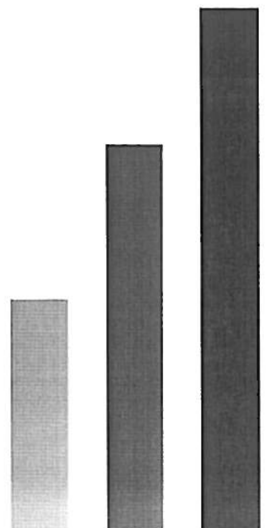
Inverclyde
council

Agenda 2013

Health & Social Care Committee

For meeting on:

29	August	2013



Inverclyde
council
Municipal Buildings, Greenock PA15 1LY

Ref: SL/MS

Date: 15 August 2013

A meeting of the Health & Social Care Committee will be held on Thursday 29 August 2013 at 3 pm (or following the conclusion of the CHCP Sub-Committee if later) within the Municipal Buildings, Greenock.

ELAINE PATERSON
Head of Legal and Democratic Services

BUSINESS

1. **Apologies, Substitutions and Declarations of Interest**

PERFORMANCE MANAGEMENT

2. **Health & Social Care Committee - Financial Report Outturn 2012/13 and 2013/14 as at Period 3 to 30 June 2013**
Report by Corporate Director Inverclyde Community Health & Care Partnership

3. **Chief Social Work Officer - Annual Report**
Report by Corporate Director Inverclyde Community Health & Care Partnership

4. **Inverclyde Community Health & Care Partnership: Complaints Procedure Annual Report 2012-2013**
Report by Corporate Director Inverclyde Community Health & Care Partnership

5. **Inverclyde Community Health & Care Partnership: Authorised Providers List Annual Report**
Report by Corporate Director Inverclyde Community Health & Care Partnership

6. **SOLACE Benchmarking Report**
Report by Corporate Director Inverclyde Community Health & Care Partnership

NEW BUSINESS

7. **Potential Implications of the Public Bodies (Joint Working)(Scotland) Bill**
Report by Corporate Director Inverclyde Community Health & Care Partnership

Enquiries to – **Sharon Lang** – Tel 01475 712112

Healthy Working Lives

POSITIVE ABOUT DISABLED PEOPLE

Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Health & Social Care Committee**	**Date: 29 August 2013**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership** **Alan Puckrin** **Chief Financial Officer**	**Report No: FIN/57/2013/LB**
Contact Officer:	**Lesley Bairden**	**Contact No: 01475 712257**
Subject:	**Health & Social Care Committee – Financial Report Outturn 2012/13 and 2013/14 as at Period 3 to 30 June 2013.**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health & Social Care Committee of the 2012/13 Revenue Outturn position and of the 2013/14 Revenue and Capital Budget current year position as at Period 3 to 30 June 2013.

2.0 SUMMARY

REVENUE OUTTURN 2012/13

2.1 The Social Work revised budget was £47,758,000 with a final underspend of £111,000 (0.23%). The main items contributing to the overall Social Work underspend were:

- Learning Disability £369,000 (6.30%) overspend due to client commitment costs. It should be noted that the 2013/16 budget included pressure funding of £450,000 in 2013/14 rising to £1,000,000 by 2015/16 for known pressures and further anticipated costs of care packages.
  Offset by:
- Older Persons £256,000 (1.23%) underspend predominantly due to charging order income.
- Children & Families £137,000 (1.34%) underspend from staffing turnover.
- Homelessness £146,000 (20.59%) underspend due to £80,000 Hostels Grant adjustments and £54,000 property related savings.

REVENUE PROJECTION 2013/14

2.2 The Social Work revised budget is £48,806,000 with a projected underspend of £77,000 (0.16%). This is due to turnover savings, partly offset by overspends on the current client commitment costs. This underspend is net of a projected £205,000 contribution to the new earmarked reserve for Residential Childcare, Fostering and Adoption, as this projected contribution is dependent on activity levels; the final adjustment will be made as part of the year end process.

It should be noted that the 2013/14 budget includes agreed savings for the year of £480,000 projected to be achieved in full.

CAPITAL 2013/14

2.3 The total Health & Social Care Partnership approved capital budget for 2013/14 is £299,000 with a projected underspend of £116,000 relating to Kylemore Children's Home.

EARMARKED RESERVES 2013/14

2.4 The Social Work Earmarked Reserves for 2013/14 total £3,257,000 with £2,120,000 projected to be spent in the current financial year. To date £428,000 spend has been incurred and is 20.2% of the projected 2013/14 spend.

3.0 RECOMMENDATIONS

3.1 That the Committee note the 2012/13 revenue budget underspend of £111,000 as at 31 March 2013.

3.2 That the Committee note the current year revenue budget and projected underspend of £77,000 for 2013/14 as at 30 June 2013.

3.3 That the Committee note the current projected capital position of £116,000 underspent over the life of the projects.

3.4 That the Committee note the current Earmarked Reserves position.

3.5 That the Committee approve the budget virements detailed on Appendix 4.

3.6 That the Committee delegate the 2013/14 Revenue and Capital Budgets to the CHCP Sub-Committee.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the 2012/13 revenue outturn position, the current position of the 2013/14 revenue and capital budget and to highlight the main issues contributing to the £77,000 projected revenue underspend and the current capital programme position of £116,000 projected underspend.

4.2 The current year revenue summary position is detailed in Appendix 1, the capital position at Appendix 2, the earmarked reserves position at Appendix 3 and Appendix 4 details requested budget virements.

5.0 REVENUE: 2012/13 REVENUE OUTTURN POSITION UNDERSPEND £111,000

5.1 The table below sets out the 2012/13 outturn to budget for Social Work.

	Revised Budget 2012/13	Out-turn 2012/13	Variance to Budget	Variance To Budget
	£000	£000	£000	%
Strategy	2,102	2,066	(36)	(1.71%)
Older Persons	21,359	21,103	(256)	(1.23%)
Learning Disabilities	5,854	6,223	369	6.30%
Mental Health	1,133	1,159	26	2.29%
Children & Families	10,238	10,101	(137)	(1.34%)
Physical & Sensory	2,332	2,396	64	2.74%
Addictions / Substance Misuse	887	804	(83)	(9.36%)
Support / Management	2,220	2,293	73	3.29%
Assessment & Care Management	1,513	1,528	15	0.99%
Criminal Justice	0	0	0	0
Homelessness	697	551	(146)	(20.59%)
Total Operational Expenditure	**48,335**	**48,224**	**(111)**	**(0.23%)**
Contribution to Earmarked Reserves	(577)	(577)	0	0
Total	47,758	47,647	(111)	(0.23%)

5.2 The key reasons for the underspend are:

a. **Older Persons: Outturn £256,000 (1.23%) underspent**

The underspend was predominantly due to:

- Charging Order income of £221,000;given the nature of this income it is not possible to project the frequency or level of income expected in any period, however as part of the 2013/16 budget an annual income of £60,000 is now included within the Social Work budget.
- Underspend of £60,000 in homecare staffing and external homecare costs used to offset overspend of £42,000 from running costs of CM2000 implementation.

b. **Learning Disabilities: Outturn £369,000 (6.30%) overspent**

The overspend was due to client commitment costs as reported to committee. It should be noted that the 2013/16 budget included pressure funding of £450,000 2013/14 rising to £1,000,000 by 2015/16 for known pressures and further anticipated costs of care packages.

c. **Children & Families: Outturn £137,000 (1.34%) underspent**

The underspend related to employee savings from turnover, overtime and sessional costs.

d. **Physical & Sensory: Outturn £64,000 (2.74%) overspent**

The overspend was due to staffing and transport cost.

e. **Addictions / Substance Misuse: Outturn £83,000 (9.36%) underspent**

The underspend was due to employee costs £45,000 and client package costs £52,000.

f. **Support / Management: Outturn £73,000 (3.29%) overspent**

The overspend relates to employee £42,000 and administration costs £19,000.

g. **Homelessness: Outturn £146,000 (20.59%) underspend**

The underspend was due to:
- £32,000 net underspend relating to reduction in use of scatter flats
- £80,000 over recovery on the budgeted level of Hostel Grant income
- £22,000 underspend on bed & breakfast accommodation
- £23,000 underspend on staffing

6.0 2013/14 CURRENT REVENUE POSITION: UNDERSPEND £77,000

6.1 The projected underspend of £77,000 (0.16%) for the current financial year is predominantly due to turnover savings of £205,000 offset by projected overspends predominantly due to the current level of client committed spend. The material projected variances per service are identified below:

a. **Strategy: Projected £33,000 (1.58%) underspend**

The projected underspend is due to vacancy and secondment savings.

b. **Older Persons: Projected £18,000 (0.09%) overspend**

Whilst the projected overspend, in total, is not material it should be noted that this comprises:
- £45,000 underspend in Residential and Nursing per the current number of clients receiving care.
  Offset by:
- £82,000 overspend in Homecare (made up of £72,000 underspend in-house and £154,000 external overspend).

The 2013/16 budget includes a £60,000 income budget for charging orders, as stated above in 5.2 a, it is not possible to accurately project the full year impact of this, but at period 3, £17,000 has been received and the full year is projected to budget.

c. **Learning Disabilities: Projected £46,000 (0.77%) overspend**

This is primarily due to a projected overspend within transport costs (external hires), based on prior year activity and cost levels. The Service is reviewing transport arrangements with the Transport section.

d. **Mental Health: Projected £36,000 (2.57%) overspend**

This relates to premises and legal costs, with Service reviewing options to contain the costs within the budget.

e. **Children & Families: Projected £61,000 (0.60%) underspend**

The main reason for the underspend is slippage in filling vacant posts combined with projected savings in overtime and sessional staff costs.

f. **Physical & Sensory: Projected £91,000 (3.89%) overspend**

The projected overspend is due to:

- £31,000 transport (external hires) overspend, as with 6.1c above the Service is reviewing transport arrangements.
- £61,000 overspend on client commitment costs based on the full year impact of packages that commenced in 2012/13.

The Service is actively reviewing the cost of commissioned services.

g. **Addictions / Substance Misuse: Projected £74,000 (6.05%) underspend**

The projected underspend is due to:

- £30,000 employee cost vacancy savings, net of sessional backfill costs.
- £37,000 underspend on client commitment costs based on the current cost of packages.

h. **Homelessness: Projected £80,000 (12.80%) underspend**

The main reason for the projected underspend is an over-recovery of Hostel Grant income, in line with prior year income. This level of underspend is not recurrent as the distribution of the Grant is changing.

7.0 2013/14 CURRENT CAPITAL POSITION – £116,000 PROJECTED UNDERSPEND

7.1 The Social Work capital budget is £1,430,000 over the life of the projects with £299,000 for 2013/14, comprising £239,000 for Kylemore (replacement residential children's unit) and £60,000 SWIFT Financial software package.

The Kylemore Children's Home opened in March 2013 and is fully operational. The projected underspend is based on anticipated final cost with a saving of £69,000 in furniture and fittings and a saving of £47,000 on building costs – however both are subject to final contractor invoices. The final underspend will be returned to the Council's Capital Programme.

7.2 Appendix 2 details capital budgets and progress by individual project.

8.0 IMPLICATIONS

8.1 The current projected revenue outturn is a £77,000 projected underspend.

8.2 The current projected capital outturn shows an underspend in the current year of £116,000.

9.0 EARMARKED RESERVES

9.1 Earmarked Reserves are detailed in Appendix 3. Spend to date is 20.2% of the projected spend for 2013/14.

10.0 VIREMENT

10.1 The virement requests are detailed in Appendix 4 and are reflected within this report.

11.0 EQUALITIES

11.1 There are no equality issues within this report.

12.0 OTHER ISSUES

12.1 Work remains ongoing to develop protocols and processes relating to the Integration of Health and Social Care.

13.0 CONSULTATION

13.1 This report has been prepared by the Corporate Director, Inverclyde Community Health & Care Partnership and relevant officers within Finance have been consulted.

