Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 3

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**23rd October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/47/2014/HW**
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Subject:	**Chief Social Work Officer - Annual Report**		

1.0 PURPOSE

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

2.0 SUMMARY

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

2.2 In March, 2009, the Scottish Government published national guidance on the role of the CSWO, and within the national guidance it was stated that the CSWO should prepare an annual report to the Local Authority on all of the statutory, governance and leadership functions of the role.

2.3 This report presents Inverclyde's Chief Social Work Officer (CSWO) report for the period 2013-14.

3.0 RECOMMENDATION

3.1 It is recommended that the CHCP Sub-Committee notes the CSWO report as set out in Appendix 1.

Brian Moore
Corporate Director, CHCP
Chief Social Work Officer

4.0 BACKGROUND

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

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

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

4.4 This is the Chief Social Work Officer (CSWO) report for the period 2013-14 in relation to Inverclyde Council. The report provides an overview of professional social work issues as required by Scottish Government guidance.

The statutory CSWO Annual Report format has changed significantly this year from previous years and follows the template format issued by the Chief Social Work Advisor for Scotland. The Report also reflects the requirements of our forthcoming HSCP (currently under shadow arrangements). The report layout includes the following sections:

- Demographic Profile of Inverclyde
- Socio Economic and Health Profile of the population
- Partnership Structures and Governance Arrangements
- Social Services Delivery Landscape/Market
- Financial and Performance updates
- Statutory Functions
- Continuous Improvement and Planning for Change
- User and Carer Empowerment
- Workforce Planning and Development
- Key Challenges for the year

The attached report provides an overview of public protection and risk management issues, a summary of key statutory decisions and overview of complaints activity and outcome of scrutiny activity during the period April 2013 to March 2014.

7.0 IMPLICATIONS

Finance

7.1 There are no financial implications in respect 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

7.2 None at the time of this report.

Human Resources

7.3 None at the time of this report.

Equalities

7.4 None at the time of this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 None at the time of this report.

8.0 CONSULTATIONS

8.1 The workstreams described within the report are all subject to appropriate consultation.

Foreword

As Chief Social Work Officer for Inverclyde, I am pleased to present the 2013/14 Chief Social Work Officer Annual Report. This is an opportunity for me to take stock of what our challenges are and how we are working to improve the lives of the people who rely on our services. This year's report follows the format suggested by the Chief Social Work Advisor for Scotland, and by taking this approach it will be easier for us to compare our achievements and challenges with other local authority areas that have also opted for this format.

I have included the latest outline of our demographic profile, along with some of the key challenges that are evident in Inverclyde. However I am also keen to stress some of the assets we have, particularly in our communities and in our workforce.

As we move towards our Health and Social Care Partnership arrangements, I have taken this opportunity to reinforce the need to build on the positives that we have achieved as an integrated Community Health and Care Partnership, but also to grasp the opportunities that the new legislation brings to make integration even better for us and the people we serve. Social work practice and values have been central to our successes so far, and will be crucial to ensuring that we build on the positives into the future, while addressing the challenges and at the same time delivering better outcomes for the people of Inverclyde.

Demographic Profile

Inverclyde Council serves a population of **80,680** (GRO MYE 2012). The population of Inverclyde represents 1.5 percent of the total population of Scotland.

Just over **19%** of Inverclyde's population are aged 0 to 17 years; **62%** are aged 18-64, and **19%** are aged 65 or over. **52%** are Female and **48%** are Male.

Of the 50,096 working-age population, **25%** are economically inactive (due to long term sickness etc), and **30%** are employment-deprived (either out of work or working but without sufficient contracted hours to meet what they would like to fulfil). Further analysis of these key data is included in the next section, describing Inverclyde's socio-economic profile.

Age Group	Male pop	Female pop	Total Population of Inverclyde
0-17	7,972	7,411	15,383
18-64	24,275	25,821	50,096
65-74	3,082	4,396	8,198
75+	2,531	4,472	7,003
Total	**37,860**	**42,100**	**80,680**
% Total pop	**48%**	**52%**	**100%**

Source: *GROMYE (2012)*

Socio-Economic Profile:

SIMD Challenges for Inverclyde

National Share of most deprived areas: The number of data zones in Scotland's 15% most deprived which belong to Inverclyde has increased slightly over the four editions of SIMD. In SIMD 2012, 44 (4.5%) of the 976 data zones in the 15% most deprived data zones in Scotland were in Inverclyde, compared to 42 (4.3%) in both SIMD 2009 and SIMD 2006, and 36 (3.7%) in SIMD 2004.

Local Share of most deprived areas: In SIMD 2012, 44 of Inverclyde's 104 data zones (42%) were within the 15% most deprived in Scotland, compared to 42 (40%) in both SIMD 2009 and SIMD 2006, and 36 (35%) in SIMD 2004. In the West Scotland region, the local authority with the smallest proportion of its data zones in Scotland's 15% most deprived is East Renfrewshire (no data zones), while the local authority with the highest proportion is Inverclyde (42%).
The most deprived data zone in Inverclyde is in the intermediate zone of Port Glasgow Mid, East and Central. It has a rank of 115, meaning that it is in the 5% most deprived in Scotland.

It is important to recognise that the SIMD Index is a ranking system, so improvements made in any given local authority area need to *exceed* improvements in others if the ranking position is to improve.

Income Deprived: According to the SIMD 2012 report for Inverclyde 18% of the population are income deprived in comparison to the West of Scotland at 14.2% and Scotland at 13.4%.

Employment Deprived: 19.1% of the population are employment deprived compared to the West of Scotland percentage at 14.9% and the Scotland percentage at 12.8%
Source: SG Greenock and Inverclyde SIMD 2012

Economic Inactivity*:* 12,800 people in Inverclyde during the period Jan-Dec 2013 were classified as 'economically inactive'. Of this total 4,600 were 'long term sick' which represents 36.1% compared to 28.8% in Scotland as a whole.
Source: Nomis Inverclyde Profile 2013

Key Benefit Claimants: 10,540 adults in Inverclyde were claiming benefits at November 2013. This equates to 20% of the 16-64 population of Inverclyde compared to Scotland at 15%. Of this total, 8,750 were in receipt of key out of work benefits. Included in this group are Job Seekers, Employment Support Allowance and incapacity benefits, lone parent and other income related benefits. This equates to 16.8% compared to 12% in Scotland.
Source: Nomis Inverclyde Profile 2013

In summary, our socio-economic profile presents some significant challenges. The links between economic inactivity, low income and poor health outcomes are well established and often lead to a need for additional social work input. Our challenge is to use the assets and resources we have within our communities and our staff to build capacity for families and communities to find ways of mitigating the impacts of those factors that so often lead to poorer outcomes.

