

A meeting of the Social Work & Social Care Scrutiny Panel will be held on Tuesday 11 March 2025 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 Monday 10 March 2025 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.

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LYNSEY BROWN
Head of Legal, Democratic, Digital & Customer Services

BUSINESS

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<p>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</p>	
<p>6. Governance of HSCP Commissioned External Organisations Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care services.</p>	<p>p</p>

The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.

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Enquiries to - Diane Sweeney – Tel 01475 712147

Report To:	Social Work & Social Care Scrutiny Panel	Date:	11 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership	Report No:	SWSCSP/40/2025/CG
	Craig Given, Head of Finance, Planning and Resources Inverclyde Health and Social Care Partnership		
Contact Officer:	Samantha White	Contact No:	01475 715365
Subject:	Revenue & Capital Budget Report – 2024/25 Revenue Outturn Position as at 31 December 2024		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel on the projected outturn on revenue and capital for 2024/25 as at 31 December 2024.

1.3 The current year, 2024/25 revenue projected outturn as at 31 December 2024 is an overspend of £0.111m.

1.4 The Social Work capital budget is £9.707m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Slippage of £2.347m is being reported linked to the delays in achieving financial close on the Community Hub project and consequent progression to the construction phase. Expenditure on all capital projects to 31 December 2024 is £0.232m (6.72% of approved budget, 21.05% of the revised estimate). Appendix 4 details capital budgets.

1.5 The balance on the Integration Joint Board (IJB) reserves at 31 March 2024 was £19.287m. Within this balance, specific reserves totalling £5.975m have been delegated to the Council for use in 2024/25. Also, within the IJB reserves balance, smoothing reserves of £2.853m are held in relation to delegated functions to the Council of a more volatile nature, to mitigate the risk of in year overspends, for use during the financial year if required. As at 31 December 2024, it is not anticipated that a call on the smoothing reserves will be required in 2024/25. This position will continue to be monitored for the remainder of the financial year.

2.0 RECOMMENDATIONS

- 2.1 That the Panel notes the projected current year revenue outturn of £0.111m overspend at 31 December 2024.
- 2.2 That the Panel notes the current projected capital position.
- 2.3 That the Panel notes the current reserves position.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care
Partnership

Craig Give,
Head of Finance, Planning and Resources
Inverclyde Health and Social Care
Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to advise the Panel of the current position of the 2024/25 Social Work revenue and capital budgets and to highlight the main variances contributing to the 2024/25 projected £0.111m overspend.

3.2 2024/25 Current Revenue Position

3.2.1 As at 31 December 2024, it is currently projected that Social Care will overspend by £0.111m. The table below provides a summary of this position, including the impact on earmarked reserves.

2023/24		2024/25 (£000)				
Actual £000	Service	Revised Budget	Outturn	Outturn Variance	Prior Variance	Variance Movement
16,929	Children & Families	13,483	17,758	4,275	3,988	287
57	Criminal Justice	19	(47)	(66)	(37)	(29)
29,242	Older Persons	31,816	30,858	(958)	(705)	(253)
10,544	Learning Disabilities	11,637	11,716	79	233	(154)
3,254	Physical & Sensory	3,500	3,285	(215)	(65)	(150)
1,847	Assessment & Care Management	2,186	2,283	97	(42)	139
1,396	Mental Health	1,623	1,599	(24)	37	(61)
706	Alcohol & Drugs Recovery Service	966	754	(212)	40	(252)
1,504	Homelessness	1,166	1,314	148	122	26
2,361	Planning, Health Improvement & Commissioning	2,123	2,134	11	35	(24)
2,260	Corporate Director (incl Business Support)	5,878	2,854	(3,024)	(3,031)	7
70,100	Social Work Net Expenditure	74,397	74,508	111	575	(464)

2023/24		2024/25 (£000)				
Actual £000	Earmarked Reserves	Approved IJB Reserves	Revised IJB Reserves	Council- delegated Reserves	Projected Spend	Projected Carry Forward
28,325	Earmarked Reserves	19,287	19,287	5,975	1,721	4,254
0	CFCR	0	0	0	0	0
28,325	Social Work Total	19,287	19,287	5,975	1,721	4,254

Appendix 1 provides the 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.

3.2.2 Children and Families

3.2.3 Children and Families is currently projecting an overall overspend of £4.275m. Client commitments is projected to overspend by £3.600m, an increase in projected costs of £0.109m from the position reported at Period 7. The increase is as a result of new placements, increases in care packages and changes in assumptions since the last report. A review group continues to meet regularly to closely monitor these placements to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs as we head into 2025/26. The projected overspend and movement from Period 7 is broken down by service area in the table below:

	£m	
	Projected Overspend	Movement from Period 7
Children & Families Client Commitments		
External Residential placements	1.484	0.074
Fostering, Adoption & Kinship including Continuing Care	0.540	(0.013)
Supported Living	0.352	0.012
Home Care, Respite, Direct Payment, Additional Support	1.224	0.036
Total for Children & Families Client Commitments	3.600	0.109

Within employee costs there is a net projected overspend of £0.400m, which is largely due to temporary posts throughout the service.

It is currently expected that the overspend in the service can be largely managed within the overall position, however, smoothing reserves of £0.733m are available for use in relation to Children's residential placements and Continuing Care if required, should an overspend remain at the end of the financial year. As at period 9 it is not anticipated that a call against these reserves will be required.

3.2.4 Older Persons

Employee costs for the internal care at home service are currently projected to underspend by £0.187m. Projected costs have reduced by £0.026m from the position reported at Period 7 and this is due to a reduction in sessional and overtime costs.

The external care at home service is projecting an underspend of £0.256m, a reduction in projected costs of £0.184m from the Period 7 position reported. The reduction is due to reduction of 23 service users, together with a lower than anticipated number of hours being allocated to new providers over the remainder of the financial year.

For residential and nursing placements a net underspend of £0.560m is projected, with bed levels continuing at and projected to remain at slightly lower levels than those in 2023/24.

The underspends noted above are contributing to an overall projected underspend of £0.958m for Older Persons at this stage.

A smoothing reserve is held for Residential and Nursing placements should it be required as the financial year progresses, but it is currently not expected to be drawn.

3.2.5 Learning Disabilities

A projected net £0.259m overspend on client commitments, a reduction of £0.183m from the position reported at Period 7, which reflects the good progress being made against the agreed saving target.

This is partially offset by a £0.204m projected underspend of on employee costs in relation to current vacancy levels, and together these are the main reasons for the overall projected overspend for Learning Disabilities.

A smoothing reserve is held for Learning Disabilities client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.

3.2.6 Physical and Sensory Disabilities

Within client commitments there is a projected £0.192m underspend, a reduction in costs of £0.192m from the position reported at period 7, again reflecting the good progress being made against the agreed saving target. This, together with an underspend of £0.090m in Employee costs related to vacancies, are the main reasons for the variance reported.

3.2.7 Assessment and Care Management

A year-end overspend of £0.032m is currently projected for the service.

3.2.8 Mental Health

Overall, a £0.024m underspend is anticipated for the service. Within this, employee costs are currently projected to underspend by £0.117m, related to the current level of vacancies held by the service. This is offset by an overspend of £0.068m on client commitments, a reduction of £0.071m from Period 7, largely due to later than anticipated start dates for service users. Together these make up the main reasons for the position being reported.

