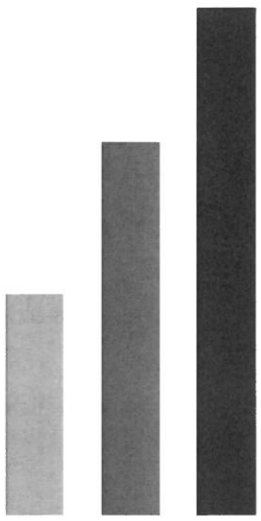
Inverclyde council

Agenda 2014

Inverclyde Community Health & Care Partnership Sub-Committee

For meeting on:

23	October	2014



Inverclyde council

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 9 October 2014

A meeting of the Inverclyde Community Health & Care Partnership Sub-Committee will be held on Thursday 23 October 2014 at 3 pm 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 2014/15 as at Period 5 to 31 August 2014**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

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

4. **Workforce Monitoring Report**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

5. **Audit Scotland Report – Reshaping Care for Older People February 2014**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

NEW BUSINESS

6. **Inverclyde CHCP's Implementation of the Scottish Government's National Strategy "Keys to Life" for Services for People with a Learning Disability**
   Report by Corporate Director Inverclyde Community Health & Care Partnership
   NB There will also be a presentation on this item

7. **Family Nurse Partnership (FNP) Programme in Inverclyde**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

8. **Multi-Agency Public Protection Arrangements (MAPPA)**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

9. **Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing: Older People's Dementia and Adult Mental Health Intensive Supported Living**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

Healthy Working Lives

Positive About Disabled People

The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 8 of Part I of Schedule 7(A) of the Act.

10. **Update in Relation to Homecare Tendering in Inverclyde**
Report by Corporate Director Inverclyde Community Health & Care Partnership on procurement issues in relation to the forthcoming tender process for Homecare Services in Inverclyde

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

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 2

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 23 October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/46/2014/LB**
Contact Officer:	**Lesley Bairden**	**Contact No: 01475 712257**
Subject:	**Community Health & Care Partnership – Financial Report 2014/15 as at Period 5 to 31 August 2014**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde CHCP Sub-Committee of the Revenue and Capital Budget current year position as at Period 5 to 31 August 2014.

2.0 SUMMARY

REVENUE PROJECTION 2014/15

2.1 The total Health and Community Care Partnership revenue budget for 2014/15 is £120,085,000 with a projected overspend of £47,000 being 0.04% of the revised budget. This is a reduction in projected spend of £117,000 since last reported to the Sub-Committee as at period 3.

2.2 The Social Work revised budget is £49,183,000 with a projected overspend of £169,000 (0.34%). This remains primarily due to current client commitment costs within Older People's Services, offset in part by turnover and running cost savings. This overspend is net of Residential Childcare, Fostering and Adoption as any under / over spend is managed through the approved earmarked reserve. At period 5, it is projected that there will be a transfer of £516,000 to the reserve at 31 March 2015; however this will be subject to the CHCP containing the Older People's cost pressures within budget. This is an increase in projected costs of £5,000.

2.3 It should be noted that the 2014/15 budget includes agreed savings for the year of £1,732,000 with a projected over recovery of £77,000 from early implementation.

2.4 The Health revenue budget is £70,902,000 and is currently projected to underspend by £122,000 primarily due to vacant posts. There remains an underlying pressure within Children & Families due to historic supplies pressures and impacts of the CAMHS RAM, in line with 2013/14.

2.5 The Health budget for 2014/15 includes £179,000 local savings, currently projected to be achieved in full.

2.6 Prescribing is projected to budget, and given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols.

CAPITAL 2014/15

2.7 The total Health and Community Care Partnership approved capital budget for 2014/15 is £333,000 and is projected on budget.

2.8 The Social Work capital budget is £195,000 of which £115,000 relates to Kylemore retentions and £80,000 relates to the expansion of the Hillend Respite Unit from 3 to 4 beds.

2.9 The CHCP Sub-Committee agreed to the replacement of Neil Street and Crosshill Children's Homes at its meeting on 24 April 2014. The replacement programme is funded through a contribution from the Residential Childcare, Adoption & Fostering earmarked reserve and prudential borrowing. The project planning phase is April 2014 to May 2015, with build work to commence 2015/16.

2.10 The Health capital budget is provisional at £138,000 which will be confirmed by the Board's next Capital Planning Meeting. In addition to the capital allocation a further £65,000 works will be funded from within revenue maintenance budgets.

EARMARKED RESERVES 2014/15

2.11 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,326,000 projected to be spent in the current financial year. To date £941,000 spend has been incurred which is 40% of the projected 2014/15 spend. The spend to date per profiling was expected to be £623,000 therefore projects advanced equate to £318,000 (151%). The profiling for spend to date is being reviewed.

It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering.
- Deferred Income.

3.0 RECOMMENDATIONS

3.1 The Sub-Committee note the current year revenue budget and projected overspend of £47,000 for 2014/15 as at 31 August 2014.

3.2 The Sub-Committee note that the CHCP Director will work to contain the projected overspend within the overall Social Work budget for the year.

3.3 The Sub-Committee note the current projected capital position:

- Social Work capital projected to budget at £195,000 in the current year and on target over the life of the projects.
- Health capital projected to budget at £138,000.

3.4 The Sub-Committee note the current Earmarked Reserves position.

3.5 The Sub-Committee note the position on Prescribing.

3.6 The Sub-Committee approve the Social Work budget virements as detailed at Appendix 7.

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 2014/15 CHCP revenue and capital budget and to highlight the main issues contributing to the 2014/15 £47,000 projected revenue overspend 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. Appendix 8 provides detail of the employee cost variance by service.

5.0 2014/15 CURRENT REVENUE POSITION: £47,000 PROJECTED OVERSPEND

5.1 SOCIAL WORK £169,000 PROJECTED OVERSPEND

The projected overspend of £169,000 (0.34%) for the current financial year remains predominantly due to client commitment cost within Older Person's Services offset, in part, by turnover, both within Internal Homecare and other Services. This is an increase in projected costs of £5,000. The material projected variances and reasons for the movement since last reported are identified, per service, below:

a. **Strategy: Projected £21,000 (1.01%) underspend**

The underspend relates to turnover, since period 3.

b. **Older Persons: Projected £490,000 (2.30%) overspend**

The projected overspend is mainly a result of continued increasing costs in Homecare which is projected to overspend by £256,000. There is a projected overspend of £198,000 within Residential and Nursing purchased places, per the current number of clients receiving care. This is an increase in costs of £136,000 mainly within residential and nursing.

This reflects the continued increasing trend from 2013/14 and is representative of the national position. A budget pressure bid will be included as part of the budget cycle.

c. **Learning Disabilities: Projected £65,000 (1.03%) overspend**

The projected overspend relates to turnover a number of running cost budgets, including transport, offset in part by turnover savings. The increase in costs of £19,000 is mainly due to client transport. It should be noted that the current year budget includes £350,000 pressure funding of which £130,000 is projected to be spent in full but not yet committed as this relates to a client who is expected to transition to the Service later in the year.

There is a further budget increase of £200,000 in 2015/16 reflecting the pressures expected within this service

d. **Mental Health: Projected £72,000 (5.60%) underspend**

The projected underspend remains primarily due to turnover of £68,000, of which £32,000 relates to early achievement of a saving. The reduction in projected costs of £24,000 is due to further turnover of £6,000 and a reduction in client costs of £17,000.

e. **Children & Families: Projected £127,000 (1.25%) underspend**

The main reason for the underspend is turnover of £108,000 and a projected underspend of £21,000 relating to the Children's Panel. This is a further underspend of £96,000 since last reported of which £51,000 is turnover and £21,000 is Children's Panel costs.

There is a significant projected underspend within residential childcare, adoption and fostering of £516,000. However given the volatile nature of the service and the high cost implications, this is impossible to predict and, in line with the agreed strategy, the under or over spend at year end will be transferred to or from the earmarked reserve set up to smooth budgetary pressures. This will be subject to the containment of cost pressures with Older People's Services.

It should be noted that a one off contribution from this reserve has been agreed as part of the funding structure on the Reprovision of Children's Homes. This funding structure also includes permanent virement from the Residential Schools budget to fund the annual cost of loans charges in financial years 2015/16 and 2016/17.

f. **Physical & Sensory: Projected £70,000 (3.11%) overspend**

The overspend is mainly due to client package costs, reflecting increased client numbers since period 3.

g. **Addictions / Substance Misuse: Projected £113,000 (9.98%) underspend**

The projected underspend is mainly due to £47,000 employee cost vacancy savings along with a £53,000 projected underspend in client package costs, in line with 2013/14. This is a further underspend of £39,000 mainly within running cost budgets and client package costs.

h. **Support & Management: Projected £24,000 (1.06%) underspend**

The underspend relates to turnover, since period 3.

i. **Assessment & Care Management: Projected £64,000 (3.81%) underspend**

The projected underspend mainly relates to turnover from vacancies of £64,000 along with a projected £16,000 underspend on respite provision. This is an increase in costs of £14,000, mainly within employee costs.

j. **Homelessness: Projected £35,000 (4.74%) underspend**

The projected underspend reflects premises related savings from the current level of scatter flats and bed & breakfast usage.

5.2 HEALTH £122,000 PROJECTED UNDERSPEND

The Health budget is £70,902,000 and is currently projected to underspend by £122,000 primarily due to vacant posts. The projection assumes that posts will be filled as the year progresses. The significant projected variances, along with reasons for the movement from period 3, per service, are identified below.

a. **Children & Families: Projected £98,000 (3.26%) overspend**

There remain historic supply pressures within CAMHS of £35,000 along with salary overspends within CAMHS due to RAM adjustments and this pressure will exist until the staff cohort changes over time to reflect the RAM. This has been further compounded in 2014/15 by a budget reduction of £27,000 for system wide savings. It should be noted that this pressure will reduce by £75,000 in 2015/16 due to changes in consultant and work is ongoing to find solutions for supernumerary employees.

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.

This is a reduction in projected overspend of £116,000 due to transfer of psychologist cost out with the CHCP and nursing vacancies within Community Services.

b. **Health & Community Care: Projected £69,000 (1.93%) underspend**

The projected underspend relates to vacant posts mainly within nursing, and in particular treatment rooms. This is a reduction in projected costs of £78,000 due to vacancies and transfer of Diabetes Nurse costs to Acute.

c. **Management & Administration: £46,000 (2.17%) overspend**

The projected overspend reflects continued pressures within portering, in line with prior year spend.

d. **Learning Disabilities: Projected £50,000 (9.01%) underspend**

The projected underspend is mainly due to turnover, primarily in nursing costs. This includes a non-recurring underspend of £11,000 relating to a refund of prior year agency costs. This is an increase in projected costs of £30,000 as a temporary consultant is due to start in October.

e. **Addictions: Projected £45,000 (2.33%) underspend**

There remain high turnover and vacancy savings with the Community Addictions Team, mainly within nursing and is a continuation of the 2013/14 trend. This is a reduction in underspend of £55,000 reflecting some filling of vacancies.

f. **Mental Health Communities: Projected £98,000 (4.16%) underspend**

This is a result of turnover within nursing staff costs, including maternity leave, offsetting a projected overspend within pharmacy costs, which is in line with the previous year. This is a further projected underspend of £34,000 mainly on staffing.

g. **Prescribing: Nil Variance**

Prescribing is projected to budget and, given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols. Inverclyde is currently £10,000 overspent, based on year to date to 31 August.

6.0 CHANGE FUND

6.1 The original allocation over service areas for 2014/15 is:

Service Area Budget 2014/15	£'000	
Acute – Health	202	13%
CHCP – Health	123	8%
CHCP – Council	830	55%
Community Capacity - Health	11	1%
Community Capacity - Council	356	23%
Grand Total	**1,522**	100%
Funded By:		
Change Fund Allocation	1,228	
Slippage brought forward from 2013/14	294	
Total Funding	**1,522**	

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 2014/15	Current Budget £'000	Projected Outturn £000	Projected Variance £000
Acute – Health	219	219	0
CHCP – Health	113	111	(2)
CHCP – Council	823	826	3
Community Capacity - Health	11	11	0
Community Capacity - Council	356	356	0
Grand Total	**1,522**	**1,523**	**1**
Projected Over Commitment / (Slippage) at 31 August 2014			**1**

The costs will continue to be managed within the available resources and to ensure nil slippage in the final year of the Change Fund.

7.0 2014/15 CURRENT CAPITAL POSITION – £nil Variance

7.1 The Social Work capital budget is £4,831,000 over the life of the projects with £195,000 for 2014/15, comprising:

- £115,000 for Kylemore Children's Home retentions, with any final underspend being returned to the Council's Capital Programme.
- £80,000 to expand the Hillend respite unit.

7.2 The CHCP Sub-Committee agreed to the replacement of Neil Street and Crosshill Children's Homes at its meeting on 24 April 2014. The replacement programme is funded through a contribution from the Residential Childcare, Adoption & Fostering earmarked reserve and prudential borrowing. The project planning phase is April 2014 to May 2015, with build work to commence 2015/16.

7.3 The Health capital budget of £138,000 is a provisional allocation and will be confirmed at the next Board Capital Planning Meeting. The proposed spend is per the prioritised schedule of works maintained by Estates and will fund:

- £92,000 to meet Fire Advisor recommendations for the fire alarm systems within all three Health Centres.
- £40,000 roof repairs at the Cathcart Centre.
- £6,000 towards the upgrade of Gourock Health Centre Reception, with the balance of this work funded from revenue repairs.

7.4 In addition to the Health capital funding a further £66,000 works will be funded from revenue maintenance:

- £50,000 asbestos encapsulation within Greenock and Port Glasgow Health Centres reception upgrade.
- £16,000 Gourock Health Centre Reception.

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

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

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,326,000 projected to be spent in the current financial year. To date £941,000 spend has been incurred which is 40% of the projected 2014/15 spend. The spend to date per profiling was expected to be £623,000 therefore projects advanced equate to £318,000 (151%). The profiling for spend to date is being reviewed.

It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

9.0 VIREMENT

9.1 Appendix 7 details the virements that the CHCP Sub-Committee is requested to approve. The impact of all requested virements is reflected within this report.

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.

APPENDIX 1

INVERCLYDE CHCP

REVENUE BUDGET PROJECTED POSITION

PERIOD 5: 1 April 2014 - 31 August 2014

SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	46,703	47,104	46,256	(848)	(1.80%)
Property Costs	2,971	3,480	3,462	(18)	(0.52%)
Supplies & Services	59,463	59,650	60,665	1,015	1.70%
Prescribing	15,912	16,203	16,203	0	0.00%
Resource Transfer (Health)	9,041	9,041	9,041	0	0.00%
Income	(14,940)	(15,393)	(15,495)	(102)	0.66%
Contribution to Reserves	0	0	0	0	0.00%
	119,150	**120,085**	**120,132**	**47**	**0.04%**

OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy / Planning & Health Improvement	2,822	2,968	2,947	(21)	(0.71%)
Older Persons	20,971	21,278	21,768	490	2.30%
Learning Disabilities	6,804	6,857	6,872	15	0.22%
Mental Health - Communities	3,793	3,641	3,471	(170)	(4.67%)
Mental Health - Inpatient Services	9,228	9,186	9,182	(4)	(0.04%)
Children & Families	12,948	13,183	13,154	(29)	(0.22%)
Physical & Sensory	2,272	2,253	2,323	70	3.11%
Addiction / Substance Misuse	3,111	3,060	2,902	(158)	(5.16%)
Assessment & Care Management / Health & Community Care	5,268	5,249	5,116	(133)	(2.53%)
Support / Management / Admin	4,170	4,384	4,406	22	0.50%
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	743	739	704	(35)	(4.74%)
Family Health Services	21,039	20,881	20,881	0	0.00%
Prescribing	15,912	16,203	16,203	0	0.00%
Resource Transfer	9,041	9,041	9,041	0	0.00%
Change Fund	1,028	1,162	1,162	0	0.00%
Contribution to Reserves	0	0	0	0	0.00%
CHCP NET EXPENDITURE	**119,150**	**120,085**	**120,132**	**47**	**0.04%**

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

PARTNERSHIP ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS	70,088	70,902	70,780	(122)	(0.17%)
Council	49,062	49,183	49,352	169	0.34%
CHCP NET EXPENDITURE	**119,150**	**120,085**	**120,132**	**47**	**0.04%**

( ) denotes an underspend per Council reporting coventions

** £2.3 million externally funded

APPENDIX 2

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 5: 1 April 2014 - 31 August 2014

2013/14 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,250	Employee Costs	25,976	25,914	25,166	(748)	(2.89%)
1,431	Property costs	1,453	1,442	1,462	20	1.39%
919	Supplies and Services	808	794	928	134	16.88%
482	Transport and Plant	366	383	459	76	19.84%
1,021	Administration Costs	879	871	956	85	9.76%
32,751	Payments to Other Bodies	33,457	33,668	34,372	704	2.09%
(13,922)	Income	(13,877)	(13,889)	(13,991)	(102)	0.73%
	Contribution to Earmarked Reserves				0	
47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,183**	**49,352**	**169**	**0.34%**

	2013/14 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over / (Under) Spend £000	Percentage Variance
		SOCIAL WORK					
	2,005	Strategy	2,112	2,071	2,050	(21)	(1.01%)
	21,541	Older Persons	20,971	21,278	21,768	490	2.30%
	6,159	Learning Disabilities	6,251	6,302	6,367	65	1.03%
	1,308	Mental Health	1,382	1,285	1,213	(72)	(5.60%)
3	9,070	Children & Families	10,228	10,173	10,046	(127)	(1.25%)
	2,465	Physical & Sensory	2,272	2,253	2,323	70	3.11%
	1,033	Addiction / Substance Misuse	1,193	1,132	1,019	(113)	(9.98%)
	2,128	Support / Management	2,220	2,269	2,245	(24)	(1.06%)
	1,576	Assessment & Care Management	1,690	1,681	1,617	(64)	(3.81%)
1	0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0	Change Fund	0	0	0	0	0.00%
	647	Homelessness	743	739	704	(35)	(4.74%)
		Contribution to Earmarked Reserves				0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,183**	**49,352**	**169**	**0.34%**

( ) denotes an underspend per Council reporting coventions

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 £1.2 million fully funded from income.
3 Children & Families outturn includes £516k to be transferred to the earmarked reserve at year end 2014/15
4 £9 million Resource Transfer / Delayed Discharge expenditure and income included above.