Health Profile

Life Expectancy and Mortality: The latest study by the Office for National Statistics (ONS) published in April 2014 shows that Inverclyde is second worst in the UK for life expectancy. The average life expectancy at birth from 2010-12 for men in Inverclyde is 73.7 years and 79.9 for women. It means the area's male population has the second worst outlook in the UK — just behind Glasgow on 72.6 years — with women faring only slightly better at 397th out of all 404 local authorities across the nation. The Scotland average is 76.6 years for males and 80.83 years for females. The main causes of death recorded in Inverclyde in 2012 were cancer followed by circulatory disease. See table below Cause of Death by Gender.

Main Cause of Death	Male	Female
Cancer	**32%**	**26%**
Circulatory Disease	**28%**	**28%**
Respiratory Disease	**12%**	**13%**
Digestive Diseases	**8%**	**4%**
External Causes	**6%**	**4%**
Other	**15%**	**25%**

Behaviours: Just under one in four (23%) respondents to our Health and Wellbeing Survey conducted in 2011 were smokers in Inverclyde. Those in Inverclyde were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to be smokers (23% Inverclyde; 29% NHSGGC). Although smoking rates are high, we are encouraged by the finding that for the first time smoking prevalence has dipped below the NHSGGC average. *Source: H&WB Survey Published Mar 2013).*

The proportions of the population hospitalised for alcohol-related conditions and for drug related conditions are significantly higher than the Scottish average. Active travel to work and levels of sporting participation (including walking) are lower than the Scottish Average. *Source: Health and Wellbeing Profiles, Scot PHO, 2014.*

Ill Health and Mental Health*:* Cancer registrations and the proportions of the population hospitalised for COPD, Emergency Admissions, and Multiple Admissions (65 years and over), are significantly higher (worse) than the Scottish Average. The percentage of patients prescribed drugs for anxiety/depression/psychosis and the patient psychiatric hospitalisation rate (532.1 per 100,000) are also significantly higher than average (320.3 per 100,000). The suicide rate in Inverclyde CHCP (18.8 per 100,000 pop) is higher than the Scottish average (15.0 per 100,000), although it should be noted that the absolute numbers by local authority area are low which leads to rate conversions being unreliable as a measure. A difference of just a few in either increase or decrease can change the rate per 100,000 significantly. The figures below illustrate that a reduction of eleven individuals can show as a 39% reduction. On that basis we would be cautious of focusing on rates locally, but rather, ensure that we are implementing best practice to reduce the number of individuals and families that are affected by the tragedy of suicide.
Source: Health and Wellbeing Profiles, Scot PHO 2014.

Suicide rates

	2011	2012	% +/-
Inverclyde	28	17	-39.3%
Scotland	889	830	-6.6%

http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/suicides/tables-and-chart.html

Social Care and Housing: Inverclyde has a significantly higher percentage of older people (65+) (7.1%) receiving free personal care at home compared to the Scottish average (5.2%), and the percentage of adults claiming incapacity benefit/severe disablement allowance is significantly higher than average.

The rate per 1,000 children looked after by the local authority (18) is significantly higher than the Scottish average (14.7). However, our percentage of looked after children within the community was **90%** at the last published reporting period 2012-13 placing us in the 2nd Quartile and ranking 14 out of 32 within Scotland. We strive to ensure that children who need to be looked after remain in their own communities whenever possible. Close monitoring ensures that we continue to exceed our local target of 88% for this measure. Source: ISD SOLACE benchmarking metadata published 2014

Poverty: Just over half (55%) of respondents said that at least some of their household income came from state benefits, and 19% said that all their household income came from state benefits. Altogether, 33% said that they 'ever had difficulty' meeting the costs rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes. Source: H&WB Survey Published Mar 2013)

One in eight (13%) said that they would have a problem meeting an unexpected expense of £20; two in five (39%) said they would have a problem meeting an unexpected expense of £100 and 82% would have a problem finding £1,000 for an unexpected expense. ***Those in Inverclyde were more likely than those in the NHS Greater Glasgow & Clyde area to say they would have difficulty meeting unexpected costs of £1,000*** (**82%** Inverclyde; **76%** NHSGGC). *Source: H&WB Survey Published Mar 2013*

Partnership Structures / Governance Arrangements

The Chief Social Work Officer (CSWO) in Inverclyde is the Corporate Director of the Community Health & Care Partnership (CHCP). When we formally move to the Health and Social Care Partnership (HSCP) arrangements, this is likely to change under the requirements of the guidance. This report however reflects the CSWO position in the context of current arrangements, specifically the dual role as described.

CHCP Arrangements

Inverclyde Community Health and Care Partnership (CHCP) was formed as a Directorate of Inverclyde Council and an entity of NHS Greater Glasgow and Clyde on 1st October 2010. Inverclyde CHCP comprises social care services across all adults' and children's services, and including criminal justice services, along with primary and community health services. In order to deliver on the outcomes of the CHCP the following service groupings are in operation.

- Health, Community Care and Primary Care
- Children & Families and Criminal Justice
- Mental Health, Addictions and Homelessness
- Planning, Health Improvement and Commissioning

Inverclyde CHCP total workforce consists of **1,702 CHCP employees** or **1373.2** whole time equivalent (WTE). NHS- Staff account for **35%** *(n590; 489 WTE)* and Inverclyde Council Local Authority staff account for **65%** *(n1, 112; 884.2 WTE).* This makes the CHCP a significant employer in the area, and we recognise that many of our staff and their families experience the negative impacts of the socio-economic challenges described in this report. We therefore strive to provide a supportive and nurturing working environment.
Source: HR Workforce Report April 2014 and NHS Workforce data (PW)

The CSWO has control over and responsibility for all of these staff and services, and their associated budgets from both Council and NHS, as well as accountability for care and clinical governance. Our three-year strategic plan (Corporate Directorate Improvement Plan) is agreed through the CHCP Sub-Committee, with a requirement to deliver on the Corporate Plans of both parent organisations, as well as the Single Outcome Agreement. The Plan also describes our engagement with communities, service users and carers, and our arrangements with Third Sector organisations. We are required to produce an annual update of progress towards the Plan, as well as regular performance exceptions reports.

Looking to the future and the requirements of the Public Bodies (Joint Working) (Scotland) legislation, we have agreement that our HSCP will follow the body corporate model, and our current CHCP arrangements are also our shadow HSCP arrangements with the CHCP Sub-Committee functioning as the shadow Integrated Joint Board. The current Director/CSWO will become the HSCP Chief Officer, and it is likely that there will be a requirement for the CSWO role and associated responsibilities to move to another Chief Officer within the HSCP.