3.2.9 Alcohol & Drugs Recovery Service

As at 31 December 2024, underspends of £0.135m for employee costs and £0.075m for client packages are currently anticipated for the ADRS service for the year. These are the main variances contributing to the overall projections reported.

3.2.10 Homelessness

As reported at Period 7, pending the implementation of the service review, additional security and agency staffing costs being incurred are the main reason for the projected overspend of £0.148m within homelessness.

3.2.11 Corporate Director (including Business Support)

Pension monies and progress against the agreed savings are the main reasons for the projected underspend of £2.995m.

Pension Monies

As previously reported, the £3.109m non-recurring pension monies will be used in full to offset the overspend currently projected in Children and Families.

Agreed Savings for 2024/25

The position against each savings target as at 31st December is shown in the table below.

Savings Title	£m		
	Required Saving	Achieved as at 31/12/24	Saving still to be achieved
Redesign of Children's Community Supports	0.015	0.000	0.015
Day Service redesign	0.239	0.239	0.000
Review of Respite Services	0.257	0.257	0.000
Review of commissioning arrangements	0.250	0.163	0.087
Payroll management target - Council	0.450	0.450	0.000
Review of previous year underspends/budget adjustments	0.267	0.267	0.000
Review of long-term vacancies	0.250	0.250	0.000
Review of Adult services self-directed supports	0.500	0.333	0.167
Total Savings	2.228	1.959	0.269

Sub-groups for each saving stream are in place and financial progress towards the achievement of these targets will continue to be included in this report to Panel.

4.0 2024/25 Current Capital Position

4.1 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Slippage of £2.347m (68.09%) is being reported linked to the delays experienced on the Community Hub project which impacted the financial close date and progression to the main construction phase. Expenditure on all capital projects to 31 December 2024 is £0.232m (6.72% of approved budget, 21.05% of the revised estimate). Appendix 4 details the capital budgets.

4.2 New Community Hub

The project commenced on site in early December 2024 following financial close with completion projected April 2026. Works progressed to date and on-going are outlined below:

- Site welfare establishment;
- Soil remediation works;
- Existing garages & plant building demolition;
- Existing swale extension works;
- Drainage works;

Works planned to commence in the forthcoming period include:

- Foul drainage;
- Existing culvert repairs.

4.3 SWIFT replacement

As previously reported, the local implementation of ECLIPSE has been postponed until July 2025. Bi-Monthly meetings between OLM and HSCP representatives are taking place, to ensure we remain in contact and are regularly updated with the ongoing ECLIPSE developments.

5.0 PROPOSALS

5.1 Proposals for this paper are contained within the Recommendations at Section 2.0.

6.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial	x	
Legal/Risk		X
Human Resources		X
Strategic (Partnership Plan/Council Plan)		X
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

6.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.3 Legal/Risk

There are no legal implications arising from this report.

6.4 Human Resources

There are no human resources implications arising from this report.

6.5 Strategic

There are no strategic implications.

6.6 Equalities, Fairer Scotland Duty & Children/Young People

(a) Equalities

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

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement - No policy changes/implications;

(b) Fairer Scotland Dut.

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

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

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

(c) 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.

6.7 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.

6.8 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.

7.0 CONSULTATION

7.1 There has been no consultation in relation to this report.

8.0 BACKGROUND PAPERS

8.1 Not applicable.

Social Work

Budget Movement - 2024-25

Period 9 1 April 2024 - 31 December 2024

Service	Approved Budget £000	Movements					Revised Budget £000
		Inflation £000	Virement / Reallocation £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000	
Children & Families	13,516	0	(755)	722	0	0	13,483
Criminal Justice	19	0	0	0	0	0	19
Older Persons	33,904	0	(2,088)	0	0	0	31,816
Learning Disabilities	10,803	0	834	0	0	0	11,637
Physical & Sensory	3,148	0	352	0	0	0	3,500
Assessment & Care Management	2,749	0	(563)	0	0	0	2,186
Mental Health	1,913	0	(290)	0	0	0	1,623
Alcohol & Drugs Recovery Service	1,164	0	(198)	0	0	0	966
Homelessness	1,204	0	(53)	15	0	0	1,166
Planning, Health Improvement & Commissioning	2,143	0	(126)	106	0	0	2,123
Corporate director (including Business Support)	3,860	0	2,727	0	0	0	6,587
Contribution from General reserves	(709)	0	0	0	0	0	(709)
Totals	73,714	0	(160)	843	0	0	74,397

Budget Movements Detail

Inflation

£000

0

Virements

Information Governance Restructure Funding

(131)

Procurement Post Funding

(29)

Supplementary Budgets

Children's Social Care Pay Uplift redetermination

313

Homelessness redetermination - temporary accommodation

15

New to Scotland (Ukraine) redetermination

106

Pay Award funding

409

Social Work

Revenue Budget Projected Outturn - 2024/25

Period 9 1 April 2024 - 31 December 2024

2023/24 Actual Subjective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
38,369 Employee costs	39,111	37,662	37,525	(137)	(0.36)
1,678 Property costs	1,154	1,434	1,865	431	30.06
1,412 Supplies & services	1,145	1,240	1,189	(51)	(4.11)
343 Transport & plant	312	323	387	64	19.81
973 Administration costs	775	824	1,006	182	22.09
54,993 Payments to other bodies	54,153	59,377	60,033	656	1.10
(27,668) Income	(22,936)	(26,463)	(27,497)	(1,034)	3.91
70,100	73,714	74,397	74,508	111	0.15
0 Transfer to Earmarked Reserves	0	0	0	0	0
70,100 Social Work Net Expenditure	73,714	74,397	74,508	111	0.15

2023/24 Actual Objective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
16,929 Children & Families	13,516	13,483	17,758	4,275	31.71
57 Criminal Justice	19	19	(11)	(30)	(157.89)
29,242 Older Persons	33,904	31,816	30,858	(958)	(3.01)
10,544 Learning Disabilities	10,803	11,637	11,716	79	0.68
3,254 Physical & Sensory	3,148	3,500	3,285	(215)	(6.14)
1,847 Assessment & Care Management	2,749	2,186	2,218	32	1.46
1,396 Mental Health	1,913	1,623	1,599	(24)	(1.48)
706 Alcohol & Drugs Recovery Service	1,164	966	754	(212)	(21.95)
1,504 Homelessness	1,204	1,166	1,314	148	12.69
2,361 Planning, Health Improvement & Commissioning	2,143	2,123	2,134	11	0.52
2,260 Corporate director (including Business Support)	3,151	5,878	2,883	(2,995)	(50.95)
70,100	73,714	74,397	74,508	111	0.15
0 Transfer to Earmarked Reserves	0	0	0	0	0
70,100 Social Work Net Expenditure	73,714	74,397	74,508	111	0.15

