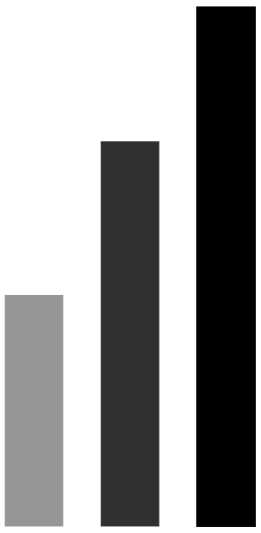
Inverclyde council

Agenda 2015

Inverclyde Community Health & Care Partnership Sub-Committee

For meeting on:

8	January	2015



Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 18 December 2014

A meeting of the Inverclyde Community Health & Care Partnership Sub-Committee will be held on Thursday 8 January 2015 at 3 pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

**** Copy to follow**

1.	**Apologies, Substitutions and Declarations of Interest**	
PERFORMANCE MANAGEMENT		
2.	**Community Health & Care Partnership - Financial Report 2014/15 as at Period 7 to 31 October 2014** Report by Corporate Director Inverclyde Community Health & Care Partnership	
3.	**Child Protection Committee Annual Report** Report by Corporate Director Inverclyde Community Health & Care Partnership	
4.	**Update in Relation to Joint Inspection of Children's Services by the Care Inspectorate** Report by Corporate Director Inverclyde Community Health & Care Partnership	
5.	**Learning from Inspection Annual Report 2013-2014** Report by Corporate Director Inverclyde Community Health & Care Partnership	
NEW BUSINESS		
6.	**The Inverclyde Pilot: A Shared Approach to Shaping Demand and Design for Hospital Services** Report by Corporate Director Inverclyde Community Health & Care Partnership NB There will also be a presentation on this item	
7.	**Speak Out Campaign** Report by Corporate Director Inverclyde Community Health & Care Partnership	

8.	**HMP Inverclyde** Report by Corporate Director Inverclyde Community Health & Care Partnership	
9. **	**Report on Social Work Complaints Review Committee of 20 November 2014** Report by Complaints Review Committee	
10. **	**Report on Social Work Complaints Review Committee of 27 November 2014** Report by Complaints Review Committee	
The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite each item.		
PERFORMANCE MANAGEMENT		
11.	**Governance of CHCP Commissioned External Organisations** **Para 6** Report by Corporate Director Inverclyde Community Health & Care Partnership providing information and progress relating to the CHCP governance process for externally commissioned services.	
NEW BUSINESS		
12.	**CHCP Property Asset Management** **Paras 8 & 9** Report by Corporate Director Inverclyde Community Health & Care Partnership on the current status of the CHCP Property Asset Management Strategy	

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: 8 January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/06/2015/LB**
Contact Officer:	**Lesley Bairden**	**Contact No: 01475 712257**
Subject:	**Community Health & Care Partnership – Financial Report 2014/15 as at Period 7 to 31 October 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 7 to 31 October 2014.

2.0 SUMMARY

REVENUE PROJECTION 2014/15

2.1 The total Health and Community Care Partnership revenue budget for 2014/15 is £120,087,000 and is projected to budget, the underlying position of both Council and Health is discussed at 2.2 and 2.5 below. This is a reduction in projected spend of £47,000 since last reported to the Sub-Committee as at period 5.

2.2 The Social Work revised budget is £49,081,000 and is projected to overspend by £274,000 (0.56%), an increase of £105,000 due to continued pressures within Older People Services. It should however be noted that this cost will be offset by a non-recurring contribution from NHS.

2.3 This position is net of Residential Childcare, Fostering and Adoption as any under / over spend is managed through the approved earmarked reserve. At period 7, it is projected that there will be a transfer of £351,000 to the reserve at 31 March 2015; however this will be subject to the CHCP containing any further Older Peoples cost pressures within budget.

2.4 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 £74,000 from early implementation.

2.5 The Health revenue budget is £71,016,000 and is projected to underspend by £117,000 remaining due to vacant posts. Flexibility within in-year non-recurring budgets allows contribution of funding to deliver on joint commissioning priorities i.e. the current pressures within residential, nursing and homecare on Council Services. The revenue underspend has partly funded the £274,000 contribution, with the balance of £157,000 met from deferred income.

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

2.7 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 £63,000 (0.8%) overspent on the year to date.

CAPITAL 2014/15

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

2.9 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.

2.10 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.

2.11 The Health capital budget is £138,000 which will fund Fire Alarm and roofing works. In addition to the capital allocation a further £65,000 works will be funded from within revenue maintenance budgets.

EARMARKED RESERVES 2014/15

2.12 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,620,000 projected to be spent in the current financial year. To date £1,197,000 spend has been incurred which is 46% of the projected 2014/15 spend. The spend to date per profiling was expected to be £987,000 therefore projects advanced equate to £210,000 (21%), relating to numerous projects within the Change Fund and Independent Living reserves.

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.

2.13 A new earmarked reserve has been created for specific Delayed Discharge funding, comprising a three way funded project with an £88,000 contribution from each partner within the CHCP and a further £88,000 from the Scottish Government. This will fund a pilot homecare project that will provide a 24 hour service to enhance current delayed discharge performance.

3.0 RECOMMENDATIONS

3.1 The Sub-Committee note the current year revenue budget to target an underlying net £157,000 projected overspend for 2014/15 as at 31 October 2014.

3.2 The Sub-Committee note the non-recurring contribution from the NHS element of the partnership to meet pressures from joint commissioning arrangements.

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 and the creation of a new Delayed Discharge reserve.

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 budget projection (£nil variance, with £157,000 net overspend if non-recurring contribution was excluded) 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: £NIL PROJECTED VARIANCE

5.1 SOCIAL WORK £NIL PROJECTED VARIANCE

The projected overspend of £274,000 (0.56%) 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 £105,000; however this has been offset by a non-recurring contribution from NHS towards Older People cost pressures. The material projected variances and reasons for the movement since last reported are identified, per service, below:

a. **Strategy: Projected £45,000 (2.16%) underspend**

The underspend relates to continued turnover, a further £24,000 since period 5.

b. **Older Persons: Projected £360,000 (1.69%) overspend**

The projected overspend reflects continued increasing costs in Homecare which is projected to overspend by £313,000. There is a projected overspend of £334,000 within Residential and Nursing purchased places, per the current number of clients receiving care. This is an increase in costs of £144,000 mainly within residential and nursing, however these costs are offset in part by the £274,000 contribution towards Older People cost pressures from the NHS.

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

c. **Learning Disabilities: Projected £103,000 (1.63%) 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 £38,000 is due to filling vacancy posts and a reduction in projected income from Other Local Authorities.

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 £123,000 (9.59%) underspend**

The projected underspend remains primarily due to turnover of £88,000, of which £32,000 relates to early achievement of a saving. The reduction in projected costs of £51,000 is due to further turnover of £20,000 and a reduction in client costs of £37,000.

e. **Children & Families: Projected £173,000 (1.70%) underspend**

The main reason for the underspend remains turnover of £100,000 and a projected underspend of £21,000 relating to the Children's Panel. This is a further underspend of £46,000 since last reported of which £18,000 is increased income and £32,000 relates to a reduction in in the expected costs of a funded project.

There is a significant projected underspend within residential childcare, adoption and fostering of £351,000, 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 any further unfunded cost pressures with Older People 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 £32,000 (1.42%) overspend**

The overspend remains due to client package costs, however it is a reduction of £39,000 based on latest Housing Support costs.

g. **Addictions / Substance Misuse: Projected £86,000 (7.61%) underspend**

The projected underspend remains due to £31,000 employee cost vacancy savings along with a £41,000 projected underspend in client package costs, in line with 2013/14. This is an increase in projected costs of £27,000 from recruitment and an increase in client package costs.

h. **Support & Management: Projected £49,000 (2.13%) underspend**

The underspend relates to turnover, a further £25,000 since period 5.

i. **Assessment & Care Management: Projected £84,000 (5.19%) underspend**

The projected underspend remains due to turnover from vacancies. This is a further projected underspend of £20,000.

j. **Homelessness: Projected £65,000 (8.80%) overspend**

The projected overspend reflects the reduction in costs and income from scatter flats and the Inverclyde Centre. Previous income projections had allowed for an increase in usage / occupancy however this downward trend appears to be crystallising.

5.2 HEALTH £NIL PROJECTED VARIANCE

The Health budget is £71,016,000 with the current projected underspend of £117,000 remaining due to vacant posts. This underspend will fund part of the NHS contribution to Older People cost pressures in Council, recognising the cross system approach within the CHCP for joint commissioning and is reflected within Resource Transfer. A further £157,000 will be met from deferred income. The significant projected variances, along with reasons for the movement from period 5, per service, are identified below.

a. **Children & Families: Projected £92,000 (3.02%) 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 £6,000.

b. **Health & Community Care: Projected £70,000 (1.97%) underspend**

The projected underspend remains due to vacant posts mainly within nursing, and in particular treatment rooms, a further underspend of £1,000.

c. **Management & Administration: £24,000 (1.06%) underspend**

The projected underspend reflects continued pressures within portering, in line with prior year spend, offset by additional funding and realignment of budget savings.

d. **Learning Disabilities: Projected £53,000 (9.25%) underspend**

The projected underspend remains 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, a further underspend of £3,000.

e. **Addictions: Projected £14,000 (0.73%) underspend**

Within addiction, turnover has decreased, hence the increased staff costs of £31,000 since last reported.

f. **Mental Health Communities: Projected £43,000 (1.92%) underspend**

This remains 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 projected cost increase of £55,000 mainly on staffing, reflecting increased agency and bank costs as well as a locum consultant.

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 £63,000 (0.8%) overspent on the year to date.

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	207	(12)
CHCP – Health	113	84	(29)
CHCP – Council	823	827	4
Community Capacity - Health	11	11	0
Community Capacity - Council	356	364	8
Grand Total	**1,522**	**1,493**	**(29)**
Projected Over Commitment / (Slippage) at 31 October 2014			**(29)**

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. Final costs are expected to be £112,000.
- £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 has spend agreed 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 and associated funding models, with an update elsewhere on the agenda.

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,620,000 projected to be spent in the current financial year. To date £1,197,000 spend has been incurred which is 46% of the projected 2014/15 spend. The spend to date per profiling was expected to be £987,000 therefore projects advanced equate to £210,000 (21%), relating to numerous projects within the Change Fund and Independent Living reserves.

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.

8.2 A new earmarked reserve has been created for specific Delayed Discharge funding, comprising a three way funded project with an £88,000 contribution from each partner within the CHCP and a further £88,000 from the Scottish Government. This will fund a pilot homecare project that will provide a 24 hour service to enhance current delayed discharge performance.

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 and the Council's Chief Financial Officer 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 7: 1 April 2014 - 31 October 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	47,652	46,665	(987)	(2.07%)
Property Costs	2,971	3,376	3,288	(88)	(2.61%)
Supplies & Services	59,463	59,583	60,471	888	1.49%
Prescribing	15,912	16,203	16,203	0	0.00%
Resource Transfer (Health)	9,041	9,041	9,158	117	1.29%
Income	(14,940)	(15,680)	(15,610)	70	(0.45%)
Contribution to Reserves	0	(88)	(88)	0	0.00%
	119,150	**120,087**	**120,087**	**0**	**0.00%**

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	3,021	2,974	(47)	(1.56%)
Older Persons	20,971	21,269	21,629	360	1.69%
Learning Disabilities	6,804	6,880	6,930	50	0.73%
Mental Health - Communities	3,793	3,527	3,361	(166)	(4.71%)
Mental Health - Inpatient Services	9,228	9,190	9,187	(3)	(0.03%)
Children & Families	12,948	13,224	13,143	(81)	(0.61%)
Physical & Sensory	2,272	2,253	2,285	32	1.42%
Addiction / Substance Misuse	3,111	3,058	2,958	(100)	(3.27%)
Assessment & Care Management / Health & Community	5,268	5,176	5,022	(154)	(2.98%)
Support / Management / Admin	4,170	4,563	4,490	(73)	(1.60%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	743	739	804	65	8.80%
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	9,158	117	1.29%
Change Fund	1,028	1,150	1,150	0	0.00%
Contribution to Reserves	0	(88)	(88)	0	0.00%
CHCP NET EXPENDITURE	**119,150**	**120,087**	**120,087**	**0**	**0.00%**

** 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	71,016	71,016	0	0.00%
Council	49,062	49,071	49,071	0	0.00%
CHCP NET EXPENDITURE	**119,150**	**120,087**	**120,087**	**0**	**0.00%**

( ) denotes an underspend per Council reporting conventions
** £2.3 million externally funded

APPENDIX 2

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 7: 1 April 2014 - 31 October 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					
8	25,250	Employee Costs	25,976	26,046	25,194	(852)	(3.27%)
	1,431	Property costs	1,453	1,447	1,358	(89)	(6.15%)
	919	Supplies and Services	808	812	935	123	15.15%
	482	Transport and Plant	366	381	465	84	22.05%
	1,021	Administration Costs	879	886	960	74	8.35%
8	32,751	Payments to Other Bodies	33,457	33,562	34,152	590	1.76%
	(13,922)	Income	(13,877)	(13,975)	(13,905)	70	(0.50%)
9		Contribution to Earmarked Reserves		(88)	(88)	0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,071**	**49,071**	**0**	**0.00%**

	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	2,080	2,035	(45)	(2.16%)
	21,541	Older Persons	20,971	21,269	21,629	360	1.69%
	6,159	Learning Disabilities	6,251	6,307	6,410	103	1.63%
	1,308	Mental Health	1,382	1,282	1,159	(123)	(9.59%)
3	9,070	Children & Families	10,228	10,181	10,008	(173)	(1.70%)
	2,465	Physical & Sensory	2,272	2,253	2,285	32	1.42%
	1,033	Addiction / Substance Misuse	1,193	1,130	1,044	(86)	(7.61%)
	2,128	Support / Management	2,220	2,298	2,249	(49)	(2.13%)
	1,576	Assessment & Care Management	1,690	1,620	1,536	(84)	(5.19%)
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	804	65	8.80%
		Contribution to Earmarked Reserves		(88)	(88)	0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,071**	**49,071**	**0**	**0.00%**

( ) denotes an underspend per Council reporting conventions

1 £1.9m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.
2 Change Fund Expenditure of £1.2 million fully funded from income.
3 Children & Families outturn includes £351k 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 etc	119
	Budget transfer to Delayed Discharge Earmarked Reserve	(80)
	Budget transfer to Client Finance Team	(22)
	Revised Budget 2014/15	49,079

6 There are curently 18 clients receiving Self Directed Support care packages.
7 The underlying £274k projected overspend at period 7 has been offset by non recurring funding contributions.
8 Within Older Peoples Services £375k of vacancies have been offset by purchased Homecare costs.
9 Council contribution to Delayed Discharge earmarked reserve

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION

PERIOD 7: 1 April 2014 - 31 October 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	21,606	21,471	(135)	(0.62%)
	1,083	Property	1,518	1,929	1,930	1	0.05%
	4,320	Supplies & Services	2,914	3,061	3,078	17	0.56%
	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%
3	8,863	Resource Transfer	9,041	9,041	9,158	117	1.29%
	(1,246)	Income	(1,063)	(1,705)	(1,705)	0	0.00%
	71,094	**HEALTH NET EXPENDITURE**	**70,088**	**71,016**	**71,016**	**0**	**0.00%**

	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	3,043	3,135	92	3.02%
	3,755	Health & Community Care	3,578	3,556	3,486	(70)	(1.97%)
	2,040	Management & Admin	1,950	2,265	2,241	(24)	(1.06%)
	540	Learning Disabilities	553	573	520	(53)	(9.25%)
	1,900	Addictions	1,918	1,928	1,914	(14)	(0.73%)
	2,283	Mental Health - Communities	2,411	2,245	2,202	(43)	(1.92%)
	9,516	Mental Health - Inpatient Services	9,228	9,190	9,187	(3)	(0.03%)
	1,070	Planning & Health Improvement	710	941	939	(2)	(0.21%)
1	1,228	Change Fund	1,028	1,150	1,150	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	9,158	117	1.29%
	71,094	**HEALTH NET EXPENDITURE**	**70,088**	**71,016**	**71,016**	**0**	**0.00%**

