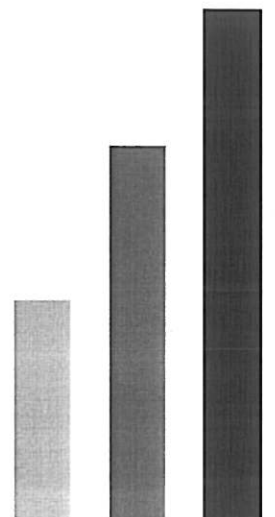


Agenda 2014

Inverclyde Community Health & Care Partnership Sub- Committee

For meeting on:

24	April	2014
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A meeting of the Inverclyde Community Health & Care Partnership Sub-Committee will be held on Thursday 24 April 2014 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal & Property Services

BUSINESS

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

PERFORMANCE MANAGEMENT

2. **Community Health & Care Partnership - Financial Report 2013/14 as at Period 11 to 28 February 2014**
Report by Corporate Director Inverclyde Community Health & Care Partnership
3. **Workforce Monitoring Report**
Report by Corporate Director Inverclyde Community Health & Care Partnership
4. **Caladh House (Turning Point Scotland) Residential Care Service Inspection of 27 and 29 October 2013 (Unannounced)**
Report by Corporate Director Inverclyde Community Health & Care Partnership
5. **Inspection of the Respite Unit, Hillend Centre**
Report by Corporate Director Inverclyde Community Health & Care Partnership

NEW BUSINESS

6. **Residential Children's Units**
Report by Corporate Director Inverclyde Community Health & Care Partnership
7. **NHS Greater Glasgow & Clyde Director of Public Health Report 2013**
Report by Corporate Director Inverclyde Community Health & Care Partnership
8. **Review of Out of Hours Service Provider's Arrangements**
Report by Corporate Director Inverclyde Community Health & Care Partnership

9. **Redesign of the West of Scotland Standby Social Work Service**
Report by Corporate Director Inverclyde Community Health & Care Partnership

The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite each item.

PERFORMANCE MANAGEMENT

10. **Governance of CHCP Commissioned External Organisations** 3 and 6
Report by Corporate Director Inverclyde Community Health & Care Partnership on the position regarding the CHCP Governance process for externally commissioned services

NEW BUSINESS

11. **Curators Ad Litem and Reporting Officers (Panels) (Scotland) Regulations 2001** 6
Report by Acting Corporate Director Environment, Regeneration & Resources seeking approval for the reappointment of individuals previously appointed by the Council to serve as Curators Ad Litem and Reporting Officers for the purposes of proceedings in the Sheriff Court

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

Report To: Community Health & Care Partnership Sub-Committee **Date:** 24 April 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:** CHCP/23/2014/LB

Contact Officer: Lesley Bairden **Contact No:** 01475 712257

Subject: Community Health & Care Partnership – Financial Report 2013/14 as at Period 11 to 28 February 2014.

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde CHCP Sub-Committee of the 2013/14 Revenue and Capital Budget current year position as at Period 11 to 28 February 2014.

2.0 SUMMARY

REVENUE PROJECTION 2013/14

- 2.1 The total Health and Community Care Partnership revenue budget for 2013/14 is £120,272,000 with a projected underspend of £47,000 being 0.04% of the revised budget. This is a reduction in projected spend of £16,000 since last reported to the Sub-Committee at period 9 to 31 December 2013.
- 2.2 The Social Work revised budget is £49,076,000 with a projected underspend of £20,000 (0.04%). This is a further underspend of £13,000 due to increased client commitment costs within Older People's Services, offset by further turnover savings and running cost savings. This underspend is net of Residential Childcare, Fostering and Adoption as any under / over spend is now managed through the approved earmarked reserve. At period 11, it is projected that there will be a £810,000 increase in the reserve at 31 March 2014.
- 2.3 It should be noted that the 2013/14 budget includes agreed savings for the year of £480,000 with a projected over recovery of £242,000 mainly from early implementation. As previously agreed, £145,000 will contribute to the Caladh House improvement works, with the feasibility study due to commence in May 2014.
- 2.4 The Health revenue budget is £71,196,000 with a projected underspend of £27,000 (0.04%). This remains due to a number of supplies pressures, offset by vacancy and increment savings and is a further projected underspend of £3,000 since last reported to the Sub-Committee.
- 2.5 The Health budget for 2013/14 does not include any local savings target and has been adjusted to reflect the centralisation of the Continence Service, now hosted by Glasgow.
- 2.6 Prescribing is projected to budget, and given the continued volatility of prescribing forecasts, a cost neutral position is being reported within GG&C. As at period 11 Inverclyde is overspend by £159,000.

CAPITAL 2013/14

- 2.7 The total Health and Community Care Partnership approved capital budget for 2013/14 is £350,000 and remains projected on budget.
- 2.8 The Social Work capital budget reflects the £80,000 to fund the additional respite bed at Hillend, capital works funded from revenue reserves as agreed by Sub-Committee.
- 2.9 The Health capital budget includes £65,000 for statutory works that supplements asbestos removal within L North, part of a Board funded programme of works.

EARMARKED RESERVES 2013/14

- 2.10 The Social Work Earmarked Reserves for 2013/14 total £3,668,000 with £2,073,000 projected to be spent in the current financial year. To date £1,776,000 spend has been incurred which is 82% of the projected 2013/14 spend. The spend to date per profiling was expected to be £2,159,000 therefore slippage equates to £383,000 (18%).

3.0 RECOMMENDATIONS

- 3.1 The Sub-Committee note the current year revenue budget and projected underspend of £47,000 for 2013/14 as at 28 February 2014.
- 3.2 The Sub-Committee note the current projected capital position:
 - Social Work capital projected to budget at £183,000 in the current year and on target over the life of the projects.
 - Health capital projected to budget at £167,000.
- 3.3 The Sub-Committee note the current Earmarked Reserves position.
- 3.4 The Sub-Committee note the position on Prescribing.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The purpose of the report is to advise the Sub-Committee of the current position of the 2013/14 CHCP revenue and capital budget and to highlight the main issues contributing to the £47,000 projected revenue underspend and the current capital programme position.
- 4.2 The current year consolidated revenue summary position is detailed in Appendix 1, with the individual elements of the Partnership detailed in Appendices 2 and 3, Social Work and Health respectively. Appendix 4 shows the year to date position for both elements of the Partnership. Appendix 5 provides the capital position. Appendix 6 provides detail of earmarked reserves. Appendix 7 details budget virements.
- 4.3 As previously requested by the Sub-Committee detail of the employee cost underspend is included at Appendix 8. This provides an overview of turnover and early achievement of savings by service.

5.0 2013/14 CURRENT REVENUE POSITION: UNDERSPEND £47,000

5.1 SOCIAL WORK £20,000 PROJECTED UNDERSPEND

The projected underspend of £20,000 (0.04%) for the current financial year remains predominantly due to turnover and early achievement of savings offset by projected overspends mainly within the current client committed spend and the agreed contribution to fund Caladh House improvement works. This is a reduction in projected spend of £13,000 from the last reported projection as at 31 December 2013 mainly due to increased client costs, offset by further turnover. The material projected variances and reasons for the movement since last reported are identified, per service, below:

a. Strategy: Projected £88,000 (4.19%) underspend

The projected underspend remains mainly due to vacancy and secondment savings, with a further underspend of £27,000 due to turnover and a reduction in projected costs of training.

b. Older Persons: Projected £323,000 (1.53%) overspend

The projected overspend is mainly a result of increasing costs in Homecare which is projected to overspend by £313,000. There is a projected overspend of £67,000 within Residential and Nursing purchased places, per the current number of clients receiving care, however this is offset by additional charging order income of £52,000.

This is an increase in projected spend of £142,000 predominantly due to the current Homecare and Nursing & Residential client costs. The anticipated reduction in Nursing & Residential beds, per the commissioning strategy has not yet been fully achieved to the planned level, however the Service is continually monitoring the demand levels and resource allocation for these services.

c. Learning Disabilities: Projected £176,000 (2.92%) overspend

This remains primarily due to the current costs of client residential packages projected to overspend by £73,000 (with £60,000 relating to purchased places) and day care projected to overspend by £103,000 (with £68,000 relating to purchased places). Work remains ongoing to review the day opportunities packages of a number of clients to mitigate the costs.

The projected costs have decreased by £7,000.

The Service Manager continues to review all care packages on an ongoing basis to minimise the cost pressures within this service. Additional budget of £350,000 for pressure funding is included in the 2014/15 budget, with a further £200,000 in 2015/16 reflecting the pressures expected within this service. Work remains ongoing to ensure that the full year impact of the current year overspend is containable in 2014/15.

d. Mental Health: Projected £22,000 (1.56%) underspend

This reflects the ongoing legal costs of £30,000 relating to guardianship issues, along with client package underspends, vacancy savings offset by premises costs.

This is an increase in projected spend of £1,000.

e. Children & Families: Projected £272,000 (2.67%) underspend

The main reason for the underspend remains as previously reported: slippage in filling vacant posts combined with projected savings in overtime and sessional staff costs.

This is a reduction in projected costs of £105,000 due to:

- Staffing £60,000 due to further slippage on the previously projected 9 vacant posts and impact of one retiral.
- Premises £22,000 previously projected cover costs for cleaning and furniture replacement not required in 2013/14.
- A reduction of £23k in payments to external bodies for a number of services such as training.

There remains a significant projected underspend within residential childcare, adoption and fostering of £810,000, however given the volatile nature of the service and the high cost implications this is impossible to predict and, as previously reported, the under or over spend at year end will be transferred to or from the earmarked reserve set up to smooth budgetary pressures.

It should be noted that a one off contribution from this reserve is proposed as part of the funding structure on the Reprovision of Children's Homes included elsewhere on the agenda. This funding structure also proposes permanent virement from the Residential Schools budget to fund the annual cost of loans charges.

f. Physical & Sensory: Projected £117,000 (4.95%) overspend

The projected overspend remains primarily due to client commitment costs and is an increase of £20,000.

The Service continues to review the cost of commissioned services.

g. Addictions / Substance Misuse: Projected £206,000 (16.65%) underspend

The projected underspend is due to:

- £122,000 employee cost vacancy savings, net of sessional backfill costs.
- £25,000 running costs, in part due to level of vacancies
- £60,000 underspend on client commitment costs based on the current cost of packages.

This is a further projected underspend of £70,000 due to

- Staffing £31,000 slippage in vacancies, maternity and a retiral.
- Client package costs of £25,000 based on latest client profile.

h. Support / Management: Projected £97,000 (4.15%) underspend

The projected underspend remains a result of turnover as previously reported with no movement since last reported.

i. Assessment & Care Management: Projected £50,000 (3.04%) underspend

The projected underspend mainly relates to vacancies as previously reported. This is a reduction in the projected underspend of £15,000 due to further turnover from existing vacancies and additional maternity leave.

j. Homelessness: Projected £46,000 (7.27%) underspend

The main reason for the projected underspend remains an over-recovery of Hostel Grant income of £80,000, offset by staffing (£17,000) and premises (£13,000) overspends.

This underspend of £80,000 is not recurring as the distribution of the grant is changing in 2014/15.

This is an increase in costs of £36,000 from a review of income and rental costs for scatter flats, these projections will be reviewed further. There has been an increase in Housing Support clients of £12,000.

5.2 HEALTH £27,000 PROJECTED UNDERSPEND

The Health budget is £71,196,000 and is currently projected to underspend by £27,000 with the main reasons for this underspend and the movements from the position as at 28 February 2014 detailed below. This is a further projected underspend of £3,000 since last reported.

a. Children & Families: Projected £78,000 (2.54%) overspend

This remains due to historic supply pressures within CAMHS of £35,000 along with salary overspends within CAMHS of £65,000 and £12,000 within SALT due to RAM adjustments.

At this stage non recurring funding has not been applied as the CHCP are containing these cost pressures within the overall position and work remains ongoing to establish a recurring solution.

The projected overspend is a reduction of £11,000 since last reported.

b. Health & Community Care: Projected £58,000 (1.53%) underspend

The 2013/14 budget has been reduced by £204,000 as the Continence Service has now transferred to Glasgow.

The projected underspend relates to vacancy savings, offset in part by supply pressures, mainly within Diabetes, Podiatry and Pharmacy and is a reduction in projected spend of £20,000, due to a transfer of costs to Community Mental Health.

c. Management & Admin: Projected £61,000 (3.05%) overspend

This remains due to two main factors: pressures within Portering exacerbated by removal of £14,000 budget to fund a hosted ASD Co-ordinator post in another partnership. This is further projected spend of £1,000.

d. **Learning Disabilities: Projected £34,000 (5.99%) underspend**

The projected underspend remains due to vacancy and maternity savings, a reduction in projected costs of £5,000.

e. **Addictions: Projected £36,000 (1.86%) underspend**

The projected underspend results from slippage in both salaries and supplies, an increase in projected costs of £9,000.

f. **Mental Health Communities: Projected £25,000 (1.02%) underspend**

This remains due to historic pressures within pharmacy costs, offset by underspends in nursing staff costs due to vacancy and maternity savings. This is a projected increase in costs of £28,000, mainly reflecting a realignment of costs from Health & Community Care.

g. **Mental Health Inpatient Services: Projected £14,000 (0.15%) underspend**

Whilst an underspend of £14,000 is reported it should be noted that any savings achieved from the rationalisation of the Ravenscraig wards to one building are ring-fenced for investment into the closure programme. This is an increase in projected costs of £5,000.

h. **Prescribing: Nil Variance**

Prescribing is projected to budget, and given the continued volatility of prescribing forecasts, a cost neutral position is being reported within GG&C. As at period 11 Inverclyde is overspent by £159,000.

6.0 CHANGE FUND

6.1 The original allocation over service areas for 2013/14 was:

Service Area Budget 2013/14	£'000	
Acute – Health	205	11%
CHCP – Health	203	11%
CHCP – Council	1,017	57%
Community Capacity - Health	75	4%
Community Capacity - Council	301	17%
Grand Total	1,801	100%
Funded By:		
Change Fund Allocation	1,403	
Slippage brought forward from 2012/13	398	
Total Funding	1,801	

6.2 The Change Fund Executive Group meet on a regular basis and review all projects in detail. The latest current year position is:

Service Area Budget 2013/14	Current Budget £'000	Projected Outturn £000	Projected Variance £000
Acute – Health	195	193	(2)
CHCP – Health	106	106	0
CHCP – Council	1,174	1,009	(165)
Community Capacity - Health	64	64	0
Community Capacity - Council	262	262	0
Grand Total	1,801	1,634	(167)
Projected (Slippage) at 28 February 2014			(167)

Project performance is continually reviewed and budgets will be reallocated as required to ensure funding is fully utilised and slippage minimised. The £100,000 contribution towards the costs of Caladh House improvement works is included. The slippage of £167,000 will be fully utilised in 2014/15.

The allocation of funding for 2014/15, being that final year of the Change Fund, is being finalised.

7.0 2013/14 CURRENT CAPITAL POSITION – £nil Variance

7.1 The Social Work capital budget is £1,394,000 over the life of the projects with £183,000 for 2013/14, comprising £123,000 for Kylemore Children’s Home which opened in March 2013 and £60,000 SWIFT Financial software package. The capital requirement for the SWIFT package is currently being reviewed and if the full £60,000 is not capitalised a transfer will be made to revenue reserves.

The works to expand the Hillend respite unit are expected to commence in March 2014, with the budget profiled to 2014/15.

7.2 The Health capital budget of £167,000 includes £65,000, as previously reported, for statutory works. The budget is on target with no reported slippage. This will fund two areas of spend within Health Centres:

- £52,000 Reception upgrades to improve patient confidentiality issues.
- £50,000 Ceiling replacement tiles at Port Glasgow to address infection control and fire compliance issues.

And;

- £65,000 statutory works to supplement HAI funded asbestos removal works within L North. The HAI works are expected to cost £200,000 and are funded outwith the CHCP capital programme.

In addition to the capital funding a further £61,000 works will be funded from revenue maintenance:

- £38,000 Treatment rooms within health centres
- £18,000 Car park resurfacing at Boglestone Clinic
- £5,000 Replacement surgery door.

7.3 Appendix 5 details capital budgets and progress by individual project.

7.4 Work remains ongoing with the development of the CHCP Asset Management Plan.

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2013/14 total £3,668,000 with £2,073,000 projected to be spent in the current financial year. To date £1,776,000 spend has been incurred which is 82% of the projected 2013/14 spend. The spend to date per profiling was expected to be £2,159,000 therefore slippage equates to £383,000 (18%).

9.0 VIREMENT

9.1 There are no virements requested as at Period 11.

10.0 IMPLICATIONS

10.1 Finance

All financial implications are discussed in detail within the report above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

10.2 Legal

There are no specific legal implications arising from this report.

10.3 Human Resources

There are no specific human resources implications arising from this report

10.4 Equalities

There are no equality issues within this report.

10.5 Repopulation

There are no repopulation issues within this report.