Position within the local authority and governance structure

The Director/CSWO is part of the Corporate Management Teams of both Inverclyde Council and NHS Greater Glasgow & Clyde. He is also a voting member of the CHCP Sub-Committee as outlined below. The Director/CSWO has responsibility to ensure that appropriate Clinical/Care Governance and scrutiny mechanisms are in place.

Arrangements by which the CSWO discharges functions

Within the CHCP, we have jointly appointed and funded management, from Director/CSWO, through Heads of Service, to Service Manager level. Each of these managers has responsibility for the day-to-day management of staff employed by both Council and NHS. Our business is governed by the CHCP Sub-Committee which includes Elected Members; NHS non-Executives; staff-side and Public Partnership representation and the Director/CSWO. The CHCP Sub-Committee is a sub-committee of both Council and the NHS Board, with delegated responsibility. The Director/CSWO approves all reports submitted by the CHCP to all committees of either Council or the NHS Board, therefore directly shapes CHCP policy.

Political Structure and Context

Inverclyde is currently a Labour led Council. The political make-up of the Council Elected Members is Labour (9); SNP (6); Lib Dem (2); Conservative (1), and Independent (2). Within the administration and other political groups, there is clear support for the values of Social Work, particularly in the context of levels of need and disproportionate levels of poor social, health and economic outcomes for our population as described in our local authority overview.

The CSWO meets weekly with the CHCP Convener to build and sustain good relationships and to ensure that the Convener has a sound understanding of the CHCP, its complexities, and how national policy influences what the CHCP needs to deliver, and how the CHCP in turn shapes or is shaped by local policy. This continuous feedback loop ensures that important discussions take place at political levels to ensure support, challenge and buy in.

We have very strong linkages with the Corporate Communications Teams of both Inverclyde Council and NHS Greater Glasgow and Clyde, supporting our drive to foster a more positive relationship with the local newspaper. For complex or controversial proposals, we undertake all-Member briefings in advance of any likely publicity so that Members have sufficient opportunity to understand the issues and ask any questions. This in turn supports them to respond appropriately and positively to any emerging social work services related issues.

Social Services Delivery Landscape/Market

Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The largest main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.

There is a significant gap between our more affluent areas and those which experience high levels of poverty and deprivation. In our most deprived and disadvantaged areas, people face multiple problems such as ill-health; high levels of worklessness; poor educational achievement/attainment; low levels of confidence and low aspirations; low income; poor housing and an increased fear of crime. In addition, Inverclyde has particular issues relating to alcohol with significantly worse levels of alcohol and drug misuse compared to the rest of the UK. The levels of problematic drug misuse and alcohol-related death rates are among the highest in Europe and have markedly increased in the last 15 years.

However it must also be recognised that in Inverclyde, and in particular our more disadvantaged areas, there is a strong culture of defined communities and activism, which sets the foundation for co-produced approaches, and acknowledges the resilience of local people to respond to challenge.

Over the next ten years the health and social care landscape will change significantly. This will take account of changing demographics, including an ageing population, and an increase in demand for services. This is hopefully likely to be in the context of a period of recovery from financial recession as we go beyond 2019/20, but we will face challenges in supporting increased demand and the need for more preventative and "upstream" approaches with resources and budgets that have reduced significantly in recent years and will continue to reduce in real terms for at least the next few years.

Notwithstanding these extensive challenges, there is an opportunity to strengthen an outcome-focused approach that is centred on the individual and embraces the principles of personalisation and the requirements of Self Directed Support legislation.

As a CHCP we are already making good progress in this considerable culture shift from delivering and measuring outputs (in terms of hours and services delivered) to measuring outcomes and what impact services are having on people's lives. There is also an opportunity to consider collaborative commissioning across rather than within client groupings.

The CHCP values the good partnership working in place locally between service providers in the Third and Independent sectors. We also place great importance in our partnership with service users and carers in ensuring services are meeting their outcomes.

Our Joint Commissioning Strategy 2013 – 2023 outlines the path we are taking alongside our partners in ensuring we are "Improving Lives" of the people of Inverclyde and sets out our statement of intent for how we will deliver our services to make this aspiration a reality for the people of Inverclyde.

Inverclyde has for many years provided social care services through a mixed economy of care with both internally managed services and externally purchased services. The CHCP currently purchases a full range of care provision from 65 local providers with a budget of approximately £28m and a further 21 providers out with the area. As part of the governance procedures, meetings are held on a six monthly basis with providers to have an overview of

the financial monitoring requirements and share information about service pressures, new opportunities for business and to discuss any quality issues or concerns. The CHCP has a close working relationship with the Care Inspectorate, ensuring that organisations are supported to provide high quality care with corrective action being taken quickly when quality concerns arise.
Good working relationships between the District Nursing service and community social care services are a key feature in Inverclyde, with advice and guidance being offered to providers as they provide care for more highly dependent people in their own homes.

Self-Directed Support will see the development of a Directory of Services where service users will have access to relevant information relating to service providers and where a choice of provider can be made.
The development of the CHCP Commissioning Plan will provide much needed information for providers about the future service requirements of the CHCP and our purchasing intentions.

With the introduction of self-directed support, it is anticipated that changes in the market will become more evident. This may include a range of service providers; increasing levels of community capacity building and local community resources; and a greater level of flexibility in the types of care and support available. All of these factors should positively impact in shifting the balance of care and will inform future commissioning opportunities.

Finance

The 2013/14 Social Work revenue budget is year one of a three year budget cycle, incorporating significant savings challenges of £3.5 million as well as incorporating pressure funding of £1 million.

The Social Work revenue budgets for 2013/14 was £47.9 million and ended the financial year with a small underspend of £61,000 being 0.13% of the budget.
Within the revenue budget there were significant issues and pressures for some services:

Older Peoples ended the year with an overspend of £438,000 which is 2.08% of the £21.5 million budget, primarily due to increasing numbers of homecare and, to a lesser degree, nursing and residential care clients, reflecting the national trend.
The demographic profile for Inverclyde has indicated an increasing number of older people for some time, with additional funding included in the 2011/13 budget, however the anticipated increase in costs did not materialise during that time period so a further potential tranche of pressure funding for 2013/14 was identified as not required. However since the latter months of 2013/14 this is manifesting as a significant pressure and the trend of increased volume and complexity of client cases is continuing into 2014/15.

Significant savings have been achieved within Homecare from service redesign, introduction of new ways of working such as mobile handsets and electronic scheduling with further savings targets relating to the impact of re-ablement and aligning the balance of service delivery between internal and externally provided services.