( ) denotes an underspend per Council reporting conventions

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	(37)
		1,150

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 and Skills Mix Funding	427
	Revised Budget 2014/15	71,016

3 Contribution to Older Peoples pressures

APPENDIX 4

REVENUE BUDGET YEAR TO DATE

PERIOD 7: 1 April 2014 - 31 October 2014

	SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
	SOCIAL WORK				
	Employee Costs	14,568	14,315	(253)	(1.74%)
1	Property costs	921	669	(252)	(27.36%)
	Supplies and Services	461	560	99	21.48%
	Transport and Plant	222	264	42	18.92%
	Administration Costs	509	344	(165)	(32.42%)
1	Payments to Other Bodies	19,592	18,033	(1,559)	(7.96%)
	Income	(8,121)	(7,735)	386	(4.75%)
	SOCIAL WORK NET EXPENDITURE	**28,152**	**26,450**	**(1,702)**	**(6.05%)**

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	12,477	12,352	(125)	(1.00%)
Property Costs	890	844	(46)	(5.17%)
Supplies	1,103	1,206	103	9.34%
Family Health Services (net)	12,010	12,010	0	0.00%
Prescribing (net)	9,561	9,561	0	0.00%
Resource Transfer	5,274	5,274	0	0.00%
Income	(1,225)	(1,225)	0	0.00%
HEALTH NET EXPENDITURE	**40,090**	**40,022**	**(68)**	**(0.17%)**

( ) denotes an underspend per Council reporting conventions

1 Timing differences between profiled budget and actual spend.

APPENDIX 5

INVERCLYDE CHCP - CAPITAL BUDGET 2014/15

Period 7: 1 April 2014 to 31 October 2014

Project Name	Est Total Cost	Actual to 31/3/14	Approved Budget 2014/15	Revised Est 2014/15	Actual to 31/10/14	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, with final costs expected at £112k so the £3k underspend will be returned to the Council's capital programme.
SWIFT Financials	27	27	0	0	0	0	0	0	03/09/12		31/08/14	Budget allocated for development of SWIFT financial module. No further spend 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)												
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
CHCP SUB COMMITTEE

APPENDIX 6

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 7 2014/15 £000	Actual To Period 7 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	143	123	237	170	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	580	697	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	130	266	373	30	The planned spend of £373k, includes 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. The reserve now includes an additional £200k from NHS as a contribution to Older Peoples demographic pressures.
Information Governance Policy Officer	Helen Watson	57	32	23	41	16	The spend relates to the Council's Information Governance Officer.
Joint Equipment Store	Beth Culshaw	50	12	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. The majority of the funds will be used to replace hoists.
Support for Young Carers	Sharon McAlees	65	37	6	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 7 2014/15 £000	Actual To Period 7 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	9	375	100	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 £100k 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	22	38	38	0	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. This project is complete.
Stress Management Services	Helen Watson	10	6	10	10	0	Funding has been received from the Health Board for a contract with Inverclyde Physiotherapy to provide stress management services. This project is complete.
Welfare Reform - CHCP	Andrina Hunter	50	24	24	50	0	This reserve is to fund expenditure on Welfare Reform within the CHCP.
Delayed Discharge	Beth Culshaw	264	0	0	88	176	New funding agreed from Scottish Govt, NHS and Council - will fund 24 hour homecare pilot to improve delayed discharge performance.
Total		**3,005**	**987**	**1,197**	**2,620**	**385**	

APPENDIX 7

CHCP - HEALTH & SOCIAL CARE

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1. Assessment & Care Management Employee Costs		(15)
1. Older Peoples Services Employee Costs		(7)
1. Finance Services	22	
2. Vehicle Maintenance		(3)
2. Transport Services	3	
	25	**(25)**

Notes

1. Budget realignment to reflect revised structure within Social Work Client Finance team.
2. Realignment of vehicle maintenance recharge budget.

APPENDIX 8

EMPLOYEE COST VARIANCES

PERIOD 7: 1 April 2014 - 31 October 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	(41)	(41)
2	Older Persons	0	(375)	(375)
3	Learning Disabilities	(12)	(20)	(32)
4	Mental Health	(32)	(56)	(88)
5	Children & Families	0	(99)	(99)
6	Physical & Sensory	0	(37)	(37)
7	Addiction / Substance Misuse	0	(31)	(31)
8	Support / Management	0	(64)	(64)
9	Assessment & Care Management	0	(86)	(86)
10	Criminal Justice / Scottish Prison Service	0	(7)	(7)
11	Homelessness	0	(11)	(11)
	SOCIAL WORK EMPLOYEE UNDERSPEND	**(44)**	**(827)**	**(871)**
	HEALTH			
12	Children & Families		36	36
13	Health & Community Care		(101)	(101)
14	Management & Admin		(33)	(33)
15	Learning Disabilities		(57)	(57)
16	Addictions		(41)	(41)
17	Mental Health - Communities		(7)	(7)
18	Mental Health - Inpatient Services		9	9
19	Planning & Health Improvement		(19)	(19)
	HEALTH EMPLOYEE UNDERSPEND		**(213)**	**(213)**
	TOTAL EMPLOYEE UNDERSPEND	**(44)**	**(1,040)**	**(1,084)**

1 2 vacancies which are in the process of being filled
2 34 vacancies along with maternity leave savings - NB offset by external costs, due to recruitment issues
3 Early achievement of saving on 1 post. 5 vacancies which are in the process of being filled
4 Early achievement of saving on 1 post. 3 vacancies which are in the process of being filled
5 8 vacancies along with maternity leave savings
6 5 vacancies which are in the process of being filled
7 3 vacancies which are in the process of being filled
8 5 vacancies which are in the process of being filled
9 7 vacancies which are in the process of being filled
10 Underspend arising from turnover
11 Underspend arising from turnover
12 Ongong impacts of RAM and supernumary employee
13 Nursing turnover and agency refunds
14 Portering pressure, offset by budge transfers from savings realignment
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

AGENDA ITEM NO: 3

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**8th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/01/2015/SMc**
Contact Officer:	**Sharon McAlees Head of Service Children and Criminal Justice**	**Contact No:**	**01475 715365**
Subject:	**Child Protection Committee Annual Report**		

1.0 PURPOSE

1.1 To update members on the work of Inverclyde Child Protection Committee for the year 2013-14 and the priority areas of focus for 2014/16.

2.0 SUMMARY

2.1 The attached report describes how Inverclyde Child Protection Committee fulfilled its functions of continuous improvement, strategic planning, public information and communication during 2013-2014.

2.2 The report demonstrates that Inverclyde Child Protection Committee has delivered its core functions and progressed with key priority areas during 2013/14. This has been achieved through the work carried out by the CPC itself, various subgroups and short life working groups and the actions of individual members and the agencies they represent.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the contents of the report and acknowledge that Inverclyde Child Protection Committee has continued to pursue its functions to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to strive for excellence in the protection of children.

3.2 Members are asked to endorse the improvement plan priorities for Inverclyde Child Protection Committee for 2014/16

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 At 31 July 2013, there were 2,681 children on the child protection register in Scotland. On this date there were 27 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-16 was 2.9. The Inverclyde rate for the same date was 2.0. This is similar to our comparator authorities of West Dunbartonshire (2.2) and North Lanarkshire (1.5) but lower than East Ayrshire (2.8) and North Ayrshire (3.8) who are also comparator authorities.

4.2 An annual report has been produced as a public record of the work of Inverclyde Child Protection Committee.

4.3 Some of the individual pieces of work highlighted in the annual report for 2013/14 are:-

- Speak Out Public Information Campaign
- Using the Citizen's Panel to seeking the views of the public
- Annual Review of Child Protection Management Information from across partner agencies
- Audit of Attendance and Submission of Reports to Child Protection Meetings
- Guidance on Child Sexual Exploitation
- Audit of the Implementation of the National Guidance for Child Protection in Scotland
- Annual Child Protection Conference – Promoting Attachment in a Nurturing Inverclyde
- The work of the Child Protection Practitioner's Forum
- Review of Self Evaluation and Performance Management Arrangements

5.0 PROPOSALS

5.1 Inverclyde Child Protection Committee aims to continue to fulfil its core functions in 2014/15 and beyond through the work carried out by the CPC, subgroups and short life working groups and the actions of individual members and the agencies they represent

5.2 Priority areas of focus for 2014-2016 have been identified as:_

- Improving outcomes for children affected by Parental Substance Misuse
- Improving outcomes for children affected by Domestic Abuse
- Improving outcomes for children affected by Parental Mental Health Problems
- Further development of multi-agency self-evaluation of child protection activity alongside wider self-evaluation of services for children
- Review of processes for listening to the voice of the child in child protection

Child Sexual Abuse and Exploitation have been added as an additional area of focus has been added since the publication of the Annual Report and Improvement Plan

5.3 Inverclyde Child Protection Committee will implement, monitor and review work to achieve the improvements in the priority focus areas above.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications arising from this report.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 N/A.

Human Resources

6.3 N/A

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 N/A

7.0 CONSULTATIONS

7.1 Findings from the 2013 Citizen's Panel informed decisions regarding the focus of public awareness work.

8.0 CONCLUSIONS

8.1 N/A

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde Child Protection Committee Annual Report 2013/14 & Improvement Plan 2014/16.

Inverclyde Child Protection Committee

ANNUAL REPORT 2013/14
&
IMPROVEMENT PLAN 2014/16

Sharing Responsibility – Protecting Children

Sharing Responsibility - Protecting Children

Report available to download from
www.invercydechildprotection.org

A summary version of the report is also available

CONTENT

1.0 PREFACE

I am very pleased to present the 2013 -2014 annual report and business plan for Inverclyde child protection committee.

Child Protection Committees across Scotland produce an Annual Report and set out their Business priorities for the coming year. The following report describes how our Committee fulfilled its function and tasks during 2013-2014 as set out in guidance issued to Child Protection Committees. The Business plan has been fully implemented and key areas are being progressed by the work carried out by the CPC and various subgroups, which are detailed throughout the report.

As a partnership, we recognise the improving outcomes for our most vulnerable children are dependent on collaborative working across the partnerships. As a result we have worked closely this year with other partnerships to further strengthen our collaborative links. We believe across some strategic groups we have made good progress but we are not complacent in this regard. Securing better outcomes for our vulnerable children will not be without its challenges, with the raise in the vulnerable child population and midst a backdrop of the recent recession; staffs across agencies are being pressed to find more ways of doing things differently. We recognise that change and progression can spawn opportunities for innovation.

Inverclyde's CPC fully embrace the principles underpinning GIRFEC recognising the importance of this agenda in protection our most vulnerable children. The partnership and its constituent members embrace the principles and will continue to contribute to the development of a change in culture, systems and practice as we go forward. I would like to thank the committee members and the dedication of the constituent subgroups of the CPC for their continued commitment to ensuring that our vision for children across Inverclyde is realised.

Sharon McAlees

Chair of Inverclyde Child Protection Committee

2.0 Context

Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The 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.

A strong sense of community identity exists within Inverclyde and to local neighbourhoods in particular. Local citizens are rightly proud of their area, and its history which is steeped in centuries of maritime and industrial endeavour.

The authority has a population of approximately 80,310, of whom 15% are children under 15 years and a further 6% are young people aged 15-19 years[1].

Statistics from the Scottish Index of Multiple Deprivation (SIMD) tell us that Inverclyde has particular problems in regard to deprivation and poverty.

- In SIMD 2012, 14 (12.7%) of Inverclyde's 110 datazones were found in the 5% most deprived datazones in Scotland, compared to 17 (15.5%) in 2009.
- In SIMD 2012, 44 (40%) of Inverclyde's 110 datazones were found in the 15% most deprived datazones in Scotland, compared to 42 (38.2%) in 2009.

In our most deprived and disadvantaged areas, people face multiple problems, such as high levels of worklessness, ill health, fear of crime, poor educational achievement, low aspirations, low levels of confidence, low income, poor housing and environment. The resulting poverty and deprivation limits opportunities and choice.

'Getting it right for every Child, Citizen and Community' is the Community Planning Partnership vision for Inverclyde. To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes. One of which is 'A nurturing Inverclyde gives all our children and young people the best possible start in life'

[1] ONS Midyear Population Estimates 2013

Partners in Inverclyde Child Protection Committee recognise that parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. The development of children's brains in the early years is crucial to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included throughout their lives. Attachment is a core part of this development and work currently underway in Inverclyde is looking to develop parenting skills to ensure the next generations living in this area are happy, supported and safe.

There is evidence that exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children who live with such stresses and those being brought up in less stressful households. These children face many risks and improving early years support is key to improving child protection.

Partnership approaches are being developed around supporting children in their early years, and helping to build resilience in vulnerable children and young people, to try to break the cycle of deprivation in particular areas.

The work of Inverclyde Child Protection Committee is set within this context while not losing sight of the need for targeted services to respond to the needs of children who are identified as being at risk of, or have experienced significant harm. Chief Officers and senior managers continue to have a 'clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe'[2].

Child Protection Committees are locally-based, interagency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Within Inverclyde the Child Protection Committee (CPC) reports to the Inverclyde Public Protection Chief Officer Group who are represented on the Community Planning Partnership. Membership of both Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer Group is given in Appendices 1 and 2.

[2] National Guidance for Child Protection in Scotland 2014

3.0 Child Protection Statistics

Scottish Government publish annual children's social work statistics covering the period 1st August to 31st July (drawn from data provided by individual local authorities). The most recent report available covers the period August 2012 to July 2013[3]. This data forms the basis of this section of the child protection committee annual report.

This Scottish Government report highlighted that over the last decade the number of children on the child protection register in Scotland fluctuated but overall increased by 31 per cent between 2001 and 2013 (from 2,050 in 2000 to 2,681 in 2013). The number of children registered appears to have plateaued between 2012 and 2013.

At 31 July 2013, there were 2,681 children on the child protection register in Scotland. On this date there were 27 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-16 was 2.9. The Inverclyde rate for the same date was 2.0. This is similar to our comparator authorities of West Dunbartonshire (2.2) and North Lanarkshire (1.5) but lower than East Ayrshire (2.8) and North Ayrshire (3.8) who are also comparator authorities.

National statistics show that over the last 13 years there has been an increase in the proportion of younger children on the child protection register. On 31st July 2013 more than half of children on the child protection register in Scotland (55%) were aged under five. This mirrors the local picture where between Jan 13'– Dec 2013, 68% of children placed on the child protection were aged 5 years and under.

In line with Scottish Government CP statistics there are no apparent strong gender pattern of children on Inverclyde's child protection register.

[3] Children's Social Work Statistics Scotland, 2012-13 (Published March 2014)

Since 2012 multiple concerns can be recorded at each case conference (rather than just the main category of abuse), meaning that the total number of concerns is larger than the total number of registrations. The table below outlines the concerns identified for children registered as a result of a case conference held between August 2012 and July 2013.

Areas of Concern	Children Inverclyde (number and % of all children registered 12-13)	Scotland (% of children on register at 31st July 2013)
Domestic abuse	72 (44%)	888 (33%)
Parental alcohol misuse	47 (29%)	531 (20%)
Parental drug misuse	33 (20%)	667 (25%)
Non-engaging family	29 (18%)	548 (20%)
Parental mental health problems	36 (22%)	600 (22%)
Children placing themselves at risk	4 (2%)	56 (2%)
Sexual abuse	6 (4%)	208 (8%)
Child exploitation	0	13 (0.5%)
Physical abuse	29 (18%)	537 (20%)
Emotional abuse	70 (43%)	1,027 (38%)
Neglect	45 (28%)	1,029 (38%)
Other concerns (NB: parental offending behaviour, history of poor parenting)	38 (23%)	289 (11%)
Average number of Areas of concern per child	2.5	2.75

The most common concerns recorded in Inverclyde were domestic abuse and emotional abuse at over 40% of registrations, followed by parental alcohol misuse, neglect, parental mental health problems and parental drug misuse all with 20-30% of registrations. Parental substance misuse (including alcohol and drug misuse), domestic abuse and parental mental health problems are all priority areas within

Inverclyde Child Protection Committee Improvement Plan. Emotional abuse is commonly found alongside and related to other areas of concern such as domestic abuse.