11.0 CONSULTATION

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

12.0 BACKGROUND PAPERS

12.1 There are no background papers for this report.

INVERCLYDE CHCP**REVENUE BUDGET PROJECTED POSITION****PERIOD 11: 1 April 2013 - 28 February 2014**

SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	46,547	47,611	46,732	(879)	(1.85%)
Property Costs	2,732	3,096	3,059	(37)	(1.20%)
Supplies & Services	59,346	60,423	61,124	701	1.16%
Prescribing	16,238	15,912	15,912	0	0.00%
Resource Transfer (Health)	8,863	8,863	8,863	0	0.00%
Income	(15,215)	(15,633)	(15,610)	23	-0.15%
Contribution to Reserves	0	0	145	145	0.00%
	118,511	120,272	120,225	(47)	(0.04%)

OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy / Planning & Health Improvement	2,803	3,163	3,076	(87)	(2.75%)
Older Persons	20,731	21,103	21,426	323	1.53%
Learning Disabilities	6,105	6,604	6,746	142	2.15%
Mental Health - Communities	3,790	3,862	3,815	(47)	(1.22%)
Mental Health - Inpatient Services	9,544	9,425	9,411	(14)	(0.15%)
Children & Families	12,922	13,270	13,076	(194)	(1.46%)
Physical & Sensory	2,355	2,366	2,483	117	4.95%
Addiction / Substance Misuse	3,122	3,169	2,927	(242)	(7.64%)
Assessment & Care Management / Health & Community Care	5,077	5,428	5,320	(108)	(1.99%)
Support / Management / Admin	4,221	4,343	4,307	(36)	(0.83%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	629	633	587	(46)	(7.27%)
Family Health Services	20,708	20,907	20,907	0	0.00%
Prescribing	16,238	15,912	15,912	0	0.00%
Resource Transfer	8,863	8,863	8,863	0	0.00%
Change Fund	1,403	1,224	1,224	0	0.00%
Contribution to Reserves	0	0	145	145	0.00%
CHCP NET EXPENDITURE	118,511	120,272	120,225	(47)	(0.04%)

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS	70,020	71,196	71,169	(27)	(0.04%)
Council	48,491	49,076	49,056	(20)	(0.04%)
CHCP NET EXPENDITURE	118,511	120,272	120,225	(47)	(0.04%)

() denotes an underspend per Council reporting conventions

** £2.3 million externally funded

SOCIAL WORK**REVENUE BUDGET PROJECTED POSITION****PERIOD 11: 1 April 2013 - 28 February 2014**

2012/13 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,997	Employee Costs	25,961	26,036	25,292	(744)	(2.86%)
1,585	Property costs	1,504	1,488	1,433	(55)	(3.70%)
886	Supplies and Services	867	836	937	101	12.08%
456	Transport and Plant	374	388	469	81	20.88%
1,013	Administration Costs	813	905	981	76	8.40%
32,591	Payments to Other Bodies	32,884	33,381	33,735	354	1.06%
(14,304)	Income	(13,912)	(13,958)	(13,936)	22	(0.16%)
(577)	Contribution to Earmarked Reserves	0	0	145	145	
47,647	SOCIAL WORK NET EXPENDITURE	48,491	49,076	49,056	(20)	(0.04%)

2012/13 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over / (Under) Spend £000	Percentage Variance
	SOCIAL WORK					
2,066	Strategy	2,098	2,099	2,011	(88)	(4.19%)
21,103	Older Persons	20,731	21,103	21,426	323	1.53%
6,223	Learning Disabilities	5,547	6,036	6,212	176	2.92%
1,159	Mental Health	1,412	1,413	1,391	(22)	(1.56%)
3 10,101	Children & Families	10,191	10,204	9,932	(272)	(2.67%)
2,396	Physical & Sensory	2,355	2,366	2,483	117	4.95%
804	Addiction / Substance Misuse	1,227	1,237	1,031	(206)	(16.65%)
2,293	Support / Management	2,830	2,340	2,243	(97)	(4.15%)
1,528	Assessment & Care Management	1,471	1,645	1,595	(50)	(3.04%)
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	633	587	(46)	(7.27%)
(577)	Contribution to Earmarked Reserves	0	0	145	145	0.00%
47,647	SOCIAL WORK NET EXPENDITURE	48,491	49,076	49,056	(20)	(0.04%)

() denotes an underspend per Council reporting conventions

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 £410k 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.

5 Original Budget 2013/14	48,491
Pay & Infalton	537
Redetermination - Autism Funding	15
Living Wage	12
Transport	14
Insurance	13
Telephone Savings / other	(6)
Revised Budget 2013/14	49,076

HEALTH**REVENUE BUDGET PROJECTED POSITION****PERIOD 11: 1 April 2013 - 28 February 2014**

2012/13 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,861	Employee Costs	20,586	21,575	21,440	(135)	(0.63%)
1,453	Property	1,228	1,608	1,626	18	1.12%
3,491	Supplies & Services	3,700	4,006	4,095	89	2.22%
21,172	Family Health Services (net)	20,708	20,907	20,907	0	0.00%
15,828	Prescribing (net)	16,238	15,912	15,912	0	0.00%
8,869	Resource Transfer	8,863	8,863	8,863	0	0.00%
(1,145)	Income	(1,303)	(1,675)	(1,674)	1	(0.06%)
71,529	HEALTH NET EXPENDITURE	70,020	71,196	71,169	(27)	(0.04%)

2012/13 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/14 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
3,319	Children & Families	2,731	3,066	3,144	78	2.54%
3,919	Health & Community Care	3,606	3,783	3,725	(58)	(1.53%)
1,686	Management & Admin	1,391	2,003	2,064	61	3.05%
534	Learning Disabilities	558	568	534	(34)	(5.99%)
1,829	Addictions	1,895	1,932	1,896	(36)	(1.86%)
2,380	Mental Health - Communities	2,378	2,449	2,424	(25)	(1.02%)
9,697	Mental Health - Inpatient Services	9,544	9,425	9,411	(14)	(0.15%)
1,127	Planning & Health Improvement	705	1,064	1,065	1	0.09%
1,169	Change Fund	1,403	1,224	1,224	0	0.00%
21,172	Family Health Services	20,708	20,907	20,907	0	0.00%
15,828	Prescribing	16,238	15,912	15,912	0	0.00%
8,869	Resource Transfer	8,863	8,863	8,863	0	0.00%
71,529	HEALTH NET EXPENDITURE	70,020	71,196	71,169	(27)	(0.04%)

() denotes an underspend per Council reporting conventions

1 Change Fund Allocation to CHCP 2013/14	1,403
Less: Transfer to Acute Projects:	
Stroke Outreach Team	(54)
AHP Weekend Working	(74)
Practice Development Nurse	(26)
Palliative Care CNS 0.5wte	(25)
	<u>1,224</u>
2 Original Budget 2013/14	70,020
Pay & Inflation	194
Carers Information Strategy	85
GMS Cross Charge	76
CAMHS	217
Skylark Physio	100
Change Fund to Acute	(115)
Rates from Acute	474
Other	145
Revised Budget 2013/14	<u>71,196</u>

REVENUE BUDGET YEAR TO DATE**PERIOD 11: 1 April 2013 - 28 February 2014**

SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
SOCIAL WORK				
Employee Costs	23,598	22,875	(723)	(3.06%)
Property costs	1,261	1,213	(48)	(3.81%)
Supplies and Services	801	893	92	11.49%
Transport and Plant	346	416	70	20.23%
Administration Costs	594	662	68	11.45%
Payments to Other Bodies	27,903	28,233	330	1.18%
Income	(13,318)	(13,306)	12	(0.09%)
SOCIAL WORK NET EXPENDITURE	41,185	40,986	(199)	(0.48%)

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	19,640	19,514	(126)	(0.64%)
Property Costs	1,345	1,362	17	1.26%
Supplies	3,114	3,195	81	2.60%
Family Health Services (net)	18,901	18,901	0	0.00%
Prescribing (net)	14,711	14,711	0	0.00%
Resource Transfer	8,125	8,125	0	0.00%
Income	(1,495)	(1,494)	1	(0.07%)
HEALTH NET EXPENDITURE	64,341	64,314	(27)	(0.04%)

() denotes an underspend per Council reporting conventions

APPENDIX 5

INVERCLYDE CHCP - CAPITAL BUDGET 2013/14

Period 11: 1 April 2013 to 28 February 2014

Project Name	Est. Total Cost	Actual to 31/03/13	Approved Budget 2013/14	Revised Est. 2013/14	Actual to 28/02/14	Est. 2014/15	Est. 2015/16	Future Years	Start Date	Original Completion Date	Current Completion Date	Status
SOCIAL WORK												
Prudential Borrowing												
Kylesmore Childrens Home (see 1 below)	1,244	1,121	123	123	0	0	0	0	01/10/11	30/06/12	19/03/13	The home opened on 19 March. The final cost is a projected £156k underspend, subject to final account adjustments with the contractor, with the underspend returned to the Council's capital programme.
Capital Funded From Revenue Contributions												
SWIFT Finance Module	70	10	60	60	16	0	0	0	03/09/12		31/08/14	Budget allocated for Development and Implementation of SWIFT Finance module. The capital and revenue funding requirements are being reviewed.
Hillend Respite Unit (note 3)	80					80	80		28/05/14		02/09/14	Increase of one bed within respite unit. Final costs and phasing subject to tender.
Social Work Total	1,394	1,131	183	183	16	80	80	0				
HEALTH												
CHCP Formula Allocation 2013-14 (see 2 below)	52		52	52	56	0	0	0	Oct-13	by 31/03/14	31/03/14	To improve patient confidentiality.
Health Centres Reception Upgrades	50		50	50	43	0	0	0	Oct-13	by 31/03/14	31/03/14	To resolve infection control and fire compliance issues.
Port Glasgow Health Centre Ceiling Tiles	65		65	65	43	0	0	0	Oct-13	by 31/03/14	31/03/14	Additional works to supplement asbestos removal programme
Statutory Works - L North												
Health Total	167	0	167	167	142	0	0	0				
Grand Total CHCP	1,561	1,131	350	350	158	80	80	0				

Note:

1. Original budget was £1.4m with the underspend of £156k returned to the Council's capital programme per Policy & Resources Committee 24/09/13. The underspend related to £109k furniture and fittings and £47k building works. This offsets a shortfall in receipt from the sale of the building of £100k.

2. Funding comprises £102k local formula capital allocation and £0 capital backlog maintenance (as was accelerated in 12/13) plus £65k additional statutory works for 13/14. A further £61k of works will be funded through revenue maintenance:

Port Glasgow Health Centre - replacement practice door	5
Treatment Rooms (all Health Centres)	38
Boglestone Clinic Car Park	18
	<u>61</u>

3. The expansion of the service is funded from a contribution from revenue reserves, as agreed by Policy & Resources Committee 24/09/13.

EARMARKED RESERVES POSITION STATEMENT

CHCP SUB COMMITTEE

APPENDIX 6

Project	Lead Officer/ Responsible Manager	Total Funding 2013/14	Phased Budget To Period 11 2013/14	Actual To Period 11 2013/14	Projected Spend 2013/14	Amount to be Earmarked for 2014/15 & Beyond	Lead Officer Update
		£000	£000	£000	£000	£000	
Telecare Grant	Joyce Allan	60	55	60	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	366	325	132	189	177	SDS project and SWIFT financial module. £53k of staff costs for SWIFT are included within the deferred income balance below. Profiling is based on the spend being incurred over the last 9 months of the financial year. There has been slippage against the original expected spend and plans are being reviewed to reflect application in 2014/15. Reserve reduced by £25k per budget February 2014.
Growth Fund - Loan Default Write Off	Helen Watson	30	3	2	3	27	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	33	33	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	408	178	155	213	195	A number of historical deferred income streams have been brought forward to 2013/14. The profiling is based on the projected spend of £225k taking account of a month's delay at the start of the financial year. However there are 8 individual projects, so the phased budget is difficult to predict. There are plans in place for the full £233k being carried forward inclusive of £70k for Caladh House. Reserve reduced by £50k per budget February 2014.
Change Fund - Older People	Brian Moore	1,435	1,315	1,115	1,272	163	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. The slippage in year will be carried forward to 2014/15. Profiling assumes that all expenditure will be incurred evenly through out the year, however with a large number of projects this is not exact.
Support all Aspects of Independent Living	Brian Moore	630	198	223	238	392	There has been some slippage in filling 2 posts and the £223k spent to date includes a contribution to the 2013/14 Sheltered Wardens' saving of £70k. There are plans in place to spend the £392k being carried forward to 2014/15, including £70k on the Dementia Strategy and £48k allocated to Caladh House. The profiling is based on the projected spend of £240k, and takes account of a month's delay at the start of the financial year, however the nature of the spend is not predictable.

EARMARKED RESERVES POSITION STATEMENT

CHCP SUB COMMITTEE

APPENDIX 6

Project	Lead Officer/ Responsible Manager	Total Funding 2013/14 £000	Phased Budget To Period 11 2013/14 £000	Actual To Period 11 2013/14 £000	Projected Spend 2013/14 £000	Amount to be Earmarked for 2014/15 & Beyond £000	Lead Officer Update
Local Autism Action Plan	Alan Best	35	32	33	35	0	Full spend anticipated in 13/14. Expenditure on Health employees providing Speech Therapy and Psychology services and salary of Autism Day Centre Officer.
Adoption/Fostering/Residential Childcare	Sharon McAlees	469	0	0	0	469	The £300k of new funding from reserves was approved at the Policy and Resources Committee on 13 November 2012 to meet an increase in adoptions to be progressed in 2013/15, with £219k funding from 2012/13. A potential contribution to the cost of the new build Children's unit, (to replace Neil St), is being considered. The final contribution to this reserve will be identified at year end. The in year operation of this budget will be reported through normal Revenue Monitoring. The reserve has been reduced by £50k per the February 2014 budget.
Information Governance Policy Officer	Helen Watson	85	20	23	28	57	Post now filled (2 year post), employee in post from July and budget phased accordingly.
Joint Equipment Store	Beth Culshaw	50	0	0	0	50	This new reserve was approved at Policy & Resources Committee on 24 Sept 2013 and is to fund a range of equipment to meet the emerging demand linked to increasing frailty of older people and increased incidence of dementia. Budget will be phased once detail agreed.
Support for Young Carers	Sharon McAlees	65	0	0	0	65	This new reserve was approved at Policy & Resources Committee on 24 Sept 2013 and is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families. Budget will likely be phased over the next 18 months once detail is agreed. The recruitment process has started.
Total		3,668	2,159	1,776	2,073	1,595	

CHCP - HEALTH & SOCIAL CARE**VIREMENT REQUESTS**

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
There are no virements requested at Period 11		
	0	0

Notes

APPENDIX 8

EMPLOYEE COST VARIANCES

PERIOD 11: 1 April 2013 - 28 February 2014

ANALYSIS OF EMPLOYEE COST VARIANCES		Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
SOCIAL WORK				
1	Strategy	(5)	(87)	(92)
2	Older Persons	(100)	38	(62)
3	Learning Disabilities	(36)	(30)	(66)
4	Mental Health	(18)	(8)	(26)
5	Children & Families	(29)	(164)	(193)
6	Physical & Sensory	(27)	23	(4)
7	Addiction / Substance Misuse	0	(122)	(122)
8	Support / Management	(10)	(129)	(139)
9	Assessment & Care Management	0	(50)	(50)
10	Criminal Justice / Scottish Prison Service	0	(7)	(7)
11	Homelessness	(1)	18	17
SOCIAL WORK EMPLOYEE UNDERSPEND		(226)	(518)	(744)
HEALTH				
12	Children & Families		53	53
13	Health & Community Care		(74)	(74)
14	Management & Admin		17	17
15	Learning Disabilities		(41)	(41)
16	Addictions		(44)	(44)
17	Mental Health - Communities		(81)	(81)
18	Mental Health - Inpatient Services		32	32
19	Planning & Health Improvement		3	3
HEALTH EMPLOYEE UNDERSPEND			(135)	(135)
TOTAL EMPLOYEE UNDERSPEND		(226)	(653)	(879)

- 1 Includes 2 vacancies which are in the process of being filled plus early achievement one 1 post.
- 2 Early achievement relates to 7 Home Support Worker posts. This is after £113,000 virement to external.
- 3 Early achievement of savings on 4 posts. Sessional costs are overspent - being reviewed.
- 4 Early achievement of savings on 1 post.
- 5 Includes 14 vacancies which are in the process of being filled plus early savings on 1 post.
- 6 Early savings from reduction in hours (6 posts) offset by lost external funding.
- 7 Includes 7 vacancies which are in the process of being filled along with some maternity leave savings.
- 8 Includes 16 vacancies and maternity leave savings plus early achievement on 1 post.
- 9 Includes 2 vacancies which are in the process of being filled plus maternity leave savings.
- 10 There has been £7k turnover savings and budget reflects current establishment.
- 11 Early achievement of £1k, offset by overspend on overtime and turnover shortfall.
- 12 Ongoing impacts of CAMHS and SALT RAM allocations.
- 13 2 vacant band 6 posts advertised.
- 14 Pressures from porters costs.
- 15 Impact of maternity savings, no current vacant posts. Earlier vacancies now filled.
- 16 Slippage in increments and impact of joint funded post.
- 17 Maternity leave (2 posts) impacts of turnover and two vacant band 5 posts being recruited.
- 18 Cover for adult and elderly in patient services, inclusive of bank staff.
- 19 Maternity leave, recruiting Smoking Cessation & Keepwell.

Report To: Community Health & Care
Partnership Sub-Committee

Date: 24th April 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/28/2014/HW

Contact Officer: Helen Watson
Head of Service
Planning, Health Improvement
and Commissioning

Contact No: 01475 715369

Subject: Workforce Monitoring Report

1.0 PURPOSE

1.1 The purpose of the Workforce Monitoring Report is to ensure that the CHCP Sub-Committee is kept up to date on workforce issues and developments including progress in terms of workforce targets. The report provides an update on attendance management, staff appraisals, progress on Healthy Working Lives and an overview of the CHCP staff profile.

2.0 SUMMARY

2.1 There has been significant improvement with attendance management since the last Committee report in January albeit we are still above the 4% target.

2.2 At March 2014, staff appraisals are below the NHS 80% and Local Authority 75% targets. However, these figures are improving as Senior Management and HR teams work with managers to address this.

3.0 RECOMMENDATION

3.1 The Sub-Committee is asked to note the content of this report and our progress towards workforce targets.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 This monitoring report provides an update on the workforce profiles, sickness absence levels, Healthy Working Lives and eKSF/PDP and Appraisal information.

