylum to ensure they are linked locally into activities and the community. The Scottish Refugee Council is looking to deploy additional resource to Inverclyde to support the Ukrainian community.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)	X		
Equalities & Fairer Scotland Duty			X
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 Finance

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					

5.3 Legal/Risk

There are no legal risks. This is a factual report for noting.

5.4 Human Resources

There are no Human resources issues.

5.5 Strategic

The Refugee resettlement schemes will impact positively on the Population theme of the LOIP

6.0 CONSULTATION

6.1 Nil

7.0 BACKGROUND PAPERS

7.1 Nil

Report To:	Social Work and Social Care Scrutiny Panel	Date:	18 August 2022
Report By:	Allen Stevenson Interim Chief Officer (Inverclyde HSCP)	Report No:	SWSCSP/07/2022/AG
Contact Officer:	Anne Glendinning Acting Head of Service (Children & Families and Criminal Justice Services)	Contact No:	01475 715372
Subject:	Parole Board Scotland - 'Victims Safe Space' Initiative		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 This report provides an outline of a request to Scottish Local Authorities from Parole Scotland in respect of the 'Victim Safe Space' Initiative. The report details the legislative changes leading to the introduction of the 'Victim Safe Space' initiative, outlines the request to Scottish Local Authorities by Parole Scotland and provides an Inverclyde context for background.
- 1.3 Parole Board Scotland (PBS) is a Tribunal non-departmental public body. Its main aim is to ensure that those prisoners who are no longer regarded as presenting a risk to public safety may serve the remainder of their sentence in the community on licence under the supervision of a supervising officer (Criminal Justice Social Worker).
- 1.4 PBS have recently commenced the "Victims Safe Space" initiative which came about following recent legislative changes to the Parole Board Rules, meaning that registered victims of crime have the right to request to observe the prisoner's parole Tribunal. These observations would take place by video link, preferably from a location convenient for the victim.
- 1.5 The Victim's Team within PBS has contacted Criminal Justice Social Work within the HSCP to raise awareness of the initiative and seeking, in principle, the possibility of occasionally using accommodation in local authority areas as a venue for victims who live in Inverclyde.

2.0 RECOMMENDATIONS

- 2.1 To note the contents of the report and to support the approval of local authority accommodation for the Victim Safe Space Initiative.

Allen Stevenson
Interim Chief Officer (Inverclyde HSCP)

3.0 BACKGROUND AND CONTEXT

- 3.1 The Parole Board for Scotland (PBS) is a Tribunal non-departmental public body and is a judicial body which is independent of the Scottish Government and impartial in its duties. Its main aim is to ensure that those prisoners who are no longer regarded as presenting a risk to public safety may serve the remainder of their sentence in the community on licence under the supervision of a supervising officer (Criminal Justice Social Worker). Additional responsibilities have been given to the PBS following recent developments in law and procedure.
- 3.2 Those legislative changes have been made under the Parole Board (Scotland) Amendment Rules 2021 (SSI 2021/4) which came into force for all cases referred to the Board by Scottish ministers on or after 1 March 2021. The amended changes introduced enhanced rights to registered victims.
- 3.3 Crucially for victims the legislation was amended to expressly permit the attendance of victims at a tribunal. Rule 26A permits a victim registered under the Victim Notification Scheme (VNS) (parts 1 or 2 of the legislation) to attend a hearing with the authority of the Board. The presumption is that the attendance will be by live link, and rule 26A also permits the victim to be accompanied by a supporter or supporters.
- 3.4 VNS comes in two parts, victims can register to be on either Part 1 or Part 2, or they can register for both. The first part allows victims to receive information about an offender's release. The second part allows victims to make representations to the Parole Board in advance of an offender being considered for release. The Board will consider these representations along with other information on the offender's case before reaching a decision.
- 3.5 Those registered under Part 2 of the VNS are entitled to submit written representations to the Board when considering a prisoner's case. In life sentence cases, an interview with a Board Member may also be requested where a summary will be prepared by the interviewing Member which is then agreed with the registered individual before being provided to the Board. In all Part 2 cases, the registered individual will also receive notification of whether the prisoner is to be released and, if so, any licence conditions relevant to them.