Social Work

Material Variances - 2024/25

Period 9 1 April 2024 - 31 December 2024

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of Budget £000	Actual to 31/12/24 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
Employee Costs							
8,006	Children & Families	6,780	3,046	4,960	7,128	348	5.13
1,892	Criminal Justice	2,019	907	1,302	1,972	(47)	(2.33)
13,226	Older Persons	13,008	5,845	8,772	12,970	(38)	(0.29)
2,898	Learning Disabilities	2,916	1,310	1,868	2,712	(204)	(7.00)
1,360	Physical Disabilities	1,344	604	868	1,254	(90)	(6.70)
2,306	Assessment & Care Management	2,275	1,022	1,537	2,307	32	1.41
1,460	Mental Health	1,253	563	720	1,136	(117)	(9.34)
1,276	Alcohol & Drugs Recovery Service	1,414	635	837	1,278	(136)	(9.62)
1,076	Homelessness	1,000	449	536	1,040	40	4.00
2,081	Planning, Health Improvement & Commissioning	2,786	1,252	1,641	2,809	23	0.83
2,788	Business Support	2,867	1,288	1,932	2,842	(25)	(0.87)
38,369		37,662	16,922	24,973	37,448	(214)	(0.57)
Non-Employee Costs							
Children & Families:							
2	Property Costs - Care Leavers	20	15	15	52	32	160.00
0	Admin - Signs of Safety training	0	0	7	35	35	
5,075	PTOB - External residential placements	3,433	2,575	3,822	4,917	1,484	43.23
103	PTOB - Supported Living	0	0	127	352	352	
2,416	PTOB - Adoption, Fostering, Kinship and Continuing Care placements	2,345	1,759	2,187	2,885	540	23.03
671	PTOB - Home Care, Respite, Direct Payments, Additional Support	197	148	1,013	1,431	1,234	626.40
100	PTOB - Homestart	2	2	50	100	98	4900.00
152	PTOB - Bairns Hoose	0	0	162	188	188	
(226)	Income - Bairns Hoose	0	0	(240)	(240)	(240)	

Social Work

Material Variances - 2024/25

Period 9 1 April 2024 - 31 December 2024

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of Budget £000	Actual to 31/12/24 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
	Older Persons:						
21	Comm Alarms - S&S - Tools & Equipment	100	75	31	45	(55)	(55.00)
19	Day Care - Transport & Plant Costs- Internal Transport Drivers	87	65	10	27	(60)	(68.97)
3,911	Homecare - PTOB - External care packages	4,955	3,716	2,794	4,699	(256)	(5.17)
(28)	Homecare - Income	(53)	(40)	(103)	(118)	(65)	122.64
18,631	Residential Nursing - PTOB - net bed costs	18,815	14,111	12,566	18,255	(560)	(2.98)
653	Residential Nursing - PTOB - Other Client Commitments	737	553	466	762	25	3.39
	Learning Disabilities:						
11,878	PTOB - External client packages	13,026	9,770	8,170	13,342	316	2.43
93	PTOB - Grants To Vol Orgs - Parklea	90	68	110	132	42	46.67
(10)	Income - Recoveries	0	0	(57)	(57)	(57)	
	Physical Disabilities:						
(43)	Income - P and S Client Services Recoveries	0	0	(22)	(22)	(22)	
	Assessment & Care Management:						
185	PTOB - Alternative to Respite / Short breaks commitments	368	276	201	341	(27)	(7.34)
	Mental Health						
1,889	PTOB - External client packages	2,248	1,686	1,424	2,316	68	3.02
	Alcohol & Drugs Recovery Service:						
297	PTOB - External client packages	452	339	226	376	(76)	(16.81)

Social Work

Material Variances - 2024/25

Period 9 1 April 2024 - 31 December 2024

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of Budget £000	Actual to 31/12/24 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
	Homelessness:						
5	Property Costs - Inverclyde Centre security costs	0	0	29	47	47	
170	Property Costs - Inverclyde Centre other property costs	85	35	94	157	72	84.71
0	Administration - External Consultants	0	0	22	32	32	
35	PTOB - Housing Support	56	42	3	4	(52)	(92.86)
	Corporate Director (including Business Support)						
182	Administration Costs - Insurance	145	60	0	196	51	35.17
0	PTOB - Non-Recurring Pension monies	3,109	1,295	0	0	(3,109)	(100.00)
46,181		50,217	36,550	33,107	50,254	37	0.07
84,550	Total Material Variances	87,879	53,472	58,080	87,702	(177)	(0.20)

Social Work

Capital Budget 2024/25

Period 9 1 April 2024 - 31 December 2024

Project Name	Est Total Cost	Actual to 31/03/24	Approved Budget	Revised Estimate	Actual to 31/12/2024	Estimate 2025/26	Estimate 2026/27	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
Social Work								
New Community Hub	9,707	655	3,447	1,100	232	6,452	1,500	0
Swift Upgrade	200	0	0	0	0	200	0	0
Social Work Total	9,907	655	3,447	1,100	232	6,652	1,500	0

6.72% App Budget
 21.05% Rev Est
 68.09% Slippage

Social Work

Earmarked Reserves - 2024/25

Period 9 1st April 2024 - 31st December 2024

Project	Lead Officer/ Responsible Manager	Total Funding 2024/25 £000	Projected Spend 2024/25 £000	Amount to be Earmarked for 2024/25 & Beyond £000	Lead officer Update
Tier 2 School Counselling	Jonathan Hinds	229	81	148	School counselling contract renewed. Commitment held for future years.
Whole Family Wellbeing	Jonathan Hinds	766	281	485	Spending Plan submitted to SG. Will be fully utilised over the period of the funding; currently assuming to 2026-27.
National Trauma Training	Jonathan Hinds	0	0	0	
New to Scotland	Maxine Ward	3,073	358	2,715	For continued support for refugees in Inverclyde area. New Scots Team, third sector support, interpreting, education support etc. Income received to fund planned spend over 23/24 and next 3 financial years at this stage
Autism Friendly	Alan Best	123	30	93	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Integrated Care Fund	Alan Best	108	25	83	Fully committed. Independent Sector lead costs for 24/25 and 25/26.
Delayed Discharge	Alan Best	50	50	0	Fully committed. .
Winter Pressures Care at Home	Alan Best	745	365	380	Care and support at home review commitments plus ongoing care at home requirements being progressed. Maximising indep/CM work.
Carers	Alan Best	254	100	154	Consultation with carers being carried out to identify most appropriate use of funds. Commitments to be confirmed and further developments planned for.
ADRS fixed term posts	Maxine Ward	103	40	63	For continuation of contribution to fixed term MIST posts .
Rapid Rehousing Transition Plan (RRTP)	Maxine Ward	75	75	0	Fully committed.
CORRA Residential Rehab	Maxine Ward	87	0	87	New Reserve for CORRA Residential Rehab Project. Funds will be utilised over the life of the project in line with the project plan.
Temporary posts	Craig Given	256	256	0	Will be fully utilised over 24/25 and 25/26.
Welfare	Craig Given	106	60	46	Fully committed.
Council delegated reserves		5,975	1,721	4,254	