5.0 WORKFORCE INFORMATION

Workforce Staffing Numbers as at 1st November 2013

SERVICE AREA	PLANNING HEALTH IMPROVEMENT & COMMISSIONING		HEALTH & COMMUNITY CARE		MENTAL HEALTH ADDICTIONS & HOMLESSNESS		CHILDREN, FAMILIES & CRIMINAL JUSTICE	
	NHS	COUNCIL	NHS	COUNCIL	NHS	COUNCIL	NHS	COUNCIL
HEADCOUNT	25	161	122	630	279	87	102	182
FTE	20.06	135.47	97.88	473.30	252.72	83.27	77.10	167.95
TOTAL CHCP (WTE)	156		571		336		246	

Additional temporary posts information

Inv Change Fund	Sum of WTE	5.01
	Headcount	6
Inverclyde CHCP: Management & Admin	Sum of WTE	40.28
	Headcount	56
Total CHCP Staff		1588
Total WTE		1308

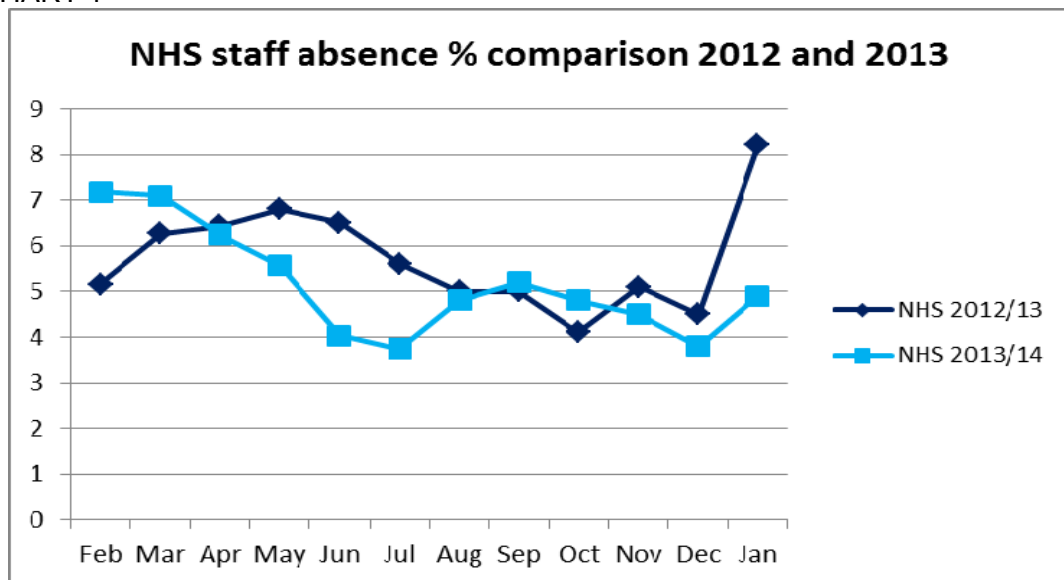
6.0 ATTENDANCE MANAGEMENT

6.1 Attendance management and supporting staff back to work remains a key priority across all CHCP services.

6.2 NHS EMPLOYED STAFF ABSENCE

Chart 1 below shows a comparison in absence levels of NHS employed staff in Inverclyde CHCP during the period February 2012 – January 2013 and February 2013 – January 2014. This data show that although there has been a slight decrease in absence levels after September 2013 (when the figure was 3.8%), January figures, at 4.8%, show the level has risen again. However the end of year figure for 2013/14 is significantly lower than the previous year which was 8.2%. Please refer to Chart 1.

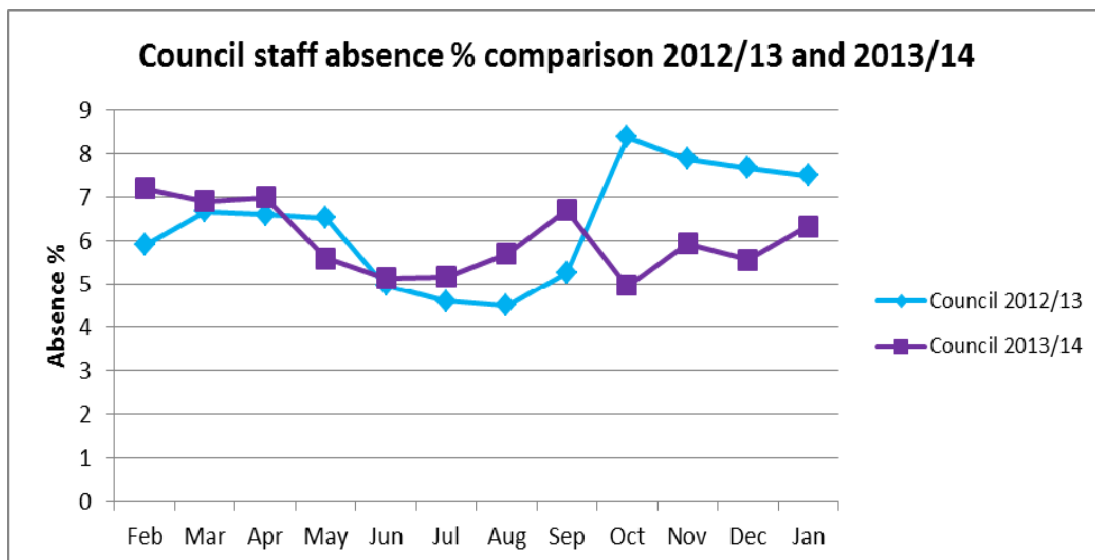
CHART 1



6.3 COUNCIL EMPLOYED STAFF ABSENCE

Sickness absence levels for Council-employed staff have also lowered between the two comparison years, from 7.5% in January 2013 to 6.3% in January 2014. Although there has been a slight increase in absence levels during the period October 2013 – January 2014, overall absence levels for the end of 2013 remain lower than in previous years (5.6% in 2013 compared to 7.5% in 2012) and continue to show improvement. As of January 2014, absence levels are still above the target of 4%. Please refer to Chart 2.

CHART 2



6.4 Types of Absence

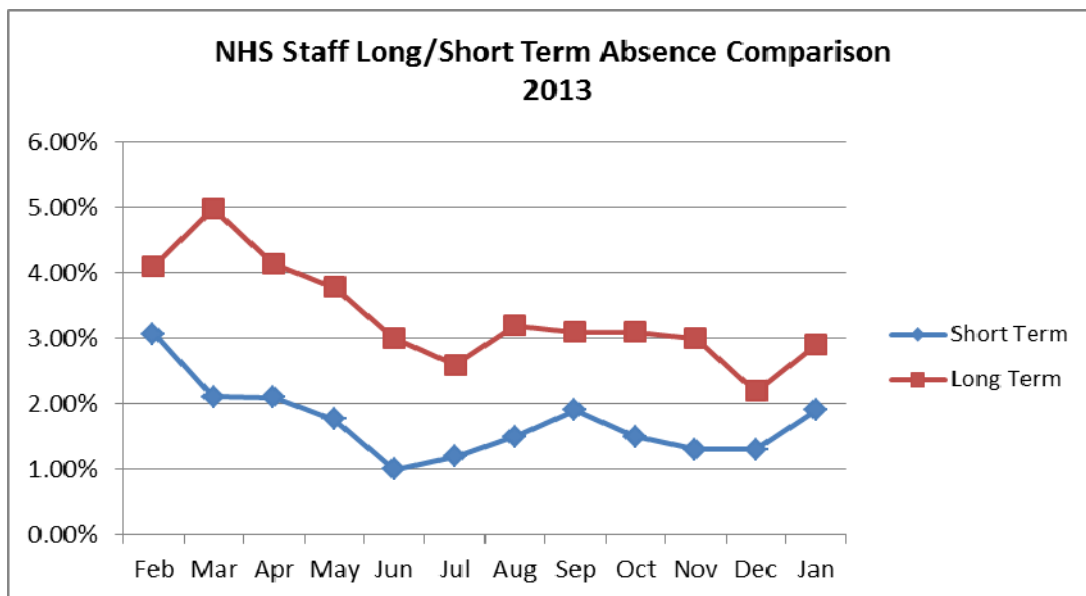
6.4.1 Due to differences in national reporting requirements, Inverclyde Council considers sickness absence in terms of either self-certified or medically certified, whilst the NHS requires absence to be considered in terms of short and long term absence (up to 28 days; over 28 days respectively).

6.4.2 **NHS EMPLOYED STAFF**

This makes direct comparison difficult, however chart 3 highlights that for NHS-employed staff, long term absence remains the greater contributing element, peaking at 5.0% in March 2013, before falling to below 3.8% in May and further reducing to 2.7% in July 2013. Short term absence peaked at 3.1% in February 2013 again reducing to 1.6% in August 2013.

6.4.3 It is recognised that short term absence is generally more manageable than long term absence, so the data indicate that reducing absence levels requires us to sustain a robust approach by management. Over the past 6 months managing attendance has become a core priority for the Senior Management Team.

CHART 3

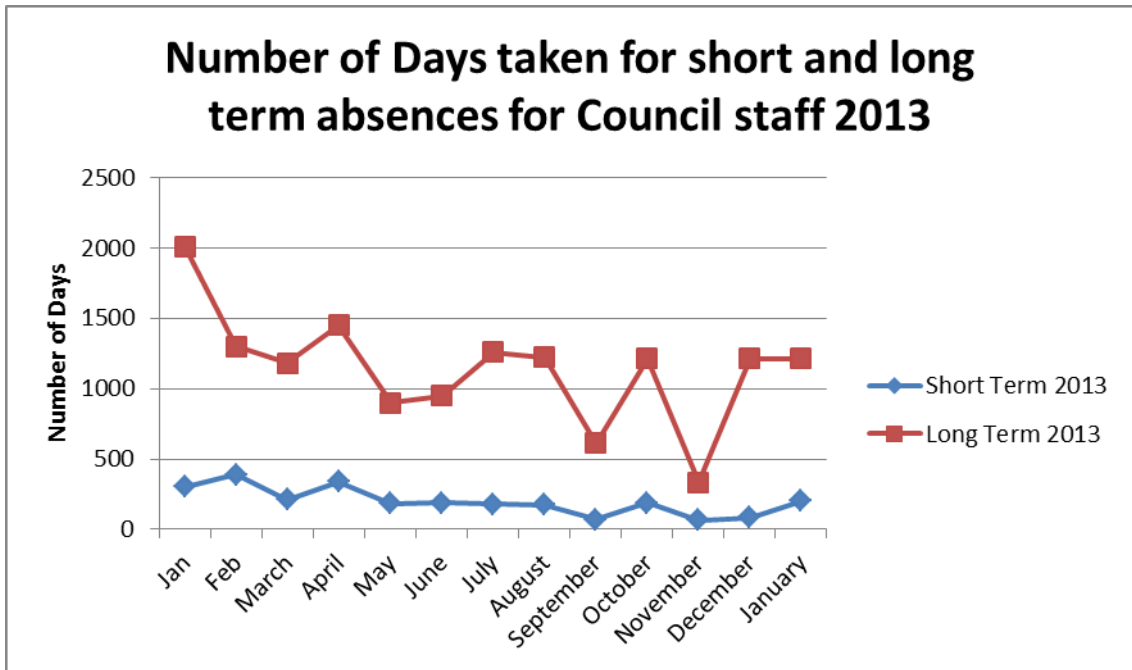


6.4.4 **COUNCIL EMPLOYED STAFF**

Chart 4 illustrates that over the reporting period more days were lost to medically certified long term absence than to self certified short term absence. With regard to medically certified absence the rate of 2000 days in January 2013 reduced to less than 500 days in October 2013. This represents an improvement but also that further work is required to ensure that this trend continues. In similar vein to the NHS position with long and short term absence, it is recognised that more can be done to manage self certified versus medically certified absence. Chart 4 also highlights that while self certified absence remains relatively constant, there is room for improvement.

6.4.5 Despite working with two systems, it is clear that the actions taken to improve attendance management – both short-term and self-certified – have taken effect but will need to continually be implemented across the whole CHCP to ensure absences remain at the lowest possible level.

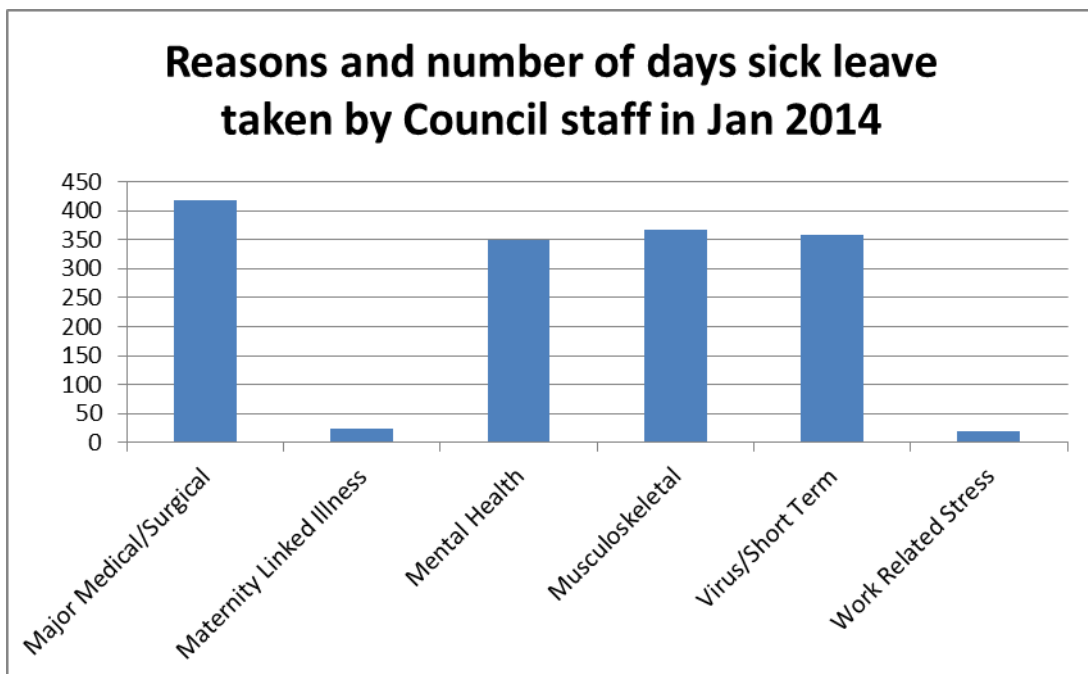
CHART 4



6.5 Reasons for Absence

Chart 5 illustrates the most common reasons for Council-employed staff being off on sick leave during January 2014. The information displayed in the chart shows the numbers of days lost. The most common reasons are reported as virus or short term illness; musculoskeletal; mental health, and major medical/surgical.

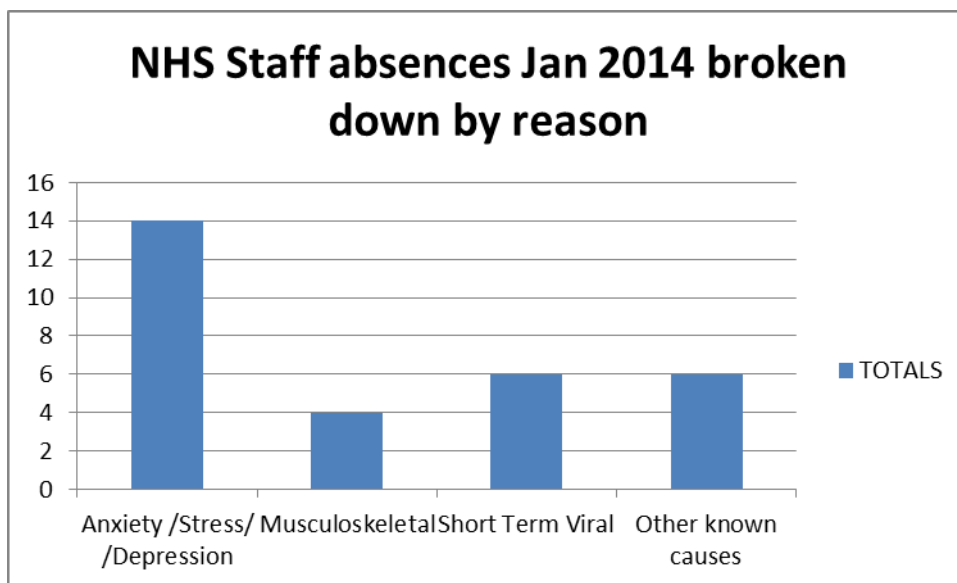
CHART 5



6.6 NHS EMPLOYED STAFF

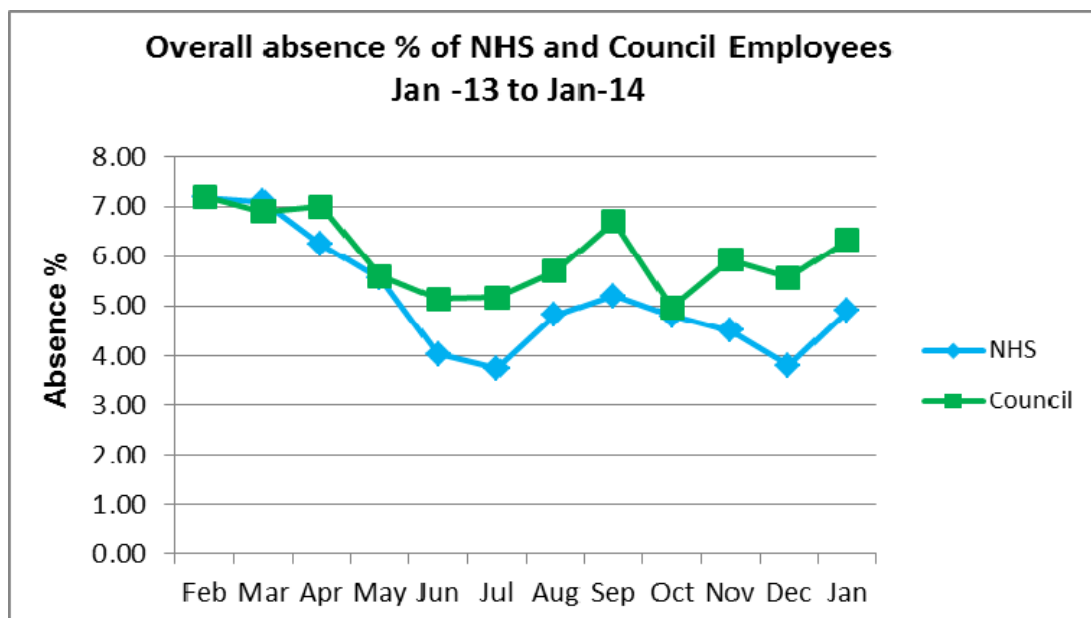
- 6.6.1 Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, with the highest number being related to anxiety or stress. Given that mental health is also a major reason for local authority staff, this is a priority for Senior Management.
- 6.6.2 It is important to support staff through illness, regardless of employing organisation, but equally there might be more we can do to enable staff to undertake some dimensions of their remit whilst perhaps not fully fit, but able to take on some tasks. This has been shown to promote recovery and help staff to remain feeling connected to their teams and jobs.
- 6.6.3 The results of the recent Staff Stress Survey are currently being analysed and will be considered to identify future actions to support staff to remain at work while dealing with stress sympathetically and effectively.