APPENDIX 1

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 3: 1 April 2013 - 30 June 2013

2012/13 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,997	Employee Costs	25,961	26,046	25,841	(205)	(0.79%)
1,585	Property costs	1,504	1,471	1,396	(75)	(5.10%)
886	Supplies and Services	867	806	831	25	3.10%
456	Transport and Plant	374	387	470	83	21.45%
1,013	Administration Costs	813	948	1,039	91	9.60%
32,591	Payments to Other Bodies	32,884	33,116	33,154	38	0.11%
(14,304)	Income	(13,912)	(13,968)	(14,002)	(34)	0.24%
(577)	Contribution to Earmarked Reserves	0	0	0	0	
47,647	**SOCIAL WORK NET EXPENDITURE**	**48,491**	**48,806**	**48,729**	**(77)**	**(0.16%)**

	2012/13 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over / (Under) Spend £000	Percentage Variance
		SOCIAL WORK					
	2,066	Strategy	2,098	2,093	2,060	(33)	(1.58%)
	21,103	Older Persons	20,730	21,008	21,026	18	0.09%
	6,223	Learning Disabilities	5,547	5,999	6,045	46	0.77%
	1,159	Mental Health	1,412	1,403	1,439	36	2.57%
3	10,101	Children & Families	10,191	10,138	10,077	(61)	(0.60%)
	2,396	Physical & Sensory	2,355	2,341	2,432	91	3.89%
	804	Addiction / Substance Misuse	1,227	1,224	1,150	(74)	(6.05%)
	2,293	Support / Management	2,829	2,340	2,327	(13)	(0.56%)
	1,528	Assessment & Care Management	1,471	1,635	1,628	(7)	(0.43%)
1	0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0	Change Fund	0	0	0	0	0.00%
	551	Homelessness	629	625	545	(80)	(12.80%)
	(577)	Contribution to Earmarked Reserves	0	0	0	0	0.00%
	47,647	**SOCIAL WORK NET EXPENDITURE**	**48,489**	**48,806**	**48,729**	**(77)**	**(0.16%)**

1 £1.9m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.
2 Change Fund Expenditure of £1.4 million fully funded from income.
3 Children & Families outturn includes £205k to be transferred to the earmarked reserve at year end 2013/14
4 £8.9 million Resource Transfer / Delayed Discharge expenditure and income included above.

APPENDIX 2

SOCIAL WORK - CAPITAL BUDGET 2013/14

Period 3: 1 April 2013 to 30 June 2013

Project Name	Est Total Cost	Actual to 31/3/13	Approved Budget 2013/14	Revised Est 2013/14	Actual to 30/06/13	Est 2014/15	Est 2015/16	Future Years	Start Date	Original Completion Date	Current Completion Date	Status
	£000	£000	£000	£000	£000	£000	£000	£000				
SOCIAL WORK												
Prudential Borrowing												
Kylemore Childrens Home	1,360	1,121	239	123		0	0	0	01/10/11	30/06/12	19/03/13	The home opened on 19 March. The final cost is a projected £116k underspend, subject to final account adjustments with the contractor.
Capital Funded From Revenue Contributions												
SWIFT Finance Module	70	10	60	60	5	0	0	0	03/09/12		31/08/14	Budget allocated for Development and Implementation of SWIFT Finance module.
Social Work Total	**1,430**	**1,131**	**299**	**183**	**5**	**0**	**0**	**0**				

EARMARKED RESERVES POSITION STATEMENT SOCIAL WORK APPENDIX 3

Project	Lead Officer/ Responsible Manager	Total Funding 2013/14 £000	Phased Budget To Period 3 2013/14 £000	Actual To Period 3 2013/14 £000	Projected Spend 2013/14 £000	Amount to be Earmarked for 2014/15 & Beyond £000	Lead Officer Update
Telecare Grant	Joyce Allan	60	15	26	60	0	Full carried forward allocation will be utilised in 13/14 on tools and equipment. Profiling is based upon the expenditure being evenly spread over the full financial year.
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	391	0	16	166	225	SDS project and SWIFT financial module. Current staff costs for SWIFT are included within the deferred income balance below. Profiling is based upon the project being split over the last 9 months of the financial year.
Growth Fund - Loan Default Write Off	Helen Watson	30	1	1	4	26	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any delinquent debt. This requires to be kept until all loans are repaid and no debts exist. The profiling assumes that all expenditure will be incurred evenly through out the year.
Advice Services - MacMillan	Andrina Hunter	35	9	9	35	0	Funding from 14/15 will come from recurring welfare reform monies. The profiling is based upon the timing of the staff payroll.
Deferred Income	Brian Moore	458	76	41	256	202	A number of historical deferred income streams have been brought forward to 2013/14. Profiling takes account of a month's delay at the start of the financial year. The £202k being carried forward is fully committed.
Change Fund - Older People	Brian Moore	1,314	219	256	1,314	0	Brought forward reflects Council elements of NHS Change Fund. Detailed costs by Project are reviewed on a regular basis by the Change Fund Executive Group and is reported to the CHCP sub committee as an integral part of the financial report. Any slippage in year will be carried forward to 2014/15. Profiling is based upon a months delay at the start of the financial year.

EARMARKED RESERVES POSITION STATEMENT — SOCIAL WORK — APPENDIX 3

Project	Lead Officer/ Responsible Manager	Total Funding 2013/14 £000	Phased Budget To Period 3 2013/14 £000	Actual To Period 3 2013/14 £000	Projected Spend 2013/14 £000	Amount to be Earmarked for 2014/15 & Beyond £000	Lead Officer Update
Support all Aspects of Independent Living	Brian Moore	630	79	79	219	411	This fund will be spent over the next 2 years. The £79k spent to date is a contribution to the 2013/14 Sheltered Warden's saving of £70k along with the funding of an Occupational Therapist/Housing ICIL post (to be funded for 2 years). Profile is based upon £70k upfront costs plus an occupational therapist costs based upon the timing of the payroll and SDS Transition costs split over last 3 months of the financial year. £100k has been earmarked to fund increased Direct Payment packages through the SDS transition period.
Local Autism Action Plan	Alan Best	35	0	0	35	0	Action plan being drawn up. Profiling will be done once action plan detail is known.
Adoption/Fostering/Residential Childcare	Sharon McAlees	219	0	0	0	219	The final spend from/or contribution to this reserve will be identified at year end. The in year operation of this budget will be reported through normal Revenue Monitoring.
Information Governance Policy Officer	Helen Watson	85	0	0	31	54	Post now filled (2 year post), employee in post from July and budget phased accordingly.
Total		3,257	399	428	2,120	1,137	

APPENDIX 4

SOCIAL WORK

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1. National Care Home Contract Inflation	276	
1. National Care Home Contract Inflation - Inflation Contingency		(276)
2. Insurance Inflation	13	
2. Insurance Inflation - Inflation Contingency		(13)
3. Transport	14	
3. Transport - Regeneration & Environment		(14)
4. Living Wage	12	
4.Living Wage - General Fund Reserve		(12)
5. Children & Families - Employee	73	
5. Children & Families - Property		(25)
5. Children & Families - Supplies		(48)
6. Learning Disabilites - Residential	437	
6. Corporate Director - Payments to Other Bodies		(437)
7. Homecare - Administration costs	99	
7. Homecare - Additional Hours		(99)
8. Homecare - Employee	34	
8. Homecare - Payments to Other Bodies		(34)
9. Strategy - Supplies & Administration	25	
9. Strategy - Income		(25)
10. Various Employee Budgets	163	(163)
	1,146	**(1,146)**

Note

1. Allocation of inflation - uplift rate agreed post budget
2. Inflation for insurance allocated to relevant services
3. Re-alignement of transport budgets and recharges to services
4. Living Wage funding allocation to relevenat services
5. Realignment of recharge budgets to reflect employees transferred to service
6. Allocation of pressure funding based on specific cases
7. Fund running costs of CM2000 from efficiencies in scheduling and delivery
8. Shifting the balance of homecare from internal to external (3 vacancies)
9. Allocation of Practice Learning (£15k) and Healthier Wealther Children (£10k) funding
10. Bottom up budget revisions - nil impact on Social Work total budget

Inverclyde council

AGENDA ITEM NO: 3

Report To:	**Health & Social Care Committee**	**Date: 29th August 2013**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No: SW/01/2013/BM**
Contact Officer:	**Brian Moore** **Chief Social Work Officer** **Inverclyde Community Health & Care Partnership**	**Contact No: 01475 712722**
Subject:	**Chief Social Work Officer - Annual Report (Appendix 1)**	

1.0 PURPOSE

1.1 This report provides Members, and the Council, with a view on the effective functioning of Social Work Services within Inverclyde, as a component of the governance arrangements of the Council. It further outlines the key challenges faced by the service.

2.0 SUMMARY

2.1 The Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, etc (Scotland) Act 1994, requires every Local Authority to appoint a professionally qualified Chief Social Work Officer.

2.2 In March, 2009, the Scottish Government published national guidance on the role of the CSWO which outlined the role as providing professional governance, leadership and accountability for the delivery of Social Work Services, whether these are provided by the Local Authority or purchased from the private or voluntary sectors.

2.3 Within the national guidance it was stated that the CSWO should prepare an annual report to the Local Authority on all of the statutory, governance and leadership functions of the role.

2.4 This is the first Chief Social Work Officer (CSWO) report to Inverclyde Council since my appointment to the role of Corporate Director / Chief Social Work Officer for Inverclyde CHCP in June 2012. The report provides relevant parties with an overview of professional social work issues as required Scottish Government guidance. The review period covers April 2012 to April 2013.

2.5 The attached report provides an overview of protection and risk management issues a summary of key statutory decisions and overview of complaints activity and outcome of scrutiny activity during the period April 2012 to April 2013.

3.0 RECOMMENDATION

3.1 It is recommended that the Health & Social Care Committee notes the CSWO report as set out in Appendix 1

Brian Moore
Corporate Director, CHCP
Chief Social Work Officer

Inverclyde Council

CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT

April 2012 – April 2013

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1. INTRODUCTION

1.1 This is the first Chief Social Work Officer (CSWO) report to Inverclyde Council since my appointment to the role of Corporate Director / Chief Social Work Officer for Inverclyde CHCP in June 2012. The report provides relevant parties with an overview of professional social work issues as required Scottish Government guidance. The review period covers April 2012 to April 2013. The report will be presented to Inverclyde Council Health and Social Care Committee which meets annually and delegates powers to the CHCP Sub Committee.

1.2 The overall objective of the CSWO post is to ensure the provision of effective, professional advice to local authorities, both elected members and officers, in the authority's provision of social work services. The post should assist the authority in understanding the complexities of social work service delivery, including particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders and the key role social work plays in contributing to the achievement of national and local outcomes.

1.3 The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services. Clarity and consistency as to the purpose and contribution of the CSWO are particularly important given the diversity of organisational structures that exist.

1.4 Services are delivered within a framework of statutory duties and powers. Such services are required to meet national standards and to provide best value. Where possible, services are delivered in partnership with a range of stakeholders, including, most importantly, the people who use them.

1.5 The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.

1.6 In addition, there are a small number of duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable. A full description of the role and function of CSWO is provided in Appendix 1.

2 PROTECTION AND RISK MANAGEMENT

2.1 The assessment and management of risk posed to individual children, vulnerable adults and the wider community are part of the core function of social work and a priority for the Council and its partners.

2.2 The effective management of risk depends on a number of factors, including:

- Qualified, trained and supported staff, with effective professional supervision.
- Clear Policies and Procedures and use of agreed or accredited assessment tools and processes.
- Consistency of standards and thresholds across teams, services and organisational boundaries.
- Effective recording and information sharing.
- Good quality performance management data to inform resource allocation and service improvement.
- Multi-disciplinary and inter-agency trust and collaboration.

2.3 The following multi-agency mechanisms have been established reflecting the importance of joint working and also the benefit of partnership working in monitoring and evaluating the above indicators aimed towards achieving the joint aspiration of reducing risk to vulnerable individuals:

- Chief Officers Groups (chaired by the Council's Chief Executive and encompassing child protection, adult support and protection and an overview of MAPPA)
- Inverclyde Child Protection Committee
- Inverclyde Adult Support and Protection Committee
- GG & C Child Protection Forum
- GG& C Adult Support and Protection Liaison Group
- Multi-Agency Public Protection Agency (MAPPA), operating across the North Strathclyde Community Justice Authority area in respect of Sexual Offenders.

The CSWO is a member of the COG, CP Forum and has pre meetings with the chairs of the CP and ASP committees, in advance of each meeting of the committees.

