
Report To:	Inverclyde Council	Date:	1 December 2022
Report By:	Chief Social Work Officer/Head of Health and Community Care Inverclyde HSCP	Report No:	IC/01/22/AS
Contact Officer:	Allen Stevenson	Contact No:	01475 715212
Subject:	Chief Social Work Officer Annual Report 2021/22		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

- 1.2 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government. The reports provided by all CSWOs across the country allows the Chief Social Work Advisor to present a national picture of the social work profession and practice which in turn influences the development of social work practice and delivery.
- 1.3 The report seeks to provide an overview of the delivery of social work services in the Inverclyde context, outlining the particular challenges and opportunities over the past year. The report highlights the challenges facing the most vulnerable members of our communities and the action taken by social work services to address these challenges. As with previous years the 2021/22 CSWO report seeks to highlight the positive work undertaken and the continued strong track record of participation and consultation with the community.

2.0 RECOMMENDATIONS

- 2.1 Inverclyde Council members are asked to note and make comment on the content of the Chief Social Work Officer Report 2021/22.

Kate Rocks
Chief Officer – Inverclyde HSCP

3.0 IMPLICATIONS

3.1 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

3.2 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					

3.3 Legal/Risk

The Chief Social Work Officer is required to provide an annual report relating to social work services.

3.4 Human Resources

N/A

3.5 Strategic

This report is aligned to the current Inverclyde strategic plan.

4.0 CONSULTATION

4.1 N/A

5.0 BACKGROUND PAPERS

5.1 Chief Social Work Officer Report 2021/22.

**INVERCLYDE
CHIEF SOCIAL WORK OFFICER
ANNUAL REPORT
2021/22**



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1. INTRODUCTION

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

It is a responsibility of the role of Chief Social Worker Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at time of vulnerability or crisis.

Social Work professionals have worked incredibly hard to adapt to how to provide safe, effective and person centred care in the last two years. Services have continued to be delivered and whilst challenges have and continue to be overcome, the move to recovery and resumption of services to pre pandemic levels will not be a straightforward journey. The strategy and policy landscape is anticipated to change as 'A National Care Service for Scotland' is considered by the Scottish Government. This will have the potential for wide ranging governance changes depending on the direction of travel for this work.

Significant challenges for Inverclyde have arisen as a result of the Omicron variant of Covid-19 in 2021-22, in line with all Scotland. The Scottish Government Strategic Framework Update was published in February 2022. The challenging winter for 2021 into 2022 was anticipated with the risk of the new variant emerging very quickly. Covid-19 prevalence for all of Scotland peaked in early January 2022. However for Inverclyde, the impact of Covid-19 provides significant risk in managing issues of staffing shortages and sickness absence as a result of the pandemic. The governance processes established provided assurance and mitigation throughout the response to the pandemic. It is clear that services have had to adapt to continue to provide services and that the public have expectations that services will resume to pre pandemic levels. It is crucial that responding to the feedback from the public continues to be strengthened and that the importance of person centred care for all services will be clear. The staff commitment, creativity and resilience has been extraordinary and the governance priority and commitments to staff wellbeing is a crucial component to the pandemic response.

This report provides details of our statutory services and the commitment of our staff in supporting our residents and improving outcomes.

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

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

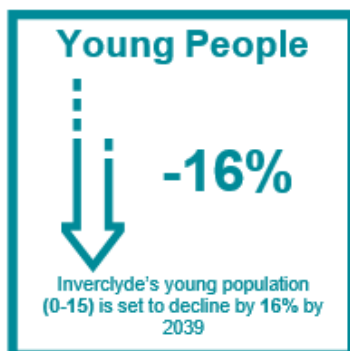
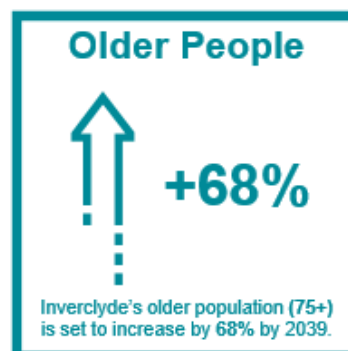
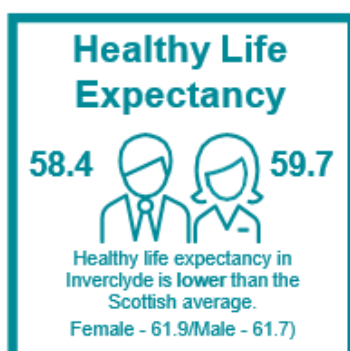
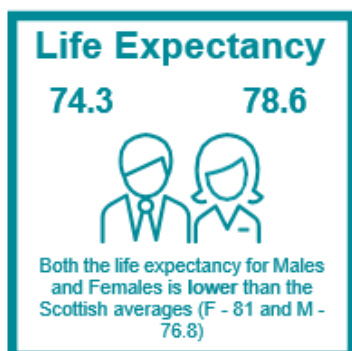
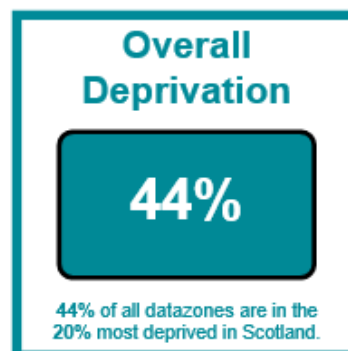
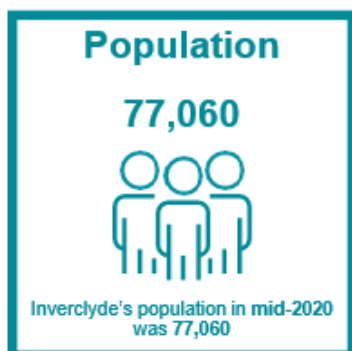
Improving lives

We are committed to our ambition of Improving Lives and these commitments are reflected in our six Big Actions outlined in our Strategic Plan:

Inverclyde HSCP – 6 Big Actions



Inverclyde Key Population Information



Our Population Projections

The size and make-up of the population is a key consideration when planning and delivering health and social care services. Inverclyde is expected to continue experiencing a population decrease.

The Black, Asian and Minority Ethnic (BAME) population accounts for **1.3%** of the overall population

Population decreased **10.2%** 1998- 2020

Birth rates decreasing by **28.7%** between 2000 and 2020

Working age population predicted to decrease **22.5%** by 2039

23.8% of children live in relative poverty after housing costs.

223 – number of looked after children.

The rate of child protection registrations with parental drug misuse is higher in Inverclyde than both GG&C and Scotland.

Disease prevalence & dependency levels higher than Scottish average.

3,941 claiming incapacity benefit/severe disability allowance.



Leading causes of death in Inverclyde 2020

Cancer **23.4%**

Diseases of Circulatory System **21.3%**

COVID-19 **10.3%**

Diseases of Respiratory System **9%**

Drug related deaths **Twice the Scottish Average**

Alcohol specific deaths **Highest Rate in Scotland**

Rates of depression and new diagnosis of depression **Higher than Scottish Average**



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2. GOVERNANCE AND ACCOUNTABILITY

Role of the Chief Social Work Officer

Local authorities are required, under Section 3 (1) of the Social Work (Scotland) Act 1968 as amended, to appoint a Chief Social Work Officer (CSWO). The role of CSWO in Inverclyde is fulfilled by the Head of Service, Children's Services and Criminal Justice.

The role of the CSWO is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector.

In July 2016, the Scottish Government issued revised national guidance on the role and function of the CSWO (The Role of the Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5 (1) of the Social Work (Scotland) Act 1968), replacing guidance previously issued in 2009.

Delivery of Statutory Functions

The CSWO has specific responsibilities in respect of statutory decision making and ensuring the provision of appropriate advice in the discharge of a local authority's statutory functions.

The CSWO also has oversight of practice standards relating to services delivered by registered social workers, which will involve public protection and / or the restriction of individual liberty. This requires consideration of individual circumstances, with regard to rights, risks, needs and capacity. These judgements are rarely simple, and often require to take account of a range of issues, including the risks to the wider community.

These legislative provisions include the placement of children in secure accommodation, transfers of children subject to supervision requirements, adoption, fostering, community payback orders, statutory interventions linked to the mental health officer role, adults with incapacity measures; and the protection of children and adults at risk.

It has long been recognized that the role of the CSWO is a complex one and recent years has seen a number of additional duties and responsibilities become added to the role. This is within the context of the vast majority of CSWOs holding a full remit in respect of professional leadership for key service areas and increasingly general management responsibility for often complex integrated services. The Covid-19 pandemic has resulted in a new focus on this issue. Over the period of the pandemic, CSWOs required to carry out an increased range and depth of functions associated with the role. This is an area that is subject to discussion within Social Work Scotland and between Social Work Scotland and the office of the Chief Social Work Advisor for Scotland.

Key legislation relevant to the Chief Social Work Officer responsibilities include:

Social Work (Scotland) Act 1968	Children (Scotland) Act 1995
Criminal Procedures (Scotland) Act 1995	Adults with Incapacity (Scotland) Act 2000
Mental Health (Care and Treatment) (Scotland) Act 2003	Adult Support and Protection (Scotland) Act 2007
Children's Hearings (Scotland) Act 2011	Social Care (Self Directed Support) (Scotland) Act 2013
Children and Young People (Scotland) Act 2014	Public Bodies (Joint Working) (Scotland) Act 2014
Mental Health (Scotland) Act 2015	Community Justice (Scotland) Act 2016
Carers (Scotland) Act 2016	Domestic Abuse (Scotland) Act 2018
Duty of Candour (Scotland) Regulations 2018	Health and Care (Staffing) (Scotland) Act 2019

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

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

Clinical and Care Governance arrangements

The Clinical and Care Governance Group met on 15th June 2021; 21st September 2021; 16th November 2021 and 15th March 2022. The group chair is Dr Hector MacDonald, Clinical Director for IHSCP.

The three local clinical care and governance groups resumed their usual meeting schedule for IHSCP (Mental Health, Alcohol and Drug Recovery and Homelessness; Health and Community Care and Children's Health and Criminal Justice).

The CSWO is co-chair of the HSCP Clinical and Care Governance Group and provides regular update reports, and escalate issues when required. Each member will be accountable and responsible for ensuring the communication process into and from the group is transparent and that staff are fully aware of the remit, operating principles and processes of the group.

A revised Clinical and Care Governance Strategy for 2021-2022 has been developed and the CSWO will lead on the development of the work plan that will support the Implementation of the strategy. This work aligned with a revised approach to learning and development which has also to come under the leadership of the CSWO will provide a more planned, cohesive and integrated approach to the quality agenda across the HSCP.

A work plan for the Clinical and Care Governance Strategy was presented to the Integration Joint Board. This work will be monitored through the HSCP Clinical and Care Governance Group and each of the Clinical and Care Governance Groups for each head of service.

Table 1 shows the current clinical and care governance arrangements for IHSCP, and NHS Greater Glasgow and Clyde and Inverclyde Council.

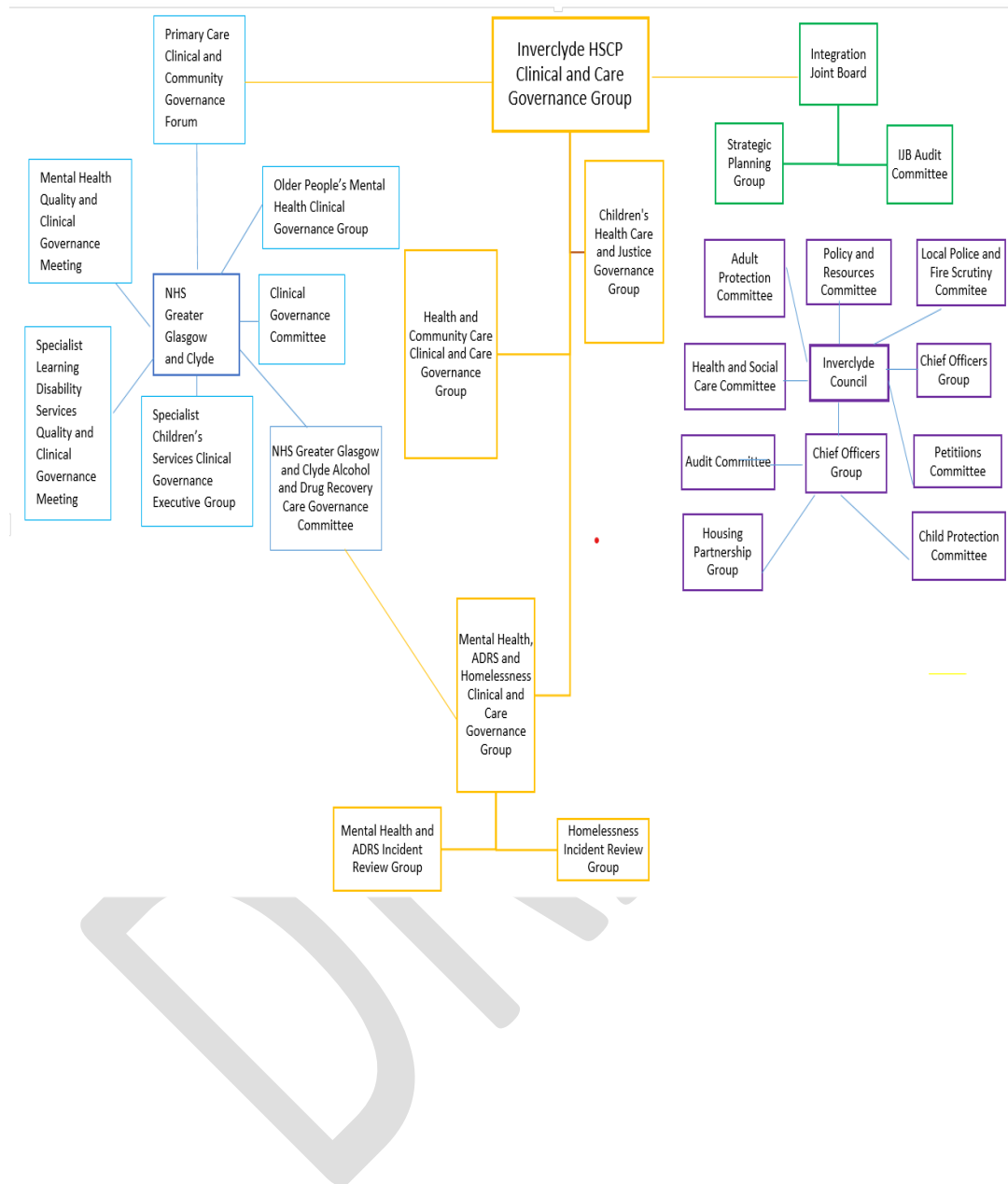
The governance for commissioned providers is provided by the Strategy and Support team who report to the Health and Social Care Committee.

Senior Officers will present reports to the IJB from the Clinical and Care Governance Group.

There is a report that is prepared by the Clinical Director for the Primary Care Clinical and Community Governance Forum.

The Alcohol and Drug Recovery Service also provide governance updates to the NHS Greater Glasgow and Clyde Alcohol and Drug Recovery Care Governance Committee.

Inverclyde HSCP Clinical and Care Governance Structure



Key Changes since 2020/21 report

- **Mental Health and ADRS Incident Review Groups.**

Mental Health and ADRS services have merged their clinical services groups to provide one cohesive overarching Incident Review Group that has representatives from each of the service areas. The Incident Review Group will review all significant adverse events that occur whilst people are receiving care, treatment and support under the remit of the respective service areas. It is the responsibility of the group to determine the required course of action for each incident to ensure that clinical and care risk is managed accordingly and any learning points, actions and outcomes are implemented and shared as necessary across MH and ADRS services within Inverclyde.

Homelessness Service have now set up an Incident Review group.

- **Commissioned Social Care Service**

In order to assure elected members on matters relating to the governance process for externally commissioned Social Care Services, a governance report providing a strategic overview of performance, quality and contract compliance of services (provided by external independent, third sector and voluntary organisations) is presented to the Health and Social Care Committee. The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle. The governance process is subject to mandatory reporting as per Inverclyde Council's Governance of External Organisations and is overseen by the CSWO.

- **Mental Health Officer Service**

MHO Service governance has been made more robust with ability to fully record, monitor and report upon service activity against national standards quality via the existing SWIFT electronic record system.

- **Community Learning Disability Team**

Inverclyde CLDT works closely with Learning Disability Services across GG&C and has participated in a Collaborative Practice group and LD Programme Board. There is a particular focus on re-design of acute in-patient services and on using the Community Change Fund to implement the Coming Home report.

Inverclyde CLDT maintains a Dynamic Support Register with support from the Challenging Behaviour Network to manage risks around the most complex patients and to plan proactively to prevent hospital admissions and delayed discharge from hospital.

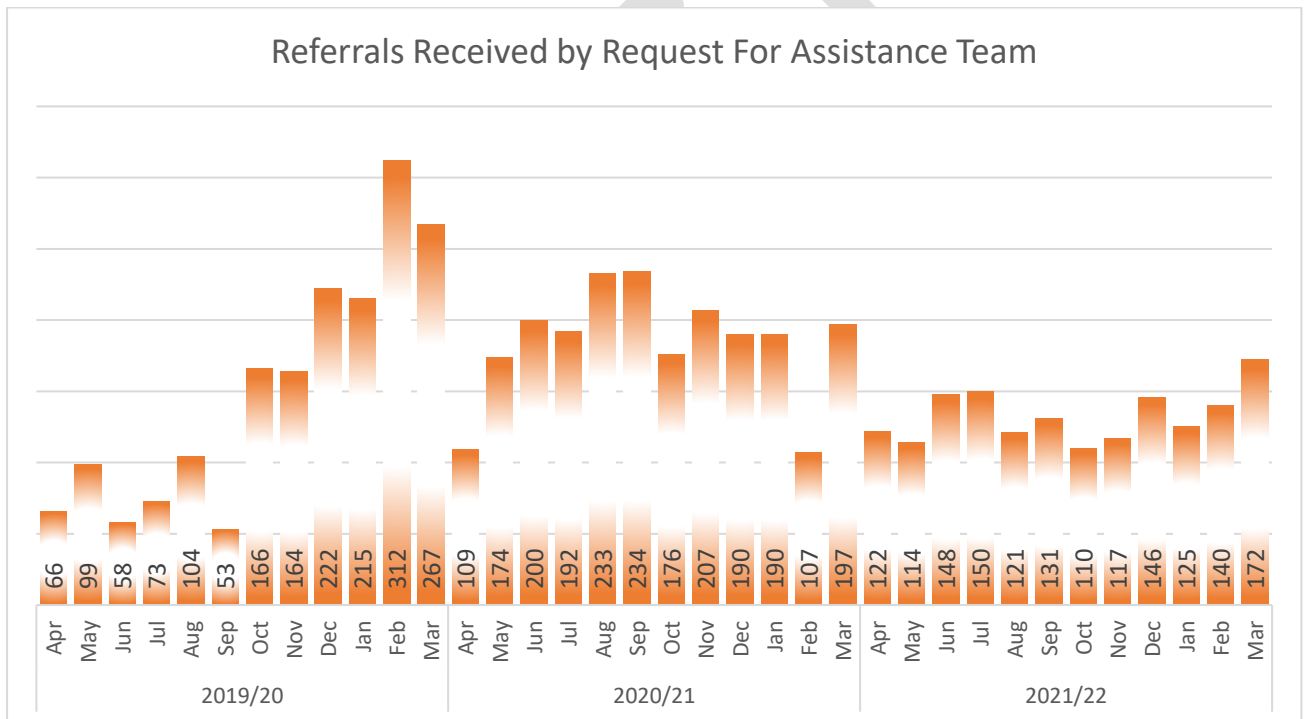
3. SERVICE QUALITY AND PERFORMANCE

How Social Work Services are Improving Outcomes for Children and Families

Child Protection

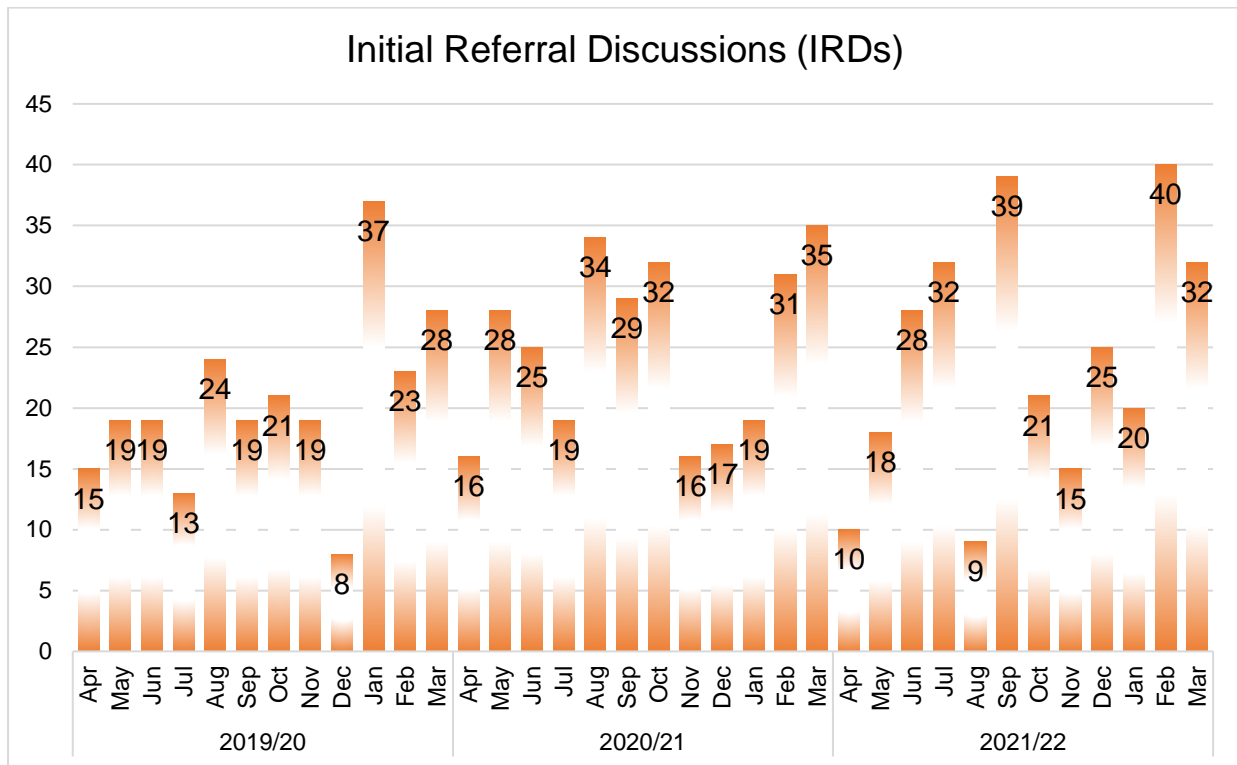
Initial referrals around Child Protection are made to the Request for Assistance Team (RFA). The chart below shows the referrals received by the RFA team for the last 3 years. Request for Assistance Referrals for 2021/22 have reduced and remained, on average, lowest since September 2020.

The graph below details referrals received for the last 3 years:



Source: Swift

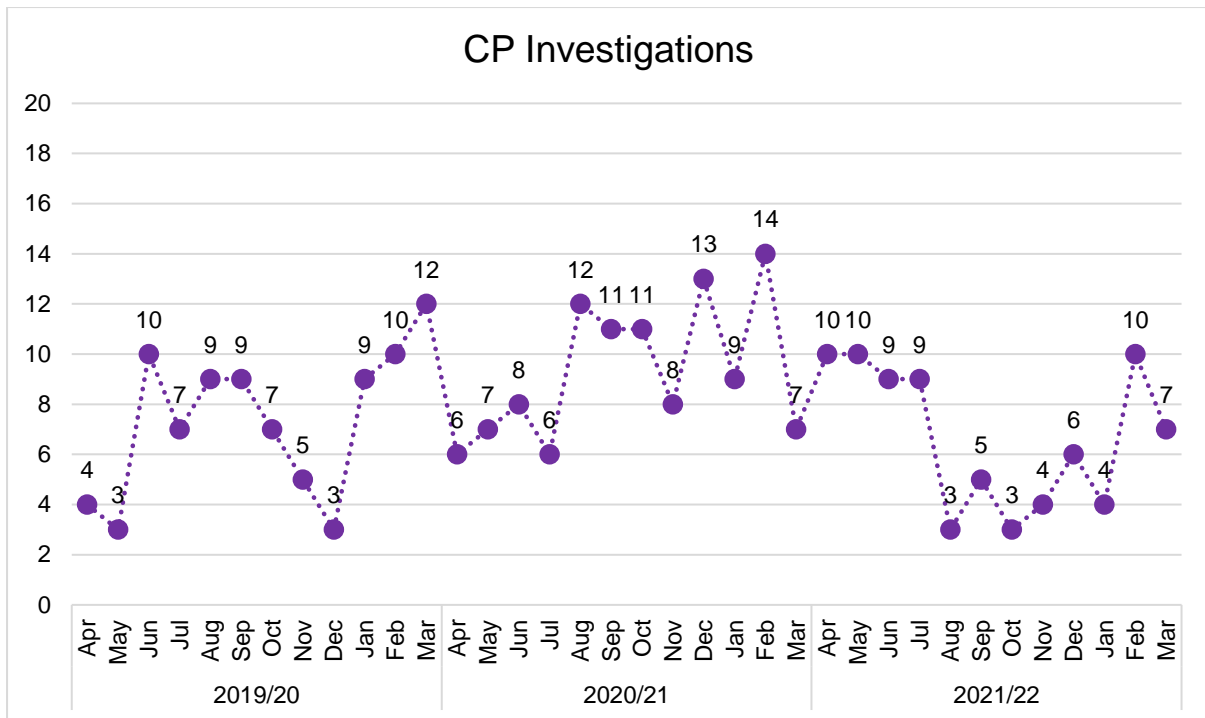
IRD's (Initial Referral Discussions)



Source: Swift

Child Protection Investigations

Where appropriate, an investigation is undertaken; the number of child protection investigations undertaken are shown in the chart below. Note, the figures below are Child Protection Investigations started within the month.

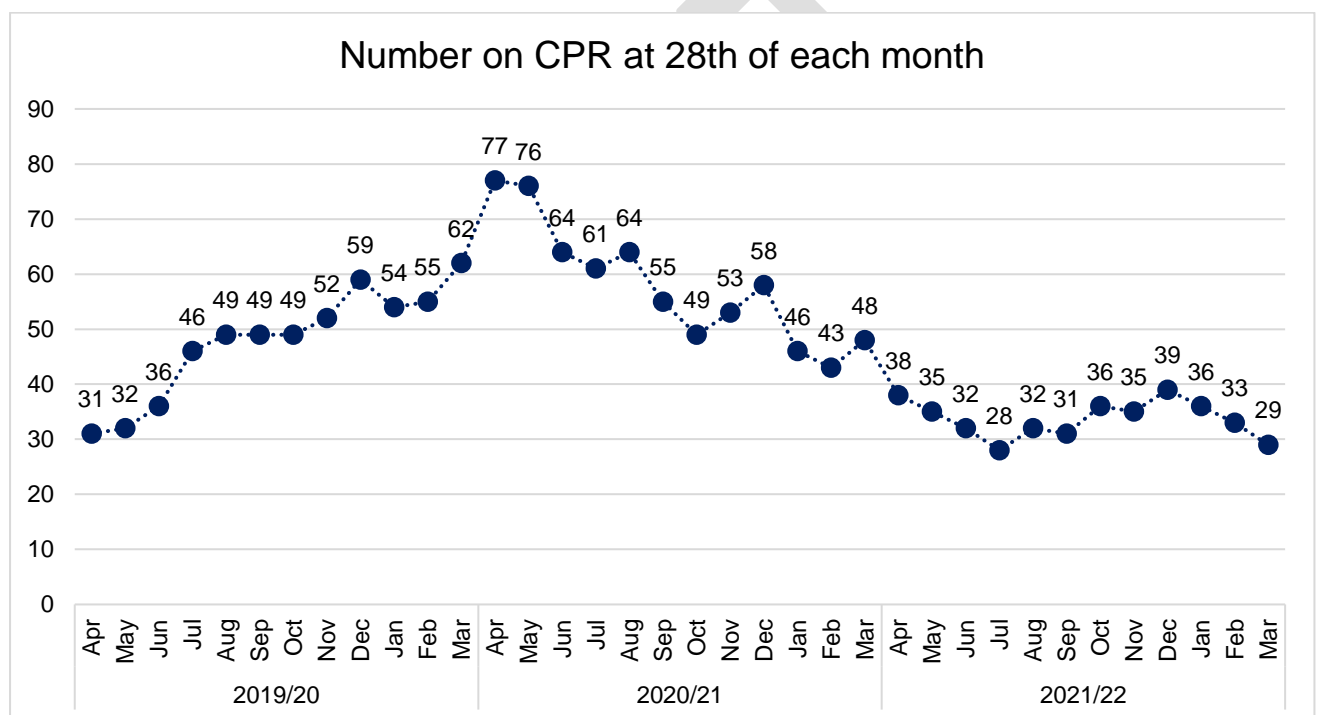


Source: Swift

The number of noted IRDs remains broadly in line with previous years however the number of child protection investigations are on the whole lower. During the data gather for this report it has been identified that the data gathered not fully reflective of the picture throughout the year. The service has committed to a data improvement plan to be implemented throughout 2022/23 to ensure the data is more accurate and reliable going forward.