Within Inverclyde there were 69 children subject to case conferences (initial, pre-birth and transfer in) between August 2012 and July 2013 which resulted in 47 children being placed on the child protection register. Within Inverclyde therefore 68% of children who attended a case conference were placed on the child protection register. This compares to a figure of 76% nationally.

The main abuser (as recorded at case conference) was the parent[4] in 83% of cases in Inverclyde. This is comparable to the national figure of 80%.

Of the 54 children in Inverclyde who were removed from the child protection register between August 2012 and July 2013 the reason for deregistration was recorded as reduced risk / improved home situation in 80% of cases. In the remaining 20% of cases the child was deregistered as they were with other carers.

Future Inspections

In September 2011, Scottish Ministers asked the Care Inspectorate to take the lead in developing Joint Inspection of Services for Children, based on a set of requirements:

· A design based on Getting it Right for Every Child;

· A strong user focus; and

· A coordinated approach, which demonstrates duty of cooperation within the Public Services Reform (Scotland) Act 2010.

In response, the Care Inspectorate has developed a coordinated approach to future scrutiny. The purposed new model will therefore encompass a wide range of services working directly with children and their families and include universal provision, as well as the more targeted and specialist services. It will take a multi-agency and strategic approach and in doing so will not evaluate the effectiveness of individual services but focus on the effectiveness of integrated working to improve outcomes for children.

[4] Including natural parents and step parents but not parent's co-habitee

4.0 Fulfilling Functions

The functions of the child protection committee are continuous improvement, strategic planning, public information and communication[5]. These are fulfilled through the work of a number of sub groups and short life working groups along with the actions of individual members and the agencies they represent. Appendix 3 illustrates the subgroup and governance structure of Inverclyde Child Protection Committee.

4.1 Public Information and Communication

The child protection committee is responsible for ensuring there is accessible public information to raise awareness of child protection and what action should be taken if an individual has concerns about a child. This not only relates to the public but also to staff within and across agencies who need to be clear about their roles and responsibilities when they have concerns that a child or young person is at risk of harm.

The child protection committee also have a role to play in ensuring children, young people and their families are involved in discussions and decision making within the child protection system.

This year we have

- Undertaken an evaluation of the public awareness 'Speak Out' campaign that was delivered in March 2013
- Delivered a repeat of the public awareness Speak Out campaign in March 2014 with additional elements including the use of infomercials on local radio.
- Maintained our website for the general public and professionals achieving an average of just under 5,000 visits per month during 2013-14.
- Linked our local website to the national website for public awareness about child protection and related issues http://withscotland.org/public and contributed to the development of this national website
- Gathered the views of the general public regarding child protection through our summer 2013 citizen's panel and reported on the findings
- Updated our information for families involved in the child protection system.
- Continued to facilitate the use of 'Viewpoint', a computer based tool to gather and present the views of children and young people, for those attending Child Protection Conferences.
- Contributed to the ongoing development of a children and young people's participation strategy for Inverclyde

[5] National Guidance for Child Protection in Scotland 2014

Speak Out Campaign

The campaign took place during the month of March 2014.

The marketing approach taken was a 'blanket' advertising campaign, with a combination of print, online, outdoor and radio advertising to ensure the messages reached as wide an audience as possible.

The campaign attracted national as well as local media interest with BBC Scotland recording a piece for radio and TV news. The campaign was also featured on the public messages page of the 'With Scotland' website.

During the campaign Inverclyde Council sent out 37 tweets with messages in relation to the campaign using #speakout. Each tweet reached at least 4,742 followers of Inverclyde Council. In total there were 65 re-tweets with the announcement of the launch reaching over 20,000 followers.

Citizen's Panel

Child protection questions were included in the summer 2013 Citizen's Panel.

The findings indicate positive progress in all issues covered by the survey including-; reporting concerns; issues that would prevent individuals reporting concerns; confidence that necessary action will be taken if they were to contact an agency with a concern; and important factors in protecting children from abuse and neglect.

Key Findings

The proportion of people who were either very confident or fairly confident that the necessary action would be taken if they were to contact an agency with a concern about child abuse or neglect rose from 68% in 2011 to 79% in the 2013 survey

The role for friends, neighbours, carers and passers-by in reporting concerns was seen as very important by 79% of respondents, an increase from 33% in 2011. This is a very encouraging finding which suggests the message that members of the public have an important role in child protection is being promoted successfully.

Priorities for next year will be

- Plan develop and deliver a public awareness campaign aimed at young people
- Review and refresh child protection public awareness core publications
- Review and refresh the child protection committee website
- Undertake an online survey to gather the views of staff and the general public on current and future communication activity
- Review the 'Viewpoint' tool

4.2 Continuous Improvement

Continuous improvement and the promotion of good practice are achieved through the linked functions of self-evaluation, development and review of policies, procedures, protocols and guidance, and facilitating learning and development of staff.

4.2.1 Self-Evaluation

The child protection committee recognises that self-evaluation is central to continuous improvement of services which in turn helps improve outcomes for children. Self-evaluation encompasses a range of activities including reflective practice and supervision, review and analysis of management information, case file audits and closer focus exercises to evaluate specific aspects of practice or service delivery.

This year we have

- Continued to review and report on child protection related management information from all agencies on a quarterly basis
- Produced an annual management information report identifying key findings and recommendations for further action
- Undertaken and reported on a review of the number of Child Protection Registrations 2012/13
- Undertaken and reported on a snapshot audit of attendance and submission of reports to child protection meetings (September 2013)
- Undertaken and reported on multiagency case reviews on all cases where a child or young person has been on the register for more than 52 weeks or has been re-registered within 1 year of being deregistered (total of 3 cases)
- Planned and initiated a multiagency case evaluation specifically examining issues of neglect
- Produced a final report on the delivery of recommendations identified in the Inverclyde Inspection of Services to Protect Children 2011 and considered the priorities for improvement identified by the Care Inspectorate in the national report on the second round of Inspections of Services to Protect Children.
- Qualitative audit of applications for child protection orders.

Annual Review of Management Information

The review of 2013/13 Management Information reported in summer 2013 and resulted in further audit activity or practice review around the following issues

1 A decrease in the number of child protection referrals, conferences and registrations resulted in further analysis and audit activity being undertaken and reported.
2 A decrease in the number of referrals made to Social Work by Education services resulted in further analysis being requested.
3 A reduction in the number of Comprehensive Medical Assessments being undertaken led to a decision to undertake audit activity as part of the scheduled review of the procedure for arranging child protection medicals
4 Low number of Joint Investigative Interviews led to further audit activity being undertaken.

Audit of Attendance and Submission of Reports to Child Protection Meetings

A snapshot audit of attendance and reports submitted to Child Protection Conferences was undertaken for the month of September 2013. This reported good attendance from parents, police, health, education and social work. A change in practice within the divisional Public Protection Unit resulted in a significant increase in police attendance with 100% attendance recorded during September 2013. Issues identified for further attention were the low level of attendance and submission of reports by GPs and the low number of parents who submitted written reports to Child Protection Conferences.

Priorities for next year will be

- Continue to review child protection related management information from all agencies and identify implications for practice
- Undertake regular multiagency case file audit activity
- Undertake specific focus self-evaluation activity on
    - child protection medicals,
    - joint investigative interviews,
    - child sexual exploitation
    - the views of young people and families on their involvement in child protection process

4.2.2 Policies, Procedures, Protocols and Guidance

There needs to be clear and robust single and multiagency policies, procedures and protocols in place to support staff within and across agencies in carrying out their responsibilities to safeguard and protect children. A function of the child protection

committee is to encourage constituent services and agencies to have in place their own policies and procedures and to maintain and review multiagency child protection procedures for use across all agencies. It is also a function of the child protection committee to ensure multiagency procedures, protocols and guidance are developed around key issues where there is agreement that this is required.

During 2013/14 we have

- Contributed to the maintenance and review of the West of Scotland Multiagency Child Protection Procedures
- Developed practitioner guidance for those working with families with adult mental health and child protection or child welfare needs.
- Contributed to the development of the West of Scotland Guidance on Child Sexual Exploitation
- Reviewed the following
    - Information Sharing Protocol
    - FGM guidance on best practice
    - Gambling Act 2005 Policy on Protection of Children
- Completed and reported on an audit of implementation of National Guidance on Child Protection in Scotland 2010.
- Reviewing guidance for practitioners working with children affected by parental substance misuse.

Guidance on Child Sexual Exploitation – A Practitioner's Resource Pack

Sexual exploitation is a form of sexual abuse, in which a young person is manipulated or forced into taking part in a sexual act. This could be as part of a seemingly consensual relationship, or in return for attention, affection, money, drugs, alcohol or somewhere to stay. The young person may think that their abuser is their friend, or even their boyfriend or girlfriend but they will put them into dangerous situations, forcing the young person to do things they don't want to do. The abuser may be male or female; they may physically or verbally threaten the young person, or be violent towards them. They will control and manipulate them, and try to isolate them from friends and family. Child Sexual Exploitation is first and foremost a child protection concern and as such normal child protection procedures apply.

The resource pack has been developed by Barnardo's working on behalf of the West of Scotland Child Protection Consortium and is designed for practitioners who are unfamiliar with CSE and need information on what they should do if they have concerns about a child or young person. It is designed to enable practitioners to recognise the signs of CSE and give them the confidence they need to confront it.

Implementation of National Guidance on Child Protection in Scotland 2010

An audit was completed and the findings confirmed that the majority of actions required for full implementation of the National Guidance for Child Protection in Scotland 2010 had been completed with plans in place to implement those actions not yet completed.

As part of this audit a review was undertaken to benchmark the implementation of the time scales of the Child Protection National Guidance against a sample group of children whose names were on the Child Protection Register in Inverclyde on a given date. The report identified the following areas where adherence to timescales was good.

1 Pre-Birth Child Protection Conferences taking place no later than 28 weeks pregnancy
2 Circulation of minutes from child protection conferences within 15 calendar days
3 Initial core groups held within 15 calendar days
4 First review conference held within three months of the initial Child Protection Conference

The review identified that recording of information on social work information systems could have been improved as could the mechanism for approval of child protection plans and steps have been taken to address both these issues

Priorities for 2014/15 will be

- Complete the development, secure approval and implement local policies / procedures or guidelines in relation to:-
    - Guidance for staff on underage sexual activity
    - Children Affected by Parental Mental Health Problems
    - Forced Marriage
- Review the following
    - Domestic Violence Protocol
    - Arrangements for Child Protection Medicals
- Contribute to the development of a West of Scotland Toolkit on working with Resistance

4.2.3 Learning and Development

By promoting good practice through the delivery of a learning and development programme the child protection committee supports the multiagency workforce to effectively protect children.

During 2013/14 we have

- Developed and delivered a multiagency training programme including new training programmes on risk assessment and child protection and learning from a Significant Case Review
- Produced regular evaluation reports on the training delivered to support analysis of training delivered and its effectiveness and relevance to improving practice.
- Delivered briefing sessions on the Children's Hearing (Scotland) Act 2011 and Child Sexual Exploitation
- Developed and delivered our 6th annual multiagency conference on promoting attachment
- Produced and disseminated a local briefing paper and supporting tools on the implementation of the National Framework for Child Protection Learning & Development in Scotland
- Undertaken a scoping exercise to inform the development of a learning and development programme focussed on Children Affected by Parental Substance Misuse
- Facilitated meetings of the Inverclyde Child Protection Practitioner's Forum

Promoting Attachment in a Nurturing Inverclyde

In total 116 participants from a wide range of agencies and services attended the 6th Annual Child Protection Committee Conference which took place in February 2014.

Aims of the conference :-

1 Increase participants knowledge and understanding of current thinking on attachment and attachment based practice

2 Encourage participants to reflect on how they can promote attachment in their practice

99% of participants reported that the conference had met both these aims and 88% of participants rated their overall satisfaction with the conference as very good with the remainder rating their satisfaction as good.

Qualitative comments suggested that participants had found the conference thought provoking and practically useful.

I found both keynote speakers and workshops to be very good with lots of ideas and reinforced my belief in how I work.

[I found useful] ...the opportunity to find the real meaning of attachment and to consider the impact of this for us in schools.

Practitioner's Forum

Inverclyde Child Protection Practitioner's Forum considered the issue of poverty and child abuse and neglect.

"The most compelling explanation of why there appears to be a relationship between poverty and child abuse lies in the evidence of how parenting can be affected by material circumstances. While most parents living in poverty parent adequately, a higher proportion of parents living on low incomes have an authoritarian parenting style than other parents, a style typified by being demanding and directive and less responsive to child's needs. The evidence seems to suggest that this style of parenting can arise when an individual is under stress, caused or exacerbated by living in poverty. While there are many routes to inadequate parenting, often unrelated to economic circumstances, it seems that the stress associated with material disadvantage may hasten the journey". Child Poverty Action Group (2012).

It is estimated that 24% of all children in Inverclyde live in poverty[6]. Almost all members were able to cite examples from their practice where families were under increasing economic stress and where real and significant impacts on child wellbeing were being identified. While these were for the most part not reaching a child protection threshold members could clearly see the potential that in some families the stress could lead to concerns of abuse or neglect particularly where there were other vulnerability factors also in place.

Examples were collated and reported to CPC along with examples of action being taken locally and suggestions of what more could be done.

Priorities for 2014/15 will be

- Deliver a revised programme of training and learning opportunities
- Develop and deliver new learning opportunities on the issues of
    - Parental mental health
    - Child protection and disability
    - Child sexual exploitation
    - Harmful cultural practices
- Develop and deliver our 7th annual multiagency conference on trauma recovery and healing
- Develop and pilot key elements of a learning and development plan focussed on Children Affected by Parental Substance Misuse
- Review and develop the role of the Child Protection Practitioners Forum

[6] End Child Poverty February 2013

4.3 Strategic Planning

Strategic planning for child protection sits within the wider strategic planning arrangements for Inverclyde and encompasses the functions of collaboration, co-operation and making links with other planning fora. The child protection improvement plan is encompassed within the Single Outcome Agreement delivery plan, outcome 6 'A nurturing Inverclyde gives all our children and young people the best possible start in life'.

Progress on the child protection improvement plan and other key elements of the child protection committee work plan is reported regularly to the Child Protection Committee and Inverclyde Public Protection Chief Officer Group.

Child Protection Committee Improvement Plan

The Child Protection Improvement plan for 2012-2014 included the following key focus areas

Multi Agency Self-Evaluation
Implementation of 2010 National Guidance on Child Protection
Children affected by Parental Mental Health Problems
Children Affected by Domestic Abuse
Children Affected by Parental Substance Misuse
Underage Sexual Activity
Children's Voice in Child Protection (added September 2013)

The plan has been updated and the 2014-2016 Child Protection Improvement Plan is included as an appendix to this report.

