

A meeting of the Social Work & Social Care Scrutiny Panel will be held on Thursday 27 April 2023 at 3pm.

Members may attend the meeting in person at Greenock Municipal Buildings or via remote online access. Webex joining details will be sent to Members and officers. Members are requested to notify Committee Services by 12 noon on Wednesday 26 April 2023 how they intend to access the meeting.

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

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

IAIN STRACHAN
Head of Legal, Democratic, Digital & Support Services

BUSINESS

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2. Revenue & Capital Budget Report – Revenue Outturn Position as at 28 February 2023 Report by Chief Officer, Inverclyde Health & Social Care Partnership and Head of Finance, Planning & Resources, Inverclyde Health & Social Care Partnership	p
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7.	Community Payback Orders – Inverclyde Annual Report 2021-22 and Summary of Local Authority Annual Reports 2021-22 Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
8.	Reporting by Exception – Governance of HSCP Commissioned External Organisations Report by Chief Officer, Inverclyde Health & Social Care Partnership	p

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Enquiries to – Diane Sweeney - Tel 01475 712147

Report To:	Social Work & Social Care Scrutiny Panel	Date:	27 April 2023
Report By:	Kate Rocks Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	SWSCSP/20/2023/CG
	Craig Given Head of Finance, Planning & Resources Inverclyde Health & Social Care Partnership		
Contact Officer:	Samantha White	Contact No:	01475 712652
Subject:	Revenue & Capital Budget Report – Revenue Outturn Position as at 28 February 2023		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel of the projected outturn on revenue and capital for 2022/23 as at 28 February 2023.

1.3 The projected Revenue Outturn for Social Care as at 28 February 2023 is a £2.012m underspend.

1.4 The Social Work capital budget is £12,092,000 over the life of the projects with £1,346,000 originally projected to be spent in 2022/23. Net slippage of £789,000 (58.62%) is currently being reported linked to the current programme for the New Learning Disability Facility and delays in the implementation of the Swift system. Expenditure on all capital projects to 28 February 2023 is £384,000 (28.53% of approved budget, 68.94% of the revised projection).

1.5 The balance on the Integration Joint Board (IJB) reserves at 31 March 2022 was £28.325m. A further £0.540m was approved by the Integration Joint Board for earmarking at its March meeting, which together with anticipated Refugee Grant income to be earmarked gives a revised EMR balance of £30.057m. Within this revised balance, specific reserves totalling £4.767m have been delegated to the Council for use in 2022/23. Spend of £0.112m has been incurred to date, being 12% of the phased budget. Also, within the IJB reserves balance, smoothing reserves of £4.419m are held in relation to delegated functions to the Council of a more volatile nature, to mitigate the risk of in-year overspends. Where appropriate, any over / underspends in these areas can be transferred to/from the earmarked reserve at the end of the year. It is not proposed to utilise any of these reserves at this time as any variances are being managed within the overall position. A review of the EMR position will be carried out as part of the IJB budget setting process and an update will be provided in due course.

2.0 RECOMMENDATIONS

- 2.1 That the Scrutiny Panel notes the projected current year revenue outturn of a £2.012m underspend at 28 February 2023 as detailed in paragraphs 4.1-4.12.
- 2.2 That the Scrutiny Panel notes the current projected capital position as detailed in paragraphs 5.1-5.3.
- 2.3 That the Scrutiny Panel notes the current earmarked reserves position as detailed in paragraphs 6.1-6.4.
- 2.4 That the Scrutiny Panel notes the recommendation to the IJB to earmark the underspends as detailed in Section 4.

Kate Rocks
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

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

3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to highlight the main variances contributing to the 2022/23 projected £2.012m underspend.

4.0 2022/23 Current Revenue Position

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

2021/22 Actual £000		Revised Budget £000	Projected Outturn £000	Projected (Under) / Overspend £000	Period 9 Variance £000	Movement from Period 9 £000
11,555	Children & Families	12,550	12,906	356	390	(34)
106	Criminal Justice	118	95	(23)	94	(117)
22,965	Older Persons	29,467	28,356	(1,111)	(640)	(471)
8,931	Learning Disabilities	9,289	9,283	(6)	70	(76)
2,507	Physical & Sensory	2,478	2,407	(71)	(18)	(53)
2,174	Assessment & Care Management	2,602	2,536	(66)	(95)	29
795	Mental Health	1,506	1,231	(275)	(281)	6
498	Alcohol & Drugs Recovery Service	970	846	(124)	(84)	(40)
1,210	Homelessness	1,098	1,087	(11)	(111)	100
1,684	PHIC	2,060	2,083	23	43	(20)
2,617	Business Support	4,683	3,979	(704)	(694)	(10)
55,042	Delegated Social Work Budget	66,821	64,809	(2,012)	(1,326)	(686)
3,472	Transfer to EMR	(1,054)	(1,054)	0	0	(0)
58,514	Social Work Net Expenditure	65,767	63,755	(2,012)	(1,326)	(686)

2021/22 Actual £000	Earmarked Reserves	Approved IJB Reserves £000	Revised IJB Reserves £000	Council-related Reserves £000	Projected Spend £000	Projected Carry Forward £000
28,325	Earmarked Reserves	28,325	30,057	9,186	1,116	8,070
0	CFCR	0	0	0	0	0
28,325	Social Work Total	28,325	30,057	9,186	1,116	8,070

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

4.2 Children and Families

The projected overspend of £0.356m for Children and Families sees a reduction in projected spend of £0.34m from the period 9 position. The movement in the projected underspend mainly comprises:

- A reduction in spend of £0.025m, giving a projected overspend of £0.114m against external residential placements at period 11. The reduction is due a net reduction of 1 placement (1 new placement and 2 delayed).

- A minor reduction in spend of £0.010m, against fostering, adoption and kinship, giving a projected overspend of £0.160m.

There are currently no planned transfers at the end of the year to or from the external residential placements, fostering, adoption and kinship earmarked reserve or to or from the continuing care reserve.

4.3 Criminal Justice

Criminal Justice is currently projected to underspend by £0.023m, a reduction in spend of £0.117m from the period 9 position. The movement in the projected spend mainly comprises:

- A reduction in the projected spend on employee costs of £0.049m, giving a projected net underspend of £0.064m, due to a further 2 vacancies and slippage in filling 2 posts.
- A net reduction in spend of £0.062m against payments to other bodies and administration costs, giving a projected overspend of £0.012m, due to lower than anticipated spend across these areas.

The claim to Scottish Government for a proportion of shared placement costs (£0.013m) has been successful and the funds will be claimed at the year-end if required.

4.4 Older Persons

Older Persons is currently projected to underspend by £1.111m, a reduction in projected spend of £0.471m from the period 9 position. This reduction mainly comprises:

- A reduction in projected spend of £0.362m within employee costs, giving a £0.378m underspend across Homecare, Community Alarms, Day Services and Respite.
 - For Homecare sessionals and overtime, the projection for period 9 for was calculated is the usual way taking the average for the three previous pay periods plus an allowance for additional costs over the Christmas New Year period not yet paid. However, the latest projections show that costs across these headings did not increase for the Christmas New Year period and have in fact reduced month on month since period 9. This has led to a reduction in projected spend of £0.133m.
 - In addition, within Homecare there has been an increase in the number of vacancies (8.82 FTE), which together with further slippage in filling positions are contributing to a further reduction in spend of £0.185m.
 - The projected spend across Community Alarms, Day Services and Respite has also reduced by £0.044m reflecting an additional vacancy and slippage in filling existing vacancies.
- A reduction in the projected spend for external homecare of £0.028m, giving an underspend of £0.857m at period 11. The movement is mainly due to no further growth in hours being anticipated for one of the new framework providers.
- Continuing recruitment and retention issues, for both in house and external services are contributing to current pressure on the service to deliver all their commissioned home care hours.
- A reduction in the projected spend of £0.028m within residential and nursing care, giving a projected underspend of £0.033m at period 11, This is due to a combination of lower bed numbers than projected for January & February (£0.120m) and an increase in client income following financial assessment (£0.024m), offset by additional costs of £0.115m due to the recently announced increase in rates.
- Within other client commitments there is a reduction in projected spend of £0.085m, reflecting a further reduction of £0.043m in expected respite provision together with three fewer care packages than when reported at period 9 (£0.036m), which gives a projected underspend for the year of £0.206m as at period 11.

At period 11 there is currently no planned transfer at the end of the year to or from the nursing and residential placements earmarked reserve.

4.5 Learning Disabilities

Learning Disabilities is currently projected to be underspent by £0.006m, a reduction in projected spend of £0.076m from the period 9 position. This reduction mainly comprises:

- Within client commitments a reduction of £0.020m in the projected spend, giving a projected overspend of £0.237m, due to in-year savings against a package, partially offset by increased respite take up.
- An increase in projected service user income of £0.038m, due to higher than previously anticipated collection levels.

There is currently no planned transfer at the end of the year to or from the learning disability client commitments earmarked reserve.

4.6 Physical and Sensory

Physical & Sensory is currently projected to underspend by £0.071m, a reduction of £0.053m from the period 9 position.

The movement mainly comprises a reduction in the client commitments projected spend of £0.051m, giving an underspend of £0.051m, due to a care package ending and the reduction in the smoothing adjustment.

4.7 Assessment and Care Management

Assessment & Care Management is currently projected to underspend by £0.066m, an increase in projected spend of £0.029m from the period 9 position, reflecting minor increases in projected spend across various budget headings.

Within Payments to Other Bodies there are the following projected underspends, which we are recommending to the IJB that they earmark, leaving a net nil position on the projected outturn being reported

- £0.284m – from the Carers monies to fund planned expenditure in this area in future years.
- £0.331m – from monies received from Health to fund pressures in client commitments in future years

4.8 Mental Health

Mental Health is projected to underspend by £0.275m, mainly in relation to client commitments (£0.281m) and employee costs (£0.052m), a minor increase of £0.006m in projected spend from the period 9 position.

4.9 Alcohol and Drugs Recovery Service

Alcohol & Drugs Recovery Service is currently projected to underspend by £0.124m, a reduction in projected underspend of £0.040m from the period 9 position, which is mainly due to slippage in filling vacancies and lower than anticipated use of sessionals within the service.

Within Income the following grant funding has been received, which we are recommending to the IJB that they earmark, leaving a net nil position on the projected outturn being reported

- £0.100m – grant funding received from the Corra Foundation to fund residential rehabilitation project expenditure over the next five years.

4.10 Homelessness

Homelessness is projected to underspend by £0.011m, an increase in projected spend of £0.100m from the period 9 position. The movement mainly comprises:

- An increase in projected spend of £0.124m within employee costs, giving a projected overspend for the year of £0.058m. This reflects the additional staffing costs of £0.100m linked to the service review currently underway, which are funded by income from the ADP. The balance of the movement of £0.024m is due an increase in projected spend on overtime and sessionals covering vacancies.
- Net additional property costs of £0.036m due to higher utility costs and expenditure on furniture & fittings.
- Additional income of £0.100m from the ADP to fund staffing linked with the Homelessness service review.

Within Payments to Other Bodies and Employee Costs there are the following projected underspends, which we are recommending to the IJB that they earmark, leaving a net nil position on the projected outturn being reported

- £0.044m – from the RRTP monies to fund planned expenditure in this area in future years.
- £0.100m – from within Employee Costs to fund pressures within the Homelessness service

4.11 Planning, Health Improvement & Commissioning

Planning, Health Improvement & Commissioning is projected to overspend by £0.023m, a reduction in projected spend of £0.020m from the period 9 position, reflecting minor reductions in employee costs across various service headings.

Within Income the following grant funding has been received, and within Employee Costs there is the following projected underspend, which we are recommending to the IJB that they earmark, leaving a net nil position on the projected outturn being reported

- £0.678m – net additional grant income mainly related to Ukraine refugees, to fund planned spend over next 4 years for New Scots team and additional support for refugees in Inverclyde.
- £0.027m – from within Employee Costs to fund the extension of temporary posts into 2023/24.

4.12 Business Support

Business Support is projected to underspend by £0.704m, a minor reduction in projected spend of £0.010m from the period 9 position and reflects further slippage in filling vacancies £0.108m offset by a provision of £0.100m for potential legal costs, together with other minor movements.

Within Payments to Other Bodies there is the following projected underspend, which we are recommending to the IJB that they earmark, leaving a net nil position on the projected outturn being reported

- £0.360m – to increase the amount held in the pay contingency to fund future year pay pressures.

5.0 DRAFT 2022/23 Current Capital Position

5.1 The Social Work capital budget is £12,092,000 over the life of the projects with £1,346,000 originally projected to be spent in 2022/23. Net slippage of £789,000 (58.62%) is currently being reported linked to the current programme for the New Learning Disability Facility and delays in the implementation of the Swift system. Expenditure on all capital projects to 28 February 2023 is £384,000 (28.53% of approved budget, 68.94% of the revised projection). Appendix 4 details capital budgets.

5.2 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The current progress is as outlined below:

- Current high level programme remains as reported to the February Panel which indicated targeting financial close in 3rd Quarter 2023 subject to completion of the remaining design stages (spatial design and detail design);
- Detailed planning application was submitted at the start of March;
- Hub Stage 1 report and approval is imminent;
- Officers engaged with Scottish Government on the external grant funding from the Low Carbon / Vacant and Derelict Land Investment Programme with the grant commitment maintained and payment received in the current financial year;
- As previously reported, the main risk to the project remains in connection with affordability in relation to the challenging economic and market conditions, including the extraordinary rise in the price of materials which are impacting the delivery of all capital programme projects. It should be noted that the inflation risk will remain a live risk through the remaining design development period up to the point of market testing and financial close and there will be further cost reviews at key stages within the high level programme;
- Engagement with the Client Service has continued in respect of space planning and refinement of the room layouts including co-ordination of loose and fitted furniture / equipment;

Consultation with service users, families, carers and all learning disability staff both NHS and Social Care continues. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

5.3 Crosshill Children's Home:

The Panel has previously been advised that the final account negotiations for the project were ongoing with the overall project cost reconciliation also subject to the engagement and resolution of the original contract and performance bond. Over expenditure of £57K is currently being reported which is being funded from the remaining Covid pressures allocation within the Environment & Regeneration capital programme. The Panel is requested to note the position, the proposed allocation of funding and that a report on the final outcome will be brought back to a future meeting of the Panel.

5.4 Swift Upgrade

The SWIFT replacement system preferred bidder was OLM systems for their product ECLIPSE. As previously reported, discovery work including establishment of implementation plans is ongoing, with the first payment milestone of £0.100m due to be paid following this initial period. It is now anticipated that will happen early in 2023/24, along with the remaining milestone payments later in the financial year.

6.0 Earmarked Reserves

6.1 The balance on the IJB reserves at 31 March 2022 was £28.325 million. A further £0.540m was approved by the Integration Joint Board for earmarking at its March meeting, which together with anticipated Refugee Grant income to be earmarked gives a revised EMR balance of £30.057m, with a projected £17.639m to be carried forward into 2023/24.

The reserves noted in this report are those delegated to the Council for spend in 2022/23, and smoothing reserves held for areas of volatility within Council services. The opening balance on these reserves were £3.248 million and £4.156 million respectively. The total approved earmarking of £1.054m for the year so far (£0.791m and £0.263m respectively), together with £0.678m Refugee grant income have been added to the balances. Current projected expenditure for 2022/23 is £1.116 million, giving a projected carry-forward for these reserves of £8.070 million.

Any balance remaining will be the subject of a review being carried out as part of the IJB budget setting process. An update will be provided in due course.

6.2 An earmarked reserve of £8.130m was held at the start of 2022/23 financial year. Scottish Government have confirmed that any of this funding which is unused is to be returned to them via Greater Glasgow and Clyde Health Board. Current projections show anticipated spend of £3.580m for the HSCP (£3.290m Council Spend), therefore £4.550m is currently expected to be returned to Scottish Government as at period 11 projections.

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

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

6.4 The projections above now include the effect of the 2022/23 backdated pay award and reflects the budget transfer of £1.100m pay award funding from the Council, and a drawdown of £0.692m from the earmarked reserve held for this purpose

7.0 IMPLICATIONS

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

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

7.2 Finance

All financial implications are discussed in detail within the report

One off Costs

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

Annually Recurring Costs/ (Savings)

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

7.3 Legal/Risk

There are no specific legal/risk implications arising from this report.

7.4 Human Resources

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

7.5 Strategic

There are no specific strategic implications arising from this report.

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 There are no background papers for this report.

Social Work

Budget Movement - 2022-23

Period 11 1 April 2022 - 28 February 2023

Service	Approved Budget £000	Movements				Amended Budget £000	Revised Budget £000
		Inflation £000	Virement / Reallocation £000	Supplementary Budgets £000	IJB Funding £000		
Children & Families	11,638	0	171	716	0	12,525	0
Criminal Justice	118	0	0	0	0	118	0
Older Persons	28,026	0	1,363	78	0	29,467	0
Learning Disabilities	9,359	0	(227)	157	0	9,289	0
Physical & Sensory	2,607	0	(188)	59	0	2,478	0
Assessment & Care Management	2,804	0	(300)	98	0	2,602	0
Mental Health	1,222	0	221	63	0	1,506	0
Alcohol & Drugs Recovery Service	950	0	(35)	55	0	970	0
Homelessness	1,266	0	(222)	54	0	1,098	0
Planning, Health Improvement & Commissioning	1,792	0	176	92	0	2,060	0
Business Support	5,740	0	(1,209)	177	0	4,708	0
Totals	65,522	0	(250)	1,549	0	66,821	0

Social Work

Revenue Budget Projected Outturn - 2022/23

Period 11 1 April 2022 - 28 February 2023

2021/22 Actual Subjective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
32,184 Employee costs	33,965	35,837	34,677	(1,160)	(3.24)
1,347 Property costs	1,025	1,024	1,706	682	66.60
1,045 Supplies & services	1,005	1,366	1,462	96	7.02
183 Transport & plant	352	397	375	(22)	(5.44)
900 Administration costs	732	738	873	135	18.24
43,886 Payments to other bodies	51,100	51,797	51,850	53	0.10
(24,503) Income	(22,657)	(24,338)	(26,134)	(1,796)	7.38
55,042	65,522	66,821	64,809	(2,012)	(3.01)
3,472 Transfer to Earmarked Reserves	0	(1,054)	(1,054)	0	0
58,514 Social Work Net Expenditure	65,522	65,767	63,755	(2,012)	(3.06)

2021/22 Actual Objective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
11,555 Children & Families	11,638	12,550	12,906	356	2.84
106 Criminal Justice	118	118	95	(23)	(1.35)
22,965 Older Persons	28,026	29,467	28,356	(1,111)	(3.77)
8,931 Learning Disabilities	9,359	9,289	9,283	(6)	(0.07)
2,507 Physical & Sensory	2,607	2,478	2,407	(71)	(2.87)
2,174 Assessment & Care Management	2,804	2,602	2,536	(66)	(2.54)
795 Mental Health	1,222	1,506	1,231	(275)	(18.26)
498 Alcohol & Drugs Recovery Service	950	970	846	(124)	(12.78)
1,210 Homelessness Planning, Health Improvement &	1,266	1,098	1,087	(11)	(1.00)
1,684 Commissioning	1,792	2,060	2,083	23	1.09
2,617 Business Support	5,740	4,683	3,979	(704)	(15.05)
55,042	65,522	66,821	64,809	(2,012)	(3.01)
3,472 Transfer to Earmarked Reserves	0	(1,054)	(1,054)	0	0
58,514 Social Work Net Expenditure	65,522	65,767	63,755	(2,012)	(3.06)

Social Work

Material Variances - 2022/23

Period 11 1 April 2022 - 28 February 2023

2021/22 Actual	Budget Heading	Revised Budget	Proportion of budget	Actual to 28/02/23	Projected Outturn	Projected Over/(Under) Spend	Percentage Variance
£000		£000	£000	£000	£000	£000	%
	Employee Costs						
6,793	Children & Families	6,705	5,640	6,085	6,817	112	1.67
1,645	Criminal Justice	1,878	1,580	1,394	1,814	(64)	(3.41)
11,462	Older Persons	12,373	10,407	10,695	11,996	(377)	(3.05)
2,502	Learning Disabilities	2,885	2,427	2,237	2,609	(276)	(9.57)
1,009	Physical Disabilities	1,282	1,078	1,045	1,254	(28)	(2.18)
2,066	Assessment & Care Management	2,485	2,090	1,973	2,442	(43)	(1.73)
1,194	Mental Health	1,323	1,113	1,065	1,270	(53)	(4.01)
1,012	Alcohol & Drugs Recovery Service	1,285	1,081	1,014	1,205	(80)	(6.23)
1,004	Homelessness	1,099	924	870	1,158	59	5.37
1,852	Planning, Health Improvement & Commissioning	2,003	1,685	1,692	2,041	38	1.90
2,123	Business Support	2,518	2,118	1,879	2,241	(277)	(11.00)
28,797		35,836	30,142	29,949	34,847	(989)	(32)
142	Criminal Justice package costs	0	0	49	70	70	n/a
2,363	Residential Childcare	2,687	2,687	2,331	2,801	114	4.24
2,102	Adoption / Fostering / Kinship	2,033	2,033	2,063	2,192	159	7.82
2	Children & Families - Youth Services Treatment Courses	67	61	15	37	(30)	(44.78)
14,673	Residential Nursing & Free Personal Care	17,083	13,142	13,365	16,958	(125)	(0.73)
3,758	Older People - External Homecare Payments	4,571	3,516	2,757	3,714	(857)	(18.75)
501	Older People - Residential Nursing - other client commitments	741	618	340	535	(206)	(27.80)
9	Learning Disabilities - External Transport	84	77	15	20	(64)	(76.19)
9,885	Learning Disabilities - Client Commitments	10,694	8,633	9,080	10,931	237	2.22
(174)	Learning Disabilities - Day Care & Support Services Income	(255)	(234)	(70)	(166)	89	(34.90)
1,706	Physical & Sensory - Client Commitments	1,940	1,778	1,684	1,889	(51)	(2.63)
220	Assessment & Care Management - Respite	322	295	163	230	(92)	(28.57)
67	Assessment & Care Management - Legal & Consultant Costs	16	15	57	59	43	268.75
1,567	Mental Health - Client Commitments	2,022	1,854	1,467	1,740	(282)	(13.95)
304	ADRS - Client Commitments	515	472	268	322	(193)	(37.48)
0	Homelessness - Bad Debt Provision	73	67	0	30	(43)	(58.90)
297	Homelessness - Property Costs	249	228	245	285	36	14.46
174	Business Support - Insurance	145	133	0	175	30	20.69
37,596		42,987	35,375	33,829	41,822	(1,165)	(2.71)
66,393	Total Material Variances	78,823	65,517	63,778	76,669	(2,154)	(2.73)

Social Work

DRAFT Capital Budget 2022/23

Period 11 1 April 2022 - 28 February 2023

Project Name	Est Total Cost £000	Actual to 31/03/22 £000	Approved Budget £000	Revised Estimate £000	Actual to 28/02/23 £000	Estimate 2023/24 £000	Estimate 2024/25 £000	Future Years £000
Social Work								
Crosshill Childrens Home Replacement	2,372	2,016	249	356	356	0	0	0
New Learning Disability Facility	9,507	133	884	200	27	2,970	6,204	0
Swift Upgrade	200	0	200	0	0	200	0	0
Complete on Site	13	0	13	1	1	12	0	0
Social Work Total	12,092	2,149	1,346	557	384	3,182	6,204	0

Social Work
Earmarked Reserves - 2022/23

Period 11 1 April 2022 - 28 February 2023

Project	Lead Officer / Responsible Manager	c/f Funding from 2021/22 £000	New Funding Reserves 2022/23 £000	New Funding Other 2022/23 £000	Proposed Write Backs 2022/23 £000	Earmarked Reserves 2022/23 £000	Phased Budget To Period 11 £000	Actual To Period 11 2022/23 £000	Projected Spend 2022/23 £000	Amount to be Earmarked for 2023/24 & Beyond £000	Lead Officer Update
Tier 2 School Counselling	Jonathan Hinds	312	0	0	0	312	286	0	0	312	EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020. No anticipated use of the EMR in 2022-23 as alternative funding source utilised.
C&YP Mental Health & Wellbeing	Jonathan Hinds	84	0	0	0	84	84	35	84	0	Plan and implement a programme aimed at supporting children and young people in the community whose life chances are negatively impacted through mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, 2 FTE staff from Barnardo's, 1 FTE research assistant based in Educational Psychology and 0.2 FTE Educational Psychologist to act as development Officer with backfill.
Whole Family Wellbeing	Jonathan Hinds	64	0	0	0	64	0	0	0	64	Funding will help Inverclyde to achieve the vision set out and improve outcomes for children, young people and families and support whole system transformational change which is necessary in line with GIRFEC and the promise.
National Trauma Training	Jonathan Hinds	50	0	0	0	50	50	0	0	50	
Refugees	Allen Stevenson	1,077	0	678	0	1,755	0	0	0	1,755	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. Updated planned spend being prepared and will be updated for next report.
Autism Friendly	Allen Stevenson	164	0	0	0	164	0	1	4	160	Plans in place to fully spend.
Integrated Care Fund	Allen Stevenson	109	0	0	0	109	0	1	26	83	Plans in place to fully spend.
Delayed Discharge	Allen Stevenson	102	0	0	0	102	0	0	28	74	Plans in place to fully spend.
Winter Planning - Care at Home	Allen Stevenson	712	0	270	0	982	242	28	171	811	Plans being finalised to utilise remaining reserves fully.
Winter Pressures Interim Beds	Allen Stevenson	0	0	92	0	92	0	0	0	92	To fund the balance of the Interim Beds contract due in 23-24
Dementia Friendly	Gail Kilbane	89	0	0	0	89	82	47	62	27	Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group.
ADRS fixed term posts	Gail Kilbane	0	0	109	0	109	0	0	0	109	Earmarked for ADRS non-recurrent posts.
RRTP	Gail Kilbane	136	0	0	0	136	110	0	0	136	RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan.
Temporary posts	Craig Given	0	0	320	0	320	0	0	0	320	Earmarked for temporary posts.
Welfare - IDEAS Projects	Craig Given	350	0	0	0	350	70	0	14	336	Plans currently being developed. New post being created to achieve outcome, 2x Grade 6 money advisor posts for Advice Services. 2x advice posts for financial fitness. Further delivery tbc for 22/23 and 23/24
Covid Recovery Projects	Craig Given	49	0	0	0	49	27	0	35	14	Projected spend against these projects £35k with balance to be returned
Pay contingency	Craig Given	891	0	0	0	891	816	0	692	199	£692k will be utilised in 2022-23.
Client Commitments - general	Craig Given	0	0	200	0	200	0	0	0	200	
Adoption/Fostering/Residential Childcare/ Kinship	Jonathan Hinds	800	0	0	0	800	0	0	0	800	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years.
Continuing Care	Jonathan Hinds	425	0	0	0	425	99	0	0	425	To address continuing care legislation.
Residential & Nursing	Allen Stevenson	1,003	0	0	0	1,003	0	0	0	1,003	This reserve is used to smooth the spend on older people residential and nursing costs over the years.
Learning Disabilities Client Commitments	Allen Stevenson	600	0	0	0	600	0	0	0	600	This reserve is used to smooth the spend on Learning Disabilities Client Commitment costs over the years.
Learning Disabilities Redesign	Allen Stevenson	437	0	63	0	500	0	0	0	500	Minor areas of spend anticipated as the project progresses.
Council related total		7,454	0	1,732	0	9,186	1,866	112	1,116	8,070	