Child Protection Conferences / Register

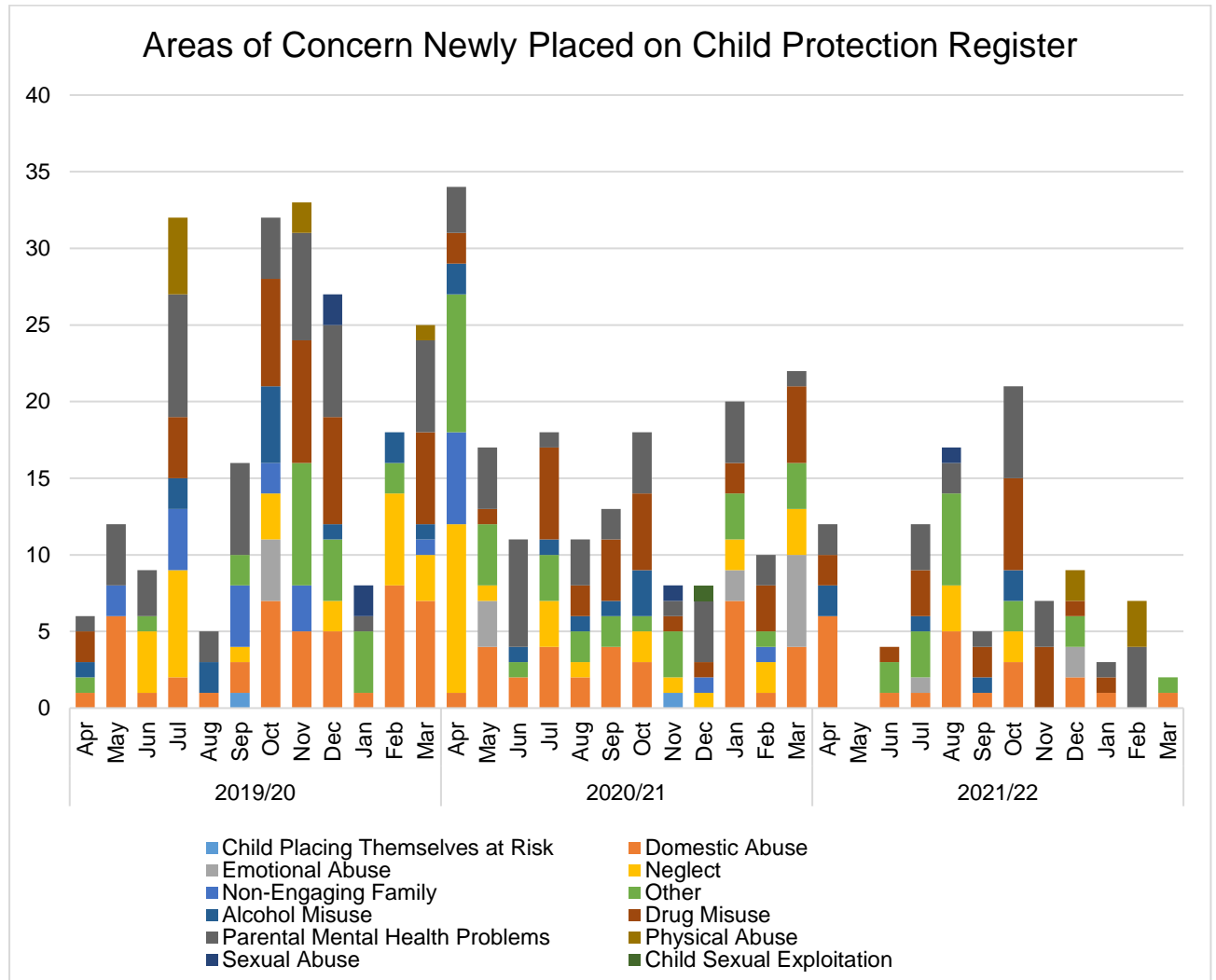
The number of children and young people on the child protection register has reduced to levels typically seen prior to the COVID-19 pandemic – throughout the year 2021/22 numbers have been consistently back to an expected level. As noted in previous years at the beginning of national lockdown restrictions it is likely children and young people remained on the child protection register for longer periods of time and there may have been a more cautious approach taken due to the changes to working practices and lower availability of partner agencies. The pattern would suggest this trend is stable and number for the next year could remain at similar levels.



Source: Swift

Areas of concern

After an investigation a child may be placed on the child protection register; there are various reasons for this and sometimes multiple reasons are identified. The chart below highlights the main reasons for a child being added to the register.



Source: Swift

Scottish Child Interview Model – North Strathclyde Pilot

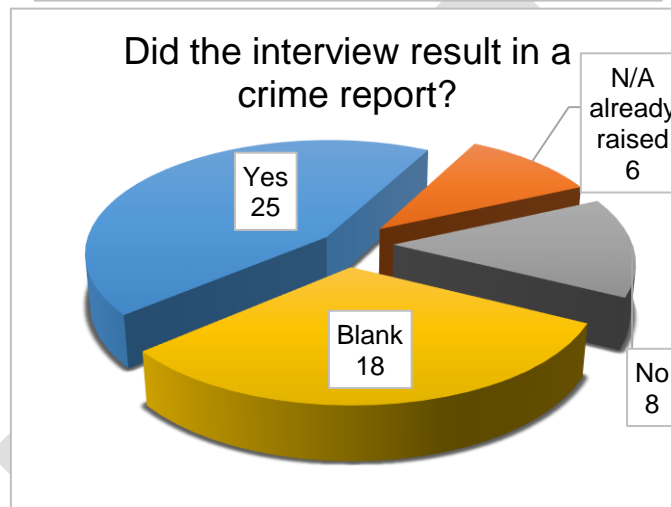
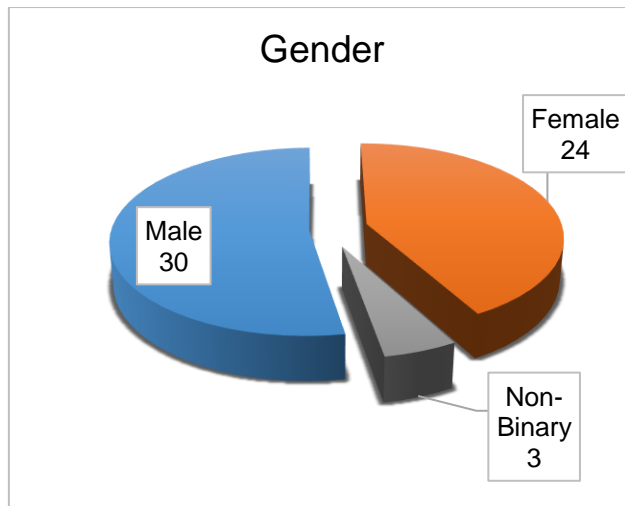
The North Strathclyde Project, using the Scottish Child Interview Model, is now completing its second operational year. This pilot was set up to be at the forefront of best practice when providing child-centred and trauma informed joint interviews within the judicial process for children and young people.

There continues to be close links between the 4 local authority areas, 2 police divisions and key stakeholders. The integrated team continues to influence best practice on the national forum with close links to the Barnahus Quality Standards. The next steps are towards the House for Healing and with Children's 1st building on the trauma informed and recovery support for those children and young people to provide a place and space that is child-centred.

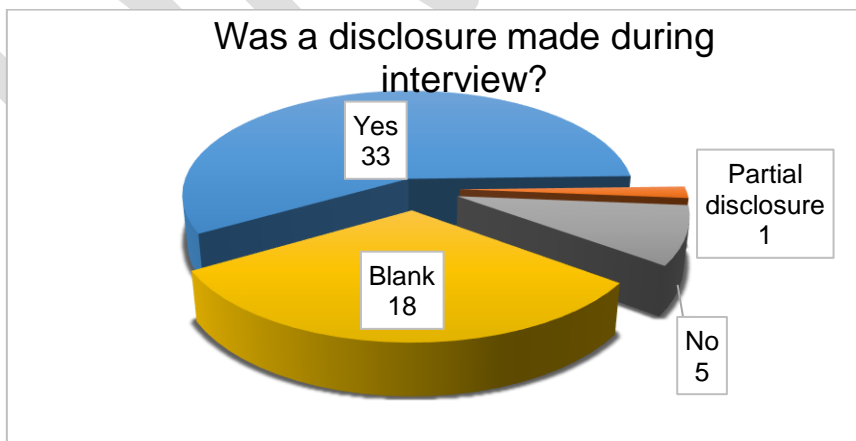
As the North Strathclyde operation team is in its second year we continue to have rich data around the benefits of the model and the consistent approach to interviews being experienced by children and young people. We are seeking continuous improvement and learning from the evaluation work across stakeholders, including children and families.

Children's 1st as the 3rd sector partner have also expanded their offer of therapeutic recovery workers, who can provide a continuation of support.

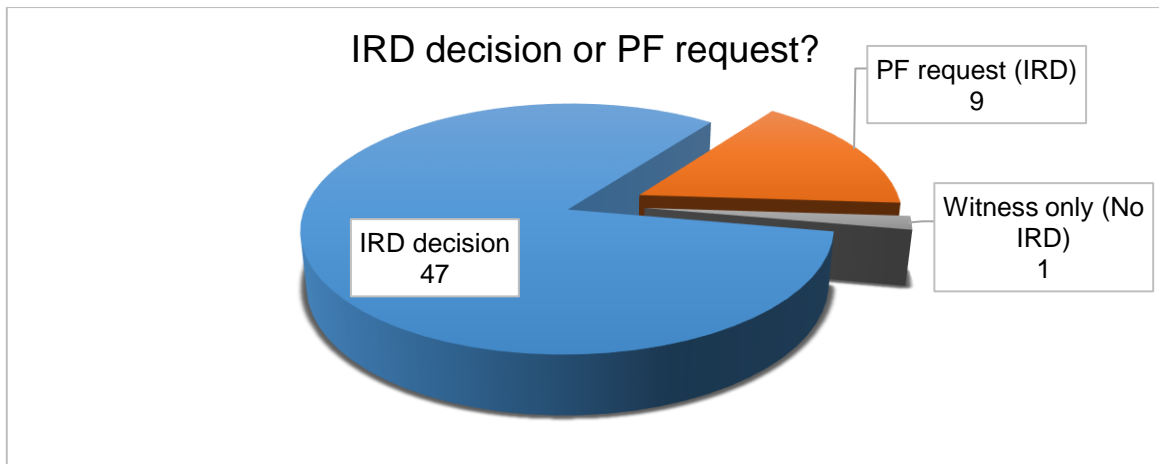
57 children were supported to attend a Joint Investigative Interview since August 2021, with ages ranging from 5-17, 60% of children were between the ages of 6-11.



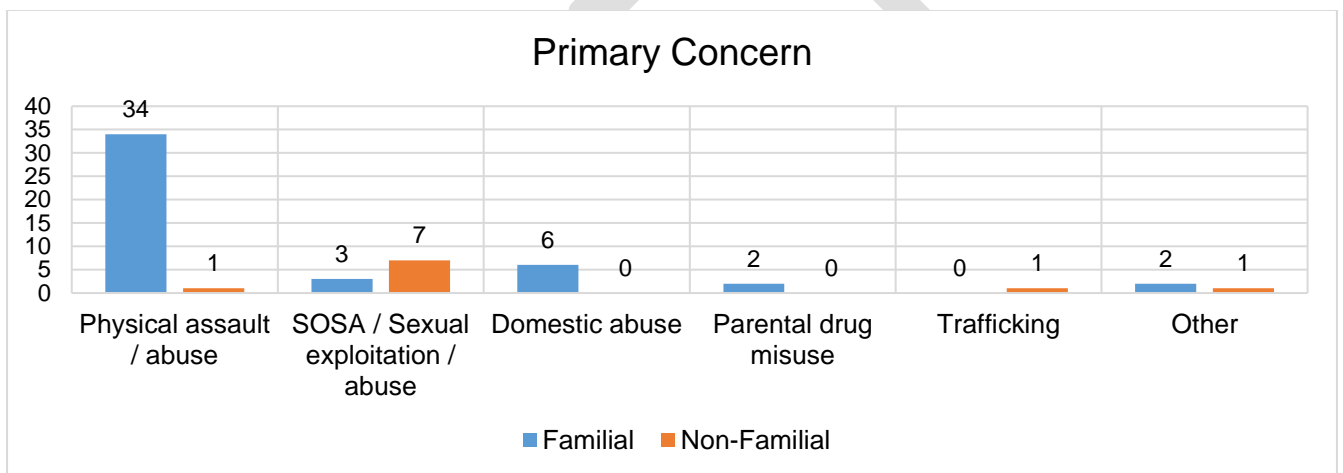
A total of 89% of interviews over the year resulted in a full or partial disclosure regarding the incident for which the child was participating in an interview.



Most Joint interviews have taken place following an IRD decision, the multi-agency meeting initiating Child Protection enquiries. Some interviews have been at the request of the Procurator Fiscal.

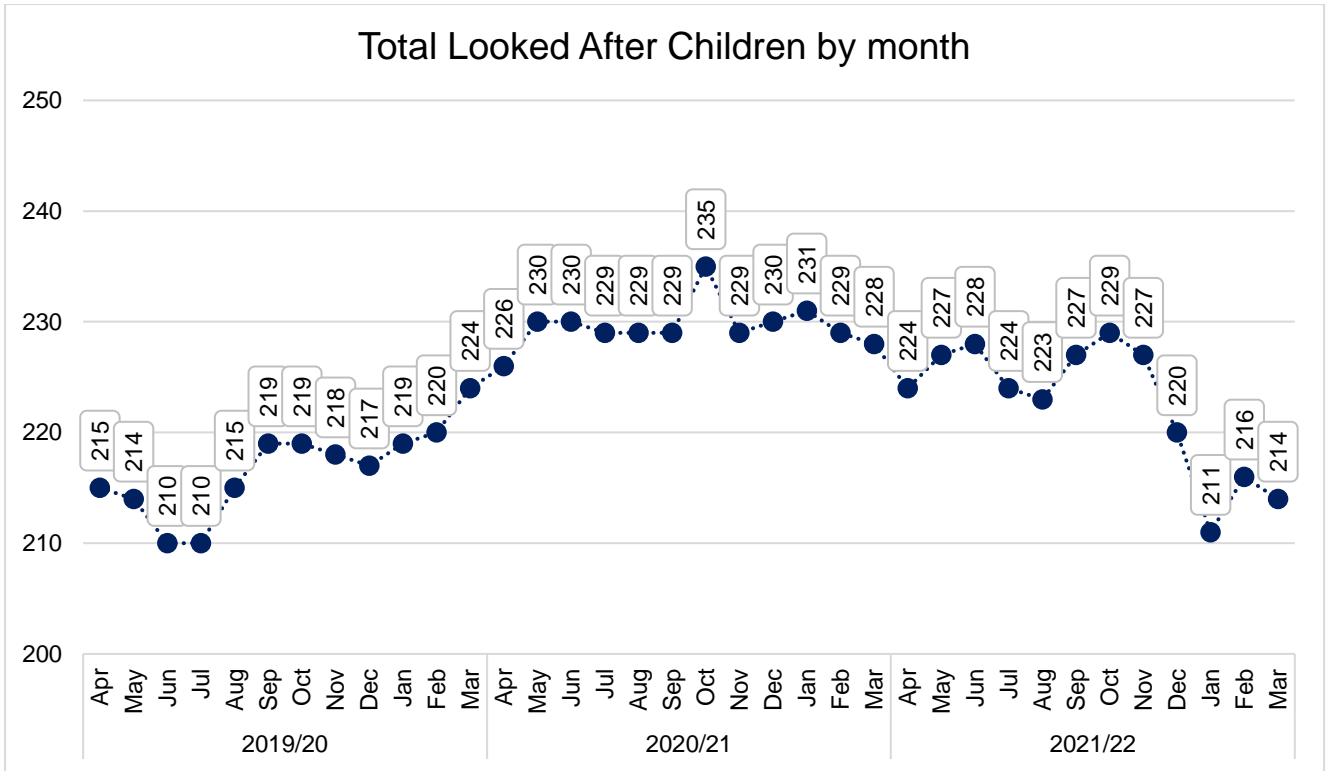


A significant number of referrals to the North Strathclyde partnership since August 2021 has been reflective of physical assault concerns, thereafter sexual offences and domestic abuse.



Looked After Children

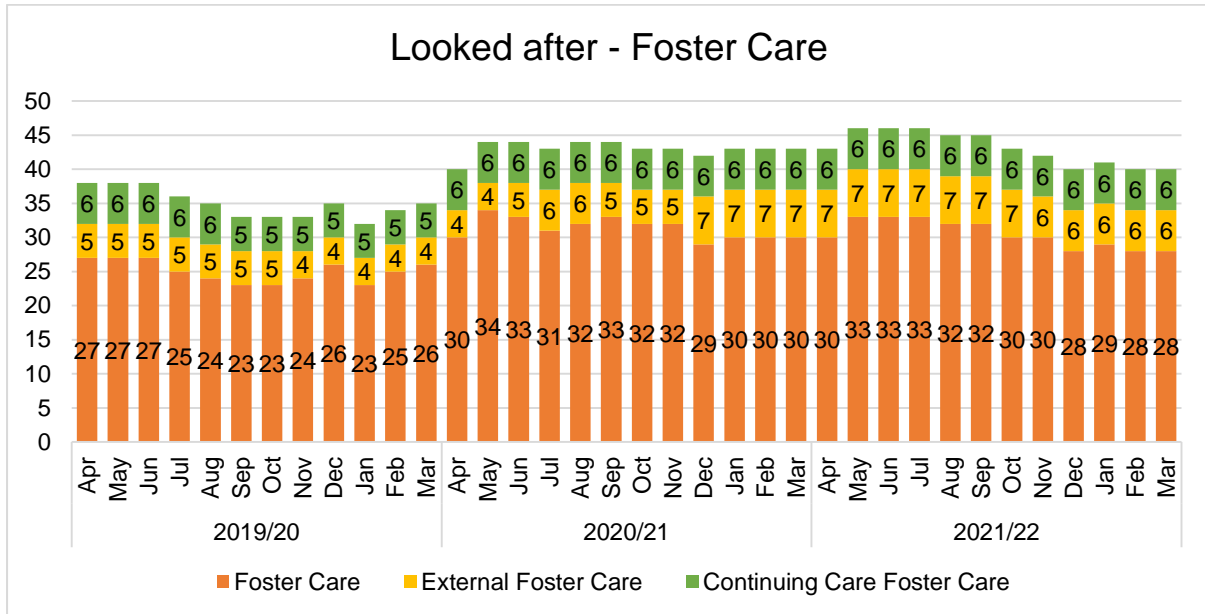
The total number of looked after children has reduced with January 2022 (211) showing the lowest figures since July 2019.



Source: Swift

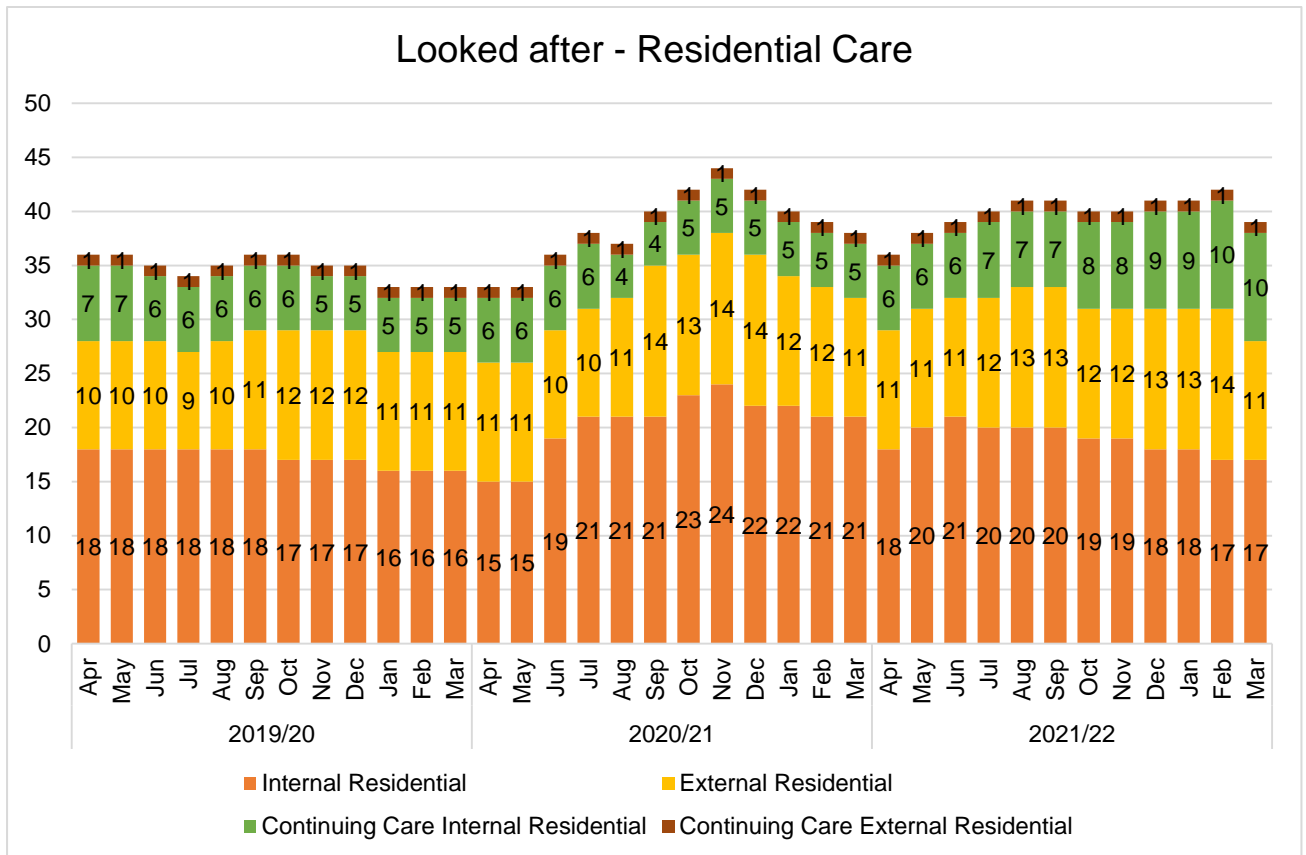
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Foster Care placements have remained stable throughout. The majority of placements were with local carers. This included young people who remained with carers beyond their 16th birthday in continuing care placements and externally commissioned placements being long term placements for young people subject to permanence orders. The graph below details foster care placements and types



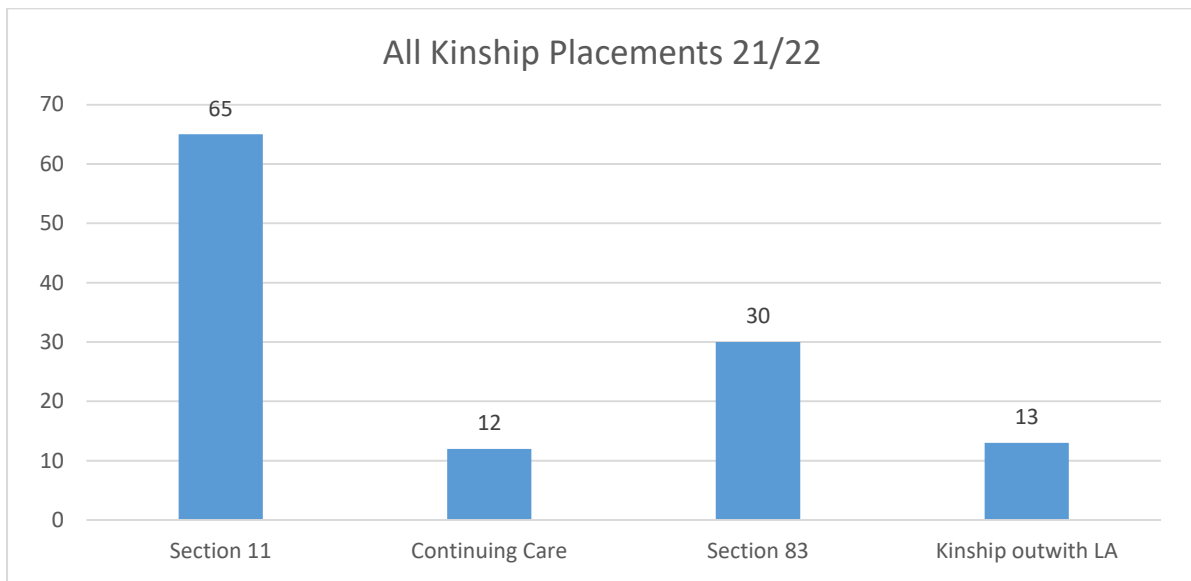
Source: Swift

There has not been considerable change in the number of looked after in Residential Care over the last 3 years. As with foster care, there are a number of young people who have remained in their placement beyond their 16th birthday. The graph below details the total number of young people split by residential care type.



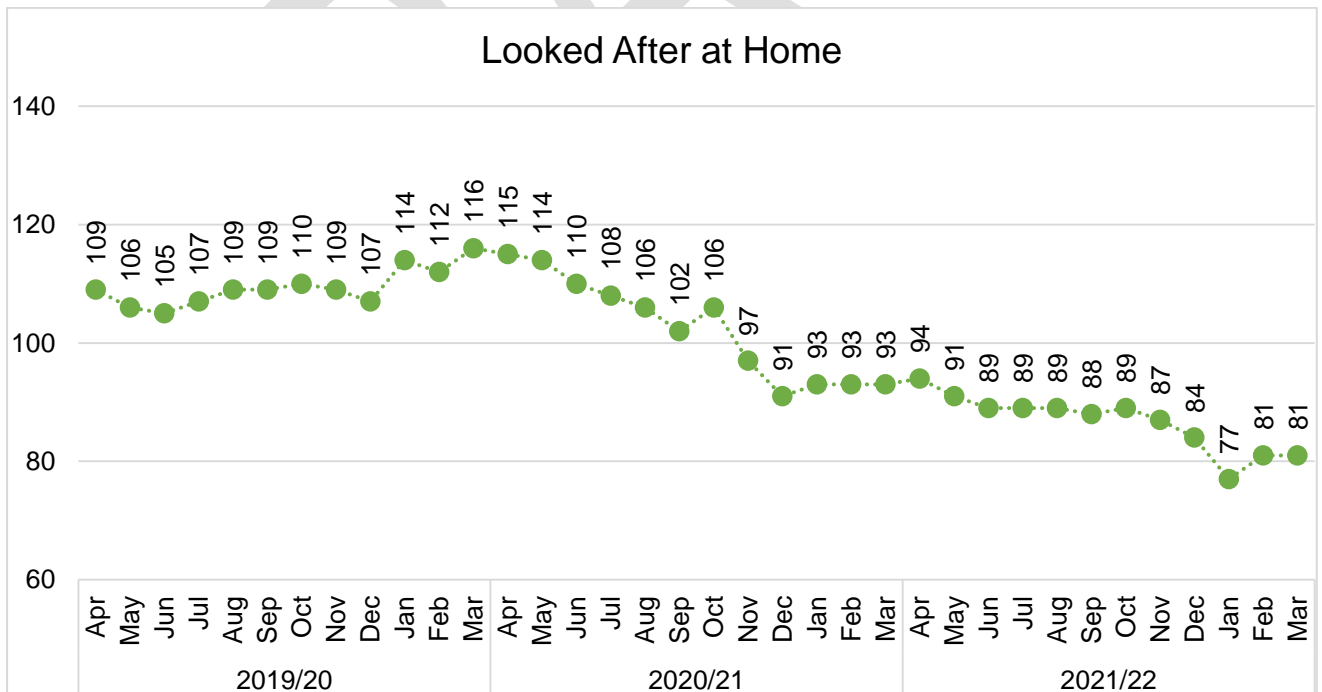
Source: Swift

The graph below details Kinship Placement types with the highest number of young people being placed on a Section 11 (residence order).



Source: Swift

The number of Looked after at Home figures have decreased recently, which reflect in the decrease of the total number of Looked After figures in the graph shown earlier.