CHART 6



- 6.7 Whilst workforce information continues to come from two separate streams and uses two sets of parameters, it is still possible to take an overview of sickness absence across the CHCP. Chart 7 shows a welcome downward trend in overall sickness absence levels, albeit we are still some way away from our target performance level.

CHART 7



6.8 Management Focus

As stated, attendance management is a central focus for the CHCP management teams, and we have rolled out five Attendance Management Information Sessions with almost 200 CHCP managers, focusing on our policies and their robust and consistent implementation; the Corporate Director attended all the sessions. At the sessions examples of complex cases were discussed and we revisited the attendance management policies to reinforce the message. The CHCP Absence Champion continues to work with both HR services to identify further actions that will improve attendance levels.

7.0 **HEALTHY WORKING LIVES (HWL)**

7.1 The healthy working lives group is undergoing structural change in order to deliver better support for staff to engage and participate in and to ensure a focused action plan. Much of the work this quarter has been based on the Staff Stress Survey and HWL is now an integral part of communications and health and safety groups.

7.2 The stress survey was issued to all staff. This is part of the mental health aspect of the HWL Gold awards but is also of interest to the health and safety group. Analysis is still underway but initial results show that in both local authority and NHS, many staff members appear to be coping well with the pressures of work. We need to identify the supports that will enable those who are having to take sick leave to remain at work whilst working through stress issues where this is appropriate and in the best interests of the staff member.

A new running group is about to be launched (The Inverclyde Comets) which is an important contribution to ACTION STAFF, the legacy website for the Commonwealth Games. To support improving health further, no Smoking Day with the theme V for Victory on 12th March was opened out to all staff.

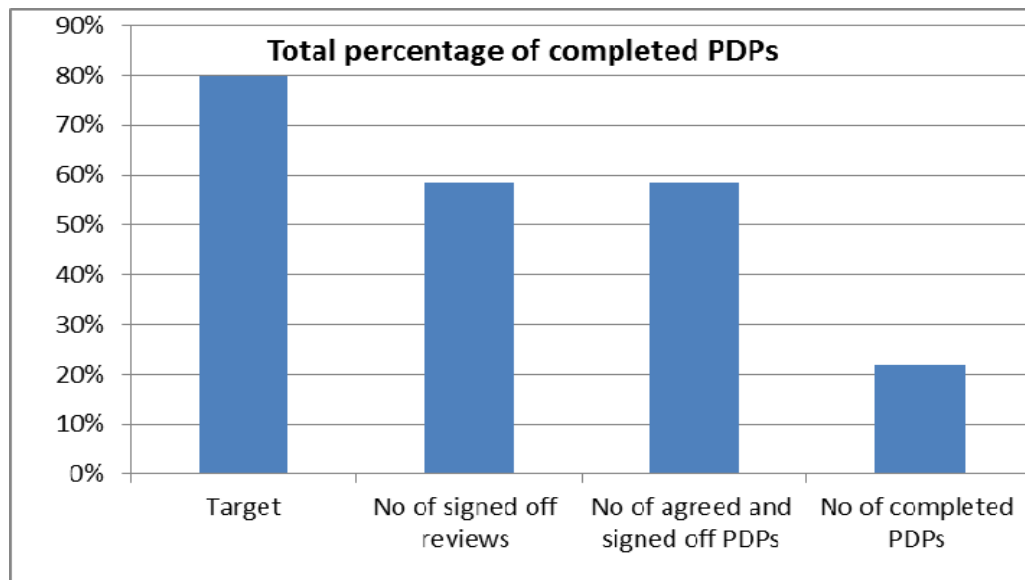
7.3 The Healthy Working Lives group is tying in relevant Cancer information for staff with a Big Breakfast event, which was held at the Wellpark Centre on 1st April 2014. Staff health checks have been planned for Wednesday 9th April, Tuesday 15th April, Tuesday 22nd April, Wednesday 30th April.

7.4 These workstreams will all continue to contribute to the requirements that ensure maintenance of the mental health commendation award and the gold award for healthy working lives.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

8.1 KSF compliance continues to be a challenging area. Performance at the end of March was 59%. Support for managers and staff to update personal development plans and reviews will continue to be provided, with more emphasis placed on one-to-one support where this is required to supplement the range of online support and training available via the KSF team corporately. KSF progress reports will be made available to all service areas to identify where improvements in performance are required to comply with organisational targets.

CHART 8

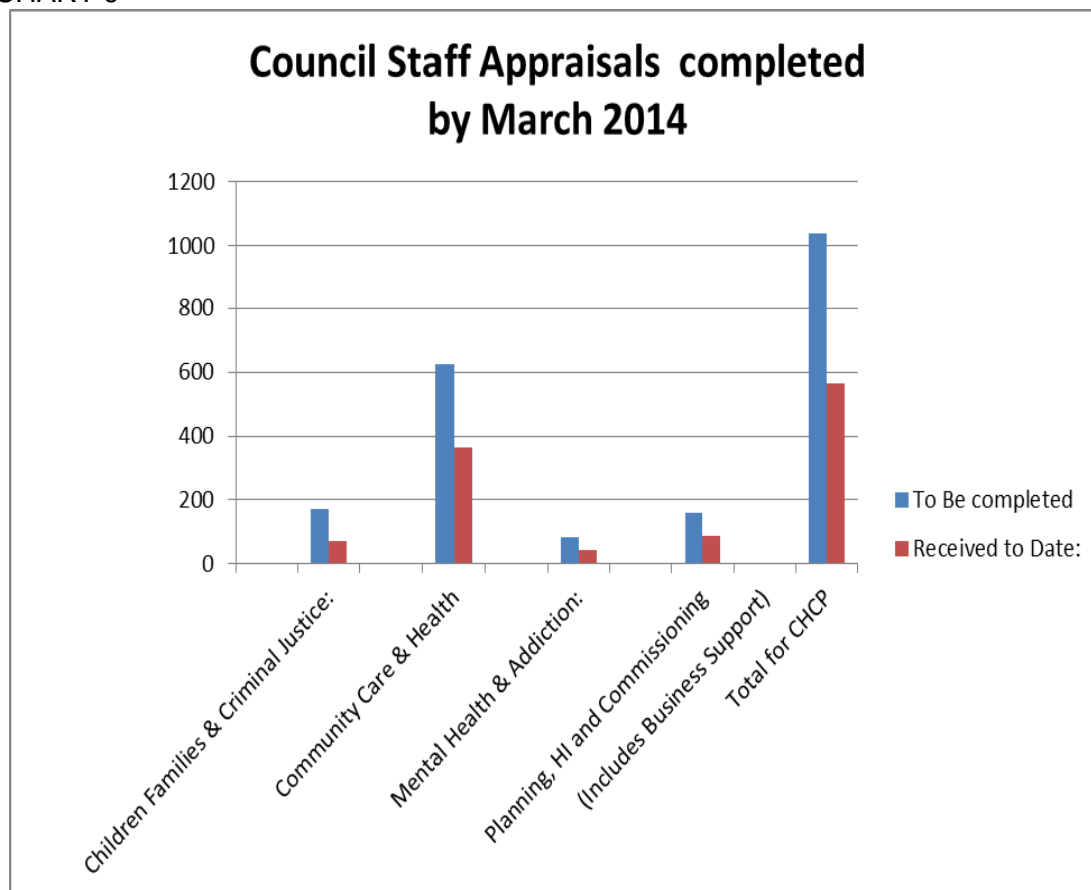


9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

9.1 Similar to KSF Appraisals continues to be a challenging area. Performance at the end of March was 58%, which is also disappointing. Progress reports will be made available to all service areas to identify where improvements in performance are required to comply with organisational targets.

9.2 For both KSF and Council Appraisals, there is now a requirement for each service to have this as a standing item for review in the Quarterly Service Performance Reviews. We anticipate that this level of focus will result in improved performance.

CHART 9



10.0 PROPOSALS

10.1 It is proposed that the CHCP Sub-Committee agrees to receive further workforce monitoring reports.

11.0 IMPLICATIONS

Finance

11.1 None at the time of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

Legal

11.2 None at the time of this report.

Human resources

11.3 None at the time of this report.

Equalities

11.4 None at the time of this report.

Repopulation

11.5 None at the time of this report.

12.0 CONSULTATION

12.1 The policies that underpin this report have been agreed through the Joint Staff Partnership Forum.

13.0 LIST OF BACKGROUND PAPERS

13.1 None

Report To:	Community Health & Care Partnership Sub Committee	Date:	24th April 2014
Report By:	Brian Moore Corporate Director Inverclyde Community Health & Care Partnership	Report No:	CHCP/24/2014/BC
Contact Officer:	Beth Culshaw Head of Health and Community Care Inverclyde Community Health & Care Partnership	Contact No:	01475 715387
Subject:	Caladh House (Turning Point Scotland) Residential Care Service Inspection of 27th & 29th October 2013 (Unannounced)		

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Sub-Committee of the outcome of the first Care Inspection of Caladh House (TPS), since assignation of the contract for the provision of residential care to Turning Point Scotland (TPS) on 17th December 2012.

2.0 SUMMARY

- 2.1 On 17th December 2012, following extensive consultation, and in agreement with Inverclyde CHCP, Caladh House Association assigned the existing Adult Residential Care Contract to Turning Point Scotland (TPS) as their preferred provider.

The assigned contract is currently in extension until 30th April 2014.

At a CHCP Sub-Committee of August 2013, approval was granted for the CHCP to negotiate directly with Turning Point Scotland as per Rule 3.2.3. (2) Of the Rules of Procedure - Contract for Procurement of Social Care Services.

Following negotiation with TPS a new contract has been developed and agreed by both parties and it is anticipated this will be issued to TPS by 1st May 2014.

- 2.2 As a result of the assignation process, TPS were required to register with the Care Inspectorate for the delivery of Adult Care Home Services. TPS have provided a registered Housing Support Service and Support Service (Care at Home) within Inverclyde for a number of years, however they did not hold registration for a Care Home Service. Therefore 3 registrations were required by TPS to comply with the Public Services Reform (Scotland) Act 2010.
- 2.3 The Care Inspectorate undertook an unannounced inspection of the service on 27th & 29th October 2013.

The outcome of this inspection provided grades of 5 across all themes, indicating an overall very good quality of service.

3.0 RECOMMENDATIONS

- 3.1 The Sub-Committee is asked to note the detail of the Care Inspectorate initial inspection of Caladh House (TPS) on 27th & 29th October 2013 and acknowledge the work undertaken by TPS in improving the care and support provided to residents.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 Caladh House (TPS) supports 10 adults with learning disability who have mixed care and support needs. Ages range from 32 – 81 years.
- 4.2 As a first time registrant the Care Inspectorate placed a condition on Turning Point Scotland registration for Caladh House (TPS), specifying service users must have access to en-suite facilities by the end of the year (2013). The registration places were limited to 10 whilst the condition of registration was met. At the inspection in October 2013 the Care Inspectorate were satisfied that the service has met this criteria by evidencing plans to enhance the quality of the environment in the plan to re-model the service.
- 4.3 At a previous Sub-Committee on 9th January 2014, approval was granted for use of funding by the CHCP for the re-design of the Caladh premises at Bank Street; this would provide a supported living model of service promoting independence, choice, control and dignity for service users. A feasibility study is currently being undertaken by Inverclyde Council's Property Assets & Facilities Management to inform this re-design.
- 4.4 Turning Point Scotland has been supporting the residents at Caladh House for approximately 14 months with many of the previous Caladh House Association staff transferring to TPS. This has allowed for continuity of care for the residents.
- 4.5 Contract Monitoring and Care Management information including feedback from residents, families and representatives indicates that the service is operating to a high standard with support packages delivered to meet individual needs and with evidence of positive outcomes for residents emerging.

5.0 CURRENT POSITION

- 5.1 The Care Inspectorate is the independent scrutinising and improvement body for care services in Scotland. Through inspections and in seeking feedback from service users, carers, staff and stakeholders, the Care Inspectorate ensure people are receiving a high quality of care and ensure services promote and protect the rights of their service users.
- 5.2 On 27th and 29th October 2013, the Care Inspectorate assessed the performance of the Caladh House (TPS) service.

The grades below represent this assessment:

SUMMARY OF GRADES

Quality of Care & Support	Quality of the Environment	Quality of Staffing	Quality of Management & Leadership
5	5	5	5

1 – Unsatisfactory. 2 – Weak. 3 – Adequate. 4 – Good. 5 – Very Good. 6 – Excellent.

- 5.3 The Care Inspectorate carried out a low intensity inspection, indicating their satisfaction that Caladh House (TPS) are, "working hard to provide consistently high standards of care".

During inspection, the Care Inspectorate sought feedback from Caladh residents and their families both by questionnaire and in person.

The inspection process included a review of a range of policies, procedures, records and other documentation.

5.4 The Inspection

1. Quality of Care and Support - Graded 5 – Very Good.

Overall the Care Inspectorate reported the service was very good at involving residents in the assessment and development of the service they receive. The service was also assessed as very good at ensuring health needs are met. The Care Inspectorate highlighted the high level of involvement of service users and families in the future plans for the re-design of the service both with TPS and with the CHCP. Feedback from service users and families was very positive, both believing they were listened to and actively had a role to play in developing the service.

Residents expressed a view that the support they received from TPS was much improved over previous support and they felt more in control of this support.

The Care Inspectorate highlighted an area of improvement in ensuring that residents are fully able to contribute in the reviewing of their support in considering various methods of communication as appropriate for individual residents.

One requirement for this quality theme is in relation to recording the administration of topical creams and drops. This requirement was met within a week of the inspection.

2. Quality of the Environment – Graded 5 – Very Good.

The Care Inspectorate was particularly impressed at the level of participation by residents/carers in improving the quality of the environment of the service and believed this to be a service strength. Highlighted was the consultation and involvement of residents. Commended were the growing relationships between TPS staff and management, residents and carers. This participation statement within the theme was graded 6 – excellent.

One specific requirement within this area was that TPS must ensure that staff who have a 'key worker' role are registered with the Scottish Social Services Council (SSSC). This was an oversight by TPS as a newly registered Care Home service. This requirement was met by December 2013.

3. Quality of Management and Leadership – Graded 5 – Very Good.

In terms of ensuring residents and families participate in assessing and improving the quality of Management & Leadership of the service, the Care Inspectorate view the service as excellent. This is due to the work carried out with residents' families and with the CHCP in developing the service. TPS have established a "trust" with residents and families in the 14 months since taking over the service.

The inspection highlighted, "a thorough internal assessment by TPS of the service's strengths".

In summary, the Care Inspectorate was "impressed with the progress that TPS has made since taking over the service". Highlighted is the view by residents and families that the care and support delivered to them by TPS has greatly improved over the past 14 months.

The consultation work undertaken with the CHCP has ensured that residents and their families' interests have been taken into account. The Care Inspectorate viewed this process as excellent practice. All necessary improvements highlighted were met within weeks of the inspection visit.

6.0 PROPOSALS

- 6.1 It is proposed that the Sub-Committee note the outcome of the first care inspection of Caladh House (TPS), and acknowledge the work undertaken by Turning Point Scotland in much improving the care and support to all 10 residents within the service.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 None.

Human Resources

7.3 None.

Equalities

7.4 EQIA Required.

Repopulation

7.5 None

8.0 CONSULTATIONS

8.1 Consultation has taken place with TPS, Caladh residents and families.

8.2 Consultation has taken place with Legal Services.

8.3 Consultation has taken place with Property Asset Management.

8.4 Consultation has taken place with Care Inspectorate.

8.5 Consultation has taken place with Care Management and CLDT.

10.0 LIST OF BACKGROUND PAPERS

10.1 None

Care service inspection report

Turning Point Scotland Caladh House

Care Home Service Adults

14/16 Bank Street

Greenock

PA15 4PH

Inspected by: Colin McCracken

Type of inspection: Unannounced

Inspection completed on: 17 December 2013



HAPPY TO TRANSLATE

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Service provided by:

Turning Point Scotland

Service provider number:

SP2003002813

Care service number:

CS2012312217

Contact details for the inspector who inspected this service:

Colin McCracken

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The consultation work which has gone into ensuring that service users and their relatives interests have been taken into account in the development of the service has been excellent.

What the service could do better

The service should amend their medication audits to ensure that they include the use of prescribed topical creams to ensure that they are applied in line with the medication records.

What the service has done since the last inspection

The service has improved the quality of support plans over the last year they have also worked with the local authority to progress plans to change the fabric of the building to bring it up to modern standards.

Conclusion

We were impressed with the progress that the Provider has made in the year since taking over the service. More importantly the people who use the service and their relatives are happy with how the service has improved over the last year. This is the first time that this service has been inspected since the provider became Turning

Point Scotland therefore there are no recommendations and requirements to follow up from the previous inspection.

Who did this inspection

Colin McCracken

1 About the service we inspected

This service was registered with the Care Inspectorate in December 2012 when Turning Point Scotland took over from the previous provider. As such this is the services first inspection since it was registered.

The service is registered to provide a care home service for a maximum of 10 people who have a learning disability. The service is situated in Greenock close to the town centre. One of the conditions of the service's registration is that the provider had to evidence to the Care Inspectorate that it had plans in place to provide en-suite facilities for the people living within the home by December 2013. The service has met this criteria by evidencing plans are in place with an expectation that funding will be in place to make the plans a reality in the near future.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

The inspection was carried out by one Inspector, Colin McCracken, on the 27th of October between the hours of 9.45am and 5.00pm and on the 29th of October from 9.30am to 5.30pm. Feedback was given to the manager at the end of the 2nd day of the inspection. Following feedback further information was received 17 December from the manager which concluded the inspection. The first day of the inspection was unannounced which means that the service did not know we were coming.