Social Work
Earmarked Reserves - 2022/23

Period 11 1 April 2022 - 28 February 2023

Project	Lead Officer / Responsible Manager	c/f Funding from 2021/22 £000	New Funding Reserves 2022/23 £000	New Funding Other 2022/23 £000	Proposed Write Backs 2022/23 £000	Earmarked Reserves 2022/23 £000	Phased Budget To Period 11 £000	Actual To Period 11 2022/23 £000	Projected Spend 2022/23 £000	Amount to be Earmarked for 2023/24 & Beyond £000	Lead Officer Update
IJB PCIP	Allen Stevenson	1,527	0	0	0	1,527	1,527	1,527	1,527	0	This is an IJB reserve & is coded to 94012.
IJB ADP	Gail Kibane	843	0	0	0	843	843	843	843	0	This is an IJB reserve & is coded to 94013.
IJB Mental Health - Action 15	Gail Kibane	236	0	0	0	236	236	236	236	0	This is an IJB reserve & is coded to 94014.
IJB Mental Health Transformation	Gail Kibane	750	0	0	0	750	135	44	135	615	This is an IJB reserve & is coded to 94016. The split of the funding between Council and Health is tbc.
IJB Contributions to Partner Capital Projects	Kate Rocks	1,103	0	0	0	1,103	0	3	137	966	This is a shared reserve & is coded to 94017.
IJB Primary Care Support & Public Health	Hector McDonald	338	0	0	0	338	57	57	42	296	This is an IJB reserve & is coded to 94019.
IJB Prescribing Smoothing Reserve	Allen Stevenson	798	0	0	0	798	0	0	0	798	This is an IJB reserve & is coded to 94020.
IJB Addictions Review	Gail Kibane	250	0	0	0	250	0	0	0	250	This is an IJB reserve & is coded to 94021.
IJB CAMHS Post	Jonathan Hinds	68	0	0	0	68	0	0	0	68	This is an IJB reserve & is coded to 94022.
IJB Transformation Fund	Kate Rocks	1,975	0	0	0	1,975	1,235	237	257	1,718	Expenditure on projects approved by the Transformation Board and IJB. Updates reported regularly to both the Transformation Board and IJB. Projects can be Council, Health or Joint. This is an IJB reserve & Health spend is coded to 94024.
IJB DN Redesign	Allen Stevenson	88	0	0	0	88	88	88	88	0	This is an IJB reserve & is coded to 94026.
IJB Covid-19	Kate Rocks	8,130	0	0	0	8,130	3,025	2,313	8,130	0	This is an IJB reserve & is coded to 94027. P8 uncommitted balance of £4,924k to be returned to SG.
IJB Covid Community Living Change	Allen Stevenson	320	0	0	0	320	0	2	80	240	This is an IJB reserve & is coded to 94028.
IJB Covid Shielding SC Fund	Allen Stevenson	34	0	0	0	34	0	0	34	0	This is an IJB reserve & is coded to 94029.
IJB Staff L&D Fund	Jonathan Hinds	204	0	0	0	204	0	0	29	175	This is an IJB reserve & is coded to 94030.
IJB Homelessness	Gail Kibane	350	0	0	0	350	0	0	0	350	This is an IJB reserve & is coded to 94031.
IJB Fixed Term Staffing	Allen Stevenson	200	0	0	0	200	0	0	0	200	This is an IJB reserve & is coded to 94033.
IJB Swift	Craig Given	504	0	0	0	504	0	175	144	360	This is an IJB reserve & is coded to 94035. Previously included within the Transformation Fund as a project
IJB CAMHS Tier 2	Jonathan Hinds	100	0	0	0	100	0	0	0	100	This is an IJB reserve & is coded to 94036. Previously included within the Transformation Fund as a project
IJB WP MDT	Allen Stevenson	217	0	0	0	217	217	217	217	0	This is an IJB reserve & is coded to 94037.
IJB WP HSCW	Allen Stevenson	206	0	0	0	206	206	206	0	206	This is an IJB reserve & is coded to 94038.
IJB Care Home Oversight	Allen Stevenson	115	0	0	0	115	55	80	55	60	This is an IJB reserve & is coded to 94039.
IJB Digital Strategy	Allen Stevenson	676	0	0	0	676	0	113	300	376	This is an IJB reserve & is coded to 94040.
IJB MH Recovery & Renewal	Allen Stevenson	877	0	0	0	877	428	616	355	522	This is an IJB reserve & is coded to 94041.
IJB Free Reserves	Kate Rocks	962	0	0	0	962	0	0	-1,307	2,269	This is an IJB reserve & is coded to 94025. Per IJB reporting at P9.
IJB total		20,871	0	0	0	20,871	0	6,757	11,302	9,569	
Overall Total		28,325	0	1,732	0	30,057	9,918	6,869	12,418	17,639	

Report To:	Social Work & Social Care Scrutiny Panel	Date:	27 April 2023
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	SWSCSP/17/2023/JH
Contact Officer:	Jonathan Hinds Head of Children & Families Inverclyde HSCP	Contact No:	01475 715282
Subject:	Inspection of Children’s Residential Care Homes - Crosshill		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to advise the Social Work and Social Care Scrutiny Panel of the outcome of the inspection completed by the Care Inspectorate in respect of Crosshill Children’s Residential Care Home Services on 19th December 2022.
- 1.3 The Care Inspectorate regulates all care services in Scotland. The Care Inspectorate completed an unannounced inspection of Crosshill on 19th December 2022.
- 1.4 The inspection was conducted in line with Health and Social Care Standards and the quality of service provided was evaluated under: -
- How well do we support children and young people’s wellbeing
 - Children and young people are loved and get the most out of life
- 1.5 The report is now published.
- 1.6 The summary of the grades awarded were as follows: -
1. How well do we support children and young people’s rights and wellbeing: 4 – good
 2. How well is our care and support planned: 4 - good

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Social Work and Social Care Scrutiny Panel note the outcome of the inspection.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 All of Inverclyde's residential children's care home services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of Crosshill was completed on 19th December 2022.
- 3.2 The inspection evaluated the quality of two specific standards:
- How well do we support children and young people's wellbeing
 - Children and young people are loved and get the most out of life
- 3.3 During the inspection the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans. The inspection graded the service as good – 4 in the two quality standards evaluated.
- 3.4 The inspection noted that young people currently living in Crosshill were kept safe and secure. This was supported by individual risk assessments and positive working relationships between the service and other agencies.
- 3.5 It was noted within the inspection that young people had a good awareness of their rights and who they could go to in times of need or if they needed someone to act on their behalf. The role of advocacy services was embedded into the supports offered to the young people and the young people benefited from access to external advocacy and support from the provider's Children's Rights Officer.
- 3.6 The inspection highlighted that young people enjoyed warm, nurturing, and trusting relationships with staff. There was love and affection and a sense of this being a family home. Some young people have been settled in the house for many years throughout transitions and different stages of development. This was seen as testament to the relationships between staff and young people.
- 3.7 Records for all the young people were viewed and reported overall to be of good quality and reflective of the needs and supports of the young people. Plans and records were noted to be child centred and written in a respectful manner. There was evidence of positive outcomes and progress for the young people currently in the service.
- 3.8 The inspection found that staff were proactive in helping young people access new opportunities and experiences.
- 3.9 The inspection found young people were engaged in the care and support they received. They had an awareness of their care plans and were able to contribute to these. They were noted to be comprehensive and child-centred.
- 3.10 The inspection identified the service had a good understanding of the young people's health and care needs and what they required for optimum physical and mental health. There was evidence of positive health outcomes within the report.
- 3.11 Young people's connections to family and friends were reported to be well supported. Examples were noted where staff were described as having gone "above and beyond" to maintain these relationships. Staff were described as mediators between family members at times of difficulty.
- 3.12 A particular strength that was identified related to individual young people's ambitions, interests and life skill being supported and developed by staff. Staff were noted to work hard to achieve a balance between promoting young people's independence while also providing appropriate levels of guidance and support.

- 3.13 A key strength of the service was in the educational outcomes and achievements of the young people. All were in full time education or employment and all of those aged over 16 in education also had part time employment. Aspirational plans for the future were also noted.
- 3.14 Areas identified for improvement related to a short period of time in summer 2022 when young people did not feel safe, where they, along with staff, experienced high levels of aggression and or violence. The inspection concluded this resulted in some poorer outcomes where some young people exhibited physical symptoms of stress.
- 3.15 As part of working with children and young people who often have experienced significant trauma, staff in our children's houses care for some of our most vulnerable and complex young people.
- 3.16 Extensive efforts were made to provide support to the young people, staff, and identify an alternative resource to bring stability to the house. There were regular reviews and risk management meetings taking place until another resource was identified. The report recognised that concerns were responded to appropriately by staff.
- 3.17 The inspection identified concerns about the admission process for young people and the subsequent planning which did not always reflect needs or risks. Due to emergency admissions and placement availability, this can be challenging. Since the inspection took place, an improved matching process has been developed, where a matching profile of the child is completed to inform the decision and which house is most suitable, taking into account the needs of all the young people there.
- 3.18 The inspection identified one area for improvement, for the service to consider its wider response to increasing demands on service capacity. This should include efforts to consider service provision for older young people who have particularly complex and challenging needs. The service actively seeks placements for older young people from external providers in the independent and third sector as well as housing providers as appropriate.
- 3.19 Since the inspection, additional posts have been created in the Throughcare team to provide enhanced support to young people seven days per week. The impact of this will inform service developments for the wider service design for children, young people and families. Furthermore, discussion with the Care Inspectorate has subsequently taken place about language in recent reports, including an earlier reference to 'restraint'. Officers highlighted that established local practice includes the use of more appropriate, evidence-based 'safe hold' practices by trained staff, in line with 'Promoting Positive Behaviour' models of good practice.
- 3.20 The overall inspection rating was 'good', highlighting many areas of good practice and positive outcomes for the young people. As indicated above, the service has responded immediately to recommendations from the inspection.

4.0 PROPOSALS

- 4.1 The service is committed to continuous improvement and development and managers have taken forward improvements around older young people with challenging and complex needs. Older young people who are eligible for continued care are now allocated a continued care support worker to support skills for independent living.
- 4.2 In addition, a Child's Planning and Improvement Officer has been allocated to each of the 3 children's houses in Inverclyde to support regular reviews to take place to progress young people's future plans towards greater independence.

5.0 IMPLICATIONS

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

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

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

No Implications

5.4 Human Resources

No Implications

5.5 Strategic

No Implications

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 None

Crosshill Home Care Home Service

1 Crosshill Place
Port Glasgow
PA1 4UF

Telephone: 01475 715634

Type of inspection:
Unannounced

Completed on:
19 December 2022

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001104

About the service

Crosshill is a residential children's house located in a residential area of Port Glasgow. It is registered to provide care and accommodation for up to seven children and young people. During our inspection, seven young people were living in the service.

The house itself is newly built and is a modern design that offers space and comfort. The layout has been well considered and consists of an open plan living/dining room, a separate lounge, a games room and a large kitchen. There are seven bedrooms and six of these have ensuite facilities.

About the inspection

This was an unannounced inspection which took place on 12 and 13 December 2022. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and two of their family members
- spoke with five staff and management
- spoke to one external professional - observed practice and daily life
- reviewed documents - reviewed eight questionnaire responses from staff - reviewed four questionnaire responses from young people.

Key messages

- Young people had warm and positive relationships with staff.
- Staff were proactive in helping young people access new opportunities and experiences.
- Staff promoted and supported the young people to have positive physical and mental health.
- The young people in the house were supported in their education and had positive educational outcomes.
- Continuing care roles and procedures were not well established. Young people would benefit from more consistent relationships during this period.
- The service and provider should improve procedures for admissions and matching of new young people to the service. This should include timeously reviewing and responding to changing needs or circumstances.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing?

4 - Good

The overall evaluation of this key question is good, meaning that there were important strengths with some areas for improvement.

Young people currently in the service were kept safe and felt secure. This was supported by individual risk assessments and positive working relationships between the service and other agencies. Staff were confident in best practice for child protection.

However, in the time since the last inspection there were periods when young people did not feel safe. There have been regular incidents when staff and young people experienced high levels of aggression and/or violence. There were examples of some young people exhibiting physical symptoms of stress, their sleep suffering and opting to remain in their bedrooms to stay safe. Some young people have experienced trauma in their earlier years and these care experiences have the potential to compound existing trauma.

These concerns were responded to appropriately by staff and efforts were made by the provider to support and seek a solution. However, there was a lack of timeous, effective action taken. In one example, this contributed to extremely poor outcomes.

Consequently, we had concerns about the admission process of young people to the service and the subsequent planning that did not reflect needs or risks. This highlighted difficulties regarding how the capacity of the service is managed alongside the demands placed on the service (see area for improvement 1).

Young people had a good awareness of their rights and who they could go to in times of need or if they needed someone to act on their behalf. The role of advocacy services were embedded into the supports offered and the young people benefited from access to external advocacy and support from the provider's children's rights officer.

Young people enjoyed warm, nurturing, and trusting relationships with staff. There was love and affection and a sense of this being a family home. Some young people have been settled in the house for many years throughout transitions and different stages of development. This was testament to the relationships between staff and young people.

We viewed the records for all the young people and, overall, these were considered to be of good quality and reflective of the needs and supports of the young people. Plans and records were written in a child centred and respectful manner. There was evidence of positive outcomes and progress for the young people currently in the service.

The review process for older young people was found to be less robust. Indeed, there was some uncertainty about the role of professionals and continuing care procedures for these young people. We considered that this could be improved to allow for greater continuity of relationships, in line with key messages from the Promise.

Young people were engaged in the care and support they received. They had awareness of their 'careplans' and were able to contribute to these. They spoke of regular meetings with their keyworker and other, more informal ways, that their views were obtained and reflected in their plans.

The service had a good understanding of young people's health needs and what they required for optimum physical and mental health. Staff advocated and supported young people to access relevant health services. There was evidence of positive health outcomes for young people as a result of close monitoring of their needs and support being tailored around the individual.

Young people's connection to family and friends were supported well. There were examples of staff supporting family ties and 'going above and beyond' to maintain and support these relationships. This included practical and emotional support. Staff also fulfilled a role in mediating between family members, at times of difficulty, to help repair relationships.

Young people's individual ambitions, interests and life skills were supported and developed well. All of the young people benefited from a divergent range of interests and activities. Staff worked hard to achieve a balance between promoting young people's independence while providing appropriate levels of guidance and support.

A key strength of the service was in the educational or employment achievements of the young people. All of the young people were in full time education or employment and all those over the age of 16, and still in education, had part time employment. There were various examples of positive educational outcomes and aspirational plans for the future.

Areas for improvement

1. The provider should consider its wider response to increasing demands on service capacity. This should include efforts to consider service provision for older young people who have particularly complex and challenging needs.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Children and young people consistently experience nurturing, therapeutic care and support that reflects their experiences, developmental stage and needs. Staff understand the impact of trauma and employ a range of credible, high-quality interventions.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 21 December 2021.

Action taken since then

Since the last inspection, staff have undertaken a two-day training course in trauma informed practice. The staff induction plan is currently being redesigned with a greater focus on this area of practice and a specific input on trauma.

This area for improvement has been met.

Previous area for improvement 2

Led by managers, staff should be spending allocated time thinking about the needs of young people based on their current and historical experiences. Creating time for this input will support young person-centred planning and a shared understanding of a trauma and attachment informed model of care, leading to improved outcomes for young people.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 21 December 2021.

Action taken since then

There was evidence that the needs of the young people were understood and well considered by staff. Young people and staff described having the space and opportunity to discuss these and this, in turn, informed planning.

This area for improvement has been met.

Previous area for improvement 3

Young people will be supported by consistent models of care because all the staff work in the same way, utilise consistent systems and strategies to support are clearly described in the documents created to support them. The young people recognise their own voice in the paperwork.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 21 December 2021.

Action taken since then

Young people all had up-to-date, individual care plans and risk assessments. These were generally of good quality with relevant information and specific strategies used to support each young person. Young people's contributions to these were not always recorded however, young people spoke about feeling able to make any changes to their plan and engage with this process.

This area for improvement has been met.

Previous area for improvement 4

The planning, assessment and interventions in Crosshill Home will be reviewed by regular self-evaluation and external audit. This will include an evaluation of the wider looked after children's services to ensure that best practice is being implemented and everything possible is being done to drive towards the commitments set in Inverclyde's promise plan.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 21 December 2021.

Action taken since then

Since the last inspection, the wider external management structure has changed. The new manager has led recent reviews on how the service undertakes self-evaluation and auditing. A new service improvement plan is in progress and considers best practice and commitment to 'The Promise'.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Report To:	Inverclyde Council Social Work and Social Care Scrutiny Panel	Date:	27 April 2023
Report By:	Craig Given Head of Finance, Planning and Resources Inverclyde Health & Social Care Partnership	Report	SWSCSP/18/2023/CG
Contact Officer:	Andrina Hunter Service Manager Planning and Performance	Contact No:	01475 75381
Subject:	Inverclyde HSCP Strategic Plan 2023-24		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to present for noting the final HSCP Transition Plan progress update; the refreshed HSCP Strategic Plan and associated Outcomes Framework for 2023-24. The Inverclyde Integration Joint Board approved these refreshed Strategic Plan and Outcomes Framework at its meeting on the 20 March 2023.
- 1.3 The 2019-24 Strategic Plan set out the shared strategic priorities and ambitions for Inverclyde. The plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining term focussed on our future challenges. The Covid 19 pandemic impacted on the delivery of the original Strategic Plan and a two year Transition Plan has been in place until March 2023.
- 1.4 The Strategic Needs Assessment undertaken in 2019 has been refreshed and the refreshed Strategic Plan for 2022-24 has been developed and continues with the focus on the six Big Actions for Inverclyde with 49 key deliverables. Consultation of the plan has taken place throughout 2022 with an online survey and range of focus groups (both online and face to face).
- 1.5 The Strategic Plan progress will be reported regularly to the HSCP Strategic Planning Group with 6 monthly performance reports to the Integration Joint Board.
- 1.6 The development of a future Strategic Plan will be reviewed in line with progress towards the National Care Service.

2.0 RECOMENDATIONS

2.1 That the Inverclyde Council Social Work and Social Care Scrutiny Panel:

1. Notes the final 2021-23 Transition Plan progress update
2. Notes the engagement and consultation that has shaped the refresh of the Strategic Plan
3. Notes the refreshed Strategic Needs Assessment
4. Notes the refreshed Strategic Plan and Outcomes Framework for 2023-24

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 In 2019 Inverclyde IJB initially set out through its 5 year Strategic Plan (2019-24), and in particular the 6 Big Actions, its ambitions and vision. This plan reflected the many conversations we had at that time with the people across Inverclyde, professional colleagues, staff, those who use services including carers and children and young people across all sectors and services. The original plan set out the shared strategic priorities and ambitions for Inverclyde and what we had planned to deliver by 2024; the plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining two year term focussed on our future challenges.
- 3.2 The outbreak of the Covid 19 pandemic in March 2020 resulted in a range of activities being put in abeyance as the HSCP initiated its Business Continuity Plan. This was required to ensure focus on delivering essential services and support our staff and citizens during this unprecedented time.

Officers within the HSCP reviewed the existing Strategic Plan priorities and agreed a revised priority list to reflect new Covid 19 related themes; the need for recovery; and to reflect the deliverability of existing priorities in the midst of a pandemic. Engagement with our communities was undertaken in December 2020 by CVS Inverclyde and Your Voice to gain a community view to ensure Inverclyde HSCP were prioritising the right themes and services for 2020/2022. This Transition Strategic Plan set out 29 key deliverables for focus through the Covid 19 pandemic.

- 3.3 Due to the ongoing Covid 19 situation, the Transition Strategic Plan has continued until March 2023. This plan has now been completed and a summary report forms Appendix 1. In order to ensure any key uncompleted actions are not lost, a short audit has been undertaken to ensure any uncompleted actions are transferred to the new plan, this is referenced in the Transition Strategic Plan.

4.0 REFRESHED STRATEGIC PLAN 2023-24

- 4.1 As stated it was always the intention to refresh the Strategic Plan in year 3. To undertake this refresh we have:
- Reviewed the original actions within the [Strategic Plan](#); [Transition Plan](#) and the wider [Inverclyde Alliance Covid 19 Partnership Recovery Plan](#)
 - Updated the Strategic Needs Assessment to better understand our demographic and health challenges;
 - Reviewed the impact of the Covid 19 pandemic on services and wider community;
 - Reviewed the wider planning context;
 - Listened to communities and what they have told us through various engagement opportunities
- 4.2 Through discussion at the Strategic Planning Group and with 3rd sector and community representatives, there was a strong consensus that we should retain the original vision and priorities set out through the six Big Actions for Inverclyde. Feedback received is that these were set for five years and are still relevant, and importantly, well known and understood by our communities.
- 4.3 The refreshed plan contains key deliverables under the 6 Big Actions which link clearly with the nine National Outcomes for Scotland and also the national outcome framework Children, Young People and Community Justice. It continues the 'road map approach' utilised in the original plan and has been developed by officers and utilising previous feedback from our communities. The plan forms Appendix 2.

Within the plan we set out a clear direction of travel for locality planning which is integral to ensuring we work with our key partners and communities.

4.4 Strategic Needs Assessment

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

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

4.5 Consultation and Engagement

To ensure that partners and the community were fully engaged on the proposed refreshed plan, throughout 2022 a full consultation was undertaken supported by key partners, YourVoice, CVS Inverclyde and Inverclyde Council's Community Learning and Development Team. An online survey was developed alongside nine focus groups (mixture of face to face and virtual). There were 20 responses to the online survey and 74 people attended the focus groups. The majority of the responses stated that they found the refreshed Strategic Plan easy to read and understand. Key themes from the consultation were related to: access to services; pathways of care; stigma and future funding, the plan has been updated to ensure it captures these. In addition, the refreshed plan was subject to consultation with NHSGGC through the Finance, Planning and Performance Committee, and Inverclyde Council Social Work and Social Care Scrutiny Panel.

4.6 Outcomes Framework

An Outcomes Framework has been developed in order to show how our plan contributes the national outcomes previously mentioned and how we will monitor progress against each Big Action/outcome. A suite of key local indicators have been developed to support progress and we will report on these alongside the national Integration Indicators. Appendix 3 sets out the Outcomes Framework.

The HSCP will utilise Pentana, a performance management information system, which will allow great monitoring of this plan and more accurate and detailed management of our performance information.

4.7 Governance and Monitoring

It is crucial we are held to account by our communities and our Integration Joint Board (IJB) on the Strategic Plan, and we can also monitor the effectiveness of our actions.

Quarterly reports will be presented to the Strategic Planning Group with six monthly report submitted to the IJB. The IJB will receive a formal Annual Performance Report which will include progress on the Strategic Plan actions providing accountability and strong governance. In addition, a new six monthly report will be introduced detailing both Strategic Plan progress and a performance update.

In addition, the Annual Performance Reports will be published on the HSCP and Council websites so that our communities can also take stock of our progress.

4.8 National Care Service Development

The Scottish Government has committed to establish a functioning National Care Service by the end of the parliamentary term in 2026. The introduction of a National Care Service will fundamentally change the delivery of health and care services locally and we await further information and detail as to new delivery and governance models. The Inverclyde HSCP Strategic Plan (2023-24 refresh) will be reviewed in line with the timeline for the development of the new National Care Service.

5.0 IMPLICATIONS

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

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

5.2 Finance

The Strategic Plan will be delivered within the existing IJB budget as approved each year.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan.

5.4 Human Resources

The Strategic Plan will be delivered by the existing workforce.

5.5 Strategic Plan Priorities

This report sets out the new refreshed priorities for the Strategic Plan

5.6 Equalities

(a) Equalities

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

x	YES – Assessed as relevant and an EqIA is required. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here: Equality Impact Assessments (EIA) 2023 - Inverclyde Council
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no Beqaa is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

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

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

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

5.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 None.