5 Original Budget 2014/15	49,062
Pay & Infaltion	121
Revised Budget 2014/15	49,183

6 There are curently 16 clients receiving Self Directed Support care packages.

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION

PERIOD 5: 1 April 2014 - 31 August 2014

2013/14 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,319	Employee Costs	20,727	21,190	21,090	(100)	(0.47%)
1,083	Property	1,518	2,038	2,000	(38)	(1.86%)
4,320	Supplies & Services	2,914	3,053	3,069	16	0.52%
20,717	Family Health Services (net)	21,039	20,881	20,881	0	0.00%
16,038	Prescribing (net)	15,912	16,203	16,203	0	0.00%
8,863	Resource Transfer	9,041	9,041	9,041	0	0.00%
(1,246)	Income	(1,063)	(1,504)	(1,504)	0	0.00%
71,094	**HEALTH NET EXPENDITURE**	**70,088**	**70,902**	**70,780**	**(122)**	**(0.17%)**

2013/14 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
3,144	Children & Families	2,720	3,010	3,108	98	3.26%
3,755	Health & Community Care	3,578	3,568	3,499	(69)	(1.93%)
2,040	Management & Admin	1,950	2,115	2,161	46	2.17%
540	Learning Disabilities	553	555	505	(50)	(9.01%)
1,900	Addictions	1,918	1,928	1,883	(45)	(2.33%)
2,283	Mental Health - Communities	2,411	2,356	2,258	(98)	(4.16%)
9,516	Mental Health - Inpatient Services	9,228	9,186	9,182	(4)	(0.04%)
1,070	Planning & Health Improvement	710	897	897	0	0.00%
1 1,228	Change Fund	1,028	1,162	1,162	0	0.00%
20,717	Family Health Services	21,039	20,881	20,881	0	0.00%
16,038	Prescribing	15,912	16,203	16,203	0	0.00%
8,863	Resource Transfer	9,041	9,041	9,041	0	0.00%
71,094	**HEALTH NET EXPENDITURE**	**70,088**	**70,902**	**70,780**	**(122)**	**(0.17%)**

( ) denotes an underspend per Council reporting coventions

1	Change Fund Allocation to CHCP 2014/15	1,228
	Add: Transitional Funding	135
	Less: Transfer to Acute Projects:	
	Stroke Outreach Team	(52)
	AHP Weekend Working	(83)
	Rapid Assessment Team	(41)
	Palliative Care CNS 0.5wte	(25)
		1,162

2	Original Budget 2014/15	70,088
	Pay & Inflation	116
	Keepwell / Childsmile	117
	GMS Cross Charge	(158)
	Prescribing	291
	Transitional Funding - Integration	135
	Other including Hotel Services Allocation	313
	Revised Budget 2014/15	70,902

APPENDIX 4

REVENUE BUDGET YEAR TO DATE

PERIOD 5: 1 April 2014 - 31 August 2014

SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
SOCIAL WORK				
Employee Costs	10,896	10,601	(295)	(2.71%)
Property costs	549	557	8	1.46%
Supplies and Services	450	509	59	13.11%
Transport and Plant	139	176	37	26.62%
Administration Costs	265	301	36	13.58%
Payments to Other Bodies	12,368	12,622	254	2.05%
Income	(5,327)	(5,366)	(39)	0.73%
SOCIAL WORK NET EXPENDITURE	**19,340**	**19,400**	**60**	**0.31%**

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	8,452	8,377	(75)	(0.89%)
Property Costs	654	638	(16)	(2.45%)
Supplies	770	810	40	5.19%
Family Health Services (net)	8,375	8,375	0	0.00%
Prescribing (net)	6,760	6,760	0	0.00%
Resource Transfer	3,767	3,767	0	0.00%
Income	(830)	(830)	0	0.00%
HEALTH NET EXPENDITURE	**27,948**	**27,897**	**(51)**	**(0.18%)**

( ) denotes an underspend per Council reporting coventions

APPENDIX 5

INVERCLYDE CHCP - CAPITAL BUDGET 2014/15

Period 5: 1 April 2014 to 31 August 2014

Project Name	Est Total Cost	Actual to 31/3/14	Approved Budget 2014/15	Revised Est 2014/15	Actual to 31/08/14	Est 2015/16	Est 2016/17	Future Years	Start Date	Original Completion Date	Current Completion Date	Status
	£000	£000	£000	£000	£000	£000	£000	£000				
SOCIAL WORK												
Kylemore Childrens Home	1,244	1,129	115	115	0	0	0	0	01/10/11	30/06/12	19/03/13	The budget for 2014/15 relates to retentions and any underspend will be returned to the Council's capital programme, however the current expectation is that this budget will be spent in full, pending agreement of the final Quantity Surveyor's account.
SWIFT Finance Module	27	27	0	0	0	0	0	0	03/09/12		31/08/14	Budget allocated for Development and Implementation of SWIFT Finance module. No further capital costs expected.
Hillend Respite Unit (note 1)	80	0	80	80	0	0	0	0	28/05/14		02/09/14	Increase of one bed within respite unit. Building work has commenced.
Neil Street Childrens Home Replacement	1,858	0	0	0	0	1,775	83	0	01/04/14	31/03/16		Planning phase April 2014 to May 2015.
Crosshill Childrens Home Replacement	1,622	0	0	0	0		1,622	0	01/04/14	31/03/17		Planning phase April 2014 to May 2015.
Social Work Total	**4,831**	**1,156**	**195**	**195**	**0**	**1,775**	**1,705**	**0**				
HEALTH												
CHCP Formula Allocation 2014-15 (see 2 below) - awaiting confirmation												
Port Glasgow Health Centre - Fire Alarm	50		50	50	0	0	0	0	tbc	by 31/03/15	31/03/15	Fire Advisor recommendation
Greenock Health Centre - Fire Alarm	30		30	30	0	0	0	0				Fire Advisor recommendation
Gourock Health Centres - Fire Alarm and Reception Upgrade	18		18	18	0	0	0	0				Fire Advisor recommendation and works to improve privacy
Cathcart Centre Roofing Works	40		40	40	0	0	0	0	tbc	by 31/03/15	31/03/15	Repair leaks to mezzanine level
Health Total	138	0	138	138	0	0	0	0				
Grand Total CHCP	**4,969**	**1,156**	**333**	**333**	**0**	**1,775**	**1,705**	**0**				

Note:

1. The expansion of the service is funded from a contribution from revenue reserves, as agreed by Policy & Resources Committee 24/09/13. The final total is subject to confirmation.

2. Funding assumed at £138k local formula capital allocation / capital backlog maintenance - to be confirmed
Once allocation confirmed any additional funding will be allocated per prioritised schedule of works.

A further £65k of works will be funded through revenue maintenance:	£000
Gourock Health Centre Reception Upgrade	16
Port Glasgow and Greenock Health Centres - Asbestos Encapsulation	50
	66

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 6
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 5 2014/15 £000	Actual To Period 5 2014/15 £000	Projected Spend 2014/15 £000	Amount to be Earmarked for 2015/16 & Beyond £000	Lead Officer Update
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	407	120	87	202	205	SDS project and SWIFT financial module. Spending plans are regularly reviewed.
Growth Fund - Loan Default Write Off	Helen Watson	28	1	1	3	25	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.
Change Fund - Older People	Brian Moore	1,422	311	544	1,422	0	Brought forward reflects Council elements of NHS Change Fund. Detailed costs by project are reviewed on a regular basis by the Change Fund Executive Group and position is reported to the CHCP sub committee as an integral part of the financial report. The New Funding of £1.128m has reduced by £100k as the agreed contribution to Caladh House has been transferred to the specific reserve.
Support all Aspects of Independent Living	Brian Moore	403	99	248	403	0	There are plans in place to spend the £403k, including a contribution to the 2014/15 Sheltered Wardens' saving of £70k, along with a £70k spend on the Dementia Strategy. The agreed £48k for Caladh House Renovations has now been transferred to the specific Caladh House reserve.
Information Governance Policy Officer	Helen Watson	57	23	17	40	17	The spend relates to the Council's Information Governance Officer.
Joint Equipment Store	Beth Culshaw	50	0	0	50	0	This reserve is to fund a range of equipment to meet the emerging demand linked to increasing frailty of older people and increased incidence of dementia. Funds will be transferred at year end.
Support for Young Carers	Sharon McAlees	65	27	1	21	44	This reserve 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. The recruitment process took longer than anticipated, hence slippage against profiled spend.

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 6
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 5 2014/15 £000	Actual To Period 5 2014/15 £000	Projected Spend 2014/15 £000	Amount to be Earmarked for 2015/16 & Beyond £000	Lead Officer Update
Caladh House Renovations	Beth Culshaw	475	0	0	100	375	This reserve has been created to contribute to the costs of the Caladh House renovation works. The reserve was established at the end of 2013/14 from a £145k revenue budget early savings, £112k from CHCP inflation, £118k from existing CHCP Earmarked Reserves and £100k from the Change Fund. A start date has not yet been agreed and as the contribution from the Change Fund will be utilised first, it is considered prudent at this stage to allow for a carry over of £375k into the 2015/16 financial year. This assumption will be reviewed when more information is available regarding the start date for the project.
Making Advice Work	Helen Watson	38	16	12	25	13	This reserve is to fund an18 month project to pilot the effectiveness of a telephone triage financial advice service for Inverclyde wide clients with the funding coming from Scottish Legal Aid Board.
Stress Management Services	Helen Watson	10	3	10	10	0	Funding has been received from the Health Board for a contract with Inverclyde Physiotherapy to provide stress management services.
Welfare Reform - CHCP	Andrina Hunter	50	17	12	50	0	This reserve is to fund expenditure on Welfare Reform within the CHCP.
Total		**3,005**	**617**	**932**	**2,326**	**679**	

APPENDIX 7

CHCP - HEALTH & SOCIAL CARE

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1. Procurement Workstream	2	
1. Addictions Supplies		(2)
	2	**(2)**

Notes

1. Allocation of Procurement Workdtream saving for Protective Clothing.

APPENDIX 8

EMPLOYEE COST VARIANCES

PERIOD 5: 1 April 2014 - 31 August 2014

	ANALYSIS OF EMPLOYEE COST VARIANCES	Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
	SOCIAL WORK			
1	Strategy	0	(20)	(20)
2	Older Persons	0	(363)	(363)
3	Learning Disabilities	(12)	(37)	(49)
4	Mental Health	(32)	(36)	(68)
5	Children & Families	0	(107)	(107)
6	Physical & Sensory	0	0	0
7	Addiction / Substance Misuse	0	(46)	(46)
8	Support / Management	0	(29)	(29)
9	Assessment & Care Management	0	(52)	(52)
10	Criminal Justice / Scottish Prison Service	0	(16)	(16)
11	Homelessness	0	1	1
	SOCIAL WORK EMPLOYEE UNDERSPEND	**(44)**	**(705)**	**(749)**
	HEALTH			
12	Children & Families		38	38
13	Health & Community Care		(113)	(113)
14	Management & Admin		76	76
15	Learning Disabilities		(53)	(53)
16	Addictions		(70)	(70)
17	Mental Health - Communities		(118)	(118)
18	Mental Health - Inpatient Services		12	12
19	Planning & Health Improvement		(34)	(34)
	HEALTH EMPLOYEE UNDERSPEND		**(262)**	**(262)**
	TOTAL EMPLOYEE UNDERSPEND	**(44)**	**(967)**	**(1,011)**

1 Underspend arising from turnover
2 Currently 34 vacancies along with maternity leave savings - NB offset by external costs
3 Early achievement of saving on 1 post. Currently 4 vacancies which are in the process of being filled
4 Early achievement of saving on 1 post. Currently 3 vacancies which are in the process of being filled
5 Currently 12 vacancies along with maternity leave savings
6 Variance not significant
7 Currently 4 vacancies which are in the process of being filled
8 Currently 3 vacancies
9 Currently 3.5 vacancies along with maternity leave savings
10 Underspend arising from turnover
11 Variance not significant
12 Ongong impacts of RAM and supernumary employee
13 Nursing turnover and agency refunds
14 Portering pressure
15 Nursing turnover and agency refunds
16 Turnover within Community Addictions Team
17 Nursing turnover and maternity leave
18 Bank cover
19 Turnover

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**
Contact Officer:	**Brian Moore Chief Social Work Officer Inverclyde Community Health & Care Partnership**	**Contact No:**	**01475 712722**
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.

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 4

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 23 October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/51/2014/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 a decline in attendance management performance During the current reporting period from April to July 2014, with the NHS absence figure currently 5.59% and Local Authority staff 5.9%. The target for NHS is 4% and Council target has now changed to 9 days.

2.2 Staff appraisals are below the NHS 80% and Local Authority 90% targets. However, Senior Management and HR teams are working together with managers to address this.

3.0 RECOMMENDATION

3.1 The Sub-Committee is asked to note the content of this report.

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 activity and eKSF/PDP and Appraisal information.

5.0 WORKFORCE INFORMATION

As of 1st August 2014, the CHCP employed 1,330 full time equivalent posts, which represents a combination of part time and full time responsibilities for a total of 1,626 individuals. It is important that the whole workforce is consistently supported and managed so that we deliver the best possible services within the staffing resource available.

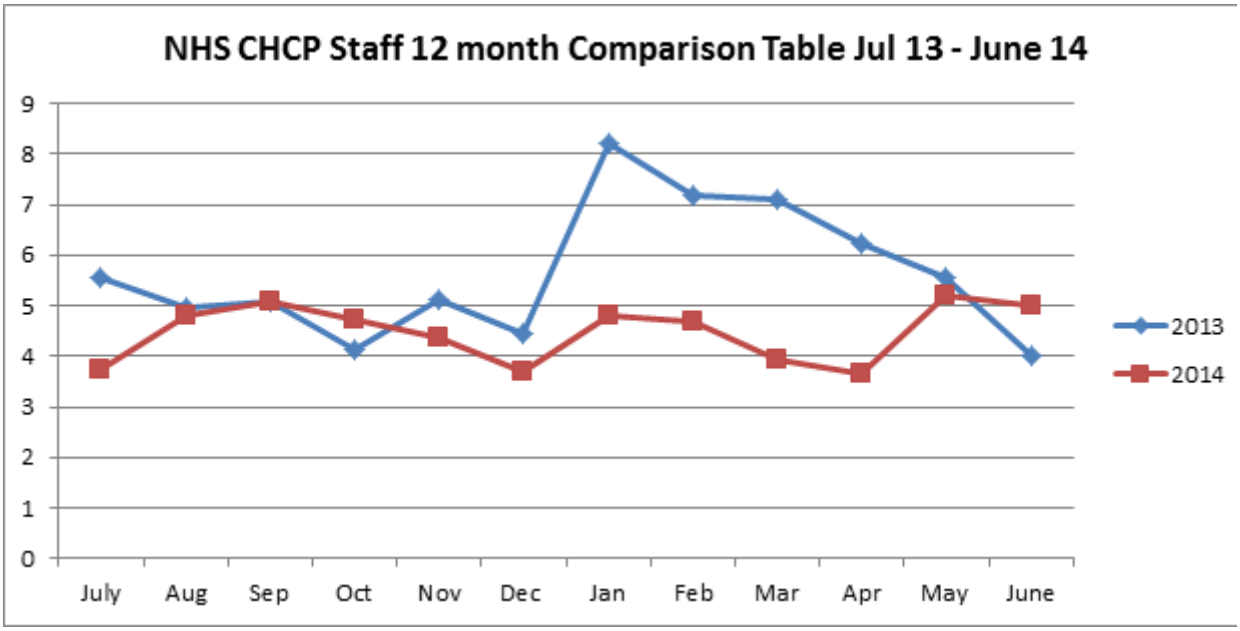
6.0 ATTENDANCE MANAGEMENT

6.1 Targets applying to sickness absence levels within the NHS and Local Authority are framed differently. The NHS target is 4% and the Local Authority target is 9 days over the year, however that target also equates to 4%. This recent change is an important step towards harmonisation.