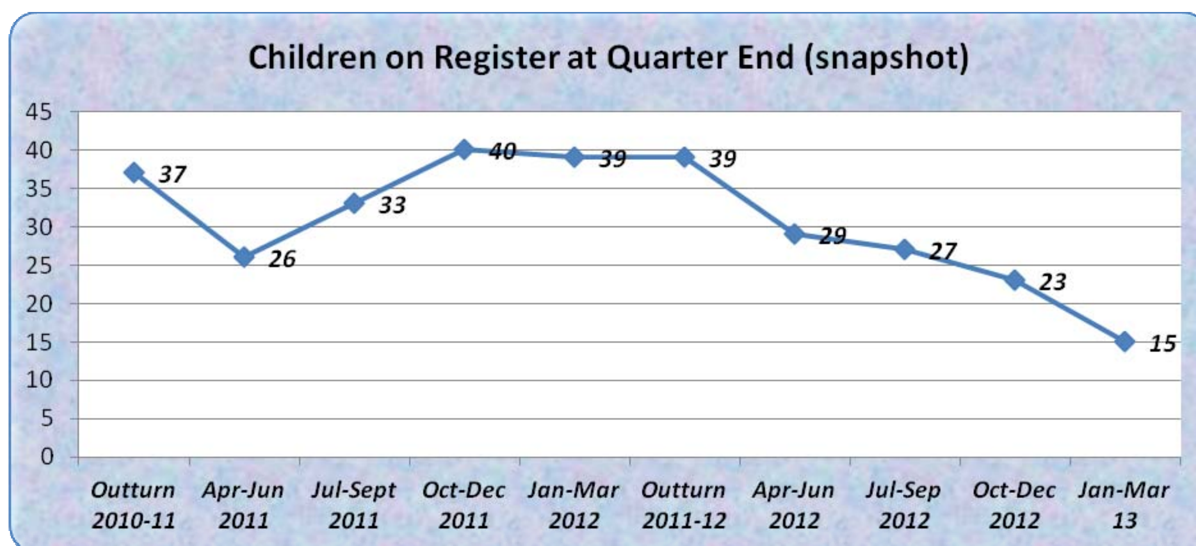
3. CHILD PROTECTION

3.1 The following tables provide a summary of the volume of child protection activity during the year April 2012 – April 2013:

Child Protection Apr12-Mar13	2011-12	2012-13
Number on Register at end of reporting period **(snapshot)**	39	**15**
Child Protection Referrals	254	**150**
Child Protection Investigations	195	**94**
Outcome of Investigation to Proceed to Case Conference	95	**58**
Number of Children De-Registered	72	**73**

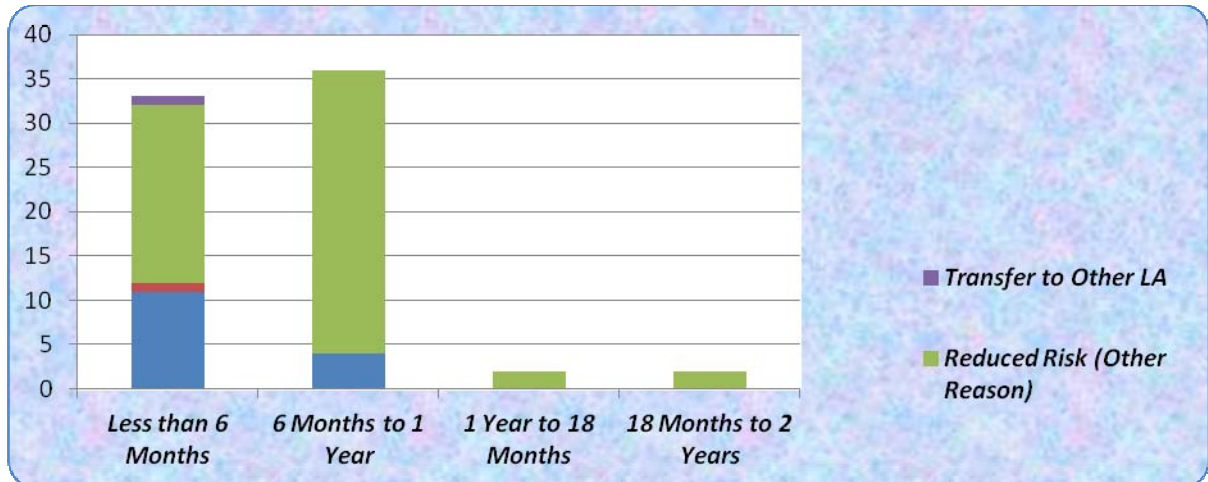
Source: Child Protection Aggregate Return Aug11-July 12 (Swift MI Quarterly reporting QPSR

Child protection referrals have decreased



Of the **94** child protection investigations that took place in the period Apr 12-Mar 2013, 58 children were subject to a case conference, **15** of whom were 'pre-birth' children

The majority of children deregistered from the child protection register in the period between 1st Apr 2012 and 31st Mar 2013 were on the register for less than 1 year **94%** (69 children) and **45%** were on for less than 6 months. The most frequent 'reason' for deregistration was recorded as 'Reduced Risk' (other reason).



3.2 The above statistics are provided annually to the Scottish Government and allow the Service and the Child Protection Committee to evaluate, review and monitor the indications of children at risk in a very pro-active manner.

3.3 The Child Protection Committee compiles an annual report and business plan which is approved by the Chief Officer Group and is widely distributed. The Committee also maintains a robust quarterly performance reporting process through the auspices of the Performance Sub Group. The evaluation of this data informs the direction of practice and service improvement.

Domestic Abuse

3.4 The protection of children is inextricably linked to the behaviour of parents and as such we have been aware for some time of the unacceptably high level of domestic violence in our communities. To this end a partnership approach has been formed between Police, Social work and SCRA to review and evaluate the incidents of domestic abuse and to identify children affected by such situations. This allows for speedy referral and intervention. The following figures give some information relating to this.

Domestic Abuse	2011-12	2012- 2013	Comment
Number of Referrals in year	549	**526**	*Referral counts the number of times the eldest or 'main' child is referred (some children can be counted more than once)*
Number of children with stated issue of Domestic Violence	427	**374**	*This figure is less than the actual number of referrals as some children were subject to repeat referrals during the year.*

Source: Workload management report 6 Domestic Abuse Recording Apr11-Mar12 & Apr12-Mar13

- ***Referrals decreased by 23 from the previous year 2011-12 (-4%)***
- ***Number of children with stated issue decreased by 53 children from the previous year. (-9.6%)***

3.5 Within the context of child protection it has been acknowledged that we need also to be aware of other adult behaviour factors which impinge on the positive development of children and young people. We have therefore ensured that Adult Service provision takes full account of the effects the adult behaviour or illness may have on the child. This include issues around addiction, both drug and alcohol, mental illness and learning disability. This issue is also considered within the Criminal Justice system where children can be adversely affected through separation and loss of a parent through imprisonment.

3.6 The importance therefore of the impact of this wider context in the development and growth of our children is a role in which Social Work must take a lead, but do so in partnership with all other agencies and with our community.

3.7 Overall the social work input to this area of work is of a high standard and the service continues to explore opportunities for improvement.

4. ADULT SUPPORT AND PROTECTION

4.1 Inverclyde Adult Support and Protection Committee has now been meeting for four years and has representation from all relevant public service agencies. Additionally the Committee has service user and carer representatives. Like the Child Protection Committee the forum has an agreed constitution with responsibility for the governance arrangements for the service as a whole and for the strategic development of the service. The work of the Committee is progressed through a number of sub-groups and is reported through a Biennial Report and Annual Business Plan. The Independent Chair is also a core member of the Chief Officers Group.

4.2 The Committee is supported by the Co-ordinator and administrative staff hosted by Social Work.

4.3 The following table illustrates the level of Adult Support and Protection activity in this area of work:

The following table illustrates the level of Adult Support and Protection activity in this area of work.

Adult Protection	2011-12	2012-13	Comments
Adult Protection Referrals	427	419	
Adult Protection Case Conferences	11	28	In addition in 2012-13 there were 12 formal strategy meetings and 3 AWIA Case Conferences.
Adult Protection Case Conference Reviews	28	36	

Source: CHCP Community Care Adult Protection Coordinator (MB).

- The referral figures shown above indicate a slight decrease in the number of adult protection referrals received. The referral rate is relatively consistent on a quarterly basis. The majority of referrals continue to be made by the Police.

- The SWIFT Adult Protection module came into operation on 04/03/2013. The module has the ability to collate a range of information that pre existing systems could not. The module is subject to audit, monitoring and review in order that relevant staff are supported to complete it appropriately.

- The Police, Fire and Rescue, Ambulance Service and the Office of the Public Guardian are all reviewing their referral process for adult protection. NHS Greater Glasgow and Clyde have concluded their review and as of 01/04/2013 have introduced a Board wide system utilising DATIX to prompt staff to consider whether a patient's circumstances meet the criteria for a referral under the auspices of Adult Support and Protection legislation. All above is likely to impact on referral rates and it can be reasonably anticipated that referral rates will increase locally and nationally.

- The number of case conferences have significantly increased and the number of case conference reviews have also increased. This reflects the increasing complex nature of referrals and investigations undertaken. In a further 3 cases, case conferences were convened under the auspices of Adults with Incapacity legislation.

- Informal strategy meetings and discussions happen for every situation proceeding to investigation in order to plan appropriately. In 2012-13 there were 12 formal and minuted strategy meetings.

5. MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

5.1 The MAPPA provision in Inverclyde is a component of the wider service which encompasses the North Strathclyde Community Justice Authority area inclusive of Argyll & Bute, West Dunbartonshire, East Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde Councils. The coordination of the service is hosted by Inverclyde.

5.2 MAPPA represents a systematic approach to the management of sex offenders in the community. These joint arrangements focus around current and reliable risk assessment and management processes and are highly effective in respect of the monitoring and management of such Offenders

5.3 MAPPA is founded on the basis of targeting resources where they are most required. There are three different MAPPA levels. Level 1 incorporates the majority of registered sex offenders who are managed by one agency (Police, Social Work or Health). There can have multi-agency involvement from other partners at this level. Level 2 refers to Multi Agency Risk Management, where an offenders risk requires to be actively managed by more than one agency, and requires the oversight and resource approval of senior social work and police management. Level 3 Multi Agency Public Protection Panels (MAPPS) are for the critical few offenders whose risk of harm and re-offending often requires an intensive support package from a range of agencies. These meetings are chaired at Head of Service/Superintendent level of social work and police.

As of 31st March 2013 there were the following number of MAPPA offenders within Inverclyde where managed at:

Level 1&2 - 29
Level 3 - 0
Restricted Patients - 0

5.4 These statistics include Police led, Criminal Justice Social Work led cases and Health for Restricted patients. Health are the responsible agency for Restricted Patients. Section s 10 and 11 of the Management of Offenders etc (Scotland) Act 2005 places a responsibility on Police and Social Work to work together to assess, monitor and manage the risk posed by all registered sex offenders.

6. PUBLIC PROTECTION CONCLUSION

6.1 Overall the services relating to public protection have been operating to a high standard. Engagement with partner agencies and joint working are evidenced across all of the protection sectors.

A shared theme and priority for both CP and ASP committees is to improve public awareness of protection issues and to improve our approach to obtaining feedback from service users regarding their experience of the support and protection that has been made available through joint working. The recognised gap between the robust arrangements of the CP Committee and the more recently established ASP structures is diminishing.

7. STATUTORY DUTIES AND DECISIONS

7.1 The CSWO role has primary responsibility for specific decisions on behalf of the Council with regard to Social Work matters. The following are examples of approvals made by the CSWO in the past 21 months.

- Secure Accommodation Decisions – 5
- Emergency Transfer of Placement – 14

- Welfare Guardian Orders Local Authority - 4
- Welfare Guardian Orders Private Individuals – 5

8. CHILDREN AND FAMILY SERVICES

8.1 During the reporting period Children's services in Inverclyde have been involved in developing an innovative approach to Children's service planning. This approach is entitled "Nurturing Inverclyde: Getting it right for Every Child, Citizen and Community.. The approach has adapted the national practice model and the wellbeing indicators into a service planning and performance tool that has been applied across the Inverclyde Community Planning Partnership. It is intended that as this develops it provides a culture from which Community Planning Partners can deliver a common core approach to wellbeing for the citizens of Inverclyde. This development has been recognised by a COSLA gold award in March of this year.

8.1.1 A practical example of the Nurturing Inverclyde Approach is the Barnardos Nurturing Inverclyde Project .This project is a partnership between the local authority and Barnardos with the support of Big Lottery funding. This project aims to deliver early and effective interventions that nurture children and families on a community development model with the national practice model providing the outcomes framework.

8.1.2 In the broader strategic context of prevention and early intervention, Children's Services have been supporting the implementation of the early years framework with the development of an Inverclyde Parenting and Family Support Strategy and are currently engaged in progressing the aims of the early years collaborative.

8.1.3 In the past year Children and Families have implemented the Early and Effective Intervention (EET) approach to young people who have come to the attention of the Police because of their involvement in offending. This process has enabled a number of young people to access support and services to meet need early. This approach is now being rolled out to young people who are currently subject to supervision and to young people aged 16-17.

8.1.4 A further aspect of our Nurturing Inverclyde agenda is reflected in our commitment that all young people from Inverclyde should wherever possible grow up, live and learn in Inverclyde. To achieve this our strategy has been a continued commitment to work with children and their families with a view to maintaining children in their own family where possible or, if not, with extended family via our Kinship Care Service. Inverclyde Council has invested heavily in supporting extended family to step in to help support children when their birth family can no longer look after them.

8.2 By means of our early intervention and preventative services Children and Families provide services to a large number of children with a diverse range of needs, including young carers and children with additional support needs.

8.3 There are, however, a number of children who require statutory measures to meet their needs and the table at 8.7 below outlines some information regarding the activity in this area of our work.

8.4 The number of children Looked After in Inverclyde reflects the prevalence of deprivation and addiction in our communities. However it is important to stress that within this context the service has worked hard to develop localised fostering resources allowing children to remain within Inverclyde maintaining vital links with family, education services and other professionals. The vast majority of Inverclyde children living in substitute family care do so in family placements in Inverclyde.

8.5 The provision of good quality residential accommodation in Inverclyde remains a key resource for young people who cannot live with their parent, extended family or in foster care. As part of our strategy to modernise our residential provision, work on a purpose built residential children's unit commenced in 2011 in conjunction with an overall re-provision of children's residential services across Inverclyde. The first of our new build units opened in March 2013. We are currently progressing plans for our second new build.