Transition Strategic Plan-Key Priorities IMPLEMENTATION MONITORING REPORT April 2022 to March 2023



R.A.G. Progress Status

Red = significant slippage

Amber = slight slippage

Green = on track

Grey = future work

Blue = complete

Red	0
Amber	3
Green	19
Blue	7

Principal Author	Andrina Hunter
Responsible Head of Service	Craig Given
Report Date	As at March 2023

**EMERGING KEY PRIORITIES.
TOGETHER WE WILL MITIGATE THE CHALLENGES AND SUPPORT ANY OPPORTUNITIES PRESENTED BY
COVID19 AND COVID RELATED HEALTHCARE PRESSURES.**

Objective	Lead
We will minimise and manage significant ongoing pressures presented by the Covid-19 pandemic. We will prioritise and develop key priority services to ensure they are equipped to deal with the pandemic, safeguarding sustained delivery and development of service, improving lives and improving outcomes for people who require support.	Kate Rocks Chief Officer.

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.1	N/A	Covid 19 Live: We will develop and administer a flexible and responsive plan for Covid assessment and testing. (Winter 2020 + beyond)	March 2023	Twice weekly meetings continue with all HSCP Chief Officers regarding delayed discharges across NHS GGC. Winter tasks operation plans in place with a focus on discharge without delay and unscheduled care. We will continue to work collaboratively with the Care Home Collaborative (CHC) to support care homes. Weekly Oversight meetings continue. First round of CHAT visits to all adult and older people's homes have been completed. Themes and trends reported to IJB. Reports all shared with wider GGC team for overarching report. Second round of visits now commencing	Green	BA1 & 4
1.2	N/A	Winter plan will be developed to facilitate effective delivery of Key services including a largescale programme of seasonal Flu immunisation.	March 2023	Continuation of position for the delivery of housebound flu vaccinations. Team increased capacity to achieve target completion of housebound population for end of December 2022. Continuation of GGC roll out programme in community setting and mobile bus to target specific populations.	Green	BA1
1.3	N/A	Covid 19 recovery: To facilitate recovery we will implement effective lockdown arrangements (where	Mar 2023	We will continue to report statistics to inform Scottish Government decisions on tiered intervention status. Continuation of document learning/evidence from COVID management/recovery strategies, including public views. Business continuity plans have been updated and will be monitored and updated regularly.	Complete Blue	

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.4	BA1.1	appropriate) cognizant of local and national Tiered Interventions We will establish a framework and methodology to invest £1m anti-poverty funds, tackling fundamental causes of poor health.	March 2023	RISE project continues. 4 people are actively engaged in employment and work is progressing on an additional 14 young men workers	Green	BA1
1.5	N/A	We will ensure third sector are facilitated and 'ready' to bid for HSCP contracts.	March 2023	Procurement completed a Procurement demonstration. The delivery of tender training was also completed by Mid-December 2022 for all organisational staff including our 3 rd sector colleagues.	Complete Blue	
1.6	BA 4.8	We will complete our review of the Access 1 st test of change. Implement Access 1 st across all adult care services.	March 2024	Rolling out of the review continues to develop across Health & Community Care services. No further plans at present to extend to other services of HSCP. Ongoing discussions regarding future funding. Pilot electronic referrals from Access 1 st to care at home service being trialled over the winter months. A report of findings and recommendations of this pilot will be available end March.	Complete Blue	
1.7	BA 4.5	Care at Home: We will commence the review of our internal care at home service.	March 2023	Home Care Review Board established, sub groups continue to feed in to the Review Board. A paper of recommendations will be submitted to CMT highlighting recommendations and Best Value. Provision of new Tech unit has been out to tender, await outcome of procurement process to progress new contract for digital units and anticipate this will be announced in November. Work ongoing. Maximising independence post will drive forward the delivery of maximising independence, post holder in post.	Green	BA4

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.8	BA 4.15	Unscheduled Care: We will prioritise an efficient system-wide approach to improving patient services and managing demand effectively.	March 2024	<p>Work progressing well. HSCP Unscheduled Care Delivery group reinvigorated. Two anchors identified to progress the planning of UCC. Monthly reporting agreed to co-ordinate relevant updates from Work stream Leads.</p> <p>Feedback updates from GGC Delivery Group to identify how this interprets locally for delivery. Highlight any areas that require local focus in line with GGC priorities.</p>	Green	BA4
1.9	BA 4.2	OOH review: We will work with Out of Hours team to develop a local solution for the OOH review.	March 2023	<p>Moving forward, plans include:</p> <ul style="list-style-type: none"> • Review of Home Visiting Model and co-location of GP with Home Visiting Vehicle • Ongoing development and implementation of a multi-disciplinary team workforce plan, with a focus on recruitment of ANPs and AHPs • Increasing the number of Salaried GPs to provide cover • Enhanced management, clinical leadership and governance arrangements • Establishment of remote working arrangements to support the service, either as a routine shift or as a surge response • Creation of a learning and development environment <p>Continue to have strong links with OOH and provide interface discussion between GP Practices/OOH/HSCP.</p>	Green	BA4
1.10	BA 4.4	New Learning Disability Hub: We will deliver our new Learning Disability Hub in Inverclyde by 2023 as planned.	Dec 2023	<p>The current draft programme is indicating that the earliest the project can be progressed through the remaining pre-contract design stages, statutory approvals (planning/building standards), and market testing phase stage would target financial close in 3rd Quarter of 2023 and construction start thereafter.</p> <p>The programme also requires to integrate further engagement with service users, families, carers and learning disability staff at key stages of the detail design progression which will be co-ordinated through the Client Service and supported by The Advisory Group (TAG).</p> <p>It should be noted that the project, as with all construction projects, remains subject to risk of inflation through a combination of sharply rising prices for construction materials, disrupted supply chains and labour shortages including the on-going impact of increasing fuel/utility costs. Hub West Scotland will engage with Property Services and the Client Service to develop the project proposals</p>	Green	BA4

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
				through the remaining pre-contract design stages and statutory approval processes ahead of the market testing stage.		
1.11 a	BA 1.1	We will prioritise and develop Key Mental Health Services that are critical to the sustained delivery and improvement of services.	March 2023	<p>Mental Health Officer Review Complete</p> <p>Consultant Workforce Recruited to a number of Consultant posts and Clinical Director post (external resource). Recruited to trainee ANP and recruitment ongoing for additional ANPs. Challenges remain in OPMHT.</p> <p>Mental Health Assessment Unit: MHAU now taking same day referrals and GP referrals are being assessed locally. Pathways embedded and in place. Pathways embedded for a Single Point of Access for dealing with immediate urgent referrals from Police Scotland Scottish and Ambulance Service.</p>	Green	BA1
1.11.b	BA 1.10/ 1.19	We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services	March 2023	<p>Dementia Final report of the external evaluation awaited. Service expecting evaluation to confirm correct direction of travel. Re-established Dementia strategy group to continue and maintain the work of the HIS project.</p>	Green	BA1
1.11.c	BA 1.19	We will prioritise and develop Key Mental Health Programmes related to supporting people in more appropriate ways	March 2023	<p>Distress Brief Interventions (DBI): There has been 500+ referrals between Jan 21- to date. The vast majority are from community link workers with an increase from GPs now that the SCI gateway referral route is has been implemented.</p> <p>Training: A total of 68 Inverclyde staff who have completed the DBI level 1 online LearnPro level 1 training. Police Scotland have trained 61 staff in Inverclyde (K division). We are in the process of procuring DBI from 1st April onwards.</p>	Green	BA1

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.12	BA5	We will continue to build recovery communities across Inverclyde and deliver key actions of the Inverclyde Drug Related Death Prevention Strategy.		<p>Recovery contract in place for six months and recovery hub has been successful in reaching and offering support to the wider community. We hope to build on this model of delivery, using larger premises going forward. Inverclyde saw the largest reduction in drug related deaths in 2021 across Scotland, with a reduction of 52%.</p> <p>Our focus is now on reducing the number of drug related deaths where people are not known to services. The recovery hub has a vital role in this. In addition MAT funding is being used to support a test of change in relation to MAT 3 and assertive outreach.</p> <p>The Lived Experience Network have been involved in developing the recovery hub and will have a key role in co-designing our assertive outreach model, including replicating WAND with a mobile harm reduction unit. We have extended the Naloxone Link Worker post to widen the access of Naloxone training across key sectors in our communities.</p>	Green	BA5
1.13	BA 5.2/5.7	We will implement the Alcohol & Drug Recovery Service workforce redesign and implementation by March 2021	March 2023	REVIEW COMPLETE	Complete Blue	Complete
1.14.a	BA 4.2 1	We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness.	Jan 2023	<p>Change Lead and Wellbeing coordinator in post. Three Rapid Rehousing Support Workers in post and re-advertising for an additional five posts. Sub groups established and progressing well.</p> <p>Roll out of new website imminent.</p>	Green	BA4
1.14.b	BA 4.2 0/ 4.2 1	We will work towards delivering the 5 year Rapid rehousing Transition Plan		<p>Housing First training was held up. 10 clients have been resettled through Housing First approaches We are undertaking a Change Programme to modernise the homeless service which incorporates the Rapid Rehousing Transition Plan. This will update the Homeless Prevention and Housing Options work and accelerate the Housing First model as we roll out our new in house Rapid Rehousing Support Team. A detailed work plan is in development.</p>	Green	BA4

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.15	BA 2.1 3	We will review and develop Key Children and Families Services that are critical to the sustained delivery and improvement of services.	March 2023	<p>Currently delivering I Promise to staff in all 26 schools. Ongoing consultation with children, young people and families has included four children's houses, Home start focus groups, children/young people sharing their views regarding what and how services need to change. Proud2Care have filmed a Language matters film which runs alongside the Jargon Buster completed by everyone I Promise speak with. This highlights what words need to change. The establishment of Promise Practitioner forum, Promise Board and I Promise in Hearings will ensure Inverclyde is committed to keeping the promise and meeting the key priority areas within Plan 21-24 including a good childhood, whole family support, planning, supporting the workforce and building capacity. Session are planned with elected members and young people and a refresh of corporate parenting strategy. Discussion and funding bids are being explored for a Whole Family support intensive service and to expand the supports to children and families on the edge of care and in line with the 10 support principles listed within The Promise. Supporting the workforce continues with our Trauma Lead in place and STILT training. Furthermore, paperwork working groups will help to reduce the paperwork for Social Workers and have our wellbeing assessments in line with the views of our children and young people. A refresh and launch of Voice of the child/young person incorporates our Mind of My Own Digital app which will ensure we empower our families to share their views with choice.</p>	Amber	BA2
1.15b	<p>Request For assistance</p> <p>The front door access into the HSCP children and families service continues to see increased levels of referrals</p>		<p>The work in relation to a National Care Allowance Scheme by COSLA and Scottish Government was paused in 2020. This complex area of work resumed February 2021 and will further consider the financial challenges along with the findings of the Independent Care Review and the incorporation of UNCRC into law. We are still awaiting the national strategy to be developed however local preparatory work continues.</p> <p>Discussions have taken place with a 3rd sector provider to augment the front door, in particular to provide effective early help to families seeking assistance with the aim of providing support and reducing the number of families requiring a statutory or child protection response. A test of change is being planned and will should be in place in 2023. Anti-poverty posts in place, external evaluation and review on the effectiveness of posts to be completed, this will be led by the Child poverty strategic group. Evaluation / outcomes on effectiveness of posts will feed in to the HSCP strategic plan.</p>			

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.17	BA 2	We will use newly secured funds to establish a Wellbeing service for children in Inverclyde.	March 2023	Action for Children - Established in schools and progressing to year 3.	Green	BA2
1.18	BA 1.6 / 6.1 2	We will continue to progress the Big Lottery funded project, engaging women in the justice system in communities.	March 2023	The Programme Manager commenced role in January 2022 and is presently confirming a project timeline in respect of STILT training and staff trauma informed training during the reporting period until 31st August 2022. Key actions include: <ul style="list-style-type: none"> • Leaders within HSCP to attend STILT Training Programme • Relevant Operational Managers within HSCP, Your Voice and CVS Inverclyde to commence trauma informed training • Identified staff from HSCP, Your Voice and CVS Inverclyde to attend trauma informed training. 	Green	BA3
1.19	BA 3.1 1	We will develop Key Clinical and Care Governance Action Plan to support delivery and improvement of services.	March 2023	Clinical and Care Governance Action plan is reported in to the meetings and an updated report went to IJB In June as planned. Actions are all in progress.	Green	BA3
1.20	BA 6.1 0	We will continue to develop Capital Investments that are critical to the sustained delivery and improvement of services.	March 2023	New Greenock Health and Care Hub has now been delivered on budget and on timescale. Facility opened on Monday 17th May 2021. Both staff and patients have provided very positive feedback. Post completion meetings are ongoing with Hub West and Capital Planning for any snagging issues. Operational Group established for staff to feed into. Primary Care estates strategy now complete. Ongoing work with capital planning to prioritise future investments, it is hoped this will include a new build for Port Glasgow Health Centre. Property Asset Management Group to consider future direction of property within our estate taking into account Moving Forward Together and Digital Strategies.	Green	BA6

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.21	N/A	We will consider and review report from national review adult care.	March 2023	National Care Service Bill has been published. Response collated from our IJB and response submitted	Complete Blue	
1.22	N/A	Strategic Commissioning Team will continue to provide support and enhanced monitoring to the care home sector for the duration of the pandemic.	March 2023	Older Peoples Care Home Quality Assurance meetings now established and will continue for the foreseeable. Adult Care Home quality assurance meetings completed by end October. Commissioning team continue to provide ongoing support to all care home establishments.	Complete Blue	
1.23	BA 1	Community outreach will be supported through enhanced virtual/remote inclusion where feasible	March 2023	COMPLETE	Complete Blue	
1.24	BA 1.1 0	Technology enabled care & record-management will be prioritized. This will include roll out of remote technology 'and developing a preferred option for the SWIFT replacement recording	March 2023	Replacement of the Social Care Records Management System (SWIFT) Development: Tender process complete. OLM for their product ECLIPSE Project implementation is now underway. Initial scoping meetings being arranged to arrive at the final agreed PID. Change in deadline for this project – now looking to a deadline of December 2023 (with possible 6 month contingency).	Amber	BA6

EKP Ref	Relate to big action	Key Deliverable	Target Date	Progress (Details of progress / useful information / barriers, etc.)	RAG	FUTURE ACTION STRATEGIC PLAN
1.25	BA 1.1 2	system in Social Care Digital Support programme to secure agile working for staff will be accelerated.	March 2023	Attend Anywhere (AA) - usage has decreased as the COVID restrictions ease. PCMH and CAMHS continue to utilise the facility. There is a need to do a refresh of AA and establish which services would benefit from delivering their service more effectively and efficiently using this facility. There are a number of small pieces of digital work ongoing including the implementation of an online referral for TEC services. We will continue to work collaboratively with services to scope out best value / use of Digital including the possibility of a dedicated Digital Support post.	Amber	BA6
1.26	BA1.1 BA1.11 BA6.14	Progress programme of Localities Planning work, establishing virtual structures to support 6 Localities.	March 2023	The Localities work has not progressed as quickly as hoped. Agreed to move forward with Two HSCP Locality Groups (East and West). Terms of Reference developed and agreed members of our SMT will chair each Locality. Planning underway to establish locality groups by mid-February.	Green	BA6
1.27	BA 6.1	Develop Inverclyde Cares – a social movement based on being neighbourly and kind, engaging communities and connecting people.	March 2023	Bereavement work is well underway and eight local organisations have now achieved the Bereavement Charter mark. Rig Arts were appointed to carry out the co-production. Community consultation and engagement has been ongoing and Phase 1 is due to conclude in December 2022. Phase 2, which starts in early 2023 will see the proposals developed by the community, implemented. Three Challenge Stigma events have taken place. Funding has been approved to develop a stigma training programme. Inverclyde Cares logo has been developed and Kindness Awards have been launched. An event to formally launch this took place on 13th November 2022 at Waterfront Cinema.	Green	BA6

INVERCLYDE HEALTH & SOCIAL CARE STRATEGIC PLAN 2019 – 2024

REFRESH (2023-2024)

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

“Improving Lives”

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Refreshed Housing Contribution Statement

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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish


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

Punjabi

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

Urdu

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

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

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 Strategic.Comm@inverclyde.gov.uk

Welcome from Alan Cowan Chair Inverclyde IJB



We are pleased to present the refresh of our second Strategic Plan (2019-2024) for Inverclyde Integrated Joint Board (IJB) which has been developed by the Health and Social Care Partnership (HSCP) and the Strategic Planning Group (SPG), in consultation with the people of Inverclyde.

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

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

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

We had always planned to refresh this Strategic Plan in year three (2021/2022) however the measures put in place to keep us safe during the COVID-19 pandemic meant that we had to prioritise key areas of work which we delivered through our Transition Strategic Plan (2020-2023).

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

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

Section 1

1. Background

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

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

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

1.1 Our original Five year Plan (2019-2024)

Inverclyde IJB initially set out through its Five year Strategic Plan (2019-2024), and in particular the Six Big Actions, its ambitions and vision. This plan reflected the many conversations we had with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

Our original plan set out the shared strategic priorities and ambitions for Inverclyde and what we had planned to deliver by 2024; the plan was always to be refreshed in 2022-2023 with a revised plan in place for the remaining two year term focussed on our future challenges.

1.2 Our Transition Plan (2020/2022)

In response to the COVID-19 Pandemic and to allow services to focus on the delivery of crucial services and recovery, the work to deliver the original actions in the Strategic Plan (2019-2024) were paused and a more streamlined Transition Plan for 2020/2022 developed. This transition plan reflected a revised priority list to include new COVID-19 related themes and the deliverability of existing priorities in the midst of a pandemic. Engagement with our communities was undertaken in December 2020 by CVS Inverclyde and YourVoice to gain a community view in ensuring Inverclyde HSCP were prioritising the right themes and services for 2020/2022.

1.3 Our refreshed Plan (2023-2024)

As previously stated, it was always the intention to refresh the original strategic plan in year three to ensure a continued focus on the key priorities for Inverclyde. This refreshed plan will set out our priorities for 2023-2024 and should be read in the context of our original plan.

To undertake this refresh we have:

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

The actions in our previous plans have been reviewed and either closed off as complete or continued, in a new format into our refreshed plan

2. Our Vision and Priorities for 2023-2024

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

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

2.1 Our Vision

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

2.2 Our Priorities-Six Big Actions

Big Action 1: Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health	Big Action 2: A Nurturing Inverclyde will give our Children & Young People the Best Start in Life	Big Action 3: Together we will Protect Our Population
Big Action 4: We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living	Big Action 5: Together we will reduce the use of, and harm from alcohol, tobacco and drugs	Big Action 6: We will build on the strengths of our people and our community

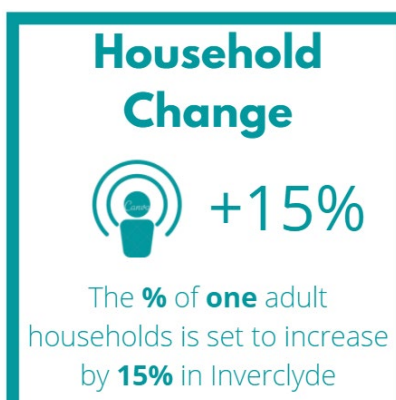
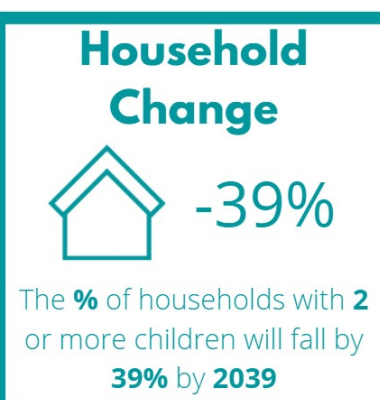
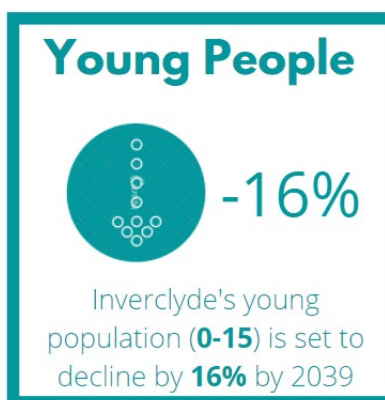
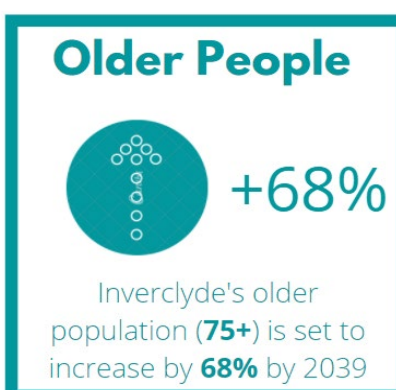
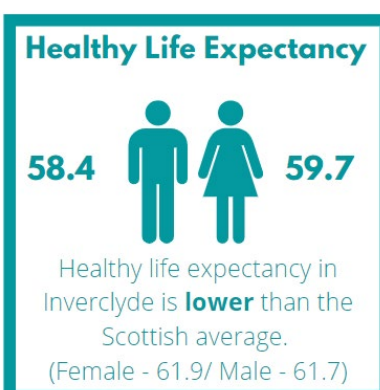
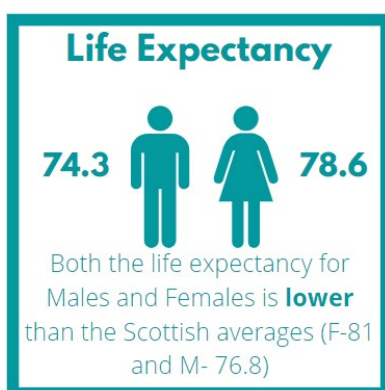
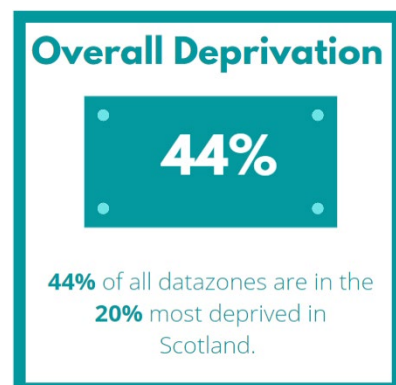
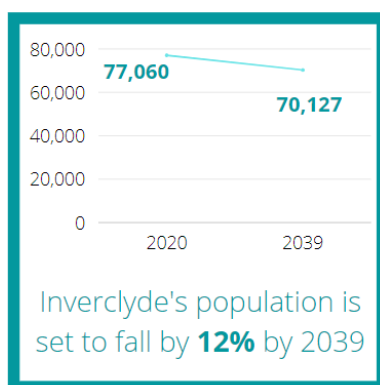
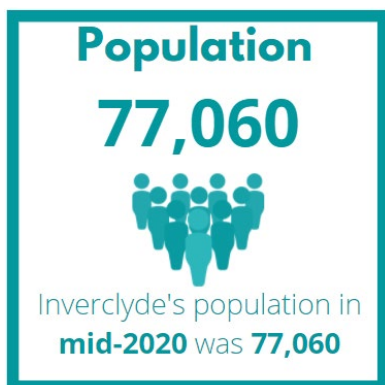
Our Six Big actions link clearly with the nine National Outcomes for Scotland and also the national outcome framework Children, Young People and Community Justice. Appendix 2 provides an overview of how our Big Actions align with the National Outcomes and Appendix 3, the links to national Public Health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

3. Demographic Profile

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

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

Whilst the SNA doesn't therefore represent fully the impact of COVID-19 which is still emerging, we know from our local intelligence the impact is being seen within our services and this will be fully captured within our Annual Performance Report (APR) and the next SNA which will be refreshed in line with the next strategic plan.



Our SNA makes reference to some key information relating to children, because our Six Big Actions relate to all of our people, including our children and young people. Our Joint Children's Services Plan (2020-2023) should be regarded as a companion document to this Strategic Plan, and can be found here [Children's Services Plan 2020/23](#).

4. Impact of COVID-19

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

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

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

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

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

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

5. Strategic Context

5.1. Related Strategies, plans and legislation

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

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

Legislation	National Strategies and guidance	Local Strategies and Guidance	HSCP Plans
Public Bodies(Joint Working) Scotland Act 2014	Remobilise; Recover; Redesign The Framework for NHS Scotland (2020)	Inverclyde Council Inverclyde Council Corporate Plan	Workforce Plan Digital Plan
Community Empowerment (Scotland) Act 2015	Realising Realistic Medicine (2017)	NHS Greater Glasgow and Clyde NHSGGC Remobilisation Plan	Primary Care Improvement Plan
Children and Young People (Scotland) Act 2014	Getting it Right for Every Child (GIRFEC)	Moving Forward Together	Rapid Rehousing Transition Plan
Carers (Scotland) Act 2016	Public Health Scotland's Strategic Plan (2020/23)	Turning the Tide through Prevention	Market Facilitation and Commissioning Plan
The 2018 General Medical Services Contract in Scotland	A National Clinical Strategy for Scotland (2016)	NHS GGC Mental health Strategy	Clinical and Care Governance Strategy and Plan
The Equality Act(Scotland) 2010	Independent Care Review-The Promise 2020	Inverclyde Alliance (Community Planning Partnership) Local Outcome Improvement Plan (LOIP)	
Child Poverty (Scotland) Act 2017		Integrated Children's Services Plan	
National Care Service (Scotland) Bill 2022		Inverclyde Alcohol and Drug Partnership Strategy Inverclyde Community Justice Outcomes Improvement Plan	

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

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

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

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

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

The National Care Service (Scotland) Bill 2022 was introduced to parliament in June 2022. The Bill establishes the National Care Service. The Bill allows Scottish Ministers to transfer social care responsibility from local authorities to a new, national service. This could include adult and children's services, as well as areas such as justice social work. Scottish Ministers will also be able to transfer healthcare functions from the NHS to the National Care Service. At time of writing the Bill is at Stage 1 with the commitment to establish a functioning National Care Service by the end of the parliamentary term in 2026. The introduction of a National Care Service will fundamentally change the delivery of health and care services locally and we await further information and detail as to new delivery and governance models.