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 August 2013 – July 2014. This comparison shows there has been an increase in absence levels between April and July increasing from 3.9% to 5.59%. However, the overall out turn for 2013/14 is lower than the previous year (2012/13 average = 5.62%; 2013/14 average = 4.46%).

CHART 1



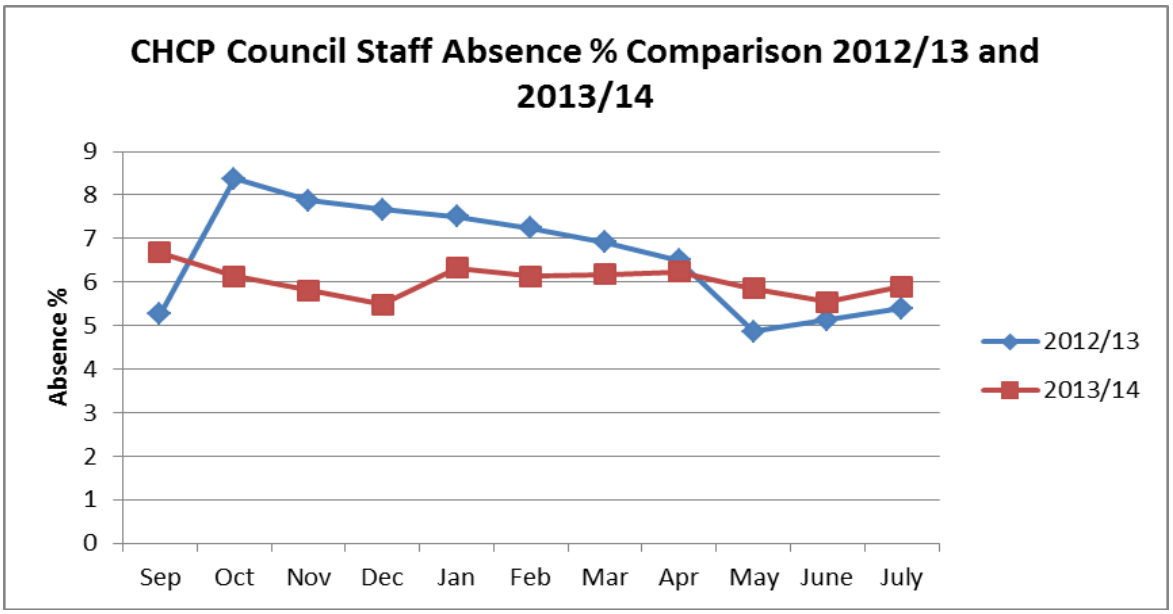
6.3 **COUNCIL EMPLOYED STAFF ABSENCE**

Sickness absence levels for Council-employed staff decreased slightly, from 6.1% to 5.9% over April 2014 to July 2014.

6.3.1 Chart 2 shows a gradual improvement and should be used to encourage further improvements. Managers and others responsible for attendance management are perhaps more confident about applying the attendance management procedures. However, there remains much to do and the overall position reads that we could do better. The target is now expressed in days and not as a % - the target is less than 9 days per year, and the current 5.9% translates to approximately 13 days per employee.

6.3.2 The Council's Corporate HR are revising attendance management procedures and starting to audit sections where improvement is most needed. This approach will highlight employees whose attendance record is not good with a view to challenging them to improve by use of appropriate measures. Managers require to follow procedures rigorously and particularly with a mind to reduce the number of short term absences and where possible to reduce the length of long term absences by using a range of interventions. Training for managers remains important to improve confidence and encourage action as appropriate.

CHART 2

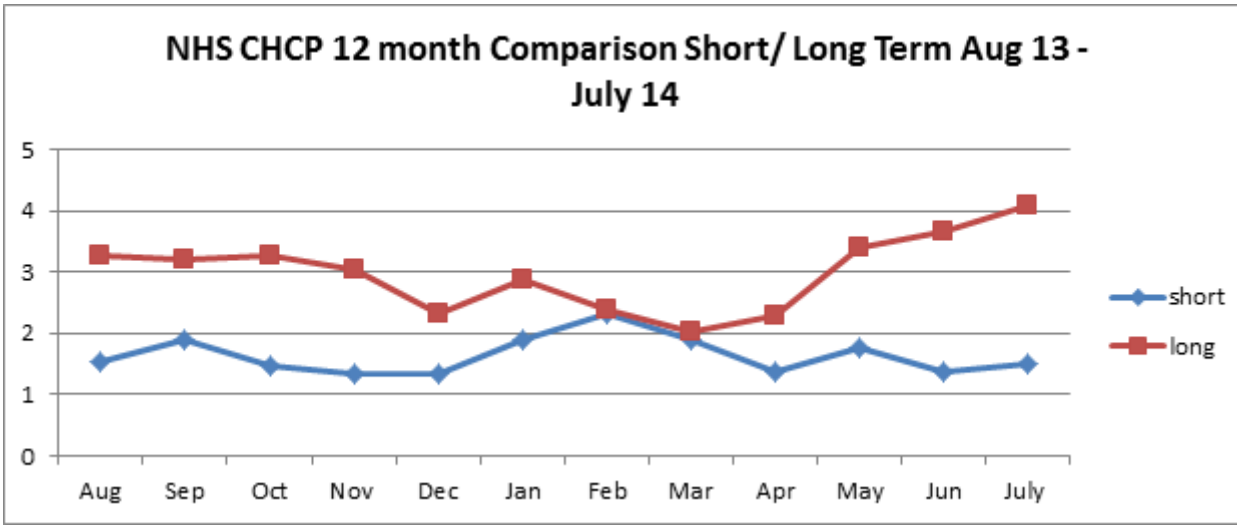


6.4 Types of Absence

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 This makes direct comparison difficult; however chart 3 highlights that for NHS-employed staff long term absence remains the greater contributing element peaking at 4.1% for July 2014 which has increased by 0.8% from the same period last year. Short term absence has fallen from 2.4% in February 2014 to 1.5% in July 2014.

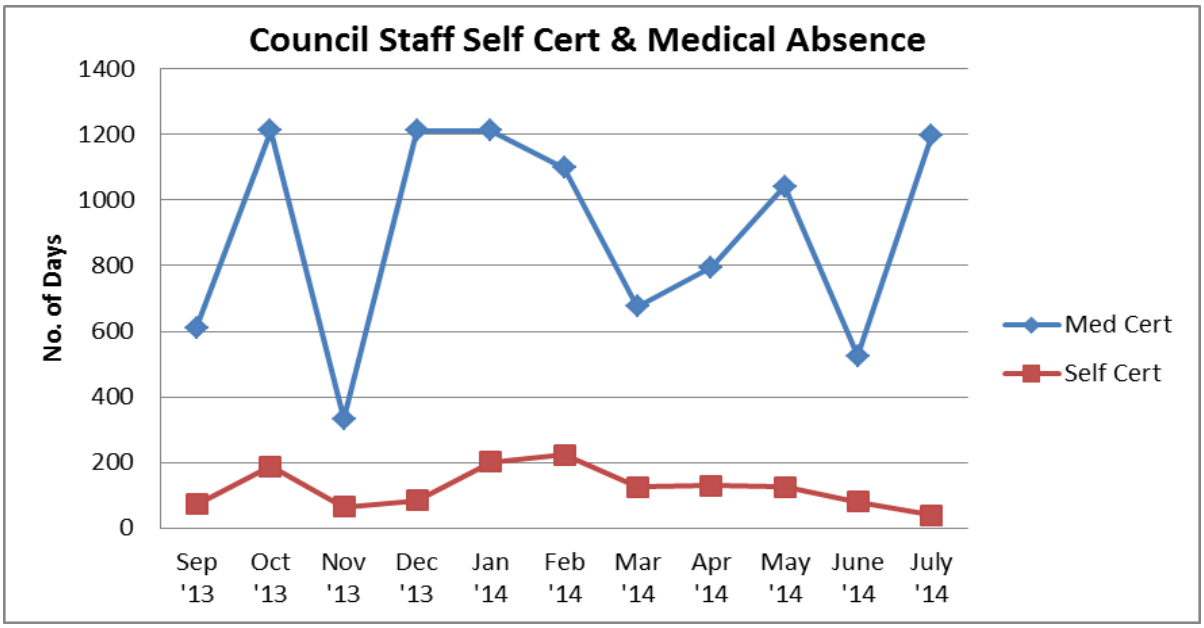
CHART 3



6.4.3 Chart 4 illustrates that with regard to council employed staff, 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 number of days peaked at 1213 days in October 2013 and then reduced to 333 days lost in November 2013, 525 days lost in June 2014 with the latest data showing 1199 days lost for July 2014. Further analysis is required to help us understand the fluctuations observed on this indicator.

6.4.4 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.

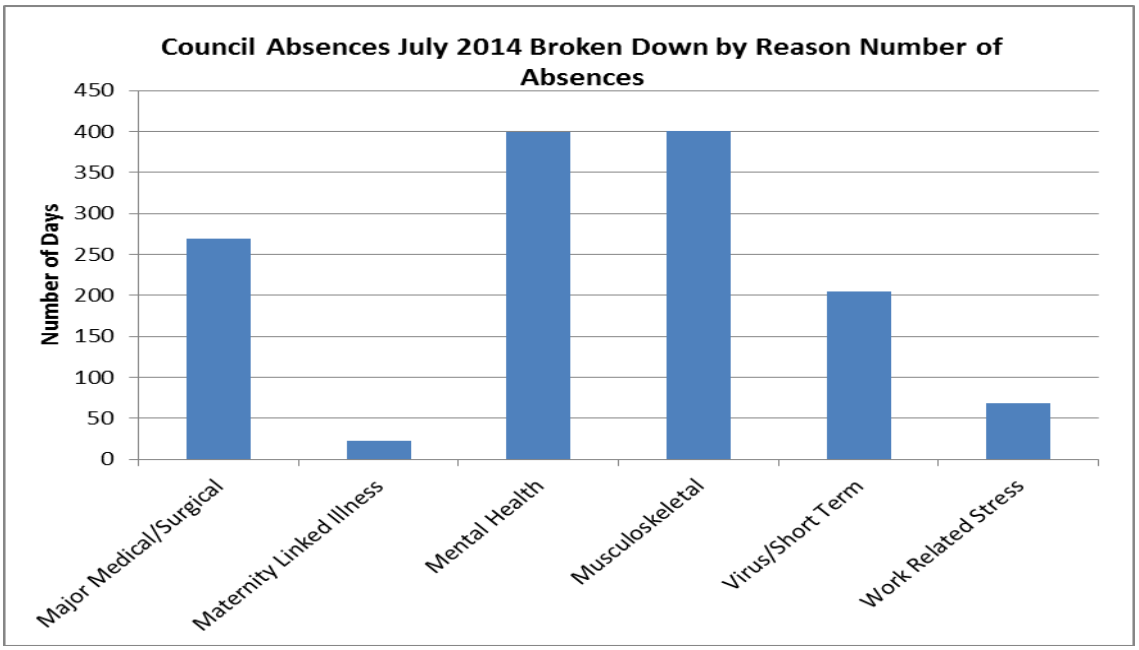
CHART 4



6.5 Reasons for Absence

Chart 5 illustrates the most common reasons for Council-employed staff being absent during July 2014. The information displayed in the chart shows the numbers of days lost. The most common reasons are reported as "musculoskeletal", "mental health" and "major medical/surgical".

CHART 5



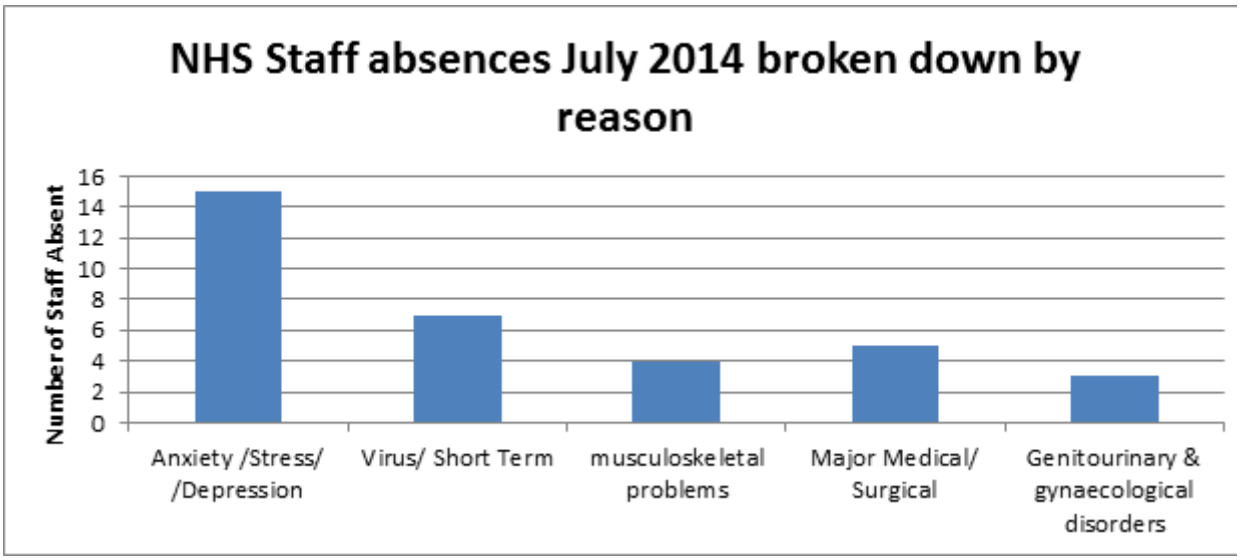
6.6 **NHS EMPLOYED STAFF**

6.6.1 Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, and the data have been grouped to try to match the Council reporting, to help support comparison. The Council data at Chart 5 show mental health as a common reason for absence. Chart 6 relating to NHS staff shows the highest number of absences being related to anxiety or stress. This is a priority for Senior Management to look at the cause of these absences across the whole CHCP, working with the Healthy Working Lives task group ensuring all staff have access to information around a healthy working environment, and how to support their own good health. Health checks are available for staff and informing staff of events and bulletins. The numbers below indicate the number of staff absent.

6.6.2 Chart 6 shows that musculoskeletal and major medical/ surgical issues are also common reasons for sickness absence amongst NHS-employed staff, and virus and short-term illness also feature prominently. From this we can ascertain that there are clear similarities in absence patterns regardless of employer.

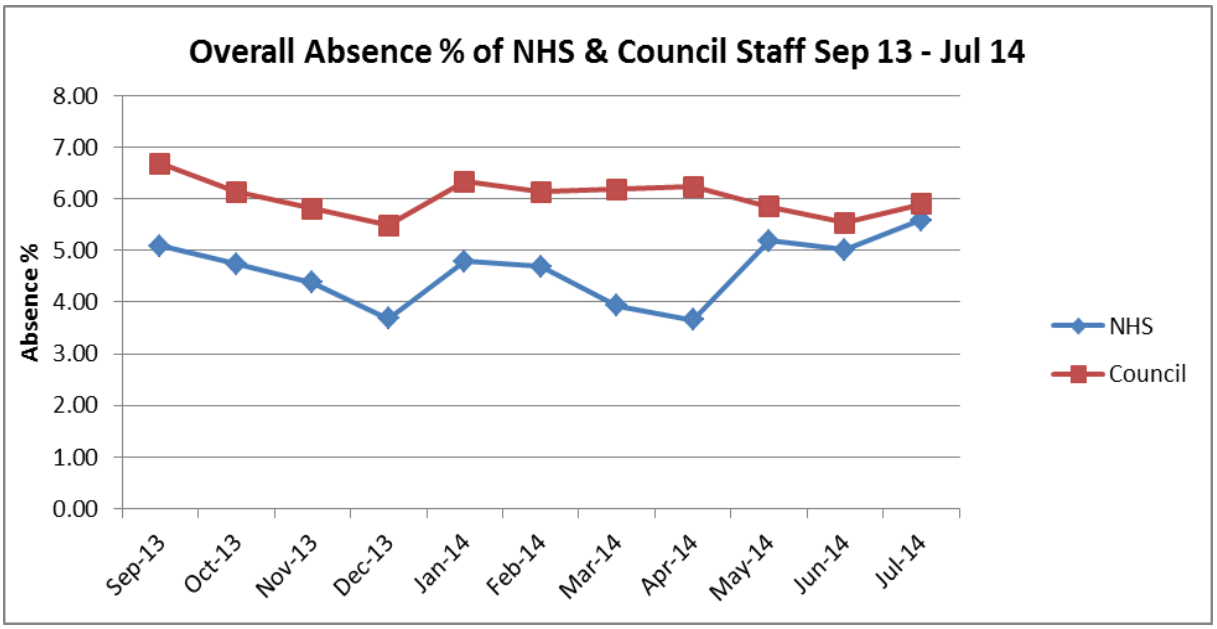
6.6.3 It is important to support staff through illness and help them to understand their own responsibilities to look after their health, regardless of employing organisation, but equally there might be more we can do to enable staff to undertake some dimensions of their remit whilst perhaps not fully 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. We are currently analysing the age profile of staff and reason for absence. Staff will continue to be supported through the absence management policies and advice given regarding prevention, highlighting, where appropriate, the number of groups and support available throughout the CHCP.