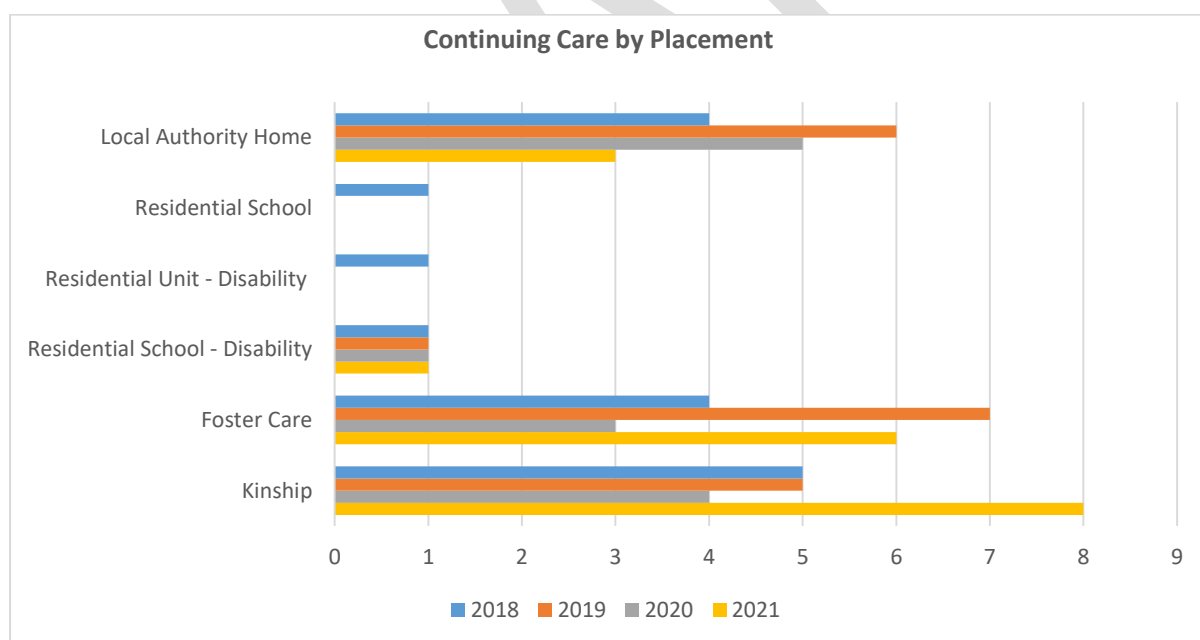


Source: Swift

Aftercare and Continuing Care

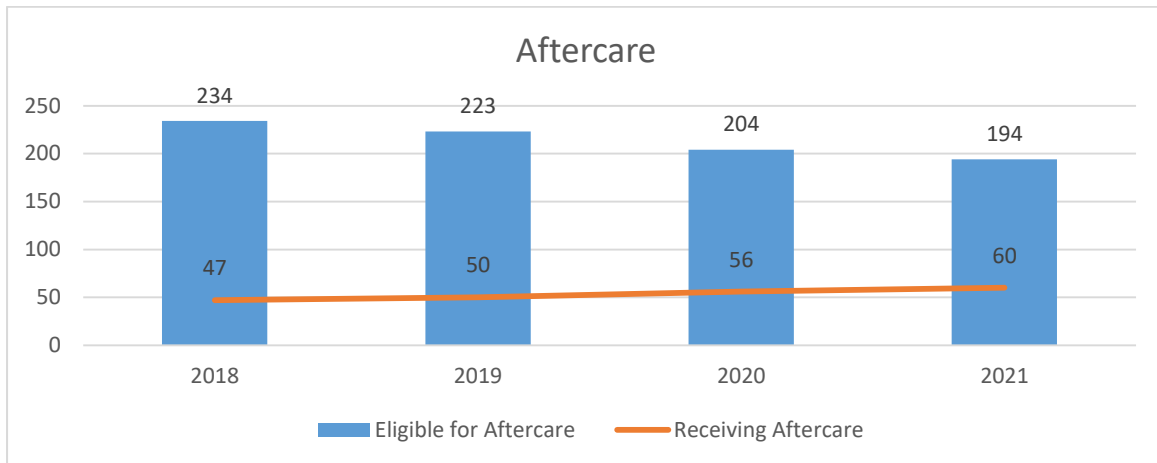
In line with legislative requirements and best practice, work is ongoing to ensure care experienced young people have access to appropriate advice, guidance and support as they transition to adulthood – Over the last 12 months work has been completed with care experienced young people to consider the language and assessment tools used when they are involved with the Aftercare and Continuing Care team. Young people have continued to benefit from the transition flats, located in close proximity to our children’s houses, allowing a supported step to independent living whilst retaining the care and support of our children’s houses. This provision is a key aspect of support to care experienced young people taking their first steps to independence.

There has been a change in placement types for Continuing Care young people with 2021 seeing significant increases in both Foster Care and Kinship Care. Continuing Care does provide young people with a graduated transition however it does place additional pressure on placement availability. The graph below details 2018 – 2021 Continuing Care by Placement Type:



Source: Swift

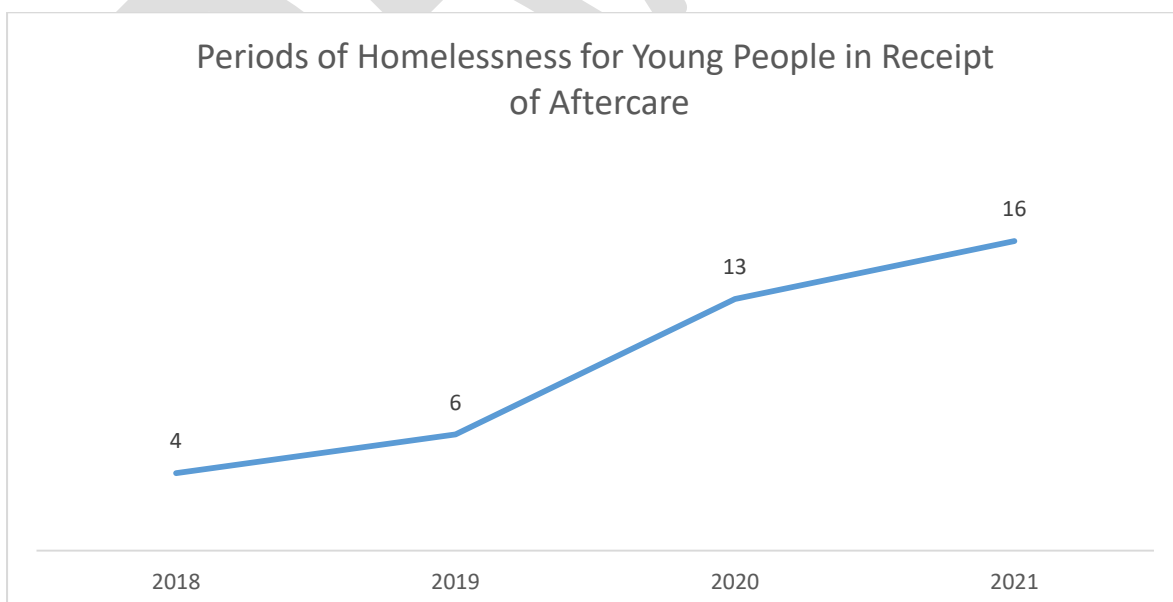
As at 31st July 2021, there were a total of 194 young people within Inverclyde eligible for Aftercare which is less than the previous 3 years, however, the uptake of young people receiving aftercare has increased with 60 young people receiving aftercare services in 2021. The percentage increase of eligible to receiving aftercare has increased from 20% in 2018 to 31% in 2021.



Source: Swift

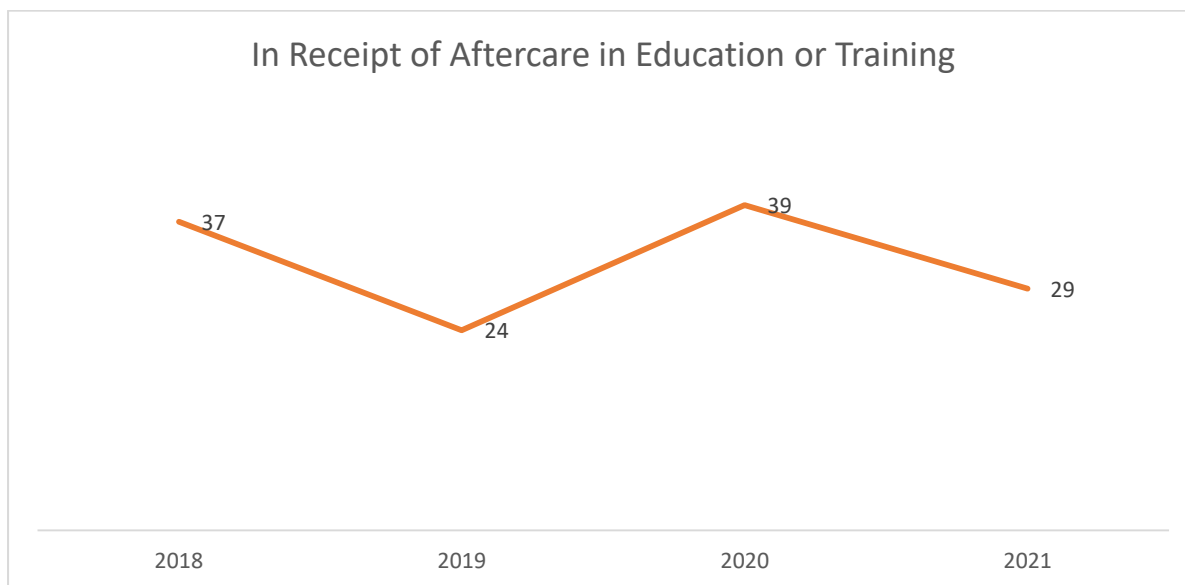
There has been a rise in periods of homelessness for young people eligible for aftercare, with figures rising from 4 in 2018 to 16 in 2021.

These figures reflect the cumulative periods of homelessness since young people became eligible for Aftercare and not periods within a particular year and takes account of the increase in eligibility to Aftercare support to age 26yrs.



Source: Swift

The graph below shows young people in receipt of aftercare who were in employment, education or training. Following an increase of 15 from 2019 to 2020, there has been a decrease of 10 from 2020 to 2021.



Source: Swift

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In the last quarter of 2021/22 we appointed a programme manager to our “I Promise” team. This is our response to the wide ranging system change and development that will be required over the next 10 years to realise the ambition of The Promise. Information gathering and initial developmental activities and consultation events have gathered pace since January 2022 and will continue throughout the year. I Promise is supported by 3rd sector partners locally.

Children & Young People

106 letters have been distributed to Social Workers for young people who are currently subject to Compulsory Supervision Orders, we hope social workers will share these with young people aged 14-18 years of age in an effort to introduce the iPromise Team and encourage young people to meet in person or virtually to obtain their views in relation to their experience of what we do well and how as a service we can do better.

A further **45** letters will be sent to 11-13 year olds.

And **74** letters will be sent to 4-11 year olds.



IPROMISE WORKFORCE ENGAGEMENTS



Voice

Listening to the
workforce

183

colleagues from across the Inverclyde workforce who support our children and families have met to discuss what Inverclyde is doing well and what we need to do better.

The IPromise Team met with colleagues from a range of supports. Social workers, family nurses, home support, kinship workers, residential staff, education, and panel community to name a few.



Discussing The Promise and our local systems, practices, processes and culture
Identifying where change is needed and what the workforce needs to thrive.

Identified themes for tests of change

Family Time
Family Group Decision Making
Report Writing
Language Matters
Stigma
Solution focused meetings
Workforce support



Inverclyde Stop-Go Pledges

- Help me by helping my family
- Nothing about me without me
- Try to keep me where i am and support me for as long as needed
- Help people to understand me and my experiences
- Help me to understand what's happening and why

Inverclyde's STOP-GO Pledges

The Stop and Go Pledges have been made into larger posters and are now displayed within Hector McNeil House and Princes Street House, there are also copies of The Promise, Pinky Promise, Plan 21-24 and Change Programme available in each venue. <https://tinyurl.com/44jhztpk> - you can download the posters here.

Our Work Force



“We need a brave workforce. We need better and creative ways of not being tied down with paperwork taking us away from the children and families we work with”

-Workforce employee

IPromise Team have continued to meet with our workforce to discuss The Promise and TOGETHER find solutions to transform our care system & services that support our children & families, ensuring their needs shape our services.

Awareness raising and consulting with Social Work workforce is

almost complete with the consultation and input reaching 183+ plus colleagues from across the Inverclyde workforce. This has included discussion in relation to what are we doing well, what we need to do better and statements from The Promise Briefings in relation to our ambitions.

A tracking report is underway which includes a baseline of where we are at in terms of plan 21-24/Change programme and what needs to be better in terms of outcomes and opportunities for tests of change. This will be shared with the workforce.

There are a number of key themes being shared from the workforce however what has been identified by the team is the value that the workforce place on relationship-based practice with children, young people and families.

Culture change - Language Matters.

Powered By Young People

Young people and our workforce have been engaging in Jargon Buster/Language Matters activities, working to coproduce a Jargon Buster resource for our workforce with accompanying guidance and video resources. This will build on the work of The Promise in creating a shared language to reduce stigma and use language that cares.

If you would like to read more about The Promise you can find more information here

[Home - The Promise](#)

[Reports - The Promise](#)

Care Experienced Children and Young Peoples Attainment Fund

This year we have continued to operate a self-directed fund model for supporting attainment for care experienced children and young people. This has given access to equipment, services or activities that otherwise would be out with the means of the child and their family. Some of the activities/equipment have helped with digital inclusion, outdoor learning, and access to community groups, tutoring and work experience. The fund continues to be valued and going forward will also contribute to practice developments including the provision of a virtual head teacher and extended provision of the child's planning and improvement team.

Children's Rights

This year as a focus we will be looking at how we help keep the Promise in Inverclyde and the incorporation of Children's rights throughout. A large part of this will be family engagement and how we ensure where possible we are supporting families holistically and inclusively.

We will be working closely with both primary and secondary schools on how we promote and engage with Children's rights in various new ways to fully embrace our community and keep their needs at its heart.



Adoption Assessment/Young People's Views

The voice of children, young people and their families continue to be heard throughout the adoption process. The "Adoption Reflections" Workbook is a key part of the PAR-S assessment process and explores the lifelong impact of trauma and loss and the importance of connections. Listening to the Voice of the Child, young person and their families, is a key focus for the Adoption Team in 2022, in line with "The Promise" and "UNCRC". Inverclyde's 'Proud to Care' group has representation from children who have experience of adoption. Moving forward we are keen to hear from the children who have siblings who have been adopted and to have the voice of the child better represented at the adoption panel.

Sibling Relationships

Part 13 of the Children (Scotland) Act 2020 and the Looked after Children (Scotland) Amendment Regulations 2021 now places a statutory duty to ensure siblings are supported to stay together. We are committed to the National Practice Guidelines which supports and helps practitioners implement this legislation. Within the adoption service, there has been a review of the training material and resources to ensure staff and potential carers understand the importance of the sibling relationship when children are placed for adoption. This is also a key focus of the adoption recruitment strategy which encourages adopters to be open to larger sibling groups, while understanding the importance of maintaining contact with the key people in the child's life. When a child cannot be placed with their sibling, we have ensured that all parties are aware of the legal duty to promote contact between looked after children and young people and their siblings.

Permanently Progressing Research

Inverclyde Council is delighted to be involved in Phase 2 (2020-24) of the Permanently Progressing Research. The project is a longitudinal study which is following a cohort of 1,836 children who became looked after in 2012-2013 when they were five and under. Phase 2 builds on the findings of Phase 1 to find out where they are living, their legal status, experiences, what enhances wellbeing and bolsters resilience and what resources are available to them and their families. Inverclyde Council are committed to focus on the key messages and findings from the research through focused work with children and their carers. This work focuses on;

- Belonging and Permanence
- Contact/Family time
- Sharing information with carers and adoptive parents
- Transitions using the UEA Model
- Helping children understand their personal histories,
- Talking with children about their birth family
- Post adoption support.

Birth Ties Support Project

The Birth Ties project resumed face to face contact in May 2021. The group continues to meet twice monthly and is facilitated by 2 workers who offer advice and counselling to parents whose children have been placed with an adoptive family. The team offer practical and emotional support to these parents and work in partnership with services such as Housing, Income Maximisation, Alcohol and Drug Recovery Services and Community Mental Health. In 2022, there has been a successful funding bid for a scoping exercise to further expand and develop the project, in partnership with a third sector provider, in consultation with parents with lived experience.

Adoption Support

Since June 2021 support services have been face to face. The Peer Support Groups are regular events which continue to be well attended and provide a local way of networking with other adopters. A variety of sessions are hosted with a mixture of formal and social opportunities. This year's Post Adoption Support Groups focus on issues such as Life Story Work, Good Self-Care, Managing Difficult behaviour, Family and Friends Group, Understanding trauma in education and managing sibling contact.

The '*Families Together*' group was established during Covid. This is an adopter-led support group which focuses on informal support between adopters and their children within the community.

During 2022, we hope to explore the idea of a therapeutic playgroup for our families and their children. This would focus on aiding the attachment between caregiver and child, in a safe, play-based environment alongside other adopters and children. We hope to expand and develop a training package to offer support and advice to schools and nurseries to better understand the issues affecting children in education.

Children with Additional Support Needs (ASN) Team

The ASN Team continues to provide a discrete service to children with additional support needs and their carers. Children with additional support needs and their carers were significantly impacted by the pandemic as support services closed, reduced or changed their delivery methods. Families continue to face challenges following this period however support services commissioned by the HSCP (community and residential short break) have now resumed albeit with some reductions to residential short breaks as the backlog is worked through.

Specialist Children's health services have also been working on programmes aimed at improving the diagnostic process for children with autism. From February 2020 to August 2022 a quality improvement approach to test change, aligned to local and national ASD strategies has been utilised.

Working in Partnership with the Children's Rights Officer an accessible information leaflet "The Autism Detectives" has been developed. Feedback from a child and a parent was positive

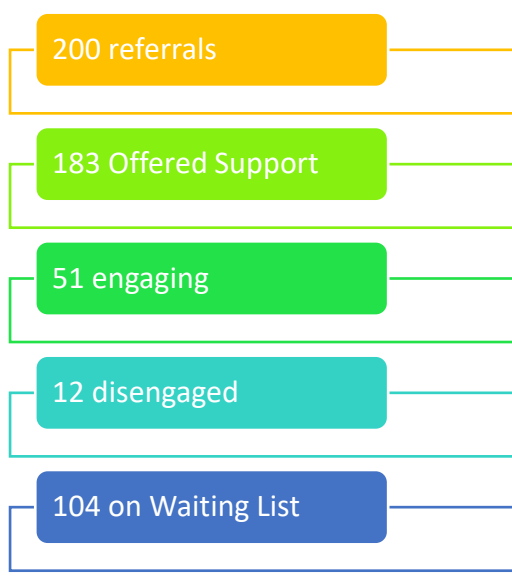
“It was very thoughtful and made me worry less” – Child with autism

“I particularly like the leaflet as it made my son much less anxious about the appointment” – Parent

Waiting times for diagnosis have more than halved from 92 to 39 weeks despite an increase in referral rate. Conversion rates of assessment to positive diagnosis is sitting above national benchmark of 75% over the last 6 months.

Wellbeing Services, One to One Counselling and Group Work Programmes

Action for Children has been commissioned to provide a wellbeing service for children in Inverclyde since September 2020. Whilst there has been some slow progress in being able to offer group sessions and face to face contact for children due to the restrictions with the Covid-19 pandemic there has been an upward trend in appointments offered.



The impact continues to be felt since the project became operational in 2020, with a growing number of referrals having as the main presenting concern anxiety. The source of anxiety is often quoted to be as a result of pandemic impact on families, friendships, school and CYP’s capacity to cope with their environment. The challenges they have been presented with over the last 2 years, in an uncertain world, continue to cause them concerns, worries, and anxious thoughts and feelings, as heard by our staff.

A number of CYP with existing vulnerabilities have accessed counselling, with the majority engaging and completing agreed session. While we continue to work to a model of 8 sessions with each CYP, many CYP experience intermittent or regular absences from school, which has required a more patient and measured approach to continuing to engaging them in

support, over a longer period of time, while we continue to be mindful of the balance for those still waiting on their opportunity to access the service.

With the support of school staff young people are encouraged and made aware that their absences from school are not a barrier to their continued access to counselling support, to allay any fears that missing sessions may result in the withdrawal of a service to them, which is not the case. Indeed, many CYP are often on reduced timetables and attending counselling sessions may be amongst the few regular appointments they are able to keep. Action for Children's ethos is encapsulated in a phrase that was prominently displayed across services and promotional materials for the organization several years ago "as long as it takes" which we demonstrate by our approach to engage with CYP over time, looking to overcome any barriers or hurdles, to ensure we have given CYP every opportunity to access services.

As a number of CYP accessing counselling have been involved with multiple services throughout their lives, whether directly or indirectly, not all of them have had positive experiences or outcomes, so it is essential we take time to build trust and relationships to then be in a place to offer therapeutic support to CYP, at a time and pace that is appropriate for them and so hopefully impacting their wellbeing positively for longer.

Keeping an "open door" when engagement and attendance can be a concern, demonstrates to CYP that their thoughts and feelings are taken into account, and the service is not delivered "to them" but they are actively involved in leading the direction of the work within the counselling sessions, with the support and guidance of the counsellors.

The majority of referrals are received from secondary schools. Each of these schools has a counsellor dedicated to delivering a day each week, while sessions across primary schools are coordinated on a rotational basis to allow counsellors to move between schools based on the referrals received. As a result, waiting times to be seen may vary based on the availability of counsellors across schools, with the longest waiting period 6 months. Most referrals are seen in a significantly shorter period of time however.

We continue to work to maintain and raise the profile of the service to widen the access available to all Inverclyde schools CYP and parents/carers who feel the service is what their children might need.

Group Work

Blues Programme

Improved access to schools and loosening of restrictions around pupils mixing in groups allowed the service to coordinate and deliver the Blues Programme, after making alternative provision during Year 1.

Delivery was agreed for the initial round with Inverclyde Academy and Notre Dame HS in September 2021, followed by St Stephens, St Columba's Gourock, and Clydeview in November 2021. St Columba's Kilmacolm and Port Glasgow High school followed in January 2022. Preliminary work was carried out in each school prior to delivery, including presenting the content and aims of the Blues Programme to all S3 pupils, before completing the Centre for Epidemiological Studies Depression Scale (CES-D) questionnaire with all S3 pupils.

19 programmes in total were delivered across all 7 schools, with the following figures:

- TOTAL CES-D's completed by pupils = 686
- 58% scoring under the threshold at which pupils are invited to take part (393 pupils)
- 42 % scoring over the threshold and invited to take part in programmes (293 pupils)
- Of those 293 pupils invited to take part 61% began the programme (190 pupils)

2021-22 Blues Programme outcomes

- 97 % of secondary pupils (S3) gave a 4 or 5 star rating for Blues Programme sessions, from a scale of 1 to 5
- 51.69% of Blues participants score improved pre to post intervention, 35.91% remained the same, and 12.4% of scores decreased.

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Example school outcomes Blues Programme

- improvement of 62.5% of young people **able to talk more about your mental health and wellbeing** post intervention
- improvement of 36% increase in average **Confidence** pre to post intervention
- improvement of 66.6% of young people showing an improved **Relationship with Family & Friends**
 - improvement of 70% of young people stated **attendance at school and involvement in learning** improved post intervention.
 - improvement of 31% in **Self Esteem** pre to post intervention
 - an increase of 92% in those stating they **Know When to Ask For Help** pre to post intervention
 - an increase of 83% in those stating **Know Who to Ask for Help** pre to post intervention
 - 62.5% rated Blues 5 out of 5 stars, 33% rated Blues 4 out of 5 stars, with 4% rating Blues 3 out of 5 stars

Bouncing Back

We continued to deliver Bouncing Back sessions across all P7 classes, with the transition the pupils would be making from P7 to S1 a focus of the work. These sessions were scheduled throughout the last school term after Easter.

All 20 primary schools and St Columba's Kilmacolm junior school took part in Bouncing Back in the post Easter term, with over 27 sessions being delivered, to include all CYP, engaging circa 740 children. Cedars School of Excellence were offered the intervention but declined to participate this year.

An adapted version of Bouncing Back for Craigmarloch School, designed with input from staff to be appropriate for pupils needs, was delivered, and similar was offered in Lomond View, which developed into weekly drop-in sessions for individual YP, agreed with the school after trialing group work sessions. These were decided as not the appropriate intervention at the time for the school, as a transition with new pupils joining was taking place.

Bouncing Back outcomes

- **87.2% of P7 pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5**

Inverclyde Emotional Well Being Triage Group

The Scottish Government has commissioned partners working with Children and Young People to develop the Children and Young Peoples Community Mental Health Services (CYPCMHS) Framework within Inverclyde. The objective of this work is to ensure:

“Every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing.

Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This will be available in the form of easily accessible support close to their home, education, employment or community.”

To achieve this objective the Emotional Wellbeing Triage Group has been set up to allow for agencies to provide the earliest most appropriate support to children young people within Inverclyde. Ensuring the right support at the right time whilst only having to tell their story once

By doing this work, the aim is to:

- Develop our learning as to the circumstances around how multiple, duplicate and inappropriate referrals to statutory services occur
- Build step-up/step-down processes between agencies as circumstances change for families and young people
- Eliminate experiences of referral knockbacks and re-referral to ensure families and young people get the right help at the right time whilst only telling their story once
- Improve signposting for families and young people
- When a referral has been sent to a single agency that is deemed not appropriate that service should seek consent from the parent and/or young person to bring to triage meeting.

The referral will be presented by the referring agency. A multi-agency group of representatives will discuss the referral and decide upon the most appropriate resource to offer to the family. These representation will give consideration to these six key GIRFEC questions:

- What can I do now to help this child/young person?
- What can my agency do to help this child/young person?
- What is the view of the child and the family?
- What is getting in the way of this child/young person’s wellbeing?
- Do I have the information I need to help this child/young person?
- What additional help – if any – may be needed from others?

Representation

A multidisciplinary team across health education social work and third sector has been set up for this purpose. Each agency must appoint a representative (and a deputy who is able to make a decision in their absence, to attend) who has a coordinating and authorising role.

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How Social Work Services are Improving Outcomes for Criminal Justice

Inverclyde Community Justice Partnership

The Inverclyde Community Justice Partnership, chaired and hosted by Inverclyde Health and Social Care Partnership, continued to meet throughout 2021/2022 and was mainly focused on the progress of a new National Strategy for Community Justice and its impact on delivery within Inverclyde.

In order to better understand the impact stigma has on different groups in Inverclyde, the Community Justice Partnership led on a workshop at the Challenging Stigma Event 'Oor Bairns'. A number of participants had a rich knowledge in the community justice arena, providing a considerable insight into the stigma experienced by people involved with the justice system. Discussion centred on employability and the stigma that families also experience as a result of having a loved one in prison.

Community safety and public protection

The North Strathclyde MAPPA Unit is hosted by Inverclyde HSCP. It serves six Local Authorities, 3 Police Divisions and 2 Health Boards. The Unit organises MAPPA meetings for all level 2 and 3 individuals managed under the MAPPA arrangements. This brings together a number of staff from various services and agencies. The function of a MAPPA meeting is to create a Risk Management Plan to manage individuals who pose a risk of serious harm to their community. Due to the Government's Covid-19 social distancing requirements alternative arrangements for these meetings were required. These are now hosted virtually and during 2022/23 the feasibility of moving to a hybrid model (where some agencies will have the option to attend in person) will be explored.



6 Case audits completed



25 MAPPA meetings (level 2 or 3)



39 Environmental Risk Assessments



7 Training events

A key process in the management of individuals subject to MAPPA is the Environmental Risk Assessment (ERA) process. The purpose of the ERA is to identify any housing related risks associated with individuals living within the community or about to be released into the community. An individual can have more than one assessment completed, particularly where the focus is on identifying a manageable property following release from custody.

As part of the North Strathclyde MAPPA commitment to excellence a Case File Audit is conducted in each Local Authority area. This comprises of three cases reviewed twice yearly. All six Local Authorities were reviewed in 2021/2022 with 36 cases completed. No issues of concern were identified.