Social Work

Earmarked Reserves - 2024/25

Period 9 1st April 2024 - 31st December 2024

Project	Lead Officer/ Responsible Manager	Total Funding 2024/25 £000	Projected Spend 2024/25 £000	Amount to be Earmarked for 2024/25 & Beyond £000	Lead officer Update
Pay contingency	Craig Given	392	0	392	To address any additional pay award implications for 24/25 and 25/26.
Client Commitments - general	Kate Rocks	414	0	414	To address potential demographic pressures.
Adoption/Fostering/Residential Childcare/ Kinship	Jonathan Hinds	466	0	466	To address in year pressures if required.
Continuing Care	Jonathan Hinds	267	0	267	To address in year pressures if required.
Residential & Nursing	Alan Best	432	0	432	To address in year pressures if required.
Learning Disabilities Client Commitments	Alan Best	382	0	382	To address in year pressures if required.
Learning Disabilities Redesign	Alan Best	500	200	300	Community Hub non-capital spend reserve. Includes £200k contribution to build costs.
IJB ADP	Maxine Ward	502	45	457	Fully committed - remaining balance relates to MIST posts and allowable earmarking.
IJB Mental Health - Action 15	Katrina Philips	116	0	116	Fully committed for fixed term posts.
IJB Mental Health Transformation	Katrina Philips	477	100	377	Fully committed towards ANP service within MH.
IJB Contributions to Partner Capital Projects	Kate Rocks	1,099	500	599	Community Hub spend reprofiled. £500k contribution likely to be during current financial year.
IJB Primary Care Support & Public Health	Hector McDonald	525	215	310	A number of initiatives ongoing within these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement.
IJB Prescribing Smoothing Reserve	Alan Best	563	563	0	Full spend anticipated
IJB Addictions Review	Maxine Ward	272	60	212	Redesign transition funding including Residential Rehab costs.
IJB Transformation Fund	Kate Rocks	1,226	551	675	Expenditure on projects approved by the Transformation Board and IJB. Updates reported regularly to both the Transformation Board and IJB. Projects can be Council, Health or Joint.
IJB Community Living Change Fund	Alan Best	101	101	0	Balance is for ongoing committed posts
IJB Staff L&D Fund	Jonathan Hinds	397	50	347	Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training.
IJB Homelessness	Alan Best	256	256	0	Redesign transition funding. Balance committed for continuation of temp posts in 24/25.
IJB Swift	Craig Given	415	0	415	For project implementation and contingency. Project on hold to July 2025.
IJB WP MDT	Alan Best	134	81	53	Fully committed - balance to fund costs of committed posts and equipment spend 24/25.
IJB WP HSCW	Laura Moore	331	279	52	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
IJB Care Home Oversight	Laura Moore	88	49	39	Any unused funds at year end to be earmarked for continuation of workstreams including Call before you convey.

Social Work

Earmarked Reserves - 2024/25

Period 9 1st April 2024 - 31st December 2024

Project	Lead Officer/ Responsible Manager	Total Funding 2024/25 £000	Projected Spend 2024/25 £000	Amount to be Earmarked for 2024/25 & Beyond £000	Lead officer Update
IJB Digital Strategy	Alan Best	202	120	82	Analogue to Digital commitments - spending plan ongoing.
IJB MH Recovery & Renewal	Katrina Philips	343	52	291	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
IJB LD Health Checks	Alan Best	64	0	64	To fund central team work re LD Health checks led by East Renfrewshire.
The Lens Project	Jonathan Hinds / Alan Best	132	60	72	Projects identified to take forward.
IJB Severance Costs Contingency	Kate Rocks	1,492	0	1,492	New IJB Reserve agreed as part of the 2024-25 budget. No confirmed spend at P5.
IJB Free Reserves	Craig Given	1,724	709	1,015	Planned use of Reserves agreed by IJB.
Overall Total		19,287	5,712	13,575	

Report To:	Social Work & Social Care Scrutiny Panel	Date:	11 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report	SWSCSP/38/2025/LM
Contact Officer:	Laura Moore Inverclyde HSCP Chief Nurse Alan Best Head of Health & Community Care Inverclyde Health & Social Care Partnership	Contact No:	01475 715212
Subject:	Inverclyde HSCP Collaborative Care Home Support Team (CCHST)		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this paper is to advise and provide assurance to the Scrutiny Panel of the work that is overseen by the local Collaborative Care Home Support Team (CCHST) including significant areas of improvement and good practice.

2.0 RECOMMENDATIONS

- 2.1 Members of the Scrutiny Panel are asked to note the contents of this report and the assurance concerning the work of the HSCP Collaborative Care Home Support Team (CCHST).

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 In June 2020, Executive Nurse Directors (END) were instructed by the Cabinet Secretary for Health and Social Care to be accountable for the provision of nursing leadership and support and guidance within care homes. Further to this Scottish Government allocated funding to NHS Boards to support this work.

In December 2022 a Letter setting out new arrangements for NHS Boards and local authorities in providing enhanced clinical and care support for care homes were received confirming new arrangements for providing enhanced collaborative clinical and care support for social care in Scotland. The letter focused on building on current good practice to strengthen collaborative cross sector support to care homes. A number of recommendations were developed with the overall focus on continued enhanced support for adult and older people's care homes to support the sector as it emerges from the pandemic.

- 3.2 The recommendations support a partnership approach, which recognises the experience of care home staff and the provision of support to care homes in the context of ensuring a homely environment in which people live and work. The letter provides guiding principles and a framework which recommends that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes, as described in My Health, My Care, My Home - healthcare framework for adults living in care homes published by Scottish Government in June 2022 and Health and Social Care Standards in Scotland.

Across NHSGGC the Care Home Collaborative (CHC) was set up to support the Executive Nurse Directors (END) function in 2021 with money received annually from Scottish Government. The Care Home Collaborative (CHC) support training and education locally, provides specialist support and advice and work to provide additional leadership, support and guidance to all care homes across NHSGGC. All HSCPs set up local multi-disciplinary care home huddles, now called Collaborative Care Home Support Teams (CCHSTs) to support the requirements.

- 3.3 Inverclyde HSCP Collaborative Care Home Support (CCHST) meetings take place weekly with multi-disciplinary membership including - Community Nursing, Chief Nurse, Commissioning, Social work, mental health, care at home and Care inspectorate colleagues. The meeting is chaired by the Interim Head of Service for Health and Community Care and the agenda includes updates on any areas of concern, work related to the implementation of the Healthcare framework, national and local care home meeting / policy updates, Care Inspectorate feedback and discussion of Adult Support and Protection concerns. The meeting facilitates a Multi-Disciplinary Team (MDT) approach, whereby all relevant members of the teams can work together to support the care home teams. The team are supported by wider members of the Multi-disciplinary Team (MDT) including Allied Health Professionals (AHPs), pharmacy colleagues and psychiatry.

The Collaborative Care Home Support (CCHST) continue to use the Collaborative Care Home Support (CCHST) weekly care home report to Red/Amber/Green rate any concerns for local care homes, this is submitted to the Care Home Collaborative (CHC) weekly. Discussion takes place at the Collaborative Care Home Support (CCHST) however a full Multi-disciplinary Team (MDT) meeting is often held to support delivery of a detailed action plan when homes require further support e.g. - when grades reduce by Care Inspectorate or significant event reporting highlights trends. Action plans are agreed with home managers to support and guide care homes. This approach has been commended by the Care Inspectorate who are part of all discussions.