Prior to the inspection, we sent 10 Care Standards questionnaires to the service to pass out to service users and an additional 10 questionnaires to be passed on to their families. Of these 5 and 8 respectively were completed and returned to us. These gives individuals the chance to contribute to the inspection and to do so anonymously if they wish.

During the inspection we had individual discussions with a range of people including:

- The manager
- 5 service users
- 2 relatives
- 2 support workers
- The cook
- Care Manager

We also carried out a review of a range of policies, procedures, records and other documentation, including the following:

- care plans
- Resident's meeting minutes
- Family meeting minutes
- Incident and accident book
- service information pack
- Service's development plan
- Staff training checklist
- Employee Induction procedure

- Staff meetings
- Staff personnel files
- Supervision minutes
- Staff appraisals
- Complaints folder
- Training records
- Medication policy
- Questionnaires and the service's evaluation of them
- Public liability insurance certificate
- Financial records
- Maintenance records
- Quality assurance audits

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: No

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. It could be improved by including more information about what the outcomes have been for people as a result of the support that they receive.

Taking the views of people using the care service into account

Prior to the inspection we sent out 10 care standard questionnaires to the service and asked them to be distributed to people who use the service. 5 were returned and all of them were positive about the overall quality of the service provided.

During the inspection we had the opportunity to speak with 5 people who were using the service. All of them were very happy with the service that they received.

Comments people made are included throughout the report.

Taking carers' views into account

Prior to the inspection we sent out 10 care standards questionnaires to the service and asked them to distribute them to the relatives of the people who live in the service. 8 were returned to us and all were positive about the quality of the service.

We also spoke with 2 relatives on the phone who were very positive about the improvements which had taken place in the service over the last year.

Comments people made are included throughout the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was very good at involving people who use the service in the assessment and development of the service which they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service as well as those returned from their relatives
- Interviews with service users
- Interviews with relatives
- Participation strategy
- Minutes of residents meetings
- Minutes of family meetings
- Service user's presentation on the service development

There are regular service user meetings; these discuss a range of things from menu planning and activities to how the service will develop. There are plans in place to change the internal structure of the building to modernise it. This will involve creating either en-suite facilities or individual flats. Service users and their relatives are involved in these discussions and representatives from the service users took part in a presentation about the planned changes to relatives and senior council staff.

The provider has a local participation policy which is covered as a core part of the staff induction procedure, all staff within the service have undergone the providers

induction procedure so all staff should be aware of the policy and the staff we spoke with were aware of it.

The provider has started using care plans which are outcome focused; by this we mean that care planning considers how the success of the support provided can be measured for each individual. These were an improvement over the previous care plans. More importantly the people who use the service told us that they felt better supported and more in control of the support they receive since Turning Point Scotland took over the service.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "Our presentation went really well last night."
- "I have reviews every 3 to 4 months."
- "They'll listen to your problems and they will do something about them."
- "I feel in control of the support I get now that TPS have taken over."

Comments from relatives we received in relation to this statement included:

- "We have met with the head of social work to discuss the way forward."
- "The presentation was really a big hit the other night."
- "It's really great to be listened to."
- "We feel that we have a real say now."

Areas for improvement

The provider should consider using different formats for review meetings depending on the needs of the individual. The review minutes we sampled were all similar in style which is based on a standard social work format. This is appropriate for many of the people who use the service, for others it may be more beneficial to use more person centred review formats such as using videos and photographs to explain what someone has done or would like to do.

Care plans allow space for key workers to ask service users to sign as evidence that they have been consulted and agree with the plan; however we came across several unsigned sections. The service should look to address this.

The management team should consider how they can involve service users, their relatives and staff in the completion of their self-assessment which we will ask them to complete prior to their next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was very good at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Care plans
- Medication policy
- Risk assessments
- Interviews with service users
- Interviews with relatives
- medication policy
- Incidents and Accident folders

When we interviewed staff their responses demonstrated that they were aware of the needs of the people that they supported. Staff had received training on; moving and assistance, personal care, diabetes, protection of vulnerable adults, adult support and protection, administering of medication and epilepsy awareness. Staff told us that additional training would be sourced if a service user's support needs required it.

People who use the service told us that they were being encouraged to be more active than they had previously; for example they told us that there were more staff available to go out for walks with them than had been previously.

Care plans included considerable information about service user's medical and health related issues and this was regularly reviewed and updated. There was also evidence that the service had accessed community learning disability professionals and others for support and advice. The involvement of these associated professionals was evidenced and implemented within the care plan documentation. This gave a picture of considerable coordination and cooperation to ensure that service users had access to a variety of health related professionals to ensure that they received the optimum care available.

Issues regarding the people who use the service are raised at regular meetings and generally support plans are updated and reviewed when necessary and on a regular basis. We sampled both review meetings and care plans during the inspection.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "There is more staff looking after us since Turning Point took over."
- "We get out more since Turning Point took over."
- "I'm getting more help now."

- "I'm getting out more for wee walks with the staff."
- "They help me to check my bloods regularly."
- "The best thing about staying here is that I am with the rest of the gang."

Comments from relatives we received in relation to this statement included:

- "There has been a huge improvement in the standard of care since TPS took over."
- "My relative has never been so well cared for."
- "Since Turning Point took over I can see a big change in my brother, he's more outgoing."

Areas for improvement

We looked at the medication records that the service keeps for the people it helps support with their medication. We saw that there were gaps in the recording of topical creams and eye drops. The provider must ensure that people are supported with these in line with the prescriptions sent to the service. (See requirement one under this statement)

There were a couple of incidents within the services accident and incident records which although appropriate action had been taken at the time care plans had not been updated to reflect what had happened. While other events such as accidents had resulted in appropriate changes to care plans, the management team should ensure that care plans are updated following any significant incident. (See recommendation one under this statement.)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. If service users have creams prescribed from their general practitioner stating how frequently they have to be applied, records need to be kept up to date to evidence that this has been done.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4 (1) (a) A Provider must make proper provision for the health, welfare and safety of service users.

Timescale to address this - Within a week of receiving this report.

Recommendations

1. The provider should add into their quality assurance procedures checks to ensure care plans have been updated following accidents or incidents.

NCS 15 Care Homes for People with Learning Disabilities - Keeping Well -
Medication

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

The service was excellent at ensuring that service users, their relatives and other stakeholders such as the social work department had participated in assessing and improving the quality of the environment. We considered the following information under this statement:

- Services questionnaires returned from families and social workers
- Service information packs
- Care plans
- Care Review minutes
- Interviews with service users
- Interviews with staff
- Service participation policy
- Service user's presentation on the development of the service

The people who live in this service have lived together as a group for over 20 years. Just over a year ago this service was at risk of being closed for various reasons including the need to meet the National Care Standards for care homes for people with learning disabilities. So in addition to the strengths which were outlined about participation under statement 1.1 the service has worked with; service users, their families and the social work department to ensure that the people who live in the service are able to continue living together as a group. Service users and their relatives told us this had been their main concern when discussing the future of the service.

Through a long period of consultation, applications for funding have been submitted to allow the provider to either change the existing building into single flats or create en-suite rooms bringing the building up to modern standards. Service users were involved in the presentation for the funding application. We viewed the presentation and spoke to service users who had been involved in it.

The consultation process has been handled particularly well as service users and their relatives did not know the provider previously and therefore the management and staff had to build a trusting relationship from scratch and the feedback that we have received from service users and their relatives is that; the change has been really positive, that they feel they have been fully involved in the consultation process and they have trust that they will continue to be involved in decisions around the development of the building.

Care reviews were being monitored to ensure that they were taking place every 6 months. These meetings gave individuals the opportunity to discuss the communal environment and personal space within the homes. There was evidence that people had raised issues about their bedrooms, everyone's bedrooms had been decorated since the last inspection and people who use the service told us that they were able to go out with their key worker to choose the colour of their paint or wallpaper and the carpets for their bedrooms.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I had my room painted and I chose the colours."
- "The residents chose the carpets; there's been a total refurb."
- "Our presentation went really well last night."
- "Individual flats sounds like a plan to me."
- "I went out with my key worker and picked all my furniture."

Comments from relatives we received in relation to this statement included:

- "They have made great strides in tidying up the house since they took over."
- "We had to fight to keep the service but Turning Point and the social work department have really been great to work with."
- "Our wishes and concerns are listened to now."

Areas for improvement

The management team could improve the way they write their self-assessment which they send to us so that they fully capture the work that has gone into involving service users and their relatives in the assessment and development of the service. At present the self-assessment does not capture this.

The management team should continue to involve service users and their relatives in the discussions around the development of the building.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We assessed that the service was good at ensuring that the environment was safe and that service users were protected. We arrived at this conclusion after considering the following information:

- Written agreements
- Accident and incident forms
- Risk assessments
- Health and safety policies and practices
- Registration Certificate
- Public Liability Insurance Certificate

All staff are given health and safety training as part of their induction. Senior staff carry out health and safety audits on a regular basis. We saw these during the inspection.

The service completes personal emergency evacuation procedures for each service user, this is to keep people safe in the event of a fire.

The provider operates safer recruitment practices with all staff requiring to undergo an enhanced disclosure check with newer staff having to undergo a Protection of Vulnerable Groups (PVG) check.

A sample of staff rotas demonstrated that staffing levels are met and at times exceeded their minimum staffing levels as laid out in the registration certificate. The minimum staffing levels and registration certificates can be viewed at on the notice board at the reception area.

The service takes a multi-disciplinary approach to trying to ensure that service users are protected. By this we mean they link in with the social work department, community learning disability team and psychiatric and other medical services where appropriate. This was made clear from the care plans that we sampled.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "There is more staff on now to look after us."
- "I feel safe here."

Comments from relatives we received in relation to this statement included:

- "Money is properly accounted for and the place is properly staffed."

Areas for improvement

The service at the start of the inspection did not have all the staff who hold key working responsibilities registered with the Scottish Social Services Council. The manager did forward us evidence by the end of the inspection that all staff who meet registration criteria had now submitted their registration forms. It is a requirement that the providers keep up to date and comply with the registration criteria for all social service workers as laid down by the Scottish Social Service Council. (See requirement one under this statement.)

The service hope to be in a position to offer people en-suite facilities at sometime over the next year once funding has been made available.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that managers are aware of the eligibility criteria for registering staff with the Scottish Social Services Council and comply with this criteria.

This is to comply with: SSI 114 Regulation 13 Staffing. A provider shall, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of service users - (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

Timescale to address this - Within a week of receiving this report.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The service was very good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff

Questionnaires used by the service to get people's views included questions on the quality of staffing. The responses that we viewed were positive. We also saw minutes of meetings where issues about quality of staff were mentioned and discussed.

Review records showed that people who used the service could give their views about the quality of staff at review meetings.

Each individual has a service user agreement between themselves and Turning Point Scotland. This includes a section on recruitment asking if you would like to be involved in choosing your staff, how you would like to be involved and if you would like your representative to be involved in the recruitment of staff. We spoke with service users who had participated in the recruitment of staff.

All the people who use the service that we either spoke with or who returned care standards questionnaires were very positive about the quality of staffing within the service. For example 100% agreed with the statement 'staff know my likes and dislikes and preferences and do what they can to meet them.' Comments made from service users included:

- "Staff are getting on better with us since Turning Point took over."

- "I like helping with the cleaning on a Monday and Wednesday."

Comments from relatives we received in relation to this statement included:

- "He has a really good key worker who gets the best out of him, he really relates to her."

See also Quality Statement 1.1. for general strengths in relation to participation.

Areas for improvement

While it is good that service users are offered the chance to take part in staff recruitment and as mentioned above several people have done this; those who had had not been given any training on recruiting staff. This is an area that the provider should consider.

The provider should consider having a section within the staff appraisal process which encourages managers to record feedback from service users and carers.

The provider has a standard probationary period for new staff prior to their position being made permanent. The provider should consider how they can evidence that service user's opinions have been sought as part of this process.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found the service's performance in the areas covered by this statement was very good. We concluded this after considering the following:

- Interviews with management /staff/ service users and relatives
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes

Staff views on the service were sought through staff questionnaires. Staff meetings were also held regularly. The staff that we spoke with told us that they had contributed to the service's self-assessment. Staff came across as being very positive when we spoke with them about their work. They also told us that they felt valued and well supported by management.

The provider has a supervision policy which makes clear what the role and purpose of supervision is, the minutes we looked at demonstrated that the provider's policy was being followed and a supervision planner was given to us to evidence that time is set aside regularly for supervision. We sampled the minutes from some supervision sessions and this evidenced that good practice and areas for development are discussed.

The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards. For example; Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing.

The management explained that the provider was developing training opportunities for staff and training dates for staff were already in the diary for 2014, these included; adult support and protection, epilepsy awareness, moving people, food hygiene, first aid. Some of these courses were for new staff and some are refresher courses for experienced staff.

The people who use the service told us:

- "The staff are brilliant."
- "The staff are more friendly now."
- "I feel in control of the support I get now that TPS has taken over."

Comments from relatives we received in relation to this statement included:

- "Staff are well trained and seem highly motivated to improve the lives of residents."

Areas for improvement

As the service has only been in existence for one year few staff have had an annual appraisal, the management team should ensure that the appraisal system is up and running this year.

Once all eligible staff are registered with the Scottish Social Services Council (SSSC) they have to complete a minimum amount of training each year. The management team should ensure that staff are supported to identify enough training to meet their registration requirements.

The management team should continue to build up a resource library for staff to access best practice information; this can include a list of useful website for staff to access.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

We have graded this statement as excellent due to the work which the management and leadership has carried out with service users, their relatives and the social work department regarding the development of the service. We considered the following information in grading this statement:

- Discussions with relatives
- Discussions with service users
- Interviews with management and staff
- Corporate plans
- Returned questionnaires
- The services aims and objectives
- Advocacy meeting minutes
- Discussions with senior social work management
- Correspondence with a care manager

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service has involved me in developing the service for example asking for ideas and feedback.' Discussions we had with relatives confirmed this.

From what we were told the provider has established a trust with service users and their relatives. This was important as just over a year ago, prior to Turning Point Scotland taking over the service, one of the options being considered was that the care home should close and people living in the home would move to different places. This was not a popular choice with those living in the home or their relatives. Through regular meetings with residents and relatives and the social work department an agreement has been made that the building will either be made into individual flats for the people who live in the home or they will be given on-suite rooms.

As mentioned previously service users have been involved in the presentations made for grant applications. Relatives and residents have both met with architects over what the building could look like following renovations.

Several people also remarked that the service has encouraged people to be more independent. As a result of the joint work, service users and their relatives told us that the change of provider has been a very positive move.

Service user told us:

- "The management are brilliant."
- "The manager is a gentleman and a scholar."
- "The management are very fair, they will listen to your problems and they'll do something about them."
- "The best thing about being here is I'm still with the rest of the gang."
- "The best thing is I feel more independent now."

Relatives that we spoke with said in relation to this statement:

- "We have met with the head of social work to discuss the way forward."
- "The presentation was really a big hit the other night."
- "It's really great to be listened to."
- "We feel that we have a real say now."
- "One year on both my relative and I are completely reassured by the quality of the care received in every respect."

Areas for improvement

The management team should involve service users and relatives in developing their self- assessment prior to next year's inspection.

The manager told us that they wish to continue to support people to achieve as much independence as they are safely able to achieve. This is something that they are working towards at services users own pace.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service was good in relation to this statement. We considered the following information in grading this statement:

- audits of questionnaires
- Care standards questionnaires returned from service users and carers
- feedback from minutes of meetings
- direct observation and feedback on staff practice
- accident and incident reports
- audits and reviews of care and support plans
- audits of medication procedures
- Feedback from other professionals
- Feedback from service users and carers

100% of the people who returned care standards questionnaires to us agreed or strongly agreed with the statement that 'overall I am happy with the quality of care and support the service gives me.' We viewed the feedback from questionnaires given out by the service themselves and they had a similar response.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that the manager discusses; service audits, supervision, training and development plans during these meetings. As a result staff that we spoke with were aware of the standards expected of them and that their performance would be monitored by management.

Needs assessments and risk assessments are monitored monthly we saw evidence that they are increased or decreased depending on the risk to the individual. This is important as risk assessments which are not up dated on a frequent basis are of less value.

The provider uses the EFQM Excellence Model which aims to inspire organisations to achieve sustainable excellence by engaging leaders to learn. EFQM awarded Turning Point Scotland an award in excellence, their report stated "It was very clear that Turning Point Scotland always wants to push forward and test itself and examples such as the external governance review of the organisation support this mentality."

The provider has a standard quality assurance tool which the manager has completed on the service. This tool is evidence based meaning that the manager has to provide examples to his line manager of how the service has met the standards set by the

organisation. We looked at this and it appears to be quite a thorough internal assessment of the services strengths.

In relation to this statement people who use the service told us:

- "Things have been excellent since Turning Point took over."
- "The manager is a gentleman and a scholar."
- "It's been absolutely excellent."
- "I'm tickled pink with the help I'm getting."

Comments from relatives we received in relation to this statement included:

- "The quality of care in all its aspects has greatly improved."
- "There has been so many improvements made in the last year."
- "Since Turning Point took over all aspects of the service have improved."
- "People look healthier and happier since Turning Point took over."

Areas for improvement

As mentioned under statement 2.2 the service needs to ensure that all eligible staff are registered with the Scottish Social Services Council.

As mentioned under statement 1.3 the service should review their medication audit to ensure it includes topical creams and eye drops.

The management should ensure that when they make notifications to the Care Inspectorate they update them as appropriate.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

No additional information.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	4 - Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	4 - Good

6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Translations and alternative formats

This inspection report is available in other languages and formats on request.

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Web: www.careinspectorate.com

Report To: Community Health & Care Partnership Sub Committee **Date:** 27 February 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:**

Contact Officer: Beth Culshaw
Head of Health & Community Care **Contact No:** 01475 715387

Subject: INSPECTION OF THE RESPITE UNIT, HILLEND CENTRE

1.0 PURPOSE

- 1.1 To advise members of the outcome of the inspection conducted by the Care Inspectorate in relation to the Respite Unit at the Hillend Centre.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection of the Respite Unit at Hillend on 9 December 2013.
- 2.2 The grades achieved continue to demonstrate the sustained improvement achieved by the service in recent years.