Strategic Needs and Strengths Assessment

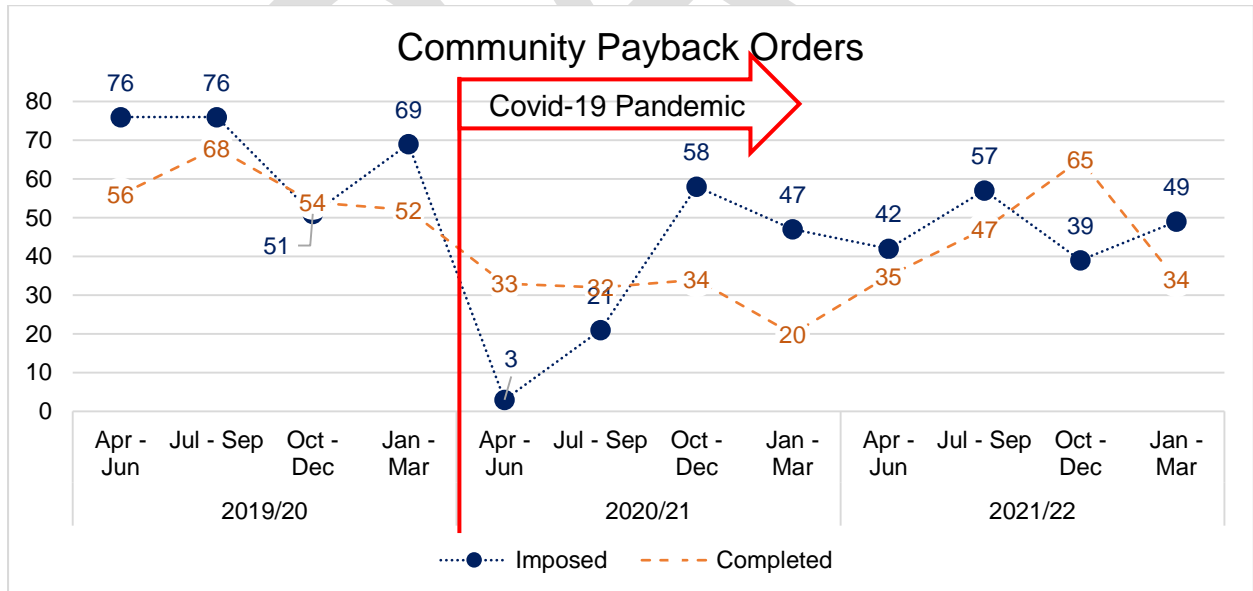
Work has been undertaken during the reporting year to assist the Inverclyde Community Justice Partnership in the delivery of a Strategic Needs and Strengths Assessment to inform the creation of an Inverclyde Community Justice Outcomes Improvement Plan (CJOIP) in April 2023. This document will pull together a range of data sets from nationally available data, to community planning priority action data, to aggregated data on specific needs/issues of Criminal Justice Social Work service users.

Early Action System Change- Women involved in the Criminal Justice System

Progress continued during 2021/2022 with regards to the Early Action System Change (Women involved in the Criminal Justice System). Phase one of the Project concluded in August 2021 with a Test of Change proposal which was informed by both women with lived/living experience of the Criminal Justice system and front line staff from both the statutory and third sectors with practical knowledge of supporting such women.

Community Based Sentencing Options

Effective community based sentencing options are essential in achieving the National Outcomes for Criminal Justice. Community Payback Orders (CPOs) were introduced in February 2011 and can consist of nine possible requirements, the most common of which is Unpaid Work and Supervision. These requirements can be made separately or combined into one CPO. In addition our community based Criminal Justice Social Work staff also supervise those released from custody on licence from Parole Board Scotland.



Source: Swift

Changes to legislation in 2022 introduced a tenth requirement; Restricted Movement Requirement. This can now be imposed at the point of initial sentencing where previously it was limited to individuals who were at risk of having their original community sentence breached. Preparatory work was undertaken during the reporting year by the Service in advance of its introduction across Scotland in May 2022.

Courts also have the option to place individuals on Structured Deferred Sentence (SDS), which is also provided by Criminal Justice Social Work. SDS aims to provide a structured intervention for individuals upon conviction and prior to final sentencing. In so doing it can help individuals who have offended becoming further drawn into the justice system as well as address the underlying causes of their offending. This complements the range of credible community options available across Inverclyde and was introduced during the reporting year.

The case study below offers an example of how SDS has been used within Inverclyde to provide a person centred, proportionate response for an individual who was assessed as not requiring statutory supervision. This contributed to positive outcomes for the individual including improved overall wellbeing and a reduced risk of further offending.

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B's story

Mr B was a mature individual who appeared before the Court as a first offender. He pled guilty to a domestic offence and a Criminal Justice Social Work Report was requested. The report writer assessed Mr B as being at low risk of further offending. Mr B exhibited appropriate victim empathy and, although he had been drunk at the time of the offence, did not appear to have significant issues with alcohol. It was identified that mental health issues, lack of confidence and social isolation were issues underlying the offence and the report writer recommended that these could be most appropriately dealt with by way of a structured deferred sentence (SDS).

The Court agreed to a SDS for an initial period of three months. Mr B met with his allocated Criminal Justice support worker weekly. It was recognised that he was an isolated individual lacking in confidence and the Criminal Justice support worker focused on developing an open and honest relationship with him.

Although alcohol was a factor in the offence, Mr B maintained that it was not a significant issue and was resistant to seeking specialist support in this area. As an alternative, he agreed to discuss his alcohol use with his allocated Criminal Justice support worker and for her to monitor his ongoing alcohol use.

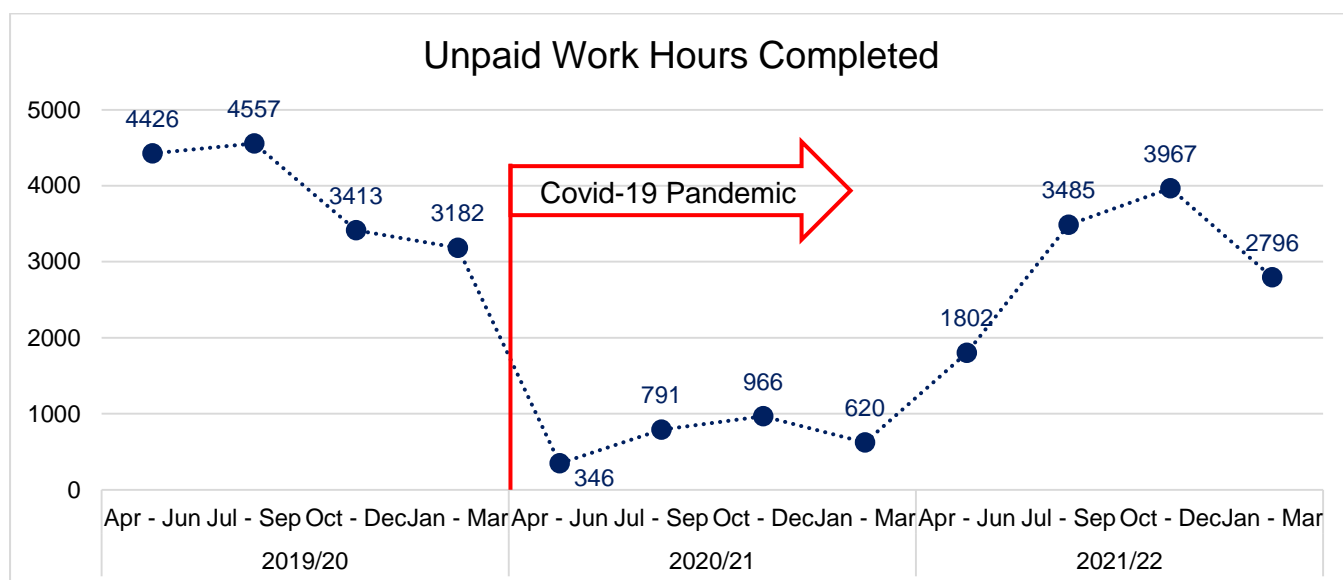
Mr B was supported to self-refer to mental health services, he was referred to a local counselling and therapy service and supported to attend a local community care forum.

By the end of the three month period, there was an overall improvement in Mr B's mood and mental health. He had been abstinent from alcohol throughout and intended to continue his engagement with the Community Care forum and mental health services (including the counselling and therapy service) voluntarily after completion of the SDS period, at which time a progress report was submitted to the Court. Mr B was nervous about attending Court for disposal, so his Criminal Justice support worker accompanied him.

The Sheriff considered the report from the Criminal Justice support worker and accepted that Mr B did not require further CJSW involvement and admonished him. Mr B went on to reconcile with his partner.

Unpaid Work

Throughout the reporting year our Unpaid Work Service had to work within a range of Covid-19 mitigation measures that have impacted on service delivery. A cautious approach was adopted to service recovery to ensure that in the event of any subsequent restrictions we had contingency plans to facilitate safe service delivery.



Source: Swift

The total number of hours of Unpaid Work completed in 2021/22 was 12,050, up 42% from last year (2,723) but still 22.6% below pre pandemic figure of 15,578 hours.

In May 2021 our outdoor projects resumed that had previously been assessed as being Covid-19 safe.

Initially the ratio of Unpaid Work supervisors to service users remained static at a maximum of 1:3, with only one project operating per day. However by the summer of 2021 the Service had begun to move forward from this with additional projects being opened up and our ratio of Unpaid Work supervisors to service users increasing where possible to our standard of 1:5.

Initial projects during spring and summer of the reporting period mirrored previous offers:

- ✓ Coves Reservoir Project – ongoing outdoor grounds work
- ✓ Devol Gardening Project – ongoing gardening project in conjunction with Inverclyde Shed
- ✓ Fitzgerald Centre Project – gardening, growing and other groundwork maintenance
- ✓ A local bowling club – repainting fences, gardening
- ✓ Walked Routes to School – many paths had become overgrown & slippery; cleared and cleaned.
- ✓ Vulnerable individuals – gardening etc.

The photos below highlight some of the work undertaken



During the reporting year, the Service commissioned Action for Children (AfC) to provide Unpaid Work placements and other purposeful activity to young people aged 26 years and under. In addition to supporting these young people to complete their Unpaid Work hours the aim is to offer holistic support to help them with any barriers they are facing and in so doing help reduce further involvement with the justice system.

22 Referrals to AfC

- | | | | |
|--------------|------------------|----------------------|----------------------|
| Construction | Community work | Horticulture | Catering |
| Podcasting | Holistic support | Offence focused work | Health and wellbeing |

Additionally 35 industry specific qualifications were awarded in areas such as: Safety Awareness, Manual Handling, Use and Care of Hand Tools, Food Hygiene and Abrasive Wheels. Notably some young people completed more than 1 qualification. The rationale to these courses is that these will support young people into employment opportunities across Inverclyde.

Unpaid Work Sub Group

Building on the work undertaken in 2020/2021 the Group has continued to support a variety of pieces of work during the reporting year including

- ✓ Developed a referral pathway between Criminal Justice Social Work and Inverclyde Council Community Learning and Development (CLD)
- ✓ How Unpaid Work could support the diverse range of community groups and organisations across Inverclyde

Prison Based Social Work

Covid-19 has continued to impact on long term prisoners and their suitability for testing in the community in advance of their liberation. Acknowledging a need to have an offer for individuals, work between Inverclyde prison based Social Work, Inverclyde community based Criminal Justice Social Work and staff from Scottish Prison Service has ensured that individuals can travel to Inverclyde in advance of their liberation. This enables individuals to meet with their allocated community based Criminal Justice Social Worker who will also be able to facilitate connections with any service providers who will support them.

How Social Work Services are improving outcomes for people with Mental Health Services

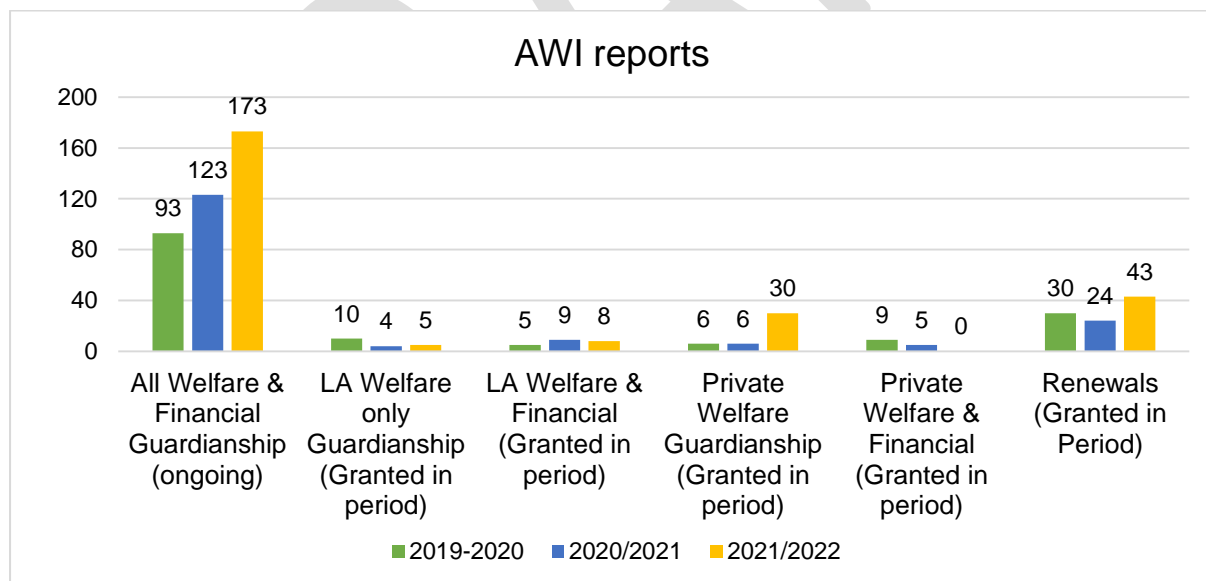
Mental Health Officer Service (MHO)

The action plan arising from MHO service review has been implemented with additional full time MHO staff now recruited. An element of the sustainability programme is continuing to attract and support existing qualified Social Workers in the HSCP to achieve the MHO qualification to build the staffing capacity required to meet a rising service demand. Candidates have been identified and supported from other service areas to complete the qualification i.e. Community Learning Disability Team and Alcohol and Drugs Recovery Service.

Procedures have been reviewed and improved to more fully enable the SWIFT system for recording, monitoring and reporting of the MHO Service statutory work.

The Adults with Incapacity (Scotland) Act 2000 creates provisions for protecting the welfare of adults who are unable to make decisions for themselves because of a mental disorder or an inability to communicate. It allows other people to make decisions on behalf of these adults about things like: arranging services.

The graph below details the number of Adults with Incapacity (AWI) reports carries out from 2019 – 2022. There has been a significant increase in reports being carried out rising by 80 over the three year period. Private Welfare Guardianship and renewals granted within the period have risen within the period 2021/22.

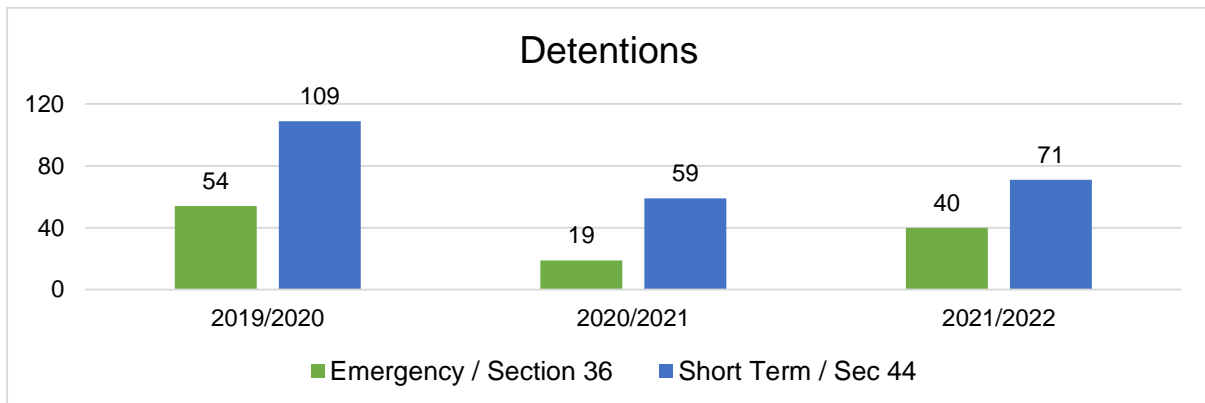


Source: CMHT / SWIFT

Section 44 of the Mental Health (Care and Treatment) (Scotland) Act 2003 sets out the procedure for granting a short-term detention certificate.

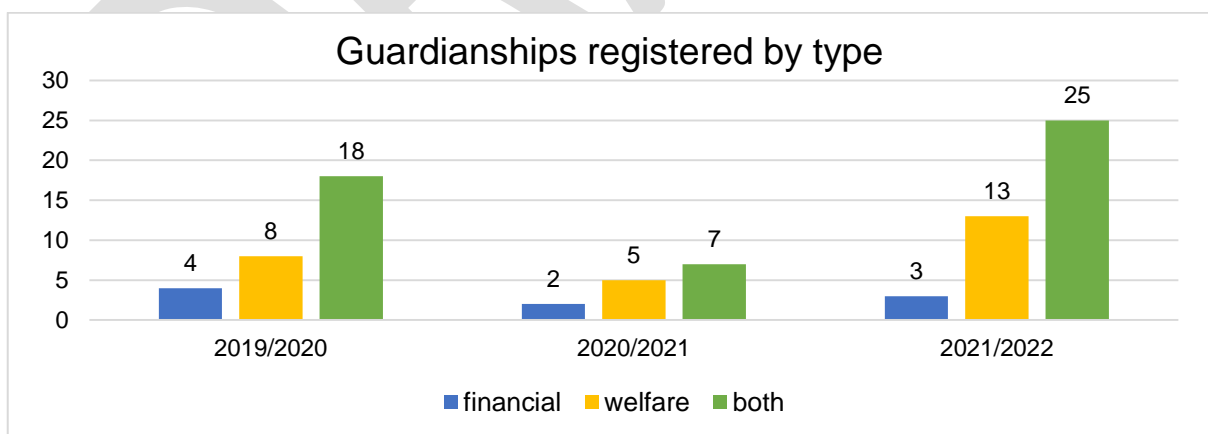
Section 36 is an emergency detention certificated which allows a person to be held in hospital for up to 72 hours while their condition is assessed.

Detentions within Inverclyde have fluctuated in numbers from 2019 – 2022. There are a higher number of Section 44 short term detentions being granted each year compared to Section 36 emergency detentions.



Source: CMHT / SWIFT

A guardianship order is a court appointment which authorises a person to act and make decisions on behalf of an adult with incapacity. There has been an increase in guardianships registered over the last 3 years with 41 guardianships being registered in 2021/22 compared to 14 the previous year.



Source: CMHT / SWIFT

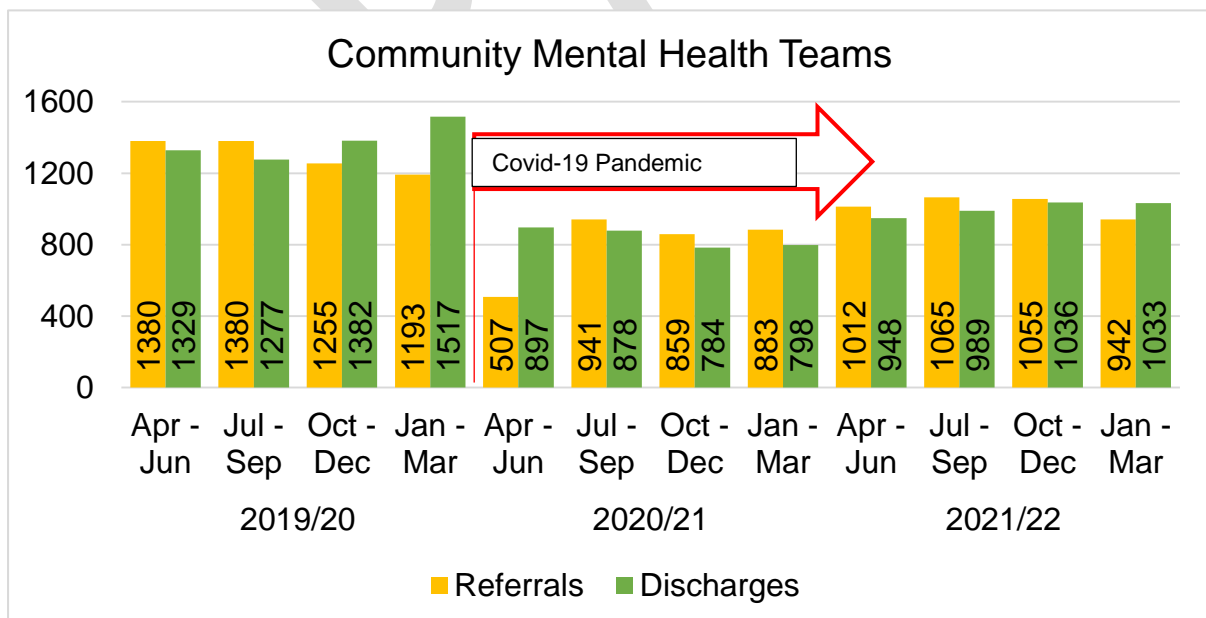
Community Mental Health Services

The integrated nature of Community Mental Health Services provision means Social Work is critical to delivery of the full range of services available and wider strategic work in service development and improvement throughout NHS Greater Glasgow and Clyde and within Inverclyde HSCP.

Essential mental health treatment services are coordinated and delivered by the Community Mental Health Services (CMHS) across the adult and older adult population. CMHS continue to provide capacity to serve Inverclyde's needs for urgent mental health assessments in the community in tandem with the centralised GGC wide Mental Health Assessment Units as well as programmes of scheduled treatment/support and an accessible duty service. There are challenges in recruitment across all disciplines with several jobs going through multiple rounds of recruitment due to no applicants and also no suitable applicants.

The hybrid arrangement of placing staff across office/remote based working along with blended approaches to delivering interventions, from face to face to utilising technology where appropriate, has remained a necessity in flexible service delivery. Covid-19 pandemic restrictions and guidance have continued to steer much of this however service delivery remains underpinned by individual service user assessed need, risk, vulnerability, and associated legislation where indicated.

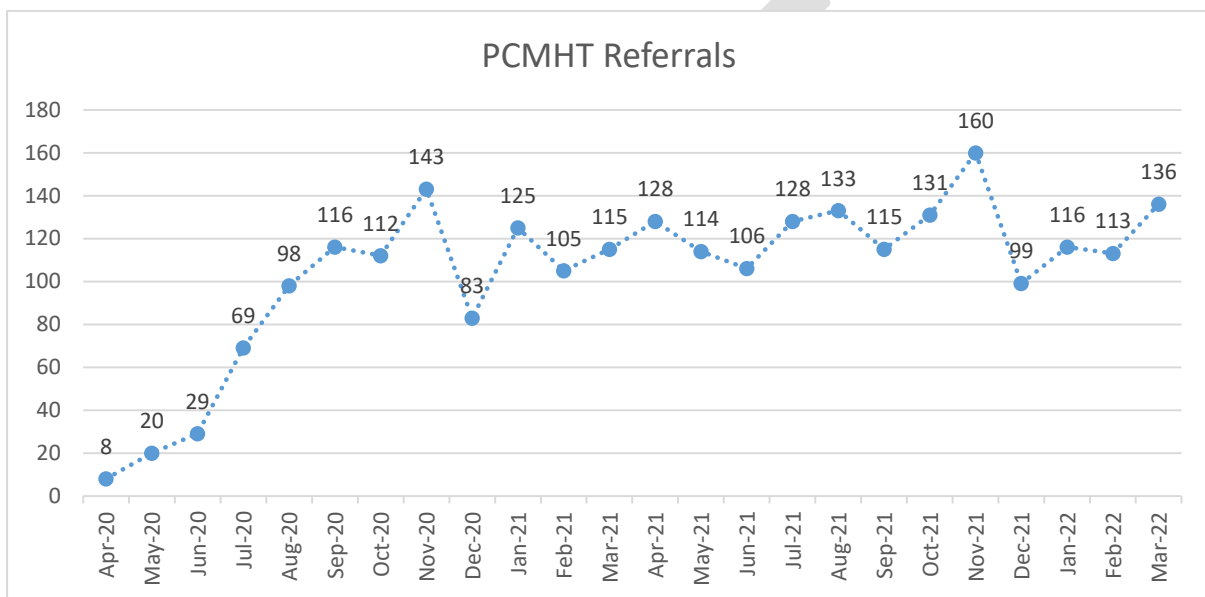
At the onset of the pandemic caseloads were reviewed and individuals allocated a risk assessed priority of Red, Amber or Green to inform frequency and type of contact with regular review to ensure status remains current. This RAG status continues and is now viewed as a critical element in understanding and supporting the demands at an overarching service level as well as for the individual service users.



Source: EMIS Microstrategy Dashboard

Primary Care Mental Health Team (PCMHT)

The Primary Care Mental Health Team (PCMHT) and Community Response Service (CRS) are primarily nurse led services however they have a key interface with Social Work colleagues to support person centred outcomes focus, public protection and achieving the right service at the right time for individuals using the service.



Source: EMIS Micro strategy Dashboard

Adult and Older Persons Community Mental Health Teams (CMHT and OPMHT)

The integrated Adult Community Mental Health Team (CMHT) and Older Persons Community Mental Health Team (OPMHT) provide specialist multidisciplinary assessment and evidence based interventions as determined by assessment, risk and vulnerability.

The aims of the CMHT and OPMHT are to:

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

Critical to this is working in partnership within the HSCP, with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. This support is delivered in environments that are suitable to the individuals and their Carers.

The past year has continued to present challenges in the face of the global pandemic however the Social Work staff have regularly demonstrated their commitment and flexibility in providing appropriate evidence based services for the people of Inverclyde. The ability to support agile working for staff and use of technology has continued to be of high value in service delivery.

Improving interface working arrangements within Community and In-patient Mental Health Services, Homelessness, Alcohol and Drugs Recovery Service (ADRS) and Criminal Justice colleagues has continued. Community and in-patient mental health and ADRS have now established a joint Incident Review Group. This adds further robustness and standards of consistency to related decision making for Inverclyde HSCP as well as further augmenting interface work between these services and their frequently shared service users.

Quality evidence based improvement work also continues within the CMHS to ensure safe, timely and effective person centred care. This supports statutory elements of service delivery as well as broadening assurance in developments related to NHS GGC Mental Health Strategy and service users receiving the right service at the right time and in a more seamless way. Examples of this include the following.

- Action 15 of the Scottish Government Mental Health Strategy 2017-27 committed to providing 800 additional mental health workers across Scotland by 2022 to improve the accessibility of support within key areas such as Emergency Departments and GP practices. Inverclyde has contributed to a number of GGC wide initiatives as part of this including the development of Mental Health Assessment Units, increased liaison services within general hospitals and the piloting of peer support workers within Mental Health Services. Locally Action 15 funding has been used to support the development of the Distress Brief Intervention initiative, increase capacity and develop new ways of working within the Primary Care Mental Health Team and introduce a new 'Inreach worker' post that helps ensure individuals admitted to hospital are able to be discharged back home with appropriate support at the earliest opportunity.

- Recovery Orientated Care is an underlying principle of the NHS GGC Mental Health Strategy with the Adult Community Mental Health Team (CMHT) promoting the principles of personalised recovery in all aspects of support and interventions.

Covid-19 reduced the number of referrals and, therefore, discharges across all the teams. The numbers are increasing now but still not quite back to pre-pandemic levels. Although complexity is increasing.

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How Social Work Services are Improving Outcomes for People in Alcohol and Drugs Related Services

Inverclyde Alcohol and Drug Recovery Service

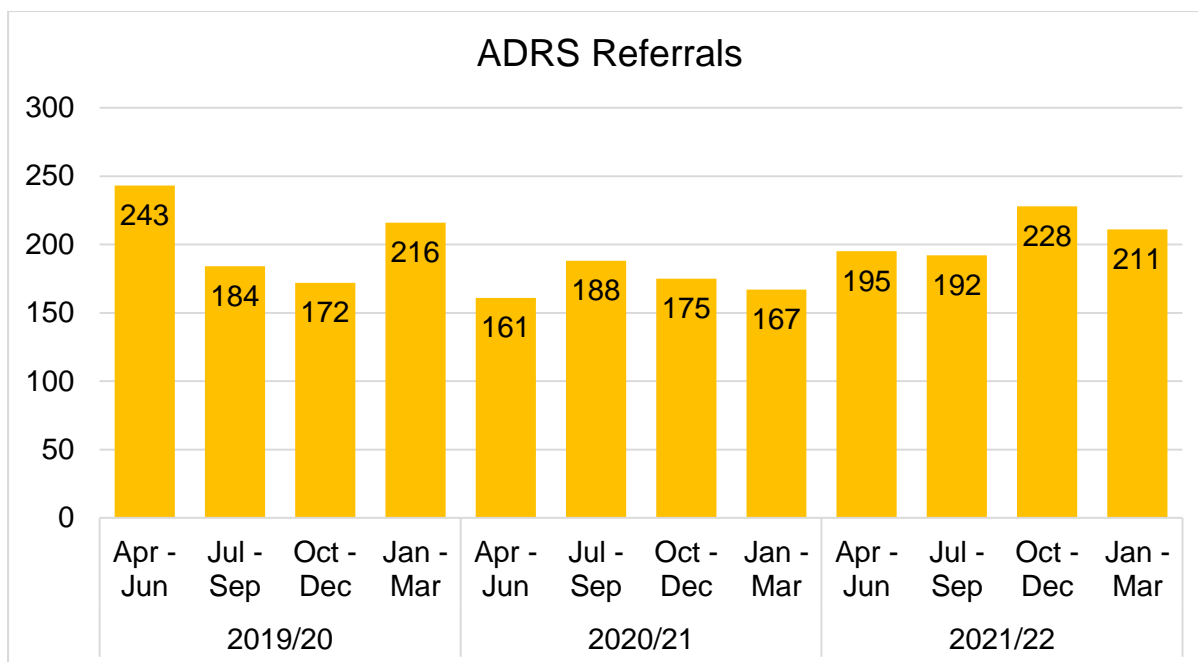
Our integrated service provides a range of care and treatment options to people affected by alcohol and drugs and who have complex needs.