Learning Disability ended the year with an overspend of £267,000 which is 4.53% of the £6,159,000 budget due to the cost of client care packages. Over the 3 years to 2015/16 £1 million pressure funding has been added to this budget reflecting the complex needs and requirements of known cases that will transition into this area. The service is undergoing redesign in order to achieve savings.

Children & Families underspent by £348,000 which is 3.7% of the £9 million budget mainly due to difficulty in filling vacant posts. In addition to this there was a significant underspend within Residential Childcare of £789,000 which was transferred to a reserve to allow smoothing of the volatile peaks and troughs in demand for this service. The latter month of 2013/14 saw the new children's home become operational with funding achieved through prudential borrowing and the success of this funding model will be replicated and allow the reprovision of the remaining two children's homes over the next 3 years.

Revenue Reserves - the early achievement of savings combined with planned project funding has allowed investment to develop Caladh House and modernise this supported accommodation for adults with disabilities, as well as increasing beds from 3 to 4 in the Hillend respite unit.

The Social Work Capital Budget for 2013/14 was minimal at £183,000 as the investment into the new children's home had taken place in the prior year.

Performance

The CHCP operates in an environment of multiple policy drivers at national and local levels, and our main drivers are.

- ✓ The CHCP Corporate Directorate Improvement Plan
- ✓ Inverclyde Single Outcome Agreement
- ✓ Inverclyde Council & NHS GG&C Corporate Plan Priorities
- ✓ SOLACE Benchmarking Indicators
- ✓ Statutory Performance Indicators

We have developed a fully integrated system and process for the management of performance through the introduction of Quarterly Performance Service Reviews (QPSR) and a Performance Data Repository. The service areas reviewed are:

- Health, Community Care and Primary Care
- Children & Families and Criminal Justice
- Mental Health, Addictions and Homelessness
- Planning, Health Improvement and Commissioning

This system/tool captures all national and local data measures that we are required to report for statutory or non-statutory purposes, for a range of business functions relating to Inverclyde CHCP.

The purpose of the QPSR is to present key performance information and statistics for analysis to identify strengths and weaknesses in performance which allows for discussion on how performance is being managed and how it can be improved.
A critical aspect of the QPSR process is also to update/review the progress of key actions and outcomes for each of the service areas on their strategic priorities. The QPSR process has been embedded into our performance reporting framework to assist with the demands of all the reporting requirements both locally and nationally.

Within the CHCP Performance Framework we have 5 Key Strategic Themes as follows:
Source*: Inverclyde CHCP Development Plan Update and Refresh 2013/15*

Early Intervention and preventing ill health

Key area of delivery/progress since 2013 in this theme area include:

- There has been an improvement in oral health for children. This includes in dental registration of 0-2 years and 3-5 years and 100% of nurseries participating in the tooth brushing programme. We have exceeded the target of reducing dental decay rates for P7 children. Our target was that 60% of children should have no obvious signs of decayed, missing or filled teeth, and we achieved a rate of 66.4%.
- We have good rates for MMR vaccination of 2 year olds, achieving 95.6% against a target of 95%.
- A considerable waiting time's improvement has been made with 100% of patients starting treatment within 18 weeks of referral for Psychological Therapies. The Primary Care Mental Health Team average of 22 days for referral to initial assessment – 73% under 28 days, with remaining patients not seen in the target timescale due to their own choice or circumstances rather than service reasons.
- We have marginally reduced smoking in pregnancy to 20.7% (from 21.3%) and continue to try to reduce this equalities gap through the delivery of targeted smoking cessation services to achieve the Scottish Government/local target of 20%. (June2014)
- Inverclyde CLDT along with Community Children's nursing (school nurses) and LD Liaison Team at NHS GG&C have completed the first year of offering transition health checks to all young people with a learning disability with a 54% uptake this year and plans to improve on this up take are in place for next year's leavers. Evidence from these health checks suggests unmet health needs are being identified and appropriate referrals to NHS and local authority services are being made.
- We have increased the number of carers on the GP registers to 1,679 (target is 1300) achieving a 29% increase, and providing a firm foundation for taking forward the principles of carers being Equal Partners in Care (EpiC).

Shifting the balance of care

Key area of delivery/progress since 2013 in this theme area include:

- We have achieved all of the targets relating to reducing the bed days in adult mental health services through streamlining local care pathways between community and inpatient services, thereby increasing the likelihood of successful and sustained hospital discharge.
- We have significantly reduced the bed days relating to diabetes by achieving a 22.7% reduction, again through improved community-based services.
  Also, joint working continues with the Acute Diabetes Service with planned co-location of community Local Enhanced Diabetes Services and pilot project for specialist diabetes in-reach community nursing services to support community diabetes service provision and GP services.

- We have reduced the alcohol-related hospital admission rate to 10.2 per 1,000 of the population, exceeding the target of 12 per 1,000 of the population.
- All 16 GP practices are participating in the Polypharmacy Local Enhanced Service (LES). The CHCP Prescribing Team is supporting GP practices by providing prior work-up for GP face to face reviews and also undertaking targeted pharmacist medication reviews.

Reshaping Care for Older People

Key areas of delivery/progress since 2013 in this theme include:

- From customer feedback across older people's services;
- Day care services - of 88 respondents, 98.5% rated the service 5 out of 5;
- Re-ablement services - of 207 respondents, 88.6% rated the service 5 out of 5;
- Care at home services - of 219 respondents, 83% rated the service 5 out of 5.
- We have achieved a 5.45% increase in the number of people receiving telecare. We are also exploring how telecare can further support COPD/diabetes patients.

Improving quality, efficiency and effectiveness

Key area of delivery/progress since 2013 in this theme area include:

- Inverclyde CHCP is one of the demonstrator sites for the implementation of the NES/SCSS training programme EPiC (Equal Partners in Care). This will begin to embed Level 1 'Carer Aware' & Level 2 'Carer Together' training within new and existing staff training.
- We have significantly exceeded the target of a 10% increase in the number of carers accessing stress management by achieving an increase of 162%.
- There has been a significant improvement in the number of complaints being responded to within the 20 day period, now standing at 75%.
- We have 100% NMC registration compliance and also 100% SSSC Social Worker Registration compliance
- We have 100% of staff receiving standard induction training.
- We have an emerging process across all services to support our people involvement framework which we will build on, taking cognisance of the Francis Review and drive towards person centred care and support.