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

3.0 RECOMMENDATIONS

- 3.1 That the Sub-Committee note the outcome of the Inspection.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 Inverclyde Council's Respite Unit is registered to provide a short break and respite service to a maximum of 3 people (at any one time) with a physical disability, a learning disability or mental health problem. A respite service is also provided to carers and relations in the community. The service also provides support to clients outwith the Hillend Centre. For example, staff will support someone in their own home providing a break for their main carer.
- 4.2 The Respite Unit sits within the Hillend Centre in Greenock. There are currently 3 single bedrooms each with full en-suite facilities, with plans to extend to a 4th bedroom in the coming months. Those on respite can spend time in their bedrooms or the Unit's sitting/dining room and conservatory. Residents have access to a large, well maintained, secure garden.
- 4.3 The inspection resulted in no recommendations or requirements for the service, within the three recommendations from the previous inspection in November 2012 outlined below all recommendations are now met.

- First recommendation:

The service should use the guidance from the Health and Safety Executive with the use of bedrails. A system should be adopted that records checks made when using this equipment and should reflect when the equipment is maintained. This is to comply with NCS Short Breaks and Respite Care Services, Standard 9.5 Feeling Safe and Secure.

- Second recommendation:

The service should review the current domestic support, and ensure that standards of cleanliness are monitored and maintained. This is to comply with NCS Short Breaks and Respite Care Services, Standard 9 Feeling Safe and Secure.

- Third recommendation:

The service should retain the signatures and initials of all staff who administer medication. The service should record the temperature of the fridge that is used to store any medicines. This is to adhere to the Royal Pharmaceutical Society Guidance; The Handling of Medicines in Social Care and NCS Short Breaks and Respite Care Services, Standard 15.2 Keeping Well – Medication.

- 4.4 Throughout the Inspection Report, there are a number of comments in relation to the staff and culture of the unit, coming together to reflect an overall very positive insight into the service provided at Hillend. Several examples of these are outlined below.

Within the Quality Theme, Care and Support, it is noted that people on respite and their relatives said that the manager has an "open door policy", that staff are approachable and always make time to talk and listen to their comments or concerns. Families said this put them at ease when a relative was on respite.

The Respite Unit uses the key worker system. Key workers keep in touch with families, make sure support files and plans are up to date and that respite periods are enjoyable and meaningful.

- 4.5 Additionally, it is noted that support plans show that the service has good relationships with the social services and GP practice. There were good examples of professional co-operation. Staff will contact GP's if they have any questions regarding a client's health or medication. During the inspection we saw that staff were friendly and respectful. In conversation it was obvious they worked well as a team and displaying a positive attitude.

Building upon this, within the Quality Theme, Staffing, it is highlighted that staff said that the manager encourages a transparent and open culture. Staff said they feel comfortable discussing areas of their and colleagues' practice.

5.0 PROPOSALS

5.1 The Inspection highlighted no further requirements or recommendations.

6.0 IMPLICATIONS

Finance

6.1 No financial implications.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

Legal

6.2 No specific Legal implications.

Human Resources

6.3 No specific Human Resource implications.

Equalities

6.4 No specific Equalities implications.

Repopulation

6.5 No specific repopulation implications.

7.0 CONSULTATIONS

7.1 No specific consultation required.

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate Report.

Care service inspection report

Respite Unit

Care Home Service Adults

Hillend Centre

2 East Crawford Street

Greenock

PA15 2BT

Telephone: 01475 715948

Inspected by: Colin Goldie

Type of inspection: Unannounced

Inspection completed on: 9 December 2013



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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001081

Contact details for the inspector who inspected this service:

Colin Goldie

Telephone 0141 843 6840

Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

We found that the manager and staff were experienced and familiar with the likes, dislikes and support needs of people receiving respite. We decided this after reading support files and talking to the manager, staff, relatives and people on respite.

Respite can be provided in the three bedroom Respite Unit or for a few hours in someone's home. This allows families and carers time to relax and have a break from caring.

The service is very good at finding out people's views and opinions. One way it does this is by using the Your Voice Forum.

When we talked to people using the service they said that they were very happy with the support provided.

People are encouraged to choose what they do when receiving support, for example activities, gardening, socialising, trips out and meals.

We found the service and staff to be warm, welcoming and homely. The service was seen to be very responsive to people's changing needs and wishes.

What the service could do better

The manager should consider how those on respite and their relatives can be involved in completing the service's self assessment.

What the service has done since the last inspection

There were three recommendations arising from the last inspection. These have been met.

Please read the report for details.

Conclusion

Everyone spoken with during the inspection was very committed to making sure that the Respite Unit meets people's expectations and needs.

When speaking with staff and observing their practice it was evident that they work hard to make people's respite break enjoyable and meaningful.

We saw that people on respite were confident about exercising choice, and that they were provided with individualised care and support.

Who did this inspection

Colin Goldie

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This care service was previously registered with the care commission and transferred its registration to the care inspectorate on to 1 April 2011.

Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Inverclyde Council's Respite Unit is registered to provide a short break and respite service to a maximum of 3 people (at any one time) with physical disability, a learning disability or mental health problem. A respite service is also provided to carers and relatives in the community. This service provides support to clients outwith the Hillend Centre. For example staff will support someone in their own home, providing a break for their main carer.

The Respite Unit sits within the Hillend Centre in Greenock. There are three single bedrooms, each with full ensuite facilities. Those on respite can spend time in their bedroom or the units sitting/dining room and conservatory. Residents have access to a large, well maintained, secure garden. One of the residents takes great pride in this areas upkeep.

The service aims to -

- provide an efficient and effective service that lets service users remain as independent as possible while promoting a high standard of care

- create a safe, welcoming and friendly environment as well as respecting the service user's right to privacy, dignity, choice, safety and self-expression.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written by Colin Goldie (Inspector) following an unannounced inspection on Monday 9 December 2013.

During this inspection information was gathered from a number of sources:

We spoke at length with:

The manager, key workers and clients.

We looked at:

Support files.

Review minutes.

Risk assessments.

Daily notes.

Quality assurance questionnaires.

Your Voice audit and recommendations.

The service's action plan.

Maintenance and safety checks.

Supervision records.

Training records.

Training diary.

Staff meeting minutes.

Returned staff and clients/family questionnaires.

Registration Certificate.

Private and public areas of the service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality

themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

There were three recommendations in the last inspection report;

1. The service should use the guidance from the Health and Safety Executive with the use of bedrails. A system should be adopted that records checks made when using this equipment and should reflect when the equipment is maintained. This is to comply with NCS Short Breaks and Respite Care services, Standard 9.5 Feeling Safe and Secure.

We saw that the manager had addressed this issue. HSE guidelines were in place and in use.

The recommendation is met.

2. The service should review the current domestic support, and ensure that standards of cleanliness are monitored and maintained. This is to comply with NCS Short Breaks and Respite Care services, Standard 9 Feeling Safe and Secure.

There were no areas of concern regarding cleanliness during the inspection. We were informed that domestic services are available Monday to Friday with respite staff having responsibility at the weekend.

This recommendation is met.

3. The service should retain the signatures and initials of all staff who administer medication. The service should record the temperature of the fridge that is used to store any medicines. This is to adhere to The Royal Pharmaceutical Society Guidance; The Handling of Medicines in Social Care and NCS Short Breaks and Respite Care services, Standard 15.2 Keeping Well - Medication.

Signatures had been obtained.

This recommendation is met.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment from the manager.

We were satisfied with the way this had been completed and with the information provided.

Taking the views of people using the care service into account

Care standard questionnaires returned by clients and relatives noted a high level of satisfaction with the service:

"Could not ask for better bedrooms."

"First class all round service and support."

"My daughter loves her stay in the service."

"I am very happy with the service."

"Excellent and clean environment."

"First class."

People spoken with said they are happy with the service:

"Very happy."

"I wish I could stay here."

"It's good."

People were seen to be at ease with staff, interactions were respectful and supportive.

Taking carers' views into account

Care standard questionnaires returned by relatives commented positively. See above for comments.

One questionnaire raised an issue concerning resources available in the service. This

was discussed with the manager who explained the reason and solution to this matter.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We found that the service consulted and encouraged participation on a day-to-day basis very effectively. We spoke with the manager, staff, relatives and people on respite. We read support files, review minutes, meeting minutes and the service's satisfaction questionnaires and subsequent audit/action plan.

Everyone spoken with said that the Respite Unit could only develop if the views and suggestions of people receiving support and families are sought and acted on.

We saw that people on respite had a relaxed and comfortable relationship with staff. The latter promoted a respectful and attentive atmosphere. By doing this staff show that they are listening to people, making them feel relaxed and "at home."

The service's welcome pack provided a range of information including the range of support and care provided and how to complain. Those using the service had been involved in developing this pack.

When we spoke with people on respite they said that they were always asked for their opinions and felt involved in their support. They said that staff were quick to act on their requests. When people arrive for a respite break they talk to staff and plan activities.

The service's participation policy encourages people on respite and relatives to take part in decisions about their support and the service. It describes the ways in which information is shared and consultation carried out, for example: holding a Your Voice

forum, satisfaction surveys, pre respite contact, reviews and 1:1 meetings with their key worker. Reviews and 1:1 meetings are used to discuss the service and check that people are happy with their support.

In 2013 the service asked Your Voice to ask people using the service (those attending and relatives/carers) for their ideas and opinions. Your Voice produced a report which covered a number of areas including: quality of staffing, management and leadership, areas of improvement, communication, activities and compatibility. When we read this we saw that areas and strength were identified and recommendations made on how the service could improve. An action plan is written to address areas the latter. The results being made available to clients and relatives. By doing this people are given information about the service, its strengths and areas of development.

Those on respite and their relatives said that they knew about the service's complaints procedure and that they would use it if needed. People said that any concerns they had raised were attended to quickly and resolved to their satisfaction.

People on respite are fully involved in developing their support file. By doing this staff are reminded that the service is geared round the needs of those on respite not the organisation. On reading support files we saw that these follow a standard format, focused on the needs and wishes of the person on respite, well laid out and easy to understand. This made sure that staff were consistent in their support and approach.

Support plans are reviewed at the end of each respite period. This helps people to reflect on their stay. Staff also contact families to tell them what their relative has done during their break.

People on respite and their relatives said that the manager has an "open door policy", that staff are approachable and always make time to talk and listen to their comments or concerns. Families said this puts them at ease when a relative was on respite.

The Respite Unit uses the key worker system. Key workers keep in touch with families, makes sure support files and plans are up to date and that respite periods are enjoyable and meaningful.

Areas for improvement

To continue to build on very good practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We decided this after speaking to people on respite, relatives and staff. We also read support plans, risk assessments and review minutes. This showed us that the Respite Unit supported people's health and well-being very effectively.

The Respite Unit works to policies and procedures issued by Inverclyde's Community Health and Care Partnership (CHCP) addressing residents' health and wellbeing needs. These include medication, food hygiene, infection control, whistle blowing and protection of vulnerable adults. When talking to staff we found that they had a very good knowledge of these and could explain how they worked. We saw evidence of this by talking to people on respite and reading support plans.

Staff receive a range of training appropriate to individual's support needs such as induction, adult protection, epilepsy, medication and Scottish Vocational Qualifications in Social Care (levels 3 and 4). Staff said that training is provided if a client has a support need that they have not previously had to address.

We found that the service has an experienced and knowledgeable staff team. By talking to staff, observing practice and reading support plans we saw that staff work to support, maintain and improve people's health and wellbeing. Staff do this by supporting/reminding people to take their medication, keep active, eat well and be involved in things they like to do such as working in the garden. People are encouraged to socialise and one to one or group activities are organised. A number of client's are supported to attend the Hillend Centre.

Freshly cooked meals are provided from the Hillend Centre.

When we read support plans we saw they were clearly written, easy to follow and contained a range of information about the individual's daily routines and health needs. These include a medication consent form, activities record, record of care, pre-admission information and risk assessments. The latter are well documented and updated before each respite break. Plans were very person centred, showing that the individual is fully involved and consulted. By doing this the service encourages people to be in control of their respite break. It also reminds staff that the service is designed around the person on respite not the organisation. We saw that there was a strong focus on positive outcomes for the person concerned, such as planning activities, meeting friends and outings.

When someone is coming in for a respite break their keyworker will phone them and their relative in advance to check if there have been any changes to their medication and care needs or preferences.

Support plans show that the service has good relationships with the social services and GP practice. There were good example of professional cooperation. Staff will contact GPs if they have ant questions regarding a clients health or medication.

During the inspection we saw that staff were friendly and respectful. In conversation it was obvious they worked well as a team and displaying a positive attitude.

We checked and found that accidents and incidents are being recorded. We thought that overall the system was good as it encouraged staff to check what actions need to be taken to prevent or reduce potential risk.

Areas for improvement

To continue to develop practice and keep up to date with developments in the field of respite.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

The service was found to be operating at a very good level for this Quality Statement.

We saw that relatives and those on respite had the opportunity participate in assessing and improving the quality of the environment within the service.

See service strengths at Quality Statement 1.1 of this report.

Areas for improvement

See service strengths at Quality Statement 1.1 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We spoke with people on respite, relatives and staff. We looked round the unit and read the: maintenance book, accident/incident records, registration certificate and risk assessments. The later covered a range of matters addressing both the environment and person on respite.

People we spoke with during the inspection said that were happy being at respite.

The Respite Unit is on one level and fully accessible, with wide corridors and specialised bathing equipment. There are a range of private and public areas including a large TV/dining room, conservatory and garden. All areas of the unit were clean, well maintained, comfortably furnished and personalised.

Bedrooms were well furnished, personalised, clean and homely. People can bring in personal possessions to make them feel at home. To help people keep their independence and dignity a number of bedrooms have built in aids, such as specialised beds. Moving and Handling equipment such as hoists and baths were clean and well maintained. Bedrooms are fitted with a call system that can be used to call for assistance.

Bedrooms have a lockable cabinet to store medication. This can be used by either staff or, if appropriate, the person on respite.

When we observed staff practice we saw that they were respectful of resident's confidentiality, individuality and privacy. They were seen to knock on bedroom doors and wait to be asked before entering.

Support plans note what staff must do to keep people safe and well. When a risk assessment is needed these are reviewed before and after each respite period.

The Respite Unit has policies to make sure that the safety of the service is maintained, for example records are kept of daily and weekly checks. These included fire, fridge, medication and cooking temperatures. Personal protective equipment, such as disposable gloves and aprons, were available.

Accidents and incidents are recorded. This included any remedial action taken to address any concerns raised as a result of an accident or incident.

The Respite Unit has a secure entry system and visitors are asked to sign in and out of the service.

Areas for improvement

To continue to build on very good practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The service was found to be operating at a very good level for this Quality Statement.

People using the service are, as far as practical, involved in staff recruitment.

See service strengths at Quality Statement 1.1 of this report.

Areas for improvement

See service strengths at Quality Statement 1.1 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We saw that Inverclyde CHCP and the manager makes sure that staff are professional, trained and motivated. We spoke at length with people on respite, relatives and staff. We observed staff practice.

We found that there was a consistent and experienced staff team. Staff had worked for Inverclyde CHCP (previously Social Work) and the Respite Unit for a number of years. This had provided them with a range of experience and a sound knowledge base. The outcome of this was that people on respite had the advantage of being supported by staff who knew them well.

In conversation staff spoke with respect and consideration of people, had a clear understanding of the unit's aims and objectives. They said that the Respite Unit had a transparent, supportive and open culture. The benefits of this for those on respite is that staff feel confident raising issues of practice.

When we spoke with people on respite and relatives they said that they feel secure speaking to staff if they have any concerns.

Staff receive a wide range of training such as induction, protection of vulnerable adults, food hygiene, first aid, medication and Scottish Vocational and Scottish Vocational Qualifications in Social Care (levels 3 and 4). The benefits of this training is that staff have the skills to meet people's needs. Staff spoke highly of the organisation's training programme. Induction training informs staff of the Council's and the service's expectations and their role in promoting and maintaining individual's dignity, independence and wellbeing.

To make sure that staff continue to maintain good practice they have regular supervision sessions. At these a range of areas are discussed such as people's support needs and staff practice. A supervision and appraisal programme for 2013 was in place. Records showed that target dates had, by and large, been met.

Staff confirmed that supervision sessions take place regularly. By doing this the service can assure those on respite and families that any issues with staff practice are addressed and their work quality maintained.

Staff are encouraged to identify their own training needs and to develop their professional skills and expertise.

Staff attend team meetings and development days. Meeting minutes showed that a range of matters are discussed such as support needs, staff practice and service developments. Minutes evidenced issues and actions taken to address any points raised by staff.

Staff said that the manager encourages a transparent and open culture. Staff said they feel comfortable discussing areas of their and colleagues' practice.

Areas for improvement

To look at ways that those on respite can be involved in staff supervision and appraisal.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

At this inspection we found that the performance of the service was very good for this statement.

We saw that those people on respite and families play a key part in helping the service to develop.

The manager responds to questions and findings from Your Voice forums and questionnaires.

See Quality Statement 1.1 for further evidence of service strengths.

Areas for improvement

See Quality Statement 1.1 for further evidence of service strengths.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We talked to the manager, staff, people on respite and relatives. We looked at a range of quality assurance paperwork. We found that people on respite are always asked for their views and opinions, with their comments being listened to.

The manager outlined how she and the CHCP monitors and evaluate performance by meeting with people on respite, using satisfaction questionnaires, completing a management report and having external audits (Your Voice).

As noted elsewhere in the report the service has a complaints policy. We found that people were aware of the right to complain. People said that any issues they have raised had been resolved to their satisfaction. This shows that the service listens to and acts on people's comments and suggestions.

The manager submits annual returns, self evaluations, notifications and action plans as expected.

Areas for improvement

To continue to build on very good practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
27 Nov 2012	Unannounced	Care and support	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
7 Jan 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
14 Jul 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed

Inspection report continued

25 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
3 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
26 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
27 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Report To: CHCP Sub- Committee

Date: 24.04.14

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:

Contact Officer: Sharon McAlees
Head of Children's Services &
Criminal Justice

Contact No:
01475 - 715379

Subject: RESIDENTIAL CHILDREN'S UNITS

1.0 PURPOSE :

The purpose of this report is to update the CHCP Sub-Committee on the timeframe and finance proposals in respect of the re-provision of Inverclyde's Children's Residential Services.