- 3.4 The overall objective for the Collaborative Care Home Support (CCHST), in line with the My Health – My Care – My Home: Healthcare framework for adults living in care homes, is to work collaboratively with care home staff to improve the health and wellbeing of people living in care homes. In May 2024 Scottish Government confirmed that they would like to see increased

consistency of best practice across Scotland and expect this to be reflected in the Board reports on the allocated spending. A decision on baselining the funding from 2025 onwards will be based on these reports. NHSGGC has reviewed governance structures in relation to all aspects of Care Home work led by the Executive Nurse Director and HSCP Chief Officers and new governance process are now in place.

3.5 Evidence of Impact Return

In November 2024 NHSGGC were asked by Scottish Government to complete an Evidence of Impact return in order to provide evidence of the Collaborative Care Home Support (CCHST) across NHSGGC with regard to –

- Assurance that the Board is providing nursing leadership, support and guidance within care homes
- Additional support provided to care home residents, families and staff as a result of this funding
- Assurance that teams are both working collaboratively with care home staff, and meeting the needs of care home residents and staff
- Impact of the funding
- Learning from the work and ongoing evidence

Every HSCP completed their own template which was returned to the Care Home Collaborative (CHC) who collated all of their own evidence with that of the HSCTs into one document which was returned to Scottish Government. National and local feedback is awaited in response to this return.

3.6 The Evidence of Impact document for Inverclyde provided a good overarching picture of the work that is overseen by the local Collaborative Care Home Support Team (CCHST) including significant areas of improvement and good practice. The aim of this paper is to provide a comprehensive update on the Collaborative Care Home Support (CCHST) work in relation to care homes and to showcase the good practice.

3.7 Care Home Assurance Tool visits

Inverclyde HSCP carry out annual Care Home Assurance Tool (CHAT) visits to all Inverclyde Care Homes - older adult, adult and Inverclyde Association for Mental Health (IAMH) care homes (17 in total). The last round of visits took place in Summer 2024. Managers were informed of the planned visits and self-assessed their current position against the criteria prior to the visit. Visiting teams utilised the previous visit report and the self-assessment to prepare them with a background on the home and their current situation. Visiting teams are made up of a group of up to four staff representing nursing, commissioning, social work and a senior nurse leading the visit from the HSCP. Themes for 2024 included the need for RESTORE 2 and RESTORE mini training to assist homes to recognise deterioration of residents, this has now been delivered to all homes. Care Home Liaison Nurses (CHLN) and other Multi-disciplinary Team (MDT) members support care homes as required with any agreed actions from Care Home Assurance Tool (CHAT) visits, to maintain continuous improvement and to share good practice. These visits are over and above the routine contractual processes and day to day multi-disciplinary support to homes.

3.8 Stress and distress training

As a result of numerous AP1's and discussions with care homes, NHS Education for Scotland (NES) Essentials in Psychological Care – Dementia training programme led by the Local Clinical Psychologist and the Care Home Collaborative (CHC) was delivered locally. The training supports the development of key skills, knowledge and competencies for staff to be proactive to

prevent distressed behaviour arising in a person living with dementia. The Collaborative Care Home Support (CCHST) identified a local increase in AP1's and concerns related to stress and distress, and this was discussed at a Quarterly meeting with all local care homes. It was agreed collaboratively that training would be held at different venues and times at the request of the care homes to facilitate attendance and nearly seventy staff attended the sessions.

Feedback received to date from the training events to date includes -

- “increased my understanding of stress & distress – trainers were excellent”
- “great training”
- “presentations were interesting and motivational”
- “I felt all the training was helpful”

Pre and post course participant scorings show a definite shift towards increase/improvement in knowledge of dementia and use of behaviour charts.

3.9 Call Before You Convey (CB4YC)

Inverclyde HSCP rolled out a Call Before You Convey (CB4YC) model which commenced December 2023.

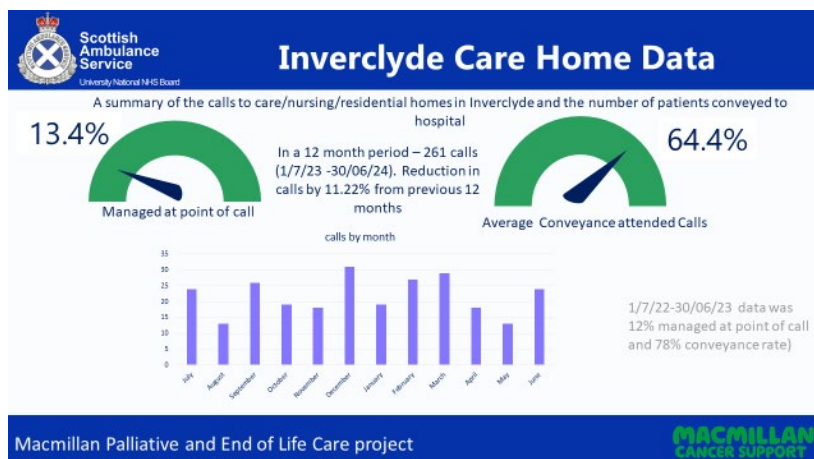
The agreed staffing model and clinical escalation was:

- an additional Band 6 District Nurse (DN) rostered each weekend to provide capacity to visit care homes as required
- weekend cover provided by Advanced Nurse Practitioner (ANP) working additional hours, to be called out as required by District Nurse (DN) team
- direct access to professional advice from Ardgowan Hospice during the weekends for both care homes and District Nurse (DN)/ Advanced Nurse Practitioner (ANP)

Due to this senior clinical support provided by Ardgowan Hospice, the Call Before You Convey (CB4YC) model in Inverclyde was limited to residents with Palliative and End of Life Care needs initially.

A virtual ward meeting is held weekly at which community nursing staff, care home staff, hospice nurse/ doctor highlight and discuss any deteriorating residents. There is an open invite for care homes to attend the virtual ward.

Scottish Ambulance Service (SAS) data shows that in the 12 months (July 2023 to June 2024) there has been a reduction in calls to SAS of over 11%. 13.4% of those where an ambulance was called were managed at the point of call, up from 12% in 2022/23 and only 64.4% were conveyed.



Pilot results to date show that from December 2023 to end August 2024, 37 care home residents were discussed as part of the pilot, and they ALL died in their care home and were not conveyed. Professionals involved in this pilot have spent significant time with families, care home staff, Scottish Ambulance Service (SAS) and individuals themselves to assess and manage deteriorations appropriately and in their professional opinions the majority if not all of these residents would have been conveyed without this service. The main learning points have been the need for increased palliative and end of life care education, the need to communicate effectively with care home residents and their families and the need for anticipatory discussions and planning as people start to deteriorate – recognising dying.

The Collaborative Care Home Support (CCHST) commissioned Ardgowan hospice to run a 6-week education programme with the aim of establishing Palliative Care champions within our 13 older people's care homes across Inverclyde as part of the Call Before You Convey (CB4YC) pilot.

The program ran for 6 weeks and included locally delivered face to face sessions which helped staff build up a network with each other and gave them the opportunity to share experiences. A Google Classroom was also set up as a learning platform to share resources and each nurse was asked to identify a Quality Improvement project which would be supported by Hospice and Care Home Liaison Nurses.