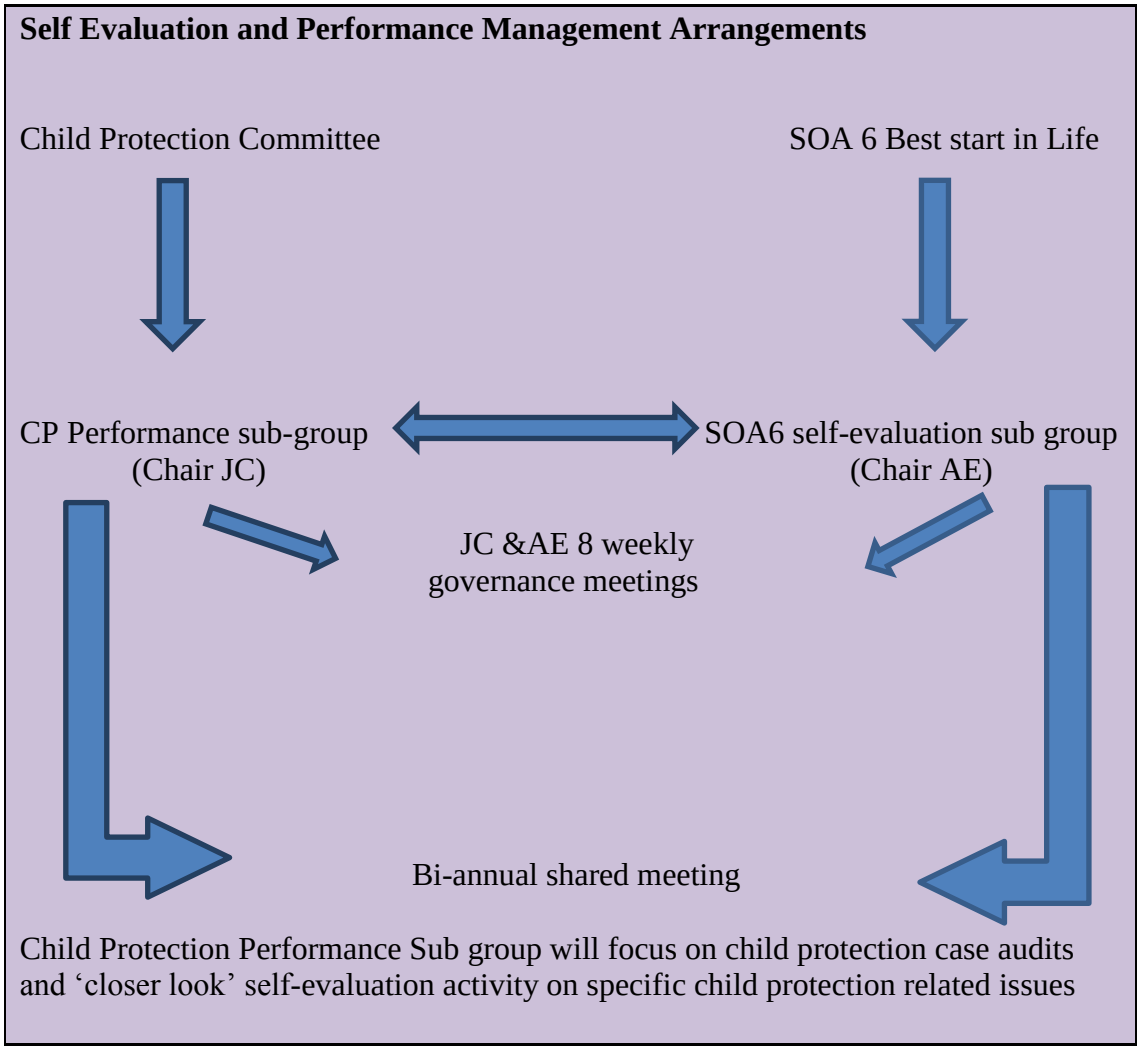
4.3.1 Collaboration, Co-operation & Making Links with Other Planning Fora

The child protection committee works closely with strategic groups at both a national and local level to make sure that the protection of children in Inverclyde does not stand alone but is central to policy planning and development.

During 2013/14 we have

- Contributed to the work of
  - National Child Protection Committee Chair's Forum
  - National Child Protection Committee Lead Officer Group
  - West of Scotland Child Protection Consortium
- Reviewed and revised our self-evaluation and performance management arrangements jointly with key representatives from SOA6 (Best Start in Life) delivery group to develop a comprehensive approach self-evaluation of services for children in Inverclyde.
- Established a joint working group reporting to both Child Protection Committee and the Alcohol and Drug Partnership to focus on improving outcomes for Children Affected by Parental Substance Misuse

- Continued to work in close collaboration with the Violence Against Women Multiagency Partnership on issues including forced marriage, FGM and domestic abuse screening processes.
- Worked in close collaboration with the Adult Protection Committee and local Registered Social Landlords (RSLs) to develop a linked guidance on child and adult protection for RSLs staff.
- Contributed to the work of the GIRFEC Planning group to ensure the needs of children at risk of significant harm are fully considered within the wider
- Worked closely with the Children's Rights Officer to ensure child protection related issues are considered from a children's rights perspective
- Regular collaborative with the local Child and Maternal health strategy group.



5.0 CONCLUSION

Inverclyde Child Protection Committee continues to pursue its function to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances. The achievements summarised in this report and the programme of work for 2014/15 demonstrates our continued commitment to strive for excellence in the protection of children.

6.0 IMPROVEMENT PLAN 2014-2016

The Improvement Plan is presented below. It outlines five priority areas for improvement. It is underpinned by the ongoing work of the Child Protection Committee and it's sub groups which is outlined in annual sub group work plans and the minutes of CPC meetings.

Planning for improvement

CHILD PROTECTION COMMITTEE

IMPROVEMENT PLAN April 2014 – March 2016

Theme - SAFE

Focus Area	*Where are we now?*	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
1 Children Affected by Parental Substance Misuse (CAPSM)	An ICPC multiagency Protocol was published in 2008 and updated in 2010. Refreshed GOPR guidance was published by Scottish Government in 2013. A CPC / ADP sub group was established in 2013 to drive this agenda forward. This working group has developed an action plan with the following focus areas	The level of risk experienced by children affected by parental substance misuse is reduced as a result of the intervention of services.	Undertake audit activity to provide an overview of the scale and nature of CAPSM within Inverclyde Review and revise multiagency procedure for assessing and managing CAPSM cases Develop a multiagency CAPSM training programme Investigate unmet need for services	Audit report and recommendations considered by CAPSM working group 2014/15 Revised guidelines published 2014/15 Impact evaluated 15/16 Delivered by September 2015 Report 2014/15	CAPSM sub group

Focus Area	Where are we now?	Where do we want to be?	How will we get there?	How will we know?	Who will be involved/ lead?
2 Children's Voice in Child Protection	HMIe, reporting in 2011 rated the QI 'Children are listened to and respected' as excellent. This finding is reflected in the findings of multiagency case file audits. Children and young people who are 5 years and over are given the opportunity to complete CP8 for initial and Viewpoint for review conferences 6 monthly data reports have been produced however these show a decline in the use of Viewpoint by children attending Child Protection Review Conferences.	All children are given the opportunity, support and encouragement to contribute their views during CP processes Young people's views are used to inform development of child protection services	Gather and report on the views of young people regarding their contribution to CP meetings and update tools and processes Monitor and evaluate the contribution of children and young people to Child Protection meetings and decisions	Report 2014/15 2015/16	Performance Management Sub group

Focus Area	***Where are we now?***	***Where do we want to be?***	***How will we get there?***	***How will we know?***	***Who will be involved/ lead?***
3 Children Affected by Domestic Abuse	Domestic Abuse was an area of concern in 56% of new Child Protection registrations in the year 2013. Comprehensive spread of services and processes in place to support to victims of domestic abuse and their children (statutory and voluntary sector) including :- • Practice guidance • Multiagency screening process • ASSIST service • MARAC process • Cedar service There is a lack of documented evidence that the views of children and young people are influencing service developments.	The level of risk experienced by children affected by domestic abuse is reduced as a result of the intervention of services. Children who have experienced domestic abuse will be offered a service that meets their need for support.	Raise awareness of the MARAC and increase referrals Raise awareness of and increase referrals to the CEDAR service. Specialist Services working with children affected by domestic abuse contribute to the development of a Youth Participation Strategy.	MARAC information sessions delivered and referral data routinely reported 2014/15 Annual Reports and monitoring data Documented evidence of participation of service users (children and young people)	Violence Against Women Multiagency Partnership

Focus Area	*Where are we now?*	*Where do we want to be?*	*How will we get there?*	*How will we know? (including time-scales)*	*Who will be involved/ lead?*
4 Children affected by parental mental health problems	Parental Mental Health was an area of concern in 37% of new child protection registrations in 2013. Practitioner guidance has been developed and the need for joint learning and development opportunities has been recognised. Inverclyde working group established to consider perinatal mental health issues	Staff working in adult mental health services and those working with children and their families are skilled and confident in providing effective and consistent support to children affected by parental mental health problems and their families.	Develop deliver and evaluate multiagency learning opportunities Produce recommendations to improve perinatal mental health and the protection of unborn children and babies. Review of the SNIPS process including the contribution of the perinatal mental health service.	Delivery commenced 2014/15 Report back to Child and maternal health strategy group and to CPC 2014/15 Report back to CPC 2015/16	Joint Children's Services & Adult mental Health services working group

Focus Area	*Where are we now?*	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
5 Multi Agency Self Evaluation of Child Protection outcomes and activity	HMIE evaluated Self Evaluation as very good in 2011. The CPC adopts a focussed approach to self-evaluation in relation to child protection outcomes and activities. SOA6 sub group will undertake wider self-evaluation activity in relation to services for children.	Systems are rigorous, systematic, embedded and transparent. A collective approach is taken to improvement in services to protect children. Case reviews and other self-evaluation activity informs and improves practice	Review audit process and outcomes Continue to widen the pool of trained staff involved in multiagency self-evaluation. Specific focus self-evaluation activity to be undertaken on up to 4 areas per year identified through routine audit and monitoring. Single agency self-evaluation activity based on child protection quality indicators scoped and reported Monitor implementation of recommendations from the SCRs, case audits and other self-evaluation activity.	Report to CPC 2014/15 Minutes recording involvement 4 specific focus activity reported 2014/15. Further 3-4 specific focus activity reported 2015/16 Report to CPC 2014/15 Routine reporting to CPC	Performance Management sub group

6.0 APPENDICES

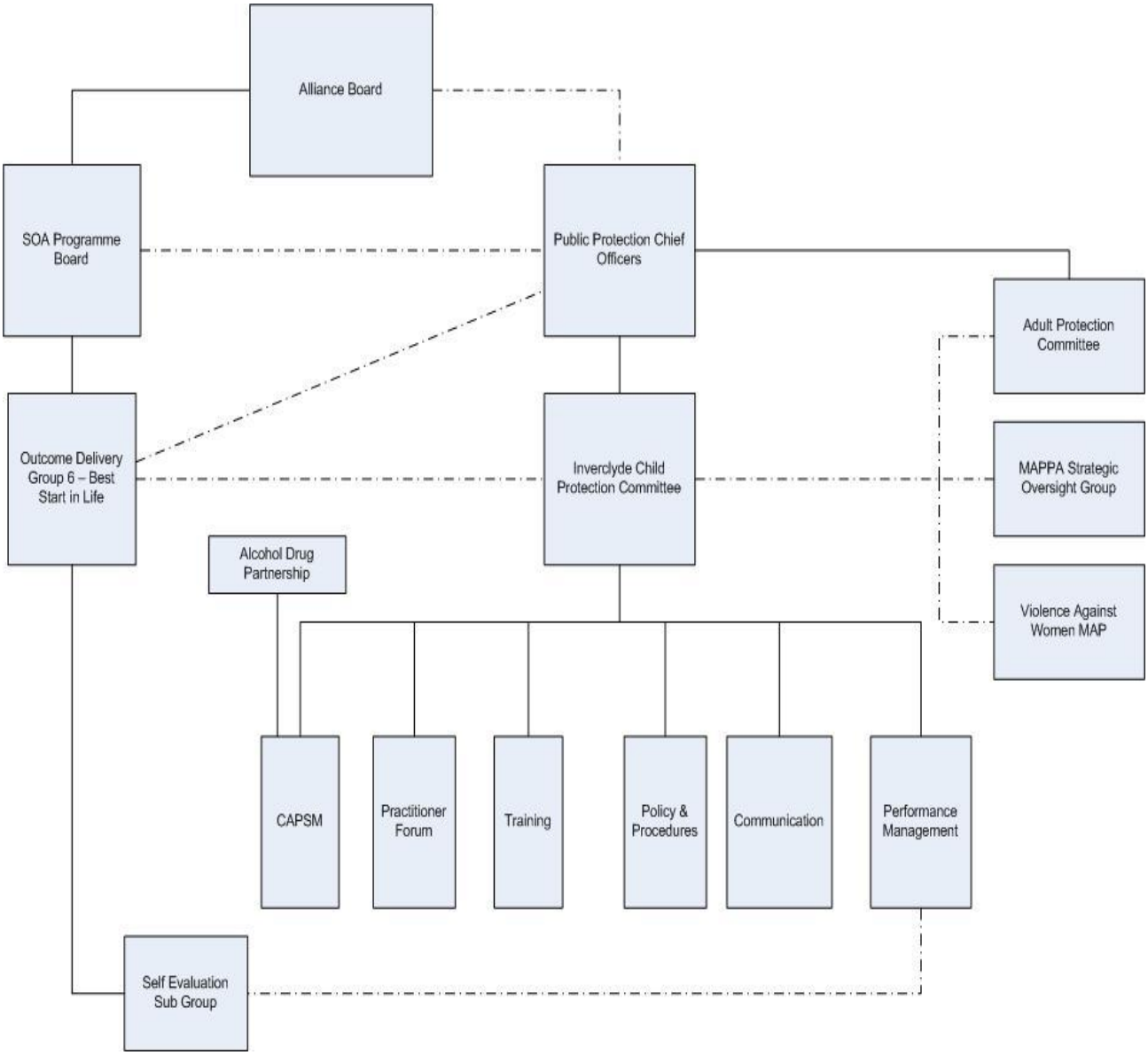
Appendix 1 Members of Inverclyde Child Protection Committee as at 31 March 2014

Membership	Agency
Sharon McAlees (Chair)	Inverclyde Community Health & Care Partnership
Angela Edwards (Vice Chair)	Inverclyde Council: Education and Communities
Anne Jamieson	Inverclyde Community Health & Care Partnership
Bob McLean	Inverclyde Community Health & Care Partnership (Social Work Services) (representing Inverclyde Alcohol and Drugs Partnership)
Dr Brian Kelly	NHS Greater Glasgow & Clyde
Dr Catherine Addiscott	NHS Greater Glasgow & Clyde
Elaine Patterson (up to 19th March - retirement) Gerry Malone thereafter	Inverclyde Council: Legal Services
Elsa Hamilton	Inverclyde Council: Education and Communities
Jane Cantley	Inverclyde Community Health & Care Partnership
John Arthur	Inverclyde Council: Education and Communities
Kenneth Ritchie	Scottish Children's Reporter Administration
Lindy Scaife	COPFS
Nan Smith	Inverclyde Community Health & Care Partnership
Nichola Burns	Police Scotland
Sandra Boyle	Mindmosaic
Susan Mitchell	Inverclyde Child Protection Committee

Appendix 2 **Members of Inverclyde Public Protection Chief Officers Group as at 31 March 2014**

Membership	Agency
John Mundell (Chair)	Chief Executive, Inverclyde Council
Brian Moore (Vice Chair)	Director, Inverclyde Community Health Care Partnership
Alan Speirs	Divisional Commander, Police Scotland
Patricia Cassidy	Corporate Director Education & Communities
Hugh Clark	Convener Adult Protection Committee
Kenneth Ritchie	Scottish Children's Reporter Administration
Rosslyn Crocket	NHS Greater Glasgow & Clyde Health Board
Sharon McAlees	Inverclyde Community Health Care Partnership

Appendix 3 Governance Structure of Inverclyde Child Protection Committee



Representation between key local planning groups linked to Inverclyde Child Protection Committee is listed below

Alliance Board & Public Protection Chief Officer Group	John Mundell
SOA Programme Board & Public Protection Chief Officer Group	John Mundell
SOA6 Outcome Delivery Group & Public Protection Chief Officer Group	Patricia Cassidy
SOA6 Outcome Delivery Group & Inverclyde Child Protection Committee	Sharon McAlees
SOA6 Self Evaluation Group & CPC Performance Management sub group	Jane Cantley
Alcohol and Drug Partnership & Inverclyde Child Protection Committee	Bob McLean
Violence Against Women Multi-Agency Partnership & Inverclyde Child Protection Committee	Jane Cantley
Adult Protection Committee & Inverclyde Child Protection Committee	Bob McLean
MAPPA Strategic Oversight Group & Child Protection Committee	Sharon McAlees

Inverclyde council

AGENDA ITEM NO: 4

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**8th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/07/2014/SMc**
Contact Officer:	**Sharon McAlees Head of Service Children and Criminal Justice**	**Contact No:**	**01475 714709**
Subject:	**Update in relation to Joint Inspection of Children's Services by the Care Inspectorate**		

1.0 PURPOSE

1.1 A paper was previously submitted to members outlining the Care Inspectorate's new model for the scrutiny and improvement of services for children and young people and preparation being undertaken in Inverclyde.