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 slight increase in overall sickness absence levels, and that we are still some way away from our target performance level. We note that while in the past NHS staff absence levels were usually lower, there appears to be an upwards convergence of the two rates. Further analysis will be undertaken to help us to understand the reasons for this.

CHART 7



6.8 <u>Management Focus</u>

As stated, attendance management is a central focus for the CHCP management teams. The CHCP Absence Champion continues to work with both HR services to identify further actions that will improve attendance levels, and there are plans to reinforce the message regarding absence management and concentrate on high absence rate areas looking to assist managers and support staff returning to work.

7.0 HEALTHY WORKING LIVES (HWL)

7.1 Positive changes to Healthy Working Lives (HWL) have taken place with an interim structure formed prior to integration in 2016. The Heads of Service are instrumental in steering the HWL group in the organisation ensuring strategic direction and impetus. This has been consolidated by the CHCP Director (Brian Moore) taking on the role as Chair of HWL in the CHCP and the Head of Mental Health and Homelessness providing the link between the Strategic Group and the Task Group which supports the implementation of the Strategy through the Action Plan. This new Task Group elects a Coordinator who provides the staff link to the Health and Safety Group and the Communications group ensuring these key structures are utilised to best effect. The role of the task group is therefore to organise and communicate events and facilities that provide our workforce with a strong basis for a safe and healthy working environment while also addressing the health outcomes of our workforce.

7.2 Directing attention to staff absences and health needs the HWL group to have made conscious efforts to ensure that each workplace centre has a HWL notice board for informing staff of events, minutes and bulletins

- The establishment of HWL Champions in each workplace who sign up to promotion of events (although they may not have the capacity to commit to being on the task group).
- Regular (twice yearly) health checks for staff on a drop-in basis at varying sites across the CHCP.
- Continuation of successful campaigns in cancer, healthy eating, weight management and alcohol.
- Continuation of exercise based campaigns such as cycle to work, the walk round Cumbrae and cycle round Cumbrae as well as the annual golfing event led by Inverclyde Council HWL.

7.3 The next step is to continue with the Gold award status under our Health and Social Care Partnership arrangements once they are in place. Discussions are underway with GGC Healthy Working Lives Assessors to ensure achievements thus far are not lost and that the integrated partnership healthy working lives maintains a joint gold award with a fully assimilated action plan.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

8.1 There is a continuing trend of a reduction in overall completion of the KSF performance target across the CHCP from September 2013 to July 2014. Overall compliance was 50% against a target of 80% at the end of July. Health and Community Care services have achieved the target performance and Children and Families Services are at 59%. Other service areas are striving to improve their performance to achieve the target set. We are committed to achieving the 80% target by the end of the current financial year.

8.2 As the second half of the financial year is normally the period where most staff will have a review timetabled, activity should increase across all service areas to improve performance and compliance. Service analysis reports will continue to be circulated and support provided on a one-to-one basis or in groups where this is required.

9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

9.1 Similar to KSF, completion of Appraisals continues to be a challenging area. Performance improved at the end of March is a result of the influx of performance appraisals undertaken

between the January and March period, reflecting the dates of annual appraisals. We do expect to see an increase in the number of appraisals being carried out between January and March 2015.

9.2 The purpose of having an appraisal each year allows employees to discuss their role with their manager and any performance related issues can be highlighted by both the member of staff and manager. It is also an opportunity to look at any training and development needs for the member of staff and highlights key skills of individuals, which in turn supports the organisation with its succession planning. Appraisals can improve staff motivation and can lead to staff feeling valued.

10.0 PROPOSALS

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

11.0 IMPLICATIONS

11.1 Legal: None at the time of this report

11.2

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					

11.3 Personnel: None at this time of this report.

11.4 Repopulation: None at this 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

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 5

Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 23 October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/52/2014/BC**
Contact Officer:	**Beth Culshaw Head of Health & Community Care Inverclyde Community Health & Care Partnership**	**Contact No: 01475 715283**
Subject:	**AUDIT SCOTLAND REPORT- RESHAPING CARE FOR OLDER PEOPLE FEBRUARY 2014**	

1.0 PURPOSE

1.1 To provide an update on the Audit Scotland Report on the Scottish Government Directive, Reshaping Care for Older People.

2.0 SUMMARY

2.1 As previously reported, the Government initiated a directive to transform the existing model of care and support for older people. The 10 year strategy 2011- 2021 A Programme of Change sets out the Scottish Government vision for improving care quality and outcomes for older people in our communities and presents unique challenges with regard to rapidly changing demographic trends, expectations and economic drivers.

2.2 The Audit Scotland report identifies that Reshaping Care for Older People is a complex programme of transformational change. Whilst the associated Change Fund and requirement to deliver joint commissioning plans has successfully brought together NHS boards, Councils and the Third Sector, progress towards improving quality of care and 'joined- up' services has been slow.

2.3 This report provides an update for the Community Health and Care Partnership Sub Committee on the key messages of the Audit Scotland report and associated recommendations.

3.0 RECOMMENDATION

3.1 The Community Health and Care Partnership Sub Committee members are requested to:
(a) Note the content of the Audit Commission report and the progress made locally with regard to implementing Reshaping Care for Older People.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Reference is made to previously submitted Sub Committee reports outlining the Scottish Government's strategy on Reshaping Care for Older People. The vision set out by Government is that "Older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting".

4.2 The Committee will recall that a national £70m Change Fund was introduced in 2011/12 to support the implementation of Reshaping Care for Older People. It was subsequently confirmed that funding would continue for a further 3 years, coming to an end in March 2015.

4.3 In addition to implementing Reshaping Care for Older People, NHS boards and Councils must implement other national policies that affect older people. These include plans to integrate health and social care services, policies focused on specific conditions such as dementia, and wider policy developments such as housing, lifelong learning and transport.

4.4 A key driver in care for older people is 'Shifting the Balance of Care'; the emphasis being a shift away from long term residential care and unplanned, episodic care within acute settings to proactive, anticipatory care provided within the home or as close to home as possible.

4.5 Inverclyde CHCP has developed a 10 year Strategic Joint Commissioning Plan for Older People to deliver the changes required by the Reshaping Care for Older People programme. This was presented and approved at Committee in January 2014.

4.6 The Audit Scotland report delivers a number of key messages including:-

- The Reshaping Care for Older People programme has yet to demonstrate how significant changes will be achieved
- There is no clear national monitoring of implementation and impact
- There is a lack of robust data on community health and social care
- There is little evidence of a shift in resources from institutional to community care.

5.0 PROPOSALS

5.1 Inverclyde CHCP proposes to take cognisance of the key messages and recommendations within the report and to work with the Joint Improvement Team (JIT) to ensure recommendations relevant to the Council, CHCP and partners are delivered.

5.2 Audit Scotland Report Overview

Setting the Scene

5.2.1 Nationally, the percentage of the population aged 65 or over is expected to increase to 25% by 2035. Locally this increase is expected to be 30.8%.

5.2.2 Historical patterns of delivering health and social care services exist and predicting future demand is challenging. The report emphasises the requirement for better use of data. Locally a monthly report is produced with a wide range of intelligence on older people, use of acute and community services and trends. At a health board level there is also monitoring of key data including delayed discharges.

5.2.3 Both locally and nationally, presentations at A&E and unplanned acute bed days remain a challenge. As we continue to support more older people with complex needs to live in their homes for longer, we are seeing more frequent admissions to hospital for shorter stays.

5.2.4 Inverclyde CHCP has sought to address this by developing both community resources and working closely with colleagues at IRH to offer alternatives to admission and to facilitate early discharge. For example, use of Change Fund monies has allowed development of 7 day working by Physiotherapists in Orthopaedic wards in order to deliver continuous rehabilitation and the addition of a dedicated carers worker within the Larkfield Unit has contributed to carers feeling

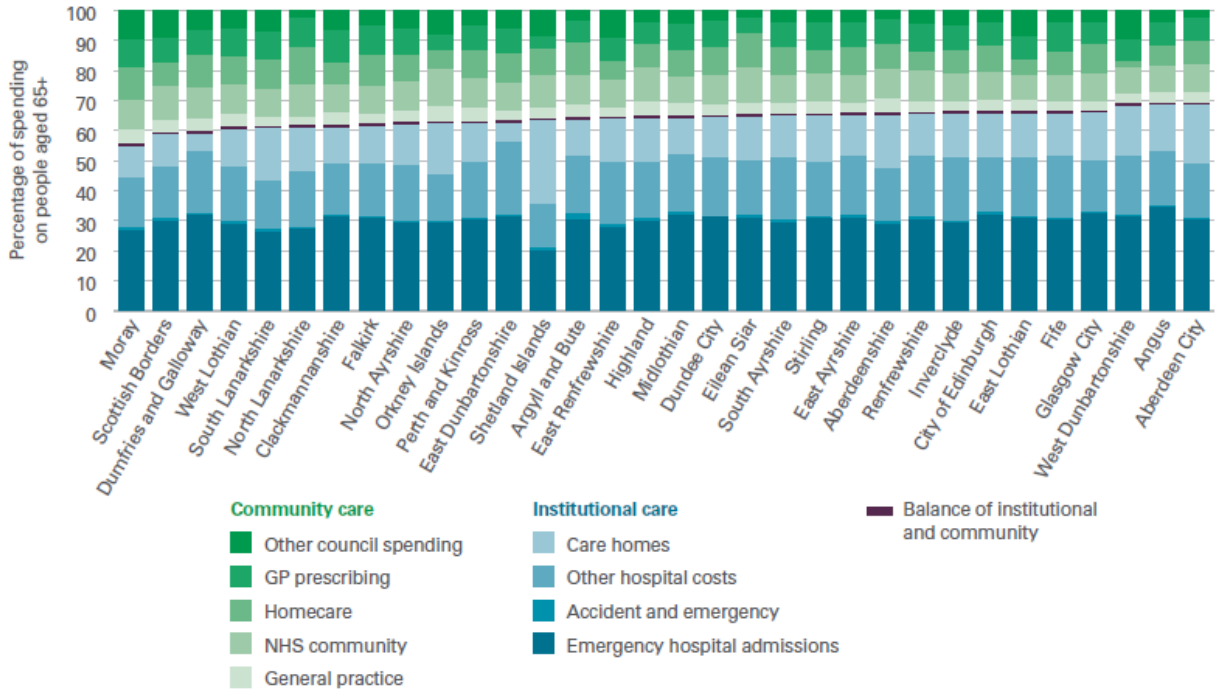
more able to support the cared for person at discharge and to continue the caring role in community.

Spending

5.2.5 National Integrated Resource Framework (IRF) data shows that 64% of combined Council and NHS spending on care services for older people is on institutional care; 19% on planned and long-stay hospital care; 31% on emergency hospital care; and 14% on care homes. There is little evidence of progress in moving money from institutional to community care and spend varies considerably

5.2.6

NHS boards' and councils' spend on services for people aged 65 or over, 2011/12
How money is spent varies considerably.



Note: Figures are net of any income such as charges for services.
Source: Audit Scotland analysis of Integrated Resource Framework data, 2011/12

5.2.7 We have previously evidenced an investment shift across the Reshaping Care pathways from Hospital and Care Homes to Preventative and Anticipatory Care and Proactive Care and Support at Home. In order to further shift the balance of care, Inverclyde CHCP Older People's Joint Commissioning Strategy sets out an aim to reduce the number of care home beds purchased locally and reinvest this money in community services in order to offer alternatives to long term institutional care.

5.3 Progress with Reshaping Care for Older People

5.3.1 The report acknowledges that changes need to be made at the same time as continuing to deliver existing services and meet current care needs. Criticism is aimed at the absence of national monitoring, the development of small scale initiatives and a lack of clarity on sustainability.

5.3.2 As has been noted in previous reports to Committee, good progress has been made locally towards spreading and sustaining change across the Reshaping Care for Older People pathways of Preventative and Anticipatory Care, Proactive Care and Support at Home, Effective Care at Times of Transition, Hospital and Care Homes and Enablers.

5.3.3 We are mindful that the Change Fund will come to an end in March 2015 and have not made any significant changes to funding for projects in this financial year in order to focus on exit strategies and sustainability. For example, the Change Fund projects delivered by the Inverclyde Carers Centre have shown positive outcomes and the CHCP is actively supporting them to think about

their core business model, their future structures and to focus on embedding the positive elements of the Change Fund projects without additional funding.

5.3.4 Completion of the Audit Scotland Self Assessment (Appendix 1) demonstrates the progress made locally across the three areas of the report, significantly in data collection and analysis, utilisation of resources and evaluation.

6.0 IMPLICATIONS

6.1 **Finance**:

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					

6.2 **Legal**:

None.

6.3 **Human Resources**:

None.

6.4 **Equalities**:

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.

6.5 **Repopulation**:

None.

7.0 CONSULTATION

7.1 A public event for older people organised in partnership with Your Voice was held in Port Glasgow Town Hall in June. This restated our commitment to delivering the outcomes stated in the Joint Strategic Commissioning Plan for Older People.

8.0 LIST OF BACKGROUND PAPERS

8.1

Checklist for non-executive directors of NHS boards and elected members of councils
www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care_supp1.pdf

Audit Scotland Report Reshaping Care for Older People
http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf

APPENDIX 1- SUPPLEMENT 2 Prepared by Audit Scotland | February 2014

Reshaping Care for Older People

Self-assessment checklist for NHS boards and councils

Audit Scotland published its national report, Reshaping care for older people, on 6 February 2014. This paper accompanies that report and sets out the main issues raised in the report. NHS boards and councils should assess themselves against each statement and consider which statement most accurately reflects their current situation. This approach will enable NHS boards and councils to identify what actions need to be taken forward.

The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight areas of interest.

Issue	NO action needed	NO but action in hand	YES in place but needs improving	YES in place and working well	NOT applicable	Comments
Spending						
We are working with the Scottish Government and our partners to: • improve and maintain data on cost, activity and outcomes for health and care services in local areas • collect data to monitor costs and activity of health and care services for older people, specifically data on community based services where there are currently key gaps.			✓			A needs analysis was completed for the Joint Strategic Commissioning Plan for Older people (JSCPOP) and our strategic needs analysis will continue to develop. We carry out routine monitoring of data on older people's services and all Change Fund projects. Work is underway to better understand and use the IRF in a more structured way, particularly in relation to local work with the Acute Sector.
We are working with our partners to develop more consistent information on how much we spend on different types of care for older people and the impact that services are having on older people.			✓			As above
We are using existing IRF data, along with information on needs and demand, to help make decisions on how and where best to invest public money locally, and have set this information out clearly as part of joint strategic commissioning plans.			✓			Our JSCPOP was underpinned by a needs analysis.
Our joint strategic commissioning plans clearly set out how we will move resources to improve services for older people, including how resources will shift to the community in the short and longer term.			✓			Service pressures and demographic changes have led to some adjustments in our original intentions, particularly in relation to recent increased demand for Care Home beds.
We are doing more to understand why activity and spending on services for older people varies across Scotland, to look at how we compare and to support improvement. As part of this we are working with local practitioners to help: • use information to benchmark activity and costs • identify areas for improvement • identify good practice			✓			We are benchmarking against other areas and have recently compared local information in detail with Dundee and Midlothian, and will be working with both of these areas to further test and develop initiatives.

Issue	NO action needed	NO but action in hand	YES in place but needs improving	YES in place and working well	NOT applicable	Comments
Progress with Reshaping Care for Older People						
We are working with the Scottish Government to ensure that for the remainder of the Change Fund it is clear: • how the money has been spent • the impact initiatives have had on older people and other services • how much initiatives have cost • how successful initiatives will be spread			✓			We work closely with our JIT facilitator to identify appropriate ways to evaluate Change Fund impact. Evaluation of projects took place in May. There is specific work underway with our local Carers Centre to develop their business model and structures to embed successful Change Fund initiatives.
We are working with partners to ensure that we use a consistent tool to assess dependency in older people.			✓			We are beginning to utilise the IORN and eligibility criteria within practice more consistently.
We have produced integrated workforce plans for health and social care services, to underpin RCOP, to ensure staff with the right skills and experience are in place to deliver the care needed in each local area.			✓			Integrated plans are aspired to through our development and joint commissioning plans, however, an overarching plan is required.
We are monitoring and spreading successful projects by ensuring that initiatives aimed at improving services for older people have evaluation built in from the start to show how cost effective they are and how they are performing.			✓			This is an area which we are continually striving to improve.
We have identified initiatives that have had a positive impact on older people and: • specified how much they cost and the impact on other services • been clear how they can be sustained in the longer term			✓			Links to the evaluation, sustainability and spread as above.