Feedback from the Call Before You Convey (CB4YC) pilot was overwhelmingly positive. Ten feedback forms were received, and everyone, when asked, 'How confident do you feel getting in touch with the hospice team for palliative care advice?' scored 5/5 – very confident.

Feedback included:

- I have found all the sessions to be very informative and helpful
- I am now no longer afraid to challenge doctors and colleagues regarding palliative medications and seeking advice
- It has been very intense...but has been a very good course
- Sessions have been pitched at a very easily absorbed level
- Every professional who has given talks throughout the course has been excellent, very informative... and has shown that there is an amazing team [at the hospice] to support people at the end of life

Since completion there has been a significant increase in calls to the Hospice advice line from care homes which participated in the training (Dec 22-March 23 = 6 calls, Dec 23-Sept 24 = 27 calls), evidencing that care home colleagues are seeking advice and support as required.

Callers have been comfortable using the Palliative Performance status taught in the course to aid a commonality of language.

Due to the success of the initial course a second one is in progress and a further course is planned for Spring 2025.

3.10 **Urinary Tract Infection (UTI)**

As a result of a local care home having a significant rise in the numbers of UTI's (11 in month) the Collaborative Care Home Support (CCHST) liaised with the care home and agreed to request support from the Care Home Collaborative (CHC) team.

The aim of the project was to achieve a 10% increase in fluid intake for the 5 residents with the most frequent instance of UTI. Actions included -

- Hydration posters were displayed around the home to raise awareness on the importance of adequate hydration
- The introduction of the visual drinks' menu promoting the variety of different drinks on the trolley
- Introduction of hydration stations to support resident access to fluids
- Introduction of meaningful activity prior to a hydration round, promoting the 'feel-good' social aspects of eating and drinking with others.

The results included -

- A reduction in instance of Urinary Tract Infection (UTI)
- 26% increase in fluid intake over the course of the project and maintained this in the absence of the Care Home Collaborative (CHC) team.
- The team all reported noticing benefits to their residents.
- Improved quality of fluid intake recording over the course of the project (accurate completions, refusals documented and sources of fluids).

3.11 Falls Pathway

Inverclyde care homes participate in the NHSGGC Falls pathway and have been provided with iPads as required to support this. Inverclyde HSCP has implemented targeted support initiatives for care homes to address the critical issue of falls among residents. By providing specialised training for staff, the HSCP equips caregivers with the skills needed to assess fall risks and implement preventive measures.

This includes conducting regular safety audits and promoting physical activity. Additionally, the HSCP closely monitors reported falls and identifies care homes with patterns of increased incidents, ensuring they receive focused support and resources. When a pattern of risk is identified, our Rehabilitation and Enablement Services (RES) employ a multidisciplinary approach to support individual fallers, collaborating with various health professionals to create personalized intervention plans. The local team provide care homes with falls resources and training videos and can arrange a falls follow up Q&A and/or training session, taking an interactive approach for example with - sensory impairment glasses that show how it feels to have a visual impairment and the team talk through any case studies about residents who are falling and encourage staff to come up with solutions themselves, so that they engage with the process.

The Rehabilitation and Enablement Services (RES) team are also working with Scottish Ambulance Service (SAS) around prevention of conveyance giving priority around rehab for these residents as well as aligning Allied Health Professional (AHP) support workers to each care home to support walking aid reviews.

4.0 PROPOSALS

- 4.1 The Scrutiny Panel is asked to note the evidence that has been collated which contributed to the Scottish Government Evidence of Impact return in November 2024. The evidence demonstrates improvements and good practice in Inverclyde Care Homes which has been supported by the local Collaborative Care Home Support (CCHST) Multi-disciplinary team and the Care Home Collaborative (CHC).

5.0 IMPLICATIONS

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

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

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

None

5.4 Human Resources

None

5.5 Strategic

None

5.6 Equalities, Fairer Scotland Duty & Children/Young People

None

(a) Equalities

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

	YES – Assessed as relevant and an EqlA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqlA is required. Provide any other relevant reasons why an EqlA 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.
x	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.

(c) 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.

5.7 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.

5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

x

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

NO – 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 none

7.0 BACKGROUND PAPERS

7.1 none

Report To:	Social Work & Social Care Scrutiny Panel	Date:	11 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	SWSCSP/41/2025/JH
Contact Officer:	Jonathan Hinds Head of Children, Families & Justice Chief Social Work Officer Inverclyde HSCP	Contact No:	01475 715365
Subject:	Inspection of Children’s Residential Houses		

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 inspection completed by the Care Inspectorate in respect of The View children’s house in January 2025.
- 1.3 This was an unannounced inspection which took place on 7 and 8 January 2025. The service was evaluated against the key question ‘How well do we support children and young people’s rights and wellbeing?’
- 1.4 Within this, the following quality indicator evaluated was ‘children and young people are safe, feel loved and get the most out of life’.
- 1.5 The report of the inspection and evaluation is available on the Care Inspectorate website at the following link:
<https://careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=322074>
- 1.6 This outcome of the inspection was that The View was awarded a grade of 5: ‘very good’, on the six-point scale used by the Care Inspectorate, ranging from 1: unsatisfactory to 6: excellent.

2.0 RECOMMENDATIONS

- 2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the outcome of the inspection and the improvement activity action plan at Appendix 1.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

- 3.1 Social work and social care services are subject to a range of audit and scrutiny activities to ensure that they undertake statutory duties and provide appropriate care and support to vulnerable individuals and groups. The View children's house is a regulated service, registered with the Care Inspectorate and therefore subject to regular inspection. Typically, residential facilities are subject to one inspection per year which will be unannounced. An unannounced inspection of The View was undertaken on the 7th and 8th of January 2025.
- 3.2 The Care Inspectorate utilises the following gradings within its inspection activity:
- 1: unsatisfactory
 - 2: weak
 - 3: adequate
 - 4: good
 - 5: very good
 - 6: excellent.
- 3.3 During the last inspection in October 2022 The View was graded as 4: 'good'.
- 3.4 During this inspection, the Care Inspectorate gathered a range of evidence including speaking with staff, other professionals, young people and parents. They also reviewed relevant written information including care plans. The outcome of the inspection was that the services was graded as 5: 'very good'.
- 3.5 The inspection report includes a number of key inspection findings:
- Young people were cared for by a committed staff team who knew them well.
 - Positive relationships had been established between adults and young people. These were based on trust, understanding and genuine care.
 - A consistent staff team had contributed to the stability of the home. This could be strengthened by formalising assessment of staffing arrangements to support continued stability.
 - There was lots of fun and laughter in the home which contributed to a welcoming, relaxed and homely atmosphere.
 - Young people experienced a variety of opportunities such as holidays abroad, parties and days out which were based on their individual interests.
 - Young people's risk assessments should be viewed to ensure they accurately reflect current circumstances.
- 3.6 The inspection found that young people were listened to and supported to share their views through access to advocacy. Advocacy workers visited the house on a regular basis, on both a formal and informal basis, which contributed to the development of positive relationships between staff and young people.
- 3.7 The inspection found that young people experienced therapeutic and stable care, which supported their emotional wellbeing. Staff were found to have a good understanding of trauma, recognising the impact young people's experiences may have upon them. In addition, young people's physical and mental health were given priority by staff.
- 3.8 Inspectors noted that all young people who live in The View were attending some form of education, with some also having part-time jobs. Young people had individually tailored support which helped them engage in education to the best of their ability. It was recognised that staff work hard to achieve a balance of encouraging young people whilst not overwhelming them.