Inverclyde ADRS has continued to deliver essential care, treatment and support throughout the pandemic, including the statutory social work function in relation to public protection, overseen by a Team Leader /Senior Social Worker and two social workers but working in partnership with the wider range of health professionals and social care staff who make up the team, ensuring there was capacity in the service to meet demand. Scheduled contact continues to be based on level of risk and need. At the beginning of the pandemic all Board wide service redesign, including the ADRS Review Implementation Plan was suspended. This has since reconvened with the final areas of implementation complete with the recruitment of the social care workforce. This has now been concluded and recruitment to the social care workforce of Alcohol and Drug Recovery Workers and Senior Alcohol and Drug Recovery Workers in the final phase. Inverclyde ADRS also expanded the acute addiction liaison nurse team to provide additional reactive capacity through an assertive outreach approach for those hard to reach or engage who are most at risk of harm or overdose.

Essential face to face contact has been maintained throughout the pandemic. Initial support to deliver prescriptions to those who were shielding still continues for people confirmed as having Covid-19 and socially isolating has remained in place throughout the pandemic.

As we incrementally increase all functions of the service, community alcohol detoxification, develop our assertive outreach nurse liaison team including acute liaison, test of change pilot in Primary Care and nursing response to near fatal overdose and interface with other partners and service areas. There are plans in place to support GPs in primary care who currently run shared care clinics.

The Scottish Government also launched new Medication Assisted Treatment (MAT) Standards which are evidence based to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. Additional clinic time has been made available to ensure there is capacity for same day prescribing, where clinically appropriate. The service is working with other ADP partners and other HSCP's across Greater Glasgow and Clyde to ensure full implementation locally.



Source: SDMD (Scottish Drug Misuse Database) and DAISy (Drug and Alcohol Information System)

Alcohol and Drug Recovery Service

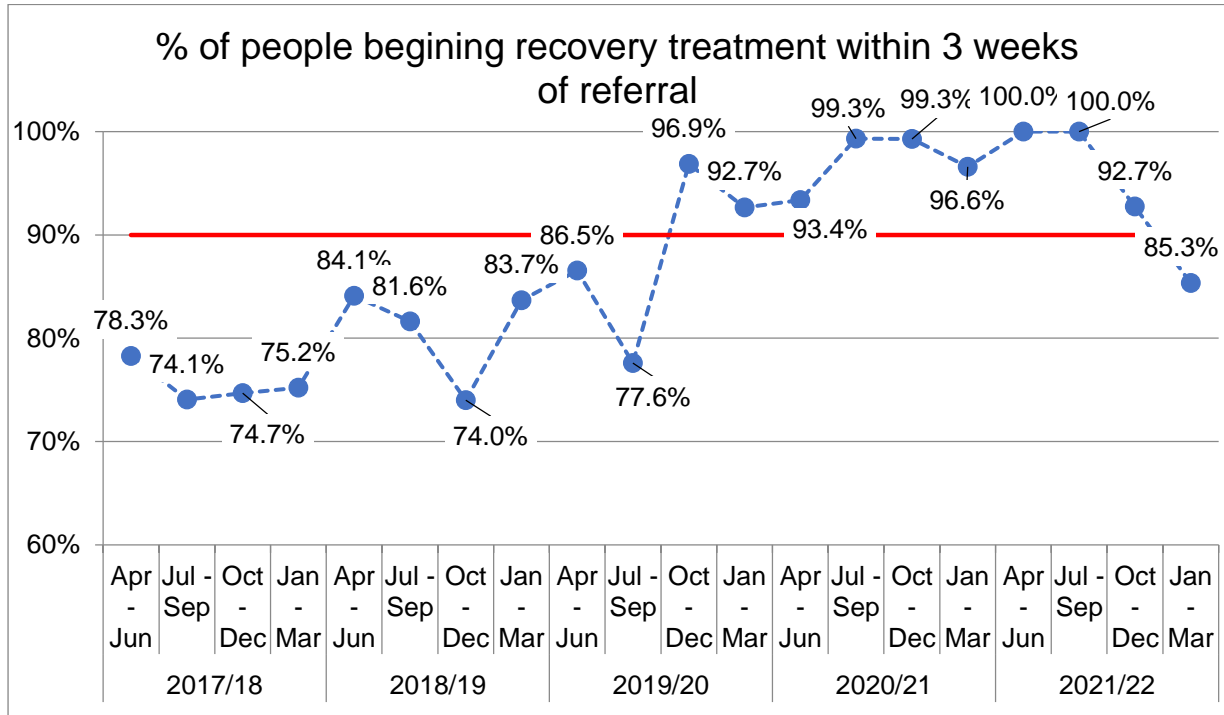
Key challenges have been

- Continued prescription deliveries;
- Incorporating a caseload from one GP practice who withdrew from the shared care model;
- Uncertainty of temporary funding for the Team Lead and two Band 6 Nurse posts supporting the test of change in Primary Care,
- Non-Fatal Overdose work and overall reactive capacity to crisis situations;
- The developing new models of care including implementation and reporting of MAT standards without any additional resource.

Governance and oversight of practice has been reviewed. The Head of Service chairs an overarching Mental Health and ADRS joint Care Governance Group with professional leads and senior officers contributing to the scrutiny. Cases include near misses, deaths or other serious incidents. Learning points, recommendations or the need for a Significant Adverse Event Review is agreed by the group which feeds into the wider Inverclyde HSCP and NHS Greater Glasgow and Clyde governance structures.

Beginning treatment

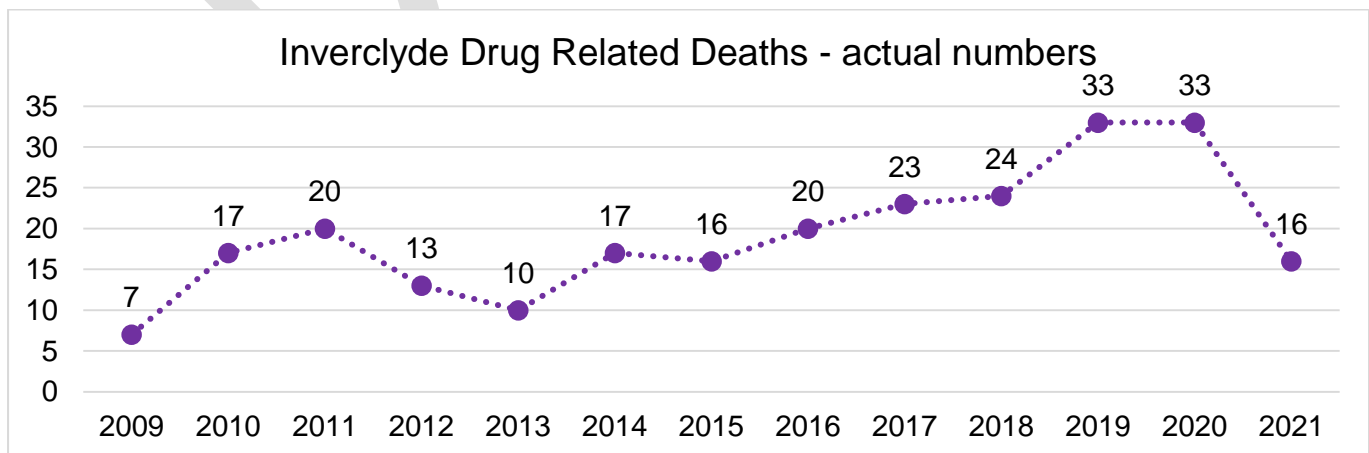
A national target has been set by the Scottish Government that states “90 percent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. See people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes.



Source: SDMD (Scottish Drug Misuse Database) and DAISy (Drug & Alcohol Information System)

Drug related deaths

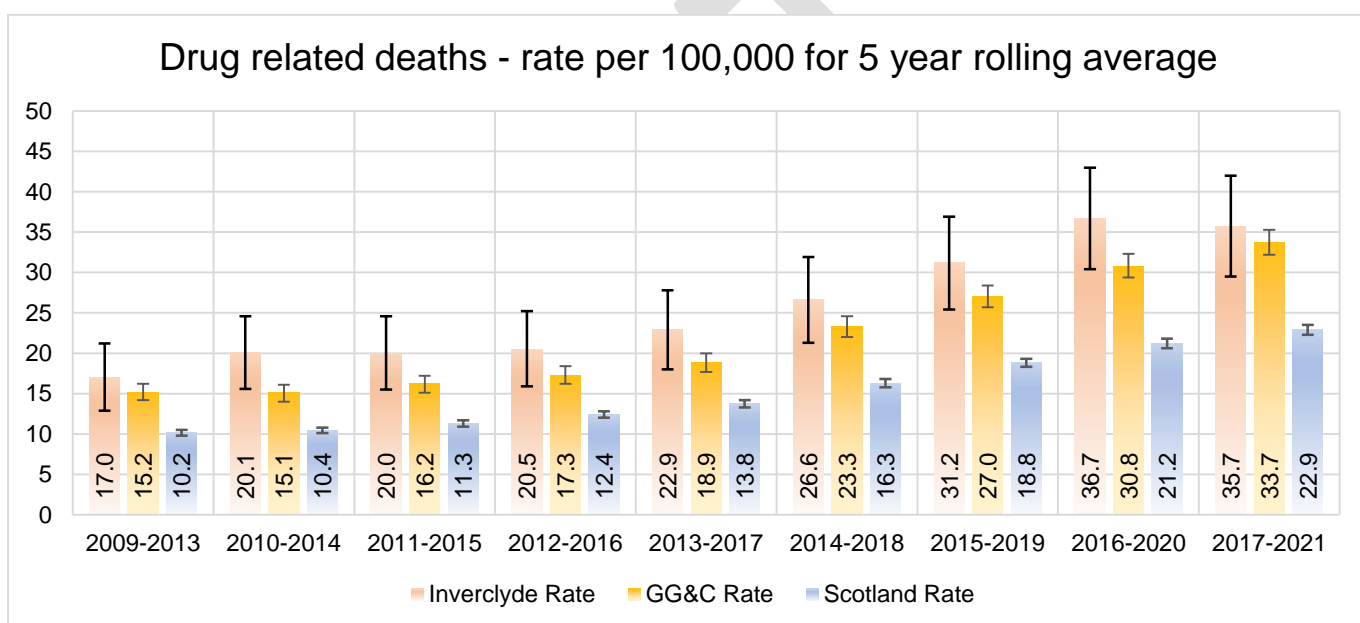
In 2021 there was a reduction in the number of drug-related deaths in Inverclyde from 33 in 2020 to 16. While this reduction is welcome, we still have a challenge to further reduce this number.



Source: NRS

Comparing our 5 year age-standardised rate for 2017- 2021 Inverclyde remains the third highest in Scotland with only Glasgow city and Dundee city higher.

Local Authority Area	Age-standardised rate per 100,000 population
Dundee City	45.2
Glasgow City	44.4
Inverclyde	35.7



Source: NRS

Preventing Drug Related Deaths

In 2021, after adjusting for age, people in the most deprived areas were more than 15 times as likely to have a drug-related death as those in the least deprived areas (64.3 per 100,000 population compared with 4.2). This is an indication of the complex nature of drug-related deaths where factors like poverty and the impact of severe and multiple disadvantages including homelessness, mental health, and involvement in the justice system, as well as the impact of trauma, may increase the risk of a drug-related death.

Inverclyde Alcohol and Drug Partnership's (ADP) Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:

- ✓ Targeted distribution of naloxone
- ✓ Immediate response pathway for non-fatal overdose
- ✓ Medication-Assisted Treatment
- ✓ Targeting the people most at risk
- ✓ Public Health Surveillance
- ✓ Equity of Support for People in the Criminal Justice System

Inverclyde ADP are in the process of refreshing the Drug Death Prevention Action Plan, taking the opportunity to capture the wide range of actions and additional funding. Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde.

Over the last year good progress has been made in several key actions including:

- ✓ The inclusion of the 3rd sector to distribute Naloxone (through the Lord Advocate's decree during Covid-19)
- ✓ The development of the information sharing protocols with key partners to ensure assertive outreach within 48 hours to anyone who has had a non-fatal overdose
- ✓ Work to support those most at risk of harm into treatment and try to keep them established within treatment services via the ADRS Liaison Nursing Team who are working to improve pathways of care
- ✓ The reduction in waiting times into ADRS treatment services; the ongoing work to support service users onto appropriate doses of treatment; and the introduction of Buvidal (longer lasting injection) which, if clinically appropriate can be offered as a treatment
- ✓ The review of all drug deaths on a multiagency basis to determine any learning and improvements in practice
- ✓ The test of change of Care Navigators to work intensively with the most vulnerable service users known to Homelessness; ADRS and Criminal Justice

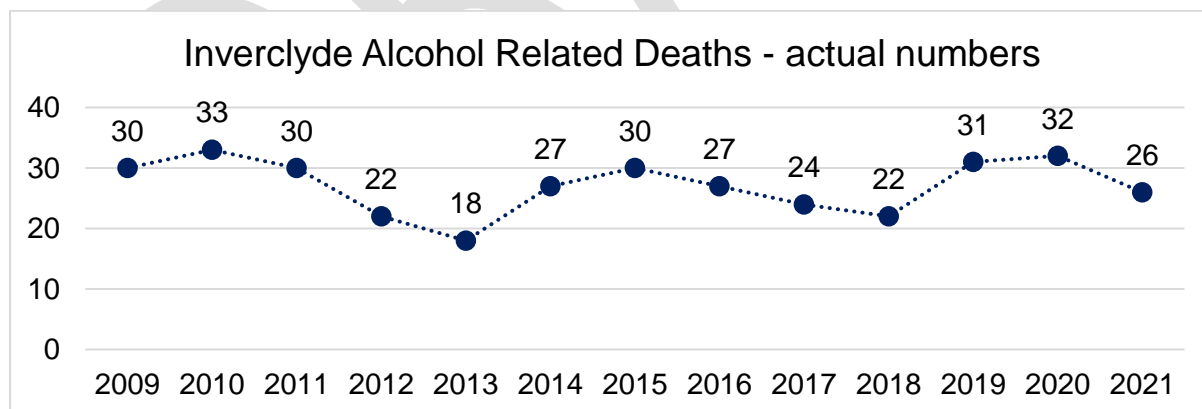
Analysis from the 2019 drug-related deaths in Inverclyde indicated that 30.3% of people were in police custody in the six months prior to their death. Inverclyde ADP has secured funding from the national Drug Death Task Force to employ Peer Navigators in Greenock Police Custody as a means of early help. This is a test of change with the potential to influence practice across Scotland, targeting a group of people who are at an increased risk of a drug-related death.

A key priority in Inverclyde’s Anti-Poverty Strategy is utilising funding to undertake an employability pilot, targeting a cohort of 20-30 year old males who are unemployed with alcohol or drug dependencies. This pilot has initially targeted Greenock Town Centre followed by a second phase targeting Port Glasgow. This pilot recognises the challenges to overcome in relation to reducing poverty and increasing employment opportunities while tackling health inequalities.

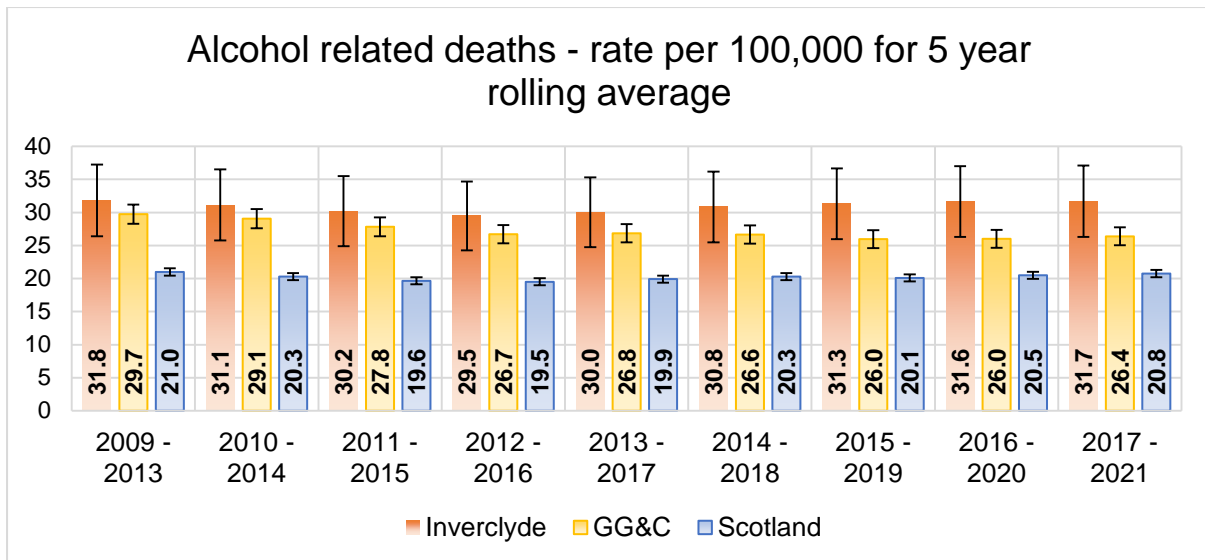
Other developments being progressed by Inverclyde ADP that may also help to prevent drug related deaths include more system wide changes, including developing a recovery community and where people are given hope that change is possible and people can and do recover. A key barrier is around stigma and Inverclyde ADP has developed a strategy and action plan to start to remove this barrier, titled “Being Accepted”. Finally, Inverclyde ADP recognises the vital role residential rehabilitation can provide, but only where the scaffolding is in place to offer people the necessary support in preparation for this step as well as the support in the community following a residential placement. We are in the process of developing a clear pathway of support.

Alcohol Specific Deaths

In 2021 there were 26 recorded alcohol specific deaths in Inverclyde, down 6 from the 2020 figure of 32.



Source: NRS



Source: NRS

Preventing Alcohol Specific Deaths

NHS GG&C have undertaken an audit of alcohol specific deaths and Inverclyde was included in this cohort. Findings from this report are being presented to the Drug Related Death Monitoring Group with a view to develop an action plan to reduce alcohol specific deaths in Inverclyde.

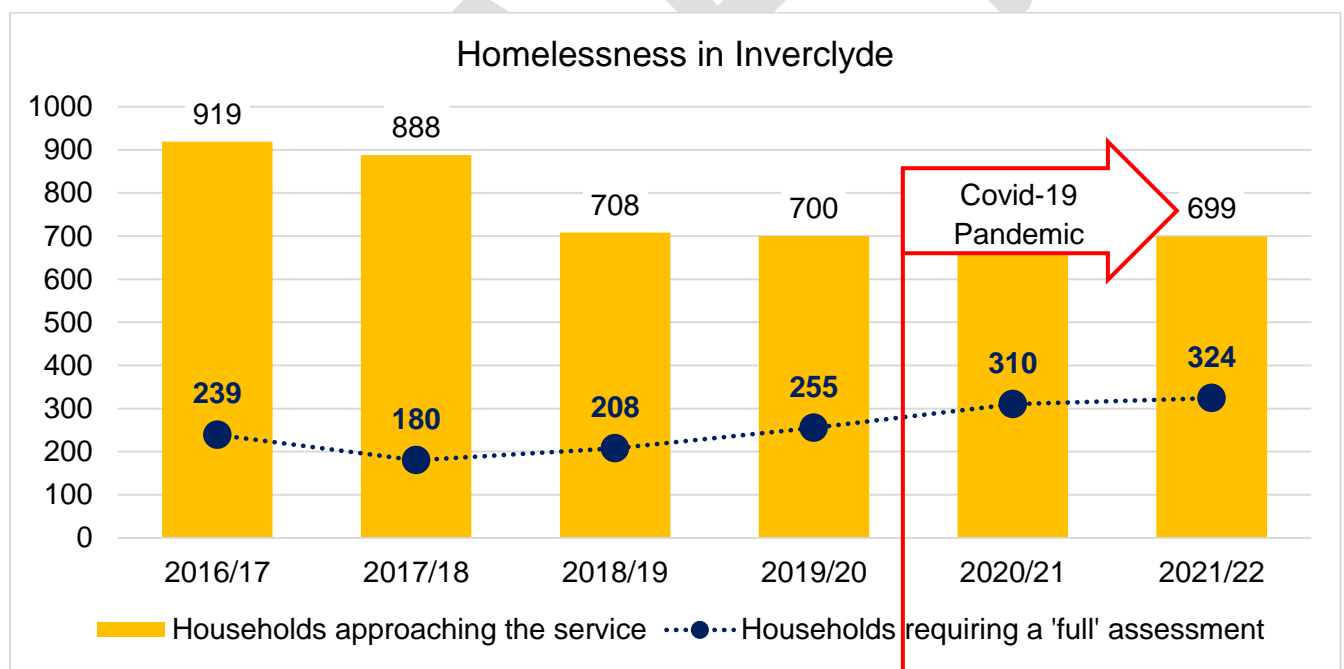
In addition, Inverclyde HSCP are actively involved in providing responses with regards to applications made to the Inverclyde Licensing Board. The Alcohol and Drugs Partnership (ADP) is also supporting the refresh of our local Alcohol Profile. This will inform the Inverclyde Licensing Forum in considering issues of over-provision across Inverclyde and at a locality level.

Inverclyde ADP closely monitor the number of Alcohol Brief Interventions delivered locally and are in the process of exploring opportunities to expand this in wider settings. This will be included as an action to support the prevention of alcohol specific deaths.

How Social Work are Improving Outcomes for People in Homelessness

The pandemic continues to impact on homelessness with 699 total presentations for 2021/22, of these 324 required a full assessment/temporary accommodation. These figures are in line with 2020/21 service activity.

Full Homelessness Cases	
Closed <ul style="list-style-type: none"> • 358 in 2021/22 • up from 295 in 2020/21 	Average case length <ul style="list-style-type: none"> • 25.6 weeks in 2021/22 • Down from 32.4 weeks in 2020/21



Source: Swift

Housing first remains a priority of the service to ensure that those with complex needs, are given the right support to obtain and sustain a tenancy. Ten people started (a permanent tenancy) on the housing first model, with nine of these still open to housing first support and an additional three more waiting to move into tenancies. This model will be expanded further throughout the coming year.

We have worked with our service users and the Registered Local Landlords to convert tenancies to become the permanent home for an individual or family who are in temporary accommodation, are settled and have made positive connections in that local community family.

Lost contact with people who have been assessed as homeless remains an issue. However this is steadily reducing progressively from 12.4% of people losing contact with the service in the first quarter of the year reducing to 10.3% by the end of quarter four.

A more detailed approach to homelessness prevention and increase in housing options approach led to prevention cases being open longer over the year with 659 prevention cases were closed in 2021/22 when compared with 823 prevention cases closed in the previous year. This has been due to more involved ongoing engagement with landlords (private & RSLs), Advice and Environmental Services, Legal Service Agency, ICIL etc. in order to ensure tenancy sustainment and maximising available housing options.

Tenant Grant Fund

Inverclyde received £93k from the Scottish Government to address COVID related rent arrears. The Homeless Team have worked in collaboration with housing strategy, housing benefit and registered social landlords to identify those at risk of homelessness who meet the qualifying criteria.

At the end of March 2022 there were 45 live applications with arrears of just over £87k. Twenty nine cases have been processed for payment with £38k of grants being awarded. The full allocation will be awarded which will go some way to preventing homelessness for a number of tenants across Inverclyde.

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

Greenock Health and Care Centre

In May 2021 staff and services moved in to the new Greenock Health and Care Centre which was officially opened by the Cabinet Secretary for Health & Social Care on 20th October 2021. This was the culmination of several years of planning and development and offers a modern, spacious environment from which to deliver a range of health & care services that will benefit patients and staff alike. Firmly embedded within the community, facilities include a café and courtyard garden incorporating a memorial to our colleague Janice Graham, the first healthcare worker to die from COVID in Scotland. A tranquil place of reflection this garden is also designed for use by the CAMHS team as an alternative place when working with young people.



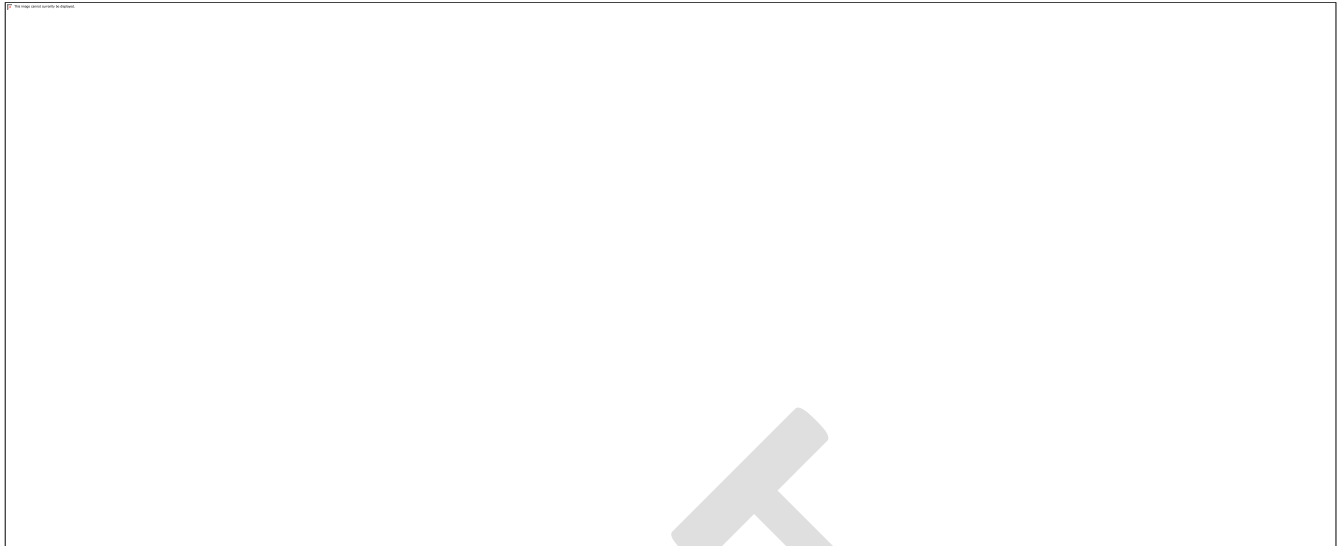
A range of HSCP staff and GPs participated in online workshops which supported the development of a Primary Care Estate Strategy. Facilitated by Hub West and Higher Ground Healthcare Planning, the strategy offers short, medium & long term options for consideration and which will form the basis of future planning conversations.



Since its implementation in January 2019, Access 1st has continued to deliver the single point of access to Inverclyde Health and Community Care Services.

The team consists of a Team Leader, 3 Social Work Assistants and is supported by 6 Business Support staff.