1.2 This report is to provide members with an update on this activity and on some of the themes, findings and process published from recent inspections of children services in other community planning areas across Scotland (report attached).

2.0 SUMMARY

2.1 The Care Inspectorate has to date completed in total twelve joint inspections of children's services under the new model (includes four pilots). The process of inspection has been outlined in the background section of this report.

2.2 In November 2014 The Care Inspectorate reported on the key strengths and areas for improvement in child protection in Scotland. The report provides an evaluative commentary on strategic leadership and governance for child protection, identifying what is working well across the sector and signposting what may prove, following further analysis, to be areas of good practice. The report was compiled drawing from information and evidence from the joint inspections of services for children and young people to date, self-evaluation reports and information from newly-appointed link inspectors.

2.3 Learning and refining of the scrutiny model during the pilot stages has led to minimal changes. However the recent report on child protection includes some national themes which are highlighted in the background section of this report.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the information provided.

3.2 Members are asked to contribute their views if there are any other activities that they feel should be considered as part of the preparations.

3.3 Members are asked to note that they will receive further information regarding the progress and updates of joint inspections of children services in due course.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 The Care Inspectorate has to date completed in total twelve joint inspections of children's services under the new model (including four pilots).

4.1.2 To date the lowest average scores across community planning partnerships are related to quality indicators: Planning and Improving Services (themes: Integrated Children's Service Planning, Child Protection Committee Business Planning and Risk Management) and Assessing and responding to risks and needs (Themes: Initial response, Chronologies and significant events, Assessments risks and needs, Decision making).

4.1.3 Evidence from joint inspections of services for children and young people 2012-14 highlighted a mixed picture in relation to the arrangements for leading and delivering effective services to protect children and young people under the quality indicator 'Planning and Improving Services'.

4.1.4 The themes which are examined in this quality indicator cover the effectiveness of integrated children's services planning and the work of child protection committees in improving the safety and wellbeing of children and young people. The inspections consider how well the broad range of risks across services for children, young people and families are jointly managed and used to provide assurance that those in need of protection are kept safe.

4.1.5 The Care Inspectorate found in six out of the eleven Community Planning Partnerships inspected, that planning in relation to either services to protect children or integrated children's services had stalled. In addition, in three of these areas the care inspectorate highlighted that the work of the child protection committee had deteriorated. In some cases, this was due to a concentration on managing major change such as restructuring or implementing new shared services arrangements.

4.1.6 Other common features included lack of clear direction and oversight of the work of the child protection committee by chief officers and absence of a robust approach to joint self-evaluation. This deficient raised concerns for inspectors because in some cases chief officers and child protection committees have not been able to assure themselves of the quality of services to protect children & young people.

4.1.7 Conversely, Inspectors found that in areas which are performing well, leaders provide strong, collective ownership and shared values and place emphasis on protecting children and young people within the wider public protection agenda. The most effective child protection committees demonstrated a strong focus on continuous improvement and striving for excellence, and locate protection of children within wider strategic links.

4.1.8 Themes related to key processes in assessing and responding to risks and needs have been highlighted as an area for improvement nationally since 2009 when HMIE published its findings from the first round of joint inspections of services to protect children. Within the current inspection programme, the care inspectorate continue to gather significant amounts of evidence, particularly through reviewing multi-agency practice by reading children's records and focus groups of staff, about information sharing and assessment of risks and needs. The findings from the care inspectorate indicate that there is still room for significant improvement in the quality and application of these processes nationally.

4.2 The new model for joint children inspection will comprise 4 distinct phases (similar to previous Child Protection Inspections). Community Planning Partnerships are notified 12 weeks in advance of inspection.

Community Planning Partnerships notified after 1st January 2015 of the care inspectorates intention to carry out an inspection of children services are advised to start using the care inspectorates version of quality indicators framework to support joint self-evaluation. In preparation for this process under the governance of SOA6 a self-evaluation subgroup has been established comprising of representation across children's services; this group will coordinate and bring together multi-agency self-evaluation processes which set out clearly our

evaluation journey.

4.3 **Phase One:**

This is undertaken off site in advance of the inspection date. Inspectors will examine local information, regarding the social, economic, demographic and statistical data and review available documentation in respect of local Community Planning Partnerships and Integrated Children's Services planning.

4.4 **Phase Two**:

This will be undertaken on site. The inspection team will undertake a range of scrutiny activities including reviewing our self-evaluation material and supporting evidence. Inspectors will hold focus groups. The focus groups should be centred on the themes that best demonstrate our collective strategic leadership and partnership planning for children (universal and targeted). These focus groups provide the 'professional dialogue' with inspectors on key areas. The care inspectorate has now produced guidance on issue of professional dialogue amidst some concerns raised during the pilot inspections.

4.4.1 Areas or themes from previous inspections which inspectors will be interested in finding out more in relation to strategic leadership across the community planning partnerships are:

- Corporate Parenting
- GIRFEC
- Early Intervention
- Wellbeing
- Vulnerable groups
- Building capacity
- Involving young people and their families
- Inspectors will also involve the young inspectors at this stage.

4.4.2 Child Sexual Exploitation

In addition to the above themes, the Care Inspectorate will report on child sexual exploitation as a key issue within the joint inspections. To date they have found evidence of a high level of commitment and some valuable activity locally to address child sexual exploitation effectively. They report that child protection committees have considered the key issues of child sexual exploitation. Care inspectorate highlighted that some areas have taken various approaches to:

- Understand the prevalence of sexual exploitation,
- Establish schemes to identify children and young people at risk of CSE
- Update policies and procedures for young runaways and children going missing
  Promote safe use of the internet and mobile communication technology, through raising awareness.

4.5 **Phase Three**:

This will be undertaken on site. This will be a review of practice undertaken by accessing the core records of a sample of cases:

- Children looked after at home
- Children looked after and accommodated
- Young people entitled to through care and after care services
- Children referred to the local authority for voluntary measures of supervision by the Children's Reporter
- Children on CPR and those deregistered within 12 months.

4.6 **Proportionate Phase:**

This will be undertaken on site. The scope of this stage will depend on the findings from

previous phases. Inspectors will hold interviews with children, young people, parents and carers. Inspectors will also hold a number of multi-agency focus groups of teams around the child. During this phase inspectors may also wish to hold multi-agency focus groups around themes or issues which may have arisen from the previous phase.

5.0 PROPOSALS

5.1 As part of preparation it may be necessary to develop a communication strategy around joint inspection of children's services emanating from the Community Planning Partnership.

6.0 IMPLICATIONS

Finance

6.1 Our experience in the last two inspections has shown that all of the activity around the inspection is extremely costly in terms of staff time. It is anticipated that administrative and IT support will be necessary. The experience of previous partnerships has been that inspectors have asked for a link person to be identified during the process to support consistent communication. All costs will be met from within existing resources.

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 Nil

Human Resources

7.3 Nil

Equalities

7.4 Nil

Repopulation

7.5 Nil

8.0 CONSULTATIONS

8.1 Child Protection Committee.

8.2 SOA6 Best Start in Life Group.

9.0 LIST OF BACKGROUND PAPERS

9.1 Care Inspectorate report on the effectiveness of child protection arrangements across Scotland (November 2014)

care inspectorate

A report on the effectiveness of **child protection** arrangements across Scotland

November 2014

Foreword

It is everybody's responsibility to ensure that children have the best start in life, are safe and can grow up free from abuse, exploitation or neglect.

The Care Inspectorate is the official body charged with scrutiny and improvement of care services and social work services in Scotland. We are also leading the joint inspections of services for children and young people, carried out with colleagues from Her Majesty's Inspectorate of Constabulary for Scotland, Education Scotland and Healthcare Improvement Scotland, which includes scrutiny of the work of child protection committees and its impact on the protection of children and young people.

In 2013, we published Child Protection Services: Findings of Joint Inspections 2009-12. This presented our findings from a three-year programme of scrutinising child protection procedures in each part of Scotland. Scottish Ministers have now asked us to update them on the effectiveness of local arrangements for protecting people.

It is important to note that this update report is not about an associated programme of scrutiny or a dedicated national evidence base upon which we have evaluated performance in adult and child protection. Rather, we draw on the information and evidence from the joint inspections of services for children and young people to date. We also draw on self-evaluation reports and the information our newly-appointed link inspectors have gathered about how local services are performing.

In January 2014 we assigned a Care Inspectorate strategic inspector to be a link inspector for each local authority area. They have made a priority their engagement with strategic partnerships, chief officers and senior managers with responsibility for public protection.

For the first time outside of an inspection programme, we have reported on the key strengths and areas for improvement in child protection in Scotland. This report provides an evaluative commentary on strategic leadership and governance for child protection, identifying what is working well across the sector and signposting what may prove, following further analysis, to be areas of good practice. The report also outlines areas of potential risk and suggestions for improvement.

This report is not an end in itself. The work of our link inspectors will continue to support and challenge community planning partnerships, chief officers and child protection committees, and we will review their progress regularly. This will provide a substantial body of evidence and intelligence upon which to base decisions about future scrutiny and improvement.

We intend to publish a similar report about adult protection.

If you are worried about a child you should report your concerns to the right agency in the local area where the child lives – you may have important information that could help a child and their family. You can search and find out who to contact at **http://withscotland.org/public**

Annette Bruton
Chief Executive

1. Executive summary

The Care Inspectorate was asked to report on the effectiveness of adult and child protection arrangements to Scottish Ministers following our inspection year 2013/14. We set about this task by examining what we knew from the previous round of child protection inspections and the more recently introduced joint inspections of services for children. We also carried out work across all 32 local authority areas in Scotland with chief officers and child protection committees to find out more about the effectiveness of the current arrangements for protecting children.

We found encouraging signs that chief officers and child protection committees are striving for excellence in the protection of children and young people and that the capacity for improvement overall is high. In those areas showing signs of highly effective performance, leaders provide strong direction and collective ownership of shared values for delivering the best possible outcomes for children and young people in need of protection.

A growing number of chief officers' groups have reviewed and strengthened structures and governance arrangements for public protection, to improve the scrutiny and challenge of performance. This has made the connections across relevant areas (such as domestic abuse, violence against women, and drug and alcohol partnerships) more explicit. It is leading to improved joint working and successful integrated approaches to protect and support groups that are vulnerable and at risk.

Where there are strong links between the work of child protection committees and integrated children's services planning, the protection of children and young people is placed firmly at the centre of wider strategies to improve the wellbeing of children, young people and families.

The most effective child protection committees have adopted sound quality assurance systems, jointly monitor performance and implement systematic and rigorous self-evaluation using relevant quality improvement frameworks.

We found that where there was a lack of direction and oversight of the work of the child protection committee by chief officers, this tended to be associated with an absence of robust self-evaluation and an inability to provide evidence of ongoing improvement.

This report identifies barriers to successful progress and improvement in protecting children and young people. These barriers include a slowing down of planning for services to protect children or integrated children's services where major change such as restructuring or implementing new shared services arrangements was evident. This is highlighted as having an adverse impact on the capacity for improvement and may indicate that there are associated risks in a reduction of the quality and performance of services to protect children and young people.

Key processes in assessing and responding to risks and needs have been identified as an area for improvement nationally since 2009. Within the current programme of joint inspections of services for children and young people our findings indicate that this remains an area in which there is room for continued and significant improvement.

2. Legislative and inspection framework

The Public Services Reform (Scotland) Act 2010, section 44(1)(b), imposes the general duty on the Care Inspectorate of 'furthering improvement in the quality of social services'. Section 46(1)(2) defines 'social services' as any care service or social work service. Social work services are further defined as those services provided by the local authority in the exercise of its social work functions.

The Care Inspectorate is leading on the scrutiny and improvement of children's services at the request of Scottish Ministers under the Public Services Reform (Scotland) Act, section 115. Joint inspections of services for children and young people are now underway and entering the second year of a programme of inspection across Scotland.

There is a considerable evidence base in relation to child protection arising from two programmes of inspection which took place between 2006 and 2012. In June 2013, we published a report of the findings from the second round of inspections, Child Protection Services: Findings of Joint Inspections 2009-12. From this we have a sizeable body of evidence on areas of strength, including good practice, and areas for improvement, both locally and nationally. The current programme of joint inspections of services for children continues a focus on children and young people in need of protection and the work of child protection committees. We carried out eleven of these inspections between October 2012 and March 2014 and have taken account of the findings from these inspections in this report.

3. The role of the link inspector and contact manager

We have invested significant resource in the support and challenge for improvement across strategic partnerships. This includes strategic groups responsible for leading and delivering public protection such as chief officers' groups and child protection committees. Our large team of link inspectors and contact managers will monitor performance, provide support for improvement and build for capacity for self-evaluation.

The link inspector role has been reviewed over the last year and new arrangements were agreed in December 2013. Our link inspectors will:

- monitor the performance and quality of social work services
- encourage improvement in social work services
- work within strategic partnerships (with a focus on integrated children's services and integrated working in adult health and social care services) to build capacity for joint self-evaluation.

Our contact managers:

- challenge registered services to continually improve the quality of their services
- monitor, analyse, report on and share the performance and quality of care services with the registered care service providers, local authorities as the commissioners of services and key external and internal partners
- work with key partners to influence improvement, share best practice and intelligence about the registered care service sector, and specifically local authorities as the commissioners of services.

We have a named link inspector for each local authority and community planning partnership area. The link inspector is supplemented by two of our contact managers, one from children's services and one from adult's services. They work together to fulfil the roles outlined above across each of the 32 local authority areas. This model for support and improvement is further enhanced by a 'cluster' model arranged around health board areas. The link inspectors and contact managers for the cluster are beginning to meet collectively to identify themes across the health board area.

4. The basis of this report

We asked our link inspectors to prioritise their contact and engagement with strategic partnerships, chief officers and senior managers with responsibility for public protection between January and March 2014. We wanted them to engage in discussion and enquiry in order to report on each local authority area's adult and child protection arrangements and the effectiveness of these arrangements.

We asked chief officers, child protection committees and adult support and protection committees to give us information and their arrangements for adults and child protection, supported by documentary evidence in advance of this contact. We received completed returns for all 32 community planning partnership areas. You can find the template for this in Appendix 1.

We analysed data, intelligence, national statistics and evidence from all relevant and recent scrutiny activity, including the performance of care services, for each local area.

Link inspectors produced individual reports on the effectiveness of child and adult protection arrangements for each local authority areas to an agreed format and which took account of:

- position statements in relation to child and adult protection provided for this purpose
- intelligence from link inspectors and contact managers about local performance
- interviews with relevant chief and senior officers for public protection
- a review of relevant up-to-date documentation and supporting evidence such as:
  - reports from child and adult protection committees
  - reports from self-evaluation activity
  - assurance and improvement plans
  - single outcome agreements
- analysis of relevant statistics and consideration local management information.