Inverclyde council

AGENDA ITEM NO: 6

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**23 October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde CHCP**	**Report No:**	**CHCP/53/2014/BC**
Contact Officer:	**Beth Culshaw Head of Health & Community Care Inverclyde CHCP**	**Contact No:**	**01475 715283**
Subject:	**Inverclyde CHCP's implementation of The Scottish Government's National Strategy "Keys to Life" for services for people with a learning disability**		

1.0 PURPOSE

1.1 To present to the Community Health and Care Partnership (CHCP) Sub Committee, the Scottish Government's 10 year strategy, 'The Keys to Life', a strategy aimed to improve the quality of life for people with Learning Disability in Scotland.

1.2 To update the Sub-Committee on progress in relation to the mapping of Inverclyde's learning disability service provision across health and social care as outlined at a previous Committee in January 2013. The review and mapping of learning disability services is required to identify future potential developments and options to redesign existing services and operational models. This redesign will ensure delivery of the recommendations as laid out within the 'The Keys to Life' Strategy and to meet the principles of Self Directed Support (SDS) and the personalisation agenda.

1.3 To update the Sub-Committee on the progress of the redesign of NHS Greater Glasgow & Clyde (NHSGG&C) Tier 3 Adult Learning Disability Services.

2.0 SUMMARY

2.1 The Scottish Executive published a strategy to improve outcomes for people with Learning Disabilities in 2000 entitled 'The Same as You' This strategy provided a range of recommendations to improve the lives of people with learning disabilities in terms of where and how they live and how they become more involved and included in their communities as neighbours, colleagues and social contacts.

2.2 Following a 2 year review and consultation of the 'Same as You' the new 10 year learning disability strategy, 'The Keys To Life' was published, acknowledging that progress in implementing ,'The Same as You' resulted in people with learning disabilities reporting they are generally more accepted and valued in their communities.

2.3 The 'Keys to Life' document contains 52 recommendations for Local Authorities, NHS Boards, and the independent sector to progress in order to continue to promote equality of inclusion and access for people with a Learning Disability across a range of community structures and systems. There is an explicit focus on health issues which intentionally sets out health inequalities and promotes improved health outcomes for people with learning disabilities.

The recommendations within the strategy are broad ranging and link to a number of National and local strategies and plans in health, housing and social care .The key links include:

- The Single Outcome Agreement
- Personalisation approaches and requirements under Social Care (Self-directed Support)(Scotland) Act 2013
- Health and Social Care Integration under Public Bodies (Joint Working)(Scotland) Act 2013
- Inverclyde Carers Strategy
- Inverclyde's Autism Strategy (currently in draft and out for consultation)
- Inverclyde Dementia Strategy
- Inverclyde CHCP Joint Commissioning Plan
- Inverclyde Local Housing Strategy (2011-2016)

2.4 Recommendations cut across health and social care and relate to joint commissioning, joint planning, development of services and procurement standards.

2.5 Inverclyde CHCP currently provides a range of models of care and support services to meet the wide ranging needs of people with learning disabilities. The range of needs include those people with learning disability with profound, multiple and complex needs; a growing number of people with autism; older people with learning disability including those with dementia and people with physical, and mental health problems.

2.6 The range of CHCP services and demographic profile were outlined in the previous report to the Sub Committee in January 2013. This report identified that by 2016 one in five people in Inverclyde will be over 65 and the life expectancy of people with learning disabilities is set to rise; there will be more older people with learning disability and more people with the most severe learning disabilities of all ages. In Scotland 20 people in every 1000 will have a mild or moderate LD and 3 to 4 in every 1000 a severe learning disability. (Health needs assessment report ,"People with LD in Scotland", Scottish Executive 2004).

2.7 From the recently published statistical information by the Scottish Consortium for Learning Disability (SCLD) there are 26,236 adults with learning disability known to Scottish local authorities which equates to 5.9 people per 1000 in the general population of Scotland. This data refers only to people with learning disability aged 16+ not in full time education.

Inverclyde has the 2nd highest number of adults with learning disability per 1000 of the population (9.1) with Dundee being the highest at 9.7. (e-SAY , 2013 SCLD)

The e-SAY (electronic Same As You) data collection remains a focus for Inverclyde CHCP in monitoring the implementation of the national strategy and resulting outcomes for adults with learning disability resident in Inverclyde. It should be noted that data does not include those adults with learning disability not known to local authorities.

2.8 Launched in 2000, the 'Same as You' was the first significant review of learning disability services in Scotland for over 20 years and directed local authorities and health boards to produce 3 yearly strategic plans (Partnership in Practice - PIP) for the improvement and development of services for people with learning disabilities.

The 3rd and final Inverclyde PIP agreement in 2010, highlighted achievements made within learning disability services in Inverclyde in the quality of life for people since the launch of the 'Same as You' in 2000, most notably; improved day opportunities; creation of employment and training opportunities; meaningful day activities; shifting the balance of care in supporting more Inverclyde people to live locally in the community following closure of over 1000 long-stay beds nationally and in the better protection from harm. Over the period of 10 years to 2010 over 50 people from Inverclyde were successfully resettled into the community from long stay LD

hospitals.

Inverclyde CHCP was selected as one of the few sites to be involved in the consultation and review of the Same As You, directly involving Inverclyde service users and carers in the consultation, influencing the development of 'The Keys To Life' strategy.

The focus of this programme of change was to produce a clear purpose and direction for adult learning disabilities services and to seek to assist people with learning disability to achieve the best quality of life. The review recognises the impact on the role of mainstream NHS services and social care services.

2.9 Whilst it is acknowledged that significant progress has been made to improve services for people with learning disability, further work is required. The time is now right for the CHCP to re-evaluate our learning disabilities services and to focus on delivering the recommendations in the 'Keys to Life' strategy, fulfilling the principles of SDS and the personalisation agenda. This would build on improving outcomes for adults with learning disability whilst making a more efficient use of existing resources.

It is proposed that an Inverclyde CHCP Learning Disability 3 year strategic and commissioning statement will be developed and presented to a future Sub-Committee.

Indications from the mapping and reviewing activity over the past year have identified potential opportunities for developments and improvements which could begin to address the increasing need for care and support services in the future and improve outcomes for individuals.

Any developments must be progressed within existing resources, i.e. financial resources must be released from areas where an identified decrease in provision has been agreed prior to the development of new arrangements. It should, however, be noted that this would not lead to any withdrawal of essential care and/or support to individuals and their carers outwith the current process of outcomes assessments and reviewing.

3.0 Similarly NHS Greater Glasgow & Clyde have undergone a 2 year Change Programme reviewing adult learning disability services.

The focus of this programme of change was to produce a clear purpose and direction for adult learning disabilities services and to seek to assist people with learning disability achieve the best quality of life. The review recognises the impact on the role of mainstream NHS services and social care services.

4.0 RECOMMENDATIONS

4.1 The Sub-Committee is asked to note the content of the Scottish Government's 10 year strategy for adults with learning disabilities, The Keys To Life – Improving Quality of Life for People with Learning Disability and also to acknowledge the need to develop a local response, within prescribed timescales, in partnership between health, social work services, voluntary and third party partners and with people with learning disabilities and their carers.

Our response to the strategy will require cognisance of other key strategies and operational developments and that people with learning disabilities and their carers are actively involved in designing the way forward.

4.2 The Sub-Committee is asked to acknowledge the breadth of recommendations and range of stakeholders involved to meet the challenges of the strategy which will require leadership, co-ordination, ownership and drive across a number of partnerships including education, housing and employability and skills.

4.3 The Sub-Committee is asked to approve the proposed development of a formal structure overseen by the CHCP to support the development and delivery of an appropriate local response and to ensure a coordinated approach. Proposals for this structure will be outlined to

the Sub-Committee at a future meeting. It is anticipated membership would require strategic leads from partnership with statutory, voluntary and third sector partners and people with learning disabilities and carers. A national implementation group is currently identifying priorities for action and developing national working groups to lead the agenda. This work will inform the approach Inverclyde takes.

4.4 The Sub-Committee is asked to note the progress made in terms of the mapping and emerging proposed developments in learning disabilities services across Inverclyde and to approve the direction of travel.

4.5 The Sub-Committee is asked to note the update of the redesign of NHSGG&C Adult Community Learning Disability Service.

5.0 BACKGROUND

5.1 Following a 2 year evaluation of the 'Same as You**',** **'**The Keys To Life: Improving the Quality of Life for People with Learning Disabilities', was launched by the Scottish Government in June 2013. Scotland's new Learning Disability strategy sets the direction of travel for the next 10 years. This strategy builds on the findings of the evaluation and introduces broad themes.

The strategy contains 52 recommendations which will require to be addressed by the CHCP in partnership with NHSGG&C, Inverclyde Council and the independent sector, in order to promote inclusion and access for people with learning disability across a range of community structures and systems.

27 of the recommendations will be led nationally with a view to being implemented locally. Of the remaining 25 recommendations, 18 are related to health and as the lead CHCP service Inverclyde Community Learning Disability Team have started to develop a plan to take these forward. The plan will involve consultation and involvement with service users and carers.

5.2 The recommendations are grouped into 9 distinct themes; the full list of recommendations is given as a background paper, indicating some of the implications for Inverclyde CHCP and partners:-

1. Human Rights
2. Commissioning
3. Health
4. Independent Living
5. Shift the Culture – Keeping Safe
6. Break the Stereotypes
7. People with Profound and Multiple Learning Disabilities
8. Criminal Justice
9. Specialist Care

As noted previously, the response to the range of recommendations will require the involvement of a range of partners, stakeholders, service users and carers, with a formal structure to develop and deliver the local response to the strategy.

Planning is underway for a consultation and engagement event later in the year focusing specifically on 'The Keys to Life'. This event will inform people of the review of the 'Same as You 'and of the recommendations from that review being the new 10 year strategy for people with a learning disability. This event would begin the consultation and engagement with service users and their carers, stakeholders and the wider community in seeking their views on how Inverclyde should respond and deliver these recommendations.

5.3 New opportunities and challenges exist for Inverclyde's learning disability services not least the integration of Health and Social Care, and the introduction of Self Directed Support (SDS)

where individuals have greater control and choice over their lives facilitating greater flexibility in service provision.

The current Inverclyde CHCP Joint Commissioning Strategy highlights that over the next 10 years the social care landscape will change significantly, reflecting changes in the market, in demographics, with increased demand and reduced funding.

Notwithstanding these challenges there is an opportunity for the CHCP to strengthen an outcome focused approach which is person centred and individualised meeting the requirements of SDS and the personalisation agenda. Inverclyde CHCP has to date made good progress focusing on delivering outcomes for people rather than focusing on measuring outputs.

The CHCP joint commissioning strategy is outcomes focused and has several broad themes:-

1. Health and wellbeing is promoted
2. Services are centred on preventative and anticipatory care with a focus on recovery, rehabilitation and reablement, leading to greater independence
3. Service users and carers feel included and involved and are recognised as partners in the commissioning process.

The overall vision of the CHCP is in 'Improving Lives' with four strategic objectives underpinning this vision:-

- We put people first
- We work better together
- We will strive to do better
- We are accountable.

Inverclyde learning disability services has this vision and objectives embedded in the reviewing and improvement of its services.

5.4 As a result of this joint commissioning approach there is an opportunity within the CHCP to consider not only linking care groups but also the potential for joint commissioning across services. Learning disability services are committed to being proactive in identifying opportunities for and participating in any potential joint developments and commissioning of services across the CHCP.

The CHCP has well established partnership working arrangements with service providers from the voluntary and private sectors. We also have an established approach for consultation and involvement with service users and carers.

Learning disability services will continue to build on these partnerships and are committed to actively involving service users and carers and stakeholders in any future improvement and development of its services.

The Inverclyde CHCP 'People Involvement Framework', sets out the vision of the CHCP in implementing processes to facilitate involving people at all levels of the organisation. This will require developing systems for involvement and monitoring and measuring these to ensure they are working effectively. The Framework emphasises that involvement requires engaging, consulting, informing and working alongside service users and carers and the wider community and acknowledges that this could involve deploying a number of methods but ensuring these are recorded in a simple way to demonstrate how we are involving people and the difference this makes in people's lives.

Work is currently underway with regards to developing formal consultation forums to involve and engage service users and their carers, stakeholders and the wider community in developing and improving CHCP learning disability services.

It is proposed that outwith current service user and carer involvement processes and existing forums, any formal consultation and engagement will be facilitated by an independent organisation such as the Scottish Consortium for Learning Disability (SCLD) in partnership with

Inverclyde's 'Your Voice'.

5.5 In order to progress the review we have adopted the cycle of strategic activities as described by the Joint Improvement Team and Audit Scotland, based on earlier work by Social Work Inspection Agency (Guide to Strategic Commissioning; SWIA 2009).

The aim is to achieve the best possible outcomes for the community and for individuals who require care and support, including those who need care and support in the future. In doing so we need to ensure that there are personalised approaches to meeting people's needs in all settings and services and we are achieving best value and meeting equalities responsibilities. This process requires a whole system approach.

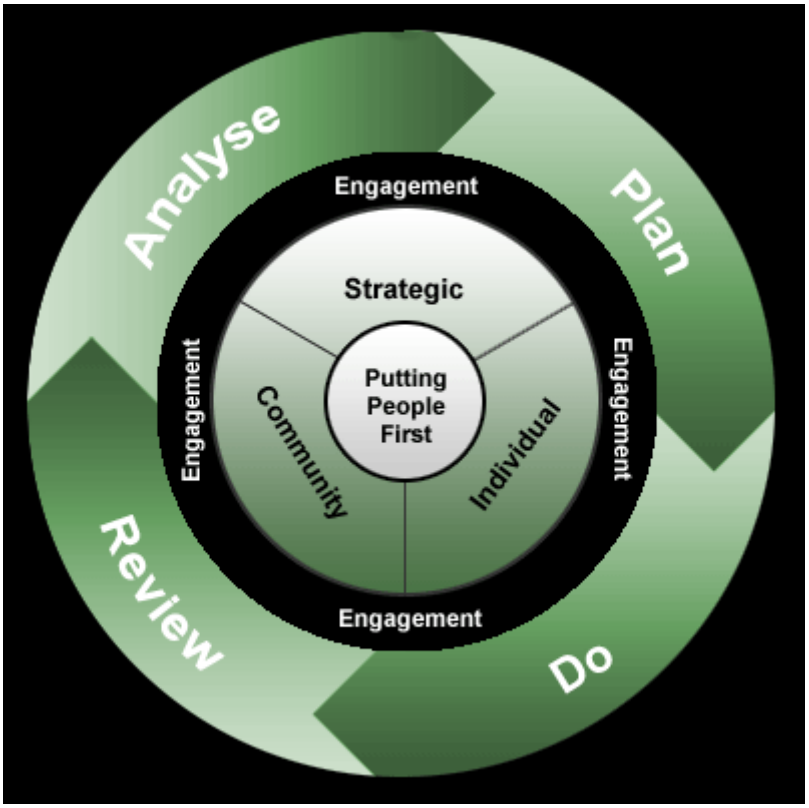
We have approached the mapping and reviewing in phases as per the diagram below, with 5 work streams set up to focus on specific service areas:-

1. Commissioning
2. Assessment and Care Management and Transitions
3. Day Opportunities
4. Supported Living
5. Health - taking forward the 18 recommendations from Keys to Life (Local & NHSGGC) an integrated approach across all work streams.

Key themes being considered by each of the work streams include leadership and change management; processes and pathways across all CHCP and wider mainstream services; good practice examples; reporting and measuring outcomes; equality impact assessment; safeguarding; SDS; asset approach; service user and carer and key stakeholder involvement; efficiency and best value.

Terms of reference for phase one of the review and mapping exercise are set out below:-

1. To review services in line with agreed national and local priorities, SDS, shifting the balance of care, NHSGGC redesign of adult specialist LD services and financial constraints
2. To identify priority areas for proposed development and redesign
3. To identify and develop options for future commissioning and delivery priorities
4. To ensure communication and consultation with all stakeholders, service users, carers' families and staff.
5. To develop a draft strategy and commissioning statement for LD services in Inverclyde
6. To review and develop pathways and protocols between and across services and service user groups.