4.0 PROPOSALS

- 4.1 As noted at Section 1.5 of the report, the Victims Team within PBS have made contact with all local authority areas in Scotland. This was initially progressed via The Social Work Scotland Justice Standing Committee which is made up of Chief Social Work Officers, managers from justice social work services, academics and those working in a justice setting in the private and third sector.

4.2 Subsequently, a meeting was held between the Community Justice Lead Officer and Head of Victims Team for PBS noting the following points:

- The observations of a Prisoner’s Parole Tribunal would take place by video link preferably from a location convenient for the victim, this implies that the location would be within the local authority area of the victim.
- As these observations are mainly for life sentence prisoners there would not be a frequent ask of each local authority. It is difficult to ascertain those numbers and frequency but would suggest approximately 2/3 per year. Ultimately the level of need is dependent on the victims that would arise within Inverclyde. Between January and July of 2022 there had been no requests for a Victim Safe Space in Inverclyde.
- The observations would be managed by Parole Board staff with all arrangements, use of technology led by Parole Board Scotland. The role of Inverclyde Council would be to agree room venue. On occasions when a local venue is to be sourced 1 months’ notice would be provided.
- There is no set criteria on the type of meeting space required but there was consensus around the need for privacy and ease of access for those attending (i.e. venue location, venue setting, access to nearby parking/transport hubs).
- Criminal Justice Services are currently hosting an Early Action System Change programme for women involved in the criminal justice system. A stated intention of the programme is for staff within the HSCP and third sector undertake the national trauma training programme STILT (Scottish Trauma Informed Leaders Training). Noting the impact that trauma can have, particularly on victims of crime, some council venues may be unsuitable for a Tribunal observation.

4.3 This proposal has been discussed with the Senior Management Team within the Health and Social Care Partnership and with the Corporate Management Team within Inverclyde Council. With regards to the last point of 4.2 it has been noted that some buildings would not be considered as appropriate owing to the regular business within the locations leading to additional stress to victims or the volume of people accessing certain locations may mean that privacy cannot be assured for victims It has been considered that locations would be considered on a case by case basis following discussions with Parole Board Scotland, victims and Inverclyde Council/HSCP.

4.4 At the Inverclyde Community Justice Partnership meeting on 25 April 2022 this matter was discussed with a recommendation that CJP members consider local accommodation to support Parole Board Scotland’s request. It was confirmed by the Group Manager of The Scottish Fire & Rescue Service (SFRS) that they would be supporting the initiative and Port Glasgow Community Fire Station would be considered as a local setting.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		x	
Legal/Risk		x	
Human Resources		x	
Strategic (LOIP/Corporate Plan)	x		
Equalities & Fairer Scotland Duty			x
Children & Young People’s Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

5.2 Finance

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					

5.3 Legal/Risk

There are no identified legal/risk issues for Inverclyde Council/HSCP contained within this report.

5.4 Human Resources

There are no identified Human Resource issues for Inverclyde Council/HSCP contained within this report.

5.5 Strategic

Inverclyde Community Justice Partnership are currently undertaken preparatory work for the publication of an Inverclyde Community Justice Outcomes Improvement Plan in April 2023. This document will take cognisance of the recently published National Strategy for Community Justice. The new strategy will reflect the ongoing work to deliver person-centred and trauma-informed services to victims and survivors of crime

6.0 CONSULTATION

6.1 This matter has been discussed with the Senior Management Team of the HSCP, Corporate Management Team of Inverclyde Council and Inverclyde Community Justice Partnership.

7.0 BACKGROUND PAPERS

7.1 None