Tackling inequalities

Key areas of delivery/progress since 2013 in this theme include:

- There has been a 44% increase in the number of staff being trained in welfare reform, significantly exceeding the target of 10% increase.
- We have significantly increased the number of people accessing advocacy services and receiving a service in 2013/14 to 336 people, exceeded the target of 165 people (+10%).
- We have participated in the NHSGGC Public Health Integration Consultation progress in relation to ensuring that maximum impact on local health policy development and health inequalities can be achieved through new organisational aspirations and operating arrangements which will be worked through during 2014/15 by the Public Health Directorate.
- We held the very successful 'Getting it Right for Inverclyde' Health Inequalities event in January 2014, with keynote speeches by Professor Sir Harry Burns, Chief Medical Advisor for Scotland and Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow & Clyde.

Statutory Functions

The CSWO role has primary responsibility for specific decisions on behalf of the Council with regard to Social Work matters, including for example, Secure Accommodation Decisions; Emergency Transfer of Placement; Welfare Guardian Orders (Local Authority), and Welfare Guardian Orders (Private Individuals).

Statutory Activity

Children and Families

The Chief Social Work Officer has a specific responsibility with regards to the authorisation of emergency transfers of placement for looked after children and the authorisation of secure care.

During the period 2013/14 the Chief Social Work Officer authorised 3 emergency transfers and 2 secure placement authorisations.

At 31st March 2014 - 230 children in total, were looked after or accommodated by this local authority under the Children's Hearing (Scotland) Act 2014 and/or the Children's (Scotland) Act 1995.

Children's Hearing (Scotland) Act

- *28 New Compulsory Supervision Orders Issued during 2013-14*
- *990 Children's Hearing Reports were completed, 402 of which were Social Background Reports*

Looked After Children

- *230 Children were Looked After and or Accommodated at 31st March 2014*
    - *28 in Residential Placements*
    - *202 in community type placements*
    - *Two children were placed in Secure Accommodation*

Child Protection

- *186 Child Protection Referrals were received during the reporting year- 112 of which were subject to case conference (60.2%) (revised figure)*
- *50 Children were on the Child Protection Register at 31st March 2014*
- *8 Child Protection Orders (S37) were issued during 2013-14*
- *1 Serious Case Review undertaken during 2013-14*
- *4 Appeals against CP Registration were made during 2013-14*
- *1 Dissent from Registration was made during 2013-14*

Fostering & Adoption

- *8 Adoption Enquiries*
- *4 Adopter Approval*
- *1 Permanent Foster Carer Approval*
- *4 Permanent Foster Care Matching*
- *7 Adoption Matching*
- *12 Child Registration for Permanence*
- *1 Child De-registration for Permanence*
- *2 Adoption Orders Granted*
- *39 Approved Foster Carers at 31st March 2014*
- *27 Fostering enquiries received during 2013-14*

- *15 cases presented to the Fostering Resources Panel*
  – 4 withdrawals, 6 progressions on the Payment for Skills scheme, 4 households were approved and Panel noted 1 private fostering arrangement.

Kinship Carers as at 26th August 2014

- *27 kinship carers looking after 38 children. (Section 83)*
- *30 kinship carers looking after 46 children. (Section 11)*

Criminal Justice

- ***503 Criminal Justice Court Reports were submitted to courts during 2013-14***
  There has been a significant reduction in Court Reports requested and submitted by CJ social workers between 2012-13 and 2013-14. This reduction is due to falling crime figures nationally, resulting in lower volumes of work going through our local courts

- ***244 community payback orders (CPO) were issued during the financial year 2013-14***
  *The number of CPO Orders Issued in 2013-14 has increased from the previous year, from 210 to 244. The number of Orders with an unpaid work element attached increased from 176 to **206** in 2013-14. Those with Supervision attached decreased from 101 to **99** in 2013-14.*

- ***MAPPA:*** *On average, **31 sex offenders** were managed in the community of Inverclyde during 2013-14. This represents **13%** of the total **246** registered sex offenders within the North Strathclyde Criminal Justice Authority (NSCJA.)*

The MAPPA Unit for NSCJA is hosted by Inverclyde CJSW Services and supports the risk assessment and risk management of Registered Sex Offenders (RSOs) and mentally disordered offenders (restricted patients) through facilitating the sharing of information between responsible authorities which include, Local Authorities, Police Scotland, Scottish Prison Service and, in the case of restricted patients Health.

LSCMI - Early 2013 the Scottish Government announced its intention to evaluate nationally the implementation of the Level of Service/Case Management Inventory (LS/CMI) tool. This tool is used to assess both the risk of re-offending and the risk of (serious harm) and to inform case and risk management planning. The evaluation was essentially a self-evaluation activity carried out under the auspices of the Care Inspectorate and the Risk Management Authority.

All key milestones in the self-evaluation journey were completed in 2013/14. Significant within this was the formulation of an LS/CMI Improvement Plan which was subject to scrutiny from the Care Inspectorate and open to peer challenge. Our Improvement Plan included 18 individual actions designed to promote staff confidence in using the tool, achieve greater consistency in the application of the tool in practice across the Service and harness the potential of the tool to inform Service and strategic planning as well as provide performance information in this key area of activity.

Work on taking forward all 18 actions commenced in October/November 2013. To date we have completed 11 actions (61%). A further 5 actions (28 %) are progressing to plan, with 2 (11%) incurring some slippage.

Community Care

- *93 people accessing Self Directed Support at Feb 14*
- *550 Adult Protection (AP)referrals received during 2013-14*
- *40 (AP) Investigations dealt with during 2013-14*
- *3311 Service user requests for ADL equipment with a total of 5952 items supplied*
- *207 new care home admissions, 70 male, 137 female*
- *165 new 65+ Service users with completed Community Care Assessments during 2013-14. (13% were 'critical')*

Adult Support and Protection

- *447 referrals were made 2013-14 up from 419 in 2012-13*
- *44 AP Investigations were carried out in 2013-14 up from 38 in 2012-13*
- *73 AP Meetings took place in 2013-14, a reduction from 83 in 2012-13*
- *10 Case Conferences were held in 2013-14, a reduction from 24 in 2012-13*
- *17 Review Case Conferences were held in 2013-14, a reduction from 37 in 2012-13*
- *22 Initial Case discussions were held in 2013-14, up from 14 in 2012-13*
- *17 Review Case discussions were held in 2013-14, up from 3 in 2012-13*

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

The referral figures above show an increase in the number of adult protection referrals received. The referral rate is increasing on a quarterly basis. There was a decrease in police referrals in the second quarter however the police were unable to determine a reason for this. The majority of referrals continue to be made by the Police.

Police Scotland has concluded their national review of referral processes for adult protection and since the 18th of March Inverclyde has received police adult concern reports. There has been a significant increase in the number of police reports received. In response there has been a review of management information processes to differentiate between adult welfare and adult protection concerns. Fire and Rescue, Ambulance Service and the Office of the Public Guardian have also concluded their review of referral process for adult protection. It is anticipated that this will have an impact on referral rates in the coming year.