8.6 Our in-house residential resource has been externally inspected by the Care Inspectorate with all three of our resources graded as being of the highest standard. This again provides a secure foundation upon which we can continue to develop services.

8.7 The following table provides some information to outline the statutory activity in this area of our work.

Annual - 1st April - 31st March	*Outturn 2009-10*	*Outturn 2010-11*	*Outturn 2011-12*	*Outturn 2012-13*
Looked After Children (Snapshot)				
Total Number of Children Looked After	***325***	***304***	***270***	***283***
Looked After At Home	*175*	*139*	*127*	*124*
Looked After with Friends/Family	*54*	*64*	*51*	*66*
Looked After in Foster	*43*	*56*	*53*	*56*
Looked After with Prospective Adopter	*13*	*7*	*5*	*7*
Looked After in Other Community Placement	*1*	*0*	*5*	*2*
Total Looked After in Community	***286***	***266***	***241***	***255***
Residential School	*13*	*7*	*5*	*8*
Residential Units	*24*	*24*	*18*	*17*
Residential Units external prov	*0*	*2*	*1*	*1*
Residential Units (disability)	*2*	*4*	*3*	*2*
Secure Units	*0*	*1*	*2*	*0*
Total Looked After in Residential	***39***	***38***	***29***	***28***
% Looked After in Community including At Home	***88***	***87.5***	***89.3***	***90.1***

	2009-10	2010-11	2011-12	2012-13
Non LAC Kinship Care*	N/A	N/A	37	44

*Source: Swift MI report consistent with the CLAS uplift July 2012 specification. *Non Lac Kinship figures based on manual estimation provided by C&F. (These figures may be revised at the year end prior to submitting the annual data for publication).*

Adoption & Permanence Activity	2011-12	2012-13
Permanence Orders Granted	3	4
Adoption Petitions Granted	9	8

8.8 As part of our overall Nurturing Inverclyde approach and our family Placement Strategy, we are pursuing an explicit policy of placing Inverclyde Children within Inverclyde (with the exception of adoption). We are pleased to report that the number of Inverclyde Children placed in residential schools is at its lowest level and the number of children placed in community based settings is at its highest at 90.1%.

9. CRIMINAL JUSTICE SOCIAL WORK

9.1 Criminal Justice Social Work Services in Inverclyde have continued to deliver a high standard of service across the full spectrum of their responsibilities. The service provides an underpinning resource to community safety and endeavours to ensure that individuals involved in the criminal justice system can have the best opportunity to be active and positive members of our communities.

9.2 The structural framework within which Criminal Justice Social Work is delivered will be subject to change. A national consultation exercise on what the model for service delivery should look like commenced in late December 2012 and concluded on 30th April 2013. Inverclyde Council responded to the consultation by advocating for the full repatriation of Criminal Justice Social Work back to Local Authorities believing this to be the most effective way of delivering improved outcomes, advancing an early intervention and prevention agenda and more critically promoting public safety. In supporting this view the Council pointed to the fact that many Criminal Justice service users were part of a complex service reality, which has strong connections with child protection, domestic abuse, substance misuse mental health and housing issues. An announcement by the Scottish Government on the way forward is expected late 2013.

9.3 Criminal Justice Social Work practice is informed by the application of accredited risk assessment and management tools, such as the Level of Service/Case Management Inventory (LS/CMI). The tool is used to assess both the risk of re-offending and risk of (serious) harm and to inform case and risk management planning. The introduction of the tool nationally was only completed early 2012. All social work qualified operational staff within our Criminal Justice Social Services have been trained in this tool. Plans have been announced to carry out a national review of the implementation of LS/CMI, with the aim of determining its initial impact on practice. The review will take place in 2013/14 and will be led by Risk Management Authority (RMA), Care Commission and Association of Directors of Social Work (ADSW). Our Criminal Justice Social Work Services will be fully participating in this review

9.4 The introduction of the new Community Payback Order in February 2011, placed a greater emphasis on consultation and visibility with regard to the nature of unpaid work carried out by those sentenced to such Orders. Our Criminal Justice Social Work Services have re-designed their operations in this area to respond to this demand, creating a new post which places an emphasis on community engagement.

9.5 Our Criminal Justice Social Work Service continues to explore options for improvement with staff and management engaged through the North Strathclyde Community Justice Authority in reviewing and evaluating service areas. This includes development of new service projects and in determining the direction of the Community Justice Authority annual Development Plan.

9.6 The table below gives some indication of the workload activity within the Service.

Criminal Justice Services	**2011-12**	**2012- 13**
(CJSWR)Social Enquiry Reports for Court	790	642
New CPO Orders Issued (All)	**99**	**245**
Community Service Orders Issued	56	9
Probation Orders Issued	42	13
Statutory Supervision, e.g. Life Licence, parole, supervised release, after care, through care, etc. (Number of Prisoners)	Released 16 Serving 8 (new cases)	Released 17 Serving 17 (new cases)
Home Circumstances Reports	50	45
Home Detention Curfew Assessments	54	66

Source: Scottish Government Annual Return 2011-12 - The CPO figures may be revised at the year end prior to submitting the annual data for publication

Community Payback Orders	2011- 12	2012- 13
Community Payback Order (supervision requirement)	65	**123**
Community Payback Order (unpaid work requirement)	70	**197**

Source: Scottish Government Annual Return 2011-12
The CPO figures have not been finalised at this point, and may be revised prior to submitting the annual data for publication.

Of the **245** new **CPO** orders issued 2012-13 - **123** had an element of supervision attached and **197** had an element of unpaid work attached. In addition, **37** had a programme requirement, **35** had a drug or alcohol requirement, and **19** had a conduct requirement.

10. ADULT SERVICES

10.1 The following section provides an overview of statutory mental health services, learning disability and older people services. A common approach within all of these key service areas is the promotion of independent living and the ethos of personalisation. These approaches give expression to the values and standards of professional social work practice. There are also clear responsibilities with regard to risk assessment and management which the following sections make reference to.

11. MENTAL HEALTH SERVICES

11.1 With regard to our mental health services it has been the practice within Inverclyde to deliver our adult community mental health service through the auspices of a joint team with health colleagues. This has been strengthened over the two years through the development of the CHCP.

11.2 Through the Single Outcome Agreement the prioritisation of the development of a "Mentally Flourishing Inverclyde" has been progressed. This has ensured the raising of awareness of mental wellbeing within agencies and the community.

11.3 The specific role of the Mental Health Officer is one which correlates closely with that of the CSWO as being a post which carries clear personal accountability and relates to the assessment, evaluation and decision in respect of individuals' civil liberties. There has been a consolidation of the Mental Health Officer resource in order to meet the growing workload. This will be an area for continued monitoring.

11.4 The under noted table indicates the demand on the MHO resources.

Mental Health Services	April 2012- April 2013
Welfare Guardianship	7
Financial Guardianship	4
Welfare and Financial Guardianship	3
Orders for which CSWO is Guardian	4
Assessments by MHO for Welfare Guardianship	40
Compulsory Treatment Orders**	51 (9 interim orders granted in period)
Emergency Detention	13
Short Term Detention	39
Assessments completed by MHOs	101 ***

*Guardianship numbers relate to only the orders granted in the April – April period

** CTO numbers will include CTOs which were granted in previous years but still ongoing pieces of work

*** Assessments include detention assessment, scr assessment and cto assessments.

12. LEARNING DISABILITY SERVICES

12.1 Inverclyde CHCP are currently at the early stage of a comprehensive review of learning disability services.

12.2 The review will be driven by the opportunities presented by Self Directed Support and the requirement to offer more personalised forms of support.

12.3 The review will also be informed and driven by the recommendations contained within the recent Scottish Government publication and review of learning disability services The Key to Life.

12.4 Engagement with services using future models of support will be a central feature of the review.

13. SERVICES FOR OLDER PEOPLE

13.1 The national Reshaping Care for Older People policy provides the framework and impetus for improving services to older people.

13.2 The Inverclyde CHCP local partnership between social work and social care staff working alongside health colleagues, independent/third sector and community groups are starting to evidence the delivery of RCOP objectives.

A key challenge for the CHCP and partners will be developing and improving support for the increasing numbers of individuals diagnosed with Dementia. Appropriate support for their carers will also be a key priority.

13.3 Inverclyde CHCP has also successfully rolled out a reablement model of homecare across all of the areas.

13.4 One of the challenges of the past twelve months has been the impact of potential or actual failures in commissioned services particularly within the care home estate. This particular reality has been particularly pertinent in older people's services where Inverclyde CHCP has dealt with the closure of one residential home that went into administration.

13.5 The CHCP has also initiated a phased transfer from in-house homecare provision to a greater reliance on the independent sector. There is a clear focus to ensure that this phased transfer does not diminish the quality or standard of support provided. In-house home care will continue to provide 50% of home care support.

14. COMMISSIONED SERVICES

14.1 Similar to any other local authorities approximately 50% of Inverclyde CHCP social work budget is committed to commissioned services.

14.2 A Chief Social Work Officer/Corporate Director I have overseen the updating of Commissioning Strategy and the development of a Joint Commissioning Strategy for Older People's Services. A regular report on the External Governance of Commissioned Services is presented to each CHCP Sub Committee. Information is provided on financial checks undertaken and any issues on quality of care and support provided by each commissioned service.

15. WORKFORCE DEVELOPMENT AND LEADERSHIP

15.1 The previous CSWO report stated that "The "Changing Lives" (2006) programme of reform recognised that in order to secure improved outcomes for individuals, families and communities, Social Work required to develop a confident, competent and valued workforce. This has set the direction for Social Work in Inverclyde and we have worked continuously to secure this vision". This assertion remains equally valued in 2013.

15.2 To secure this vision there has been considerable investment from the Social Work training team to develop a clear pathway for staff to achieve recognised SVQ qualification at appropriate levels. This development has also included the establishment of an SVQ Centre which facilitates the process and ensures access to a wide range of staff. Last year the Centre supported 56 staff to achieve a qualification that could meet registration requirements.

15.3 It is further acknowledged that learning and education are not just required registration levels but are an essential post qualifying process if we are to ensure that our service is maintained at high levels. Continued professional development is therefore an area which is viewed as a component of our aim towards competent, confident staff. In addition to the comprehensive programme of in house training there were 12 social work staff who also gained academic and specialist practice awards to extend their continuous professional development

15.4 Discussions are ongoing with staff regarding the establishment of a Practice Governance Group the agenda for which will be shaped by existing social work practice governance framework as outlined in the Scottish Government document Changing Lives Practice Governance Group. The group will work alongside existing Practitioners Forum.

16. COMMUNICATION & ACCESSABILITY

16.1 Communication with all CHCP staff is undertaken through a range of channels including:-

- Monthly Director's Brief
- Weekly Director's Memo – which goes to all front line managers and senior managers
- Regular Staff Engagement Sessions

These communication approaches ensure that social work services are constantly profiled and facilitate my visibility and accessibility in role of Chief Social Work Officer. During the past 12 months there has also bee a programme of regular visits to services by myself and members of the CHCP Sub Committee which again presents opportunity to profile social work services.

17. EQUALITIES ISSUES

17.1 Inverclyde CHCP is bound by the General Public Sector Equality Duty as part of the Equality Act 2010. As part of this responsibility equality impact assessments are routinely completed to any new social work service related development and EIA have also been undertaken for efficiency savings.

18. SCRUTINY

18.1 A number of CHCP services have been subject to external scrutiny over the past 12 months. The gradings for each service are detailed below. Overall the inspection gradings make an explicit statement of assurance regarding quality of social work services provided.

18.2 All inspections of service from outside inspectorates have been submitted to the CHCP Sub Committee for further scrutiny by elected members.

Provider	Type of Provision	Date of Care Commission Inspection	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Crosshill Residential Unit	Care Home - Children & Young People	14 March 2013	6	6	6	6

Inverclyde Adoption Service	Adoption Service	14 February 2013	5	-	5	5
Inverclyde Fostering Service	Fostering Service	24 March 2010	5	-	5	-
Neil Street Children's Home	Care Home - Children & Young People	17 January 2013	6	6	6	6
Redholm Residential Unit	Care Home - Children & Young People	28 February 2013	6	6	6	6
Care & Support at Home	Home Care & Housing Support	31 October 2012	5	5	-	5
Fitzgerald Centre	Day Care - Adults	14v December 2011	5	-	5	-
Inverclyde Day Services	Day Care - Older People	23 January 2013	6	-	-	-
Learning Disability Service	Home Care & Housing Support	4 February 2013	5	-	5	5
McPherson Resource	Day Care - Adults	30 January 2013	3	4	4	3
Respite Unit	Respite (variety of support needs covered)	27 November 2012	5	4	4	5

19. COMPLAINTS

19.1 All formal complaints received by the Inverclyde CHCP are investigated in accordance with the statutory complaints Procedures laid down by the Scottish Government Guidance (SWSG5/1996) and NHS Greater Glasgow & Clyde Complaints Procedure.