5.3 Independent Care Review and The Promise

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

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

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

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

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

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

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

5.4 Equality and Diversity

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

6. Engagement with Communities

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

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

This refreshed plan (2023-2024), has been developed following feedback from a range of partners involved in the Strategic Planning Group and consultations undertaken previously by our third sector and community partners. We will continue to seek out the voices of local people in all our future planning and delivery.

In order for the HSCP to ensure it continues to meet the needs of our local population we must maintain a clear understanding of the differing levels of need and service provision across the HSCP. To support this, two Health and Social Care Locality Planning Groups have been established (West and East Inverclyde) which will meet both the Public Bodies (Joint Working) Scotland Act 2014 and the Community Empowerment Act 2015 legislation

The two localities will cover as follows:

East Inverclyde

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central

West Inverclyde

- Greenock South and South West
- Greenock West and Gourock
- Inverkip and Wemyss Bay

Section 2

OUR BIG ACTIONS

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

The following Big Actions will be delivered over the next year.

Big Action 1:
Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

Big Action 2:
A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

Big Action 3:
Together we will Protect Our Population

Big Action 4:
We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

Big Action 5:
Together we will reduce the use of, and harm from alcohol, tobacco and drugs

Big Action 6:
We will build on the strengths of our people and our community

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

BIG ACTION 1

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

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

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

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

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

We recognise mental health has a significant impact on our local community and this was a key message from our previous, and also more recent engagement process, and the strategic needs assessment. Poor mental health often impacts on physical health and the person's ability to work or to engage with their community therefore we will continue to innovative to deliver quality mental health services within Inverclyde.

Big Action 1 ROADMAP

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



BIG ACTION 2

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

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

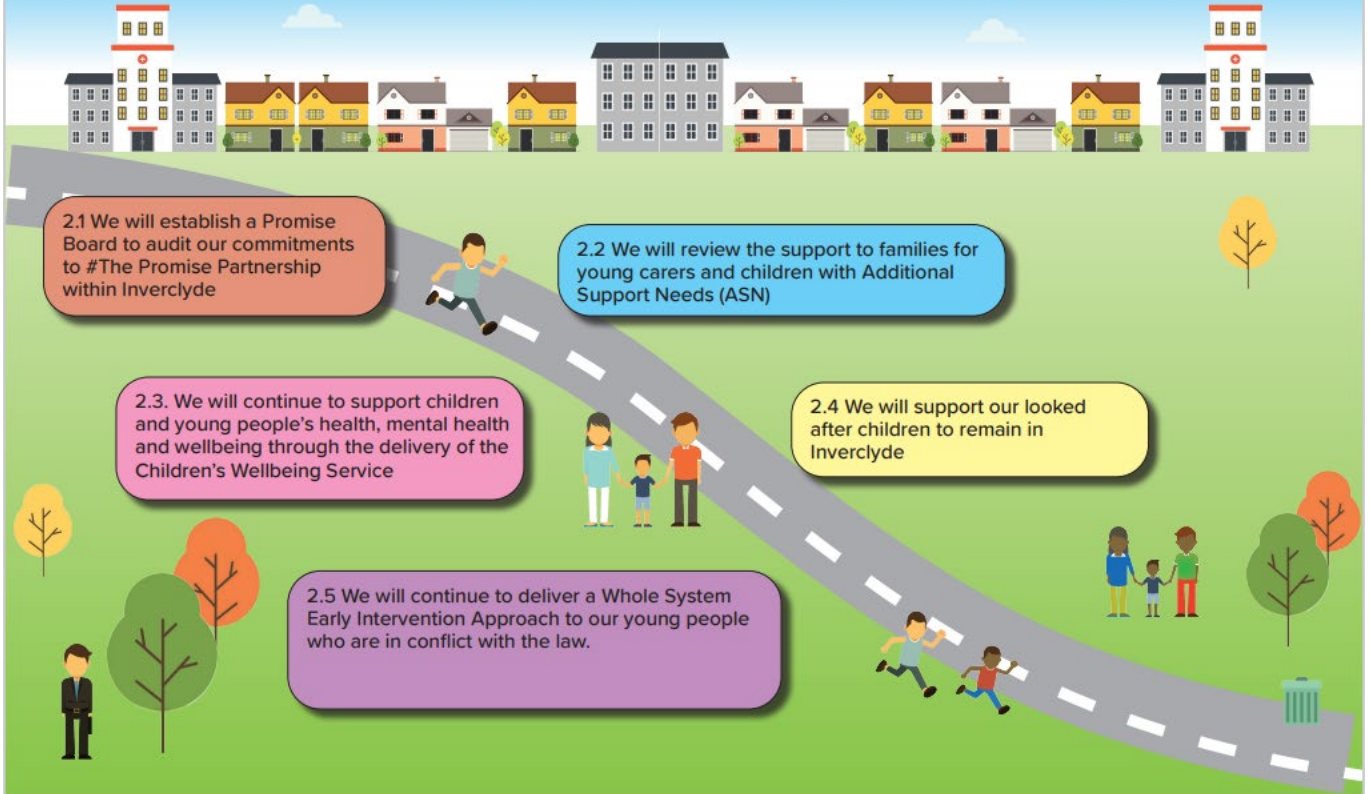
Inverclyde is a beautiful place to live and grow up, however we know that some children growing up in Inverclyde face deep rooted and intergenerational challenges. We have become increasingly attuned to the nature and impact of these challenges. Poverty and the impact of poverty on people's life chances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

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

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

Big Action 2 ROADMAP

A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE



BIG ACTION 3

Together we will Protect Our Population

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

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

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

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

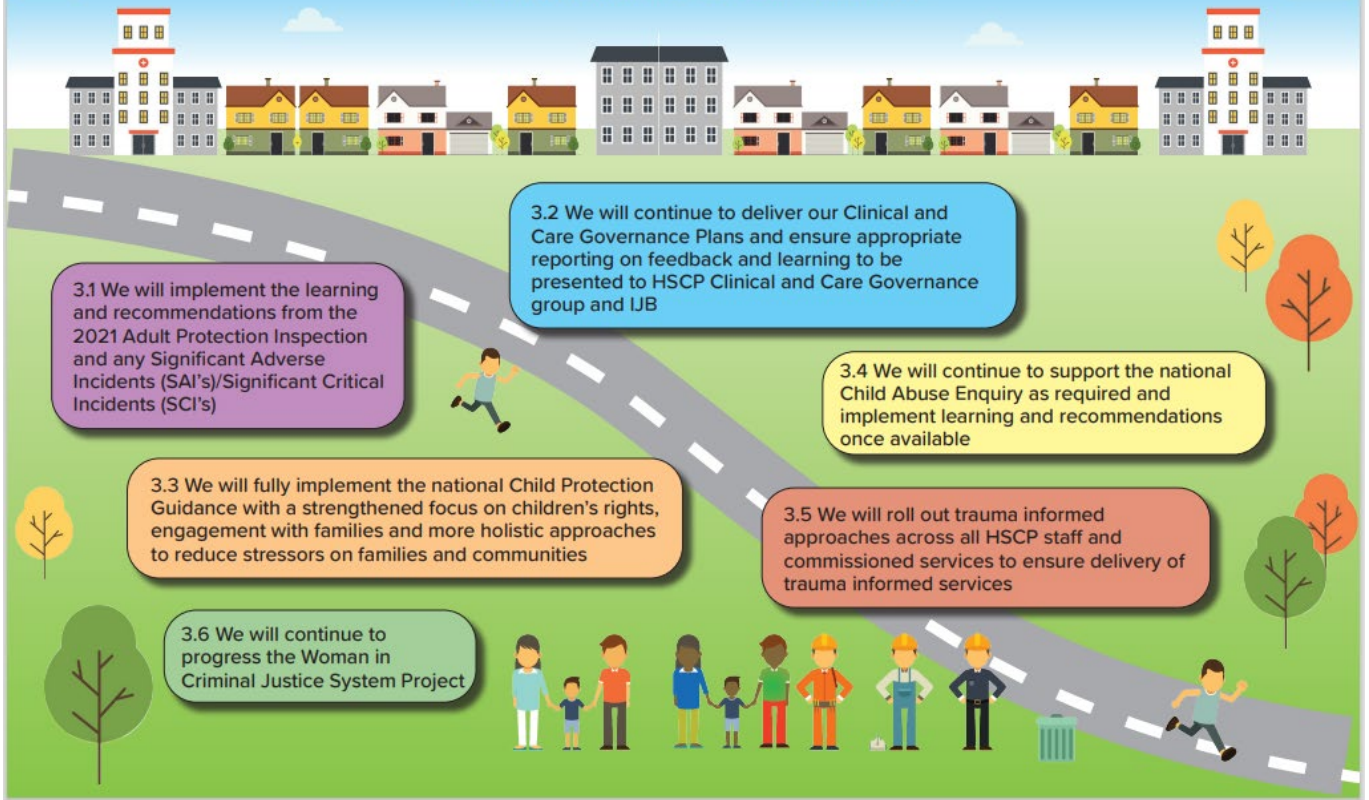
Public protection activity by its nature relies on a partnership approach. The direct governance of our public protection activity is through the Public Protection Chief Officer's Group (PPCOG). The PPCOG provides robust challenge and scrutiny of the public protection agenda and in particular in respect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

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

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

Big Action 3 ROADMAP

TOGETHER WE WILL PROTECT OUR POPULATION



BIG ACTION 4

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

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

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

Inverclyde HSCP will continue to build local services to support primary care and ensure that only those who need to be seen at hospital are seen there. Multidisciplinary teams and technology has enabled us to support people more long term. In line with National Strategy and NHSGGC Moving Forward Together (MFT) the HSCP will continue to develop care in the community and provide a more joined up service with hospitals to stop people needing hospital care, and when they do get them home quickly. If members of our community require to go into hospital we have an excellent record on supporting them to leave hospital quickly so that they can be cared for in a more appropriate place.

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

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

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

Our aim is to provide the right support at the right time, and for the right length of time across all our services, so that we can help people towards the highest level of independence possible. Our Housing Contribution Statement (Appendix 4) brings the HSCP together with local housing providers to plan future housing designed for a lifetime of independent living.

Big Action 4 ROADMAP

WE WILL SUPPORT MORE PEOPLE TO FULFIL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING, TOGETHER WE WILL MAXIMISE OPPORTUNITIES TO PROVIDE STABLE SUSTAINABLE HOUSING FOR ALL.

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

4.2 We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.

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

4.4. We will deliver the new Community Learning Disability model to provide transformational support for our learning disabled clients

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

4.6 We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan

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

4.8 We will continue to work towards a strategic approach to end of life care in Inverclyde.

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

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

BIG ACTION 5

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

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

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

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

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

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

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

Big Action 5 ROADMAP

TOGETHER WE WILL REDUCE THE USE OF, AND HARM FROM ALCOHOL, TOBACCO AND DRUGS

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

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

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

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

BIG ACTION 6

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

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

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

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

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

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

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

We recognise our duties to protect the health of our staff and to ensure that they have a safe working environment and that we look after their health and wellbeing. This extends to our commissioned partners and carers who are key partners in our wider delivery.

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

Big Action 6 ROADMAP

WE WILL BUILD ON THE STRENGTHS OF OUR PEOPLE AND OUR COMMUNITY

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

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

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

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

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

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

6.7 We will continue to develop initiatives and campaigns to support our communities through COVID-19 recovery

6.9 We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery

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

6.10 We will deliver the replacement recording system to support health and social care delivery

Section 3

Health & Social Care Spend

Financial Performance to Date

Financial Year 2020/2021

The financial year 2020/2021 resulted in an overall surplus against budget of £6.482m. The main reasons for this were as follows:

- Additional COVID funding of £3.250m to be carried forward
- Various Health services underspends of £1.023m due to the delay in filling vacancies
- Underspends in PCIP, Action 15 and ADP £1.413m when funding was received at the end of the year but commitments not due to 2022/2023.
- Underspend in Prescribing £0.454m
- Underspend in ADRS £0.499m mainly due to vacancies

Financial Year 2021/22

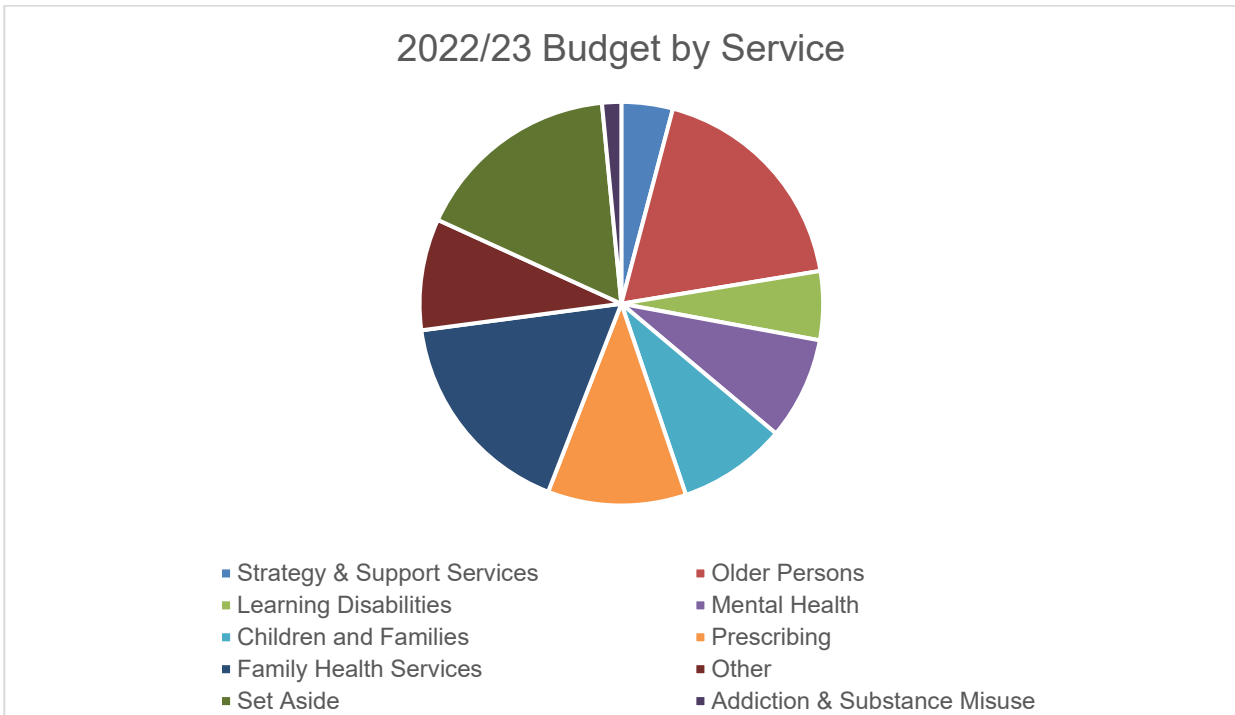
The financial year 2021/2022 resulted in an overall surplus of £13.393m. The main reasons for this were as follows:

- Covid funding received towards the year end and not utilised in year of £8.1m which was added to reserves and carried forward for use in 2022/23
- Underspends in employee costs across the HSCP of £1.5m and a contribution from Inverclyde Council towards the 2022/23 pay award of £0.5m
- Winter pressures additional funding carried forward for use in 2022/23 of £1.1m
- Underspend in Prescribing £0.4m
- Underspend in external homecare provision of £0.5m due to ongoing difficulties with recruitment
- Mental Health Recovery and Renewal funds received but not utilised in year of £0.9m, carried forward for use in 2022/23
- Overspend of £0.8m against Children and families residential and kinship placements.
- Residential and nursing placements underspend of £0.5m
- Various smaller variances throughout services totalling £0.7m

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

The key areas of uncertainty for the IJB include:

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



IJB Budget 2022/2023 to 2023/2024

The high level budget estimates for the IJB for the next three years are based on assumed pressures around pay inflation, drug inflation and demographic changes. We expect a balanced budget over this period mainly through the use of efficiency savings and temporary use of reserves.

The IJB recognises that there are existing core funding pressures in Children and Families and Learning Disabilities. As such the relevant services developed 2 spend to save initiatives which delivered a total of £0.500m recurring savings.

Key Budget Assumptions

Partner Contributions

- **Health** – in 2022/2023 we anticipate a 2% uplift on all budgets in line with the Scottish Government Health settlement. This includes a 2% uplift in Set Aside. This same 2% assumption has been used in the remaining year of the plan.
- **Council** - in 2022/2023 The Government announced extra funding for councils for onward transmission to IJBs of £554m as part of winter planning commitments. A condition of the local authority grant settlement is that the 2022/2023 contribution by councils to their IJBs should be no less than the recurring 2021/2022 IJB contribution plus that council's share of the £554m. The IJB's uplift from Inverclyde Council linked to this is £9.184m. In addition to this Scottish Government also announced an Additional £22m of Social Care funding for 2022/2023. The IJB's share of this would be an additional £0.360m and an additional £40m for Multi Discipline teams (MDTS) in 2022/2023. The IJB's share of this is an additional £0.655m, Additional £30m for Band 3/4 changes. The IJB's share of this is an additional £0.491m. Also the IJB will receive its share of the Mental Health Recovery and Renewal Funding. This is an additional £0.051m and its share of the National Trauma Training funding. This is an additional £0.050m. In addition there is a one off contribution of £0.550m to be passed to IJB Earmarked Reserves from Council Reserves to assist with general pressures in the IJB.

For the remaining year 2023/24, Council funding equates to its share of the £95m additional Scottish Government funding announced in December 2022.

Pressures and Savings 2023/2024

- Pay award pressures - £1.5m Council staffing based on shortfall for 2022/23 agreed uplift and estimated pay uplift for 23/24. We are assuming all Health pay awards are funded from Scottish Government funding.
- Inflationary uplifts - £2.393m based on estimates for provider uplifts and National Care Home Contract for 2023/24
- Demographic Changes – smoothing reserves are available in the service areas most likely to experience demographic pressures for 2023/24
- Loss of Council Pay recurring funding - £0.600m assumed reduction in 2023/24.
- Drug Inflation Pressure - £0.400m assumed increase in 2023/2024 which equates to approximately 2%. We expect this to be covered as part of the overall 2% Health budget increase.
- Further indicative pressures and settlement adjustments totalling £0.7m
- Savings – it is anticipated that savings of £1.3m and the temporary use of reserves £0.603m will be used to offset any funding gap in 2023/24.

IJB Budget 2021/2022 to 2023/2024

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

PARTNERSHIP FUNDING/SPEND ANALYSIS	Outturn 2021/22 £000	Budget 2022/23 £000	Indicative 2023/24 £000
NHS Contribution to the IJB	111,569	94,659	97,472
NHS set aside (notional)	35,960	29,350	29,350
Council Contribution to the IJB	59,629	66,071	68,156
IJB Net Income	207,158	190,080	194,978
Social Care Expenditure	59,408	66,071	68,156
Health Expenditure	147,529	124,009	126,822
Savings Adjustments			
Transfer to General reserves	221	0	0
HSCP SURPLUS/(DEFICIT)	0	0	0

Section 4

What will success look like and how will we know

The refreshed Inverclyde Health and Social Care Partnership Strategic Plan (2023-2024) lays out our vision, our ambitions, and our aspirations for the next year. These have been shaped in partnership with our communities and other partners and the Plan provides a realistic blueprint for us to work together to deliver better outcomes for the people of Inverclyde throughout this COVID-19 recovery period.

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

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

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

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

A local Outcomes Framework to measure progress against the six big actions has been developed. Throughout the lifetime of this plan the HSCP will implement Pentana a performance management information system which will allow better monitoring of this plan with more accurate and detailed management of our performance information.

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

The link to our 2021/22 Annual Performance Report can be found [here](#)

Our Key Deliverables

Big Action 1	
1.1	We will continue to respond to the proactive and reactive needs of the COVID-19 Pandemic as per Scottish Government guidelines
1.2	We will deliver the HSCP projects funded through the Council/HSCP Anti-poverty/Cost of Living Support fund which aims to support the most vulnerable in our communities
1.3	We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery
1.4	We will deliver the new Inverclyde Financial Inclusion Partnership Strategy and outcomes
1.5	We will contribute to the delivery of the NHSGGC mental health strategy and deliver on specific areas for Inverclyde
1.6	We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities

Big Action 2	
2.1	We will establish a Promise Board to audit our commitments to #The Promise Partnership within Inverclyde
2.2	We will review the support to families for young carers and children with Additional Support Needs (ASN)
2.3	We will continue to support children and young people's health, mental health and wellbeing through the delivery of the Children's Wellbeing Service
2.4	We will support our looked after children to remain in Inverclyde
2.5	We will continue to deliver a Whole System Early Intervention Approach to our young people who are in conflict with the law.

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

Big Action 4	
4.1	We will undertake and complete the Review of our internal and external Care at Home Services
4.2	We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.
4.3	We will continue to support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.
4.4	We will deliver the new Community Learning Disability model to provide transformational support for our learning disabled clients
4.5	We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community
4.6	We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan
4.7	We will continue to support and ensure carer engagement to help develop and shape services
4.8	We will continue to work towards a strategic approach to end of life care in Inverclyde.

4.9	We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies
4.10	We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan

Big Action 5	
5.1	We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol
5.2	We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership
5.3	We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services
5.4	We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde

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

Overview of how our big actions meet the national outcomes

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

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

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

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

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

Housing Contribution Statement

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

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

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

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

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

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

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

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

The HPG will continue to address and deliver on ongoing actions from the actions in the HCS 2019-2024 however the Statement 2019-2024 is currently being refreshed to reflect the Inverclyde Health and Social Care Partnership Strategic Plan 2019-2024 refresh. The progress made will be reviewed, any gaps identified and an updated action plan to reflect priorities for the remaining period. The refreshed Housing Contribution Statement will be available here once completed. [Housing Contribution Statement](#)

Inverclyde HSCP Outcomes Framework

March 2023

The HSCP is required to monitor progress in line with both national and local outcomes, specifically the nine national outcomes and the six local big actions.

The performance measures set out against each of our six Big Actions/outcomes, along with the National Integration Indicators; the Ministerial Strategic Group (MSG) Indicators, and the Local Government Benchmarking Framework indicators (LGBF), together, provide our Outcome Framework.