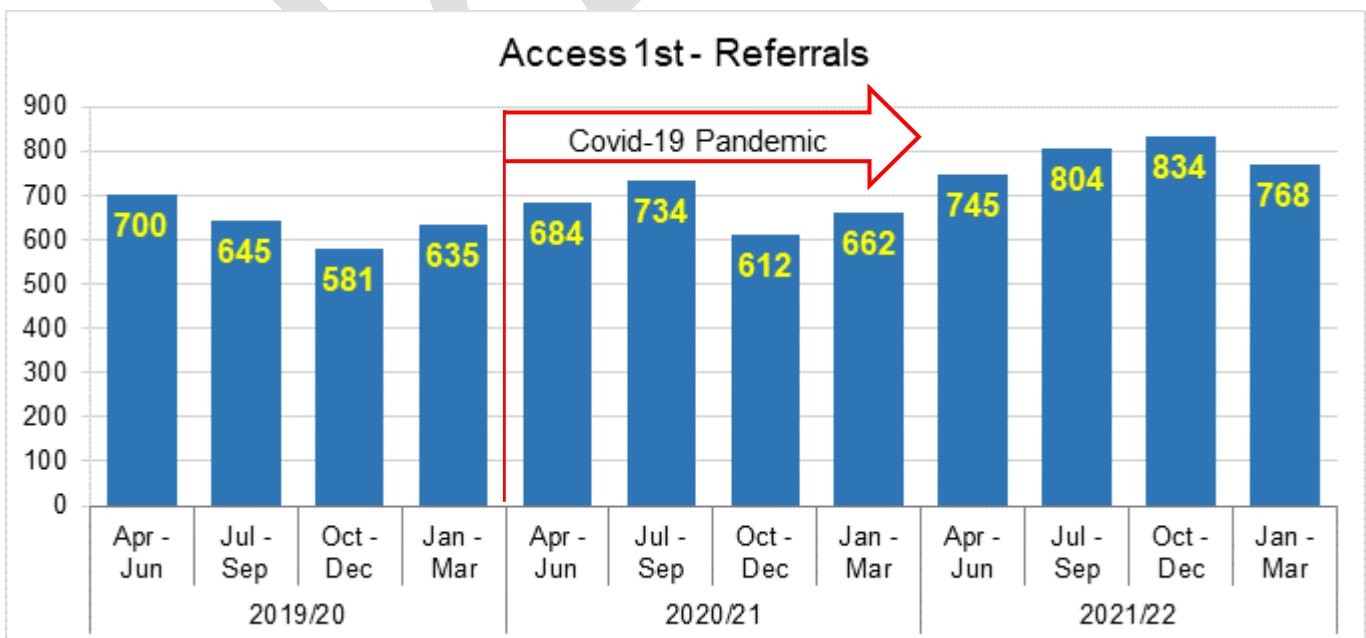
In the 2021/22 reporting period Access 1st received 3151 referrals and key performance indicators were established to monitor the length of time taken for processing referrals.



Source: Access 1st Team

As the chart indicates, the majority of the referrals received (80%) were processed within three days. However 3% of referrals took over 9 days to complete; these were predominately due to Access 1st being unable to contact the referrer or awaiting information from a service to enable a response.

The Access 1st approach to screening and responding to new referrals, has reduced the operational demand on individual teams to better focus on more complex levels of need.



Source: Swift

Assessment Care Management

The Assessment and Care Management (ACM) service is part of Inverclyde HSCP (Health and community care) as a result the service is integrated with all health professionals allowing good multidisciplinary working practices.

This includes ACM West team, ACM East Team and ACM Gourock.

The services provide an outcome focused review service through the Community care review team and care home review teams. Access First Team provides a single point of access to service users in Inverclyde which is also the main gateway and single point of access for all referrals to the ACM service.

The short breaks bureau provides respite support, alternative day care opportunities and carers support to all service users in Inverclyde. Is also single point of access for day care services.

Discharge Team facilitates an individual's safe discharge from Hospital and ensures all service users receive the care and support on discharge from hospital.

The service provides Adult support and protection service to vulnerable adults that are at risk of harm. Other legislation under pinning the service provided is adult with incapacity act 2000, mental health care and treatment act, social work Scotland act and health and community care act.

The ACM service provides an emergency duty system to all adults in Inverclyde 5 days per week. Social work standby provides an emergency duty service out of office hours.

The ACM Teams have close relationships all Health services, Nursing, RES, support at home and home first through weekly locality meetings.

The Teams have a very close relationship with voluntary sector and third sector partners in Inverclyde which is vitally important to how we provide immediate and longer term support to service users in Inverclyde.

The pandemic did have an impact on how the ACM functioned and provided a service. Covid-19 safe working practices were introduced in work places and home visits and care homes.

A Covid-19 home visit protocol was put in place to assist staff with this. Visits to service users home were limited to critical and substantial need being identified. However ACM service continued to provide an ACM duty service and access first service throughout the pandemic. The team worked closely with the voluntary sector to provide humanitarian support such as shopping, delivering medication and meals to vulnerable adults in Inverclyde.

Adult Protection

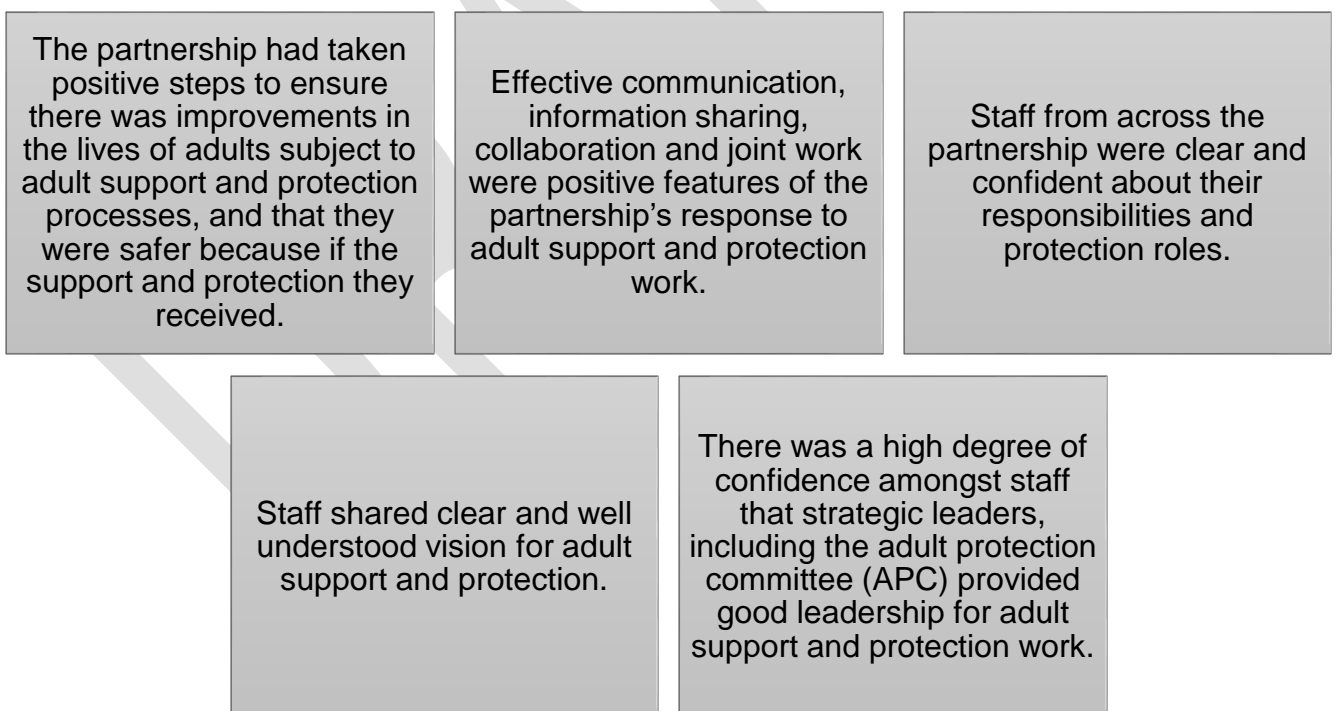
Adult Protection Inspection

In January 2021 the Care Inspectorate completed an adult protection inspection virtually, which provided challenges for the inspection process.

Inverclyde was rated 'good' following this inspection. The Care Inspectorate raised that some Adult protection risk assessments and chronologies were not on HSCP Adult Protection templates on Civica system. Also, evidencing application of the 3 point test in case notes and investigation reports was not explicit. This has now been addressed in terms of the implementation of the shared agency chronology and adult protection inquiry template on Civica System. Going forward adult protection reports will only be accepted on HSCP adult protection templates that are recorded on Swift. The Inquiry template will improve the quality of evidencing the application of the 3 point test in case notes on Swift.

It was concluded that the partnerships key processes for adult support and protection were effective with areas of improvement. There were clear strengths supporting positive experiences and outcomes for adult at risk of harm, which collectively outweighed the areas of improvement.

Strengths



Priority areas for improvement

The partnership's practice standards and operating procedures need to be revised to ensure service managers apply a more consistent approach to adult support and protection chronology, risk assessment and protection planning work.

The partnership should review its key processes documentation and ensure it more accurately records the three-point test. The focus should be on screening inquiry, and investigation activity.

The partnership quality assurance performance framework should be further developed and more consistently applied to ensure a better understanding of results and the improvements required.

The chief officers group and adult protection committee should scrutinise quality assurance activity more robustly and ensure identified improvement work is carried out.

Adult Protection

For the financial year 2021/22 there were 260 adult protection referrals with the 5 year average being 222.2, a 17.46% increase. The numbers referred under the auspices of adult protection range from 9 to 29 per month.

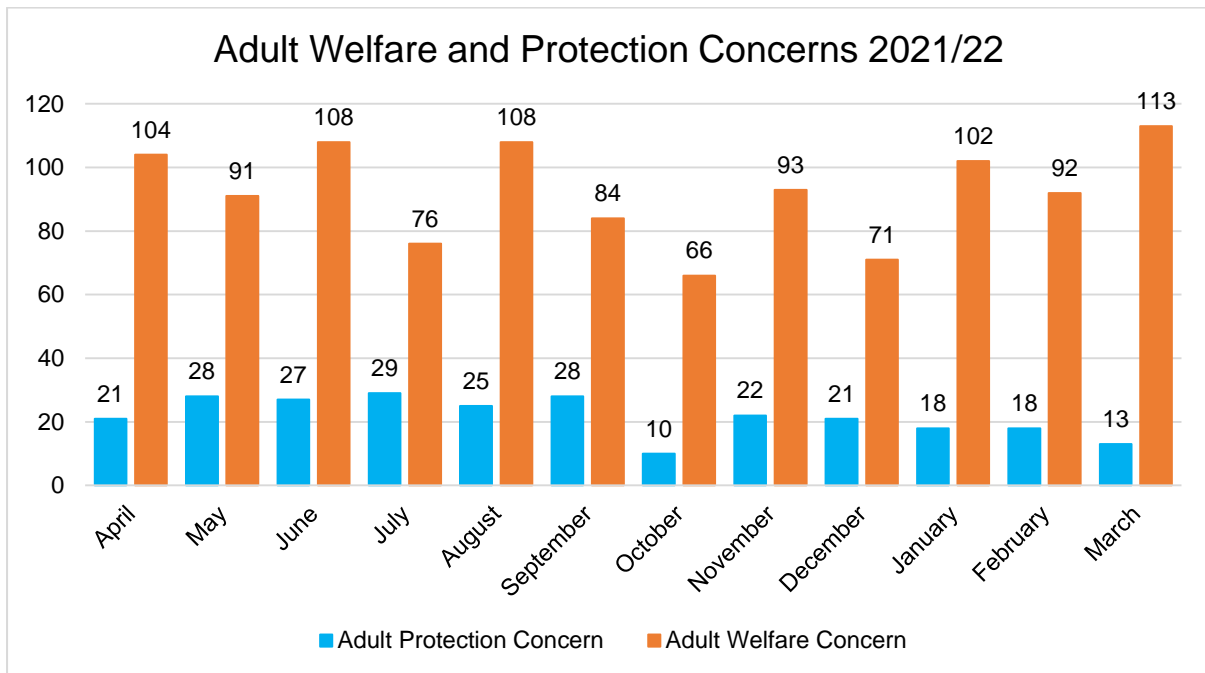
The increased number of referrals made under the auspices of adult protection requires to be considered in the context of those referred under the auspices of adult welfare. Since 2015 the number of referrals made under the auspices of adult welfare has increased by 65%. For 2020/21 there was a 15% increase with an approximate 10% increase year on year for the preceding years. The current figures indicate that the number of adults referred under the auspices of adult welfare has plateaued for 2021/22 with a slight decrease from 2020/21.

The total number of adults referred under auspices of both adult protection and adult welfare has stabilised with a shift to more adults being referred under the auspices of adult protection.

Changes to legislation, such as GDPR, and changes to systems, personnel, process, procedures, guidance and training used and delivered by external agencies does impact on considerations ,including of thresholds for referral , and therefore adult protection figures locally and nationally.

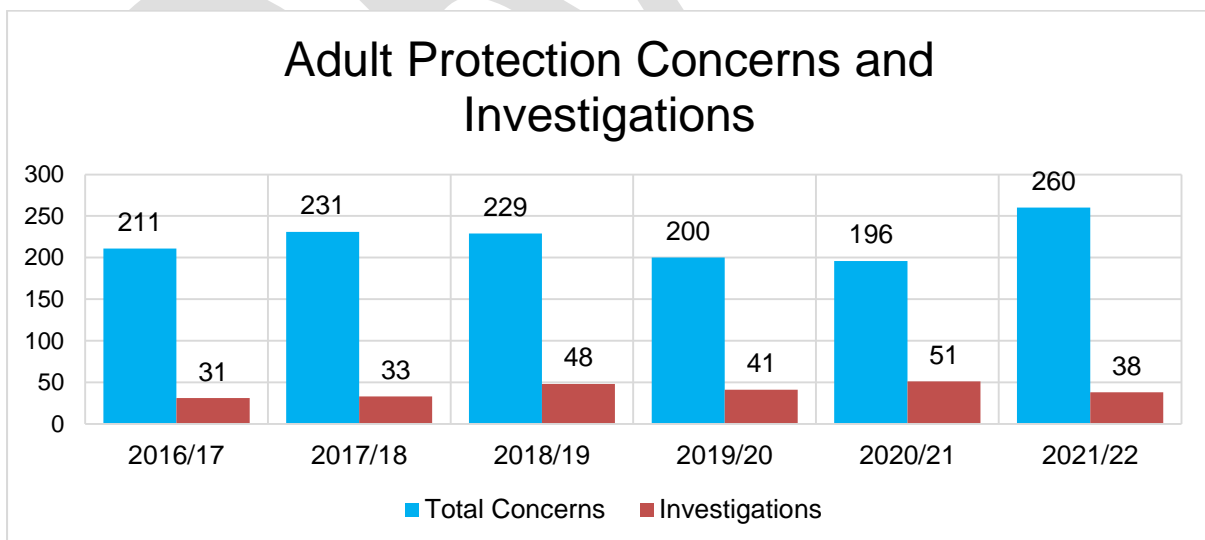
In addition a national or local focus on a particular type of harm or source of referral can also impact on the number of referrals made under the auspices of adult protection. Throughout the pandemic there is and has been a focus on adult protection and quality of care in care homes. For 2021/22 there is a 110% increase in the adult protection referrals made by care homes.

Existing good relationships have been built upon and greatly assisted work with local care homes to ensure supported by the HSCP. The emphasis has been on care homes sharing their adult protection concerns in order for appropriate advice, support and action to be determined and provided. The majority of referrals have not required to be progressed via the adult protection process.



Source: Swift

The numbers of investigations by financial year fluctuate. For last 5 years the number has ranged between 31 and 48 per annum. The average number of investigations carried out per annum over the last 5 years is 41.8. For financial year 2021/22 there have been 38 investigations and is within the per annum range.



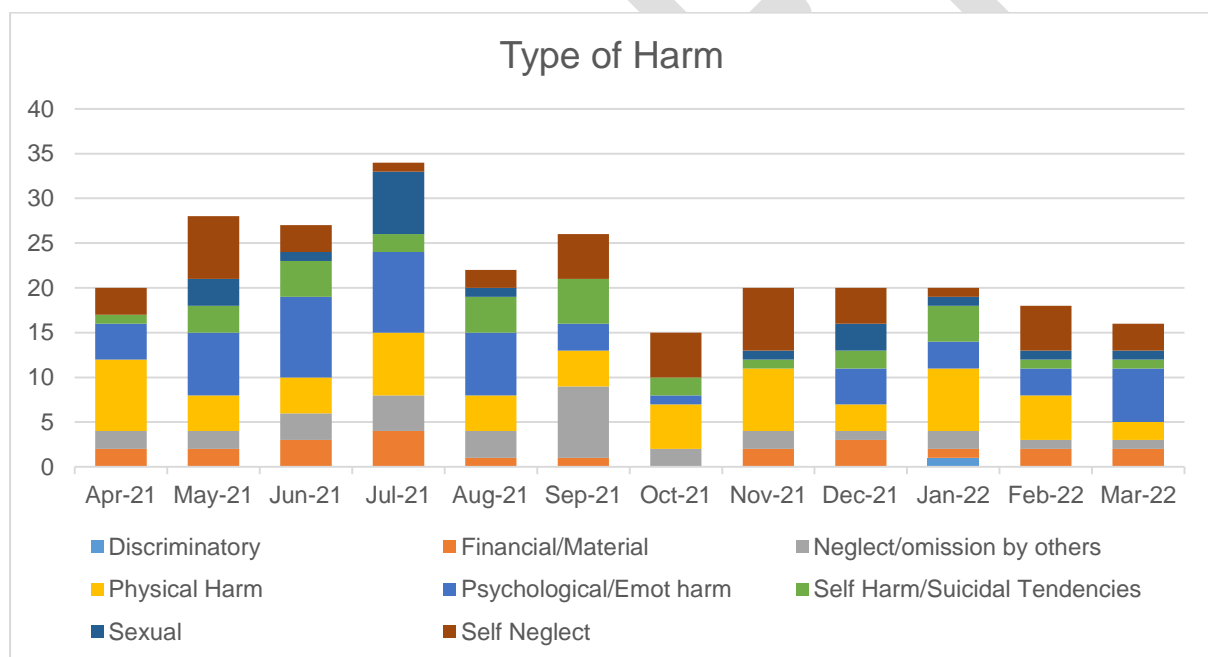
Source: Swift

The following two graphs detail type of harm and location of harm, April 2021 to March 2022 with the highest type of harm being Psychological/Emotional Harm and Private address being the most common location of harm.

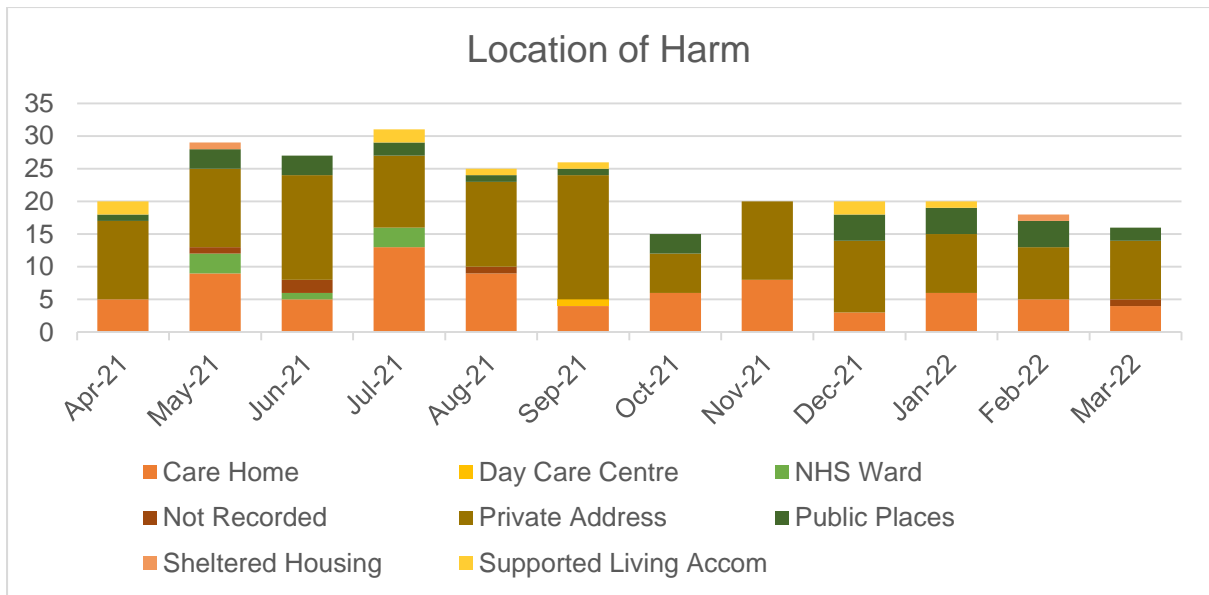
As in all previous years the most common location of harm is Private address and from analysis at greatest risk from the people closest to them such as relatives within, out with house hold, friends and current or former partners or spouses.

Only the principal category of harm can be reported for each investigation but it can be the case that more than one type of harm is applicable.

Since 2008 Physical and Financial Harm have been the highest category types reported with Psychological/Emotional Harm in most years being the third main category type. The impact of the pandemic is the most likely reason for the prevalence of this harm type. Police Scotland make the most referrals locally and nationally .There has been a 79.5% increase in referrals from Police Scotland in 2021/22 and who are often responding to adults who are experiencing Psychological/Emotional Harm.



Source: Swift



Source: Swift

Most adults at risk of harm have comorbid conditions. The principle client categories recorded continue to remain unchanged over last 6 years:

- Alcohol Problems
- Dementing Illness
- Learning Disability
- Mental Health
- Physical Frailty
- Physical Disability

Self-Directed Support Implementation

Following on from the Self Directed Support National implementation plan and recognition of Audit Scotland 2017 recommendations, the local work plan in 2022/2023 has focussed on engagement with services across HSCP, learning and development, the implementation of outcome focussed approaches and quality assurance.

- **Quality assurance**

As part of Quality Assurance Framework within HSCP, the programme includes self-evaluation of case file audits of health community care, learning disability and mental health team.

Due to Covid-19 restrictions 21/22 self-evaluation and case file audit has been unable to take place. As we progress out of lockdown and Covid-19 pandemic we intend to carry out a case file audit, self-evaluation event and self-evaluation over the next 6 months. This will also allow us to evaluate and provide quality assurance outcomes and recommendations for SDS during the Covid-19 and national recovery programme going forward.

- **Major system change- Systems and processes - Implementation of outcome focussed approaches**

A key focus has been the implementation of outcome focussed approaches. This change and development has required intensive work across all service in terms of culture and processes. It has imbedded through consultation and the promotion of ownership of services and practitioner's.

The support plan tool has been developed in line with SDS principles and is now embedded across the Health and Community Care Service.

A tool has been developed to facilitate outcome focussed assessment conversations and recording. The CONRAD tool (**C**onversation, **O**utcome focus, **N**eed assessment, **R**isk analysis, **A**gree outcomes and **D**isagreement recorded). Briefings across the ACM/Discharge Team, Learning disability, Older Peoples Mental Health Team Homecare, Occupational Therapy and District Nursing have been completed.

Follow up workshops will continue in 2022/23 with programme of workshops in identified areas such as outcome focussed support plans alongside indicative budgets.

Work alongside the Carers Act Implementation Officer has been developed in order for service users support plan and adults' carers support plan, young carer's statement to complement each other within the Swift system. This will allow for streamlined process for care managers, practitioners around the recording of assessment of service user, carers and families. Training in relation to this will take place in May 2022.

- **Policy and procedures**

A supplement has been added to the support planning practitioner's guidance on outcome focus approaches. This details guidance on first person recording and outcome focussed recording with the CONRAD tool.

The summary map for SDS budget approval has been amended with indicative budgets under £20,000 to be approved by Team leaders. This change allows for increased creativity and autonomy of practitioners to build support plans around outcomes. This is now imbedded in the HSCP CCRG process.

The review document has been revised in line with SDS principles and outcome approaches. It has also been designed to incorporate Health and Social Care Standards. This is now fully implemented in Health and Community Care in Inverclyde.

In recognition of the need to measure of outcomes and the impact on service users, a Wellbeing evaluation project has been developed by SPAEN (Scottish Personal Assistant Employers Network) are measuring wellbeing in relation to social care. This has involved a cohort of service users from Your Voice Community Connectors, HSCP ALFA (Active Living for All) group and direct payment recipients across a 9 month period. This enabled us to measure wellbeing of service users and provide information for support planning process for individuals. This has been paused since the start of Covid19 however will be reinstated in next 6 months as part of the national recovery programme.

- **SDS invigoration campaign**

Work has been completed to update publicity material such as leaflets, posters and brochures as part of communication plan. The communication plan moving included a twitter campaign and community event involving providers and various stakeholders will recommence in next six months.

- **Commissioning**

In collaboration with Your Voice, a digital resource is now in place. This is in line with the reinvigoration of SDS across Inverclyde and the commissioning strategy where HSCP promote a variety of providers of support and the variety of support being provided. Provider's forums continue to be held across Learning disabilities, Care at home and Care homes are running on a quarterly basis.

- **Statistics**

The table below details SDS options for 21/22.

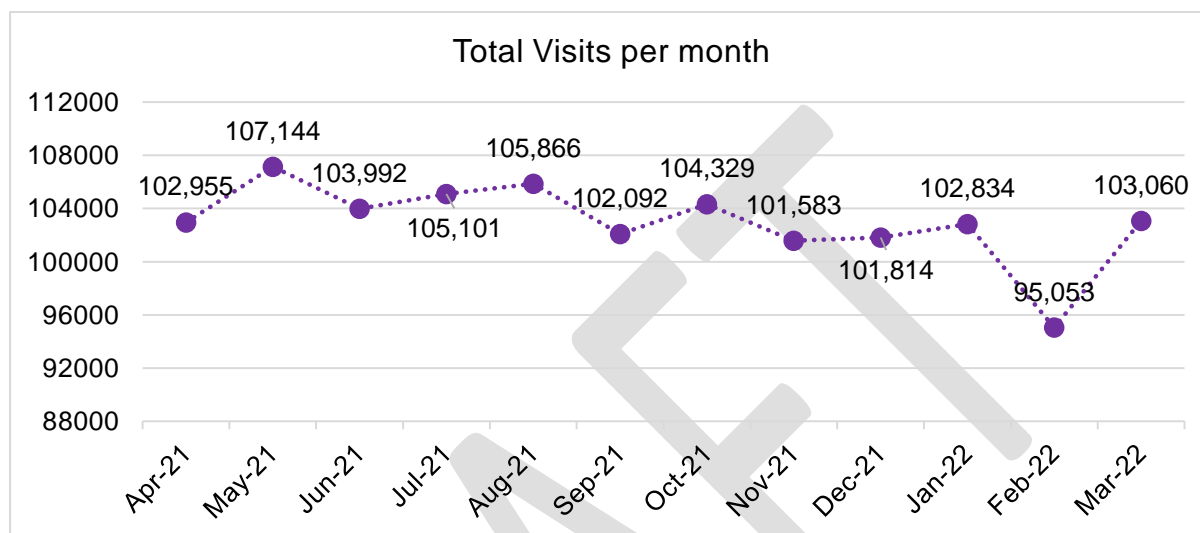
SDS1	SDS2	SDS3	SDS4
39	117	2883	64

DRAFT

Care and Support at Home

Over the past 12 months, the service, HSCP and commissioned, have delivered **1,235,823** visits to 1971 service users in the community. The service continues to deliver on average 103k visits per the calendar month. There remains to be a year on year increase in the overall amount of visits being provided, with us now providing more internal visits than pre-pandemic.

Note, the reduction in visits for February 2022 is due to there being 28 days in the month.



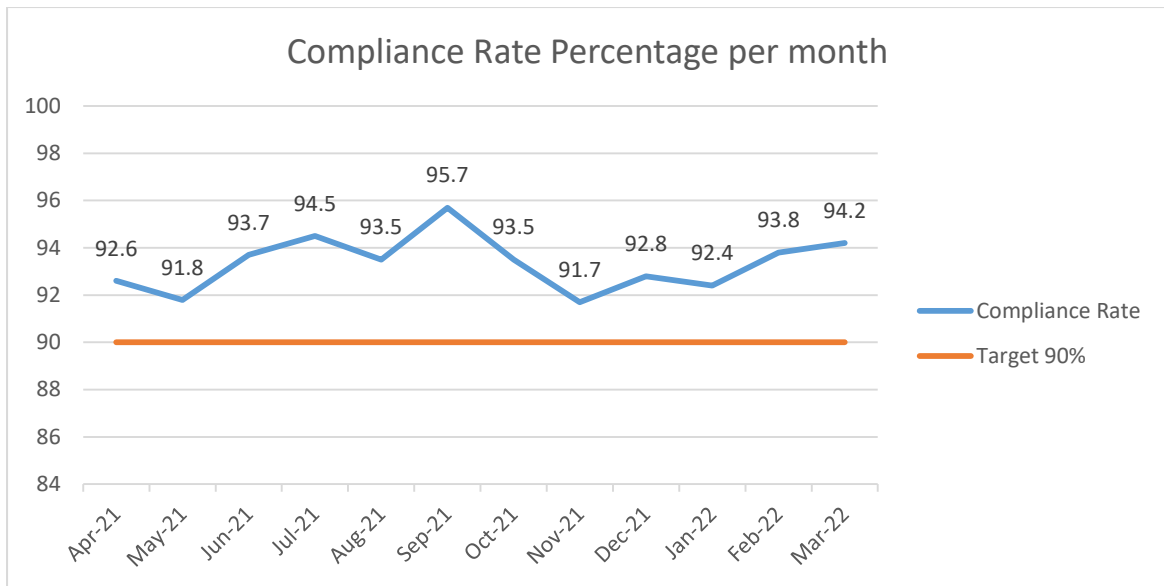
Source: CM2000

The service continues to monitor service delivery, working with our external partners to ensure that we are continuing to deliver a high standard of care to our service user group in the community.