3.9 Importantly, young people who lived in The View told how they enjoyed warm, trusting and nurturing relationships with those caring for them, with one young person commenting that 'it's like a family here'.

3.10 Finally, no complaints have been upheld since the last inspection.

4.0 PROPOSALS

4.1 A strength identified during the inspection was that a commitment to continuing care was evident in day-to-day practice and was included in related policy. Inspectors added that practice would be strengthened by developing a specific Continuing Care policy. A draft policy has subsequently been developed for approval by the Senior Management Team.

4.2 An ongoing area of improvement was the mechanism to report events to the Care Inspectorate. Improvement activity in relation to this is already underway, including additional staff training as well as taking practical steps to reduce any barriers to reporting incidents within timescales.

4.3 A clear strength of the service is a consistent staff team, although the inspection report noted that, a robust staffing needs assessment would help to ensure that young people receive the right support. This has been implemented in consultation with the Care Inspectorate who are confident that this area of improvement has now been met.

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.

5.6 Equalities and Fairer Scotland Duty

(a) Equalities

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

	YES – Assessed as relevant and an EqIA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(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.
✓	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.

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.

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 N/A.

7.0 BACKGROUND PAPERS

7.1 None.

Inverclyde HSCP

Residential Services – Improvement Plan 2025-2026

Outcome What do we want to achieve	Actions How are we going to do it?	Timeframe When do we want this to be completed or next reviewed?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?	RAG
1. My needs are met by the right number of people.	The service will develop a robust staffing needs assessment. This should include a continuous overview of staff skills and the number of staff required to provide the service.	1 March 2025	Residential Team Lead	In progress. A staffing needs assessment has been designed in consultation with Care Inspectorate and House Managers. Will now be implemented.	Amber
2. I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected	To ensure that the service notifies the Care Inspectorate of incidents within statutory timescales we will: - Organise training with the Care Inspectorate. - Identify any challenges / priority areas for training. - Ensure that additional staff have access the Care Inspectorate notification portal.	1 June 2025	Residential Team Lead House Managers	In progress	Amber
3. Practice will be strengthened by developing a specific policy relating to continuing care practice.	A specific policy relating to Continuing Care Practice will be developed.	1 June 2025	Residential Team Lead	In progress. Policy will be taken to the Senior Management Team before implementation.	Amber

Report To:	Social Work & Social Care Scrutiny Panel	Date:	11 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	SWSCSP/39/2025/JH
Contact Officer:	Jonathan Hinds Chief Social Work Officer Inverclyde HSCP	Contact No:	01475 715365
Subject:	Joint Inspection on Adult Services: Update		

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 progress made in relation the HSCP Improvement plan following the joint inspection by the Care Inspectorate and Healthcare Improvement Scotland of adult services: integration and outcomes – focus on people living with mental illness.
- 1.3 The report was published in May 2024, following inspection activity conducted between October 2023 and March 2024.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Social Work and Social Care Scrutiny Panel notes the progress made within the Improvement Plan.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

- 3.1 The joint inspection of adult services, focussed on people living with mental illness, was undertaken using the Joint Inspection of Adult Services Integration and Outcomes Quality Improvement Framework¹ and structured around the following inspection question: 'how effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?'
- 3.2 The inspection report was published on 7 May 2024 and included evaluation against five key areas based on a series of key findings.
- 3.3 A number of improvement actions were already underway within adult services, however an improvement action plan based on the report findings was developed and submitted to the Care Inspectorate.
- 3.4 The integrated improvement plan, included at Appendix 1, includes a number of updates on improvement actions. These are focussed on:
- Developing outcome measures informed by the views of people living with mental illness and their unpaid carers;
 - Support to staff to identify and respond to the needs of unpaid carers;
 - Reviewing the effectiveness of arrangements for integrated and co-located teams to maximise opportunities to deliver seamless services;
 - ensure staff confidence in self-directed support to maximise choice and control for people and unpaid carers;
 - strengthened governance of social work practice, including the statutory functions of mental health officers.

4.0 PROPOSALS

- 4.1 Progress against each area for improvement and local actions to achieve these are monitored on an ongoing basis by the HSCP Clinical and Care Governance Group and, in turn, reported to the IJB Committee on a twice-yearly basis, with the next update due in March 2025.
- 4.2 In addition, the Chief Social Work Officer is updated on a minimum quarterly basis in terms of improvement activity and evaluates the impact that actions have on service users and carers.

5.0 IMPLICATIONS

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

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

¹ [JIAS Integration and Outcomes Framework V1.1 as.pdf \(careinspectorate.com\)](#)

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

N/A

5.4 Human Resources

N/A

5.5 Strategic

N/A

5.6 Equalities, Fairer Scotland Duty & Children/Young People

(a) Equalities

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

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA 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.
x	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.

(c) 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.

5.7 Environmental/Sustainability

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

N/A

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.

5.8 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.

**Joint inspection of adult services in Inverclyde Health and Social Care Partnership
Priority Areas for Improvement**

Green – On Target

Amber – Progressing well

Red – Still to commence

Area for Improvement	Local Actions	How will we measure this?	Responsible Officer/s	Target Date	Progress	RAG
<p>The partnership should develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers. This should include meaningful opportunities for people to feed back about their experience of services. The partnership should use this information to support plans for improving outcomes.</p>	<p>Develop suite of outcome measures that capture our processes to deliver outcomes.</p> <p>Mental health commissioning group established.</p>	<p>Quarterly reporting to HSCP Clinical and Care Governance Group</p>	<p>Head of Mental Health and ADRS</p>	<p>October 2024</p>	<p>Commissioning Team operate ongoing contract monitoring.</p> <p>New contracts with third sector providers detail the requirement for outcome measurements and service user feedback</p> <p>Head of service MH reviews contract data and has met with individual care providers prior to renewal of contracts and contract extensions to discuss outcome measurements and impact for service users, including service user feedback</p>	<p>GREEN</p>
	<p>Commissioning framework to be developed that captures qualitative and quantitative data whilst measuring impact.</p>	<p>Quarterly reporting to Mental Health Commissioning Group</p>	<p>Head of Finance and Commissioning</p>	<p>December 2024</p>	<p>Head of service MH reviews contract data and has met with individual care providers prior to renewal of contracts and contract extensions to discuss outcome measurements and impact for service users, including service user feedback</p>	<p>GREEN</p>

					Other carer engagement processes are in place across adult and children's services Implementation of Inverclyde HSCP Carers Strategy Board Development plan is ongoing	
Audit clinical and professional tools that strengthen carers' voices to better understand and improve our support.	Audit report to be presented to Clinical and Care Governance Group	Service Manager, Mental Health and Complex Care	June 2025	Mental Health Service has initiated contact with (Unity) Inverclyde carers Gateway to complete joint working on development and implementation of recommendations. This will be completed through interagency working. This joint working will also consider how we improve both the quantity and quality of Adult Carers Support Plans and highlighting where there is potential need for young Carers statements.	GREEN	
	Audit report to be presented to Carers Strategy Board	Service Manager, Mental Health and Complex Care	June 2025		AMBER	