Big Action 1

BIG ACTION / OUTCOME 1 - REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Mental health and wellbeing is enhanced through a partnership approach</p> <p>2) Health inequalities will be reduced by working with partners and communities</p> <p>3) Access to prevention and early prevention is available</p>	<p>National Health and Wellbeing Outcomes 1 & 5</p>	<p>Indicator 1: Number of referrals to Primary Care Community Link Workers.</p> <p>Indicator 2: Psychological Therapies: - Waiting for Treatment from Referral (18 week target).</p> <p>Indicator 3: Number of referrals to PDS (Post Diagnosis Support Dementia).</p> <p>Indicator 4: Number of referrals to Distress Brief Interventions (DBI) programme.</p> <p>Indicator 5: Number of new and returning service users to Advice Services.</p> <p>Indicator 6: Number of cost of living support payments made (broken down by SIMD area).</p>
KEY DELIVERABLES / ACTIVITIES		
<p>1.1 We will continue to respond to the proactive and reactive needs of the COVID-19 Pandemic as per Scottish Government guidelines.</p> <p>1.2 We will deliver the HSCP projects funded through the Council/HSCP Anti-poverty/Cost of Living Support fund which aims to support the most vulnerable in our communities.</p> <p>1.3 We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery.</p> <p>1.4 We will deliver the new Inverclyde Financial Inclusion Partnership Strategy and outcomes.</p> <p>1.5 We will contribute to the delivery of the NHSGGC mental health strategy and deliver on specific areas for Inverclyde.</p> <p>1.6 We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities.</p>		

Big Action 2

BIG ACTION / OUTCOME 2 - A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Deliver on our corporate parenting responsibilities to our Children and Young People ensuring a seamless transition from birth to adulthood</p> <p>2) Respond to the physical, mental and emotional health and wellbeing of our children and young people</p> <p>3) Deliver on our corporate parenting responsibilities to our accommodated and care experienced young people have safe, secure, stable and nurturing homes</p>	<p>National Health and Wellbeing Outcomes 1 & 7 / Children and Criminal Justice Outcomes 1, 2 & 3</p>	<p>Indicator 1: Number of LAC Medicals carried (access of 6 weeks referral to treatment).</p> <p>Indicator 2: Number of young people in receipt of continuing care.</p> <p>Indicator 3: Percentage of referral to treatment time target met for Children & Young People in Inverclyde, Children and Adolescent Mental Health services (CAMHS).</p> <p>Indicator 4: Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde.</p> <p>Indicator 5: Percentage of children vaccinated for MMR.</p> <p>Indicator 6: Percentage of women breastfeeding in Inverclyde.</p>
KEY DELIVERABLES / ACTIVITIES		
<p>2.1 We will set up a Promise Board to audit our commitments to #The Promise Partnership within Inverclyde.</p> <p>2.2 We will review the support to families for young carers and children with Additional Support Needs (ASN).</p> <p>2.3 We will continue to support children and young people's health, mental health and wellbeing through the delivery of the Children's Wellbeing Service.</p> <p>2.4 We will support our looked after children to remain in Inverclyde.</p> <p>2.5 We will continue to deliver a whole system early intervention approach to our young people who are in conflict with the law.</p>		

Big Action 3

BIG ACTION / OUTCOME 3 - TOGETHER WE WILL PROTECT OUR POPULATION		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Protect our most vulnerable adults, children and families</p> <p>2) Trauma informed practice embedded across services</p>	<p>National Health and Wellbeing Outcomes 3 & 7 / Children and Criminal Justice Outcomes 4 & 6</p>	<p>Indicator 1: Number of referrals received by Children's Social Work that progress to a child protection investigation.</p> <p>Indicator 2: Percentage of initial Child Protection Case Conferences held within 21 days from notification of concern.</p> <p>Indicator 3: Number of Adult Protection Case Conferences that convert to an Adult Protection Plan.</p> <p>Indicator 4: Number of Adult Protection Investigations completed within 10 days of referral.</p> <p>Indicator 5: Number of staff and partner organisations trained in trauma informed practice.</p> <p>Indicator 6: Number of unpaid work hours completed.</p> <p>Indicator 7: Percentage of Community Payback Orders (CPOs) successfully completed.</p> <p>Indicator 8: Percentage of Integrated case management (ICM) Case Conferences attended by community justice social workers for offenders in SPS custody.</p> <p>Indicator 9: Percentage of MAPPA level 2 and 3 meetings convened within timescales (as specified in national guidance).</p>
KEY DELIVERABLES / ACTIVITIES		
<p>3.1 We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's) / Significant Critical Incidents (SCI's).</p> <p>3.2 We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB.</p> <p>3.3 We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities.</p> <p>3.4 We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available.</p> <p>3.5 We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services.</p> <p>3.6 We will continue to progress the Woman in Criminal Justice System Project</p>		

Big Action 4

BIG ACTION / OUTCOME 4 - WE WILL SUPPORT MORE PEOPLE TO FULFIL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
1) Support more people to live independently		Indicator 1: Number of referrals for Early Intervention Support (Access 1st).
2) Early intervention and prevention of admission and improve discharge		Indicator 2: Number of community alarm activations.
3) Improved primary/secondary interface to managed care		Indicator 3: Number of people self-directing their care through receiving direct payments and other forms of SDS.
4) Carers can access accurate information to develop their own support plan	National Health and Wellbeing Outcomes 1, 2, 4, 6 & 7 / Children and Criminal Justice Outcome 4	Indicator 4: Percentage people of adults with intensive care needs receiving care at home. Indicator 5: Number of completed specialist housing reports. Indicator 6: Number of new adult carer support plan completed. Indicator 7: Number of delayed discharge bed days 18+ Indicator 8: Number of Anticipatory Care Plans (ACPs) completed. Indicator 9: Number of advice enquiries that support and maintain tenancy sustainability. Indicator 10: Number of housing 1st tenancies supported. Indicator 11: Percentage reduction in external placement for adults with learning disabilities.
KEY DELIVERABLES / ACTIVITIES		
4.1	We will undertake and complete the Review of our internal and external Care at Home Services.	
4.2	We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.	
4.3	We will continue to support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.	
4.4	We will deliver the new Community Learning Disability Model to provide transformational support for our learning disabled clients.	
4.5	We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community.	
4.6	We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan (PCIP).	
4.7	We will continue to support and ensure carer engagement to help develop and shape services.	
4.8	We will continue to work towards a strategic approach to end of life care in Inverclyde.	
4.9	We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies.	
4.10	We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan.	

Big Action 5

BIG ACTION / OUTCOME 5 - TOGETHER WE WILL REDUCE THE USE OF, AND HARM FROM ALCOHOL, TOBACCO AND DRUGS

Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) People have access to a range of supports on their recovery from drug and alcohol related harms</p> <p>2) Support access to prevention and early intervention of smoking cessation</p>	<p>National Health and Wellbeing Outcomes 1, 2, 4 & 7</p>	<p>Indicator 1: Percentage increase of people beginning alcohol and drug recovery treatment within 3 weeks of referral.</p> <p>Indicator 2: Number of people who started on MAT treatment within the reporting period.</p> <p>Indicator 3: Current MAT Caseload, as at reporting date (Total number of people currently receiving MAT treatment)</p> <p>Indicator 4: Total number of people identified as being at high risk of drug-related harm who are assessed within reporting period.</p> <p>Indicator 5: Number of people funded for residential rehabilitation.</p> <p>Indicator 6: Number of smokers supported to successfully stop smoking in most deprived SIMD data zones.</p>

KEY DELIVERABLES / ACTIVITIES

- 5.1 We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol.
- 5.2 We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership.
- 5.3 We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services.
- 5.4 We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde.

Big Action 6

BIG ACTION / OUTCOME 6 - WE WILL BUILD ON THE STRENGTHS OF OUR PEOPLE AND OUR COMMUNITY		
Contribution to delivering the Big Action / Outcome	Link to National Outcome(s)	How will we measure progress
<p>1) Staff have access to information and resources, which sustains and improves their wellbeing</p> <p>2) Staff maintain a sense of connectedness to their team, line manager and organisation</p> <p>3) Third and independent sector are key partners in delivery of services</p> <p>4) Opportunities are promoted in our community to be active in health & wellbeing</p>	<p>National Health and Wellbeing Outcomes 3,4, 8 & 9/ Children and Criminal Justice Outcomes 1, 2 & 3</p>	<p>Indicator 1: Number of Wellbeing Activities promoted to staff.</p> <p>Indicator 2: Number of registered feedback reports on Care Opinion.</p> <p>Indicator 3: Number of staff completing iMatter feedback,</p> <p>Indicator 4: Percentage of HSCP complaints received and responded to within timescale.</p> <p>Indicator 5: Number of new 3rd Sector commissioned contracts.</p> <p>Indicator 6: Percentage of adults able to look after their health very well or quite well.</p>
KEY DELIVERABLES / ACTIVITIES		
<p>6.1 We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result.</p> <p>6.2 We will use our complaints process to ensure continuous learning and development of quality services.</p> <p>6.3 We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts.</p> <p>6.4 We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing the Kindness Award; and delivering the COVID-19 memorial project.</p> <p>6.5 We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community.</p> <p>6.6 We will develop our HSCP workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff.</p> <p>6.7 We will continue to develop initiatives and campaigns to support our communities through COVID-19 recovery.</p> <p>6.8 We will continue to develop Capital investments to support sustained delivery and improvement of services.</p> <p>6.9 We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery.</p> <p>6.10 We will deliver the replacement recording system to support health and social care delivery.</p>		

National Integration Indicators

1	Percentage of adults able to look after their health very well or quite well
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
5	Total % of adults receiving any care or support who rated it as excellent or good
6	Percentage of people with positive experience of the care provided by their GP practice
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
8	Total combined percentage of carers who feel supported to continue in their caring role
9	Percentage of adults supported at home who agreed they felt safe
11	Premature mortality rate per 100,000 persons
12	Emergency admission rate (per 100,000 population)
13	Emergency bed day rate (per 100,000 population)
14	Readmission to hospital within 28 days (per 1,000 population)

National Integration Indicator	
15	Proportion of last 6 months of life spent at home or in a community setting
16	Falls rate per 1,000 population aged 65+
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18	Percentage of adults with intensive care needs receiving care at home
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

PHS are still developing 4 of the 23 National Integration Indicators, therefore No 10. 21. 22 and 23 are not included in this report.

MSG Indicators

1	Emergency admissions (age 18+)
2a	Unplanned bed days – Acute (all ages)
2b	Unplanned bed days – Geriatric Long Stay (all ages)
2c	Unplanned bed days – Mental Health (all ages)
3a	Accident and Emergency Attendance (All ages)
3b	Accident and Emergency - % seen within 4 hours*
4	Delayed discharge bed days (Age18+)
5	% of Last Six Months of Life by Setting (all ages)
6	Balance of Care: Percentage of population in community or institutional settings (age 65+)

Local Government Benchmarking Framework Indicators (LGBF)

CHN8a	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week
CHN8b	The gross cost of "children looked after" in a community setting per child per week
CHN9	% of children being looked after in the community
CHN17	Percentage of children meeting developmental milestones
CHN22	Percentage of child protection re-registrations within 18 months
CHN23	Percentage LAC with more than 1 placement in the last year (Aug-July)
CHN24	% of children living in poverty (after housing costs)
SW1	Home care costs per hour for people aged 65 or over
SW2	Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+
SW3a	Percentage of people aged 65 or over with long-term care needs receiving personal care at home
SW4b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
SW4c	Percentage of adults supported at home who agree that they are supported to live as independently as possible
SW4d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
SW4e	Percentage of carers who feel supported to continue in their caring role

SW5	Residential costs per week per resident for people aged 65 or over
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Report To:	Social Work & Social Care Scrutiny Panel	Date:	27 April 2023
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	SWSCSP/20/2023/IH
Contact Officer:	Audrey Howard Interim Head of Service	Contact No:	01475 715372
Subject:	Community Payback Orders- Inverclyde Annual Report 2021-22 and Summary of Local Authority Annual Reports 2021-22		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to advise the Social Work & Social Care Scrutiny Panel of the submission of the Inverclyde Community Payback Order (CPO) Annual Report 2021-22 to the Scottish Government and the publication of the Summary of Local Authority Annual Reports 2021-22 by Community Justice Scotland.
- 1.3 Section 227ZM of the Criminal (Procedure) Scotland Act 1995 places a duty on local authorities to prepare an annual report outlining the operation of CPOs which requires to be submitted both to Scottish Government and Community Justice Scotland. The report, attached as Appendix 1, provides an overview of service delivery, key issues and outcomes relating to the delivery of Community Payback in Inverclyde during this period and information on the on impact, both with respect to individuals who are subject to CPO orders and local communities.
- 1.4 Additionally, once all CPO annual reports are received, Community Justice Scotland, the national agency responsible for promoting standards of community justice across Scotland, are obliged under Section 227ZM(3) to provide a summary report. This summary report is also attached, as Appendix 2.

2.0 RECOMMENDATIONS

- 2.1 The Social Work and Social Care Scrutiny Panel are asked to note the submission of Inverclyde's Annual Report and the publication of the Summary of Local Authority Annual Report.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

- 3.1 The Community Payback Order (CPO) was introduced in 2011 and replaced a number of community disposals including Probation Orders, Community Reparation Orders, Supervised Attendance Orders and Community Service Orders. The legislation governing these disposals, the Criminal Procedure (Scotland) Act 1995 (referred to as 'the 1995 Act') was amended by the Criminal Justice and Licensing (Scotland) Act 2010 and the CPO came into effect on 1 February 2011. Courts are therefore able to use the CPO as a disposal for offences committed on or after that date.
- 3.2 There are ten requirements or provisions that can be included in a CPO. These include supervision, unpaid work, attendance at alcohol or drug treatment and a Restricted Movement Requirement (known as electronic monitoring). Significantly, there is no limit on the number of requirements which can be imposed by the court. However, in writing a Criminal Justice Social Work Report (CJSWR) for the information of the court, report writers must consider the risks of reoffending and the harm caused by previous behaviours, the needs of the individual and the intensity of supervision required, to inform the court as to appropriate requirements which could be included. The requirements recommended by the CJSWR should be proportional, relevant and outcome focussed. The most common use of CPOs in Inverclyde is a CPO with an Unpaid Work/Other Activity Requirement and Supervision.
- 3.3 The CPO is designed to provide a viable alternative to custody and ensure that people who offend payback to society and their communities. This is done in two ways. Firstly, by requiring the person to make reparation, often in the form of an Unpaid Work Requirement, and secondly, by requiring them to address and change their offending behaviours, thereby improving the safety of local communities and providing opportunities for their reintegration as law abiding citizens.
- 3.4 Section 227ZM of the 1995 Act imposes a duty on local authorities to submit an annual report on the operation of CPOs in their area to Community Justice Scotland (CJS). Local authorities are expected to fulfil this requirement in two ways:
- I. by continuing to submit statistics for each financial year to the Scottish Government on the operation of community sentences in their areas; and
 - II. in addition to these statistics, by providing a narrative account of the implementation and operation of CPOs in the financial year to which the statistics refer.
- 3.5 In relation to the submission of statistics this information was submitted to The Scottish Government and can be accessed via [Justice Social Work Statistics in Scotland 2021-22](#) with associated tables and charts. In order to provide some additionality to the Panel it can be reported that in the year 2021/22, 75% of CPOs in Inverclyde were successfully completed, the highest completion rate over the previous seven years. It is also apparent that COVID-19 recovery within Scottish Courts continues with a projected increase of new Community Payback Orders and 'Unpaid Work of Other Activity' hours in 2022-23 compared to 2021-22.
- 3.6 Regarding the narrative account of CPO activity in Inverclyde this was presented to The Scottish Government in October 2022 by way of an Annual Report and is appended (Appendix 1). More information on that submission is provided in the following section. Similarly the CJS Summary of Local Authority Annual report 2021-22 (Appendix 2) is expanded in section 5.

4.0 INVERCLYDE COMMUNITY PAYBACK ORDER ANNUAL REPORT 2021-22

- 4.1 As noted above, there is a legal requirement to submit a template document to The Scottish Government about the local authority's implementation and operation of CPO. The template document is split into nine sections requesting the following information:

- Examples of work with people subject to CPOs specifically to address offending behaviours and the risk of reoffending.
- Summary of feedback from people subject to CPOs about the impact of them on a Supervision Requirement.
- Types of unpaid work projects carried out and examples of how communities benefitted from unpaid work.
- Summary of feedback from people subject to CPOs about the impact on them of an Unpaid Work Requirement.
- Types of 'Other Activity' carried out as part of an Unpaid Work Requirement.
- Summary of feedback from beneficiaries about the benefit of Unpaid Work on the community.
- The organisational challenges there has been in completing orders effectively both with those on Unpaid Work and those with Supervision Requirements
- The main barriers, if any, to accessing community support and wider services.
- Any relevant information which may include; (i) areas for improvement, new ways of working and the benefits achieved and (ii) examples of collaborative working with community justice partners and wider community partners.

4.2 Whilst the full report is appended the following points are noted for information:

- The continuing impact of the COVID-19 pandemic during the reporting year restricted the use of work to address offending behaviours and the risk of reoffending in a systematic way across all service users during the reporting year. The Service prioritised interventions focussing mainly on the risk and vulnerability of the service user group as opposed to specific programmed offence focussed work.
- The Service was able to resume a limited number outdoor projects assessed as being COVID safe although this was not without its challenges in terms of finding projects that could be accessed by public transport and had facilities for comfort breaks. Despite these limitations the Service supported a local nature reserve by planting trees and repairing footpaths, general maintenance and food growing initiatives across Inverclyde.
- The Service partnered with Inverclyde Council Community Learning and Development to support community groups awarded voluntary grants. Offers were made to successful community groups looking to carry out ground improvements (painting, ground maintenance) with a number of offers of support accepted.
- During the reporting year, the Service commissioned Action for Children (AfC) to provide Unpaid Work placements and other purposeful activity to young people aged 16 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. During the reporting period AfC received 22 such referrals.
- The Service has noted a number of barriers in accessing community support and wider services (Appendix 1, Section 8) including the impact of deprivation and its impact on individuals subject to CPO's. Service analysis suggests that over 76% of individuals on CPO live in the 20% most deprived areas of Inverclyde. The Service has sought to respond to the barriers this presents in a number of ways. These have included providing travel passes for people to attend their site placement, supporting people in making applications to local foodbank and other food options as well as in a limited number of circumstance providing vouchers for a local supermarket.

4.3 The template document was completed and submitted to The Scottish Government in October 2022. Once all the CPO annual reports are received, CJS will prepare a summary report, to be published online. The summary report was laid in Parliament on 31 March 2023 in accordance with the 1995 Act. Although there is no statutory duty on Local Authorities to publish an annual

report, Local Authorities must not publish or sharing any of the contents, in advance of 31 March 2023.

5.0 COMMUNITY PAYBACK ORDER SUMMARY OF LOCAL AUTHORITY ANNUAL REPORTS 2021-22

- 5.1 As noted in 4.3 Community Justice Scotland are legally required to publish a summary report of all local authority activity for the 2021-22 reporting year. This document was published online on 31 March 2023 and is appended (Appendix 2) for information.
- 5.2 The summary documents provides a range of practice examples from across Scotland including one from Inverclyde in respect of barriers to accessing community supports. The Inverclyde example can be found on page 27 of the report and outlines:
- The impact income and employment deprivation has on residents in Inverclyde with a focus of those individuals subject to a CPO
 - The efforts to be more proactive in supporting individuals specifically the purchasing of food pantry memberships, providing travel passes for people to attend their site placement and supporting applications to a range of organisations including local Food Banks and the I.Heat Programme.
- 5.3 In order to promote the Summary of Local Authority Annual Reports, Community Justice Scotland intend to localise a series of media and press releases highlighting the benefits that CPO's have in local communities. For the Inverclyde media and press release this will highlights both service user and service recipient on work carried out by the Service at Victoria Bowling Green during February and March 2022.
- 5.4 Although the report does not include any recommendations for local services, Inverclyde Justice Social Work and Inverclyde Community Justice Partnership will look to identify any emerging good practice for potential service improvements.

6.0 ACTIVITY DURING 2022/23 AND FUTURE WORK DURING 2023/24

- 6.1 At the time of report submission to the Panel, the Service have not been advised of the timetable of submission or the requirements for a narrative account of CPO activity for the period 2022/23. Preparatory work will commence to consider responses but is likely to have some narrative around staff recruitment. During the first quarter of the 2022/23 period the service began to see some positive outcomes following the recruitment of an Unpaid Work Scheme Organiser. This post provided much needed experience in relation to the safe delivery of the scheme and development of unpaid work opportunities across Inverclyde.
- 6.2 In June 2022, The Scottish Government produced the [National Strategy for Community Justice](#) which sets out four national aims and thirteen priority actions which the Scottish Government and community justice partners (including local Community Justice Partnerships) should seek to deliver over the duration of the strategy. In order to see a greater availability of high quality community orders which are as effective as possible and which improve outcomes for individuals, families and their communities, aim two of the national strategy ensures that robust and high quality community interventions and public protection arrangements are consistently available across Scotland. Preparatory work by the Inverclyde Community Justice Partnership has been undertaken during the previous year to publish an Inverclyde Community Justice Outcomes Improvement Plan during 2023 that sets out the ambition of local partners in responding to this aim.

7.0 IMPLICATIONS

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

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

7.2 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					

7.3 Legal/Risk

Section 227ZM of the Criminal (Procedure) Scotland Act 1995 places a duty on local authorities to prepare an annual report outlining the operation of CPOs which requires to be submitted both to Scottish Government and Community Justice Scotland

7.4 Human Resources

There are no Human Resource implications.

7.5 Strategic

In respect of Big Action/Outcome 3 "Together we will protect our population" progress is measured in respect of number of unpaid work hours completed and percentage of CPO's successfully completed during each reporting year

8.0 CONSULTATION

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 Community Payback Orders- Inverclyde Annual Report 2021-22

9.2 Community Payback Order Summary of Local Authority Annual Reports 2021-22

COMMUNITY PAYBACK ORDER ANNUAL REPORT

FINANCIAL YEAR: 2021/22

LOCAL AUTHORITY: Inverclyde



1) In this section, please give examples of work with people subject to CPOs specifically to **address offending behaviours and the risk of reoffending**. (Bullet points will suffice. Max 300 words.)

The continuing impact of the COVID-19 pandemic restricted the use of work to address offending behaviours and the risk of reoffending in a systematic way across all service users during the reporting year. The Service prioritised our interventions focussing mainly on the risk and vulnerability of our service user group as opposed to specific programmed offence focussed work.

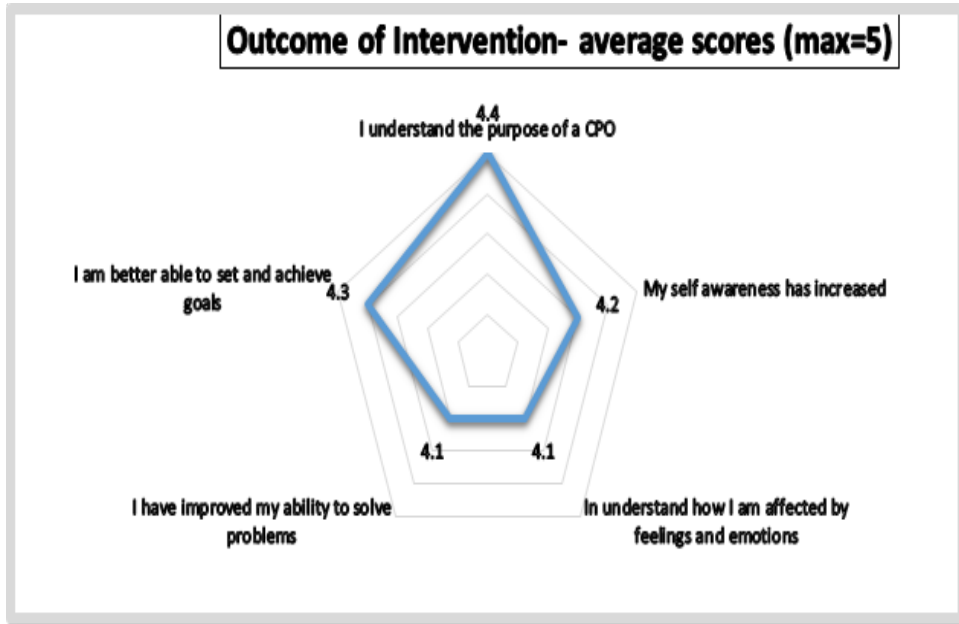
Case Study: Responding to Risk.

V was subject to a CPO. His issues with poly drug use caused him to engage in impulsive, risky, violent and harassing behaviours largely targeted towards his ex-partner. V lost his job and, as a result, his drug use began to increase. He began to disengage with support services including Criminal Justice Social Work. A multi-agency professionals meeting was convened. It was agreed that V's increased use of drugs had affected his ability to think rationally and his behaviour was becoming increasingly impulsive through risk taking behaviours that may cause harm to others, particularly intimate partners. It was agreed that to better and more effectively manage the presenting risks that a request be made to the Court to amend his Order to allow agencies to be able to monitor his mobile devices. This plan was discussed with V who initially resisted it but eventually accepted the benefits of this proposal and the request was submitted and granted. Gradually over time V began to re-engage with services and reduced his use of substances.

Case Study: Responding to Need and Vulnerability

W was subject to CPO with Supervision Requirement. Due to underlying health issues was reluctant to leave his home in order not to be exposed to COVID-19. The Service responded to this and offered him appointments in a variety of ways e.g. via phone calls and socially distanced home visits. With the barriers to attendance removed, W engaged in offence focused work during appointments which included a focus on victim empathy. The intervention was considered so successful that his worker applied to the Court for early discharge which was granted.

The matrix below highlights the outcomes of interventions for individuals on CPOs through Unpaid Work and Other Activity with a view to enabling them to reduce their risk of further offending. This embeds a person-centric approach by the Service and helps service users understand where they are within their Justice journey. Additionally overtime it will help the Community Justice Partnership understand the impact of the Service and where both Partnership and Service improvements could be made.

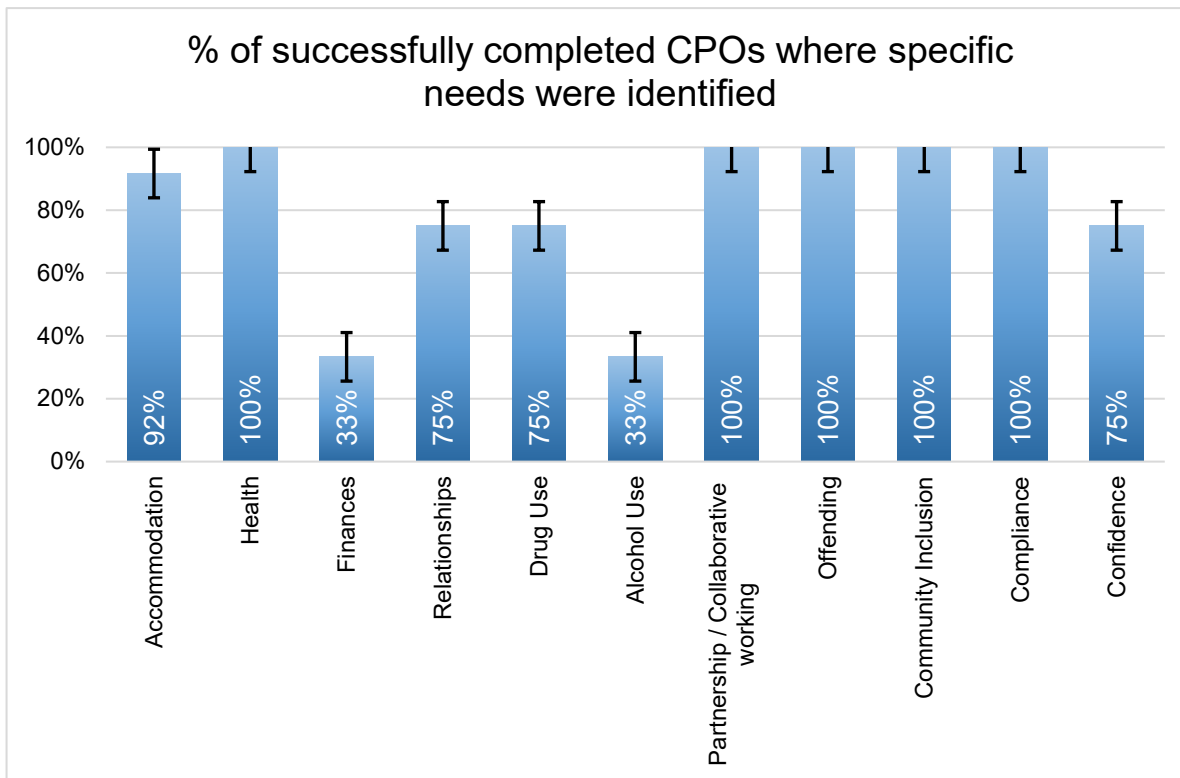


2) In this section, please give a summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of a Supervision Requirement**. (Bullet points will suffice. Max 300 words.)