5.6 We have started to collate and analyse data from a number of sources including data available via the e-SAY data collection for Inverclyde CHCP. We have specifically collated data around internal and external service provision including staffing; the environment; financial overview; assessed outcomes for service users; aims and objectives of services; inclusion; service user and carer profiles and demographics. We have mapped service users across Inverclyde.

Of particular note are:-

- The mapping of and detailed profiling of 'Out of Area placements' (OOA) including evaluation of these services and reviewing of current levels of support and cost. We have benchmarked with other LAs, host authorities or commissioning authorities. An OOA placement review template has been developed to allow care managers to consider pathways into OOA placements, purpose and outcomes and to consider options for service users to be repatriated. There are currently 21 service users placed outwith the local authority area. There are also 17 service users who are funded by other local authority areas who are resident in Inverclyde, some of whom use CHCP learning disability services.

- Demographic projections and predictions, as noted earlier in this report, have been measured against existing services and in terms of local and national policies. Most notable is the increased life expectancy of people with learning disability including those with profound and complex needs; this is due mainly to improvements in healthcare.

- As in the general population, the numbers of people who are older is growing and therefore the numbers of those people with a learning disability in older age and those who will develop dementia is also growing.

- People with learning disability tend to develop problems associated with older age in middle age and those with Downs Syndrome tend to develop an earlier onset Alzheimer's type dementia, some 30-40 years earlier. Work is currently underway to scope the current and projected levels of service users who have a diagnosis of dementia and those who are displaying early signs of dementia. This work is being undertaken with CLDT and there have been early discussions with the Learning Disability Psychiatrist and Lead Nurse around referral pathways and post diagnosis

support planning. Further links will be made with Mental Health service colleagues to inform and develop services in a co-ordinated way across the CHCP.

- Data regarding service users and carers is currently being collated and analysed re the scope and level of older carers for adults with learning disability. Early indications have suggested that proactive emergency and anticipatory care planning will require to be developed with links to carers' assessments and carer support planning.

- A commissioning register has been developed indicating those service users who will need accommodation and support packages in the immediate, medium and longer term.

- Data analysis around the service users attending day opportunities has indicated that around 68% of service users attending day opportunities are attending 4 and 5 days.

- Further analysis has indicated that around 50% of service users attending formal day opportunities (excluding Outreach) are supported by an external learning disability provider with some living in residential care homes. A high proportion of service users are attending day opportunities while receiving respite or short breaks in another setting.

- The numbers of people with autism or with Autistic Spectrum Disorder (ASD) is set to increase, specifically young people coming from school and requiring additional support. At August 2013 in Inverclyde 204 children aged 0-18 have a confirmed diagnosis of autism whilst Inverclyde CHCP e-SAY data collection indicates 43 people with autism known to learning disability services. This data is not complete and the SCLD are discussing with local authorities how their recording in relation to people with autism could improve.

- An analysis of staff across all CHCP learning disability services will provide a range of up to date information on training needs; contractual terms; experience; specialist knowledge and skill base; hobbies and interests; aspirations and flexibility. This information will allow learning disability services to match skills and experience to service users' outcomes and to consider the flexibility and choice required in terms of SDS.

- To complement the 'Keys to Life' strategy, reference to a number of specialist reports, current research findings and strategies in relation to developing and improving learning disabilities services have informed the reviewing and mapping process.

5.7 As a result of mapping and analysis to date, a number of areas have been identified as worthy of further consideration and will be brought back to a future Sub-Committee once refined.

5.8 The primary focus of any proposed developments would ensure greater personalisation, flexibility and equity of access to/delivery of supports to adults with a learning disability and their carers, against a backdrop of increased numbers of adults with complex care and support needs predicted alongside further increased financial pressures.

Given national and local policy regarding the care and support of adults with a learning disability and their carers, the impact of projected demographic trends and increasing financial pressures, the effective prioritisation of resources is essential.

5.9 People with learning disability continue to experience significant inequalities in their interactions with the NHS. The NHS redesign of Adult Learning Disability Services aims to address these inequalities by:-

- Creating a fairer system which listens to what people with learning disabilities want and need from specialist services and developing better ways for specialist services to support

mainstream partners to deliver care to people with learning disabilities.

The engagement with people with learning disabilities throughout the redesign highlighted the key components expected from NHS services such as:-

- less reliance on bed based services, greater meaningful participation, more control and an ability to access the service which best meets their needs and an acknowledgement that this need not necessarily be in an LD specialist service

Work streams were established to take this forward, including engagement and dialogue with key partners, carers, advocacy groups, third sector and SCLD. The vision was to ensure that the specialist NHS Learning Disability service appropriately supports people with learning disabilities to achieve the following outcomes:-

- Equal and active citizenship within society
- Control over personal outcomes
- Good and improved health and wellbeing
- Being safe and feeling safe

Inverclyde CHCP have well-established, integrated working arrangements and processes with Adult Community LD services both locally and board wide and have been key partners in the redesign. Equally Inverclyde Community Learning Disability Team is contributing to the mapping work in relation to informing proposed developments and redesign options.

The outcome of the 2 year change programme has produced, 'A Strategy for the Future', for adult learning disability services in NHSGG&C and is currently in final draft form.

The strategy emphasises the overarching aim of the proposed service model to provide a balanced system of care where people get care in the right place from people with the right skills, working across the artificial boundaries of 'learning disability services' and 'mainstream' services. Underpinning this is the aim that people with learning disability will have positive experiences of healthcare.

6.0 IMPLICATIONS

6.1 Finance

Financial Implications

One off Costs

No one-off cost implications

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

Annually Recurring Costs/ (Savings)

All financial modelling assumes nil impact to costs at this point, and will be reviewed throughout the tender process.

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

6.2 **Legal**

None

6.3 **Human Resources**

None

6.4 **Equalities**

None at this time, although recognition will be given to the wider and associate equalities agenda.

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.

6.5 **Repopulation**

None

7.0 CONSULTATION

1. The Keys to Life strategy document has been published on the Inverclyde Learning Disabilities Services website via the Inverclyde Council website and Positive Pathways.

2. The Keys to Life has been introduced and remains a standing item within existing service users and carers consultation and participation forums within both CHCP and external services.

3. The Keys to Life and mapping and development of CHCP services is a standing item within team meetings within both CHCP and external services.

4. The findings of the annual carers satisfaction survey is currently being analysed and a report will be produced in the next month. This pilot has been rolled out to carers of service users of Inverclyde CHCP Day Opportunity and Supported Living Services. It is envisaged in the future to include all carers across all CHCP LD services.

5. The Keys to Life and the mapping and development of learning disability services are standing items as part of the governance process with LD providers.

8.0 LIST OF BACKGROUND PAPERS

Keys to Life
Keys to Life Action Plan

The Keys To Life: 10 year Strategy for people with Learning Disability in Scotland.

" Improving the quality of life for people with learning disabilities"

Human Rights

	Recommendation	Implications For Inverclyde CHCP	Time Frame	Lead
1	That all public bodies involved in providing support to those with learning disabilities carry out equality impact assessments by June 2014 to ensure that the rights of people with learning disabilities to dignity, equality and non-discrimination are respected and upheld.	EQIA required, encompassing all services from the CHCP providing supports to people with learning disabilities.	June 2014	
2	That localities provide opportunities to promote equality for people with learning disabilities through actively involving and including them in local developments that affect them. A first step should be the provision of information that ensures greater awareness of the rights we all have under domestic law and as a result of international treaties.	Citizen awareness Provision of information.		
3	That by April 2015 community planning partners should ensure that local arrangements for joint commissioning are developed across relevant partner agencies and service areas to support the delivery of agreed outcomes, and that these take account of the needs of people with learning disabilities.	The needs of people with learning disability requires to be included in Inverclyde CHCP joint Commissioning Plan	April 2015	Joint Commissioning Group
4	That the Learning Disability Strategy Implementation Group will set up a training sub group to take forward health and social care workforce development. The sub group's remit will be to work in partnership with NHS Boards, local authorities, relevant statutory bodies and third sector to support workforce development to: • ensure the on-going learning and sharing of best practice is available and accessible to all health and social care professionals to address the health care needs of people with learning disabilities; • ensure that NHS staff, as part of their mandatory and induction training receive training in the suite of legislation relevant to supporting people with learning disabilities	Employers and employees of services supporting people with learning disabilities require ensuring appropriate training and development opportunities are undertaken.		LDSIG

	in mainstream healthcare settings; • ensure that staff in high volume acute pathways for people with learning disabilities are given relevant learning disability training; • ensure that health and social care staff working with people with learning disabilities are trained on use of 6D cards and Talking Mats.			
5	That in preparation for the legal duties imposed by the Social Care (Self-directed Support) (Scotland) Act 2013, local authorities and their NHS partners should work with private, voluntary and third sector agencies to ensure that people with learning disabilities have access to a creative variety of providers and supports and are assisted to think creatively about how outcomes can be met and what assistance they may need to develop control.		1st April 2014	
6	That by June 2014 Convention of Scottish Local Authorities (COSLA), Association of Directors of Social Work (ADSW), and NHS partners work with Scotland Excel to improve the quality and consistency of support for people with learning disabilities who have a long-term need for specialist residential care, by developing a national framework agreement for procurement. This should include a core service specification which focuses on outcomes for residents, the rates that will apply, and the arrangements that will be put in place to monitor and manage performance.	A National Framework will be established.	June 2014	
7	That by April 2015 local authorities and NHS Boards should ensure that joint commissioning plans take account of the needs of people with learning disabilities of all ages. Plans should have regard to relevant guidance, scope current and future need, identify the total resources available to meet those needs, and set out how they will be invested to secure sustainable, high quality services and supports that can deliver outcomes for individuals, including those agreed as part of person-centred care planning and self-directed support (SDS). Plans should make reference to early interventions, maximising independence and control.	The needs of people with learning disability requires to be included in East Ayrshire Health and Social Care Partnership Commissioning Plan	April 2015	

8	That by June 2015 the Care Inspectorate and Healthcare Improvement Scotland should ensure that strategic commissioning plans, processes and implementation are examined as part of on-going scrutiny work that impacts on services for people with learning disabilities.	National Scrutiny Guidance.	June 2015	CI & HIS

Health

	Recommendation	**Implications For Inverclyde CHCP**	**Time Frame**	**Lead**
9	That the Learning Disability Strategy Implementation Group will work with the Scottish Government to explore the development a HEAT target for the NHS to establish a process whereby all adults with learning disabilities using health services are identified to the Information Services Division and the Scottish Learning Disability Observatory, so they can be visible in Scottish data systems by 2015.	National Statistical Development.	2015	LDSIG
10	That by 2015, the Primary Care Division of the Scottish Government and Scottish Learning Disabilities Observatory will work together to develop processes of annual reporting of trends in the management of the long term conditions of people with learning disabilities have.	National Statistical Development.	2015	Scottish Gov & SLDO
11	That the Scottish Learning Disabilities Observatory will work to develop a better understanding of the causes of unnecessary deaths of people with learning disabilities.	National Learning Disability Strategy Group.		SLDO
12	That by 2016 the Scottish Consortium for Learning Disability, local authorities and the Scottish Learning Disability Observatory will work in partnership to provide information to Information Services Division and Analytical Services Division, Scottish Government, to identify by unique NHS numbers the adults with learning disabilities using social work resources by 2016.	Statistical Return by the Council and NHS to the Scottish Government will require the NHS CHI and social work SWIFT numbers to be matched.	2016	SCLD & SLDO with LA
13	That the Learning Disability Strategy Implementation Group will work with NHS National Services Scotland (National Information Systems Group) to ensure that both the Emergency Care Summary (ECS)	National Information matching which supports better practice in unscheduled care.		LDSIG

	and the Key Information Summary (KIS) meet the information needs of people with learning disabilities accessing health care.			
14	The Learning Disability Strategy Implementation Group will work with Healthcare Improvement Scotland to undertake a review of the Learning Disability Quality Indicators and Best Practice statement to ensure that they reflect the changing needs of people with learning disabilities. A review of general health services and specialist learning disability health services will be undertaken across NHS Scotland to ensure that there is full compliance with Learning Disability Quality Indicators and Best Practice statement on Promoting access to healthcare for people with learning disabilities.	Wide review of NHS Services.		NHSGGC LDSIG
15	That the learning from the NHS Western Isles Collaborative is formally evaluated and its findings disseminated throughout Scotland through a Best Practice Conference to be led by NHS Western Isles and the Scottish Government in 2013. Application of the model to other areas of Scotland will be considered by 2014.	Specific learning opportunity and consideration of transferability to other setting.	2014	
16	That by 2014 the Easy Info Zone of NHS Inform is publicised to ensure that people with learning disabilities and their families and carers can benefit from its use.	Publicity of NHS information services.	2014	
17	That the Learning Disability Strategy Implementation Group will work with the Scottish Learning Disability Observatory to establish and implement a targeted health screening programme for people with learning disabilities across NHS Scotland.	Provision of health screening.		
18	That by June 2014 all professionals working with those with learning disabilities take responsibility for assisting with implementation of the National Oral Health Improvement Strategy by promoting it at local level with individuals, carers and relevant others.	Employers and employees of services supporting people with learning disabilities require appropriate training and development opportunities are undertaken.	June 2014	
19	That by June 2015 all NHS Boards should ensure that people with learning disabilities that have complex epilepsy have access to	Access to specialist health services.	June 2015	NHSGG&C

	specialist neurological services, including access to learning disabilities epilepsy specialist nurses and learning disability psychiatrists, where applicable.			
20	That health and social care professionals apply the local See Hear policy to people with learning disabilities and their families and carers.	Employers and employees of services supporting people with learning disabilities require appropriate training and development opportunities are undertaken.		CHCP
21	That work is commissioned in 2013 to understand and analyse the factors that promote person-centred care and individualised health outcomes for people with learning disabilities to ensure that they receive the same investigations and treatments as the general population and that reasonable adjustments are made by 2015 to achieve the same health outcomes.	Analysis of present NHS practice and service adjustment where appropriate.	2015	
22	That by the end of 2015 all NHS Boards across Scotland should ensure there is a dedicated primary care liaison resource to support general practice and primary care teams to ensure their services are equitable and where required targeted for people with learning disabilities.	NHS support to GPs.	Dec 2015	
23	That the Learning Disability Strategy Implementation Group will work with the Primary Care Division, Scottish Government to explore how the GP contract in Scotland can best meet the needs of people with learning disabilities, including the possibility of the reintroduction of an enhanced service for people with learning disabilities and including additional learning disability indicators in the Scottish Quality Outcomes Framework by June 2014.	Review of GP contract.	June 2014	
24	That NHS Boards and local authorities across Scotland should work in partnership to ensure that people with learning disabilities receive the appropriate levels of support in general hospitals. This should include appropriately funded support from familiar carers as well as support from specialist learning disability acute care liaison nurses.	This recommendation requires the development of acute liaison nurses for people with learning disabilities and also funding to support familiar carers support people with learning disabilities when in hospital.		
25				

	That by the end of 2016 NHS Boards should ensure that people with learning disabilities who attend acute care hospitals, including all medical and surgical specialties and accident and emergency departments, are identified and monitored to improve outcomes of hospital care and treatment, ensuring that healthcare is provided in the most appropriate setting.	Review of practice in hospital settings.	Dec 2016	
26	That the Glasgow palliative care pathway is evaluated and rolled out nationally by 2015 to improve the care outcomes for people with learning disabilities.		2015	

Independent Living

	Recommendation	**Implications For Inverclyde CHCP**	**Time Frame**	**Lead**
27	That by June 2018 the Scottish Government in partnership with local authorities, the Third Sector and people with learning disabilities and carers review and further develop day opportunities that are person-centred, assets-based and values driven and that take account of staffing, education, employment and transport issues.	Inverclyde CHCP reviewed day opportunities previously and changes were made A further review is currently underway and will be completed within timeframes .	**June 2018**	
28	That the Scottish Government, in partnership with COSLA and Association of Local Authority Chief Housing Officers (ALACHO), should undertake a review of Local Housing Strategies (LHSs) by June 2014. This should: • identify examples of good practice in meeting the needs of people with learning disabilities • highlight where improvement is needed • make recommendations for change to be included in revised local housing strategy guidance together with a statement of resources available to deliver on the actions required, and any shortfalls remaining.	Inverclyde Council have a housing strategy and an established partnership between social work and housing which supports a range of housing options for people with learning disabilities.	**June 2014**	
29	That LHS should evidence how the views of people with learning disabilities and their carer's have been taken into account in their preparation, and demonstrate the extent to which such views have been reflected in final LHS plans. LHS should also demonstrate explicitly the actual and anticipated contribution of all housing	Review of LHS required.		

	sectors to meeting the needs of people with learning disabilities, including housing associations and the private sector, together with the services which may be required to support independent living and who is best placed to provide these.			
30	That Camphill Scotland is funded in 2013 to prepare for practice change and training in social pedagogy by staff and residents working together to identify outcome measures for individual residents and to implement and evaluate these.	Specific recommendation for one organisation.	**June 2013**	
31	That the role of Local Area Co-ordinators is reviewed by the Scottish Government, SCLD, COSLA and ADSW by evaluating their contribution to independent living both in terms of outcomes for individuals and public value and that a joint decision is reached by June 2014 on the scale of expansion needed and the collective means to achieve this.	In Inverclyde the role of the Local Area Coordinator Service is being reviewed.	**June 2014**	
32	That by 2018 the Scottish Government works with the Scottish Independent Advocacy Alliance, PAMIS and SCLD to scope the need for advocacy and to develop an Action Plan together to improve delivery and uptake of independent advocacy at local level.	In Inverclyde Advocacy Services are funded to provide independent advocacy for people with learning disabilities.	**2018**	

Shift the Culture and Keeping Safe

	Recommendation	**Implications For Inverclyde CHCP**	**Time Frame**	**Lead**
33	That SCLD, in collaboration with ENABLE Scotland, should work with local voluntary services to: • encourage the setting up and expansion of befriending services and natural networks for people with learning disabilities. • work with local authorities and NHS Boards to ensure that the planning, commissioning, procurement and implementation of services gives scope for the inclusion of befriending services and natural networks. • record the number of people receiving befriending services and natural networks in annual eSay statistical returns.	The development of "natural networks" ie inclusion of people with learning disabilities in local communities is a key aim of the learning disability redesign.		