19.2 These set out response times and reporting requirements including performance in handling and responding to complaints. The responsibility for the statutory Social Work function lies with the Chief Social Work Officer and in health the Corporate Director of the CHCP.

19.3 The CHCP are currently exploring the development of a single integrated complaints handling procedure for local CHCP complaints which also meet the requirements of both parent organisations. This will include the introduction of Service Improvement

Action Plans to ensure that demonstrable evidence of organisational learning and development identified from complaint activity.

19.4 The CHCP have established formal governance processes for the reporting of complaints activity as follows:

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meeting
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Report (OPR)

19.5 The Table below outlines CHCP formal complaint activity in respect of health and social work.

Table 1 – Number of Complaints 2012-2013

	Number of Formal Complaints	Number of Informal Complaints
Social Work Service	35	28*
Community Health Service	7	5*
Total	**42**	**33**

* The collection of this information commenced in October 2012. This is included in the weekly reporting data to Senior Management.

Table 2 – Complaint Timescale Reporting

Service Procedure	Timescale	Number and % Met		Number and % Not Met	
Social Work	Acknowledged within 5 calendar day period.	35	100%	0	0%
	Completed within 28 days or agreed timescale.	30*	91%	3	9%
Community Health	Acknowledged within 3 working day period.	7	100%	0	0
	Received and responded to within 20 working days.	2	40%	3	60%

* 2 Social Work Complaints were carried forward to 2013/14 reporting period.

Table 3 – Outcome of Complaints

Outcome	Social Work		Community Health	
Upheld	6	17%	0	0
Partially Upheld	12	34%	3	43%
Not Upheld	11	31%	2	29%

Withdrawn	4	12%	0	0
Ongoing	2	6%	2	28%

19.6 Of the 18 social work complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required.
There were **seven** Service Improvement Action Plans issued during the period 2012 / 2013, where **seventeen** recommendations were made.

19.7 If complainants are dissatisfied with the outcome of their complaint, they have a right to appeal this decision. Ultimately complainants have recourse to the Scottish Public Services Ombudsman (SPSO) to review the outcome of complaints made to the CHCP. However, under the Statutory Complaint Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

- Review by Chief Social Work Officer
- An Independent Review by the Complaints Review Committee

Table 4 – Number of appeals 2012-2013

Appeal Stage	No. Social Work	No. NHSGG&C
Chief Social Work Officer Review	3	N/A
Complaint Review Committee	0	N/A
SPSO	0	1*

*Appeal to the Scottish Public Services Ombudsman (SPSO)

One complaint regarding the CHCP health provision was escalated to the SPSO for external review.

20. CONCLUSION

20.1 This report covers the first 12 months in my role as Chief Social Work Officer/Corporate Director for Inverclyde Community Health and Care Partnership.

20.2 The report focuses on issues and outcomes pertinent to the role of Chief Social Work Officer in the context of integrated working arrangements. The commentary reflects the CHCP's approach to integrating policy and procedures but also joint accountability to host organisations, Inverclyde Council and Greater Glasgow and Clyde and existing governance arrangements through Inverclyde CHCP Sub Committee.

20.3 The position of Chief Social Work Officer/Corporate Director provides a platform for representing social work professional views within Inverclyde Corporate Management Team, Greater Glasgow & Clyde Partnership Directors Group, a range of Inverclyde committees and Greater Glasgow & Clyde Board governance arrangements.

20.4 Inverclyde CHCP has also lead officer responsibility for a number of SOA Outcome Groups, Health Inequalities SOA Outcome Delivery Group, Drugs and Alcohol Misuse Delivery Group and is a key partner in the Best Start in Life Outcome Delivery Group, which provide opportunities to promote social work services issues within existing community planning framework. The strategic influence is further exampled by the fact that all outcome groups within Inverclyde community planning arrangements report within the SHANARI Wellbeing Framework.

20.5 The format of the annual report has repeated the pattern of previous Chief Social Work Officer Report and this format will be kept under review, particularly with regard to performance and activity information related to statutory functions.

20.6 Looking ahead to the next 12 months I have identified the following areas for development.

- Revisit existing information sharing practice standards and inter agency protocols.
- Reinvigorate the approach to Corporate Parenting particularly in the context of requirements of new children and young people legislation.
- Introduce self assessment frameworks with particular emphasis on case file audits and supervision standards.
- Communicate issues identified in the report with key stakeholders.
- Progress the implementation of the ICHCP Dementia Strategy.

20.7 In the forthcoming years the impact of legislation changes and ongoing public sector reform will impact on social work services. The most significant of these will be the integration of health and social care.

20.8 As an integrated CHCP we are well placed to make the necessary adjustments to meet the requirements of the new legislation. In Inverclyde the integrated arrangements have been in place for just over 2 years and the role of professional social work has been integral and a key driver for the ongoing development of the organisation. The influence and centrality of social work services to current and future integration working arrangements will continue to be paramount.

Brian Moore
Chief Social Work Officer
Corporate Director
Inverclyde Community Health and Care Partnership

APPENDIX 1

ROLE AND FUNCTIONS OF THE CSWO

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. For the role to be effective in the varying circumstances and configurations of Scottish local authorities, a focus on role and function rather than position or structures is appropriate. However, the CSWO should be positioned at a level of seniority commensurate with being able to advise the local authority and undertake the complex duties described in this guidance.

The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a Local Authority, where the law requires the function to be discharged by a specified post holder.

The qualifications of the CSWO are set down in regulation. The post holder must be a qualified social worker, registered with the Scottish Social Services Council.

The scope of the role relates to all social work and social care services, whether provided directly by the local authority or in partnership with other agencies. Where services are purchased on behalf of the authority, including from the private and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of services commissioned.

The CSWO should:

- Promote values and standards of professional practice, including relevant National Standards, and provide a clear statement of expectation of social services workers and employers (consistent with the Scottish Social Services Council (SSSC) Codes of Practice) to be agreed with the Chief Executive and elected members;

- Ensure that these values and standards are communicated on a regular basis, adhered to and reviewed periodically;

- Work with Human Resources to ensure that all social service workers meet the requirements of the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body;

- Support and advise managers in maintaining and developing high standards of practice and supervision;

- Ensure that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;

- Ensure that there are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.

  Where the Council's corporate policy on risk does not reflect this balance, the CSWO is required to bring this to the attention of the Chief Executive and to contribute to the development of appropriate governance arrangements;

- Ensure appropriate advice is provided on corporate workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;

- Actively promote continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focused on the needs of the service user;

- Oversee the quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

- Ensure that appropriate systems are in place both to promote good practice and to identify and address weak and poor practice. The CSWO should work with managers to ensure these systems are effective and, where this is not the case, the CSWO has the responsibility for bringing this to the attention of the Chief Executive and contributing to the development or improvement of such systems;

- Ensure that significant case reviews are undertaken into all critical incidents either resulting in - or which may have resulted in - death or serious harm;

- Take final decisions on behalf of the local authority in relation to a range of social work matters, including adoption, secure accommodation, guardianship and other statutory decisions required from time to time;

- Contribute to reports to the Chief Executive and Elected Members – providing independent comment where necessary - on the findings of relevant performance reports, setting out:

  - implications for the local authority, for services, for service users and carers, for individual teams/members of staff/partners as appropriate;

  - implications for delivery of national and local outcomes;

  - proposals for remedial action and means for sharing good practice and learning;

  - monitoring and reporting arrangements for identified improvement activity;

  - report to the local authority on any other social work related issues;

  - prepare an annual report to the local authority on all of the statutory, governance and leadership functions of the role.

The CSWO may report directly to the Chief Executive and Elected Members as required.

In addition to the statutory responsibilities of the CSWO, which span services to vulnerable adults, children and offenders, there is a clear expectation that the role will provide professional leadership to all social work staff irrespective of the department within which they are based or their line management arrangements.

The aspiration is to support the development of a confident, competent professional workforce operating within the organisational structures which best suit the circumstances of Inverclyde Council.

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 4

Report To:	**Health & Social Care Committee**	**Date: 29th August 2013**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No: SW/02/2013/HW**
Contact Officer:	**Helen Watson** **Head of Planning, Health Improvement & Commissioning**	**Contact No: 01475 714015**
Subject:	**Community Health and Care Partnership Complaints Procedures Annual Report 2012- 2013**	

1.0 PURPOSE

1.1 The purpose of this report is to inform Committee of the annual performance of the Community Health and Care Partnership (CHCP) with regard to the statutory Procedures as determined by the Scottish Government Guidance and Directions on the operation of complaints procedures in respect of Social Work functions (SWSG5/1996) and NHS Greater Glasgow and Clyde functions.

1.2 This Integrated Annual Report provides the analysis of complaints received by Inverclyde CHCP for the period 2012 – 2013.

2.0 SUMMARY

2.1 The annual report provides the following information:

i. Performance Information
ii. Analysis of complaints activity
iii. Update of developments linking complaints to quality assurance and service development.

3.0 RECOMMENDATION

3.1 The Committee is requested to note the annual performance of the CHCP in respect of the statutory complaints procedures.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The purpose of this report is to inform the Council's Health and Social Care Committee of the annual performance of the Statutory Social Work and CHCP complaints procedures.

4.2 All formal complaints are investigated in accordance with the Statutory complaints Procedures laid down by the Scottish Government Guidance (SWSG5/1996) and NHS Greater Glasgow & Clyde Complaints Procedure. These set out response times and reporting requirements including performance in handling and responding to complaints. The responsibility for the statutory Social Work function lies with the Chief Social Work Officer, and in Health, the Clinical Director of the CHCP.

4.3 The Contract Monitoring and Complaints Team and Head of Administration currently jointly hold the reporting responsibility for managing, co-ordinating and developing the complaints function in the CHCP. Contracted Social Care Services are included in the statutory framework.

4.4 The appendix to this report includes details of the following:

- Annual Performance of informal & formal complaints
- Analysis of complaints in respect of:
  - Health and Community Care
  - Children's Services and Criminal Justice
  - Mental Health, Addictions and Homelessness
  - Planning, Health Improvement and Commissioning
- Summary of the Inverclyde Council's INFORM process
- Compliments, Comments or Suggestions made from Service Users, Families or other representatives
- Outcomes and Service Improvement

5.0 PROPOSALS

5.1 **Complaints Procedures**

Since the establishment of Inverclyde Community Health & Care Partnership (CHCP) in October 2010, work continues to progress the standardisation of complaints processes and procedures across the organisation where possible, whilst taking account of the different requirements of the two parent organisations.

We are currently exploring the development of a single integrated complaints handling procedure for local CHCP complaints which also meets the requirements of both parent organisations. This will include the introduction of Service Improvement Action Plans to ensure demonstrable evidence of organisational learning and development is identified from complaint activity.

5.2 **Public Sector scrutiny and complaints handling**

As previously reported to Committee, following the 2007 and 2008 independent reviews of Public Sector Scrutiny bodies in Scotland, the Scottish Government endorsed the recommendations made to the streamlining of public service complaints handling. The Public Services Reform (Scotland) Act 2010 gives additional Governance responsibility to the Scottish Public Services Ombudsman (SPSO) to develop a streamlined, consistent and standardised complaint process for Public Services. To this end the SPSO created a complaint Standards Authority (CSA) to work with and monitor consistency in Public Sector complaint Handling. The CSA has worked in line with the Government's recommendations that a three stage complaint process should be implemented across all public services.

This process is currently in place under the NHS system. This standardisation has now rolled out to Local Authorities with the introduction of the model complaints handling procedure which Inverclyde Council is required to implement. This brings Local Authorities in line with the NHS 3 stage system of informal (frontline) resolution, Formal Investigation and Appeal of formal complaints will be the remit of the SPSO. Social Work Services however were unaffected by these changes and are subject to a stand alone review by the Scottish Government and SPSO.

Following consultation on the review of Social Work complaints in December 2012, the Scottish Government proposes to remove the statutory requirement for Social Work Complaint Review Committees (CRC) appeals process. It is proposed that complaint appeals are to be undertaken by the SPSO in line with their model complaint handling procedures. This will align Social Work complaint procedures with other public sector services. A further recommendation is to standardise investigation timescales to reflect those of other public bodies. Discussions are ongoing, however, it is recognised that to implement such changes will require repeal of the Social Work (Scotland) Act 1968. Existing Social Work procedural and reporting requirements will remain in place until such times as the required legislative changes have been made.

Committee will continue to be updated on progress as necessary.

5.3 **Governance**

The CHCP has established formal governance processes for the reporting of complaints activity as follows:

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meeting
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Reviews (OPR)

5.4 **Care Inspectorate**

Complaint information sharing continues to be progressed for registered services with the Care Inspectorate for the private & voluntary social care sector under the Memorandum of Understanding between the former Care Commission and Inverclyde Council.

6.0 FUTURE PLANNING 2012-2013

6.1 **Integration of Complaint Process**

The CHCP will continue to explore the development of a local integrated Complaint Procedure. An integrated information system will be explored to manage all of CHCP complaints, and one single integrated complaint leaflet will be designed.