There has been an overall decrease in the number of adult protection meetings. The number of case conferences and case conference reviews has significantly decreased whilst the number of case discussions and review case discussions has increased. An AP Module has been introduced to the social work management information system and the Scottish Government has provided a definition of a case conference as part of the introduction of the National Dataset.

In light of this meeting types have been reviewed which has impacted on the figures. The knowledge and experience of frontline staff responding to adult concerns is developing. Further analysis is required however it is anticipated that the decrease in adult protection meetings against an increase of referrals can in part be explained by staff using other appropriate legislation.

Mental Health Services

- *71 legal orders for short term admission issued under MH(Scotland)Act 2003*
- *29 legal order for emergency admissions issued under MH(Scotland)Act 2003*
- *Suicide rate decreased to 11.4 in 2012 from 16.4 in 2011 (per 100,000)*
- *Increase in Welfare Guardianship Assessments (private applications and those taken by Local Authority) from 38 to 46.*
- *Increase in Guardianship Orders (for CSWO is guardian) from 5 in 2012-13 to 12 in 2013-14.*
- *Increase in Assessments undertaken by Mental Health Officer's (MHO) in respect of Mental Health Care and Treatment (Scotland) Act 2003 from 112 to 157.*

Within the last year there has been a significant increase in demand on the MHO service in a number of areas. In respect of Welfare Guardianship applications this increase is reflective of an enhanced understanding of the use of appropriate protection measures for vulnerable adults. This also impacts on demands on both legal services where the Local Authority requires to make the application and Consultant Psychiatrists in respect of contributing to multi-disciplinary case conferences and in the provision of formal assessments of an individual's capacity.

This experience is replicated across Scotland. Consideration is currently being given by the Scottish Government to amending the requirements for monitoring of Private Welfare Guardians by the Local Authority, which have also significantly increased.

In respect of use of the MH[C&T][S]Act work is also required to address the use of emergency detention orders where an MHO is not involved in the assessment and decision making for detention, and which has increased, most notably in the out of hours period, where the service is provided by West of Scotland *Standby services. This issue is also of* concern to colleagues within NHS GG&C.

Currently the Scottish Government is consulting on the Mental Health [Scotland] Bill, which will amend the existing MH[C&T][S]Act, the proposals of which whilst welcome in most part to enhance current practice will add to the demands of the service. Inverclyde is contributing to evidence to inform of the implications in respect of this demand.

Drug and Alcohol Services

- *91% of Service users waited less than 3weeks from referral to appropriate drug / alcohol treatment*
- *1290 referrals to drug & alcohol services (981 to alcohol)*
- *431 ABI's conducted in 'wider settings' as defined in HEAT target*
- *Drug related deaths: 25.1 in 2011 to 16.1 in 2012 (per 100,000)*
- *Alcohol related deaths: 48.6 in 2011 to 37.3 in 2012 (per 100,000)*
- *Open cases down from 196 end of fin year 2012/13 to 177 (201314)*

Homelessness

- *Homelessness presentations: 295 plus 286 section 11 (homelessness etc. (Scotland) Act 2003)*
- *% of decision notifications issued within 28days of initial presentation: up from 76.54% in 2012/13 to 77.13% in 2013/14*
- *Number of households provided with Housing Options advice and assistance not requiring statutory homeless assessment: down from 773 in 2012/13 to 624 in 2013/14*

Advice Services

- *The average number of information worker referrals per quarter rose from 584 in 2012/13 to 688 in 2013/14 (17.8% increase)*
- *The average number of welfare rights referrals per quarter rose from 243 in 2012/13 to 277 in 2013/14 (14% increase)*

Welfare reform has impacted on the advice services team with clients presenting with a more complex range of issues looking for advice and support. The Advice First telephone triage project funded by the Scottish Legal Aid Board (SLAB) has been operating since March 2014 and to date has received over 500 calls for advice and information. Clients are either supported by telephone or if required, offered an appointment with an advice worker to ensure a full benefit/income maximisation check is undertaken.

The case management system (Bright Office) has now been procured and the team are working with the provider to develop a bespoke system that can be accessed by members of the Financial Inclusion Partnership, with an anticipated go-live date in September.

Conditionality and sanctions are now a major concern and work is required to scope why people are not challenging the sanctions imposed by Department of Work and Pensions (DWP).

All CHCP

Qualified Staff

- **100%** of all Social Workers employed and practicing within Inverclyde CHCP, are Registered with the Scottish Social Services Council (SSSC)

Freedom of Information Requests (FOI)

- ***153*** *FOI requests were received and dealt with by the CHCP during the period July 2013-June 2014. Approximately 40% of these related to children and families services.*

Subject Access Requests (SAR)

- *19 SAR's were received during 2013-14*

Complaints/Reviews

- **68** Complaints were received during 2013-14 (36 Formal and 32 Informal)
- **9** Complaints progressed to a ***Chief Social Work Officer Review***

Continuous Improvement

Our achievements highlighted in the body of this report demonstrate that we are working in a focused and integrated way to deliver real improvement for local people within the financial and resource constraints that have become a feature of social services delivery across the country. The drive to continuously improve what we do and how we do it is central to every service redesign, and we regard the move to HSCPs as an opportunity to build on our integrated model and develop even stronger integrated approaches across and within services.

Our work with service users and carers and with the Third and Independent sectors will continue to develop within the principles of person-centred and outcomes-focused delivery that makes a real difference to those people who need our support. We believe we have robust performance recording and reporting systems in place to help us monitor continuous improvement, but will continue to develop this in the light of implementing the National Outcomes.

Planning for Change

The most notable changes that are likely to have an impact for us over the coming year are the implementation of self-directed support (SDS); the requirement to develop and establish our HSCP arrangements, and deliver the next round of cost savings across both health and social care services.

With regard to SDS, we have an action plan in place that takes account of legislative requirements, but more importantly, reflects the spirit of the legislation in terms of service-user empowerment and individual outcomes. Our commissioning strategy reflects the commitments of our SDS Plan and work is well underway to deliver training and support to staff to help them in the transition to this new way of working. The SDS Plan and its implementation is monitored through the SDS Steering Group.

As stated earlier in this report, our HSCP will build upon our existing CHCP arrangements, but legislative requirements mean that our governance arrangements will have to be reviewed.

We plan to have our Draft Integration Scheme completed by the end of the calendar year to allow time for stakeholders to comment and contribute before it is finalised. Our approach will be based on a desire to build forward on what we have already, under the principles of continuous improvement, but with minimum disruption to service users; carers; staff and local providers.