Through our Electronic Call Monitoring system (CM2000), we are able to ensure service is being planned and delivered in line with commissioned contract and the system provides us with essential information in relation to the monitoring and compliance of service delivered. This ensures that the level of service is accurate for each service user and can be adjusted dependent on assessed level of need.

Compliance / confirmation of Care at Home visits delivered – PI target is 90%

A key issue from service user feedback is ensuring staff are on time for visits. This graph shows the compliance of staff in logging in and out of a service users home, this gives us real time data to ensure that service users are receiving their service at the agreed time and allows us to monitor the punctuality and duration of visits. Inverclyde continues to have the highest compliance nationally.



Source: CM2000

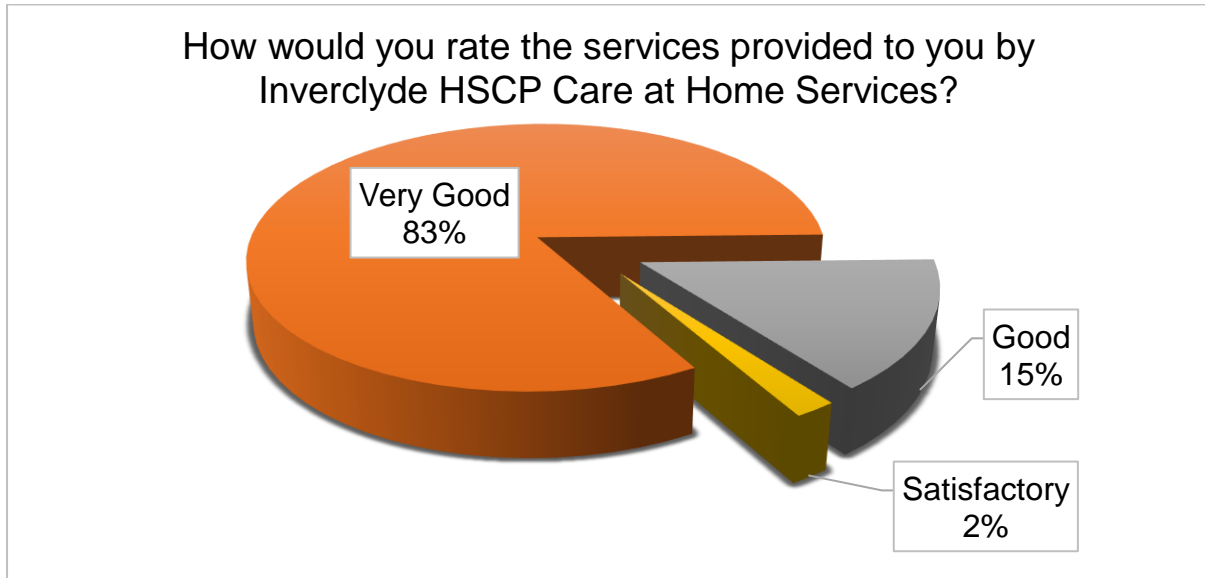
Care at Home were nominated and won the HSCP Staff award 2021, this was an amazing achievement for the team in recognition of the continued hard work throughout a very difficult year.

The service maintained regular quality assurance visits to ensure we achieved our performance indicators for service delivered, the key indicators for service users is around the quality of service, the punctuality of visits and the continuity of staff.

There continues to be a high level of satisfaction amongst our service users despite the challenges that the service has faced in the past 12 months. This reflects in the feedback forms completed by service users during our Quality Assurance visits.

Service User Satisfaction with overall service

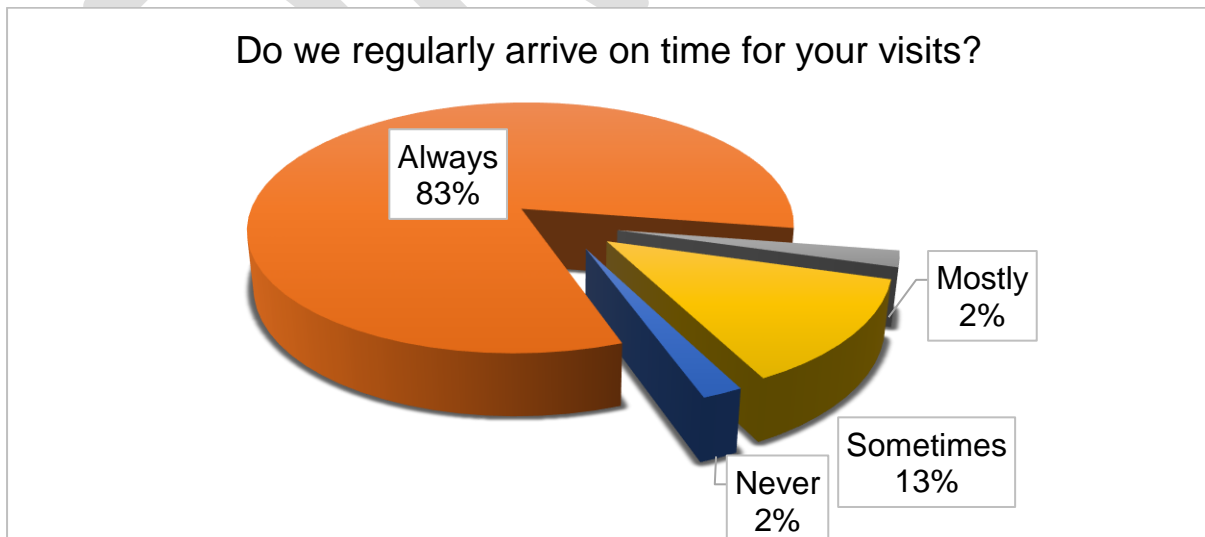
98% of service users rated us 'good' or 'very good' when rating the service we provided to them. Where less positive feedback is provided and was rated as satisfactory, analysis showed dissatisfaction around continuity of care being the reason. Service users reported that the changes to their regular support workers was disconcerting.



Source: Service User Feedback Survey

Service User satisfaction around Punctuality of the service

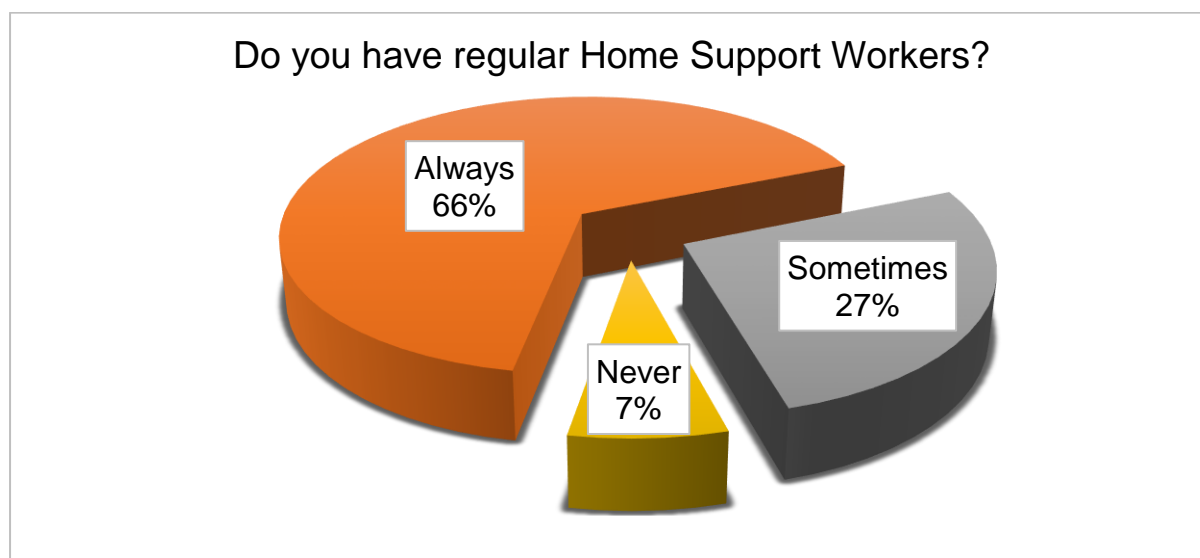
There is a slight drop from the previous years for visit punctuality however this was anticipated due to the level of adjustments required due to the continuing impact of Covid-19 related absence. A high standard was still maintained.



Source: Service User Feedback Survey

Service User Satisfaction around Continuity of Care

Similarly the impact of COVID 19 impacted the continuity of care although the service minimised this as much as possible. Overall service users recognised the additional challenges in the last year.



Source: Service User Feedback Survey

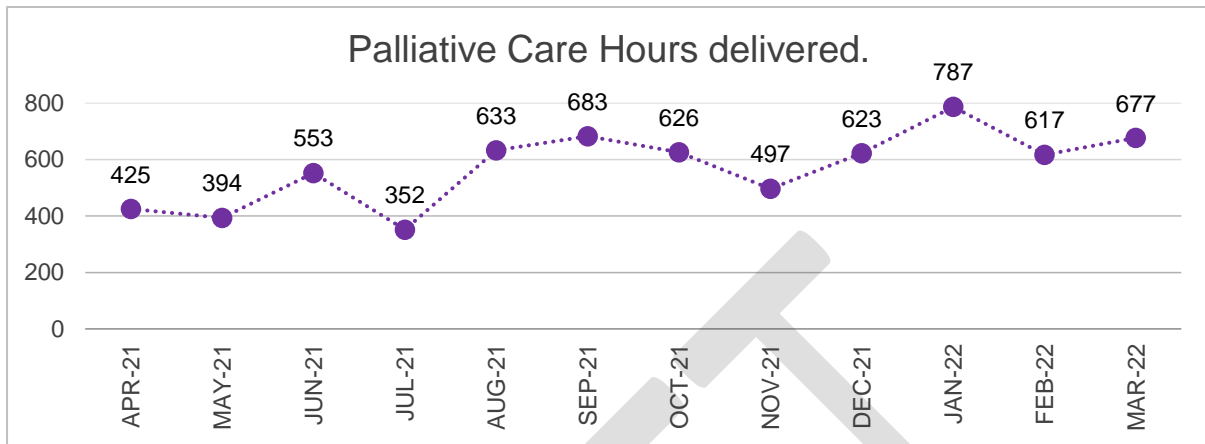
The Care & Support at Home Service has continued to provide a critical service to the community of Inverclyde during the pandemic. Similar to the national picture Care & Support at Home Services have been impacted by staff absence due to isolation requirements and vacancy management issues, however the service maintained critical support to the community.

Within Care and Support at Home recruitment continues to be the main pressure impacting on availability of service for both the HSCP and commissioned providers. The service is seeing a high turnover rate and an ageing staff group alongside the additional challenges in the last year has resulted in a significant loss of skill and experience over the last year.

The service is now undergoing a review of Care & Support at Home Services which will initially report back in autumn 2022.

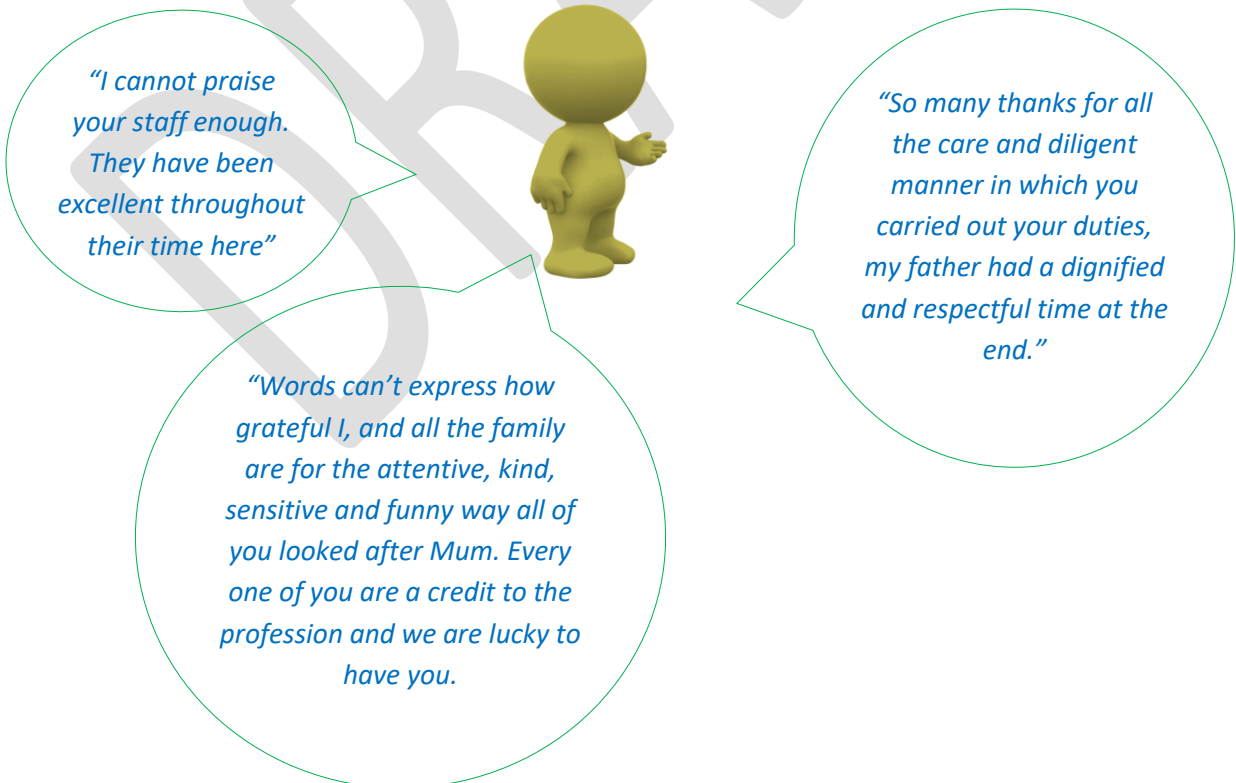
Palliative Care Hours Delivered

We commenced a Palliative Care service in mid-2019. This service supports service users to remain in their own home at end of life. Over the past 12 months there has been an increase in referrals and use of the service for end of life care. This has resulted in a 37% increase of palliative hours delivered.



Source: CM2000

Feedback received regarding the palliative team continues to be very positive from service users and family members, comments below;



Technology Enabled Care Services (TEC)

Analogue to Digital (A2D)

Inverclyde HSCP, Technology Enabled Care have been reviewing the current Community Alarm equipment following an announcement by Ofcom that the analogue telephone network will be switched off in 2025 across the UK. The system will be replaced with a Digital network which all telephones will require to operate over.

The change to a digital network will impact on the analogue community alarm/ telecare systems currently supplied to our 2000 Inverclyde service users. This will require all community alarms/telecare sensors to be replaced prior to the switch off date of 2025.

Inverclyde has successfully evidenced the successful operation of digital alarm units connecting through to the alarm receiving centre. A replacement program has been commenced with the first 250 Units purchased.

Technology Enabled Care

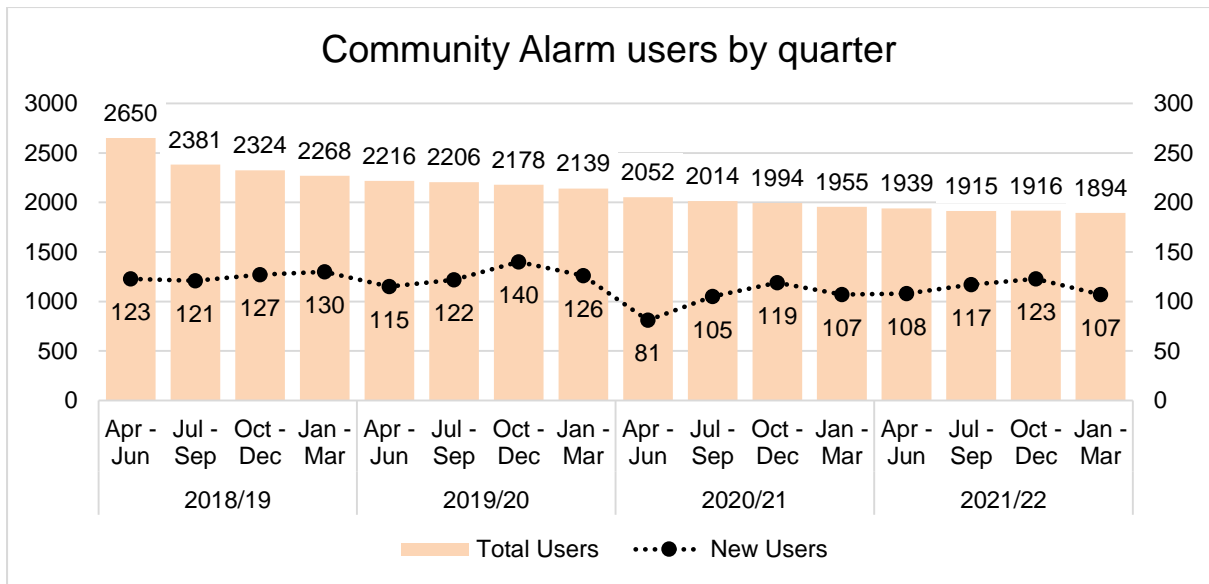
In March 2021, the total number of service users was 1955. This figure reduced to 1894 by March 2022 (a reduction of 61), the number of new service users from April 2021 – March 2022 was 455 which is slightly higher than the previous 2 years. The drop in total service users can be attributed to the continuing impact of the Covid-19 pandemic across the service. Total withdrawals April 2020 – March 2021 were 507 compared to 531 in April 2021 – March 2022, a slight increase of 24.

2021-2022 continued to be a challenging year for all services as was 2020-2021 due to the Covid-19 pandemic. As a service Technology Enabled Care continue to provide emergency response to our service users following activation of a community alarm, providing unscheduled visits 24 hours per day 365 days of the year.

Facilitating hospital discharges with urgent installation of alarm technology on a patients discharge remains a priority of Technology Enabled Care. Supporting the potential need for hospital beds within the acute setting during a period of extreme pressure.

Due to the current rise in the cost of living and significant increases in the cost of utility bills we are expecting to see a potential rise in withdrawal requests from our service users over 2022/23. We will be monitoring this closely over the coming year to ensure the safety of our service users.

The service continues to provide a life line for our service users, from responding to emergency situations to providing general reassurance and support.



Source: Swift

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Independent Living Services

Due to the demand on the service for increased urgent (same or next day response) around 42% of referrals, the service has been redesigned to have a specific Urgent Hub model which staff across Health And Social Care are rotated onto and provides a Multi-Disciplinary Team approach to supporting complex community situations to support people to remain safe and at home in the community.

The duty service has been remodelled utilising telephone assessments and video consultation to provide a responsive service to non-complex enquiries.

The Service continues to assess supporting care services with alternative tailored moving and handling solutions and in the last year have prevented the need for care provision by 351 care hours per week at initial assessment, and following review of current service users care provision reduced the need for care by 119 care hours per week.

A new equipment and adaptations management system has been designed with a plan to roll out along with assessment training to prospective professionals with a view to reduce waiting times and cross referrals for equipment and minor adaptations.



Service Users have benefitted from this service:

- 292 benefitted from receiving 1,091 items of equipment via a hospital referral
- 3,674 benefitted from receiving 9,014 items of equipment via a community referral



Loan Equipment

- 4,660 items of equipment recycled
- Saving £634,124 if purchased new



Housing Adaptations

- 1,630 minor (less than £1,000) housing adaptations
- 399 major adaptations

Source: ELMS2

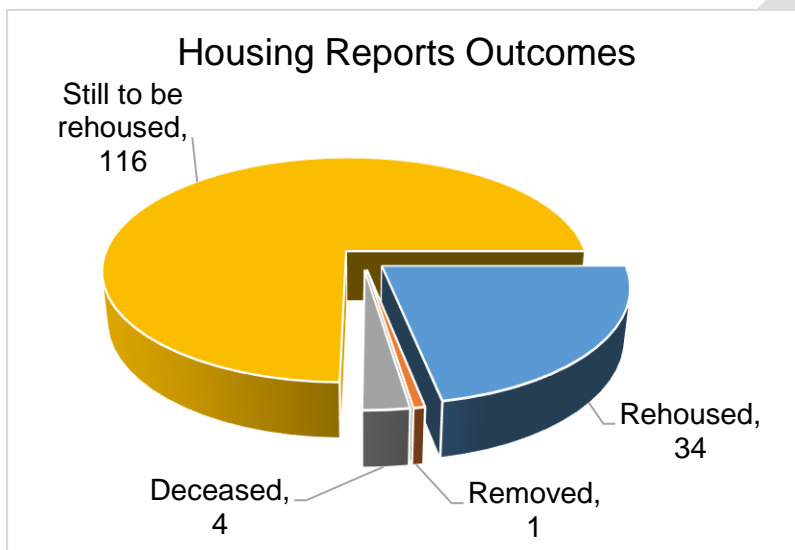
Referrals

The Community Rehab and Enablement service have supported 2005 referrals in the last year, 3392 referrals have been processed within Community OT and Sensory Impairment and 1566 Blue Badges have been issued.

Housing

155 Housing reports have been completed for people whose current home environment restricts their ability to live independently. Working closely with Housing partners around specialist housing provision, 20 people who have complex housing needs have moved to new build properties within the area in the last year.

The service has identified around 20 homes that are local and accessible on the market for Registered Social Landlords locally to consider as part of the Acquisitions programme for housing in Inverclyde.



Source: Centre for Independent Living

Carers

Inverclyde HSCP works with partners across Inverclyde to support Carers and Young Carers. Our primary partner is Inverclyde Carers Centre (ICC) who offer practical support, advice and information, emotional support accessing mainstream services as well as a strong and campaigning voice our Carers in Inverclyde and nationally.

As with every other social care organisation the HSCP and ICC had to adapt and change how support was offered to our Carers taking account of the increased social isolation during the pandemic our Carers were experiencing with the reduction of face to face contact and peer support.

Infection Control was a major aspect of protecting Carers and the cared for and the HSCP worked to establish free access to PPE for this group as well as up-to-date information around vaccination which was communicated through the ICC.

The HSCP continued to support Carers and Young Carers throughout the pandemic by maintaining Carers support plans and providing short breaks away from the traditional residential / nursing care home respite as due to the pandemic nursing home were closed quickly for infection control reasons. Due to the reduction in care options available, our carers and cared for person had to consider their options.

At 31st March 2022



2280 carers registered with the carers centre



116 carers newly registered since January



25 new Adult carers support plans completed since January



Carers self assessment

- 369 Carers completed in 2021/22
- 611 Carers completed in 2020/21; this was part of the Carers Covid Vaccination Programme

As we recover from the pandemic, service including the Carers Centre, are now fully open our carers can now directly access the carers centre and all face to face support in addition to direct access to short breaks through the Carers Centre as well as HSCP Short Breaks Bureau. The number of short breaks, respite, and alternatives to respite provided is detailed below.

An up to date Adult carer's support plan has now gone live on swift and training has been provided to care managers ensuring that carers have an individual support plan.

Respite provided during 2021/22



Community Learning Disability Update

The Community Learning Disability Team provides services to over 300 people with a wide range of needs. The majority of people using the service experienced changes to their support packages due to Covid-19, with most social activities restricted, however, the Fitzgerald Centre was one of the first day services to open after the Covid-19 closures.

Learning Disability Day Services and staff in the community team have kept up regular contact with service users and carers to ensure critical support is maintained. Feedback from carers and services users during this difficult period confirmed the importance of building-based Day services as one of the preferred options for some people with Learning Disability.

To ensure Inverclyde has a building base fit for the future, particularly for people with complex learning and physical disabilities, plans for building the new Learning Disability Hub have continued with plans now at the advanced design stage. The plans have been up-dated to achieve low carbon emission standards, and additional funding has been secured from the Derelict and Vacant Land fund. The Project Board meets every three weeks and has been progress on the LD Hub project there has been a Communications and Engagement group facilitated by TAG to ensure that service users and carers are involved in the plans for the new Hub.

The CLDT participated in a Dementia project group over the past year to develop guidance for care homes on the needs of people with Learning Disability who may develop early dementia or require care home admission.

Services for adults with Autism have been subject to review, and a test of change around transition will soon be completed.

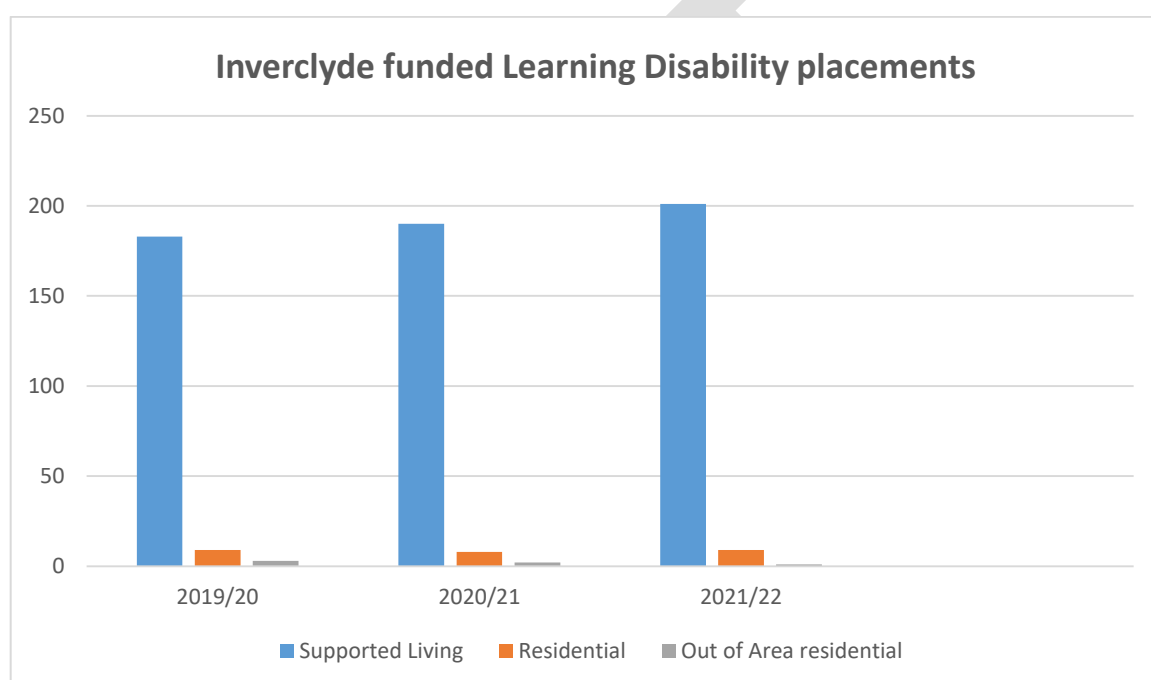
Our aspirations are to continue to build on the foundation work around supporting health promotion and activity in partnership with other agencies to reduce the demand on our services and focus some of our resources upstream in prevention.

The Maximising Independence agenda that is being adopted across Scotland is key to the way the service operates. Over the last year the demand for crisis work has increased and we have remodelled within the team to support this work.

A Quality Improvement approach has been developed, and the service are learning and upskilling staff in areas such as the use of CRAFT (Comparative Risk Assessment Framework and Tools) and Routine Sensitive Enquiries across the whole integrated team, and Positive Behaviour Support training (at post-graduate level) for 3 members of the team.

Redesign of Services and Learning Disability Hub

The CLDT has worked closely with River Clyde Homes and Cloch to create more blocks of supported living on the core and cluster model and is in talks with other housing providers, to expand the number of specialist supported housing places for adults with learning disabilities in Inverclyde. There are currently only a small number of adults with learning disabilities placed out of area, with the number in external residential placements reduced to 1 person. Work has continued to reduce out-of-area placements, increase local Supported Living options and plan for young people leaving care and moving up to adult services.



Review of Learning Disability Night Services

The CLDT has continued to carry out reviews both in-person and through virtual platforms throughout the past year. Individuals with Sleepovers have been reviewed with the goal of reducing the number of individual night services, by connecting tenants in core-and-cluster developments or to night response services. Transformation Funds were bid for to cover some additional review officer time and Telecare costs. New TEC systems have been installed in Lyle Street, Redholm and Station Road services to facilitate shared night services. While the review of night services is not yet complete, more than £100,000 of recurring savings has already been identified.

Service users and staff at Fitzgerald Centre walk for wellbeing

Due to the nature of support that the team provide they thought of alternative ways to improve their wellbeing. The team, and people that they support, virtually travelled to Japan to accomplish the Mount Fuji challenge. This took them on a 46-mile (74km) journey around

the Fuji Five Lakes and up to the peak of Mount Fuji. Their combined steps and distance were calculated, including swimming, walking and carrying out physiotherapy exercises.