6.2 **Quality Assurance Strategy**

We have a commitment within our Directorate Improvement Plan that Development work will take place overseen by the CHCP Clinical & Care Governance Group on introducing an integrated Service Improvement Quality Assurance System.

As with established practice in social care for private and voluntary sector providers, the CHCP has commenced and will develop the gathering and monitoring of complaint activity from all local NHS Contracted Health providers such as GP, Dental, Pharmacy and Ophthalmic Services. This will be incorporated into the Clinical and Care Governance process.

7.0 IMPLICATIONS

7.1 Legal:

None at the time of this report

7.2 Finance:

There are no financial implications in respect of this report.

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

7.3 Personnel:

None at the time of this report.

7.4 Equalities:

Equal Opportunities processes and procedures are embedded within the operational practices of CHCP Complaints Procedures. Governance processes to measure performance on the delivery of equal opportunities and equalities are implemented by the parent organisations of Inverclyde Council's Corporate Services and NHS Greater Glasgow and Clyde. An equality impact assessment will be undertaken when a draft single local complaint procedure has be developed.

7.5 Repopulation:

There are no repopulation implications in respect of this report.

8.0 CONSULTATION

8.1 We consult with all relevant stakeholders through existing mechanisms.

9.0 LIST OF BACKGROUND PAPERS

9.1 The Report of the independent review of regulation, audit and Inspection and complaints handling of Public Services in Scotland, Crerar Review (September 2007).

9.2 Government Response to Crerar Review, The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland. The Scottish Government, (January 2009).

9.3 NHS Greater Glasgow & Clyde Complaint Procedure.

9.4 Scottish Executive Circular – SWS56/1996.

9.5 Scottish Government Complaint Consultation Questionnaire 0124512 (December 2011).

9.6 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008).

9.7 The Public Services Reform (Scotland) Act 2010.

Appendix 1

Inverclyde Community Health & Care Partnership
Annual Complaints Report
2012 – 2013

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1. Introduction

1.1 Inverclyde CHCP regards complaints as an important dimension of service improvement and as such, complaints are given a high profile across all CHCP services and by both parent organisations (Inverclyde Council and NHS Greater Glasgow & Clyde). This is to ensure we have a consistent and quality-assured approach and continue to improve our performance in dealing with both formal and informal complaints and that complaints are used to improve our services.

1.2 CHCP governance processes require us to provide integrated reports on complaint activity on weekly, bi-monthly, quarterly and six monthly bases to the Senior Management Team within the CHCP as well as to the parent organisations.

1.3 We continue to work towards an integrated complaint handling system that also meets the reporting requirements of both parent organisations. We are developing a single Service Improvement Action Plan process across the CHCP to identify and learn from complaints.

1.4 This document contains performance information in respect of CHCP services during the 2012 – 2013 reporting period.

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2. **Summary of Performance**

2.1 Number of Complaints: The CHCP received 42 formal and 33 informal complaints during the reporting period. There were 63 relating to Social Work services and 12 in respect of health services. Table 1 below gives a breakdown of these:

	Number of Formal Complaints	Number of Informal Complaints
Social Work Service	35	28*
Community Health Service	7	5*
Total	**42**	**33***

Table 1 – Number of Complaints 2012-2013

* The collection of this information commenced in October 2012. This is included in the weekly reporting data to the Senior Management Team.

As can be seen from table 1, there appear to be more formal and informal complaints coming through the social work system than through the health system.

2.2 Timescales in Responding: Currently the NHS and Social Work have different timescales in which formal complaints should be investigated and concluded. These are outlined in Table 2 below:

Service Procedure	Timescale	Number and % Met		Number and % Not Met	
Social Work	Acknowledged within 5 calendar day period.	35	100%	0	0%
	Completed within 28 days or agreed timescale.	30**	91%	3	9%
Community Health	Acknowledged within 3 working day period.	7	100%	0	0
	Received and responded to within 20 working days.	2	40%	3	60%

Table 2 – Complaint Timescale Reporting

**Two Social Work complaints were carried forward to 2013/14 reporting period.

Table 2 shows that while responses to complaints through the Social Work process were largely dealt with within the agreed timescales, on the NHS process only two out of a total of five formal complaints were responded to within 20 working days.

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2.3 Complaint Outcomes: Table 3 details the outcome of complaints:

Outcome	Social Work		Community Health	
Upheld	6	17%	0	0
Partially Upheld	12	34%	3	43%
Not Upheld	11	31%	2	29%
Withdrawn	4	12%	0	0
Ongoing	2	6%	2	28%

Table 3 – Outcome of Complaints

Table 3 provides a breakdown of the extent to which complaints were upheld or otherwise. Out of the 42 formal complaints, 21 (50%) were either upheld or partially upheld; 13 (31%) were not upheld; 4 (9.5%) were withdrawn, and 4 (9.5%) were still ongoing at the end of the reporting period.

2.4 Appeals: If complainants are dissatisfied with the outcome of their complaint, they have a right to appeal this decision. Ultimately complainants have recourse to the Scottish Public Services Ombudsman (SPSO) to review the outcome of complaints made to the CHCP. However, under the Statutory Complaints Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

- Review by Chief Social Work Officer
- An Independent Review by the Complaints Review Committee

Complainants are provided with a leaflet at each stage of the process to assist them to navigate through the system. Table 4 below sets out the number of complaints progressed to the complaint appeal stages.

The NHS complaint system has a two stage formal complaint process. These stages are:

- Formal investigation and written response.
- Appeal to the Scottish Public Services Ombudsman.

Appeal Stage	No. Social Work	No. NHSGG&C
Chief Social Work Officer Review	3	N/A
Complaint Review Committee	0	N/A
SPSO	0	1***

Table 4 – Number of appeals 2012-2013
***Appeal to the Scottish Public Services Ombudsman (SPSO)

One complaint regarding the CHCP health provision was escalated to the SPSO for external review. There were eight points which the Ombudsman reviewed in relation to this complaint. Four of the elements were upheld and four were not upheld.

The four upheld complaints were in relation to:

- Appropriate personal care
- Patient transfer procedure and policy
- Maintenance of dignity
- Inadequate response to the initial complaint

The four not upheld elements were:

- Failure to monitor the patient's fluid levels
- Personal Care
- Inadequate communication
- Failure to pass relevant information to the Social Work team

The Ombudsman made five recommendations as redress to the complainant:

1. Provide an apology to the complainant
2. Ensure measures are taken for staff to gain learning from the issues raised to avoid reoccurrence.
3. Ensure communication with relatives is appropriately recorded.
4. Ensure complaint handlers are provided with learning from this case by providing appropriate written outcomes to all elements of complaints.
5. Provide updates on progress to the Ombudsman.

Inverclyde Community Health & Care Partnership is committed to addressing the recommendations made by the SPSO and welcomes their feedback. The main focus of the recommendations is on how complaints are handled and the cascading of the learning to complaint handlers. As stated in the introduction the CHCP will use an integrated Service Improvement Action plan to facilitate this.

2.5 Service Improvement Action Plans: Following a Social Work investigation of a complaint, where the complaint is upheld or elements are partially upheld, recommendations may be made in a Service Improvement Action Plan.

Of the 18 social work complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required. There were seven Service Improvement Action Plans issued during the period 2012 / 2013, where seventeen recommendations were made. Table 5 below outlines the common themes.

Theme of Recommendation	Number	Percentage
Line Management Action****	4	25%
Procedures / Protocols	1	5%
Staff Training	1	5%
Communication*****	10	60%
Allocation	1	5%

Table 5 – Theme of Improvements

**** This may involve actions being followed-up and monitored in staff supervision and staff appraisal.

*****Communication includes with service users, as well as in CHCP services.

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Service Improvement Action Plans are monitored to ensure all recommendations have been addressed appropriately and that learning has been used to improve the quality of service delivery.

3. Summary of INFORM:

3.1 Inverclyde Council's INFORM electronic Complaints, Compliments and Comments feedback system has been established to allow members of the public to make representations, enquiries or make their views or opinions known via the Councils website. The Contract Monitoring & Complaints Team process such received correspondence during the reporting period. Table 6 provides a summary or the types of comments submitted, and table 7 shows a breakdown of this activity by service. The INFORM system provides an additional electronic route of communication thereby improving choice for the people who use our services and wish to comment on them.

Type	Number
Complaint	3
Concern	3
Information	4
Query	2
Requests	23
Training	33
Total	**68**

Table 6: Summary of INFORM Correspondence

Service	Number
General CHCP	6
Children Services	21
Contract Monitoring & Complaints	3
Homeless Service	3
Learning Disability Services	8
Mental Health Services	1
NHSGG&C	3
Older People Services	4
Physical Disability Services	1
Training Events /Opportunities	17
Visual Impairment Services	1
Total	**68**

Table 7: Summary of INFORM by service

All complaints made via INFORM have been progressed to a resolution either formally or informally in line with the statutory complaint procedure and in agreement with the complainant.

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All enquiries have been forwarded to the respective service to provide a direct response, and where appropriate, have been used to inform service improvement.

4. Summary of Private/Voluntary Sector & NHS GG& C Contracted Services Complaints

4.1 Number of Private & Voluntary Social Care Complaints: The CHCP gathers and monitors complaint activity relating to private and voluntary social care organisations contracted by the CHCP to provide care and / or support on its behalf to service users. This equates to approximately 120 different organisations providing a broad range of services.

During 2012 / 2013 there were a total of 74 complaints received by private and voluntary sector providers, which equates to a reduction of 36% for the same reporting period last year.

Of these complaints, 59 (80%) were formal and 15 (20%) were on an informal basis.

- 46 (62%) of these complaints related to Older People's services;
- 24 (32%) of these complaints related to Adult services
- 4 (6%) of these complaints related to Children's services.

4.2 Private & Voluntary Social Care Complaint Outcomes: Table 8 details the outcomes of Independent Sector complaint outcomes:

Outcome	Number	Percentage
Upheld	38	51%
Partially Upheld	12	16%
Not Upheld	20	27%
Withdrawn	1	1%
Ongoing	3	5%
Total	74	100%

Table 8 – Private & Voluntary Social Care Outcomes

The overall themes from these complaints focused on:

- Staff Practice (23)
- Care Practice (15)
- Policy and Procedure (3)
- Service Standards (33)

4.3 NHS GG&C Contracted Health Services: As part of our Clinical and Care Governance process the CHCP will commence the reporting of complaint activity for all NHS contracted services in Inverclyde. This is in its initial phase and will be developed to gather data on local

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NHS services as GP surgeries, Dental practices, Pharmacy & Ophthalmic services.

We aim to provide a comprehensive breakdown and analysis of these services in future annual committee reports. The information below is data gathered from GP practices in Inverclyde together with a breakdown of themes.

There were 54 complaints received by GP surgeries during the 2012/13 reporting period. The majority of these complaints had multiple components and related to:

- Appointments issues
- Prescriptions
- Reception issues
- Confidentiality
- Communication
- Treatment

-

5. **Compliments, Comments and "Tell Us Your Story"**

5.1 As well as the negative comments or issues from individuals using the CHCP, there are instances when people have expressed their appreciation of the work provided by individual colleagues verbally or with cards or emails. 2012 / 2013 has been no exception. Some of these comments and compliments are noted below:

"We would both like to say how nice it is to get someone who is always very helpful and professional. If she says she will call you back or pass on a message, she does".

"Can I just thank you both for the exceptional effort you have made"

"I want to thank you for your professionalism in dealing with the matter the way you did for my daughter"

"Thank you for your invaluable help in getting my mother into care".

A parent who had previously complained about an aspect of the service, called to thank the Senior Social Worker and Social Worker for the support to her and her daughter over the years. She stated that staff were always firm but fair with her family and despite many differences of opinion and views, they were always respectful. Overall, she felt that a very good service had been offered to her daughter.

"Thank you for your service and support in keeping my mother at home, and helping my father obtain home support".

During the process all the "staff were extraordinary"

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“special thanks to[staff] … for all their care and support … over the years“

“Thank you for the lovely way you cared for Mum and for making sure she was so comfortable in her last few days. … Not only were you great with Mum but also gave tremendous support to Dad and me, especially in the time immediately after Mum passed away”

“For all your care and kindness… Thank you for always treating him with respect and dignity… Thank you most of all for allowing him what he wanted … and that was to die at home. Without your care it would not have been possible”

“Thank you for giving me information on the procedures for referring my mother in law to social work services…. Thank you for taking the time to explain the process clearly”

“I should like to express my sincere and heartfelt thanks for the wonderful care which I have received from the team of nurses over recent months. It may seem strange but I shall miss the friendly contacts that have been made over this time … Many thanks”

“Thanks to every one of you for your help and kindness to me”

“Thank you for your care and attention provided for our mum on her discharge home from hospital. Your help and support has been much appreciated. “

“… just to say a great big thank you to Joint Stores staff for the fast and efficient delivery of a profiling bed and other equipment to allow us to care for Dad at home in his final days. Your help and compassion was greatly appreciated by all the family. Dad was so happy to come home and was very comfortable …”

“… very many thanks for your kind assistance”

A family thanked the service for providing equipment to assist their mother to attend her daughter’s wedding.