Achieving cost savings is becoming more and more challenging. In recent years we have identified and implemented significant cost efficiencies, while retaining a balance of ensuring that savings from one partner budget don't lead to pressures on that of the other partner. As we move into the next round of savings, we will have to focus on redesign, with a clear remit to focus on developing high-impact support and designing out elements of delivery that have less of an impact. This will be challenging for staff, service users and managers if we are to avoid a perception of services being reduced.

User and Carer Empowerment

Our People Involvement Framework sets out the intentions of the CHCP in terms of promoting involvement of Service Users and Carers in strategic and individual care planning, sharing good practice and working towards coproduction, as the default position of the organisation.

A systematic approach is being developed to capture outcomes from feedback from service users and carers across our services by capturing results of questionnaires, newsletters and minutes of meetings with service user advisory and carer groups. An example of good practice is how older people are involved in the planning and delivery of services at Hillend Day Centre as they are involved in the staff recruitment processes and analyse feedback reported by homecare clients through newsletters for all service users. In addition the development internally of an innovative analysis tool will allow feedback to be captured from the CHCP Advisory Group representing various Care Groups and the Carers Network, which will be reported at a strategic level of the CHCP for action. The aim is to input all feedback into the internal tool by the end of 2014, which will facilitate analysis and regular reporting.

Coproduction approaches are also gradually being adopted through the redesign of services such as the Continuing Care provision at Ravenscraig for Older People and Adults with Mental Health conditions, where service users and carers are fully involved in the design and planning of the new facility planned for IRH. The planned Review of Learning Disability Services has also committed its approach to involving users and carers from the outset.

With the development of the Joint Commissioning process, the opportunity will exist for users and carers to be more involved in shaping future redesigns and commissioning of services and the challenge will be to ensure that opportunities will arise across all care groups and that service users and carers are adequately supported to participate in this process.

Inverclyde CHCP is also committed to promoting carers as co-partners and participated in the Equal Partners in Care Pilot (EPiC) developed by NES (NHS Education) Scotland and the Scottish Council of Social Services. Training sessions were arranged for staff in health and social care settings based on the principles contained within the National Strategy for carers, *Caring Together*, which promotes the need for staff to recognise carers as equal partners in the planning and delivery of care. We focused on encouraging front line staff to recognise their role in identifying carers, promoting the self-assessment tool for carers and signposting carers to register at the Carers' Centre to access a range of supports. Over 90 GP practice-based clinical staff and 40 social care staff participated in these sessions, which also involved staff from the Carers Centre and carers who delivered a short drama. This training will be rolled out for other staff through the CHCP Training Plan over the next 12 months.

Ensuring delivery of personalised services to individuals in line with Outcome Focused Assessments

With the development of SDS, new outcomes-focused paperwork has been developed and awareness-raising sessions for staff and carers, organised to ensure that staff appreciate the shift to personalisation and the need to focus on better outcomes for service users and their carers. Inverclyde CHCP is working with the Social Work Scotland who have developed training modules in relation to SDS and are piloting some of the modules. A

suite of guidance materials has been developed which covers assessment, support planning, review, self-directed support, risk, re-ablement and finance. This will continuously be updated to reflect changes as current systems are being developed. We have also trained and introduced 12 SDS Champions across all CHCP integrated teams whose role is to support colleagues with outcome focused assessments and support planning.
Care managers and assessors have also been given information and support to ensure all SDS options for support are being fully explained and that alternative solutions to support independent living are fully explored. Information about SDS and the four options for support has been widely circulated with local providers and within the local community. Further media options are currently being explored to ensure information is as accessible as possible, to as many different access preferences.

SDS is now in the implementation stage and the SDS Steering Group and work streams are overseeing plans to ensure that personal outcomes for service users are being identified and achieved and that systems will be in place to track changes to the balance of service delivery within the CHCP.

Inverclyde CHCP SDS Project Officer has established close working links with organisations such as SPAEN and Circles Advocacy, as well as local providers to develop innovative responses and practice towards the implementation of SDS. Working in partnership with Directions, a local project, which jointly with Inverclyde Council on Disability, Inverclyde Carer's Centre and Circles Advocacy Network received funding from the Scottish Government to support the development of SDS within the local community.

Directions is currently working towards establishing a peer support group to help current and potential service users with choosing and managing their support. The Project Officer has also been working with Alzheimer Scotland and Your Voice and held staff briefing sessions as well as being part of an open event hosted by the local Carers' Centre.

Inverclyde CHCP continues to have membership of SPAEN (Scottish Personal Assistants Network) which gives a range of advice and support on employment matters, and In Control Scotland which supports staff and service users with outcome-focused planning (mainly for learning disability).

In addition, the CHCP will ensure that staff are given the necessary tools, such as good clear information about community supports and alternative approaches to delivering respite through the development of community-based resources and service options, and ensure that internal communication tools such as the website, community resource directory, ICON and Staffnet, enable practitioners to deliver on their tasks.

The Supported Self-Care Framework

The supported self-care framework has been introduced and is progressing steadily to ensure that the quality of people's lives is maximised even if they are living with a long term or chronic condition. Working closely with and guided by the Anticipatory Care Planning Group and with local partners in the voluntary, community and public sector, the intention is to have high quality support and information available to those who need it, in their own homes. The framework also promotes connections to and support from peer and community groups.

Community Engagement and Capacity Building Network

Inverclyde CHCP is an integral partner within the Community Engagement and Capacity Building Network (CECBN), which is a sub-group of officers from Inverclyde Alliance (the Inverclyde Community Planning Partnership). The CECBN has representation from different sectors who work together to develop collaborative approaches to involving communities, service users, patients and carers in community planning. The Network works together to support community-based responses to the needs of communities.

An example of this would be the collaborative work currently being undertaken in Port Glasgow to meet the needs of Older People, by bringing together a range of service providers with older people themselves to plan activities and develop ideas for better coordination of services in the Port Glasgow area.

Workforce Planning and Development

As previously indicated, Inverclyde CHCP operates with a total staff compliment of **1,702** employees including NHS and LA (1,373 WTE). Gender and Age bands profiles are as follows:

	Local Authority	***NHS***
Male	15%	16%
Female	85 %	84%

	Local Authority	***NHS***
Aged under 35	15%	12%
Between 36-55	59%	69%
Aged over 55 years	26%	19%

Our workforce is predominantly female, and we have a much bigger proportion of staff who are over 55 years old than those who are under 35. While this brings a wealth of experience and knowledge to the CHCP, we need to acknowledge that looking to the future; we must also be developing the next cohort of expertise. This will be central to our HSCP workforce planning arrangements.