2.0 SUMMARY :

- 2.1 In 2008 a proposal to replace all three of Inverclyde's Residential Children's Units was agreed on a phased basis. Stage one of this plan was completed in March 2013 when Kylemore opened replacing Redholm. At this point a revised staffing structure was fully implemented and the total number of placements provided reduced from twenty four to eighteen. This took account of the changing needs of our looked after population and a clear commitment to providing young people who required residential care the opportunity of nurturing environments in their local community.
- 2.2 In light of the financial constraints facing the Council it was agreed in December 2012 that consideration be given to refurbishing Neil Street and Crosshill as an interim solution to extending the life of the buildings. A feasibility exercise was undertaken and concluded that this was not cost effective and at best would extend the life of the buildings for another five years.
- 2.3 The Corporate Management Team subsequently requested a further report that would again focus proposals on new build replacement units. This report was presented to CMT in May 2013. From this it was agreed that a further report be submitted to CMT in August giving specific consideration to commissioning the service as an option and outlining detailed proposals for a way forward.
- 2.4 Cost and quality benchmarking has been undertaken as part of considering commissioning residential child care and a report was submitted to the CMT.
- 2.5 It has been concluded that the current provision is providing a sector leading service at a competitive cost.
- 2.6 Following further work carried out by the service in conjunction with Finance and Property Assets and Facilities, it is proposed to proceed with the re-provisioning

programme in two phases. Phase 1 is a specific plan to proceed to replace Neil St with a new build of the same design as the recently completed Kylemore. Phase 2 would involve the replacement of Crosshill.

- 2.7 Property Assets and Facilities have conducted an initial feasibility option of available sites within Inverclyde for the re-provision of both units. It was agreed that any sites considered should be Council owned estate, be located within a residential community, be accessible to schools and have good transport links. Four sites were identified for the relocation of Neil Street. The most suitable site is deemed to be the former Kings Glen Primary School site in the Strone area. The existing site at Crosshill is considered as a suitable location in due course for the development of the final new build unit. This would involve the demolition of the existing building and the new unit being developed on the existing site.

3.0 RECOMMENDATION :

- 3.1 The CHCP Sub- Committee agrees to the replacement of Neil Street and Crosshill Children's Units with two 6 bed houses built to the same template as Kylemore. This programme of work to be undertaken on a phased basis as follows :

Phase 1 – funded per proposals included in this report

- Build replacement for Neil St on former Kings Glen School site.

Phase 2 –

- Decant from Crosshill to the vacated property at Neil St.
- Demolish Crosshill and rebuild on existing site.
- Return to new property at Crosshill and dispose of Neil St site.

Timescales

Planning Phase for 2 Units	April 2014 to May 2015
Neil St Build and Occupancy	May 2015 to March 2016
Decant Crosshill to Neil St	April 2016 to April 2016
Crosshill Build and Occupancy	April 2016 to March 2017
Neil St site disposal	

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND :

- 4.1 In 2008 approval was granted to proceed with a re-provision programme that aspired to replace Inverclyde Council's three residential children's units.
- 4.2 Stage 1 of the programme was completed in March 2013 when Kylemore was completed and all three of Inverclyde's Children's Units implemented a revised staffing structure providing accommodation for eighteen young people, a reduction from twenty four.
- 4.3 In December 2012 the re provision programme was given further consideration by the Corporate Management Team and agreement reached that a further report be prepared outlining proposals to progress the original programme including the option of refurbishing Neil St and Crosshill.
- 4.4 The Corporate Management Team considered the detail of refurbishment and it was agreed that this would only extend the life of each building for 5years and was not a cost effective solution to the Council's corporate parenting responsibility. The Corporate Management Team reiterated support for the programme of re-provisioning the children's units estate and requested that detailed proposals for achieving this be brought forward to CMT in August and requested that any proposals include consideration of a commissioning model.

A multi-disciplinary team consisting of officers from the CHCP (Children and Families and Commissioning), Finance and Property Assets and Facilities have met to progress this work.

Three strands of work were progressed:

- Commissioning Options
- Feasibility study
- Financial planning

- 4.5 A commissioning option was considered to be cost effective. The current residential market is very complex. Outcome focused commissioning of residential children's services is in its infancy in terms of the development of a nationally agreed framework and is proving very challenging. Additionally commissioning of residential child care would constitute a change of direction from Inverclyde Council's strong commitment to its Corporate Parenting responsibilities.
- 4.6 It has been previously agreed by CMT that the remaining children's residential estate is no longer fit for purpose and required to be replaced. The preferred option is for this to be progressed on a non commissioned basis and the units to continue to be owned and managed directly by the Council.

Property Assets and Facilities were commissioned to identify possible sites and associated costs for the location of two future new build residential units that would be capable of accommodating the existing design of the recently completed unit at Kylemore Terrace. It was considered that replicating the architectural planning footprint from Kylemore would minimise costs.

Four possible sites were identified for consideration:

1. Former St. Gabriel's Primary School Site, Greenock
2. Former Kings Glen Primary School Site, Kilmacolm Road, Greenock
3. Site at the existing Crosshill Children's unit, Port Glasgow

4. 18 Drumfrochar Road, Greenock

The site at the former Kings Glen Primary School is considered to be the most appropriate. It has been established that the Crosshill site would be suitable for a new unit to be built on the site subject to the demolition of the existing building.

Indicative costs have been prepared for the possible development of each of the sites. Costs are based on the Kylemore development and include fees, building warrant, planning permission and I.T. requirements. For the sites in scope the indicative costs are outlined in the table below.

Location	Cost
Former Kings Glen School Site, Greenock **	£1.85m
Crosshill Children's Unit	£1.6m

** Within the Council's Capital Programme there is an anticipated £300,000 receipt for the disposal of the Kings Glen site. This cost has been allowed for.

- 4.7 In the short term it would be necessary to carry out the refurbishment work at Neil St at a cost of £10,000 to allow it to be used as a decant property whilst Crosshill is replaced. There will also be the cost of decanting from Crosshill to the existing Neil Street building and the potential cost of excess travel and these costs are estimated at £10,000. The decant costs are estimated at £3,000 and the excess travel is estimated to cost a maximum of £7,000, as not all staff will be eligible. There will be no cost for moving into the new home as the new furniture will be provided within the new home.
- 4.8 The cost for Crosshill is more expensive and includes inflation costs on the anticipated tender and the costs of demolition of the existing building. Consideration was given to one tender for both builds however this would result in longer lead in time due to increase of design work and there was concern associated with the break in construction to allow the decant to Neil St as this left the project costs vulnerable should there be any delay in the decant .

5.0 PROPOSAL :

- 5.1 It is proposed to proceed with the plan for the original proposal of 2 further new build children's units consistent with that of Kylemore and that this be completed on a phased basis commencing with Neil St, thus allowing that building to be used as temporary decant for Crosshill whilst it is demolished and rebuilt. All of the new builds would be constructed according to the Kylemore architecture plan with some modification to Crosshill where a plant room would be added as there is no basement to facilitate this.

6.0 IMPLICATIONS :

Legal :

- 6.1 The legal framework for looked after children's residential services is the Children (Scotland) Act 1995 and the Looked After Children Regulations and Guidance 2009.

Finance :

- 6.2 The project will be funded via the Council's Capital Programme through Prudential Borrowing less a one off contribution of £1,100,000 from the Adoption/Fostering/Residential Childcare Earmarked Reserve. The recurring costs will be funded from the Residential Childcare Budget with some savings on the Furniture and Fittings budget. Both one off funding and the recurring funding are sustainable as the preventative strategy has been effective in reducing the number of purchased placements. The Earmarked Reserve balance after the contribution is projected to be £180,000 as at 31 March 2014. This will be used to smooth the fluctuating demands of

the service.

The detailed costs and funding sources are shown in appendix 1.

The details and funding of the non-recurring and recurring costs are as follows;

Non Recurring Costs

Cost Centre	Budget Heading	Budget Year	Estimated Cost	Virement From
00042	Refurbishment	2015/16	£10,000	Earmarked Reserve
00042/00043	Decant Costs/Excess Travel	2015/17	£10,000	Earmarked Reserve

Recurring Costs

Cost Centre	Budget Heading	Budget Year	Estimated Cost	Virement From
Cost Code for Neil St Replacement	Loan Charges	2015/16	£45,310	£3,500 from Furniture & Fittings and £41,810 from Residential Childcare Budget
Cost Code for Crosshill Replacement	Loan Charges	2016/17	£96,890	£1,500 from Furniture & Fittings and £95,390 from Residential Childcare Budget

Human Resources

6.3 None

Equalities

6.4 None

Repopulation

6.5 None

7.0 LIST OF BACKGROUND PAPERS :

Finance Report
Property Assets Report
CMT Report Sept 2013

Capital Cost Summary	Neil Street £	Crosshill £
1 Land Purchase - Contribution to Capital	300,000	0
2 Build Cost of Unit	1,558,408	1,621,908
3 One Off Revenue Contribution	(1,100,000)	0
4 Receipt from ultimate sale of Neil Street	tbc	0
Required Borrowing	<u>758,408</u>	<u>1,621,908</u>
5 Annual Cost of Loans Charges	45,308	96,894
Funding Sources for Loans Charges		
6 Furniture & Fittings	3,500	1,500
7 Residential Schools Purchased Places	<u>41,808</u>	<u>95,394</u>
	45,308	96,894

Need to consider:

- 1 Assumed loss to capital programme for part of site - subject to final valuation
- 2 Based on latest estimate including indexation for inflation from Property Services
- 3 Contribution from Residential Schools Earmarked Reserve - current estimated balance at 31/3/14 £1.3m
- 4 Will be ultimate receipt for disposal of this site from January 2017 - requires valuation
- 5 Based on estimated life of 30 years at a PWLB rate of 4.27%
- 6 Based on comparison with Kylemore budgets
- 7 Total reduction in Residential Purchased budget of £137k sustainable based on current level of spend
- 8 £10k refurbishment needed for Neil Street to use as decant for Crosshill, along with decant costs of £3,000, and excess travel costs of £7,000, all of which will be funded from Earmarked Reserves
- 9 The timing of the project is estimated at:

Planning Phase for 2 units	April 2014	to	May 2015
Neil Street Build and Move In	May 2015	to	March 2016
Decant Crosshill to Neil Street	April 2016	to	April 2016
Crosshill Build and Move In	Apr-16	to	March 2017
Neil Street Site Disposal	March 2017		

Report To	Community Health & Care Partnership Sub Committee	Date:	24th April 2014
Report By:	Brian Moore Corporate Director Inverclyde Community Health & Care Partnership	Report No:	CHCP/21/2014/HW
Contact Officer:	Helen Watson Head of Service Health Improvement, Planning and Commissioning	Contact No:	01475 715367
Subject:	NHSGGC Director of Public Health Report 2013		

1.0 PURPOSE

- 1.1 To provide the CHCP Sub Committee with a summary of the recently published Director of Public Health Report 2013 -Building Momentum for Change.

2.0 SUMMARY

- 2.1 The Director of Public Health for NHSGGC, Dr Linda de Caestecker produces a DPH report every 2 years.
- 2.2 This is the fourth biennial report by the Director of Public Health covering the period 2013 to 2015. It highlights the pivotal importance of poverty and disadvantage in shaping health at three key life stages (early years, adolescence and mature adults) and in two priority groups (Looked After and Accommodated Young People and Prisoners).
- 2.3 The report also includes a description of progress made since the previous DPH report: 'Keeping Health in Mind'.
- 2.4 The report concludes with a call for a collective movement for change based on the many recommendations and aspirations in the report and makes the case for a coherent response across the public systems.

3.0 RECOMMENDATIONS

- 3.1 That the Sub-Committee acknowledge the publication of the 2013 NHSGGC Director of Public Health Report Building Momentum for Change.
- 3.2 That the Sub-Committee support the recommendations for action by NHSGGC to reduce the adverse health impact of poverty and disadvantage.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

- 4.1 The Director of Public Health for NHSGGC has published a report on the health of the population of NHS Greater Glasgow and Clyde every two years. The first of these reports, “A Call to Debate: A Call to Action” (2007) presented information on health in west central Scotland around the themes from “Let Glasgow Flourish” (Hanlon et al 2006). These themes were:
- There are lessons to be learned from what is getting better
 - Health inequalities are increasing
 - Our least healthy communities are unlike our healthy communities in every way
 - Significant changes are taking place in our population
 - The obesity epidemic must be taken seriously
 - Alcohol is an increasing problem
 - Sustainability should be a more explicit consideration
- 4.2 Since 2007, two further reports have been published; “An unequal struggle for Health” in 2009 and “Keeping Health in Mind” in 2011. These reports provided more detail and progress on specific aspects of the original seven themes and then this current report explores the theme of inequalities in health in relation to poverty.
- 4.3 Many of the issues outlined in the previous reports remain public health challenges for Greater Glasgow and Clyde and its partners, and whilst this new report does not focus on them, there is a requirement to acknowledge that whilst good progress is being made, these issues should still be prioritised. One such important example is alcohol-related harm. There is evidence of a reduction in alcohol related mortality in some age groups but the level of harm caused by over consumption of alcohol to our population remains significant. There has been real progress in areas for action described in the three previous reports, including the use of alcohol brief interventions, influence on local licensing policies and national developments on access and price. However all community planning partnerships must continue to progress the priorities for action on alcohol described in previous reports.
- 4.4 The 2011 report “Keeping Health in Mind” focused on mental health. Again, there is a strong relationship with the issues in this current report. In the current financial climate there is stress about money, work and debt. Stress has a particular impact on both pregnant women and parents. The effects on their children can be life-long. Michael Marmot’s report Fair Society, Healthy Lives suggests “To have any impact on health inequalities we need to address the social gradient in children’s access to positive early experiences.”
- 4.5 This 2013 report builds upon all the previous reports and is focused on poverty and health, recognising that human health is shaped by the many life circumstances, behaviours, environmental and cultural contexts that we encounter throughout our entire lives. Some of these factors are critical at particular points in the life course, with cumulative, additive and multiplicative impacts on subsequent health.
- 4.6 Given the vital importance of these life course influences, chapters 1-3 focus on the factors which powerfully shape future health at three key life stages of the early years, adolescence and older age and identify priorities for action in addressing these in a context of poverty and disadvantage.
- 4.7 The report also focuses on two specific population subgroups which merit individual chapters because these subgroups systematically face a greater risk of poverty and disadvantage, often as a result of life course factors.

The two subgroups explored in depth within this report, in common with other disadvantaged sections of the population, experience vulnerability at many levels. Not only do they have substantially increased health need (such as mental health, adverse lifestyle and addictions issues, with all their attendant health impact), they also have less personal resilience, weaker social support networks and, all too often, poor experience of statutory services which can appear incoherent to the service user.

- 4.8 The first of these subgroups are Looked After and Accommodated young people who are a particularly vulnerable group, with many failing to reach their full potential and going on to experience major problems in later life.
- 4.9 The second subgroup discussed in the report is the prison population, a substantial proportion of whom have experienced the formal care system.

5.0 REQUIRED ACTION

- 5.1 Appendix 1 attached outlines the actions contained within the report and acknowledges that many of these priorities are already being progressed by NHSGGC, local partnerships and also wider community planning partners.
- 5.2 Inverclyde CHCP will use this report to undertake a benchmarking exercise to ascertain current local progress against each of the identified areas for action.

6.0 CONCLUSIONS

- 6.1 Inverclyde CHCP welcomes the 2013 Director of Public Health Report and will report back to CHCP Sub Committee in 6 months regarding progress against the actions.

7.0 IMPLICATIONS

Finance

- 7.1 No finance implications.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

- 7.2 No specific legal implications.

Human Resources

7.3 No specific Human resources implications.

Equalities

7.4 The report focuses on some of our most vulnerable subpopulations who may experience discrimination.

Repopulation

7.5 No specific repopulation implications.

8.0 LIST OF BACKGROUND PAPERS

8.1 <http://www.nhsggc.org.uk/content/default.asp?aType=178&page=S775>

2013 Director of Public Health Report Priorities for Action

Chapter 1: Supporting our most disadvantaged families

Priority 1: Fully support those at the front line of service delivery

We need to:

- Improve engagement with frontline staff in delivering inequalities sensitive services.
- Fully support staff to build supportive, non-judgemental relationships with families.
- Support those working with families with very young children to engage in professional reflective supervision and development, in recognition of the emotionally demanding nature of their work.

Priority 2: Strengthen involvement of senior leaders in advocacy and influence

We need to:

- Provide effective leadership and accountability in Community Planning Partnerships, promoting a bias for action on child poverty including action to improve health of pregnant mothers and employment opportunities for parents across government, public services, employers and the voluntary sector.
- Assess the Clinical Services Review, forthcoming strategic plans of new integration bodies and other major strategies for their impact on child poverty.
- Advocate for a comprehensive early education and child care strategy for Scotland.

Priority 3: Improve mutual clarity of partnership roles in effective delivery

We need to:

- Influence Community Planning Partnerships to define the degree of local autonomy for alleviation of child poverty, for example by adopting the living wage across all sectors and through procurement policies.

Priority 4: Strengthen evaluation, innovation and improvement activities

We need to:

- Improve the involvement of families in development of plans and services to ensure they reflect their experience of poverty and their needs.
- Ensure training, support and development of staff in reducing stigma and discrimination against those living in poverty.
- Encourage creative ways of organising mutual child care.
- Review and revise NHSGGC's Parenting Framework to reflect experience to date.
- Work with Community Planning Partnerships to plan an extension of the Healthier Wealthier Children model.
- Improve support for vulnerable families and fully engage with Triple P parenting programmes.

Chapter 2: The transitions of adolescence

Priority 1: Address the needs of young people who are exposed to persistent poverty

We need to:

- Influence local Community Planning partners to address the needs of young people who are exposed to persistent poverty.

- Increase the range of opportunities that will enable young people to improve their wellbeing and resilience.
- Support young people to develop the life skills necessary for future employment and/or positive destinations.