Below is part of the art project that the service users have been working on which gave the team the inspiration for the challenge:



Below is a display that the team created in the main corridor to remind them of their achievement and the fun that they had during it.

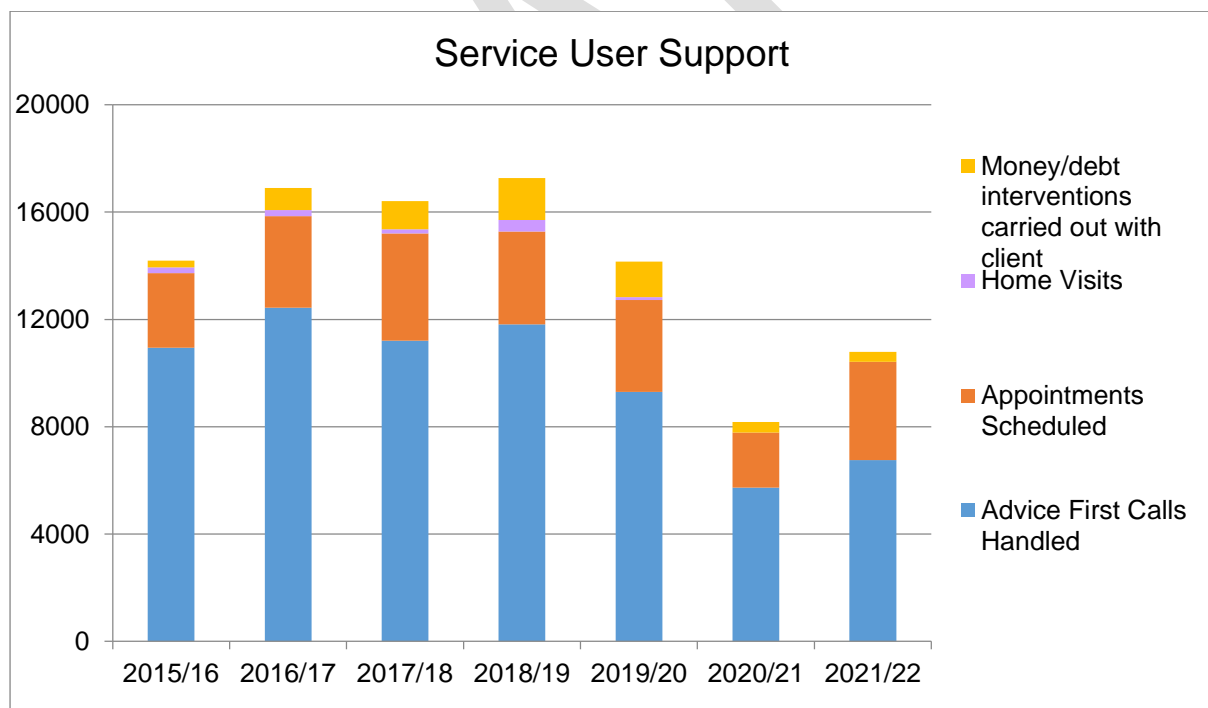


Financial Inequality

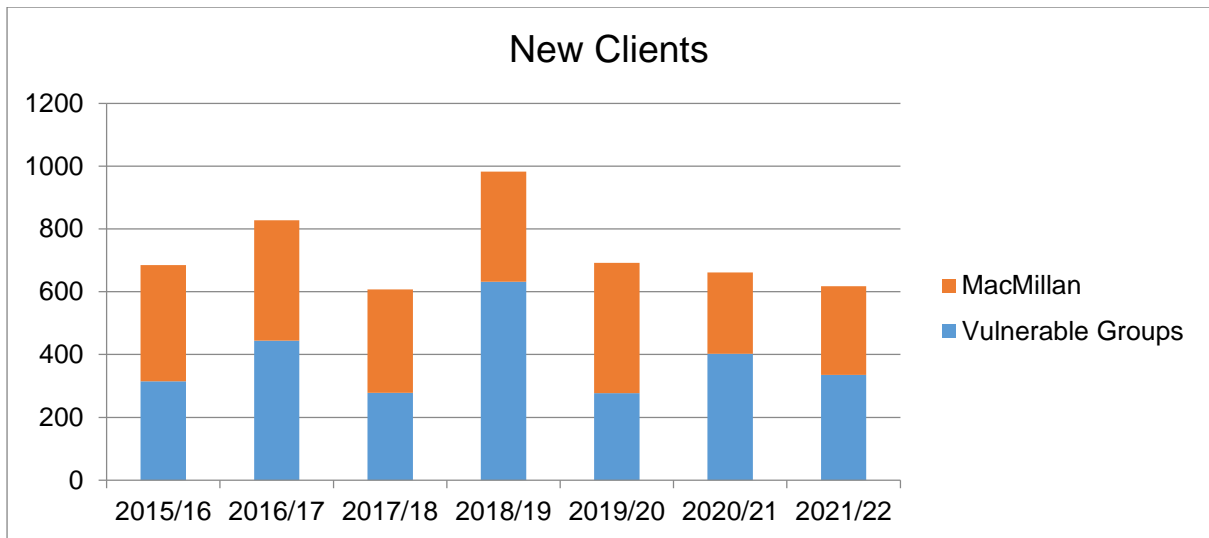
As the HSCP Advice Service's continued to support people recovering from Covid-19 Pandemic during 2021/22, the scale of the approaching cost of living crisis was starting to become apparent. The most additional financial support provided throughout Covid-19 stopped or reduced such as the increased rate of Universal Credit. Evidence from our own and commissioned services is that clients are raising concerns around future cost of living. The service has been preparing for the implementation of the new Scottish Social Security benefits with Child Disability Payment being launched in November 2021 and Adult Disability Payment beginning in Inverclyde at the end of August 2022.

The Macmillan Benefits Service continued to support individuals with a cancer diagnosis and directly supported the development of the local plans and pathway for Improving the Cancer Journey.

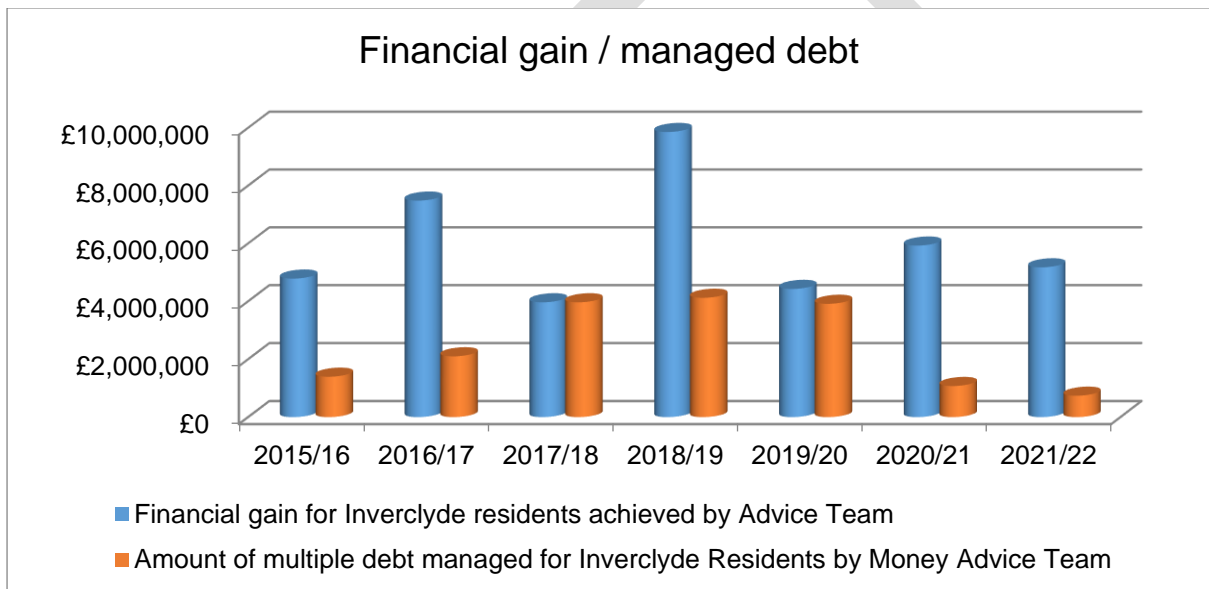
Financial gains during 21/22 are shown in the chart below.



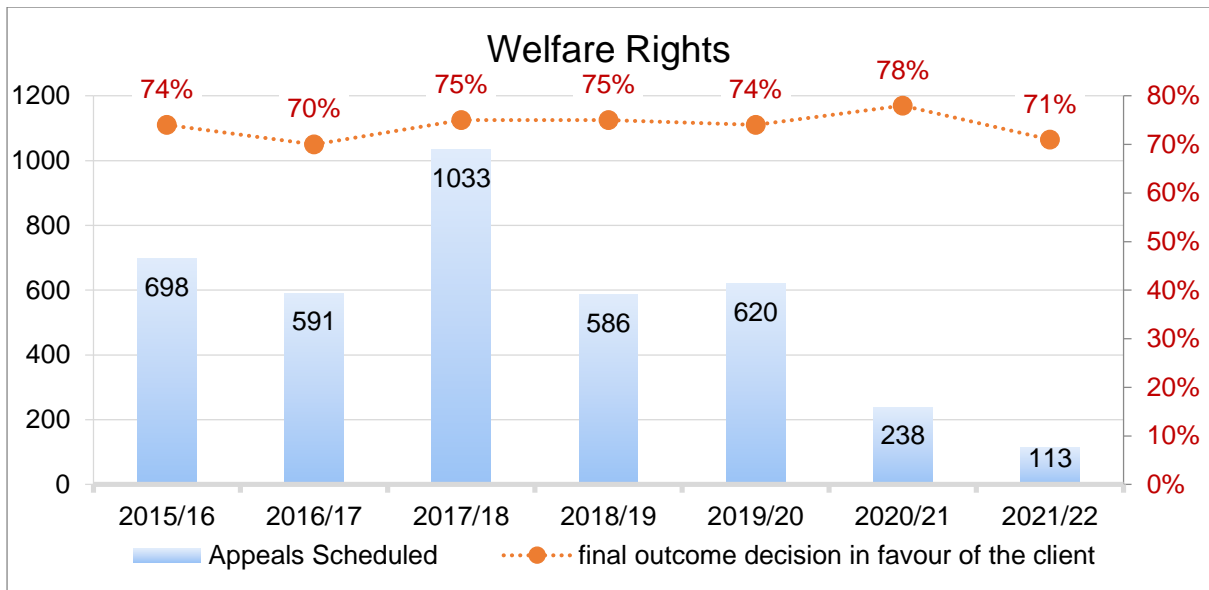
Source: Advice Pro



Source: Advice Pro



Source: Advice Pro



Source: Advice Pro

The chart above shows the number of benefits appeals supported. These remain lower than in previous years due to the continued use of virtual appeals by HM Courts & Tribunals and the continued use of extension period to existing awards therefore reducing the number of reviews and subsequent appeals. Final outcomes in favour of the client have remain consistently above 70%.

New Scots Integration Work

The [New Scots refugee integration strategy 2018-2022](#) is built on partnership and collaboration, led by the Scottish Government, COSLA and the Scottish Refugee Council and sets out a vision for a welcoming Scotland where refugees and people seeking asylum are able to rebuild their lives from the day they arrive.

Inverclyde has continued to play its part in supporting refugee resettlement with many Afghan and Syrian refugees now firmly resettled and embedded within the local community. With the Ukrainian crisis we are now supporting a number of Ukrainians who have been supported through the Homes for Ukraine scheme to come to Scotland. Throughout 2022/23 we expect our New Scots population to grow and look forward to supporting Inverclyde to embrace our new populations.

The rollout of the mandated National Transfer Scheme for unaccompanied asylum seeking children by the Home Office has seen the number of unaccompanied asylum seeking young people in Inverclyde increase with placements being provided within residential and foster care. Along with continuing care this does create additional resource pressures.

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4. RESOURCES

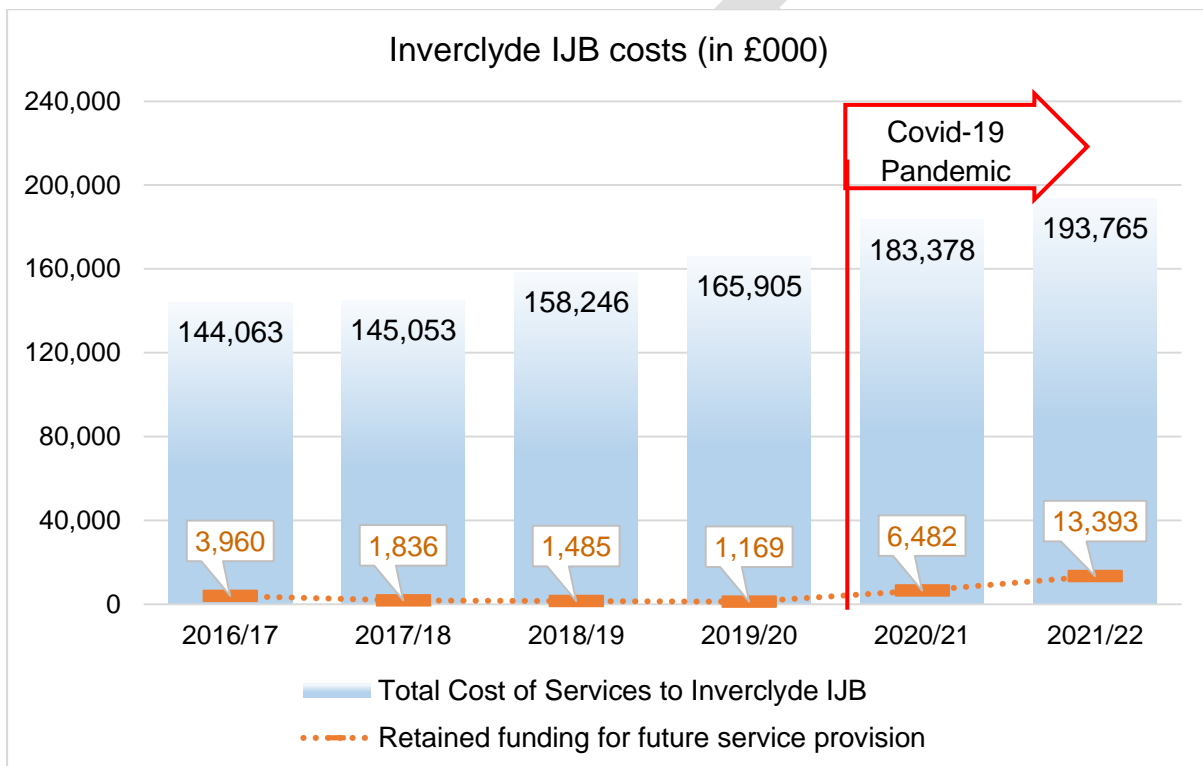
Inverclyde IJB Financial Summary by Service

	2017/18	2018/19	2019/20	2020/21	* 2021/22
	£000	£000	£000	£000	£000
Strategy and Support Services	2,591	2,416	2,111	2,133	1,881
Older Persons	26,867	27,020	28,407	30,383	31,015
Learning Disabilities	10,653	11,898	12,545	12,299	13,286
Mental Health – Communities	5,804	6,712	7,101	7,485	7,807
Mental Health – In Patients	9,338	8,729	9,737	10,607	10,689
Children and Families	12,986	13,738	14,114	14,711	16,571
Physical and Sensory	2,659	3,117	3,203	2,939	3,166
Addiction / Substance Misuse	3,389	3,464	3,181	3,826	3,807
Assessment and Care Management / Health and Community Care	7,772	8,258	9,981	10,789	13,055
Support / Management / Administration	3,807	4,174	4,339	450	2,840
Criminal Justice / Prison Service	(38)	26	49	148	85
Homelessness	967	791	1,043	1,173	1,240
Family Health Services	21,766	25,547	27,056	29,618	25,911
Prescribing	18,817	18,591	18,359	18,242	19,166
Covid-19 pandemic Funding				10,400	7,288
Change Fund	1,236	1,133	1,044	0	0
Cost of Services directly managed by Inverclyde IJB	128,614	135,614	142,270	155,201	157,805
Set aside	16,439	22,632	23,635	28,177	35,960
Total cost of Services to Inverclyde IJB	145,053	158,246	165,905	183,378	193,765

Taxation and non-specific grant income	(146,889)	(159,731)	(167,074)	(189,860)	(207,158)
Retained funding for future service provision	1,836	1,485	1,169	6,482	13,393

*At the time of publishing the 2021/22 figures were provisional and still to be approved by committee.

The IJB works with all partners to ensure that 'best value' is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.



Budgeted Expenditure vs Actual Expenditure per annum

	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000
Projected surplus / (deficit) at period 9	(1,426)	(897)	(37)	(690)	855
Actual surplus / (deficit)	1,836	1,485	1,169	6,482	13,393
Variance in Under/(Over) Spend	3,262	2,382	1,206	7,172	12,538

Explanation of variances

2017/18 - spend on Earmarked Reserves lower than anticipated coupled with a higher than anticipated overall underspend on services, mainly Social Care, as outlined in the Annual Accounts

2018/19 - higher than anticipated underspends on services, mainly Social Care, as outlined in the Annual Accounts

2019/20 - higher than anticipated underspends on services due to delayed spend on some projects funded through reserves, delay in filling vacancies and additional income received in year, as outlined in the Annual Accounts

2020/21 - variance is higher than anticipated, as a result of underspends on services due to Covid-19 pandemic and delays on some projects funded through reserves, delay in filling vacancies and additional funding for Covid-19 pandemic costs received in 2020/21, being carried forward to reserves for future years spend.

2021/22 – the main reasons for movement in the position since period 9 is additional Covid-19 funding from Scottish Government received to fund spend in 2022/23 of £8.130m, additional Winter Pressures funding of £1.135m, and funding for Primary Care Improvement, Mental Health Recovery and Renewal, Alcohol and Drug Partnership and a few smaller funds totalling £4.367m. These funds have all been earmarked for use in the next financial year.

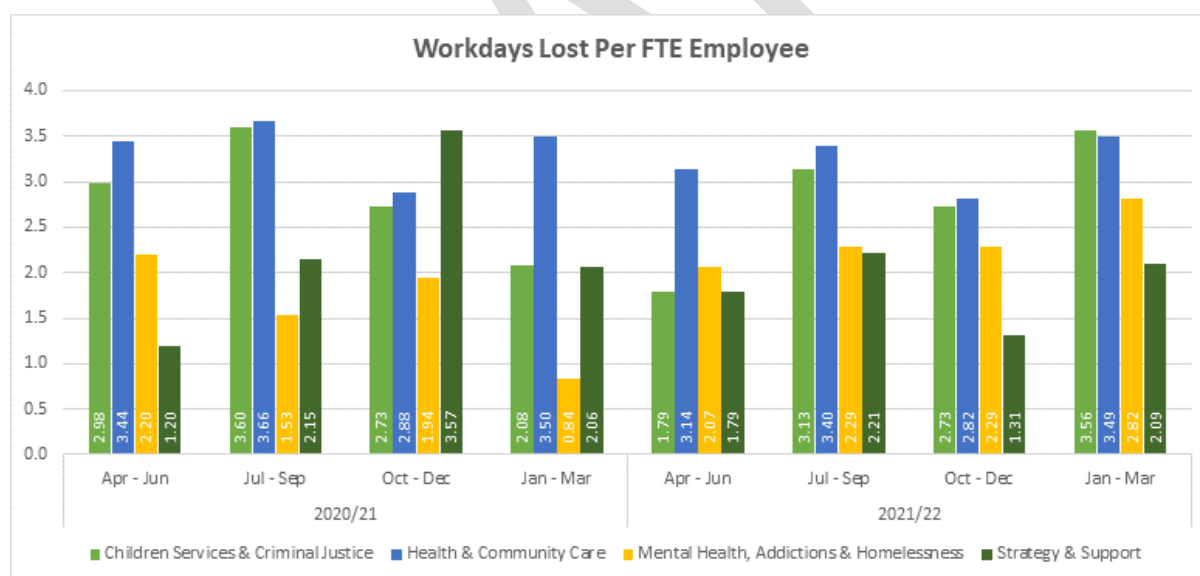
5. WORKFORCE

HSCP Staff (*Inverclyde Council employees only*)

In February of this year, Inverclyde Council implemented a pilot Hybrid Working whereby staff undertake some of their work at their contractual place of work and some from home. The exact balance will vary depending on the role and responsibilities.

The chart and graph below details the number of HSCP employees and the number of workdays lost (per Full Time Equivalent hours (37 hours))

	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22
Number of employees	1038	1044	1036	1054	1089.25	1113
FTE equivalent	834.69	840.1	831.92	838.86	866.9175	889.83
Number of Sessional Workers	108	98	80	99	154	144
Number of Modern Apprentices	4	4	2	3	3	2
Workdays lost (per FTE)	11.96	14.57	9.53	12.96	11.9	10.93



Workforce Challenges

There continues to be significant challenges encountered across Inverclyde HSCP including staffing difficulties which has directly impacted the service delivery in numerous areas including Children's, Mental Health, Occupational Therapy, Care at Home and Community Learning Disability.

The HSCP workforce is predominately female over age 45, and employed on a part time basis. Those aged below 45 account for around 38% of staff with only 19% being under 35. There are more council employed staff in the older age groups however across both employers, this part of our workforce accounts for considerable skills and knowledge which could leave a significant skill gap over the next 5 -10 years if we do not take steps to address it. There is also an increase in those still working over the age of 65 particularly within council employed staff. This may be due to increases in pension age however it is difficult to predict the impact of retirement as schemes such as the Refresh Programme and Retire and Return influence this.

Almost a third of council staff are employed on temporary contracts which impacts on recruitment, retention and turnover. Across both organisations, as is the experience nationally, recruitment challenges exist exacerbated by the often temporary nature of funding and key skills gaps.

Children and Families saw some longer periods of stability in the last year, however, the recent trends have begun to show a marked reduction again. In addition to staff turnover further vacancy has arisen due to maternity leave and long term sick leave. Vacancies are processed in a timely manner however the number and quality of candidates applying has been variable with some recruitment cycles yielding no suitable candidates. Neighbouring authorities continue to recruit at the same time, therefore we are often in direct competition to authorities closer to the city.

Substantive appointments were made to 2 of the 4 Children's service manager posts during 2021/22, this resulted in all 4 posts having a permanent member of staff appointed, providing some short term stability. However further changes due to long term absence have created temporary changes in the service manager team and at head of service level.

Throughout the pandemic in both 2020/21 and 2021/22 a different approach was taken to the support given to newly qualified social workers (NQSW) – this was broadly successful in ensuring training and learning opportunities that could be achieved within a COVID working environment. With reflection some of the lessons learned have been used to contribute to a successful bid for funding to be one of the areas to pilot the SSSC supported year for NQSW. It is hoped this will help attract candidates for future recruitment work.

Within Care and Support at Home, recruitment continues to be the main pressure impacting on availability of service for both the HSCP and commissioned providers. The service is seeing a high turnover rate and an ageing staff group alongside the additional challenges in the last year has resulted in a significant loss of skill and experience over the last year.

Community Learning Disability Team, and all the services commissioned for adults with Learning Disabilities, recruitment and retention of staff continues to be a pressure. Sickness absence rates have been kept relatively low across the team, but there have been some retirements of experienced staff. Due to COVID, training has been affected, however, Day Ops staff have maintained all their mandatory training including Promoting Positive Behaviour. Members of the CLDT have completed additional qualifications in the past year, including MHO training and a post-graduate certificate in Positive Behaviour Support. Two newly qualified Social Workers have recently been recruited to the CLDT and we will implement the new programme for induction and support of NQSW staff.

Staff engagement

The Quality and Learning team is currently establishing a programme of induction and training for the newly qualified social worker supported year. This is part of the early implementation scheme proposed by the Scottish Social Services Council (SSSC.) This “pilot” year will be evaluated by SSSC and will inform practice in the future when this support for new workers is likely to become mandatory. The support involves increased supervision, a protected caseload and a diary of learning. The extra support for new social workers is intended to help attract and retain staff.

The team is also creating a pilot practice learning hub where social work students will be offered a generic experience while on placement. This will involve practice educators from Quality and Learning working closely with various teams to ensure that students have a varied and challenging experience while on placement with Inverclyde HSCP.

The Dementia Training Co-ordinator has undertaken a training needs analysis and has re-started “Informed about Dementia” training. This is available to all HSCP staff and relevant others in the community. The co-ordinator is developing training in the next stages of the Promoting Excellence framework and will offer the “Skilled” level to relevant people in the near future. Subject specific workshops will also be available for staff who require specialist knowledge.

The SVQ Centre continues to offer qualifications to staff who face SSSC registration requirements. The qualifications on offer include vocational awards at Scottish Credit and Qualifications Framework Levels 6, 7, 9 and 10.

Future Workforce planning, Inverclyde HSCP aims to:-

- Equip our staff with the skills they need to deliver better outcomes for them and our service users;
- Enable and upskill all of those who need support, focusing on their abilities and what they can do, rather than limitations;
- Consider ways in which we can make careers in Health & Social Care in Inverclyde more attractive;
- Consider options to make the best use of our resources to deliver our services in the most effective and efficient way; This includes through appropriate skill mix to ensure the right people with the right skills are doing the right job;
- Take in to account the effects of future funding uncertainties and the changing landscape of health and social care such as the developing National Care Service

Work Place Wellbeing Matters Plan

A 3 year plan was launched (2020 – 2023) to support the HSCP's organisational recovery and to ensure support for the mental health and wellbeing of the HSCPs staff remains a priority.

The overall aim of the plan is:

“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”

The local Inverclyde implementation of this agenda has focused on a partnership working approach, in collaboration with our staff side representatives, 3rd sector and independent sector colleagues.

The work and initiatives carried out last year have been built on and support with health and wellbeing continues throughout the HSCP and throughout Inverclyde with our partners. Below is a summary of what was achieved since the last report:

Wellbeing Fund - A Wellbeing Fund has been established to support and promote health and wellbeing across the health and social care workforce. Staff and teams can apply for funds to support health and wellbeing initiatives. Staff teams have made the most of the fund by applying for various team activities e.g. team building outdoor events such as paddle boarding, kayaking, scavenger hunts, creating a safe outdoor fire and pizza making. Other teams have opted for indoor events such as team building through art, hatchet throwing, massage, spa days and wildlife identification team building outdoor events, team building indoor events, spa days, lunch and afternoon tea. Some of the teams have applied for funds to decorate and create a quiet, relaxing space for staff to go to and another team has applied to erect a garden of remembrance at their place of work.

- **Leisure Activities** - We have linked in with Inverclyde Leisure to provide closed fitness classes for Inverclyde Council employees.
- **Z-cards** - Currently in the process of having z-cards printed for HSCP staff which will have the details of important health and wellbeing contact numbers, both local and national.
- **Central Repository/Hub** - We have developed a Council wide wellbeing hub on the external website which is accessible to all staff (and the local community). The HSCP has a separate page which staff can access to find local and national health and wellbeing resources easily.
- **Monday Messages** - We continue to circulate information, on a 2-3 weekly basis, signposting local and national resources, training etc. to the entire staff team within HSCP and to our 3rd sector and independent sector colleagues.
- **Healthy Working Lives** - The annual assessment is on 'pause' whilst the national team focus on other priorities. The working group has started back up again and working hard to ensure that we meet the criteria to retain the Gold Award.
- **Wellbeing Events** - During Mental Health Awareness Week, 5 virtual wellbeing events were held: Stress Management; Wellbeing in Grief; Keeping Active at Work; Being Active at Work; and Managing Stress Mindfully. The events were offered out to all staff across the HSCP and the Council.
- **Mental Health Leadership and Mental health e-learning modules**

Winter Wellness Week

Inverclyde HSCP were awarded Winter Pressures money from Scottish Government for Health and Social Care (including 3rd and independent sectors) and Primary Care staff, advising that it should be used to support the wellbeing of these workforces.

You're Voice Inverclyde



Over 50 staff attended the event at various point during the day and the feedback was extremely positive – people found it fun, interesting and informative and, more importantly, they enjoyed the time out of their normal day-to-day to catch up, take a breath and have a cuppa!

In addition to all of the above, we teamed up with Inverclyde Leisure and TBR Health to offer free access to fitness classes, swim, sauna etc. during Winter Wellness Week – staff took up the opportunity to attend classes and take time to go for a swim either during or after work.

Compassionate Grit (focussing on taking the lead with mindset, motivation and goals)



Rig Arts Inverclyde hosted a wellbeing drawing workshop



Inverclyde Advice Services – delivered a session on financial wellbeing



We had our first 'in person' event where we were joined by lots of our local partner organisations.

Competition time with JD Gyms



Parklea Branching Out



Nurture

Inverclyde HSCP will continue to implement and develop the staff wellbeing plan to ensure staff wellbeing is supported and improved