The Service utilises a ‘Criminal Justice Needs Review’ self-assessment tool which empowers individuals to score themselves in a number of lifestyle areas and in so doing helps to ensure/evidence our approach to addressing needs is person centric. Moreover, subsequent application of the tool at the end of the Order also helps us to capture the individual’s experiences of engaging with the Service as well as what changes they may have made during this period. Unfortunately, due to operational pressures arising from the COVID-19 pandemic this tool was not applied in a systematic way with staff targeting their intervention on risk, and vulnerability initially with a shift towards structured needs assessments as restrictions eased and contact increased. Despite this, positive outcomes were identified through case sampling and quality assurance exercises.

A sample of completed CPOs during 2021/2022 was considered specifically with regards to identifying what the needs of our service users were and measuring whether their needs were met.

Needs identified:



Needs Met/Positive Impact:

Through the case sampling exercise, it was evident that in all cases where need was identified a positive outcome was evidenced. For example in the sample of files read 33% were identified as having need in relation to finances and in all of those cases there were positive outcomes evidenced in this area. This demonstrates that not only were the Service interventions continuing to be effective, despite the pandemic, but also that we were consistently targeting our interventions on an individualised basis.

Case Study:

X commenced a CPO with supervision. Work identified included pro-social thinking, addressing his isolation, victim empathy and consequential thinking. Through focussed sessions with his allocated worker he reflected on his index offence and the impact this has had on his relationships especially with one of his children. No further offending has been reported and in addition X has been making efforts to tackle his social isolation by joining a local club where he is now actively involved in supporting its running. Positive Outcomes achieved for X have been in respect of relationships, community inclusion, desistance and confidence.

What our Servie Users Said:



3) In this section, please report on the following:

- Types of **unpaid work projects** carried out
- Example(s) that demonstrate(s) **how communities benefited** from unpaid work (Bullet points will suffice. Max 300 words.)

- The Service was able to resume a limited number outdoor projects assessed as being COVID safe although this was not without its challenges in terms of finding projects that could be accessed by public transport and had facilities for comfort breaks. Despite these limitations the Service supported a local nature reserve by planting trees and repairing footpaths, general maintenance and food growing at a local disability Day Care Centre and worked with a local Third Sector organisation in creating and maintaining a community food growing space. This latter project was also supported by a local employability trust by providing land to create the food growing space and accessible facilities for individuals.
- The Service partnered with Inverclyde Council Community Learning and Development to support community groups awarded voluntary grants. Offers were made to successful community groups looking to carry out ground improvements (painting, ground maintenance) with a number of offers of support accepted. One example was a local bowling club who required support in the painting of a brick outhouse and painting of external metal fence. This work was completed in advance of the commencement of their season and 125th anniversary celebrations.
- Through our commissioned provider Action for Children, a community memorial garden was completed. The young people who brought this community space to life have earned health and safety qualifications with certificates in manual handling, site safety awareness and small plant and tools. This supports a wider offer from AfC in providing skills and supporting young people into employability opportunities.

- The Service continues to support the Council's Community Safety Team to ensure that the assessed Walked Routes to Schools continue to be acceptable by undertaking improvement works across several areas in Inverclyde. Many of the pathways had become overgrown and slippery due to a lack of maintenance during the pandemic. The Service assisted by carrying out improvement works ensuring paths remain acceptable and thereby ensure that the route can still be utilised.

4) Summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of an Unpaid Work Requirement**. (Bullet points will suffice. Max 300 words.)

Case study 1:

A had been unable to work for twenty years due to mental health and addiction issues. His Unpaid Work was initially disrupted by Covid-19 restrictions, but he went on to complete his hours in various work squads, mainly in a horticultural setting. A highlighted in reviews that he got a sense of satisfaction from doing jobs that benefited the community and also acquired skills that he was able to use away from Unpaid Work (e.g., gardening) and felt more confident about seeking employment.

Case study 2:

B built up a trusting relationship with her Unpaid Work Supervisor (who was also female). As she progressed through the Order, she began to confide in the Supervisor and this included disclosures of being the victim of domestic abuse. Through time – and with the support of her own line manager and B's case manager – the Supervisor gave her appropriate support and advice. An outcome of this was that B reported the matter to the police and criminal charges followed. B was clear that this would not have happened had it not been for the trusting relationship with – and the positive influence of - her Unpaid Work supervisor. B also went on to successfully complete her Unpaid Work hours.

Case study 3:

C completed her Unpaid Work hours with our commissioned provider Action for Children (AfC). She has continued to engage with the local drug and alcohol service to support her to manage her feelings and anxieties around alcohol consumption and substance use. AfC staff also supported C with a successful University application. C has stated that her relationship with her mum has improved as her alcohol use has reduced. C reports that she has hope for the future and feels that she has moved on and feels happier and more fulfilled.

Some specific quotes from service users recorded during the reporting period: -

"I feel you have given back something for what you have done"

"Being here helps me with my confidence"

"P [redacted] (supervisor) has a brilliant way of breaking things down. She speaks to us not at us and you want to speak more"

"Gets me out of the house to do things for the public"

"I feel satisfaction when seeing things out to fruition"

"It benefits me by giving back to the community and it also feels good to help people in need"

"It has helped my painting skills and given me confidence to look for a job"

"I could be depressed, but always went home happy after a day with P [redacted] (supervisor)"

5) Types of 'Other Activity' carried out as part of an Unpaid Work Requirement. You may want to comment on the impact of completing Other Activities, for individuals or for the community. (Bullet points will suffice. Max 300 words.)

'Other Activity' has been used to assist individuals to make positive changes in their life and be tailored to their individual circumstances. Case managers throughout the reporting year helped service users identify and access a range of 'Other Activity' resources including access to employability (or industry required training), health and wellbeing courses and other offence focussed work activity. Courses accessed included:

- Basic Electrical Awareness
- Introduction to Health and Beauty
- Understanding Mental Health
- The Science of Nutrition and Healthy Eating
- Introduction to Hospitality
- Awareness of First Aid

We have continued to use a 'Blended Learning Pack' which has proved useful for staff and individuals. This pack allows the user to self reflect on problem solving, consequences of their offending actions and can assist staff identify other potential referral pathways.

Through our Early Action System Change Programme (women in criminal justice) hosted by CJSW, women supported the Project Team with a range of activity around co-production of Justice services. Those women are also being supported to continue with the EASC Programme on completion of their Order.

Case Study:

Y was a male subject to a CPO who was struggling to gain employment in his qualified field. Throughout the period of his CPO he had applied for several job unsuccessfully. He was supported to consider alternative options and through 'Other Activity' undertook an online course with West College Scotland. He successfully completed the course and gained employment in the health and social care sector.

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. During the reporting period AfC received 22 such referrals and provided the following other activity opportunities:

- Podcasting
- Holistic support
- Offence focussed work
- Health and wellbeing

6) Summary of feedback, may include quotes, from beneficiaries **about the impact of Unpaid Work on the community.** (Bullet point will suffice. Max 300 words.)

Despite the constraints of the COVID-19 mitigating measures the Service was able to offer a range of activity across Inverclyde which sought to provide a positive impact for beneficiaries including both individual members of the public and community groups. Examples include:

A local Learning Disability Day Care Centre has continued to provide a key location for the Service offering a range of food growing and horticulture options. The Centre Manager commented:

“The (unpaid work) Service supported the Day Care Centre and those using its facilities by undertaking a range of garden maintenance and ground works. This has helped to ensure good access to the area, which is particularly relevant given the health needs of the users”

In respect of a local Bowling Club:

“...we as a club would like to thank the staff and unpaid workers for their hard work, commitment and dedication to our project in 2022. As the club was celebrating its 125th anniversary year and has an aging membership we were struggling to maintain the grounds to the high standards set in years gone by! With the help of staff and the unpaid workers, we were delighted to work alongside them and reach all our targets for the season beginning in April. There was never an issue and anything that was required of the team was carried out extremely well without any hesitation. Everyone was very helpful, supportive and worked together - some even very serious in certain projects with their attention to detail!! Thank you to everyone who contributed to giving the club a full makeover, we have had many comments passed about our perimeter fence and how great it looks as well as the painted wall and all the other works you carried out.”

As COVID restrictions eased the Service was able to return to supporting more vulnerable members of the community with individualised pieces of work. One such case was supporting a man with multiple health issues including COPD to tidy his garden in preparation for a move to supported accommodation. Given the size of the garden and the period of time since work had been previously carried out this was a significant project for the Service and one which continued into the next reporting year.



7) What **organisational challenges** have there been in completing orders effectively this year, both those with Unpaid Work and those with Supervision Requirements? Issues may or may not be related to the covid pandemic. (Bullet points will suffice. Max 300 words.)

- The Service has experienced unprecedented staff turnover during the reporting period. This has impacted significantly within our Unpaid Work arrangements, particularly among supervisors, resulting in us being unable to manage the same level of throughput that existed pre-pandemic. However, the Service was able during the reporting year to create a new post of 'Unpaid Work Scheme Organiser' whose key tasks include the organising and sequencing of unpaid work placements and promoting the scheme by engaging with partner agencies and communities across Inverclyde.
- Whilst we welcomed the COVID-19 monies made available to Justice Social Work in 2020/21 the temporary nature of this funding made it difficult for the Service to utilise this successfully to employ additional staff. Unfortunately, we seem to be in a competitive market where pool of available and suitably experienced staff appear to

be in short supply. Thus attracting and retaining staff by means of temporary contracts has been challenging. The Service was however able to increase its Unpaid Work capacity through commissioning a Third Sector partner.

- Due to the national and local COVID-19 restrictions in place during the 2021/22 reporting year, our Unpaid Work activity required at times to be paused. In addition there were also limitations on the types of placement activity undertaken, to accommodate transportation restrictions and access to facilities for comfort breaks. This impacted on staff morale and possibly staff retention too.
- As commented throughout this report COVID-19 has disrupted a number of systems and practices that had been working well pre-pandemic e.g the routine application of our Criminal Justice Needs review Tool. This has also been the case with regard to programmed (group) work. Whilst staff have endeavoured to provide individual pieces of offence focussed work with service users our intention in 2022/23 is to offer a more systemic approach.

8) Outline the **main barriers, if any, to accessing community support and wider services** (eg drug and alcohol services, mental health services). How have these barriers been addressed?

Deprivation: Income and employment deprivation are significant issues for a large number of people living in Inverclyde with almost 1 in 4 children in Inverclyde estimated to be living in poverty after housing costs. Our own analysis suggests that over 76% of individuals on CPO live in the 20% most deprived areas of Inverclyde. The Service has sought to respond to the barriers this presents in a number of ways. These have included providing travel passes for people to attend their site placement, supporting people in making applications to local foodbank and other food options as well as in a limited number of circumstances providing vouchers for a local supermarket.

In an effort to move on to a more proactive footing the Service also purchased memberships to a local Food Pantry with a pilot rolling out during 2022/23. Specifically these memberships will provide access to affordable nutritious food at £2.50 per shop. In addition, the Food Pantry also provides access to a range of other support services including support around income maximisation, fuel poverty and access to learning and employability. The Service would look to make further investment on conclusion of the pilot if feedback from our staff and service user group is positive.

Acknowledging the impact of people experiencing fuel poverty the Service has also engaged with the Wise Group Energy Crisis Fund and their locally commissioned I.Heat Programme (Inverclyde Home Energy Advice Team). There is now a referral pathway from the Service to I.Heat who will work with households to equip them with the tools, skills and knowledge to manage their energy usage in future. Households with prepaid meters will receive a £49 top up fund if they are in danger of disconnection. These households will also receive support and advocacy from I.Heat to ensure the best utility deal is offered. Households who pay quarterly credit or monthly will receive support and advocacy and a one off charitable grant of £50 will be allocated to the customer energy billing account.

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. The Test of Change proposed is to adopt a trauma informed approach to support women as close to their entry to the Criminal Justice System (CJS) as possible. Significantly, it will involve staff across 3 separate service areas within Inverclyde HSCP as well as colleagues from the Third Sector. In addition, it will

also feature, again with a trauma informed approach, facilitating opportunities for women to engage in activities, volunteering or employment within their community.

In line with the trauma informed/responsive principles of Choice, Collaboration, Trust, Safety and Empowerment engagement with women is ongoing with co-production activities taking place across a range of settings and involving women on community sentences including those on CPO's at different stages in their Justice journey. This engagement has moved beyond sharing what their experiences are/were to focussing on what small incremental or larger step-changes changes need to be made to the wider system and services to ensure that their experiences become as best they can be. Significant progress is anticipated during the 2022-23 reporting year.

Unpaid Work Sub-Group: As noted in our response in 2020-21 an Unpaid Work subgroup was created under the umbrella of the Inverclyde Community Justice Partnership and is jointly chaired by the CJP vice chair (representing the Third Sector). The subgroup is made up of CJSW operational managers, the Third Sector interface and the Department of Work and Pensions. During the reporting year group members acknowledged the need to widen the remit of the group by considering the services that should be accessible and available to address the needs of all of those within the Criminal Justice System. In respect of those individuals on a CPO progress was made with colleagues in Inverclyde Council Community Learning and Development to create a learning pathway for those who may wish to consider an adult learning offer. This pathway has been created on the CLD Platform 'Moodle' and allows service users to access adult learning opportunities in both office and home locations. However, acknowledging that adult learning should be offered to people regardless of where they are in their Justice System journey this is likely to be expanded across our Service.

Community Justice Partnership Strategic Needs and Strengths Assessment: In preparation for the Inverclyde Community Justice Partnership publishing a Community Justice Outcomes Improvement Plan in April 2023, work commenced during the reporting year to complete a Strategic Needs and Strengths Assessment in order to inform future priorities for the Partnership.

In respect of CPO's a range of data sets relevant to CPO's have been considered which seeks to support both Criminal Justice Social Work and the Community Justice Partnership. For example by utilising the Scottish Index of Multiple Deprivation Datazones in respect of those CPO's commenced mapped against a range of activity including recorded crime rates, income deprivation, employment deprivation and other community outcomes allows us to consider the impact deprivation has on a Justice cohort. In addition by considering the average use in a range of CPO data allows the Service to consider likely service demand, to benchmark against other local authority areas and to identify potential service improvements.

9) Is there **any other relevant information** you wish to highlight? For example, this may include:

- Areas for improvement and planned next steps
- New ways of working and benefits achieved from these.
- Examples of work carried out in collaboration with community justice partners and wider community partners, including the third sector, to deliver CPOs

(Bullet points will suffice. Max 300 words).

- To help highlight our Unpaid Work activity in the community the Service has created advertising plaques which it will utilise in the 2022/23 reporting year. These plaques also include a QR which directs members of the public and community groups to the Unpaid Work section of Inverclyde Council's website and will also facilitate online applications for future works to be made. It is the intention of the Service to undertake a promotional campaign/frequent social media updates when there is a full staffing complement.

- Understanding the impact of poverty across Inverclyde and its relationship with community safety, the Service will in 2022/23 look to support projects in neighbourhoods across the authority area where there is a prevalence of deprivation. Our aim is to consider reparation activities in areas impacted by levels of recorded crime with a particular focus within the most deprived communities in Inverclyde.
- The Service has continued to commission AfC to provide Unpaid Work to young people aged 26 and under. The Service believes this arrangement not only increases throughput capacity but provides a bespoke offer which includes a youth work approach where in addition to completing their Unpaid Work hours young people receive holistic support and have access to certification across a range of industries.
- The Service continues to find innovative solutions to creating new work streams for Unpaid Work. During the reporting year the Service did some joint work with a local Third Sector organisation where there was the opportunity to share some site based work, share equipment and where appropriate bring service users and volunteers together for project based work. Similarly, the Service did some joint work with a local Community Development Trust that saw service users carry out some food growing projects on Development Trust land with a potential offer for service users to enter into their employment support service wherever service users are in a work cycle.

COMPLETED BY: Audrey Howard
DATE: 5th October 2022

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Community Payback Order

Summary of Local Authority
Annual Reports 2021-22

March 2023

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01 Foreword

Community Payback Orders are a vitally important component of Community Justice.

When people have broken the law, use of Community Justice means that they are held to account through community based sentences which allow them to be supported to reconnect and contribute to their community, and offered the opportunity to address underlying social, economic and personal determinants of the behaviours which led to their offending.



This report provides an overview, gathered from all local authority areas, of Community Payback Orders (CPOs) imposed by Courts across Scotland in 2021-2022, drawing on evidence gathered from all local authority areas.

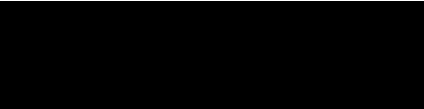
CPOs are delivered in the community where the convicted person lives. They often bring together a number of requirements to be met by the individual, all designed to best help avoid their further offending. Since 2019 the proportion of CPOs with a supervision requirement has risen to over 70%, reflecting the complex issues facing many individuals who come into contact with the justice system.

Myriad types of unpaid work contributed to improved wellbeing of the individual, and the wider community. Examples include: repairing donated bikes for those in need; reducing stockpiles of potentially flammable materials in houses which had arisen as a result of the residents' hoarding habits - not only improving their living environment but significantly reducing the fire risk for the community; and delivery of valuable improvements to local buildings, gardens and public areas. Throughout the report the words of those who have completed a CPO are strong testament to these 'life changing sentences'.

While there is much to praise, the report also highlights need for improvements including in respect of pathways into services. Issues of reductions in funding, and challenges with recruitment and retention, which currently face the public and third sector organisations, are also reflected.

The [Vision for Justice](#) and latest [National Strategy for Community Justice](#), both published in 2022, emphasise need for strong commitment, from all those in the public and third sectors delivering justice outcomes, to 'Community First': the presumption to deliver justice within a community setting, whenever the nature of the crime allows and it is safe to do so.

As the national organisation for promoting, monitoring and supporting improvement in the delivery of Community Justice, CJS is committed to assisting all organisations who are key to delivery of successful CPOs which are an essential element of 'Community First'.


Catherine Dyer
Chair of CJS Board

02 Key Findings

- The number of CPOs in existence increased by nine per cent during 2021-22, from 13,800 at 31 March 2021 to 15,000 at 31 March 2022. This was the third lowest figure in ten years. From 2012-13 to 2019-20, there was an average of 16,200 orders.
- Greater use is being made of supervision. There was a major change in 2020-21, the first year of the pandemic where the proportion of CPOs with supervision showed a big increase to 73 per cent. In 2021-22 the proportion of CPOs with a supervision requirement was 71 per cent.
- Not all local authority areas in Scotland have access to the Caledonian System to address domestic abuse behaviours. Some areas have invested in the UP2U domestic abuse behaviour change programme or other alternative to fulfil CPO programme requirements where the person has been convicted of a domestic abuse offence.
- Extensions to completion of programme requirements have been necessary due to COVID restrictions. Recruitment difficulties and limited access to accredited training over the pandemic for newly appointed and established social workers have exacerbated the challenges of accredited programme delivery.
- Many areas report excellent links with their local Alcohol and Drug Partnerships in supporting people subject to CPO who have a substance use issue, though the number of CPOs imposed with alcohol and drug treatment requirements is low.
- Often, the criminal justice system is used as the last resort 'safety net' for people facing complex challenges and is often the first opportunity an individual has had to access support for their mental health. Despite this, the use of a mental health requirement as part of a CPO remains very low, in part due to the stringent conditions to be met before it can be utilised. Areas report that much of the support for an individual's mental health is offered as part of CPO supervision.
- A dual diagnosis of mental health and addiction difficulties continues to act as a barrier to services for individuals, often due to how service criteria is linked to funding.
- Some service users required specific support with anxiety issues in order to stabilise them in preparation for group work. More generally, social work staff have observed a decline in the mental health of individuals with some areas reporting people finding it more difficult to comply with CPO requirements.
- Innovative ways of offering other rehabilitative activities for people completing an unpaid work requirement is evident. Educational packs and the use of technology platforms for blended learning are a common feature of other activity, often supported by the third sector.

- In January 2022 IT errors with the LS/CMI risk assessment tool were identified and justice social workers moved to a paper based system. Local authority areas report that case management planning is taking longer using these mechanisms.
- At the end of March 2022 there were 40,923 trials outstanding in Scotland. Local authority area justice social workers report that balancing the increasing demands of required court activity, including the provision of information to inform sentencing decisions, has adversely impacted on their ability to carry out first direct contacts with individuals sentenced to a CPO.
- The unpaid work backlog, combined with an increase of new orders from the courts, requires local authority areas to work at an increased pace and makes it more difficult to be responsive to an individual's holistic needs, whilst also meeting national standards.
- All local authority areas adapted their delivery in response to the pandemic with greater use of technology. Although technology has long played a part in the delivery of orders, the workforce have needed to rapidly accelerate developments to provide additional support and are keen to retain a more blended approach. Balancing the use of technology whilst ensuring a trauma informed approach and taking cognisance of digital poverty considerations will be paramount.
- People completing CPOs highlight significant benefits. Supervision requirements give people the opportunity to be supported to better understand the impact of their behaviours and to make changes. Unpaid work offers people opportunities to make reparation within their communities whilst building confidence and learning new skills. Communities benefit from unpaid work in many ways including the transformation of public spaces and school playgrounds and improving the living environment for vulnerable community members.

03 Introduction

This report presents a summary of responses to questions posed to each local authority area about the delivery of CPOs during the 2021-22 reporting year. The circular and question template is included as an appendix to this report.

Community Justice Scotland (CJS) will arrange for this report to be laid before the Scottish Parliament. This is the eleventh such summary and the fifth to be published under the amended legislative reporting arrangements. Previous summaries can be found on the [CJS](#) and [Scottish Government](#) websites.

Although there is no statutory requirement to do so, local authorities can make separate arrangements to publish their CPO annual reports in full. This is at their own discretion. Local authority area annual reports should remain under embargo until this summary report is laid and published.

Statistical information referenced within this report is sourced from the [Justice Social Work Statistics in Scotland: 2021-22](#) publication which was published by the Scottish Government on 31 January 2023. This publication presents national-level information on justice social work activity in Scotland. It includes data on justice social work services and social work orders, as well as characteristics of the individuals involved.

04 Background

The CPO replaced community service orders, supervised attendance orders and probation orders on 1st February 2011 and is available to courts for offences committed on or after that date. The [Criminal Procedure \(Scotland\) Act 1995](#) provides the legislative framework for CPOs.

A CPO is a sentence of the court and can consist of a number of individual elements, known as requirements. A full list of requirements can be found within the [Community Payback Order: practice guidance](#).

CPOs can be made for a period of between 6 months and 3 years, with the exception of where a CPO consists solely of an unpaid work or other activity requirement. In these instances, the specified number of unpaid work hours requires to be completed within 3 months for a level 1 unpaid work requirement and within 6 months for a level 2, unless a longer period is specified by the court at the point of sentence.

The power to vary CPOs under Section 5 and schedule 4 of the [Coronavirus \(Scotland\) Act 2020](#) remained available during the reporting year. The continuing effect of the legislation during that period was to require that a minimum of 12 months was allowed to complete any new unpaid work or other activity requirements, temporarily replacing the normal minimum periods specified under s227L of the Criminal Procedure (Scotland) Act 1995.

Each local authority has a team of highly skilled and trained workers who have responsibility for the delivery of CPOs. Where the court has imposed an unpaid work requirement alone, the responsible officer will be the unpaid work case manager. In any other form of CPO the responsible officer will be the justice social worker who will supervise the individuals subject to orders.

05 Addressing Offending Behaviours

Where a CPO contains a supervision requirement, accountability sits with a suitably qualified and registered social worker although non-social work qualified staff may, where appropriate, undertake work as part of the order.

The proportion of orders with a supervision requirement has been rising over recent years, reaching 62 per cent in 2019-20. There was a major change in 2020-21, the first year of the pandemic where the proportion of CPOs with supervision showed a big increase to 73 per cent. In 2021-22 the proportion of CPOs with a supervision requirement was 71 per cent.

In the years 2017-18 to 2019-20, around 58 per cent of supervision requirements were for 12 months or less. This fell to 51 per cent in 2020-21 and then to 49 per cent in 2021-22. The average length of supervision requirements across 2017-18 to 2019-20 was around 15.5 months. It was, however, much higher in 2020-21 (16.7 months) and remained high in 2021-22 (16.9 months).

A supervision requirement must be imposed as part of an individual's CPO where the individual is under 18, where the court imposes any requirement other than unpaid work or other activity, and where the court imposes two or more requirements.

The assessment, identification and response to an individual's risks and needs are essential components of rehabilitation. People subject to CPOs often face simultaneous challenges in a number of areas including financial, substance misuse, housing and health. Research shows that community sentences are more effective in reducing reoffending than short-term prison sentences and may provide greater opportunity for rehabilitation.

Attending to risks and needs as early in a CPO as possible enables individuals to concentrate on offence focused work and bespoke programmes of work that are responsive to the risks and needs of the individual.

Risk Assessment

Public safety is paramount in the delivery of CPOs and early application of appropriate risk assessment tools informs risk and case management plans. This involves assessing the seriousness of the particular harm as well as its likelihood, and putting in place preventative actions to reduce the possibility or seriousness of harm. Justice social work professionals use a range of risk assessment tools when making risk assessments and developing case management plans, some examples of which are described in the relevant sections of this report.