34	That by the end of 2013 the Scottish Government in partnership with Equal Futures and other relevant organisations holds a friendship event to help people with learning disabilities to be supported to have more friends.	Specific national event.	**2013**	
35	That research is undertaken to understand and analyse the factors that impact on how people with learning disabilities, their families and carers cope with adversity which will inform the development of appropriate care and support to sustain and enhance their resilience.	National research proposal.		
36	That to improve the availability of short breaks for people with learning disabilities and their families and carers, the Scottish Government will enhance the voluntary sector Short Breaks Fund to support children and adults with learning disabilities and their carers including to provide opportunities to develop skills and confidence.	National proposal to enhance funding for short breaks.		
37	That the Scottish Government works with ENABLE Scotland to build on the work set out in the 2012 report, ' Picking Up the Pieces - Supporting carers with Emergency Planning' so that plans are put in place to support people with learning disabilities and their carer's.	National proposal to promote anticipatory care planning for people with learning disabilities and their carer's.		
38	That by 2014 parents with learning disabilities should have access to local supported parenting services based on the principles of Supported Parenting and that the Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities are being followed by professionals working with parents with learning disabilities to ensure better outcomes for families.	Recommendations that SCLD guidance is followed by professionals working with parents with learning disabilities.	**2014**	

Break the Stereotypes

	Recommendation	Implications for Inverclyde CHCP	Time Frame	Lead
39	That by 2014 local authorities, further and higher education providers, Skills Development Scotland and the Transitions Forum work in partnership within the GIRFEC assessment and planning framework to provide earlier, smoother and clearer transition pathways (to include accessible information on their options, right to benefits and Self Directed support) for all children with learning disabilities to enable them to plan and prepare for the transition from school to leavers destination.	Joint working across education and social work services continues to be developed to enhance the transition from children's' to adult services. Engagement with external providers of education and employability services through existing routes will require focusing on the needs of people with learning disabilities.	2014	
40	That by end of 2014 SCLD in partnership with Colleges Scotland, Skills Development Scotland and ADSW consider how people with learning disabilities and carers can access educational activities and training at college and other learning environments.	Recommendation for external agencies.	Dec 2014	
41	That by 2018 the Learning Disability Implementation Group works with local authorities, NHS Boards and Third Sector organisations to develop a range of supported employment opportunities for people with learning disabilities and that those organisations should lead by example by employing more people with learning disabilities.	Supported employment opportunities for people with learning disabilities within Community Planning Partners require to be enhanced.	2018	
42	That local authorities and SCLD work in partnership with Volunteer Scotland and other relevant organisations to increase the opportunity for people with learning disabilities to volunteer within their community to develop work skills.	Engagement with volunteer centre to enhance opportunities for volunteering on an individual basis to achieve personal outcomes.		

People With Profound and Multiple Learning Disabilities

	Recommendation	Implications For Inverclyde CHCP	Time Frame	Lead
43	That all stakeholders involved with people with PMLD commit to the implementation of the Scottish Quality framework for the delivery of invasive procedures, which will be launched in Autumn 2013.	Monitoring arrangements for both internal and external providers will reflect the Scottish Quality Framework indicators.		
44	That a sub group of the Learning Disability Implementation Group is set up to increase the number of Changing Places toilets in Scotland to 100 by June 2015 using the conclusions and recommendations set out in the Scottish Government's report 'Changing Places Toilets' and by implementing the UK-wide Changing Places Consortium's Charter in Scotland.	Ensure consideration of appropriate changing facilities are considered within the Planning approval processes Progress has been made locally with development of 3 sites identified and in progress.	**June 2015**	

Criminal Justice

	Recommendation	Implications For Inverclyde CHCP	Time Frame	Lead
45	That, with immediate effect, justice organisations should ensure they develop easy read and other accessible information resources for all literature they produce that is available to the public.	Criminal Justice Services review and update their current information to ensure it is accessible.	**Immediate**	
46	That a National Criminal Justice Action Group is to be established in 2013, consisting of professionals in this field and working in partnership with people with learning disabilities, to identify challenges and promote opportunities and influence change and to provide support for people with learning disabilities in the criminal justice system.	Action for a National Organisation	**2013**	
47	That by the end of 2014 all relevant organisations will review and implement recommendations of 'No-one Knows - Prisoners with Learning Difficulties and Learning Disabilities, Scotland' where they have not already.	Criminal Justice Services to review internal and commissioned services to ensure recommendations are being implemented.	**End of 2014**	
48	That all professionals involved in the criminal justice system have access to the 2011 guide 'People with Learning Disabilities and the Criminal Justice	Criminal Justice Services to review internal and commissioned services to ensure the guide is being referenced in activity with people		

	System' and consider how they can best support people with learning disabilities in that context. (The newly constituted Equalities sub - group of the Justice Board, representing all policy and operational interests in Justice, will oversee progress in implementing these recommendations).	with learning disabilities.		
49	That research will be undertaken across the criminal justice system in Scotland by SCLD and NHS Greater Glasgow & Clyde to understand and analyse the nature and extent of the health needs of people with learning disabilities within the criminal justice system to support the development of appropriate responses that address the distinct health and rehabilitation needs.	Action for National organisations.		

Complex Care

	Recommendation	**Implications For Inverclyde CHCP**	**Time Frame**	**Lead**
50	That NHS Boards and local authorities are required to develop Joint Discharge Agreement Protocols which are informed by the EDISON reporting system and include escalation for resolution of disputes, excessive delays and local and national planning for those for whom no alternative community placements exist. The possibility of including these in Single Outcome Agreements will be taken to the National Community Planning Group for consideration.	A joint discharge protocol to be developed..		
51	That a Short Life Working Group be set up to establish the Scottish data on out of area placements and report on its findings on how Scotland builds the capacity needed to deliver the specialist services required more locally with an outcome that by 2018 people with learning disabilities and complex care needs who are currently in facilities out with Scotland should be supported to live nearer their family in Scotland.	Action for national organisation.	**2018**	
52	That the Scottish Government, COSLA and ADSW should scope public sector investment in high-cost care packages and explore opportunities for developing alternative models of provision by June	Action for national organisation.	**June 2015**	

	2015, including through self-directed support, and by developing housing with support, to improve outcomes for individuals and their families and ensure value for money.			

Inverclyde council

AGENDA ITEM NO: 7

NHS Greater Glasgow and Clyde

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/48/2014/SMc**
Contact Officer:	**Sharon McAlees Head of Children's Service & Criminal Justice**	**Contact No:**	**01475 715282**
Subject:	**Family Nurse Partnership (FNP) Programme in Inverclyde**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Sub-Committee on progress made by Inverclyde CHCP in relation to the introduction of the Family Nurse Partnership (FNP) programme in Inverclyde.

1.2 The Sub-Committee is also asked to note the recommendations at Section 3 of the report.

2.0 SUMMARY

2.1 The Family Nurse Partnership (FNP) is a preventive, intensive home visiting programme offered to first time young mothers (19 and under) and their families. Young women are enrolled in early pregnancy (between 16 and 28 weeks gestation) and are visited until the baby is two. Family Nurses who deliver the programme come mainly from health visiting and midwifery and they receive additional training at masters level to equip them for their new role.

2.2 FNP is the final evidence based programme in a suite of measures being implemented under the early intervention agenda outlined in Getting it Right for Every Child and the Early Years Collaborative.

2.3 The overarching goals of the programme are:

- To improve antenatal and birth outcomes
- To improve child health and development
- To improve the economic self-sufficiency of the family

2.4 The programme is hosted by Renfrewshire CHP and covers Renfrewshire, East Renfrewshire and Inverclyde.

2.5 The FNP Steering Group meets on a bi-monthly basis and reports to the FNP Advisory Board of NHSGG&C. A detailed implementation plan outlining stage actions continues to be reviewed and developed on an ongoing basis by the group.

2.6 A formal launch of the FNP programme has been held in the Beacon Arts Centre, Greenock on 25th August 2014.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the content of this report and the progress thus far in implementing the FNP in Inverclyde.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Family Nurse Partnership (FNP) has a robust evidence base spanning 30 years including 3 large scale research trials in the USA[1]. These have shown consistent short and long term benefits for children and families which include:

- reductions in smoking in pregnancy
- greater intervals between and fewer subsequent births
- fewer accidents
- reduction in child abuse and neglect
- better language development in children
- increases in employment
- greater involvement of fathers

4.2 Each nurse has a maximum caseload of 25 families, and visits each family every 1 or 2 weeks following a manualised programme (minimum of 64 visits over the period outlined). The programme is underpinned by a robust training programme, regular supervision of the nurses and a strength based approach.

4.3 In a Lancet review[2] FNP was shown as only one of two preventative programmes that have been able to evidence a reduction in child abuse and neglect.

4.4 FNP is currently being rolled out in Scotland, under licence, which is held jointly by the University of Colorado and the Scottish Government and supported by NHS Education Scotland (NES) who ensure alongside the local supervisor that the fidelity of the model is being maintained.

4.5 Evaluations of the Lothian pilot and links to further research are available at the following link:

http://www.scotland.gov.uk/Topics/People/Young-People/early-years/parenting-early-learning/family-nurse-partnership

4.6 Staffing: The staff involved in the programme are now in post and include:-

- FNP Supervisor
- 6 FNP Nurses
- Data Manager.
- Child Protection Adviser – Nominated Child Protection Unit adviser.
- Psychologist – Specific psychology sessions are made available to FNP nurses in support of their role.

4.7 Accommodation: The team have a main base within Renfrew Health & Social Work Centre, with hot desk space within East Renfrewshire & Inverclyde (Port Glasgow Health Centre). The FNP team accommodation and associated IT infrastructure is now fully established.

4.8 Training: The FNP Lead and Senior Managers from across the 3 CH(C)P areas have benefited from FNP *Using Our Strengths Training for Managers* delivered by Gail Trotter-FNP Clinical Director and Ali Knights – FNP Education Lead NES.

The FNP Learning Programme for the FNP Supervisor commenced on 26 March 2014. This will be an ongoing schedule for 14 months, provided by the Department of Health in England. This is a Core Model Element of the programme and a high level of commitment is required for this mandatory training.

4.9 Stakeholder mapping: A stakeholder mapping and analysis exercise has been undertaken across the 3 CH(C)Ps areas to identify key stakeholders and the level of engagement required for FNP. This is supported by a communication and engagement plan which will be kept under review and amended as required.

Engagement sessions have taken place with GPs, the Inverclyde Child Protection Committee and children's services staff more generally in Inverclyde, to ensure wide understanding of FNP. These sessions were positively received. Information and learning events for stakeholders are ongoing, and form the first stage of our structured and ongoing development plan.

4.10 Risk Register: A risk register has been developed in the context of the existing NHSGGC FNP Risk Register. This will be reviewed and updated as required through the local FNP Steering group and NHSGGC FNP Programme Board.

5.0 PROPOSALS

5.1 The key next steps in progressing FNP implementation are:

- A comprehensive induction programme and Learning Needs Analysis will be undertaken by all new Family Nurses.
- The team,which has been operational from mid-July 2014, to commence recruiting clients for this cohort.
- Stakeholder Analysis completed and communication and engagement plan initiated.
- Organisational development Plan is in progress.
- Information and learning events to continue

6.0 IMPLICATIONS

Finance

6.1 There are no specific financial implications as the programme is funded centrally from NHSGGC.

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 Not applicable.

Human Resources

6.3 Not applicable.

Equalities

6.4 A final draft of the EQIA has been completed and submitted. This will be revisited throughout the programme and amended/updated as required.

Repopulation

6.5 Not applicable

7.0 CONSULTATION

7.1 Wide ranging consultations were undertaken with the full range of partner agencies.

8.0 BACKGROUND PAPERS

8.1 These can be found via the link at paragraph 4.5.

Inverclyde council

AGENDA ITEM NO: 8

NHS Greater Glasgow and Clyde

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/49/2014/SMc**
Contact Officer:	**Sharon McAlees Head of Service Children and Criminal Justice**	**Contact No:**	**01475 715282**
Subject:	**Multi-Agency Public Protection Arrangements (MAPPA)**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the CHCP Sub Committee of amendments to the MAPPA Guidance, the work currently being undertaken by the MAPPA Extension Advisory Group and the plans to conduct a Joint Thematic Review of MAPPA.

2.0 SUMMARY

2.1 The fundamental purpose of the Multi-Agency Public Protection Arrangements (MAPPA) is public protection and managing the risk of serious harm. MAPPA is not a statutory body in itself but is the mechanism through which the responsible authorities discharged their statutory responsibilities and protect the public in a co-ordinated manner.

2.2 The Public Protection Unit, within the Scottish Government's Safer Communities Directorate, has lead responsibility for maintaining the MAPPA Guidance. The Guidance details the agreed processes which Responsible Authorities and multi-agency partners are required to work through with MAPPA offenders. It also details expectations with regard to governance arrangements and reporting requirements. This latest Guidance, which is an update of the 2012 version, was published on the Scottish Government website on Friday 20th June 2014

2.3 Whilst the structure and order of certain chapters have been amended from the 2012 version, the context and meaning of the Guidance remain unchanged. The main development in the 2014 version is in the Document Set, which aims to facilitate an active and alert approach to risk management. It is recognised that the inclusion of the new Document Set will require changes in how MAPPA is administered and as such will require a period of time to implement effectively. The requirement to use the new document set will not apply until December 2014.

2.4 The Public Protection Unit is also the Chair of the MAPPA Extension Group, which includes representatives from Police Scotland, Scottish Prison Service, NHS Scotland, Risk Management Authority and Social Work Scotland (formally the Association of the Directors of Social Work). This Group is working on extending the category of offender who falls within the remit of MAPPA. Currently this is limited to Registered Sex Offenders and Restricted Patients. The proposal is to include those who by virtue of their conviction are considered to pose a risk of serious harm. Opening MAPPA up to violent offenders, which includes a suggestion of those posing a risk related to organised crime or terrorism, will undoubtedly have an impact on resourcing.

2.5 A short life working group has also been established to consider a Joint Thematic Review of MAPPA. The group has only met twice and is still in the throes of agreeing its membership as well as the scope of the review itself. It is envisaged that the fieldwork part of the review will take place between April and June 2015.

3.0 RECOMMENDATIONS

3.1 The CHCP Sub Committee is asked to note the contents of this report.

Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

4.0 BACKGROUND

4.1 The Multi-Agency Public Protection Arrangements (MAPPA), are a set of statutory partnership working arrangements introduced in 2007 by virtue of Section 10 and 11 of The Management of Offenders etc. (Scotland) Act 2005.

4.2 Currently the geographic model for MAPPA in Scotland is aligned to the 8 Community Justice Authorities. Inverclyde is part of the North Strathclyde Community Justice Authority, which also includes Renfrewshire, East Renfrewshire, Argyll and Bute and West and East Dunbartonshires. Although the Scottish Government have intimated that they have no wish to change this model, the current consultation over future community justice structures, which will lead to the abolition of Community Justice Authorities, could have an impact on this configuration.

4.3 At present MAPPA processes in Scotland are applied to Registered Sex Offenders and Restricted Patients. As noted earlier there are proposals to extend the category of offender to be included. This work is being taken forward nationally by the Public Protection Unit and supported by lead MAPPA agencies.

4.4 The Responsible Authorities are defined in Section 10(7) of the Management of Offenders etc. (Scotland) Act 2005. They are:

- The Chief Constable of a police force maintained for a police area, any part of which is comprised within the area of the local authority;
- The local authority;
- A Health Board or Special Health Board for an area any part of which is comprised within the area of the local authority (for Restricted Patients only); and
- Scottish Prison Service (for offenders whilst in custody)

4.5 The MAPPA Guidance summarises the primary roles for each Responsible Authority. For the local authority the focus is on those MAPPA offenders subject to statutory supervision. Although responsibility primarily lies with the Chief Social Work Officer, the role of other local authority services, such as housing and education, is also commented upon.