Absence management monitoring is a priority for every manager within the CHCP and absence management sessions were held with staff members during summer of 2013 with further sessions planned for Autumn 2014. There has been a significant reduction in staff absence within the CHCP from 8.1% at January 2013 to 3.66% in April 2014 for NHS and 8% to 5.27% for Local Authority staff in the same timeframes. These improvements take us closer to reaching our local target of 9 days per year.

The Director/CSWO takes the lead role in promoting and developing a culture of a safe and healthy workforce. Chief among this is the commitment to Healthy Working lives where the CHCP has achieved Gold Status and continues to maintain the criteria for retention of the award. We also achieved the Mental Health Commendation Award for Healthy Working Lives.

In addition a major objective has been to address the tensions that working in Health & Social Care can bring and a major audit of stress in the workforce was undertaken this year. The process of this survey, to all staff, is still underway and the development and implementation of action plans for teams is a current commitment.

The CHCP is developing an integrated workforce development plan for both health and social work staff.

In delivering this plan last year, CHCP staff took up 4247 places on 113 in-house courses. In addition 91 staff took up 138 places on 77 external short courses and conferences.

Overall 71 staff achieved academic, practice or leadership qualifications. Within this number 55 staff gained qualifications to support their registration with the SSSC. The vast majority of these (48 staff) gained their awards through our approved SQA Centre. A further 16 staff achieved leadership and specialist practice qualifications through academic institutions or other approved learning centers.

Inverclyde CHCP supported 82 students with the practice learning placements to help our sector's future workforce to become qualified practitioners in social care, social work and health.
We offered 22 placements to future social workers, 6 to social care students, 1 placement for a specialist drugs and alcohol student, 8 occupational health students and 45 placements to nursing students. New placement opportunities have also been established in Greenock Prison, Residential Child Care and Inverclyde Royal Hospital.

The workforce development programs delivered over the past year have been designed to help:

- New staff to quickly take up their role within the CHCP
- Existing staff to build on early learning and implement new legislation, new standards or ways of working as outlined in the CHCP Directorate Improvement Plan 2013 - 2016
- Experienced staff and mangers to develop expertise in leadership and practice within their field

There has been a particular focus on Self-Directed Support, Welfare Reform, Mental and Physical Wellbeing, the Children's Hearing (Scotland) Act and Public Protection. CHCP staff have a significant role in delivering multi agency learning across Inverclyde on behalf of the Inverclyde Child Protection Committee, Inverclyde Adult Protection Committee and Inverclyde Alcohol and Drugs Partnership and to take positive action within health inequalities.

There has been themed leadership activity around outcomes-focused assessments and self-directed support. A series of inter-professional development sessions have been organised for Managers, Team Leaders and frontline practitioners across the CHCP. This has aimed to support leadership at all levels in changing practice.

Leadership skills have also been developed through the qualifications already noted in this report. Managers have successfully undertaken the PDA in Health and Care Supervision, CMI Certificate in Leadership and Management and the Post Graduate Certificate in Management and Leadership in Social Services.

Service Users have been involved in staff development through co-delivery and participation in adult protection and self-directed support courses. Local research was undertaken with Children, Parents, Foster Carers, Children's Panel Members and CHCP staff which led to new practice tools and multi-agency courses on good practice in contact for looked after children.

The CHCP has made use of the latest technology for learning. This has been done through developing electronic and web based learning in collaboration with the Clyde Valley Partnership, NHS GGC and Inverclyde Council. New courses have been made available to staff via e learning systems such as Brightwave and LearnPro. CHCP staff took a leading role in developing a blended learning programme across the Clyde Valley partnership for Promoting Positive Behaviour. This programme combined e learning with a taught courses and an SQA qualification. The CHCP subscribes to Care Knowledge, a web based library resource and the Training Section also publicises new web based learning resources via an email across CHCP staff.

The Scottish Qualifications Authority (SQA) undertook a quality assurance inspection of our Inverclyde CHCP SQA Centre in April 2014 and we achieved the highest grades in all categories. Significant strength was identified in respect of management; resources; candidate support; internal assessment and verification; external assessment, and records and data management.

Key Challenges for the Year

Key challenges facing the CHCP that impact on CSWO include:

- Operating in a backdrop of increasing demand as our population ages, welfare reforms take effect, and cost savings need to be made.
- The need to shift the focus from remedial interventions to earlier support, so that we can preserve or improve the health and independence of the people who require our services.
- Consolidating good practice and moving away from outdated models of service delivery by focusing on improving quality through efficiency, and reducing waste rather than looking to develop new cost-hungry initiatives.
- The welfare reform programme, particularly around the introduction of:
    - Employment Support Allowance
    - Universal Credit
    - Personal Independence Payment
    - Changes to Housing Benefit entitlement
    - Council Tax Reduction Scheme
    - Scottish Welfare Fund

Other Issues

The key improvements to be implemented include:

- Implementation of an agreed model of outcomes-focused assessment across all services, involving carers as equal partners in care
- Implementation of the CHCP Accommodation Strategy and move to new premises and flexible working models
- Implementation of local actions related to the new Children's Hearings Legislation and the new Children and Young People's Bill/Act
- Implementation of Electronic Document and Records Management System (EDRMS), which will result in all social work files being stored electronically
- Implementation of the child protection improvement plan and targeted action to improve efficiency and effectiveness in permanence plans for children

- Full implementation of Self Directed Support across the CHCP
- Complete delivery of the Clyde Mental Health Strategy and move the last remaining services from the Ravenscraig Hospital site by 2016
- Implementation of a housing options one-stop-shop in partnership with Oak Tree Housing Association
- Redesign of Criminal Justice , and the addition of violent offenders to MAPPA
- The development programme of the women's national prison facility in Inverclyde
- Progress integrated clinical and care governance arrangements as required by legislation.
- Reinvigorate the approach to Corporate Parenting particularly in the context of requirements of new children and young people legislation.
- Progress the implementation of the ICHCP Dementia Strategy.
- Plan for the future inspection.

Conclusion

The work done by Inverclyde CHCP and the achievements we have made in a particularly challenging context highlight the advantages of an integrated approach to the delivery of health and social care services. As we move forward to our HSCP arrangements, there is no escaping that the financial challenges will become even more intense, and that the levels of need in our communities are likely to continue to rise. We are working to try to offset this with key work streams that empower and support those who are able to, to manage their own conditions and to find cost-effective ways to deliver improved outcomes. The role of social workers and social work services, and the ethos of a social model of health will be at the heart of how we work to empower service users and carers, and support communities to work together to rise to the challenges of multiple disadvantage, economic hardship and the impacts of welfare reform.