5. Leadership and direction for child protection

5.1 National guidance for leading and directing services to protect children

The roles and responsibilities of chief officers and child protection committees in relation to the protection of children and young people is set out in the refreshed **National Guidance for Child Protection in Scotland** which was published by the Scottish Government in May 2014.

This sets out the role of chief officers.

Local Police Commanders and Chief Executives of Health Boards and Local Authorities (a group hereafter referred to as Chief Officers) are responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible. They also have responsibility for maximising the involvement of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector. Chief Officers across Scotland are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees. Chief Officers are responsible for overseeing the commissioning of all child protection services and are accountable for this work and its effectiveness. They are individually responsible for promoting child protection across all areas of their individual services and agencies, thus ensuring a corporate approach. This responsibility applies equally to the public, private and third sectors.

The function of child protection committees is also described.

Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Their role, through their respective local structures and memberships, is to provide individual and collective leadership and direction for the management of child protection services across Scotland. They work in partnership with their respective Chief Officers' Groups and the Scottish Government to take forward child protection policy and practice across Scotland.

5.2 Evidence from joint inspections of services to protect children 2009-12

In the second programme of joint inspections of services to protect children carried out between 2009 and 2012, we considered the effectiveness of chief officers' leadership and the work of child protection committees in all 32 local authority areas across Scotland.

We found widespread appreciation of the need for staff at all levels to be guided by a clear, articulated vision to keep children safe. In almost all areas we found staff and child protection committees working together well to implement the vision agreed by chief officers, reflecting a joint commitment to keep children safe and protected from abuse. The best performing areas had high aspirations for all children and a strong commitment to closing the gap between the outcomes of the most disadvantaged children and young people and their peers.

We noted that chief officers' groups were gradually taking collective accountability for wider public protection arrangements including young people who present harmful and problematic sexual behaviour. As a result chief officers were developing a more comprehensive and effective overview of performance across all of these areas with the aim of early identification and analysis of patterns and trends to assist service planning.

In a small number of areas there was room for improvement in the relationship between the chief officers' group and the child protection committee. In these circumstances, child protection committees did not get enough support, challenge, or direction from chief officers or there was a lack of clarity about roles, responsibilities or governance arrangements.

5.3 Evidence from joint inspections of services for children and young people 2012-14

We have now completed 11 inspections as part of the current programme of joint inspections of services for children, young people and families. These joint inspections include the evaluation of quality indicator 'Planning and Improving Services'. The themes which are examined in this quality indicator cover the effectiveness of integrated children's services planning and the work of child protection committees in improving the safety and wellbeing of children and young people. The inspections consider how well the broad range of risks across services for children, young people and families are jointly managed and used to provide assurance that those in need of protection are kept safe.

To date we have found a mixed picture in relation to the arrangements for leading and delivering effective services to protect children and young people. We have already reported on the need to revisit three of the eleven community planning partnership areas to assess and report on progress. We are monitoring progress through the link inspector in a further two areas and have indicated that further scrutiny will be considered where improvement is not evident. The evaluations are set out in Table 1.

Even at this early stage in the programme, we can identify some common features which are underpinning very effective performance. In areas which are performing well, leaders continue to provide strong, collective ownership of a common purpose and shared values for delivering the best possible outcomes for children and young people in need of protection. Chief officers and child protection committees are making strenuous efforts to steer services through the challenges associated with sustaining what is working well and implementing change for improvement through integrated working.

Placing the emphasis on protecting children and young people within the wider public protection agenda has been highly effective in delivering better outcomes for children and young people through safer communities. Extending chief officers' responsibilities from child protection to public protection, including adult protection and the management of sex offenders, increases the potential for efficiencies and improved practice as staff across services make connections between these areas of work. For example, this has contributed to highly successful joint working in relation to domestic abuse as highlighted in North Ayrshire. It has also contributed to reducing the numbers of children and young people at risk of offending and anti-social behaviour in East Dunbartonshire.

Strong links between the work of child protection committees and strategic groups which lead integrated children's services planning helps place protection of children and young people at the centre of wider strategies to improve their wellbeing. This provides a helpful interface between child protection and other planning arrangements for services for children and supports steady and incremental advancement in successful and collaborative partnership working. For example, in Highland, the integrated children's services plan **For Highland's Children 4** has a clear focus on prevention and early intervention and sets out improvement priorities, including those for protecting children and young people, for the next five years.

The most effective child protection committees have continued to place a strong focus on continuous improvement and striving for excellence. They have adopted sound quality assurance systems and jointly monitor performance across relevant services, using good quality quantitative and qualitative data for measuring and reporting on progress regularly against agreed priorities. They have continued to develop systematic and rigorous approaches to joint self-evaluation using relevant quality improvement frameworks such as **How well do we protect children and meet their needs?** published by HMIE in 2009 and **How well are we improving the lives of children and young people?** published by the Care Inspectorate in 2012. This is providing them with a detailed, shared understanding of strengths as well as priorities for improvement. In turn, this is helping services sustain what is working well and at the same time embrace new, improved ways of working.

In those areas where we found important weaknesses, we can identify barriers to successful progress and improvement in protecting children and young people.

In six out of the eleven areas inspected, we found that planning in relation to either services to protect children or integrated children's services had stalled. In addition, in three of these areas we found that the work of the child protection committee had deteriorated. In some cases, this was due to a concentration on managing major change such as restructuring or implementing new shared services arrangements.

Common features included a lack of clear direction and oversight of the work of the child protection committee by chief officers. While this was not necessarily related to poor practices in key processes to protect children and young people or poor outcomes, there was an absence of a robust approach to joint self-evaluation, and an inability to provide evidence of ongoing improvement. This gives us cause for concern because in some cases chief officers and child protection committees have not been able to assure themselves of the quality of services to protect children and young people, conserve what is working well, or further improve practices. This is a particular issue during times of transformation and change. Where this was found to be the case, we urged partners to reinstate business planning for child protection committees and identify objectives for improving services for children in need of protection.

In three out of the eleven areas inspected, we found important or major weaknesses in the effectiveness of the initial response to children and young people when there are concerns about their safety or wellbeing and in assessing and responding to risks and needs. In a further four areas we found strengths which just outweighed weaknesses and have identifies this as an important area for improvement. The evaluations are set out in Table 1.

Key processes in assessing and responding to risks and needs have been highlighted as an area for improvement nationally since 2009 when HMIE published its findings from the first round of joint inspections of services to protect children. Within the current inspection programme we continue to gather significant amounts of evidence, particularly through reviewing multi-agency practice by reading children's records and focus groups of staff, about information sharing and assessment of risks and needs. Our findings indicate that there is still room significant improvement in the quality and application of these processes nationally.

Table 1: Published evaluations to date
Quality indicators can be evaluated as unsatisfactory, weak, adequate, good, very good, or excellent.

Community Planning Partnership area	Planning and improving services	Assessing and responding to risks and needs
• North Ayrshire • Highland	Very Good Very Good	Adequate Good
• Edinburgh	Good	Good
• Argyll and Bute • East Dunbartonshire • Midlothian	Adequate Adequate Adequate	Adequate Good Adequate
• Stirling • Clackmannanshire	Adequate Adequate	Weak Weak
• Orkney • East Lothian • Dumfries and Galloway	Weak Weak Weak	Adequate Good Unsatisfactory

5.4 The current context for leading and directing public protection

A growing number of chief officers' groups have reviewed and strengthened structures and governance arrangements for public protection comprising child and adult protection, and the management of sex offenders. This is aimed both at improving the scrutiny and challenge of performance across public protection and at firming up wider connections across relevant strategic areas such as domestic abuse, violence against women, and drug and alcohol partnerships.

Collective leadership for public protection is leading to new integrated approaches and better coordinated efforts to protect and support groups that are vulnerable and at risk. There are notable illustrations of positive joint working across strategic groups and some possible areas of good practice worthy of further exploration. For example, the establishment of joint working groups on behalf of adult and child protection committees in relation to raising public awareness and multi-agency training and development of staff.

Overall, we found close links between the strategic priorities and outcomes for adult and child protection and single outcome agreements. However, the arrangements for reporting on public protection via chief officers' groups to community planning partnerships are varied, with few areas demonstrating strong enough lines of accountability.

Across Scotland, there are a number of changing and emerging structures which combine responsibility for leading and directing public protection across more than one local authority and community planning partnership. These include chief officers' groups organised across health board areas and the establishment of a public protection committee across two local authority areas from April 2014. This latter will incorporate the work of the previous adult and child protection committees, the violence against women partnership and offender management. In another area, a decision has been taken to disaggregate a joint committee for child protection which had previously directed work across three local authority areas. The extent to which these changes will improve the governance for public protection and impact positively on the effectiveness of child and adult protection in these areas is worthy of review as these new arrangements take hold.

5.5 Leadership and direction of child protection through child protection committees

Contact and engagement with strategic partnerships, chief officers and senior managers with responsibility for public protection through link inspectors has enabled an overview of the current arrangements for leading and directing child protection across Scotland. This has helped to identify areas of strong performance as well as areas of risk and this should help us target resources and activities to support improvement.

In 25 out of 32 local authority areas, we identified comprehensive governance structures for child protection within multi-agency executive groups of chief officers accountable for public protection. There are strong indications that these chief officers' groups are setting an aspirational vision for the protection of children and young people and that they are providing effective leadership and direction to, and critical challenge of, child protection committees.

In a few areas where the inspection findings were poor at the first round of child protection inspections between 2006 and 2009, and which subsequently showed improvement, it is evident that chief officers' groups and child protection committees are continuing to make significant strides in improving the quality of services.

Overall, we found that child protection committees are supported through effective leadership and in a number of areas independent chairs had been appointed to bring a new perspective to steering the work of the committee. We found solid partnership working and active, energetic working groups taking forward key priority areas and helping to fulfil the varied functions of child protection committees.

In a small number we found problems with the functioning of the chief officers' group and indications of associated weaknesses in the direction and governance of the work of the child protection committee. We will target our support for improvement in these local authority areas and take this into account in our ongoing assessment of risk and in determining our inspection plan for strategic scrutiny.

In 17 out of 32 local authority areas, we found a high level of commitment to quality improvement through joint multi-agency self-evaluation led by child protection committees. We also found encouraging evidence that this was becoming much more firmly embedded and carried out systematically, often conducted within a programme or cycle of evaluation based on the quality

indicator framework published by HMIE in 2009. In these areas, child protection committees were using the results to inform priorities for improvement and reinforce a collective commitment to meeting them. They had set a number of shared areas for improvement and could identify clearly the actions which were being taken forward to achieve them.

A small number of areas have begun to develop and implement joint self-evaluation processes across children's services using How well are we improving the lives of children and young people? published in draft by the Care Inspectorate in 2012, building on established highly effective practices in child protection.

There are indications that child protection committees are taking action to improve the consistency and quality of reviews of significant cases. For example, a number are taking forward new models such as those developed by the Social Care Institute for Excellence and supported by WithScotland. This is likely to be enhanced further through the imminent publication of national guidance for conducting significant case reviews by the Scottish Government.

We also found some poorer practices in relation to the conduct of significant case reviews. Our new role to act as a central depository for all significant case reviews completed since 1 April 2012 and to provide feedback as well as disseminate national learning will help to inform and improve practice nationally in this sensitive and complex area. Scottish Government is currently consulting on a proposal and code of practice for this work and we will implement them in line with the new Scottish Government guidance.

There are some challenges in assessing the effectiveness of child protection arrangements in areas where key aspects of operational management are at an early stage of development. For example, we found a number of areas where joint self-evaluation and the collection and analysis of robust data and management information were too undeveloped to provide evidence of trends or inform local operational plans and service delivery. Where this is combined with deficiencies or changes in leadership and governance structures for public protection or problematic planning arrangements for integrated children's services, there may be important risks for children and young people. We will prioritise these areas to receive targeted support for improvement from our link inspectors and we will use the intelligence to inform risk-based plans for scrutiny.

6. Child sexual exploitation

The Minister for Children and Young People established a Short-life Ministerial Working Group in April 2013 to review key challenges associated with child sexual exploitation and to test the work programme underway to address them. The working group reported in December 2013, grouping recommendations around three broad themes of 'capacity in the system', 'legal and judicial' and 'prevention'. The working group endorsed the range of work underway in Scotland and found this resonated well with the themes it had identified which needed to be addressed. The group went on to make recommendations to further strengthen the work underway. It will continue to meet over the next year to help take these recommendations forward.

We found evidence of a high level of commitment and some valuable activity locally to address child sexual exploitation effectively. All child protection committees have considered the key issue of child sexual exploitation.

They have taken various approaches to:

- understand the prevalence of sexual exploitation,
- establish schemes to identify children and young people at risk of sexual exploitation
- update policies and procedures for young runaways and children who go missing
- promote safe use of the internet and mobile communication technology, through to raising awareness among the public and local communities.

Some areas have been particularly active in this area. For example, work in Glasgow through the child protection committee's vulnerable and young person's sub-group, has placed them at the forefront of responding to child trafficking, working with vulnerable young males and child sexual exploitation. A small number of committees need to place a stronger emphasis on, and play a pivotal role in, driving forward efforts locally to protect children and young people.

Child protection committees have led significant development and activity to highlight and address the risks associated with child sexual exploitation and there are some potential areas of good practice emerging which are worthy of further exploration, validation and wider dissemination.

Here are some examples of how services across the country are addressing child sexual exploitation, which we will seek to validate as recognised good practice over the forthcoming year.

- Police Scotland (initially instigated by Strathclyde Police) set up Operation Dash to scope the nature of child sexual exploitation across the authorities in Strathclyde.
- Collaboration across the child protection committees represented by the West of Scotland Child Protection Consortium and Barnardo's to produce a practitioners' resource toolkit and associated training materials.
- In Aberdeen, a resource entitled **Abby's Room** was designed for schools and community groups and has been used successfully since September 2013 to raise awareness of child sexual exploitation.
- The work across Forth Valley to pilot, on behalf of Scottish Government, tools for strategic assessment and data collection originally developed by the University of Bedfordshire.

- **Doorway**, a multi-agency partnership in South Lanarkshire for gender based violence, providing multi-agency training in relation to child sexual exploitation and abuse.

The focus on child sexual exploitation has highlighted the need for closer investigation into whether services are failing to identify children at risk of sexual abuse. The statistics indicate that there are very low numbers of children and young people on the Child Protection Register who are thought to have been sexually abused or at risk of sexual abuse compared to estimates about the prevalence of child sexual abuse based on the numbers of reported adult survivors.

7. Initiatives in the sector

We have identified a number of potential areas of effective practice in protecting children and young people which would benefit from further examination. Our strategic inspectors will lead work to independently validate examples worthy of national dissemination. These may include:

- A joint subgroup of the adult and child protection committees in Edinburgh and the staging of a publicity campaign **Speak Up, Speak Out** to raise awareness of public protection.
- The **Well-being Web** as a tool for practitioners for use with children and families to assess wellbeing and the impact of support in improving wellbeing in use in Angus.
- **Wonderland**, an engaging drama to raise awareness of sexual exploitation and internet safety among peers in secondary schools across Dumfries and Galloway.
- **New Beginnings**, a multi-agency service in Dundee, to provide intensive support to vulnerable pregnant woman in their pregnancies with a focus on tackling substance misuse.
- **Keeping it safe** booklets designed by children and young people with experience of child protection processes in Edinburgh.
- The pilot of an outcomes framework for children on child protection registers to measure improvements in wellbeing in Falkirk.
- The work of a multi-agency sub-group of the Glasgow Child Protection Committee to commission research into the responses to cases of neglect
- The Highland underage sex protocol and ethical decision making framework.
- Peer review to support and challenge joint self-evaluation between a number of child protection committees.
- **AYRshare**, an integrated information sharing system for vulnerable children across NHS Ayrshire and Arran and the three Ayrshire local authorities
- **Living in Safe Accommodation**, supporting women and children to get accommodation; building resilience and attachment and **Listen2me!** a participation project for child and young person survivors of domestic abuse in West Lothian
- **E-IRD**, a tripartite process in West Lothian for responding to, and managing all, child and adult protection concerns.