4.6 The MAPPA Guidance identifies three levels of risk which can be managed under MAPPA:

- Level 1 (routine risk management and can be managed by one Responsible Authority)
- Level 2 (management requires active multi-agency involvement)
- Level 3 (due to complexity and unusual/intensive resource commitment case requires oversight of senior management. Potential for media interest and/or reputational damage to managing agencies.)

4.7 As noted earlier the main change to the MAPPA guidance 2014 has been in relation to the MAPPA Document Set. The basic Minute template from 2012 has been replaced with three new documents: a Minute template; Risk Assessment template; and a Contingency template.

4.8 The new Document Set is predicated on the Risk Management Authority's Framework for Risk Assessment, Management and Evaluation (FRAME). This promotes consistent and proportionate practice by proposing a tiered approach in which the same standards, principles and practice process apply, but are delivered proportionate to the risk. The Document Set's Contingency template supports a risk management approach that is active and alert to the risk of serious harm.

4.9 There is an expectation within the new Document Set that operational staff, notably Police and Criminal Justice social workers, identify the appropriate monitoring, supervision, intervention and victim safety planning needs prior to the MAPPA meeting. There is also an expectation that the drafting of contingency and risk management plans should be co-produced by relevant MAPPA agencies and then taken to the MAPPA meeting for ratification. This is new work, in terms of adding a further stage to the MAPPA process (i.e. pre-MAPPA meeting) and in relation to formalising thinking around victim safety and contingency planning.

4.10 Training materials to support the implementation of the new Document Set are currently being developed. This work is being taken forward by the Scottish Government in conjunction with the national Document Set working group and Community Justice Authority Training and Development Officers. As noted earlier a lead-in time for using the revised documentation of December 2014 has been given.

4.11 As noted previously there are plans to extend the category of offender included within the MAPPA process which will have resource implications. Any assessment of the impact on resourcing will be dependent on the extension criteria which are finally agreed upon. Currently it is being suggested that this should be formulated around the prevention of serious harm rather than violence specifically, which would enable those posing a risk related to serious organised crime or terrorism to be captured. It is thought that the extension project is unlikely to complete its work before the end of 2014.

4.12 It is anticipated that there will be a launch event regarding the Joint Thematic Review of MAPPA late October 2014. This will hopefully provide more detail on the scope of the Review. It has been mooted that the self-assessment questionnaire will be completed by MAPPA Strategic Oversight Groups. There will therefore be eight responses, reflecting the eight Community Justice Authority areas. In relation to case file audits, all Level 3 cases will be audited as well as 10% of Registered Sex Offenders from each local authority, with a spread of risk categories. The way in which case files will be audited is still subject to discussion, given the complexity around this in that pertinent information is held in different agency systems.

5.0 PROPOSALS

5.1 **Revised Document Set**

There are challenges for both Police and Criminal Justice Social Work, who in most instances act as the lead agencies within MAPPA, in terms of their ability to respond to the increased work commitment and logistics for sharing and reviewing the new Document Set. There are also issues surrounding Police Scotland's ability to provide an analysis of offending when they do not currently undertake risk assessments that assess for the risk of serious harm.

5.2 As noted previously training materials are being developed for local delivery to ensure that all those involved in using the revised document set receive the necessary training prior to use. It is anticipated that the North Strathclyde Community Justice Authority MAPPA Co-ordinator and North Strathclyde Community Justice Authority Training and Development Officer, will be expected to play a key role in the delivery of such training.

5.3 The North Strathclyde Community Justice Authority MAPPA Co-ordinator in consultation with the North Strathclyde Community Justice Authority MAPPA Document Set Working Group, has also drawn up a proposed process map for how and when the risk assessment, contingency and risk management plan should be undertaken. This will be presented to the North Strathclyde Community Justice Authority MAPPA Operational Group on 13th August 2014 for their consideration.

5.4 **MAPPA Extension**

Inverclyde Criminal Justice Service will continue to contribute to the work of the MAPPA Extension Group both directly through responding to requests for information/comment in relation to scoping the issues, timescales and resources required to implement the MAPPA extension and indirectly though attendance at the Social Work Scotland Criminal Justice Standing Committee. As noted previously, the extension project is unlikely to complete its work before the end of 2014.

5.5 **Joint Thematic Review**

Inverclyde Criminal Justice Service, North Strathclyde Community Justice Authority Strategic Oversight Group and North Strathclyde Community Justice Authority MAPPA Operational Group will over the coming months be working in partnership to prepare for the thematic review, both in terms of briefing relevant staff and ensuring opportunities afforded through the proposed self-assessment activity, to reflect on the effectiveness and efficiency of our use of MAPPA processes, are fully utilised.

6.0 IMPLICATIONS

Finance

6.1 The extension of the MAPPA arrangements to include violent offenders will have resource implications for local authority Criminal Justice Services. As commented upon in 4.11 the impact on resourcing will be dependent on the extension criteria finally agreed upon. Inverclyde Criminal Justice Service, as noted in 5.4, is actively participating in work currently underway to scope such issues.

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 None at this time.

Human Resources

6.3 None at this time.

Equalities

6.4 None at this time, although recognition will be given to the wider and associate equalities agenda.

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

6.5 No issues.

7.0 CONSULTATION

7.1 No consultation was required.

8.0 BACKGROUND PAPERS

8.1 None.

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 9

Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 23 October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:CHCP/50/2014/DG**
Contact Officer:	**Deborah Gillespie Head of Mental Health, Addictions & Homelessness**	**Contact No: 01475 715284**
Subject:	**Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living**	

1.0 PURPOSE

1.1 To update the CHCP Sub-Committee on the current progress of provision of new NHS Continuing Care facilities on the IRH site and of the commissioning process for the provision of specialist nursing care for older people with dementia and adult mental health supported living service in Inverclyde.

1.2 To note that the approval of the Outline Business Case for the Inverclyde Adult & Older People's Mental Health Continuing Care facility was approved by the Quality & Performance Committee of the NHS GG&C Board on 21st January 2014, and subsequently approved by the Scottish Government Capital Investment Group (CIG) meeting on 11th March 2014.

1.3 To note the next stage of approval arrangements based on the Final Business Case which is planned to enable submission to the Scottish Government Investment Group [CIG] by 30th September for consideration on 28th October 2014.

1.4 To note the revised timetable for the provision of services and Ravenscraig Hospital Closure timetable.

2.0 SUMMARY

2.1 Inverclyde CHCP is commissioning the NHS Continuing Care and Social Care community elements of service in separate contractual arrangements. A previous report on progress went to the CHCP Sub-Committee meeting of 27th February 2014.

2.2 NHSGG&C / Inverclyde CHCP is in the process of procuring 42 NHS mental health continuing care beds, (30 for older persons and 12 for adults). The procurement vehicle for the development and management of the facility is HUB West Scotland. The buildings will be leased to Hub West Scotland for the duration of the 25 year contract after which time the ownership will transfer back to NHSGG&C or its successor body.

2.3 The Scottish Government's Capital Investment Group (CIG) approved the Initial Agreement to progress this project under the HUB West Scotland arrangement on 21st

March 2013. The Inverclyde final pre-stage one key stage review was agreed by the Scottish Government's Scottish Futures Trust on 20th December 2013. The Outline Business Case was agreed by the Q&P Committee on 21st January 2014. The Outline Business Case was approved by CIG on 11h March 2014 to progress to Full Business Case approval on 28th October 2014, and Finance Close in November 2014. The building construction phase will commence in January 2015. The building will be completed by January 2016.

2.4 A design workshop was held on 3rd May 2013 to inform the architectural design. This was submitted for planning consent on 23rd January 2014, and approval granted on 14th April 2014.

2.5 The design is complemented by a detailed Arts and Environment Strategy. This will include works from local arts community, and will also engage with community and voluntary groups in providing both art works and activities throughout the year for service users and carers. This work alongside the building architects will ensure the final building reflects the artistic aspirations of the people who will use the facility. A Communication Strategy is being implemented.

FOR THE COMMUNITY SERVICES

2.6 The provision of 8 self-contained flats for adults currently living in Ravenscraig Hospital is progressing. The accommodation is being provided in conjunction with a local Registered Social Landlord.

2.7 The care provider contract to support the 8 individuals is being tendered for to provide 24/7 support arrangements. We will go through a formal tender process to identify a local provider. We have 13 indications of interest from well established and experienced service providers. The work to progress this is complete and it went to the market in September 2014 to select the care provider.

2.8 The older person specialist mental health provision for 12 specialist nursing home places will be tendered for locally. This closed during September.

2.9 In addition to the above there is a need to strengthen the community infrastructure for older people with mental health needs. This will be tied into the Dementia Strategy Action Plan.

2.10 The timetable for closing Ravenscraig Hospital is now March 2016. The new NHS Continuing Care facility will have a 12 month build timetable commencing in January 2015. The community facility currently being tendered for will enable contracts to be issued from May 2015.

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note the report on the development of NHS Continuing Care facility and the progress on work to enable submission of the Final Business Case for approval to the CIG on 28th October 2014.

3.2 That the Sub-Committee note the progress on the work and development of the tendering arrangements for the community facilities and service that are funded through agreement with NHSGG&C on a non-recurring transitional funding basis until Ravenscraig Hospital is closed when resource transfer will be available.

3.3 That the Sub-Committee note the revised timetable for the closure of Ravenscraig Hospital.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND - NEXT STEPS FOR NHS CONTINUING CARE FACILITIES

4.1 For the NHSGG&C/ Inverclyde CHCP the 42 mental health NHS continuing care beds (30 for older people and 12 for adults) will be developed on the IRH site. The buildings on the site have been demolished and site investigations were carried out in August 2013. Governance arrangements have been put in place. The Inverclyde HUB Project Board is chaired by the Head of Mental Health, who also sits on the NHS GGC Projects HUB West Scotland Project Steering Group.

4.2 The final pre-stage one key stage review was approved on 20th December 2013. The Outline Business Case (OBC) was approved by the Q&P Committee of NHSGG&C on 21st January 2014. The OBC was approved by the Scottish Government's Capital Investment Group (CIG) on 11th March 2014. The Final Business Case (FBC) is being worked up at present. It is scheduled to go to CIG for sign off on 28th October 2014. This work has been accelerated by HUB West Scotland and financially underwritten by NHSGG&C.

4.3 The drawing up of lease arrangements by NHSGG&C who own the site with HUB West Scotland are in hand.

4.4 The Inverclyde Continuing care project is one of a number of HUB projects underway in Greater Glasgow and Clyde. The procurement model "bundles" these projects together for greater efficiency. The Inverclyde project is bundled with the two new health centres in Maryhill and Eastwood. A joint Steering group oversees all the GG&CHB projects. Each project then has a local project Board and each project board will have a number of subgroups relevant to the particular project.

Project Design

The new building will feature single bedroom accommodation with en suite facilities for all patients. Each ward is built around a landscaped courtyard area. There will also be fully landscaped gardens surrounding the building.

The central Hub area of the building will house office accommodation, the main entrance and reception area and a community café. The café area will in turn open into a landscaped garden area.

The design has been established using Dementia friendly design principles with advice and guidance from Stirling University Dementia service centre and Architecture and Design Scotland. The design has been approved by Architecture and Design Scotland.

Arts and Environment Strategy

The design is complemented by a detailed Arts and Environment Strategy. This will include works from local arts community as well as engagement with community and voluntary groups in providing both Art works and activities throughout the year, for service users and carers.

Service User and Carer Engagement

The project has had a high level of service user and carer engagement. A service user and carer reference group, supported by Your Voice Inverclyde meets monthly to consult on the project. This group has representation from carers and potential service users as well as voluntary and community groups such as Alzheimer's Scotland. To date the group has been heavily engaged in the design elements of the building. This year they will be involved in developing the operational policy of the services provided in the building.

5.0 PROGRESS FOR COMMUNITY SOCIAL CARE SERVICES

5.1 Inverclyde CHCP is commissioning 12 older people's mental health / dementia places locally. This will provide step up/step down care for people whose needs require specialist mental health care but do not need to be in hospital. This model is consistent with wider developments to provide intermediate care and reablement for older people whose needs for care fluctuate. A tender process is being progressed to select the provider and will be identified by December 2014.

5.2 For the 8 adults with mental health needs, a specialised mental health intensive supported living service is required. This will be in core and cluster accommodation with individual tenancies with a Registered Social Landlord and tailored care and support. A tender process is being progressed to select a provider.

5.3 The tender processes timetable has been revised as follows:

August 2014 – for older people's service to go to the market place to request submissions.
September 2014 – for adult service to go to the market to request submissions.
November 2014 – report to P& R committee
December/January 2015 – contract award
April 2015 – Adult service commences transition work
Summer 2015 – Older people's service comes in to operation

5.4 The properties for the 8 adults will be available from March 2015 once they have been refurbished. The tender process for the care and support provider to provide 24/7 presence will be completed and contract awarded to enable the provider to in-reach into the hospital to prepare the individuals for their move into their own home between April and June 2015. We anticipate that this element of the service will create up to 6 new jobs.

5.5 For the Dementia facility the service is to be operational for summer 2015. This timetable has been revised and reflects the need to tie in with the hospital closure and the progress made with HUB West Scotland to provide the new services on the IRH site.

6.0 TIMETABLE

6.1 NHS Continuing Care

Completion of Hub Stage 2 report	September 5th 2014
Completion of Full Business case	September 2014
Submission to NHS GG&C Capital Projects group and Board Quality and performance group	October 2014
Submission to Scottish Government Capital Investment Group (SCIG)	October 2014
Approval from SCIG	October 2014
Project financial Close	November 2014
Construction Start	January 2015
Construction Completion	January 2016
Hospital Closure	March 2016

7.0 IMPLICATIONS

7.1 Finance:
The total recurring resources held on the NHS side is £3.247 million recurring, with the current allocations in a full year of service expected to be:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
Residential (Council CHCP via resource transfer)	Older People	**	£470,000	N/A	12 Specialist Dementia
	Adults		£472,000	N/A	8 Supported Living
Continuing Care (NHS CHCP)	Older People		£1,382,000	N/A	30 beds
	Adults		£551,000	N/A	12 beds
Resources Committed to date			£2,875,000		
Uncommitted Resource			£372,000		
Total Resource			£3,247,000		

**The recurring cost shown in the table above represents the costs and income for a full financial year. The timing will be determined by the closure timetable for Ravenscraig.

7.2 It should be noted that the balance of unallocated resource, currently shown at £372,000 is dependent on the outcome of the final cost of both the commissioned places and the continuing care bed provision. The final balance of this resource will be subject to further discussion with NHS GG&C and will ultimately be invested in community infrastructure. Community Service specification is currently being drafted by officers of Inverclyde CHCP in involvement with service users and carers' organisations.

7.3 In addition to resource transfer funding for the Council commissioned places, there will also be an element of client contribution and benefit income of between £3,000 and £9,000 per client, dependent on appropriate financial assessment.

7.4 Transitional funding is required for a period before the expected closure of Ravenscraig Hospital date to allow the CHCP to progress commissioning arrangements and have a suitable service in place. This will enable Inverclyde CHCP to bring services into management prior to closure of the hospital. The period of time that transitional funding will be required will be informed by the commissioning timetable.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this report	Virement From	Comments
Residential	OPS/Adults	2013/14	Nil	N/A	Transitional Funding will be drawn on as required.
		2014/15	£322,000	N/A	
		2015/16	£139,000	N/A	

7.5 The timetable for the Resource Transfer from the NHS GGC Health Board to Inverclyde Council is on the closure of Ravenscraig Hospital which is scheduled for October 2015 but this is under review dependent on the confirmation of the hospital closure options.

7.6 Legal:

Legal have been consulted.

7.7 Human Resources:

The CHCP NHS staff working on the wards in Ravenscraig Hospital will transfer with the patients to the new facility when it is built. The community services will provide 6 new jobs to support individuals in their new homes.

The dementia facility will provide an opportunity for the provider to recruit up to 10 posts to cover the requirements of this specialist facility.

7.8 Equalities:

This facility will improve the physical environment for very vulnerable people that are currently being cared for in buildings no longer fit for purpose.

7.9 Repopulation:

None directly, but new facilities and jobs may attract people to the area.

8.0 CONSULTATION

8.1
- ACUMEN mental health services users group act as the reference group for this scheme.
- Families of the patients in Ravenscraig have been regularly updated on progress.
- The patients affected have been fully involved in options.

9.0 LIST OF BACKGROUND PAPERS

9.1 Previous Council reports have been submitted 4th October 2012 and 24th October 2013, and 27th February 2014. The NHSGG&C Quality & Performance reports have updated the Board on progress; the last report was on 16th September 2014.

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
Head of Finance		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 Donald Lyons		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**