“I wish to take this opportunity to wish all the district nurses and students who attended to my foot problem a very merry xmas… also to thank all for your medical skill and respect shown to me. I will miss you all!

“I would like to thank you so much for all the care you gave to my husband … and the support you gave me and my family. Thank you”

“To … the nurses who looked after me; I’m very grateful for all the care you all gave me. Thank you”

“To all the nurses who were all brilliant… much appreciated!.Thank you so much for looking after me so well “

“Thank you for all your help and attention this year”.

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5.2 Tell Us Your Story: Patients who use NHS services have a web-based facility to provide positive or negative feedback on their experiences of using services. The following comments were made during the reporting period relating to the CHCP.

"Did not have equal access" (patient is deaf)

"Over the last 3-4 years [I] have been looked after by very good caring & supportive nurses".

"Overall [I was] impressed with treatment from midwives, receptionists, GPs and Consultants".

"Not impressed with receptionist. Spend too much time gossiping / rude beyond belief…".

"Podiatry clinic at the Health Centre - just wanted to say that [the worker] was amazing such a nice person and brilliant at her job".

6. **Conclusion**

6.1 As demonstrated in this report, complaints are valued and are given a high profile by Inverclyde CHCP at all levels. Complaints are used as part of a process as an indicator of our performance and standards of care to the community in which we serve. When it is evident that we have fallen short or there are gaps in performance, these are acknowledged and improvements are made to ensure the highest standard of service is provided. We are committed to further developing an integrated Quality Assurance Strategy within the CHCP to provide consistency within our Health and Social Care services in accordance with statutory legislation good practice and protocols. This will also include reviewing learning from SPSO case studies as well as significant case reviews and inspection reports.

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Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 5

Report To:	**Health & Social Care Committee**	**Date: 29th August 2013**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No: SW/03/2013/HW**
Contact Officer:	**Helen Watson** **Head of Planning, Health Improvement & Commissioning**	**Contact No: 01475 715369**
Subject:	**Inverclyde Community Health & Care Partnership (CHCP) Authorised Providers List Annual Report**	

1.0 PURPOSE

1.1 The purpose of the Authorised Providers List Annual Report is to advise the Health & Social Care Committee of the amendments to Inverclyde CHCP's Authorised Providers List in accordance with the Council's Rules of Procedure for the Procurement of Social Care Services, Rule 2.2.

1.2 The Health & Social Care Committee is also asked to note that given our Governance of External Organisations procedures, changes to procurement procedures and the introduction of Self Directed Support, the maintenance of an APL is no longer appropriate and the Authorised Providers List (APL) will no longer be maintained or used.

2.0 SUMMARY

2.1 The Annual Report is required under current governance arrangements and provides information for the period from June 2012 to June 2013 and informs Committee of the amendments to Inverclyde CHCP's Authorised Providers List as approved, on a quarterly basis, by the Head of Planning, Health Improvement & Commissioning.

3.0 RECOMMENDATIONS

3.1 That the Health and Social Care Committee note the amendments to Inverclyde CHCP's Authorised Providers List.

3.2 That the Health and Social Care Committee notes the dispensation of the Authorised Providers List.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Inverclyde CHCP's Authorised Providers List comprises organisations or persons who have been approved to provide Social Care services.

4.2 The organisations or persons may be invited to tender for Social Care contracts.

4.3 The Health and Social Care Committee (30 August 2005) agreed the reporting structure in relation to the Authorised Providers List which required amendments to be approved by the then Social Work Services, Head of Community Care and Strategic Services on a quarterly basis and report to Committee on an annual basis.

4.4 Inverclyde Community Health & Care Partnership (CHCP) became operational from 1st October 2010. The Head of Planning, Health Improvement & Commissioning has the reporting and authorisation responsibility for the Authorised Providers List within the CHCP.

4.5 Since 2005, the Council has agreed changes to Standing Orders Relating to Contracts whereby the Rules of Procedure now form part of the Corporate Procurement Manual.

4.6 Other developments in procurement best practice and other Council management arrangements, particularly in relation to the Governance of External Organisations, have rendered the use of an Authorised Providers List as inappropriate.

4.7 A key development in respect of the accreditation process has been to revise and implement a fast tracking system for providers of registered care services. The revised accreditation process for registered providers enables relevant applications to be more effectively and efficiently managed and avoids registered providers having to duplicate submission of information. Applications for APL inclusion are endorsed by the commissioning services.

4.8 Applications forms can be issued to and submitted by providers using the Council's electronic mail system.

5.0 PROPOSALS

5.1 It is proposed that, in order to comply with existing Rules of Procedure as noted at 1.1, the Authorised Providers List Annual Report is submitted to Committee for scrutiny and comment. However, given that scrutiny will be supported more effectively through the continued reporting of Governance of External Organisations arrangements; Financial Reports, and an annual report on the implementation of Self Directed Support once the final Bill is enacted, going forward the APL will be discontinued.

5.2 **Inclusions to the Authorised Providers List**

Provider	Service	Client Group
Care for Me 19 Lismore Avenue Port Glasgow PA14 6AZ	Child Care Agency	Children
Rosshead Housing Rosshead House Heather Avenue Alexandria G83 0TJ	Housing Support, Care at Home	Mental Health, Addictions, ARBD, Homelessness
Seabank Care Ltd 15 Golden Square	Care Home Service	Older People

Aberdeen AB10 1WF		
PULSE Community Healthcare The Pentagon Centre 36 Washington Street Glasgow G3 8AZ	Care at Home, Nurse Agency	Learning Disabilities, Older People, Younger Adults, Children, Mental Health, Physical Disabilities, Addiction, Sensory Impairment
Scottish Masonic Homes Freemasons Hall 96 George Street Edinburgh EH2 3DH	Care Home	Older People

5.3 **Amendments to the Authorised Providers List**

The Grand Lodge of Scotland Annuity Benevolent & Charity Funds (Marcus Humphrey House and The Marcus Humphrey Day Centre) have been re-registered as Scottish Masonic Homes Limited.

5.4 **Deletions to the Authorised Providers List**

Provider	**Service**	**Client Group**
Garpel House Kilbirnie Road Lochwinnoch PA12 4JD	Care Home	Adults, Learning Disabilities
Queens Residential Home Ashburn Gate Gourock PA19 1NR	Care Home	Older People

6.0 IMPLICATIONS

6.1 Legal:

There are no implications in respect of Legal and Democratic Services.

6.2 Finance:

There are no financial implications in respect of this report.

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

6.3 Personnel:

There are no Personnel implications.

6.4 Equalities:

Equal Opportunities processes and procedures are embedded within the operational practices of the CHCP's Authorised Providers List.

6.5 Repopulation:

There are no repopulation implications in respect of this report.

7.0 CONSULTATION

7.1 Appropriate consultation has taken place with the Council's Legal and Democratic Services and Corporate Finance Services.

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 6

Report To:	**Health & Social Care Committee**	**Date: 29th August 2013**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: SW/05/2013/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No: 01475 715369**
Subject:	**SOLACE Benchmarking Report**	

1.0 PURPOSE

1.1 To present the Committee with an overview of social work indicators included in the recently published SOLACE (Society of Local Authority Chief Executives) benchmarking data, which considers the financial years 2010/11 and 2011/12. The data show Inverclyde's ranking in relation to other areas in Scotland on a number of key indicators that have been identified as priority areas for action by the Scottish Government.

2.0 SUMMARY

2.1 Each Scottish local authority is required to submit performance information to the Scottish Government on a regular basis to evidence a focus on delivering social care policy. The selected indicators for the published report relate to children who are looked after; homecare; self directed support, and service-user satisfaction.

2.2 Whilst these indicators are high level, they help to provide an overview of Inverclyde's performance comparative to other Scottish local authorities.

3.0 RECOMMENDATION

3.1 Members are asked to note the content of the report.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Each Scottish local authority is required to submit performance information to the Scottish Government on a regular basis to evidence a focus on delivering social care policy. SOLACE has agreed that selected indicators should be published to provide performance rankings that allow comparison between local authorities, taking account of variations in the population sizes of each Council area.

4.2 The attached report includes selected indicators from the latest SOLACE report, relate to children who are looked after; homecare; self directed support, and service-user satisfaction, for the 2010/11 and 2011/12 reporting years.

4.3 The report shows that for 2011/12, the costs per child for children looked after in residential based services, whilst below the national average, still rank at 21 out of the 32 local authorities, meaning that 20 other Council areas are paying less per child. The 2011/12 rank represents a slight improvement on the 2010/11 rank (22), due to a 1.4% reduction in costs. It is important to note that the rankings only take account of costs, and do not allow for variation in levels of need or quality of provision.

4.4 Inverclyde's costs of looking after children community settings rank 3rd in Scotland, meaning that only two other councils are providing this service at a lower cost per child. We are achieving high-quality community-based services at half the national average cost, and evidence shows that looking after children in community-based settings delivers better outcomes for the children concerned than residential-based models.

4.5 Based on costs and outcomes, it is preferable to look after children in community-based services rather than in residential care, however based on needs and circumstances, this is not always possible. Of those children who need to be looked after, in Inverclyde 90.3% were able to remain in the community, whilst 9.7% had to be cared for in residential settings. This is just above the national average of 89.4% and ranks us at 16 out of the 32 local authorities.

4.6 The homecare indicators show that our hourly costs are below the national average, ranking us at number 11 in 2011/12, which is an improvement from our rank of 13th in 2010/11. Our ranking for supporting people aged 65 or over with intensive homecare needs was 17th for 2011/12, representing a fall from 10th in 2010/11. During this same period there has been significant focus on older people's services through the Change Fund. Delayed hospital discharge performance has been consistently strong and we have focused on reablement, meaning that older people's independence is encouraged and supported.

4.7 With regard to self directed support (SDS), the selected indicator considers SDS spend as a proportion of overall spend on adult social work services. Our ranking for 2011/12 was 24th, reflecting that we are still developing our SDS infrastructure. However SDS is central to the CHCP Commissioning Strategy.

4.8 Service user satisfaction is reported based on data gathered from the Scottish Household Survey and Inverclyde ranked 10th at the last survey. It is recognised that there are issues about the robustness of these data in that it is not always advisable to extrapolate general population reporting to specific services, however as a very general measure, the survey allows us to compare ourselves with other areas as the survey questions and sampling methods are the same across Scotland.

5.0 CONCLUSION

5.1 The report shows that Inverclyde, in general, compares relatively well with other local authorities on the selected indicators. Whilst the indicators are high level, they provide a means of comparing our performance, and highlight areas where we could improve. The online report can also be interrogated to ascertain which areas are performing in the top quartiles, so there is potential opportunity to learn from good practice elsewhere.

6.0 PROPOSALS

6.1 Committee Members are asked to review the report and comment as appropriate to the CHCP Corporate Director.

7.0 IMPLICATIONS

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7.1 Legal: There are no legal implications in respect of this report.

7.2 Finance: There are no financial implications in respect of this report.

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

7.3 Personnel: There are no personnel implications in respect of this report.

7.4 Equalities: There are no equalities implications in respect of this report.

7.5 Repopulation: There are no repopulation implications in respect of this report.

Appendix 1

Inverclyde CHCP: SOLACE Indicators Analysis

2010-11 - 2011-12

SOLACE : CHCP	Ranking (2011-12)	Quartile
Indicator CHN8a: The gross cost of 'children looked after' in residential based services per child per week	**21 ***	**3**
Indicator CHN8b: The gross cost of 'children looked after' in a community setting per child per week	**3 ***	**1**
Indicator CHN 9: The % of children looked after cared for in the community	**16 ****	**3**
INDICATOR SW 1: Home Care Costs per Hour (65 and over)	**11 ***	**2**
INDICATOR SW2: Self Directed Support Spending on Adults 18+ as a % of total SW spend on adults 18+	**24 ****	**3**
INDICATOR SW 3: % people 65+ with intensive needs receiving care at home	**17 ****	**3**
SW4: % adults satisfied with social care of social work services	**10 ****	**2**

*** Costs rank 1 means lowest cost and rank 32 highest costs**

****rank=1 highest**

Children and Families

There are several indicators that relate to looked after children that can be considered together:

Indicator CHN8a: The gross cost of 'children looked after' in residential based services per child per week

Indicator CHN8a: The gross cost of 'children looked after' in residential based services per children per week							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
£3064	21st	£3276	£2776	3rd	£3109	22nd	1

- **Cost reduced in 2011-12 by -1.4% placing Inverclyde in ranking place 21 from 22 the previous year and LA Quartile 3rd.**

Indicator CHN8b: The gross cost of 'children looked after' in a community setting per child per week

Indicator CHN8b: The gross cost of 'children looked after' in community based services per child per week							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
£101	3rd	£ 209	£211.2	1st	£93.88	3rd	0

- **Costs increased in 2011-12 by 7.6% however ranking remains in 3rd place and LA Quartile 1st**

Indicator CHN 9: The % of children looked after cared for in the community

Indicator CHN8b: The gross cost of 'children looked after' in community based services per child per week							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
90.3%	16th	89.4%	89.9%	3rd	89.1%	17th	1

- **A slight increase to 90.3% in 2011-12 brings Inverclyde into 16th ranking place and above the national median percentage rate for the balance of care.**

What the Data Tells Us

The data shows that costs for children looked after in a residential setting are above the national median, however Inverclyde's costs are significantly lower that other authorities when it comes to children that are looked after in a community based setting. The percentage of children looked after /cared for in the community fell marginally below the average and median in 2010-11 but shifted a ranking point in 2011-12 increasing to 90.3%

Social Work

INDICATOR SW 1: Home Care Costs per Hour (65 and over)

Performance Data:

Indicator SW1: Home Care Costs per Hr (65 and over)							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
£16.35	11th	£18.80	£19.46	2nd	£19.37	13th	2

What the Data Tells Us

The data shows that Inverclyde's homecare costs for those aged over 65 fell slightly in 2011/12, leading to an improvement in ranking relative to other authorities. Inverclyde's costs are also lower than the national average and median.