Level of Service/Case Management Inventory (LS/CMI)

LS/CMI is the general risk/need assessment and management tool that has been used within Scotland since 2011. This actuarial risk assessment tool supports

social workers assessments of individuals involved in the justice system over the age of 16.

The use of LS/CMI will aid the decisions of professionals about the focus and level of intervention that is needed to reduce the risk of further offending. The LS/CMI system is connected across Scotland to help identify and manage individuals who will move between local authority areas.

LS/CMI is the primary tool used by social workers within justice services to support social work assessment as well as develop case or risk management plans. LS/CMI should not be used by professionals in isolation as a means to determine risk levels and should always be part of a wider assessment.

Risk should not be defined by levels such as low, medium or high, but should be described by considering *nature, pattern, seriousness and likelihood* of further offending.

Where it is considered that a person is at risk of causing serious harm, a full *risk of serious harm* assessment will be carried out using the LS/CMI tool.

Risk of serious harm is defined as *the likelihood of harmful behaviour of a violent or sexual nature which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible.*

Conduct

A conduct requirement provides the court with additional flexibility to impose requirements on an individual which will promote good behaviour or prevent further offending.

Conduct requirements are the most commonly issued requirement after supervision and unpaid work. The proportion of orders with conduct requirements has risen in each of the last five years from eight per cent in 2017-18 to 13 per cent in 2021-22.

An example of how the court may use this requirement is to require the individual not to enter a certain street or not to enter a play park. A conduct requirement will not be imposed where another requirement would meet the objective, for example where it is deemed necessary for an individual to undertake alcohol treatment.

For internet offences, a conduct requirement may be imposed to place restrictions on internet access and limit access to internet enabled devices.

Programmes

To be included as a requirement, a programme must meet the legal definition: "a course of other planned set of activities, taking place over a period of time, and provided to individuals or groups of individuals for the purpose of addressing offending behavioural needs". This includes accredited and non-accredited programmes.

The proportion of orders with a programme requirement rose each year from 2017-18 (five per cent) to 2020-21 (nine per cent), before falling slightly to eight per cent in 2021-22.

The Caledonian System is an accredited integrated approach to addressing domestic abuse. A person can be mandated by the court to engage in this intervention through a CPO programme requirement.



Individual Story

Mr A was made subject to a 2-year CPO with supervision and a Caledonian programme requirement.

Having successfully engaged in Caledonian individual work he joined the Caledonian groupwork element and as one of the activities engaged in a 'three chairs exercise'.

The purpose of this is to reflect on past abusive behaviours, consider current circumstances and set personal development goals for the future.

He described his lifestyle at the time as involving substance misuse, unemployment and periods of time on remand for offending behaviour.

He reflected on how his abusive behaviours contributed towards difficulties within his relationships previously, both within intimate and familial relationships.

Mr A successfully completed the programme in early 2022. He made positive lifestyle changes, was in a new relationship and there were no documented records of further abusive behaviours.

He also secured full time employment, abstained from drug and alcohol use and re-established connections with his family. He self-reported positively integrating with his partner's family.

At his exit interview Mr A advised facilitators that it "was a pleasure thank you for making me a better person".

In addition to the men's service, the Caledonian System also comprises a women's service and children's service. This approach means that men's abusive behaviour is not targeted in isolation, with the system offering emotional and practical support to women, advice on safety planning, risk assessment and advocacy. The children's service ensures the rights of all children are upheld.

Not all local authority areas in Scotland have access to the Caledonian System. Some areas have invested in alternative approaches, such as the UP2U domestic abuse behaviour change programme to fulfil CPO programme requirements where the person has been convicted of a domestic abuse offence and is subject to social work supervision.

Some local authority areas apply specific approaches in their work with women accessing resources from the Safe and Together model of interventions. These resources are responsive to the needs of women and recognise the impact of underlying issues which centrally relate to offending behaviour.



Spousal Abuse Risk Assessment Version 3 (SARA V3)

SARA V3 is a specialist risk assessment tool used for assessing likelihood of domestic abuse behaviours for an individual. Domestic abuse is a complex issue within Scotland and continues to have significant impact on victims, families and wider communities.

Social work in justice services play a key role in tackling domestic abuse by working directly with perpetrators as well as in partnership with services to support victims.

The SARA V3 risk assessment assists social workers to assess and manage individuals who have perpetrated domestic abuse.

The SARA V3 takes a structured professional approach to risk assessment.

One of the benefits of the SARA V3 is that it enhances professional judgement about risk.

This enables the practitioner to better understand the nuance of risk associated within intimate relationships and case manage appropriately.

Practitioners can actively work to address behaviours with the person as well as support partner agencies to safety plan for perspective victims.

SARA V3 assessments are routinely completed as part of the comprehensive assessment process for all persons who have been convicted of domestic abuse offences.

Moving Forward Making Changes (MFMC) is a behavioural programme designed to provide treatment for men who commit sexual offences or offences with a sexual element. Sessions are focussed on helping participants re-evaluate their life goals and develop skills to achieve those goals without harming others.

For men who do not reach the threshold for the imposition of a MFMC programme requirement as part of their CPO, some local authority areas offer interventions which are delivered as part of CPO supervision, with treatment needs overseen jointly by the supervising social worker and forensic mental health professionals.



Stable and Acute 2007 (SA07) Risk Assessment

SA07 is a two-part actuarial risk assessment used for individuals aged 18 and above who have been convicted of sexual offences.

The risk assessment tool is accredited for males who have been convicted of at least one sexually motivated offence against a child or non-consenting adult.

The assessment tool can also be used as a guide for individuals convicted of internet related offences; individuals who committed the offences between their 17th and 18th birthday; and females convicted of a sexually motivated offence.

The risk assessment tool can be used to measure stable risk factors which can change over a period of time and acute risk factors which are generally short acting factors which can change rapidly.

By using this tool, workers can develop risk management strategies to target behaviours that increase the likelihood of further sexual offending.

The tool should be used as part of the wider social work assessment in order to help develop interventions to address the underlying needs surrounding sexual offending.

Individuals convicted of sexual offences will rarely be managed by social work alone.

Collaborative working with partner agencies is extremely important when assessing and managing risk of sexual offences and any assessment should be done in collaboration with Police Scotland.

SA07 should be completed prior to sentencing for cases where requirements to attend the relevant programme to address sexual offending are being considered. SA07 should be completed in line with MAPPA guidelines.

Information Sharing

Multi-agency public protection arrangements are in place to ensure the successful management of violent and sexual offenders. For individuals subject to both CPO supervision and MAPPA, the social worker will fulfil the role of lead agency. Effective information sharing between agencies is a critical part of the assessment and management of risk. Information from third sector providers is particularly sought where they are supporting the victim(s).

There is a concern that proposed changes to information sharing protocols between the Police and non-vetted staff may diminish good partnership working. Partners continue to also experience difficulties in securing relevant health information from GPs for people completing unpaid work.

Substance Use

The aim of an alcohol or drug treatment requirement is to ameliorate dependency. It is recognised that the success of these treatments is often enhanced where their implementation includes some family involvement.

The number of alcohol and drug treatment requirements is low, with alcohol requirements constituting just over one percent as a proportion of all orders issued in 2021-22, and drug treatment requirements just under one per cent.

Many areas report excellent links with their local Alcohol and Drug Partnerships in supporting people subject to CPO who have a substance use issue. Recovery communities for example offer recovery support, meaningful activities, social interaction and health and wellbeing activities to help individuals in their desistance.

Some local authority areas have secured funding through the Corra foundation to support people experiencing serious drug and alcohol misuse problems that are linked with their offending. Collaboration with residential rehabilitation services to assist in addressing offending behaviour and support to transition back into the community following their period of rehabilitation is also evident.



Practice Example - Edinburgh

Edinburgh alcohol problem solving court uses community payback legislation to hold frequent court reviews to support people to engage and maintain engagement with services aimed at addressing alcohol use linked to offending.

Justice social work provides the court with speedy assessments with a focus on alcohol to ensure streamlined access to services through close partnership working.

Justice social work and third sector organisations work in partnership to actively assist individuals to successfully complete their CPO, including those with an alcohol treatment requirement.

A drug treatment and testing order (DTTO) is a high tariff disposal for individuals with drug problems. DTTO can be used as a concurrent sentence with a CPO and is different from a drug treatment requirement, which is focused on individuals whose offending is not as prolific. Addiction nurses work in partnership with social workers to support individuals to successfully complete DTTO and CPO using a combination of compulsory monitoring, therapeutic work and signposting.

The number of DTTOs commenced rose by 58 per cent between 2020-21 and 2021-22 to 360. Although a rise, this was still a low level, with numbers for the five years before 2020-21 averaging 540.

Mental Health

A mental health treatment requirement is imposed to enable the individual to access ongoing assessment and treatment by or under the direction of a registered medical practitioner or registered psychologist.

Mental health treatment requirement rates are consistently low, with only 33 issued in Scotland as part of an order in 2021-22.

Research shows that often, the criminal justice system is used as the last resort 'safety net' for people facing complex challenges and is often the first opportunity an individual has had to access support for their mental health. Despite this, the use of a mental health requirement as part of a CPO remains very low, in part due to the stringent conditions to be met before it can be utilised.

Areas report that much of the support for an individual's mental health is offered as part of CPO supervision.

Other Interventions

In response to an ongoing number of road traffic offences in one local authority area, a local road traffic programme has been designed and implemented by justice services. Modules of this groupwork programme are being delivered by the social worker or social work assistant to address specific risks related to road traffic offending. It is not clear whether this is a bespoke programme or whether it is available in other local authority areas.

For people aged 18-25 referred for a criminal justice social work report, one area has developed a 'maturity checklist' to help inform Sheriffs as to the most appropriate sentencing options and ensure that any adverse childhood experiences or other maturity or developmental needs are acknowledged.

Local authority areas report that, central to work directly undertaken with people subject to CPO, is building relationships as this is the key for promoting positive change. Commitment to relational practice is evident with some areas ensuring a consistency of worker if people return to the service after completing their order.



Individual Story

Mr B has a learning disability. During supervision sessions, his worker used mindfulness and breathing techniques as he often became frustrated and angry and would lash out. The creative work undertaken with Mr B has been effective in building a good working relationship, and he has stopped lashing out and is able to engage with his CPO requirements.

Several areas report the use of a 'decider skills' programme which aims to support individuals experiencing issues with emotional regulation. The programme is delivered in a group setting and on a 1:1 basis depending on the needs of the individuals. In some areas this is delivered in partnership with third sector agencies. Many areas have developed bespoke services and activities designed to meet the specific needs of women prior to and during their period of CPO.



Practice Example – South Ayrshire

A third sector organisation has been commissioned to deliver a service to women appearing at the custody court.

The service relates to provision of a specialist worker, supporting women who have appeared at Ayr Sheriff Custody Court. The post aims to link with women identified via the court social work staff and offer support until their subsequent sentencing appearance.

The service provides interventions at an early stage and supports women to engage with initial and return dates to court and support with housing, addiction and health issues.

06 Personal Impact of a Supervision Requirement



Personal Testimony

"I had really bad moments during the first months of my supervision. However I felt that someone cared about me, even though I felt really bad about myself. I was able to share my concerns and to work towards improvements in my mental health."

"I now realise what I stand to lose if I reoffend. There are other facilities I can reach out to if I need to talk rather than letting problems get too much."

"Supervision is helping me become the person I used to be, to let me be a mum again."

"I wouldn't dare think about doing what I did for my index offence now. It has opened my eyes and I am less reckless."

"I've made changes. No pornography use and I am more aware of risky situations."

"Getting this order has saved me and changed my life. I feel I've had the support from my justice social worker to make changes. I think differently now and can manage better."

"My time on supervision has been helpful but hard due to COVID rules. I feel there is nothing really for someone like myself i.e. alcohol. It's always drugs, lots of women my age at home depressed drinking more alcohol than they would like. Be good to see an outreach in the future."

"There should be other alternatives like this to pay for your crimes; I think it educates you on what's right and wrong."

"I cannot thank my worker enough for the time and effort she always put into our phone calls, (due to COVID my order was through the phone), but I feel this worked best for me, with not actually being in front of someone I let down my guard completely, meaning I was able to finally get to the underlying issues that triggered my anger, which put me on the order, I have been in anger management and psychology over the years but never let go, or let anyone in."

"I had messed my life up. I lost the flat I shared with my ex. and I lost her, crashed the works van, got arrested, lost my job, then got a driving ban so had to hand my car back and a lot of other stuff. My worker was absolutely first class. I couldn't have asked for a better worker. I can't speak highly enough of her. She saved me."

"A CPO gives you the opportunity to turn your life around if the individual is serious about it. There is support available there to do this."

"I feel different after being at Court and hearing what the victims said. Hearing the victim's account has made me see things from a different perspective and I need to keep doing this."

"Supervision has not been about what my supervising officer can do for me. It has been more about the relationship I have been able to build and seek advice and support from as well as address my behaviour."

"I was high risk to begin with, I am low risk now."

"That's what impressed me about this, we got to the trauma bit really quickly, that was my buy-in as I've never talked about it."

"Can I have it noted that I feel I've benefitted from your support, I have went from homeless to having my own house in a new area and now possibly a full time job for the foreseeable. I feel that I have a chance at a fresh start in life now. If it wasn't for this order, I would have very possibly have kept offending and ended up with a custodial sentence."

"I've not offended in over 2 years and I can't be more proud, all I need to do now is focus on the future and hope for the best."



Individual Story

C is in his late thirties. He lives in one of the more densely populated areas of North Ayrshire and currently resides with his fiancé and their infant daughter. C is currently unemployed as a result of enduring mental health issues. He is skilled in mechanics and many other practical tasks.

C was subject to a CPO with a supervision requirement and Caledonian programme requirement. C had a significant history of domestically aggravated offending. C entered the service displaying a level of hostility and denial. Following a difficult start, C began to embrace the Caledonian individual sessions before progressing to the group work phase of the programme.

C believes that the programme has helped him view his abusive behaviours in a different context and to accept greater accountability. C advises that this learning has permeated other aspects of his life and now feels more adept at understanding and managing his emotions.

C has the following reflections about his experience of completing the Caledonian System:

"I had to complete the Caledonian programme because I was abusive towards my partner in a previous relationship I was in. To begin with I was going in with the attitude that it wasn't my fault and blaming everyone else. I was in denial. You think "she shouldn't have spoken to me like that, or she made me do it?" just to justify your behaviour.

One day we were sitting in the Caledonian group and we watched a video where a man is assaulting his partner and their children are listening from the bedroom... and see that, it just broke me to bits. I recognised something in it. There and then, that changed my life. I just thought, that's my wean.

Every parent says "I would never hurt my wean", but you don't understand that you are when you behave that way. After that I found the groups much easier and much more insightful. I took onboard everything better. I started to recognise my own negative self-talk and tried to change it. From then on, I thought I'm not going to be that.. not anymore. Not just for the weans but for my own sake. I will never be that guy again."

C's CPO expired around six months ago however, he continues to attend the Making a Difference (MAD) football group and regularly discusses the benefits he received from his supervision requirement when the opportunity presents.

C has provided particularly helpful insights to younger members of this group who are experiencing similar issues. C states that the weekly football sessions have had a positive impact on his physical and mental health.

07 Benefit of Unpaid Work to Communities

Reparation via unpaid work provides people with a constructive means to repair harm caused by their involvement in offending and supports the strengthening of relationships within communities.

In 2012-13 80 per cent of orders had an unpaid work requirement. By 2019-20, unpaid work remained the most common requirement, but it had fallen to 70 per cent. Due to the pandemic, the proportion with unpaid work dropped markedly to 58 per cent in 2020-21, and this rose in 2021-22 to 63 per cent.

Throughout the reporting period, unpaid work teams have continued to increase visibility of unpaid work wherever possible. Examples include the refurbishment and restoration of buildings. In one local authority area, group and individual placements have been created in order to prepare new premises secured to deliver the Medicated Assisted Treatment (MAT) standards.



Practice Example – Scottish Borders

Our Greenhouse Partnership with NHS Borders Health Improvement Team enables children and families in the Borders to benefit from access to local produce and to participate in educational activities in schools and community groups.

Key aims of the project are: improving health and well-being, provision of low cost fresh fruit and vegetables and encouraging local communities to grow their own food. The service provides community projects with seedlings and seeds from our well established green houses.

Accessible garden and park spaces continue to be created by local authority areas through unpaid work activity. Community members and visitors alike are able to enjoy more visually attractive, clean and engaging community spaces.

Work to support people affected by poverty has been particularly prominent over the reporting period. Most areas report supporting local food banks by organising storage, packaging parcels and distributing them.

Bicycle repair and safety workshops operate across Scotland with completed and checked bicycles donated to a range of charitable organisations to support healthy living and sustainable transport.

Unpaid work teams can demonstrate an important contribution to addressing anti-social behaviour. Examples include the dismantling of a drinking den built in the woods and removal of offensive graffiti from walls. Some areas focus on the localities most affected by crime and anti-social behaviour to ensure reparation is maximised for those communities who have suffered the most.

Community safety for the most vulnerable in communities is also supported. One local authority area reports receiving referrals from mental health teams to carry out house clearances for people who have been hoarding, improving their living environment and reducing fire risk.

Personal placements provide opportunities for individuals to develop new skills and support local communities through working with social enterprises and third sector organisations.

Uplifts of donated furniture for charity donations is common, and several areas report supporting vulnerable and disabled members of the community with general property and garden maintenance and house moves.



Practice Example – South Lanarkshire

Restrictions started to ease towards the latter part of 2021 and we were able to transport more individuals in vehicles.

This allowed us to undertake tasks assisting other social work services such as Children and Families, to support small scale removals assisting vulnerable families.

We reopened the laundry service and started laundering community football strips and received referrals for emergency service washes for those in need.

Significant activity to improve the internal and external environment within schools is reported.

08 Personal Impact of an Unpaid Work Requirement



Personal Testimony

“I enjoyed the unpaid work because I was trusted to do the work and get on with it and had a sense of pride in attending and never missed a day. Helped to fill my week while I was out of work.”

“I never want to have to go through this again, I lost my independence, and I feel I’ve paid back to the community. I don’t want to be back on a court order, however, I would feel encouraged to become involved in community volunteering.”

“I have felt better about having done something for the community and also now feel more connected to the community.”

“Working with the unpaid work supervisor has helped a lot, he showed me how to use everything the right and safe way. It has made me want to get a job.”

“Always treated with respect – my attitude has changed, now I have more respect for the community.”

“I have enjoyed my time at work or unpaid work as it was and is better than a custodial sentence.”

“These sessions have shown me there is help and there is support. You’re not on your own. The world might feel like it’s against you but there’s always someone to put a hand down the hole you’re in and help you out. You never know what’s going on under the surface. It helps people be aware of that and know you’re never alone.”

“I have enjoyed giving back to the community, I have realised how my offending could affect people in the community. I feel like my time here has been well spent

and the work we done has definitely impacted the community in a good way. I don't know what I will do now with my Saturdays."

"While I am doing unpaid work, it gives me the opportunity to balance my work and family. It also gives me the chance to give some help to those who need it like gardening work or clearances."

"Doing unpaid work has made me reflect on the reason why you are doing it."

"You regret the crime and hope to learn a lesson and won't commit a crime again in the future. It has allowed me to do work for vulnerable people, like gardening and painting where they wouldn't otherwise have it done or be able to do it themselves"

"I worked in a recovery café sitting with new customers and serving tables. I'm in the kitchen now. My other duties were setting up tables for meetings, meet and greet all who come through the door. I liked it that much I'm now a volunteer in the recovery café."

"I am grateful I got a placement near my house, that allows me to see what I have achieved on a daily basis."

"Unpaid work has helped reduce alcohol use not just on the days I attend but also the rest of the week; my supervisor has been very helpful and friendly and understanding; I am going to try and see if I can get a couple of hours volunteering in a charity shop to help keep me busy."



Individual Story

Ms D completed SCQF Level 4 Health and Safety in the Workplace qualification as part of unpaid work 'other activity'. Following this, Ms D successfully achieved an Emergency First Aid qualification.

Ms D was interested in working in the construction industry and was supported by the unpaid work team to apply for her Individual Training Account (ITA) funding online and linked in with the Communities Life Long Learning Team to complete her CSCS course.

Ms D was also supported to apply for labouring jobs and was offered three different labouring positions, accepting one of the full time contracts.

Ms D successfully completed her unpaid work requirement, gained qualifications and transferrable skills and is now in full time employment and been made permanent.

09 Types of 'Other Activity'

An unpaid work requirement provides the opportunity, within certain prescribed limits, for an individual to undertake other rehabilitative activities to promote desistance. Other activity must not exceed 30% of the specified number of hours in the requirement, or 30 hours, whichever is the lower.

Educational packs using blended learning methods are a common feature of other activity, often supported by the third sector.

Many areas continued to utilise the [CPO Connect](#) platform during the reporting year. Delivered by the Wise Group, it offers a secure and flexible way to complete individual or group facilitated learning. Several areas report supporting individuals to make use of [OpenLearn](#) from the Open University. Other areas report partnership arrangements with local community learning and development services.



Practice Example – Clackmannanshire

During 2021-22 a significant number of 'other activity' hours were undertaken through our continuing third sector partnership arrangement with APEX Scotland.

Online learning boosted by the purchase of tablet devices/sim cards for service users in early 2021 proved a particular success in reducing the backlog of hours. This was important when the availability of 'other activity' services had been significantly curtailed by Covid restrictions.

Online courses undertaken have covered a variety of topics including employability, money management, paediatric first aid awareness, stress and anxiety, Covid-19 awareness, interview techniques, healthy eating and nutrition, virus and infection control, physical health and wellbeing and alcohol awareness.

During 2021-22 a 90% engagement rate of 108 individuals referred allowed 1,614 hours of 'other activity' to be undertaken online.

While some found online learning a challenge, for the majority it was viewed positively.

Feedback from the service provider suggested that the high rate of engagement was largely due to consistent encouragement from CPO supervisors alongside offering plenty of opportunities to complete.

In terms of partnership working it was apparent that there was a strong relationship built with CPO unpaid work staff, with regular contact and weekly updates provided to monitor progress or notify of non-compliance.

Creative art opportunities are common within other activity. Several areas report work with [Street Cones](#), a team of creative artists with lived experience in the criminal justice system. Participants report an increase in confidence and an opportunity to explore themes that are relevant to their own development needs. Supporting individuals to overcome specific employability issues arising from contact with the criminal justice system is a common feature of other activity.

Developing legal, safe and appropriate disclosure strategies when applying for jobs will help to ensure that individuals minimise barriers to employment and negate the perceived need to de-select themselves from employment opportunities.

Individuals report that access to substance use education and support materials as part of other activity is beneficial to improve health and wellbeing and reduce the risk of reoffending. Many areas have established recovery communities and are an important source of connection, information, hope and support for someone in or considering programmes of recovery.



Individual Story

E is a Scottish man in his late fifties, a vulnerable service user, who lives in a high rise block in the North of Glasgow.

E was referred to the ChoiceWorks Programme, a local offending behaviour programme, in early 2022 as part of other activity. He addressed his personal hygiene, which improved his general well-being and confidence.

Joint work with local supported housing providers ensured his living environment was improved. This involved deep cleaning, redecoration and some new furnishings including a cooker.

E was involved with a loan shark and with the support of the programme, was supported to contact his bank and Police to resolve this matter. He has been given access to a variety of community activities and now has structure most days.

He has an aspiration to enter some form of part time employment however some voluntary work is the next step.

Bespoke programmes of other activity focusing on target groups such as young people and women are reported by local authority areas. The programmes aim to understand and address the specific barriers experienced by these groups with the aim of minimising further involvement with the justice system.

10 Feedback from Unpaid Work Beneficiaries



Personal Testimony

“There had been few people helping with the garden since Covid and the gardens were becoming unmanageable for the people who were trying to maintain them. The larger jobs in particular had been put aside for a couple of years due to the enormity of them. The team ‘rescued’ the garden and provided a place where people feel included and welcomed.”

“The Community Park has benefitted significantly from the work provided from your group. In particular their assistance with bagging up of dry split logs for sale to customers looking to buy logs to offset their home heating costs has enabled a record quantity of logs to be sold, which has also helped clear some of the timber felled by Storm Arwen.

Their help has also been much appreciated with the help given weeding woodland areas, clearing up some of the impacts of the winter storms. Assistance with path maintenance has also reduced the work load for our volunteer team. The group have also helped to repair paths damaged by the winter storms, replace trees to re-plant the devastated woodlands.”

"I have submitted many referrals to the unpaid work team over the past few years and the work has always been carried out in a timely manner and to my expectations."

"Over the years the unpaid work supervisor and team have assisted the people we support by uplifting rubbish/household items for the dump, gardening and decorating. This has had positive outcomes for the people we support as tenancies have been at risk due to rubbish lying outside or the garden not being maintained."

"Brilliant bespoke shelter built exactly to our needs. Quality of materials is excellent. This allowed us to stretch our budget in order to benefit the learning of our children in our school.

The completion of our project would not have been possible without the use of the unpaid work team. Excellent way for CPO clients to learn skills and provide services to the local community."

"A little story showing the importance of community projects – two young kids at our junior group were taking part in our group activities. It was story time and they told everyone else how their dad was a real hero and he helped to build the wall around the area to keep everyone safe.

They went on to say, our dad works really hard and he even comes to the project to help do the weeding. This ripple effect of positive community spirit regardless of how it may be in reality gave a real sense of pride in these kids and it was lovely to see."