8. Future work

Our recent work to review the effectiveness of the arrangements to protect children leads to nine important plans for our future work. Some of these relate specifically to child protection. Others are more general and relevant to the wider agenda for public protection.

1. Publish key messages from the joint inspections of services for children and young people conducted to the end of March 2014. This will help chief officers and child protection committees be aware of the need to continue planning and improving services to protect children and the importance of integrating this into wider strategies for children, young people and families.
2. Help child protection committees develop a set of proxy indicators of improved outcomes for children in need of protection across the wellbeing indicators. This could include us examining more closely, and validating, work underway with the view to disseminating this more widely.
3. Support child protection committees to develop sound performance management information about the quality and effectiveness of key processes to redress and improve upon the current tendency to focus on the volume and frequency of child protection activity.
4. Promote joint reporting about public protection by child and adult protection committees and encourage committees to consider how best to report on their business plans, standards and the quality of their performance.
5. Quality assure significant case reviews and provide a national overview of key points of learning on a biennial basis.
6. Carry out independent validation of the examples set out in sections 6 and 7 of this report with a view to disseminating good practice nationally.
7. Support and challenge child protection committees to consider carefully the reasons why there are very low numbers of children and young people being placed on the Child Protection Register because they are at risk of sexual abuse.
8. Report on child sexual exploitation as a key issue within the joint inspections of services for children and young people from April 2014 and ensure that we report key messages from this publicly and to Ministers.
9. Monitor the impact of changing structures and reorganisation on strategic partnerships for public protection.

9. Next steps

We have identified areas of particular strength as well as potential risks in the work to protect children and young people. Our link inspectors will build on these conclusions and provide the necessary support and challenge to community planning partnerships, chief officers and child and adult protection committees to effect continuous improvement. They will offer support to build capacity for joint self-evaluation using recognised quality improvement frameworks and carry out work to validate areas of good practice, focusing particularly in those aspects which represent the biggest challenges across Scotland. Link inspectors will, as a priority, deliver targeted support to areas of the country where we have identified weaknesses. We will use intelligence from this to inform risk-based plans for scrutiny.

Appendix 1

Position statements for Child Protection and Adult Support and Protection arrangements

Name of local authority area:	
Name(s) and contact details for person(s) for this report :	

Guidance for completion. This proforma is intended to provide you with a format in which to provide short, concise and summary information about the current arrangements in your area for child protection and adult support and protection. It is not intended to generate a large amount of activity in its preparation. We would ask that you to set out the current position and where relevant insert links to publicly available material and refer to supporting documentation which can be easily made available upon request. It will be used to inform an agenda for discussion with link inspectors.

PART A: Child Protection

1. Please provide a brief overview of partnership structures and the current governance arrangements for child protection.

2. Outline your current framework or practices in relation to self-evaluation and joint self-evaluation carried out by chief officers and child protection committees.

3. Please list and provide a brief description of areas of strengths and good practice in relation to the protection of children and young people.

4. Please set out your key priority areas for improvement in relation to services to protect children.

5. Please provide a brief position statement about how services are addressing the key issue of Child Sexual Exploitation.

PART B: Adult Support and Protection

1. Please provide a brief overview of partnership structures and the current governance arrangements for adult support and protection.

2. Outline your current framework or practices in relation to self-evaluation and joint self-evaluation carried out by chief officers and Adult Protection Committees.

3. Please list and provide a brief description of areas of strengths and good practice in relation to the adult support and protection.

4. Please set out your key priority areas for improvement in relation to services to protect adults.

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This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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Inverclyde council

AGENDA ITEM NO: 5

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**8th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/03/2014/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement and Commissioning**	**Contact No:**	**01475 715285**
Subject:	**Learning from Inspection Annual Report 2013 - 2014**		

1.0 PURPOSE

1.1 This report presents a strategic overview of the inspections undertaken during the period 2013 - 2014 of the CHCP regulated service provision, identifying key themes and outlining potential future developments in supporting these services.

2.0 SUMMARY

2.1 From 1st April 2013 – 31st March 2014 there were 10 inspections carried out across all of the CHCP internal regulated services by the Care Inspectorate.

2.2 Overall, services achieved “very good” (grade 5) in 55.56% of inspections; “good” (grade 4) in 41.67% and “excellent” (grade 6) in 2.77% of inspections.

2.3 The Care Inspectorate made 16 recommendations; 7 in children’s services and 9 in learning disability services. They also stipulated 3 requirements in children’s services.

3.0 RECOMMENDATIONS

3.1 It is recommended that the CHCP Sub Committee notes the Learning from Inspection Annual Report as set out in Appendix 1.

Brian Moore
Corporate Director
Community Health & Care Partnership

4.0 BACKGROUND

4.1 On 1 April 2011 the work of the Care Commission passed to a new body, the Care Inspectorate.

4.2 It is an offence under the Public Services Reform (Scotland) Act 2010 to provide a care service that is not registered with the Care Inspectorate.

4.3 Registered services must continuously meet the requirements of the Public Services Reform (Scotland) Act 2010, the National Care Standards, and any other legislation relevant to the service including any Scottish Statutory Instruments.

4.4 The Care Inspectorate grade against four quality themes, with each of the themes having various quality statements under-pinning them. The quality themes include:

Quality Theme 1: quality of care and support;
Quality Theme 2: quality of environment;
Quality Theme 3: quality of staffing;
Quality Theme 4: quality of management and leadership

4.5 There are 13 internal services within the CHCP that are registered and therefore regularly inspected by the Care Inspectorate. This includes six children's services; three learning disability services; 3 older people's services and a homeless service.

4.6 Where the Care Inspectorate find there is an aspect of a service that could be done better they may make a recommendation. This recommendation will set out actions the service should take to improve or develop the quality of the service.

4.7 Where the Care Inspectorate find a service is not complying with the Public Service Reform (Scotland) Act 2010, or the conditions of its registration, they must make a requirement. A requirement sets out what a service must do to comply and are legally enforceable.

4.8 Where any recommendations or requirements have been made, a service will develop an action plan to address the issues identified.

5.0 PROPOSALS

5.1 The CHCP could consider several different options for sharing good practice and further development. It may be helpful to develop a forum to discuss common themes identified from inspections. Another option is to develop a formal peer support / critical friend with another service area.

5.2 A further focus could be on further developing service user and carer participation. This could include, for example, input in delivering staff training; being lay assessors as part of existing quality assurance processes in services and finally being involved in service developments including in recruitment.

6.0 IMPLICATIONS

Finance

6.1 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

6.2 There are no legal implications in this report.

Human Resources

6.3 There are no human resources implications in this report.

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 None at the time of this report.

7.0 CONSULTATIONS

7.1 There is extensive consultation undertaken as part of each inspection and on an on-going basis by services themselves as part of their respective Participation Policies.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

INVERCLYDE CHCP Community Health & Care Partnership

Learning from Inspection

Annual Report 2013-2014

Introduction

There are **13** internal services within the CHCP that are registered and therefore regularly inspected by the Care Inspectorate. From 1st April 2013 – 31st March 2014 there were **10** inspections carried out across all of the CHCP internal services. Table 1 details the service and inspection grades, as well as the number of requirements and recommendations made. Care & Support at Home; Inverclyde Day Services; Fitzgerald Centre and the Homeless Service were not inspected during this timescale and are therefore not included in Table 1.

Table 1 – Service Inspections 2013 - 2014

Service	Service Area	Date of Inspection	Quality Theme 1	Quality Theme 2	Quality Theme 3	Quality Theme 4	Requirements	Recommendations
Adoption	Children's Services	14.03.14	Grade 5	-	Grade 5	Grade 4	0	1
Fostering		28.02.14	Grade 5	-	Grade 5	Grade 5	0	1
Crosshill		21.03.14	Grade 4	Grade 5	Grade 5	Grade 4	1	1
Kylemore		29.07.14	Grade 4	Grade 5	Grade 5	Grade 5	0	1
		03.09.13	Grade 5	Grade 5	Grade 6	Grade 5	0	0
Neil Street		16.04.13	Grade 5	Grade 4	Grade 5	Grade 4	2	0
Throughcare		17.01.14	Grade 4	-	Grade 4	Grade 4	0	3
McPherson Resource Centre	Learning Disability Services	09.12.13	Grade 5	Grade 4	Grade 4	Grade 4	0	4
Support & Care at Home		31.01.14	Grade 4	-	Grade 4	Grade 4	0	5
Respite	Older People's Services	09.12.13	Grade 5	Grade 5	Grade 5	Grade 5	0	0

Explanatory Notes

Quality Themes

There are four quality themes the Care Inspectorate can select to inspect and may choose not to look at all four as part of each inspection. The four themes are:

Quality Theme 1• quality of care and support: how well the service meets the needs of each person who uses it.
Quality Theme 2• quality of environment: where the service is delivered: for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is.
Quality Theme 3• quality of staffing: the quality of the staff, including their qualifications and training.
Quality Theme 4• quality of management and leadership: how the service is managed and how it develops to meet the needs of the people who use it.

Each quality theme has several quality statements under-pinning it. These are explored in more detail later in this report.

Grading

The Care Inspectorate use a six point grading scale as outlined below:

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

Recommendations

Where the Care Inspectorate find there is an aspect of a service that could be done better they may make a recommendation. This recommendation will set out actions the service should take to improve or develop the quality of the service.

Requirements

Where the Care Inspectorate find a service is not complying with the Public Service Reform (Scotland) Act 2010, or the conditions of its registration, they must make a requirement. A requirement sets out what a service must do to comply and are legally enforceable.

Analysis Summary

Overall, services achieved "very good" (grade 5) in **55.56%** of inspections; "good" (grade 4) in **41.67%** and "excellent" (grade 6) in **2.77%** of inspections. Table 2 below outlines the overall grade for each quality theme.

Table 2 – Grade breakdown of Quality Themes

Quality Theme 1		**Quality Theme 2**		**Quality Theme 3**		**Quality Theme 4**	
Grade 6	0	Grade 6	0	Grade 6	10%	Grade 6	0
Grade 5	60%	Grade 5	66.67%	Grade 5	60%	Grade 5	40%
Grade 4	40%	Grade 4	33.33%	Grade 4	30%	Grade 4	60%

There were **16** recommendations made; **7** in children's services and **9** in learning disability services. There were **3** requirements stipulated and all of these were in children's services. Both recommendations and requirements are detailed later in this report.

Where any recommendations or requirements have been made, a service will develop an action plan to address the issues identified.

Of particular note is that that the **3** requirements and **5** of the recommendations all relate to the specific quality theme 4, statement 4*: "we use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide".*

The remainder of this report extracts key sections from inspection reports and presents findings from across service areas. It details individual quality statements and the suggested areas for improvement. This offers a strategic overview to identify common themes and opportunities for learning and peer support.

What the service does well		
Children's Services	*Learning Disability Services*	*Older People' Services*
• Partnership working and links with children's health and area teams. • Investment in services • Work with birth parents in planning and decision-making. • Participation methods are embedded in daily practices. • All aspects of care planning and practice are highly personalised to meet individual needs. • Staff focus on building positive relationships.	• There is a range of activities that service users can try. • Health promotion and health passport is good. • There is a health advocacy group.	• Staff are familiar with likes, dislikes and support needs of people. • Flexibility of service. • The use of the "Your voice" forum. • Choice of activities.

The primary strength identified is the links services have with other agencies, particularly with health services. While there are specific factors for each service area; there are also opportunities for learning in, for example, health promotion; participation methods and personalisation.

What the service could do better		
Children's Services	*Learning Disability Services*	*Older People' Services*
• Resolve vacant Adoption manager post. • Further develop its response to placement disruptions. • Ensure notifications are made to Inspectorate. • Evidence discussions with young people to demonstrate how they are being supported to manage risk behaviours. • Quality assurance processes are stamped and dated and further develop quality assurance audits. • Promote leadership opportunities within the staff team. • Staff supervision is implemented in line with policy. • Explore additional training opportunities. • Ensure all staff are fully conversant with child protection policy and procedure.	• The service should inform service users and carers of the outcomes following questionnaire analysis. • The service should review how it covers staff absence.	• Involvement of service users / carers in self-assessment.

Commonalities noted in this section include participation and involvement; and managing vacancies / staff absences.

Comments on Self-Assessment		
Children's Services	*Learning Disability Services*	*Older People's Services*
• It included areas for development and changes planned. • It described how people who used the service had taken part in the self-assessment. • For one service the manager was advised to update the self-assessment to include identified areas for improvement. • The previous manager had completed self-assessment and had graded all quality statements as excellent. The Care Inspectorate did not agree with this assessment.	• This could be improved by including more details about what outcomes have been achieved. • It needs to demonstrate how service users were involved in the completion of the self-assessment.	• The self-assessment reflected our assessment.

The comments on self-assessment suggest that that could be an opportunity for peer learning across services with regards to collating evidence; involvement of stakeholders in the self-assessment and completing the self-assessment (including grading and identifying improvement to inform an action plan).

There may also be wider learning for CHCP services around self-evaluation linked not only to inspection, but also as part of an overarching quality assurance framework to inform service development and commissioning plans.

Areas for Improvement

Quality Theme 1: Quality of Care and Support		
Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• Further develop approach to service evaluation. • Consider reducing, where possible, the numbers of fostering panel members and consider developing profiles of panel members for those attending to view. • Child friendly questionnaires could be considered for foster carers reviews. • Further develop service newsletter by including a "You Said, We Did" feature. • Review of Viewpoint to ensure young people would want to use this. • Consider implementing solutions identified by young people from recent awareness sessions on impact of new legislation. • The current participation policy, development plan and welcome brochure to be updated to reflect how the service elicits the views of young people. • Service user's should have access to independent advocacy. • Explore how children's champion can develop opportunities for young people to participate in the operational development. • Support plans should be signed by young people as an indication of their agreement.	• The service has developed a new service user questionnaire to be completed quarterly that should report on outcomes achieved and identify future improvements in an action plan. • The service is developing a carers support group who can be involved with the future development of the service. • The service should ensure people are aware of the complaint procedure. • There should be a participation strategy that is specific to the service and staff should be aware of this and it should be communicated to all service users and relatives. • Care plans need to be more outcome focused.	• To continue to build on very good practice.

1. Recommendation for Throughcare, Children's Services
   The service should continue to explore and develop methods for young people to participate in the development of the service. It should clearly record comments and suggestions and make sure action plans are in place to address areas that could be improved. Young people should be clear about any action taken following their feedback in meetings or through questionnaires. National Care Standards, Housing Support Services, Standard 3 Management and Staffing, Standard 8 Expressing your Views.

2. Recommendation for McPherson Resource Centre, Learning Disability Services
   The provider should create a participation strategy for the McPherson Resource Centre which outlines all the ways that service users and their relatives can get involved in the development of the service. This is a recommendation made against the National Care Standards, Support Services, Standard 1 - Informing and Deciding You have detailed information about the support service in plain English or in a language or format that you can easily understand.

3. Recommendation for Support and Care at Home, Learning Disability Services
   The management team should ensure that service users, carers and staff are aware of all the ways they can influence the assessment and development of the service. This should be made clear in a localised participation strategy. This is a recommendation under the National Care Standards, Housing Support Services, Standard 8 - Expressing Your Rights.

It must be noted from the three recommendations outlined above that the common theme across services is around developing their respective participation strategy, ensuring these are explicit on service users / carers involvement at all levels (including individual questionnaires, focus group and staff development); ensuring learning and improvements following any consultation is communicated to service users / carers and action plans are fully implemented.