INDICATOR SW2: Self Directed Support Spending on Adults 18+ as a % of total SW spend on adults 18+

Performance Data:

Indicator SW2: Self Directed Support spending on adults 18+ as a % of total SW spend on adults 18+							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
0.8%	24th	2.6	1.6	3rd	0.6%	25th	1

What the Data Tells Us

The data for the above indicators shows that Inverclyde's SDS costs increased slightly from 2010/11 to 2011/12. The costs vary widely between councils from 18% in Eilean Siar to 0.1% in West Dunbartonshire (2011/12 figures). Inverclyde's costs are well below the Scottish average and median.

INDICATOR SW 3: % people 65+ with intensive needs receiving care at home

Performance Data:

Indicator SW3: % of people with 65+ with intensive needs receiving care at home							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
35.6%	17th	33.3%	36.2%	3rd	37.9%	10th	-7

What the Data Tells Us

The data shows that there has been a slight fall in the number and % of people aged 65+ with intensive needs receiving care at home, although the percentage is higher than in Inverclyde than the national average, however it is slightly lower than the Scottish median.

INDICATOR SW4: % adults satisfied with social care of social work services

Performance Data:

Indicator SW4: % adults satisfied with social care of social work services				
Inverclyde %	**Ranking**	**National Mean**	**Median**	**Quartile**
67.6%	**10th**	**63%**	**62.8%**	**2nd**

What the Data Tells Us

There are concerns about the robustness of data extracted from the Scottish Household Survey, particularly for smaller Councils. This has been recognised by SOLACE and the Improvement Service and the use of SHS survey data is a short term measure.

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 7

Report To:	**Health & Social Care Committee**	**Date: 29th August 2013**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No:** **SW/04/2013/HW**
Contact Officer:	**Helen Watson** **Head of Planning, Health Improvement and Commissioning**	**Contact No: 01475 715369**
Subject:	**Potential Implications of the Public Bodies (Joint Working) (Scotland) Bill**	

1.0 PURPOSE

1.1 The purpose of this paper is to profile some of the issues raised by the Public Bodies (Joint Working) Scotland) Bill published on 28th May 2013, and provide an initial basis for further discussion on the potential implications of the Public Bodies (Joint Working) (Scotland) Bill in Inverclyde.

2.0 SUMMARY

2.1 The Bill aims to provide a framework for integrating health and social care services in a way that will support improving the quality and consistency of health and social care services across Scotland.

2.2 The Bill provides two options for integrating budgets and functions. First is delegation by both the Local Authority and Health Board to an integration joint board, similar to the current arrangements in Inverclyde. The second option is delegation between partners, where the Health Board and/or the Local Authority delegates functions and their corresponding budgets and other resources to the other partner (similar to the Highland model).

2.3 Whilst the first option is more closely aligned with our own current arrangements, there are a number of considerations that require further exploration.

3.0 RECOMMENDATIONS

3.1 That the Health and Social Care Committee note the attached paper.

3.2 That further updates be brought to the Health and Social Care Committee.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) Scotland) Bill was published on 28th May 2013, following a consultation paper issued in May 2012. The Scottish Government was clear within the consultation that the principle of integration was not negotiable, but rather that the consultation was about clarifying some of the detail in terms of how integration would, could or should work.

4.2 Some aspects of the Bill reflect our own current arrangements, however there are a number of considerations that require further exploration. Regulations and statutory guidance will require Health Boards and Local Authorities to integrate services for adults, which will be the minimum level of integration required by law. Regulations will also allow for voluntary integration of further functions, in line with the current Inverclyde arrangements where the full range of Social Work Services are included within the CHCP, as are community based NHS services.

4.3 Under the terms of the Bill, there will be a requirement to establish an integration authority to deliver nationally agreed outcomes for health and social care. Currently we have an enhanced partnership with lines of accountability back to both parent organisations (Inverclyde Council and NHS Greater Glasgow & Clyde). The Bill proposes a 'body corporate' governed by a joint board, and serviced by a Chief Officer. This will mean some important changes in governance arrangements, however accountability to the parent bodies will remain.

4.4 The Bill is currently at stage 1 of the parliamentary process, and this stage is due to be completed by 6th December 2013. It is expected that it will progress to Royal Assent in Spring 2014, with implementation being around April 2015. Draft regulations and guidance are expected to be issued after Royal Assent and before the Bill is finalised and implemented.

4.5 There is an expectation that each local authority will have shadow arrangements in place by April 2014. Many non-integrated authorities are beginning to establish their shadow arrangements however, in common with other CHCPs, Inverclyde's current arrangements should provide a robust shadow structure. There are a number of areas of the Bill and its potential implications though that require to be clarified.

5.0 AREAS FOR DISCUSSION

5.1 <u>Governance</u>

Under the body corporate model, an integration joint board would be established with functions and budgets acquired through delegation from the Health Board and Local Authority. The body corporate would be accountable to the integration joint board and would be led by the Chief Officer, appointed by the integration joint board and jointly accountable through the board to both Local Authority and Health Board. The Chief Officer would be responsible for the management of the integrated budget and the delivery of services. The role of the current CHCP Corporate Director appears to be aligned to the description of the Chief Officer role, and the role of the integration joint board seems broadly similar to that of the current CHCP Sub-Committee. An important distinction would be that CHPs (and therefore CHCPs) would be removed from statute. Clarity would be required as to whether the CHCP Sub-Committee, in evolving to the integration joint board, would become a full joint Committee in its own right. Currently Council requirements are met by the CHCP Sub-Committee having a reporting and governance line to the Health & Social Care Committee which meets annually and delegates its powers to the Sub-Committee. The Bill would require the integration joint board membership to have Elected Members and Health Board non-Executives. This requirement needs to be reconciled with current requirements that Council Committees are populated exclusively by Elected Members.

5.2 The Bill does not require integration joint boards to become separate entities in their own right, but it does *allow* for this as an option through a process of secondary legislation. This would not remove local government oversight (insofar as accountability arrangements would be unaltered and the reporting arrangements and budgetary control would still rest with the Council and Health Board), but it would allow those partnerships that were so inclined to invest employment and borrowing powers in the integration authority.

5.3 Integration Plan

Partners will have to agree how they intend to integrate services through an 'integration plan', the detail of which will include the model of integration to be used, along with the functions and resources to be delegated. The integration plan must also cover a wide range of other partnership issues, such as provision for dispute resolution, financial management, staff governance and clinical and care governance. In some respects this could be a revision of our current Scheme of Establishment, however statutory guidance is still to be provided by the Scottish Government regarding the detailed content of the integration plan. The integration plan will be signed-off by the Council, Health Board, and Scottish Government.

5.4 Commissioning Plan

Once established, the partnership will be under a duty to produce a joint commissioning plan, which will set out the detailed arrangements for planning and delivery of health and social care functions in its area, as well as the outcomes to be achieved from the integrated budget. Scottish Ministers will set national outcomes that integration joint boards will be required to deliver. Again, our Directorate Improvement Plan and associated workstreams such as the Commissioning Strategy could potentially provide the planning architecture to meet this requirement, although they will have to be reviewed once the national outcomes are set to ensure that we are covering all aspects of the guidance.

5.5 Joint Planning Arrangements

There will also be a requirement for us to jointly plan, not only across the Council and Health Board, but also with the Third Sector. Future planning arrangements for hosted and NHS board-wide services need to be defined, and a collaborative approach with neighbouring local authorities and health boards is encouraged.

5.6 Links with Community Planning Partnerships are also required.

5.7 Workforce

The Bill does not set an expectation that under the body corporate model the integration joint board will directly employ staff, therefore there will be no requirement for TUPE arrangements. However the Bill allows for the body corporate to directly employ staff at a later stage if it is required at a local level for effective working and delivery.

5.8 Following discussion with the Chief Executive of Greater Glasgow & Clyde, the Chief Executives of East Renfrewshire, Inverclyde and West Dunbartonshire Councils have proposed the establishment of a working group to develop a plan to transition the current CHCPs to shadow Health and Social Care Partnerships by April 2014.

The new Partnerships will be different from the present arrangements but the aim is to ensure that shared objectives, values and ways of working which have developed in existing CHCPs are continued into the new arrangements.

The intention is that the Group will bring forward proposals to draft integration

agreements covering:-

- Services and functions to be included;
- Arrangements for support services;
- Financial arrangements and approach to budget setting.
- Relationship to parent bodies;
- Transition of current management teams;
- Accountability, planning and performance arrangements;
- Approach to acute services.
- Relationship to community planning.
- Health improvement resources and leadership.
- Accountability for hosted services.

5.9 Finance

The Bill proposes that budgets will be integrated. This is different from our current aligned arrangements and Financial Regulations and Standing Orders will need to be reviewed accordingly. There will also be a requirement for integration joint boards to have their own audit arrangements however it is recognised that these are likely to be provided by the auditors of either of the parent bodies.

The Bill recognises that different VAT arrangements are in place for Health Boards and for Local Authorities. Health Boards can only reclaim VAT on certain specified services whereas Local Authorities (with a few minor exceptions) have full VAT recovery.
The Scottish Government has stated that it will work with HMRC to develop new guidance to ensure that integration delivers a cost-neutral position in terms of VAT.

Inverclyde is represented on the national Financial Management and Planning Resources workstream, with the key remit of this group to produce guidance on how the integrated budgets will operate.

5.10 Acute Sector Services

The Bill allows for the transfer of some acute sector services to be managed as part of the integration joint board. The detail of this has still to be developed and we expected further guidance on this key issue.

In a separate piece of work, ICHCP have been scoping activity patterns of Acute services usage in respect of Inverclyde residents, both within and outwith the IRH (e.g. Inverclyde people attending RAH; Beatson; RHSC etc). As well as this we are scoping usage of IRH services by non-Inverclyde residents.

This work aims to help us understand patient pathways that interface between acute, secondary, primary and social care and so should in future inform locality planning arrangements.

6.0 CONCLUSION

6.1 The Public Bodies (Joint Working) (Scotland) Bill will have implications for Inverclyde CHCP despite the fact that we are already firmly on the road to both structural and cultural integration. We will still be required to produce an integration plan in line with the guidance once issued, and there might be a need to revisit some of our financial and corporate governance arrangements.

Our Directorate Improvement Plan may need to be revised to reflect the national outcomes and guidance once these are issued, and this will be done in the context of emerging models from the current Clinical Services Review that might also include opportunities to transfer some services from the IRH to our local integrated arrangements.

7.0 IMPLICATIONS

7.1 Legal:

Legal implications will become clearer once the guidance documents are published.

7.2 Finance:

There are no financial implications in respect of this report.

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

7.3 Personnel:

See Section 5.7.

7.4 Equalities:

The Scottish Government has undertaken an Equalities Impact Assessment on the Bill and concluded that the legislation will not directly or indirectly discriminate on any of the protected equalities characteristics.

7.5 Repopulation:

There are no repopulation implications in respect of this report.

INVERCLYDE COUNCIL
HEALTH AND SOCIAL CARE COMMITTEE

AGENDA AND ALL PAPERS TO:	
Councillor McIlwee	1
Councillor Jones	1
Councillor Dorrian	1
Councillor McCabe	1
Councillor Brennan	1
Councillor McCormick	1
Councillor Ahlfeld	1
Councillor Rebecchi	1
Councillor MacLeod	1
Councillor Grieve	1
Councillor Campbell-Sturgess	1
All other Members (for information only)	9
Officers:	
Chief Executive	1
Corporate Communications & Public Affairs	1
Corporate Director Community Health & Care Partnership	1
Head of Children & Families & Criminal Justice	1
Head of Community Care & Health	1
Head of Planning, Health Improvement & Commissioning	1
Clinical Director	1
Head of Mental Health & Addictions	1
Corporate Director Education, Communities & Organisational Development	1
Chief Financial Officer	2
Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Democratic Services	1
James Douglas, Legal & Democratic Services	1
S Lang, Legal & Democratic Services	1
Chief Internal Auditor	1
File Copy	1
TOTAL	**37**
AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:	
Community Councils	10
TOTAL	**47**