"I am writing to say a huge thank you. You may not appreciate that following COVID, the people of the area have discovered the gardens and really enjoy them. Many have even described them as 'a life saver'.

So the help of you and your team is not just in keeping the lawns tidy but also contributing to the health and well-being of the community. Your help is indispensable."

"We are a community-led charity and we have relied heavily on the work of the CPO team to get our work off the ground. Without the hard work of the team over the last few months our outdoor spaces would be overgrown and inaccessible. Instead, they are tidy, welcoming, and safe and have been used by many people in the community at a time where opportunities to meet outdoors in pleasant surroundings has been extremely important.

The improvements to the outdoor space have been fantastic. We feel the CPO team has repaid the community and are very grateful to have received this support - thank you!"

"Please can you pass on my thanks to the squad who came and rotavated the area we have set aside for our wildflower meadow. This is a tremendous help and we can now invite the local school children to come and sow the seeds for us and hopefully inject a bit of colour into the area."

"The CPO clients and supervisors were fantastic and did a huge amount of work - work that would have taken us a year or two to do, in the space of a few weeks. One of two of the clients asked to return as a volunteer.

We provided tea and cake, they were fabulous company and fellow gardeners and we loved having them with us. We'd love to establish a regular placement scheme for both those interested in gardening and garden maintenance and for general CPO groups."

“All the decorations have kicked off Christmas here and we love it. The ladies and gents at the Care Home say they look great outside their windows and brighten up the garden in the cold weather!”

“The (unpaid work) Service supported the Day Care Centre and those using its facilities by undertaking a range of garden maintenance and ground works. This has helped to ensure good access to the area, which is particularly relevant given the health needs of the users.”

“The team supported a care experienced young person by collecting and delivering 2 sofas to her new tenancy. Good service provided and this has helped the young person to continue to settle into her new home.”

“On delivery, it was apparent that it would be a significant challenge to construct the summer house, and this would not have been possible without the fantastic support from the unpaid work team.

They supported the build and painted the summer house to give it a great look, but also a level of weather proofing. The end results were superb, and this resource now provides a therapeutic space for young people.”

“Thank you so much for this. I honestly believe this will improve Mr F’s mental wellbeing. He describes feeling a sense of freedom on his new bike and has been using this to get to his appointments.”

“Delighted with the work the team did in our sensory garden, and would definitely consider asking them to help out again.”

“Supervisors and team leaders from unpaid work team have also been involved in the uplift and delivery of various household goods from residents of the local area, several of whom have arrived with very little and do not have easy access to finances.”

“Dear CPO team. The Board of Trustees wish to extend their very grateful thanks to you for your invaluable contribution to the food bank. We want to take the opportunity to let you know that we would not be able to do what we do, help those in need in the area, without the support you so generously give us – often at very short notice!

As we are sure you are aware, the number of people requiring our services is rising month by month, putting more pressure on volunteers and staff, and the knowledge that we can count on you to assist us is a great help. We are very thankful for your willingness to support our charity and look forward to continuing our partnership.”

“I was very grateful to the team for removing old furniture and other large items that we couldn’t use anymore and could not move ourselves. Thank you so much for helping us.”

11 Organisational Challenges and COVID Recovery

All local authority areas have faced challenges during the reporting year in the delivery of CPOs due to continuing COVID restrictions and areas report that staff are suffering from low morale and burn-out.

Additional resources were made available by the Scottish Government to local authority areas to commission third sector services to support the continued delivery of CPOs and other statutory orders. Whilst welcome, many areas and third sector

providers found it difficult to recruit and retain staff within the limited funding window.

There are, however, examples of where this has worked well. In one area, social work assistants have been retained through the use of COVID-recovery funds to take on welfare-related support tasks for people subject to CPO. This includes support to open bank accounts, access emergency food services, improve housing options and address fuel poverty.

The third sector are a crucial CPO delivery partner. Research carried out by the [TSI Scotland Network](#) found that the financial situation of social enterprises as a consequence of the pandemic is “perilous, and, without urgent financial support, many will not recover.” A key finding from research on the [Impact of COVID-19 on The Justice Voluntary Sector](#) found that “the justice voluntary sector faces a staffing crisis resulting from the loss of experienced and dedicated staff, as well as far fewer applicants to vacant posts.”

The preferred method of delivery for the Caledonian System is through individual work and group work. During the reporting period, due to ongoing pandemic restrictions, limited group work recommenced, and where it did resume it was often on a smaller group basis. Virtual delivery of this programme was assessed as being unsafe due to potential increases in risk and was therefore rejected as a delivery model. Local authority areas report that rural communities are finding it particularly difficult to recommence group work activity.

There is an increasing workload in terms of Caledonian delivery. Extensions to completion of programme requirements have been necessary due to COVID restrictions.

Recruitment difficulties and limited access to accredited training over the pandemic for newly appointed and established social workers have exacerbated the challenges of accredited programme delivery.

Some areas also report an increase in the number of extensions requested to Court to complete unpaid work requirements. Some areas reported a notable increase in the number of people undertaking unpaid work who are in full time employment. Although a positive development, limited ability for local authority areas to offer sufficient weekend unpaid work sessions has been particularly challenging for this cohort in terms of completing their hours within the agreed time. For those people completing CPOs during 2021-22 where employment status was known, 29 per cent were in employment or self-employed.

The MFMC group work programme was able to restart in many local authority areas, with virtual work undertaken as follow-up to face to face session work where assessed as safe to do so.

Some service users required specific support with anxiety issues in order to stabilise them in preparation for group work. More generally, social work staff have observed a decline in the mental health of individuals with some areas reporting people finding it more difficult to comply with CPO requirements.

The successful completion rate for CPOs terminated in 2021-22 was 74 per cent, similar to the rate of 75 per cent in 2020-21. These were higher than the rates in the previous five years when it was generally just under 70 per cent. The [Community Orders \(Coronavirus\) \(Scotland\) Regulations 2021](#) coming into force is likely to have been a factor in this.

Differences in practice across local authorities in response to varying COVID restrictions has caused difficulties for some services in engaging individuals. People moving from an area where CPO supervision was carried out via telephone, for example, have found it difficult to comply if their new local authority area is operating on a face to face basis.

Although the approach to CPO reviews in many areas remained a blend of telephone, office and home visits during the reporting year, individuals experienced increased access to specialist commissioned third sector services as they began to open post pandemic.

The innovative use of technology is a strong feature this reporting year. One area described the development of new plaques to commemorate unpaid work in the area. Each plaque will feature a QR code which directs members of the public and community groups to the unpaid work section of the Council's website and will also facilitate online applications for future work.

Unpaid work activity around workshop manufacturing and community project work was negatively impacted during the reporting period due to COVID restrictions. Limitations included having to ensure individuals could access projects by public transport and ensuring there were adequate facilities for comfort breaks.

Some areas report developing creative approaches to unpaid work during COVID restrictions. For example, one area purchased a number of craft kits for individuals to complete at home which were subsequently donated to charitable organisations for raffle.

The unpaid work backlog, combined with an increase of new orders from the courts, requires local authority areas to work at an increased pace and makes it more difficult to be responsive to an individual's holistic needs, whilst also meeting national standards.

Unpaid work placements fall into two categories: those offered and supervised internally within unpaid work schemes and those offered and supervised by external organisations and agencies (known as personal placements). Local authority areas report that a number of organisations offering personal placements have withdrawn due to COVID and it is evident that areas are working hard to build back up the range of opportunities that were available pre-pandemic.



Practice Example – Glasgow City

We have developed a personal placement plan that includes the commissioning of a short film to demonstrate and maximise knowledge around the positive impact of community sentences for the judiciary, the public and other stakeholders.

This film was developed with input from people who have undertaken unpaid work placements who felt able to reflect on the positive impact the placement had on them.

Throughout the latter part of 2022 and start of 2023 there will be regular information sessions online, where this film will be shown as well as an opportunity for any potential providers to ask any questions about the process.

Focus on promoting physical health has sharpened in some local authority areas post pandemic. Facilitated 'walk and talk' sessions have been well received and individuals report additional benefits around increased positive mental health and reduced social isolation. Other services promoting physical health have started to recommence during the reporting year, including the reestablishment of nurses delivering Keep Well services.

At the end of March 2022 there were 40,923 trials outstanding in Scotland. Local authority area justice social workers report that balancing the increasing demands of required court activity, including the provision of information to inform sentencing decisions, has adversely impacted on their ability to carry out first direct contacts with individuals sentenced to a CPO.

First direct contact took place within one working day of imposition for 61 per cent of orders imposed in 2021-22. This was slightly higher than the level of 58 per cent in 2020-21, although it was still considerably lower than in the previous three years when it generally fluctuated around 75 per cent.

In January 2022 IT errors with the LS/CMI risk assessment tool were identified and justice social workers were asked to move with immediate effect to a paper based system which is the agreed contingency plan around such a systems failure. The nature of risk assessment and case management is holistic and wide ranging and social work professionals have adapted easily to the precautionary measures. However local authority areas report that case management planning was taking longer using these mechanisms. From 28 February 2023, the initial assessment part of the IT system was returned to operational use.

Interpreter services have been severely impacted by the pandemic and this has caused additional delays in the completion of court reports for some individuals.

All local authority areas adapted their delivery in response to the pandemic with greater use of technology. Although technology has long played a part in the delivery of orders, the workforce have needed to rapidly accelerate developments to provide additional support and are keen to retain a more blended approach. Balancing the use of technology, while ensuring an approach that recognises the potential impact of trauma and adversity and taking cognisance of digital poverty considerations, will be paramount.

12 Barriers to Accessing Community Supports

Complex Needs

Completing a CPO, regardless of whether an individual is subject to a particular requirement, presents crucial opportunities to assess need and support people into recovery. Whilst there are pockets of good practice and some areas are able to demonstrate strong links with ADP and wider health partners, there remains inconsistency and fragmentation.

A dual diagnosis of mental health and addiction difficulties continues to act as a barrier to services for individuals, often due to how service criteria is linked to funding. One area has recently employed an advocacy worker who specialises in dual diagnosis to support people completing CPO.



Practice Example – Aberdeen City

An 18-month Justice Social Work (JSW) and Alcohol and Drug Partnership (ADP) drug and alcohol development officer post has recently been appointed to develop a “shared care” model between substance misuse services and JSW.

Mental health services continue to be hard to access. We carried out a brief survey where 12 JSW staff were questioned about current clients’ mental health, both to give the service a better picture of the issues and to find out if we were asking the right questions. The responses covered a total of 253 clients, 71% of whom had mental health issues to a greater or lesser extent.

The main findings were that:

The prevalence of mental health issues is high amongst those subject to statutory supervision

There is little point in asking solely about mental health without asking about drug/alcohol use and prescribed medication

We are asking some, but not all, of the right questions

Need for a shared language

Need for improved pathways into services

Need for training for workers.

These initial findings have been passed to substance misuse and mental health services, including the Forensic Pathways Review Group, and a more comprehensive survey will be carried out in 2023. Appropriate training is being sought.

The capacity of partner services to respond to new referrals, particularly those that fall below thresholds of priority risk and needs, has reduced during the reporting period. However, some areas report an increase in effective partnership working for people subject to DTTO who are also open to drug and alcohol services which has resulted in better, quicker outcomes for the individual.

Drug related deaths remain high in Scotland and some areas report significantly improved rapid access pathways into community and residential drug and alcohol services for those completing CPOs and DTTOs. However, other areas report a lengthening of waiting times for these services this year.

Barriers to support people with neurodivergence issues and additional support needs is reported. One area has partnered with their local Autism service to commission training for all justice staff on awareness and bespoke interventions, with longer-term practitioner forums being developed.

Securing suitable housing for people subject to CPO continues to be problematic for some local authority areas, particularly for a cohort that generally requires single occupancy and flexible tenure options.

Joint work with local employability partnerships is reported by some areas. Planning for future investment in employability has taken place to ensure the needs of the justice cohort are reflected in future service delivery.



Practice Example – Inverclyde

Income and employment deprivation are significant issues for a large number of people living in Inverclyde with almost 1 in 4 children in Inverclyde estimated to be living in poverty after housing costs. Our own analysis suggests that over 76% of individuals on CPO live in the 20% most deprived areas of Inverclyde. The service has sought to respond to the barriers this presents in a number of ways. These have included providing travel passes for people to attend their site placement, supporting people in making applications to local foodbank and other food options as well as in a limited number of circumstances providing vouchers for a local supermarket.

In an effort to move on to a more proactive footing the service also purchased memberships to a local food pantry with a pilot rolling out during 2022/23. Specifically these memberships will provide access to affordable nutritious food at £2.50 per shop. In addition, the food pantry also provides access to a range of other support services including support around income maximisation, fuel poverty and access to learning and employability. The service would look to make further investment on conclusion of the pilot if feedback from our staff and service user group is positive.

Acknowledging the impact of people experiencing fuel poverty the service has also engaged with the Wise Group Energy Crisis Fund and their locally commissioned I.Heat Programme (Inverclyde Home Energy Advice Team). There is now a referral pathway from the service to I.Heat who will work with households to equip them with the tools, skills and knowledge to manage their energy usage in future. Households with prepaid meters will receive a £49 top up fund if they are in danger of disconnection. These households will also receive support and advocacy from I.Heat to ensure the best utility deal is offered. Households who pay quarterly credit or monthly will receive support and advocacy and a one off charitable grant of £50 will be allocated to the customer energy billing account.

Partnership Working and Co-location

An increase in demand for services to meet complex needs has been addressed in part through co-location and secondment arrangements being implemented in some local authority areas. Examples include addiction and mental health practitioners, citizen's advice workers, mentors and community psychiatric nurses being located with justice social work.

Communication between local Sheriffs and community justice partners is crucial in decision making and the ability to effectively deliver CPOs. A shared understanding of service availability and delivery processes will lead to greater confidence in community sentencing and better outcomes for individuals.



Practice Example – Perth and Kinross

An evaluation of drug and alcohol treatment requirements was undertaken by the Criminal Justice Social Work (CJSW) service following a meeting with the Perth and Kinross Sheriffs. The meeting identified a disconnect between the expectations of Sheriffs and the current delivery of drug and alcohol treatment requirements within Perth and Kinross.

The Sheriffs believed they were accessing additional resource for individuals via drug and alcohol treatment requirements, however, that is not the case under the current system where the offer of drug or alcohol support is the same for individuals on the justice journey as the general public.

Currently, requirements are imposed by the Sheriff, often but not always, following recommendation of their suitability by the CJSW report writer. Where a drug treatment or alcohol treatment requirement is imposed, CJSW make a referral to the Integrated-Drug and Alcohol Rehabilitation Team (I-DART) and I-DART triage the case. Under the current system completion of a specialist assessment does not take place before a requirement is recommended or imposed. This can result in issues arising when clients do not meet I-DART thresholds in terms of motivation to address issues. In those situations, I-DART often close the case, however, this is problematic if the breach threshold is not met.

It was previously agreed that one worker in I-DART would hold all CPO cases and there would be regular communication between CJSW and I-DART. Difficulties in maintaining regular communication led to a lack of clarity between the CJSW and I-DART regarding plans developed by I-DART and communication with the Court. This often resulted in CJSW undertaking substance misuse work without access to the full range of resources available, or the specific knowledge and training.

In order to address this issue a proposal has been put forward to recruit two specified workers who will be based in I-DART but work specifically to assess and treat clients for a drug and alcohol treatment requirement with a CPO. Recruitment for these posts is currently in process.

Virtual custody courts presented a series of challenges for court based social work services during the reporting year. The early assessment and identification of needs and required supports is a priority, particularly in terms of assessing for services which might support individuals in the community on bail and therefore prevent the unnecessary use of remand.

Local authority areas report some concerns in the effectiveness of using technology for these contacts in place of face to face meetings, particularly as these sessions are often the first contact between the social worker and the individual. Similar concerns are expressed about the use of technology to gather information to inform court reports.

Primary Care

Local authority areas report that Primary care has been significantly impacted by the pandemic and the backlog of casework is such that routine engagement with primary care support is not possible. Triage protocols that exist as part of CPO delivery have been interrupted due to limited face to face contact with individuals.

Advocacy and assertive outreach are methods employed by social work staff to support people to improve their health. This is particularly important for those people who present challenging behaviours, sometimes due to unresolved trauma.

Social work assistants and third sector services in some local authority areas have been pivotal in enabling people to access the services they need.

Listening to and Learning from Individuals

Several areas are reviewing the mechanisms by which they seek and collate the views of people subject to CPO delivery. This information is crucial in order to inform future system and service design and delivery.



Practice Example – North Lanarkshire

In 2021, two development workers with lived experience of the justice system were employed.

In partnership with other services and agencies the development workers will continue to support the development of practice, culture, and systems to improve outcomes for people who are involved with justice services.

13 Contact Information

Should you have any queries in relation to this report please contact:



Community Justice Scotland
R1 Spur
Saughton House
Edinburgh
EH11 3XD



info@communityjustice.scot

14 Local Arrangements

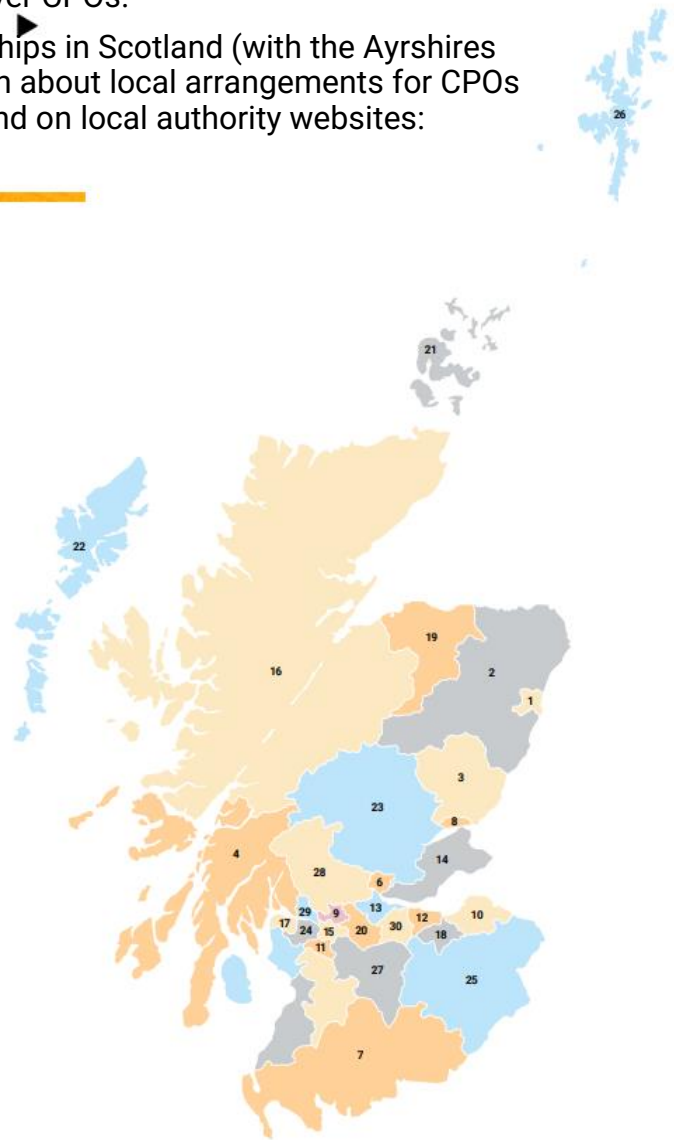
The [Community Justice \(Scotland\) Act 2016](#) places a duty of co-operation on a range of community justice partners to work together to plan and decide how services are tailored locally, having regard to the [National Strategy for Community Justice](#). This includes services which deliver CPOs.

There are 30 Community Justice Partnerships in Scotland (with the Ayrshires operating joint arrangements). Information about local arrangements for CPOs within these partnership areas can be found on local authority websites:

EXHIBIT 1

1. [Aberdeen City Council](#)
2. [Aberdeenshire Council](#)
3. [Angus Council](#)
4. [Argyll and Bute Council](#)
- 5a. [East Ayrshire Council](#)
- 5b. [North Ayrshire Council](#)
- 5c. [South Ayrshire Council](#)
6. [Clackmannanshire Council](#)
7. [Dumfries and Galloway Council](#)
8. [Dundee City Council](#)
9. [East Dunbartonshire Council](#)
10. [East Lothian Council](#)
11. [East Renfrewshire Council](#)
12. [The City of Edinburgh](#)
13. [Falkirk Council](#)
14. [Fife Council](#)
15. [Glasgow City Council](#)
16. [The Highland Council](#)
17. [Inverclyde Council](#)
18. [Midlothian Council](#)
19. [Moray Council](#)
20. [North Lanarkshire Council](#)
21. [Orkney Islands Council](#)
22. [Outer Hebrides Council](#)

23. [Perth and Kinross Council](#)
24. [Renfrewshire Council](#)
25. [Scottish Borders Council](#)
26. [Shetland Islands Council](#)
27. [South Lanarkshire Council](#)
28. [Stirling Council](#)
29. [West Dunbartonshire Council](#)
30. [West Lothian Council](#)



15 Appendix - Circular

8 August 2022

To: Chief Social Work Officers and Justice Social Work Managers

Dear Colleagues,

Community Payback Order: Annual Reporting 2021-22, Template for returns

Please find attached a template to capture details about your local authority's delivery of Community Payback Orders (CPOs) in the period 1 April 2021 to 31 March 2022. We would be grateful if you would complete and return the template by 28 October, as detailed below. This is part of annual reporting requirements.

The template has been updated slightly from last year, in consultation with Community Justice Scotland (CJS) and Social Work Scotland. It no longer asks for information about the number of unpaid work hours carried out. This is because similar data will be collected by SG Justice Analytical Services.

We recognise that justice social work capacity and service delivery was significantly affected by pandemic related issues and restrictions, during the reporting year 2021-2022.

As you will be aware, local authorities' reports are subject to potential release under the Freedom of Information (Scotland) Act 2002. We therefore ask that no personal or sensitive data, or any information that could lead to the identification of a person (other than the author or counter-signatory), be included in your report.

The Scottish Ministers may issue directions^[1] to local authorities about the content of their reports, and local authorities must comply with any such directions. This letter and template constitute 'directions'.

Submission and timing

The completed template should be sent to Community Justice Scotland by the Chief Social Work Officer by **28 October 2022**. If this date is problematic, please discuss alternative submission arrangements directly with CJS, as they collate the summary report.

It would be helpful if you could rename the document to include your Local Authority's name, for example 'CPO Annual Report 2021-22 Falkirk'.

Please submit the report by email to info@communityjustice.scot and copy to the Scottish Government at cpo@gov.scot.

Duty to complete report – background

The requirement for ‘annual reports on community payback orders’ is outlined in section 227ZM of the Criminal Procedure (Scotland) Act 1995 (the 1995 Act).

Each local authority must, as soon as practicable after the end of each reporting year, prepare a report on the operation of community payback orders within their area during that reporting year, and send a copy of the report to Community Justice Scotland. The “reporting year” means a year ending with 31 March.

Preparation of overall summary report by Community Justice Scotland

Once all the CPO annual reports are received, CJS will prepare a summary report, to be published online. The summary report will be laid in Parliament by 31 March 2023 in accordance with the 1995 Act. You will be updated by CJS about when the Summary report will be laid and published, close to 31 March 2023.

After that date, local authorities can make separate arrangements to publish their local annual CPO reports in full, although there is no statutory requirement to do so. However, publication, or sharing any of the contents, should not take place in advance of 31 March 2023.

Provision of statistical information

In addition to the direction above, we ask that local authorities also continue to provide statistics on the operation of CPOs to Scottish Government Justice Analytical Services, in the usual way.

I would be grateful if you could confirm receipt of this email by return. If you believe you have received this email in error, please let me know.

Feel free to get in touch with any queries. Thank you in advance.

Jenny Stewart

Policy Manager, Community Interventions

Community Justice Division



COMMUNITY PAYBACK ORDER ANNUAL REPORT

FINANCIAL YEAR: **2021/22**

LOCAL AUTHORITY:

1) In this section, please give examples of work with people subject to CPOs specifically to **address offending behaviours and the risk of reoffending**. (Bullet points will suffice. Max 300 words.)

--

2) In this section, please give a summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of a Supervision Requirement**. (Bullet points will suffice. Max 300 words.)

--

3) In this section, please report on the following:

- Types of **unpaid work projects** carried out
- Example(s) that demonstrate(s) **how communities benefited** from unpaid work (Bullet points will suffice. Max 300 words.)

--

4) Summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of an Unpaid Work Requirement**. (Bullet points will suffice. Max 300 words.)

--

5) **Types of 'Other Activity'** carried out as part of an Unpaid Work Requirement. You may want to comment on the impact of completing Other Activities, for individuals or for the community. (Bullet points will suffice. Max 300 words.)

--

6) Summary of feedback, may include quotes, from beneficiaries **about the impact of Unpaid Work on the community**. (Bullet point will suffice. Max 300 words.)

--

7) What **organisational challenges** have there been in completing orders effectively this year, both those with Unpaid Work and those with Supervision Requirements? Issues may or may not be related to the covid pandemic. (Bullet points will suffice. Max 300 words.)

8) Outline the **main barriers, if any, to accessing community support and wider services** (eg drug and alcohol services, mental health services). How have these barriers been addressed?

9) Is there **any other relevant information** you wish to highlight? For example, this may include:

- Areas for improvement and planned next steps
- New ways of working and benefits achieved from these.
- Examples of work carried out in collaboration with community justice partners and wider community partners, including the third sector, to deliver CPOs

(Bullet points will suffice. Max 300 words).

COMPLETED BY:
DATE:

CONTACT FOR QUERIES ABOUT THE REPORT

Name:
E-mail:
Telephone:



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