Priority 2: Develop clearer focus on youth health as a priority

We need to:

- Encourage local integrated children's services planning partnerships to adopt a clearer focus on youth health and adolescent well-being.
- Ensure that a stronger focus on youth health, including the implementation of the Mental Health Framework for Children and Young People, is subject to routine monitoring across NHS GGC.

Priority 3: Strengthen evaluation, innovation and improvement activities

We need to:

- Review youth health services in NHS GGC to adopt common service characteristics; acknowledging local needs but with core components, branding, referral routes and connectivity with the wider youth sector.
- Ensure that health services routinely accessed by young people demonstrate best practice as identified in 'Walk the Talk'.
- Learn from existing teen parenting support to extend reach and uptake for important groups.

Priority 4: Develop a robust youth health promotion programme

We need to:

- Develop a programme of joint work with health improvement, education and networking agencies such as Social Care Ideas Factory and local Councils for Voluntary Sector as well as individual third sector organisations to:
- Pilot a model of multi-agency social prescribing which identifies and supports vulnerable young people to access a range of asset building interventions and opportunities.
- Develop greater health focus within existing youth networks and agencies to enable and respond to this inter-agency referral.
- Develop a robust youth health promotion programme that addresses multiple risk taking behaviours through life skills for use within education and youth settings.
- Target health promotion programmes within schools or groups of young people with greatest health need, ensuring programmes are contextualised by social norms and reflect recognised peer influencers. Support the delivery of universal programmes through the consolidation of mainstream 'Curriculum for Excellence' delivery.
- Strengthen health promoting environments and ethos within individual schools and further education establishments.
- Support schools to develop stronger links with local youth sector organisations to enhance the range of non-curricular opportunities to build assets and strengthen pre-employability skills including the development of local directories.

Chapter 3: Promoting healthy ageing

Priority 1: Strengthen involvement of older adults in physical activity

We need to:

- Fully recognise the importance of physical activity participation as a major determinant of healthy ageing.

- Ensure that physical activity interventions actively encourage participation of adults across the life course, including those over 75 years of age.

Priority 2: Mainstream delivery of evidence based anticipatory care

We need to:

- Ensure that the strategic focus of Keep Well is more clearly focused on provision of systems to support integrated anticipatory care, particularly in NHSGGC's most disadvantaged communities with discontinuation of the current reliance on the cardiovascular 'health check' component.
- Deliver training to all staff in NHSGGC acute and primary care services to routinely raise the issue of money and employability.
- Extend delivery of the Chronic Disease Management Local Enhanced Service to encompass wider long term conditions and address multiple morbidity to support person centred care.

Priority 3: Improve coherence of services for older people and their informal carers

We need to:

- Develop a single point of access to health, social care and community service information for staff, patients and public in each local CH(C)P area.

Chapter 4: "Getting it Right" for looked after and accommodated children and young people

Priority 1: Build our knowledge of the health needs of LACYP

There is a lack of locally based information on the health needs of LACYP. The forthcoming health and wellbeing survey will enhance this knowledge and will be a key resource in strengthening our understanding of this vulnerable group.

We need to:

- Fully utilise the data collected in the survey.
- Provide reports and tailored analyses to inform service planning and delivery, outlining any policy implications.
- Ensure the findings are widely disseminated through presentations, seminars and workshops with our partners.
- Use the knowledge gained to stimulate further research.

Priority 2: Improve our local Intelligence gathering: ScotPHN needs assessments have highlighted our lack of knowledge of the health of LACYP

We need to:

- Develop a local electronic core data set from the routine physical and mental health assessments of LACYP.
- Agree local codes for child health systems to include looked after status.
- Develop links between Local Authority and NHS datasets, possibly through Safe Haven using the child's CHI number as a secondary identifier. This would require that all local authorities record the CHI number for every child. The CHI number is key to this as LACYP often change address and surnames.

Priority 3: Improve health surveillance across the NHS Board area

The implementation of EMIS Web and TrakCare systems will improve integrated patient records management. The LAC nursing and CAMHS teams play a vital role in ensuring health needs assessments and mental health screening are carried out and recorded and data are used for individuals' care and for service planning and evaluation.

We need to:

- Work with our local authority, care service partners and the LAC nursing team to carry out health needs assessments as outlined in CEL16.
- Agree the use of specific tools (e.g. CORE10 DAS SDQ) to assess mental health needs and ensure referral to appropriate services.
- Monitor health care pathways.

Priority 4: Develop mechanisms for sharing information: NHSGGC works closely with our partners from statutory and third sector agencies

We need to:

- Embed the GIRFEC approach in our approach to working with partners.
- Engage with all agencies involved with LACYP ensuring our links are robust.
- Utilise second tier organisations such as SCIF and GCVS.
- Ensure there are effective links between our own health improvement and specialist children's services.

Priority 5: Promote early interventions

Early intervention is important for LACYP as they experience some of the worst health outcomes of any population group. All agencies and staff involved with LACYP must understand the dangers of smoking and exposure to second-hand smoking. They must make every effort to support LACYP to avoid smoking and to encourage young people to access support to quit smoking.

We need to:

- Learn best practice from ongoing projects e.g. the collaborative health promotion work undertaken in the Kibble Centre in Renfrewshire and board wide training in smoking brief interventions.
- Ensure smoking prevention and cessation is prioritised for all LACYP.
- Provide training to care staff to enable them to deliver brief interventions in smoking cessation.

Priority 6: Kinship carers require financial, practical and emotional support

There has been a substantial increase in the number of LACYP in kinship care in recent years, which is expected to rise further.

We need to:

- Get the views of kinship carers and foster carers on the parenting support that would be of most value as the NHSGGC parenting framework is being revised.
- Raise awareness of the importance of 'One Good Adult' for LACYP with our statutory and third sector partners.

Support parenting programmes for both parents and carers.

Chapter 5: Improving health in NHSGGC's prison settings

Priority 1: Develop a 'whole prison' approach to health improvement

We need to:

- Implement and evaluate the agreed programme of service development and health improvement objectives in Low Moss, Barlinnie and Greenock Prisons between 2013 and 2015.

Priority 2: Reduce potential for adverse impact of imprisonment on the health of prisoners and their families

We need to:

- Work with partners including the Community Justice Authorities, Scottish Prison Service, nationally funded project by Sacro and Wise group to promote health in through-care and social inclusion of those leaving prison.
- Support prisoners' families, alongside Families Outside, by increasing their access to support services and parenting programmes in the community. Also increasing the number of health and parenting programmes for those in prison and by developing practitioners' training.
- Evidence based-parenting programmes should be more widely available in Barlinnie, Greenock and Low Moss prisons, building on the successful use of Triple P in Barlinnie and linked to enablement of family contact.

Priority 3: Ensure that the needs of specific subgroups of prisoners are understood and met

We need to:

- Work with partners to address the physical health, mental health and addictions needs of female offenders and their families within the new national prison service in NHSGGC and through the new Community Justice Centre, in line with recommendations from the Commission on Women Offenders (2012).
- Focus on providing evidence-based supports to those with alcohol addiction, as prison provides an opportunity to support abstinence. This includes alcohol screening and brief interventions.
- Ensure consistent approaches to BBV vaccination, testing and treatment are in place across local prisons, reduce the number of undiagnosed HCV infections, and increase the proportion of diagnosed cases accessing in-reach treatment.

Report To:	Community Health & Care Partnership Sub Committee	Date:	24th April 2014
Report By:	Brian Moore Corporate Director Inverclyde Community Health & Care Partnership	Report No:	CHCP/20/2014/SMcC
Contact Officer:	Susanna McCorry-Rice, Head of Service: Mental Health, Addictions and Homelessness	Contact No:	01475 715388
Subject:	Review of Out of Hours Service Providers Arrangements		

1.0 PURPOSE

- 1.1 The purpose of this report is to update members as to the undertaking of a review of service inputs across all services in the out of hours period (between 6pm and 8am and over the weekends/public holidays) and to highlight that this work will generate options for collaboration across service areas to increase efficiency and effective of responses. The report further highlights that this work will generation options for how the CHCP uses the West of Scotland Standby Service at the end of the new contract period of 4 years in (2017/18).

2.0 SUMMARY

- 2.1 A wide range of services provide support and care to our patients/ service users and carers outwith normal working hours. Some of these services are run in tandem with inpatient services (such as in mental health), in collaboration with independent and 3rd sector providers or solely in-house. Inverclyde CHCP also contracts with the West of Scotland Standby Service for statutory social work intervention during the out of hours period and has the input of NHS24 and out of hours GPs.
- 2.2 Over the course of 6 months (February 2014 – July 2014) we will undertake a review of out of hours inputs and work though a focus group session across all services to appraise the efficiency and effectiveness of our responses. We will consider the levels of activity, levels of staff cover and management cover required, feedback from service users and their carers, feedback from practitioners as to access to information and advice out of hours, and costs involved. From this analysis a report will be produced to facilitate the consideration, across all service areas, of potential options for improvement and rationalisation. It may be possible, for example, for several groups of patients/clients to be supported out of hours through a single system rather than across multiple service responses.

It is not proposed that the work will generate any options for change to out of hours general practitioner cover as this is in place and agreed on a broader scale via NHS 24 and existing out of hours GP cover arrangements.

- 2.3 We are currently tied into a 4 year contract with the West of Scotland Standby Service which we are not in a position to deviate from due to current service set-ups and the timescales of the new contract sign off. It is anticipated, however, that we will work up the detail of standby cover we will need when the current contract ends in 2017/18 as part of the review process described above to ensure that any new arrangement is as effective for Inverclyde as possible.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that members note the intention to undertake a review of service inputs in the out of hours period, and support the plan to create an options report for consideration across all services.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 A wide range of services provide support and care to our patients/ service users and carers outwith normal working hours. Some of these services are run in tandem with inpatient services (such as in mental health), in collaboration with independent and 3rd sector providers or solely in-house. Inverclyde CHCP also contracts with the West of Scotland Standby Service for statutory social work intervention during the out of hours period, and has the input of NHS24 and out of hours GPs.
- 4.2 The contract ICHCP has with the West of Scotland Standby service was due for renewal in 2013/14 and was progressed to new contract in March 2014. This new contract is for 4 years. A detailed paper on the renewal of this contract has been prepared for Sub Committee members. Opportunity to consider different approaches to the input we receive from standby was limited by capacity, current volume of activity being too low to warrant a specific Inverclyde service, and timescales for renewal being tight. We have therefore entered into the new 4 year contract on the basis of using the contract duration as a window to review current arrangements across all services in respect of our of hours input.

5.0 PROPOSALS

- 5.1 A half day session is being held in April 2014 to include all relevant staff to consider our collective needs for, use of and approach to service in the out of hours period.

Analysis is being undertaken prior to this session, to understand demand, current delivery, current gaps, opportunities for improvement/ collaboration, and data will be presented in respect of:

Standby Service
Community Nursing Out of Hours
Mental Health out of hours/ crisis
Mental Health medical input to A&E
Care and support at home out of hours
Alert Alarm response
NHS 24 and GP out of hours

As a result of the session we will:

- Consider current contracted services - costs, activity, outcomes to understand demand, current delivery, current gaps, opportunities for improvement/ collaboration
 - Determine options for change and what support is needed
 - Consider links to ongoing service redesign activity and potential for benefit of greater collaboration and/ or economies of scale in relation to cross-service commissioning and service delivery.
- 5.2 It is intended that this piece of work will pave the way via testing the Core Commissioning model whereby issues that cut across all services are considered in the round to reduce duplication, maximise efficiency and effectiveness and generate whole system opportunities across the CHCP.

6.0 IMPLICATIONS

Finance

- 6.1 There are no financial implications of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

Legal

6.2 There are no legal implications of this report.

Human Resources

6.3 There are no HR implications of this report.

Equalities

6.4 There are no equalities implications of this report.

Repopulation

6.5 There are no repopulation implications of this report.

7.0 CONSULTATIONS

7.1 We will draw on consultations with service users and carers that have already been undertaken, making use of feedback related to Out of Hours provision that has already been gathered.

8.0 LIST OF BACKGROUND PAPERS

8.1 None

Report To: Community Health & Care Partnership Sub Committee **Date:** 24th April 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:** CHCP/26/2014/SMCA

Contact Officer: Sharon McAlees
Head of Service
Children and Families and
Criminal Justice **Contact No:** 01475 715379

Subject: REDESIGN OF THE WEST OF SCOTLAND STANDBY SOCIAL WORK SERVICE

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Sub-Committee of the progress of the redesign of the West of Scotland Standby Social Work Service.
- 1.2 The Sub-Committee is also asked to consider the recommendations at Section 3 of the report on the future service model for Out of Hours Social Work Services.

2.0 SUMMARY

- 2.1 The re-designed service, to be known as Glasgow and Partners Emergency Social Work Service, commenced on 1st April 2014 and provides cover for the out-of-hours emergency statutory Social Work duties of the seven remaining Local Authorities in the previous West of Scotland area.
- 2.2 There is no current capacity within local services to cover our statutory Social Work duties on an out-of-hours emergency basis.
- 2.3 A broader review of local out-of-hours services across the Council and CHCP is about to commence and statutory Social Work duties will be considered as part of this review.

3.0 RECOMMENDATIONS

- 3.1 That the Service Level Agreement to contract Glasgow and Partners Emergency Social Work Services to deliver statutory Social Work Services on behalf of Inverclyde Council is approved
- 3.2 That it be noted that an initial report on the wider review of out-of-hours services that is about to commence will be reported to the Corporate Director in July 2014.

4.0 BACKGROUND

- 4.1 Standby currently delivers emergency Out of Hours Social Work Services for 7 Scottish Local Authorities. This arrangement was put in place at local government re-organisation in 1996 when all of the West of Scotland Local Authorities agreed to contract Glasgow City Council to deliver this service on their behalf.
- 4.2 In April 2009 both North and South Lanarkshire withdrew from the contract. At the end of March 2012, North, South and East Ayrshire Local Authorities withdrew from the service. At the end of March 2013, Argyll and Bute Local Authority withdrew from the service.
- 4.3 The withdrawal of these Local Authorities effectively reduced the actual business of the service by 35%. Due to the fact that there had been no provision within the original contract for Local Authorities withdrawing from the service, the full financial impact, including staff redundancies, was absorbed by Glasgow City Council.
- 4.4 As a result, a review and redesign of the service became a priority for all the remaining Local Authorities in terms of the effectiveness, efficiency and sustainability of the service.

5.0 PROPOSALS

- 5.1 That consideration is given to contracting Glasgow and Partners Emergency Social Work Service to deliver full out-of-hours cover for the statutory Social Work responsibilities of Inverclyde Council and Inverclyde Community Health and Care Partnership.
- 5.2 Key efficiencies, changes and costs of the service to be delivered are outlined in sections 6 and 7.

6.0

6.1 Service Level Agreement:

Not surprisingly, there have been changes to the original service level agreement to reflect the changing picture of Social Work services and of Health and Social Care more generally. The contract period is fixed at 4 years, renewable for further periods of 4 years thereafter. The notice period for withdrawal at the end of the contract has been extended to 15 months to allow for detailed consideration and planning about the viability of the ongoing service. Withdrawal prior to the end of the contract period confers responsibility on the withdrawing Local Authority for all costs, expenses and outgoings properly reasonably incurred by the Lead Authority as a result of the withdrawal.

6.2 Staffing:

A review of staffing has identified the potential for efficiencies to be made during periods of lower demand for services, with a minimum staffing level applied and making use of call handling and "call-out" arrangements. In addition, vacancies for qualified social workers will be offered in future on a fixed term basis. This reduces the financial impact of redundancies should any of the remaining Local Authorities subsequently withdraw and in addition will provide a better skills/experience mix within the staff group, ensuring that practice reflects research and development in delivering more effective services.

6.3 Information Technology:

A revised Data Sharing Protocol has been developed in line with the statutory duties and best practice. IT systems are also being reviewed with the aim of improving efficiency and effectiveness.

6.4 Governance:

Although Glasgow City Council will continue to be the Lead Authority for the service, all of the Local Authorities are represented on the Joint Users Group. This meets on a regular basis and all aspects of the service are reported through this forum, including all management and financial information.

7.0 IMPLICATIONS

Finance

- 7.1 There are changes to the financial framework for the service and as noted already, this reflects Glasgow City Council's experience of absorbing the costs of the withdrawal of the 6 Local Authorities, as well as the significant changes to the infrastructure that sits behind the delivery of the statutory Social Work services of today. Direct service costs will continue to be projected on the basis of usage levels and all ancillary costs are similarly apportioned on the basis of the usage level. A Contingency Fund of £200,000 has also been included to cover for unforeseen circumstances and any need to utilise this fund will be subject to notification to the Joint Users Group. As before the contributions of individual Local Authorities to this fund are proportionate to their service usage level, with Glasgow City Council bearing the most significant proportion.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs (2014 - 15 projection based on 2012 usage level)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A			£135,474		This represents an increase of approximately 32% on the previous service cost.

Legal

- 7.2 The Council's Legal section has been consulted throughout the process of the redesign.

Human Resources

- 7.3 No new implications.

Equalities

- 7.4 No new implications.

Repopulation

- 7.5 No new implications.

8.0 LIST OF BACKGROUND PAPERS :

8.1 Service Level Agreement and Financial Framework.

INVERCLYDE COMMUNITY HEALTH AND CARE PARTNERSHIP SUB-COMMITTEE

AGENDA AND ALL PAPERS TO:

Councillor McIlwee	1
Councillor Jones	1
Councillor McCabe	1
Councillor Rebecchi	1
Councillor MacLeod	1

All other Members (for information only) 15

Officers:

Chief Executive	1
Corporate Communications & Public Affairs	1
Corporate Director Community Health & Care Partnership	1
Head of Children & Families and 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
Acting Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Property Services	1
J Douglas, Legal & Property Services	1
S Lang, Legal & Property Services	1
Chief Internal Auditor	1
File Copy	1
Dr Mustafa Kapasi, NHS Greater Glasgow & Clyde	1
Ken Winter, NHS Greater Glasgow & Clyde	1
Diana McCrone, Staff Partnership Forum	1
Nell McFadden, Public Partnership Forum	1

TOTAL **41**

AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:

Community Councils 10

Karen Haldane, "Your Voice", 12 Clyde Square, Greenock 1

TOTAL **52**