	<p>Develop digital solutions that are accessible and user-friendly to capture feedback from our service users and unpaid carers.</p>	<p>Report findings and recommendations to HSCP Digital Strategy Group</p>	<p>Service Manager, Strategic Planning and Performance</p>	<p>December 2024</p>	<p>Primary care mental health team is exploring current feedback mechanisms following completion of episode of care.</p>	<p>GREEN</p>
	<p>Review existing feedback e.g.: from Care Opinion to ensure that we target to people experiencing mental health illness, and their carers.</p>	<p>Clinical and Care Governance reports</p>	<p>Chief Nurse</p>	<p>September 2024</p>	<p>Care Opinion awareness sessions being rolled out across HSCP.</p> <p>Care opinions has been revisited with specific request to assist people with MH concerns access this service and provide feedback. Training requested for MH teams.</p> <p>MH HoS has engaged with Your Voice to visit and discuss with service user forums what they think of the current services and what they would like to see</p> <p>Additional wider community sessions planned as part of locality engagement to</p>	<p>GREEN</p>

					<p>present current services and to gain feedback from wider community.</p> <p>The LD service purchased tablet device to allow access to Care Opinion in kiosk mode for individuals without access to the internet.</p>	
<p>The partnership should support staff in mental health services to identify and respond to the needs of unpaid carers of people living with mental illness. It should monitor the impact of its approach.</p>	<p>Staff awareness sessions that explore our statutory duties to unpaid carers to contribute to improvement.</p>	<p>Evaluation of improved staff awareness that demonstrates that the voice of the carer is reflected in planning.</p>	<p>Commissioning and Learning & Development Manager</p>	<p>October 2024</p>	<p>Inverclyde HSCP Carers Strategy Board' Development plan -Nov 2024 Priority 4 has a focus on improved assessment of carers needs.</p> <p>The new CMHT operational policy has particular focus on identifying both caring and carers roles within initial assessment criteria.</p> <p>Awareness sessions have taken place in Dec 24 for all the Mental health Team.</p> <p>Mental Health Service are now focusing on building on the previous learning to support the completion of carers assessment, benefit support,</p>	<p>GREEN</p>

					<p>unpaid carers support and young carers support. A plan of intervention, recording engagement and reviewing our joint working is now being developed to ensure this information is captured and to allow for development and improvement.</p> <p>A media campaign by Unity has highlighted the service to the public.</p>	
	Build on what is working well for peer support across the HSCP and develop a consistent, recovery-focussed approach.	Increased number of people participating in recovery-focussed groups, in our communities.	Head of Health and Community Care	February 2025	MH/ADRs has peer support workers employed within its service and will look further develop support groups alongside our third sector partners.	GREEN
	Ensure that carers get the right support at the right time.	Increase the number of (assessments) Adult Carers Support Plans for carers of people living with mental health.	Head of Health and Community Care	December 2024	The new CMHt operational policy highlights the need to provide and consider carers assessment and support plans and/or young carer statements for all service users. It is a key question re	GREEN

					<p>caring responsibilities or dependents within initial assessment.</p> <p>This is further detailed within Inverclyde HSCP Carers Strategy Board' Development plan.</p>	
<p>The partnership should review the effectiveness of its arrangements for integrated and co-located teams, with a view to maximising opportunities for delivering seamless services for people living with mental illness.</p>	<p>We are currently carrying out a review of all our integrated front doors to simplify access to integrated services.</p>	<p>Report to Inverclyde Integration Joint Board will be produced as part of our commitment to wider redesign.</p>	<p>Head of Finance and Commissioning</p>	<p>September 2025</p>	<p>Mental Health Service Management representation at the overarching HSCP Integrated Front Doors group which seeks to ensure there is a "no wrong door" approach to referrals.</p> <p>We have explored what this might mean for MH secondary care services and how we can establish better joint working and pathways between services e.g. ADRS / LD / ACM</p>	<p>AMBER</p>
	<p>Refresh our guidance for health and social work practitioners to ensure that people receive good quality</p>	<p>Development of outcome-focussed assessment and planning guidance.</p>	<p>Head of Adult Social Work</p>	<p>September 2025</p>	<p>There is currently a review of MH social work services and development sessions to implement the new cmht operational policy to ensure an integrated person centred,</p>	<p>AMBER</p>

	assessment and planning.				collaborative approach to assessment and care planning.	
The partnership should ensure that all staff working in mental health services are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	Relaunch our strategy for person-centred assessment and planning and ensure that self-directed supports are primarily the delivery model to maximise choice and control for people and their unpaid carers.	Develop online training module that improves staff skill base and enhances professional confidence.	Commissioning and Learning & Development Manager	December 2024	Noted within new operational policy and will form part of staff training at the 3 upcoming staff engagement sessions with frontline staff. Will be monitored by Social work Service manager who will provide an overview of caseload supervision and direct supervision and governance.	GREEN
		Develop public awareness campaign that promotes self-directed supports across the HSCP.	Service Manager, Strategic Planning & Performance	October 2025	In progress.	AMBER
The partnership should strengthen its oversight and governance of social work practice, with particular reference to the statutory	Improve quality assurance, governance and professional oversight of statutory social work practice.	Develop enhanced CSWO role as part of SMT.	Chief Officer	September 2024	New Senior Service Manager for Mental Health and MHO services to provide operational governance and supervisions to all staff now in post.	GREEN

<p>functions of mental health officers.</p>					<p>Enhanced CSWO role commences 24 February 2025. CSWO annual report 2024/25 to include update on quality assurance and governance arrangements.</p>	
	<p>Review social work assessment and planning framework.</p>	<p>Findings and action plan will be presented to CSWO at social work performance and assurance board.</p>	<p>Head of Mental Health and ADRS</p>	<p>March 2025</p>	<p>HSCP wide workshops, facilitated by external consultant, with Service Manager and Social Work Team Leads across adult services have taken place with focus on improving person centred assessment and planning.</p> <p>Next phase is to deliver similar sessions to front line Social Workers. This is being coordinated Head of Service for adult social work.</p> <p>Report to CSWO thereafter to inform development of HSCP social work governance sub-group.</p>	<p>GREEN</p>

	Review of MHO service, operational model, capacity etc.	Demand analysis for statutory mental health work to inform model for future practice as part of wider adult social work capacity.	Head of Mental Health and ADRS/CSW O	March 2025	Review commenced February 2025. Service manager MH meeting with TL from Council training department in Feb 25 to highlight local authority training responsibilities and MHO national standard requirements with a view to developing a MH Learning Pathway.	GREEN
	Standardise recording and information-sharing practice across the partnership.	Improved, integrated and co-ordinated approaches to information sharing and recording.	Service Manager, Strategic Planning & Performance	March 2025	MHO specific recording, monitoring and reporting via SWIFT going live March 2025. Thereafter development of similar for other mental health Social Work service delivery to ensure appropriate access and recording for all staff across EMIS and SWIFT systems.	GREEN

Owners of plan: HSCP Chief Officer and CSWO **Review date:** December 2024 – Progress Update February 2025