Quality Theme 1: Quality of Care and Support		
Quality Statement 3: We ensure that service users' health and wellbeing needs are met.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• The service has introduced checks to manage the transition for children to their adoptive families, including the transfer of medical records. • The service had previously employed an independent Reviewing Officer. This post has recently been deleted. The service should monitor the impact this may have on the review process. • Although the service makes reference to GIRFEC and the SHANNARRI well-being indicators, this should be further developed to evidence how young people are being supported to achieve healthy lives and how outcomes influence their overall health and wellbeing. • To further evidence effective interventions with young people, who are involved in high risk behaviours, the service should risk assess the needs of young people and compile clear individual risk assessments, which incorporate staffing levels, to demonstrate that at all times there are enough staff available to undertake this work. • The provider had implemented a new monthly summary to track outcomes for young people. This record showed the progress made by young people, and informed review meetings, core group and staff meetings and helped to retain a clear focus on areas affecting young	• The service should ensure that where staff are asked to monitor aspects of service user's health for example their weight or bowel movements or seizure patterns etc. that the monitoring forms state briefly; why this is required: when it will be reviewed: when staff will be expected to take further action. • The service should consider the findings of the Scottish Government's report entitled; 'Keys to Life' and decide how the service can take forward the advice in it and share this with staff. • Best practice guidance around the administration of medication is that as few people are responsible for handling medication as possible. With this is mind, if it is possible for someone to have the timing of their medication changed to avoid them needing to receive medication whilst at the service the management team should have discussions with the	• To continue to develop practice and keep up to date with developments in the field of respite.

people and identify strategies to support them. This should continue to be implemented to demonstrate accurate recordings relating to outcomes. • The service should ensure that all aspects of young people's plans are signed and dated by young people and others involved in their care and support. • Individual plans for young people should contain the response given by the service, to instances of imposed 'consequences' to specific behaviours. • System developed for recording when medication audits conducted. • Each young person's plan should convey how young people are being supported to achieve positive outcomes and should state specific strategies and approaches suited to each situation. • The service should consider implementing support plans that reflect GIRFEC (Getting it Right for Every Child) for all young people who use the service. This would help staff and young people clearly identify outcomes, evaluate the progress made and identify areas of achievement by young people.	relevant carers and health professionals regarding this. The provider should consider adding this into their medication policy. • The provider is currently looking at introducing new training for staff around crisis intervention which it has assessed as being better than CALM training; we will explore the impact of this with staff at our next inspection.	

4. Recommendation for Crosshill, Children's Services
   The service should compile a clear risk assessment of young people's needs, where high risk behaviour is an issue and this should incorporate staffing levels to demonstrate that at all times there are enough staff on duty to meet the care and support needs of young people. National Care Standards, Care Homes for Children and Young People, Standard 7, Management and staffing.

5. Recommendation for McPherson Resource Centre, Learning Disability Services
   The provider should consider amending their medication policy to include a section on discussing medication times with relatives and health professionals. This is a recommendation made against the National Care Standards - Management and Staffing Arrangements. You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

6. Recommendation for Support and Care at Home, Learning Disability Services
   The management should identify action points that the service can take forward from the Scottish government's document 'Keys to life.' This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements.

7. Recommendation for Support and Care at Home, Learning Disability Services
   The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action. This is a recommendation against the National Care Standards; Housing Support Services, Standard 3 Management and staffing arrangements.

While the recommendations are service specific in Quality Statement 3, there is learning that is applicable to all service areas including around administrating medication (recording and audits of this); health promotion and risk assessments.

Quality Theme 2: Quality of Environment		
Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• Some of the furniture requires to be replaced in the coming months. The service intends to involve young people in choosing new items and this will further evidence the service's commitment to taking account of the views of young people.	• The provider should consider how they can evidence within their self-assessment how service users and their relatives have been involved in the on-going assessment and development of the environment within the service.	No areas of improvement identified.

The key theme in this quality statement is involvement of service users / carers in improvements in the environment. It would be good practice to involve service users / carers in undertaking environmental audits. This would also address issues identified in quality statement 2.

Quality Theme 2: Quality of Environment		
Quality Statement 2: We make sure that the environment is safe and service users are protected.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• Risk assess the environment – is there a current need for the alarm in upper floor and young people indicating this is not creating a "homely" aspect. • Confidential paperwork needs to be kept secure • All staff should receive child protection and refresher training. • The service should continue to review and evaluate practices in support of keeping young people safe. • The local authority's child protection procedure had not been followed. The service must ensure that all policies and procedures in relation to child protection and complaints are adhered to and that the appropriate notifications are submitted to the Care Inspectorate. • Repair work should be completed. • The service should ensure that all paper towels are placed in appropriate dispensers to ensure that cross infection does not take place.	• While all new staff have to go through PVG checks to ensure their suitability to work in this service and all established staff undergone Disclosure Scotland checks for the same purpose; the provider does not currently request that these checks are reviewed every 3 year. It is best practice to do this. • The environment in places was old by this we mean in places carpets and linoleum were torn and needing replaced, corridor walls had temporary patches covering dents in the walls. Also while a few doors had automatic push pad openings the majority did not making it difficult for service users to enter and exit rooms by themselves.	• To continue to build on very good practice.

8. Recommendation for Kylemore, Children's Services
   The service must ensure that all confidential paperwork is secured safely. NCS 7 Care Homes for Children and Young People - Management and Staffing.

9. Recommendations for McPherson Resource Centre, Learning Disability Services
   The provider should review Disclosure Scotland checks every 3 years and update these with PVG checks once the 3 years is up. This is in line with best practice procedures. This is a recommendation made against the National Care Standards, Support Services - Management and Staffing Arrangements.

10. Recommendations for McPherson Resource Centre, Learning Disability Services
    The provider should carry out an environmental audit of any repairs required and create an action plan for which these will be completed. This is a recommendation made against the National Care Standards, Support Services - Standard 5 – Your Environment

The key theme for this quality statement is to ensure checks and audits are undertaken routinely to closely monitor a wide range of factors ranging from the physical environment, child / adult protection training and PVG checks.

Quality Theme 3: Quality of Staffing		
Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.		
Children's Services	*Learning Disability Services*	*Older People' Services*
There were no areas of improvement identified.	• A localised participation policy could highlight the opportunities to be involved in the recruitment process and the local newsletter could be used to remind people. • Annual staff appraisal should include service users views. • Need to consider how they can evidence within their self- assessment how service users and their relatives have been involved in the on-going assessment and development of the staff within the service. • While there was evidence that some service users had been involved in staff recruitment, the service should give service users and/or their relatives the opportunity to be involved in interviews on every occasion. • The service should ensure accessible venues for staff interviews to ensure service user / carer involvement. • The management team should evaluate how feedback has helped the service develop.	There were no areas of improvement identified.

Peer support across services and opportunities to share learning, experience and best practice would be helpful in relation to this quality statement. While there were no specific areas of improvement identified in both children's services and older people's inspections; this does not exclude them from any peer support opportunities.

Quality Theme 3: Quality of Staffing		
Quality Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• There is scope to further develop partnership working with area teams. • Fostering and adoption staff could deliver training and development within the local authority. • The service should continue to provide leadership opportunities for staff, to promote positive outcomes for young people. • The service should continue to access training opportunities which help address individual needs of young people. • The service should ensure that the changing needs of the young people are assessed and that staffing levels set accordingly. • The staff training plan could be further enhanced by identifying more specific areas for personal development, linked to staff appraisal. • Supervision should be provided on a regular basis and this should include reflection, action plans and be signed by both parties in Kylemore a staff supervision planner has been developed to ensure this would take place throughout the year. • The service had outlined a range of methods to promote leadership activity within the team and we advised that this work should continue, and afford all members of staff the opportunity to	• Team meetings could introduce a "policy of the month" to keep staff refreshed about policies. • The provider has employed 6 new members of staff which when they start should alleviate pressure on staff, which in turn will free up staff to provide extra support to service users. • Staff should be aware about inspectorate criteria and grading. • There should be training on SDS and outcome focused care planning. • Team leaders and seniors frequently had to cover shifts which have reduced their capabilities to look at developing the service. This is the reason that this statement is graded lower than it had been at the last inspection. We note that the provider is going through a review of management structures as part of the wider review of learning disability services. We would hope that once this has been completed the service will be able to move forward again.	• To look at ways that those on respite can be involved in staff supervision and appraisal

fully utilise their skills, knowledge and experience. This will encourage greater ownership of decisions and lead to improved practice in support of young people.		

11. Recommendation for Throughcare, Children's Services

The provider should review record keeping in relation to staff supervision. Supervision records should include supervisor and supervisee signatures and action plans for future development. National Care Standards, Housing Support Services, Standard 3 Management and staffing.

Key themes in this quality statement include ensuring staff receive regular staff supervision and training (beyond mandatory training). Some areas of improvement could be used in other service areas, for example, the idea of introducing a "policy of the month" as part of team meetings.

Quality Theme 4: Quality of Management and Leadership		
Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• Although circumstances can make it difficult at times, to engage with young people's family members, the service should endeavour to involve parents/carers as much as possible, in gathering feedback about how the service is managed. This will provide additional insight into how families view the quality of the service.	• The service should detail in their participation policy what methods will be used to assess the quality of management and leadership. • The service should detail outcomes from participation. • The provider should consider how they can evidence within their self- assessment how service users and their relatives have been involved in the on-going assessment and development of the management and leadership of the service. • The provider should ensure that feedback from the people who use the service and their relatives is considered within the annual appraisal process of the service manager and team leaders. The manager should consider what the outcomes have been for service users from their participation in relation to this.	There were no areas of improvement identified.

There are examples of good practice across services for the above quality statement and services are striving to further improve. This is an area where sharing of good practice would be helpful and to consider if there are training and developmental supports that could be provided around participation. Participation is also a key theme within the draft national Clinical and Care Governance Framework and this will inform the future direction and emphasis being placed on evidencing participation.

Quality Theme 4: Quality of Management and Leadership		
Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.		
Children's Services	*Learning Disability Services*	*Older People' Services*
• There were indications that approaches to placement disruptions were inconsistent. Whilst there had been few disruptions, the service should be clear about the role of disruption meetings following these events. • The service should further develop its approach to service planning, ensuring full involvement, particularly of staff and carers, in developing and reviewing plans. Service plans should outline aims which are clear and measurable to allow progress to be monitored. • The service should submit information regarding identified areas for improvement under each quality statement in order to demonstrate a complete assessment of the service. • Although the service had a development plan, the format of this document should be revised to reflect evidence of continuous improvement and be formulated further to having gathered and evaluated the views of all stakeholders. • The service should continue to ensure staff; service users and other stakeholders are informed and included in any operational changes that will affect them. • Staff members' involvement in the service	• Management is currently in discussions with an Inspector from the registration team within the Care Inspectorate to update the current registration certificate. Part of this process will involve the provider updating the dependency levels of the people who use the service which will then form the basis for discussions with the Care Inspectorate over the creation of a new staffing schedule to replace the current one which is out of date. • The management team should ensure that the service acts on feedback from the new service user and relatives questionnaires to make improvements to the service. • Mandatory audits should be fully completed. • Management should take a more outcome focused approach to their self-assessment process next year. By this mean that they should give examples under each statement of the difference that support has made to service users and how service user participation has led to improvements within the service. • The service should think about creating a more formal quality assurance system by	• To continue to build on very good practice

provider's practice development groups had been limited. We felt their skills and knowledge could be used to better effect. • There was a need to further improve approaches to recruitment, with the development of a formal strategy and action plan. • Submit notifications to inspectorate within timescales. • The child protection procedures and complaints procedures must be followed. • Further develop quality assurance processes, audits and how follow-up actions have impacted on outcomes.	pulling the measures already in place into clear internal and external audits. It is important to have a clear quality assurance policy so that service users and their relatives know how quality will be monitored. • The total amount of hours that service users are supported by the service was not always captured within care plans.	

While there are aspects of this quality statement where services can evidence good practice; it is also where **3** requirements and **5** recommendations were made. All service areas have developed their own quality assurance processes and it may be helpful for services to share good practice. A CHCP Quality Assurance Framework is currently being developed and should help to embed quality assurance and identify supports in, for example, undertaking external audits. Two requirements are in relation to services failing to submit notifications to the Care Inspectorate within timescales. The Care Inspectorate had also noted in child protection and complaints procedures were not being followed. As previously suggested by the Care Inspectorate, one option could be to include a “policy of the month” in team meetings to enable staff to re-familiarise themselves with existing policy and procedures.

12. Recommendation for Adoption, Children's Services

With the recent appointment of a new adoption manager, the service should involve staff in discussions about service planning, including approaches to recruitment and training. Plans should outline clear and measurable aims which can be reviewed. National Care Standards, Adoption Agencies. Standard 32: Providing a Good Quality Service.

13. Recommendation for Fostering, Children's Services

The service should ensure that focused discussion takes place following any disruption of a young person's placement. This should be recorded and should examine any factors affecting the outcome of the placement and any action to be taken. National Care Standards, Foster Care and Family Placement Services. Standard 13: Management and Staffing.

14. Recommendation for Throughcare, Children's Services

The provider should further develop its quality assurance audits. Records should be kept to demonstrate how follow up action from audits has impacted on outcomes for young people. National Care Standards, Housing Support Services, Standard 3 Management and Staffing

15. Recommendation for Support and Care at Home, Learning Disability Services

The service provider should look at introducing a robust quality assurance system for the service so that the service can be assessed to see if it is meeting the aims purpose and functions of the service. This is a recommendation against the National Care Standards - Housing Support Services. Standard 3 -Management and Staffing Arrangements.

16. Recommendation for Support and Care at Home, Learning Disability Services

Care plans should detail the total amount of support hours the council agrees to provide for service users. This is a recommendation against the National Care Standards - Housing Support Services. Standard 2 - Your Legal Rights.15

1. Requirement for Crosshill, Children's Services

   The provider must ensure that all reportable incidents are submitted as notifications to the Care Inspectorate. This is to comply with SS1/2011 210, Regulation 4 (1) (a) - make proper provision for the health, welfare and safety of service users. Timescale: immediate.

2. Requirement for Neil Street, Children's Services

   The provider must ensure that all policies and procedures in relation to child protection and complaints are adhered to. This is in order to comply with: SS1 20111/210 regulation 4 (1) (a) - a requirement that the provider shall make proper provision for the health and welfare of service users. Timescale - with immediate effect.

3. Requirement for Neil Street, Children's Services

   The provider must ensure that all reportable incidents are submitted as notifications to the Care Inspectorate. This is in order to comply with: SS1 20111/210 regulation 4 (1) (a) - a requirement that the provider shall make proper provision for the health and welfare of service users. Timescale - with immediate effect.

Conclusion

In undertaking this strategic overview of inspections of CHCP internal registered services it has confirmed that while the CHCP delivers generally very good services; there are key themes across services where further improvements can be made. The CHCP could consider several different options for sharing good practice and further development. It may be helpful to develop a forum to discuss common themes identified. Another option is to develop a formal peer support / critical friend with another service area. Finally, there is a variety of supports that the Quality and Development Team could provide including around quality assurance; participation; questionnaire analysis; reviewing policy and procedures; and organisational development and training.

Ann Wardlaw

Quality and Development Lead

6th November 2014

Inverclyde council

AGENDA ITEM NO: 6

NHS Greater Glasgow and Clyde

Report To:	**Community Health and Care Partnership Sub Committee**	**Date:**	**8th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health and Care Partnership**	**Report No:**	**CHCP/09/2014/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care Inverclyde Community Health and Care Partnership**	**Contact No:**	**01475 715283**
Subject:	**The Inverclyde Pilot: A Shared Approach to Shaping Demand and Design for Hospital Services**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Sub Committee on the work to date of the "Inverclyde Pilot".

2.0 SUMMARY

2.1 Working with NHS Greater Glasgow and Clyde, we established the Inverclyde Pilot in 2013 to develop a Board approach to ensure that partnerships focus on and change the use of acute services delivered for their population. The aim was to establish joint planning:-

- Ensuring partnerships have a full stake in the use of acute care;
- Influencing the reshaping of acute services to reflect population needs and priorities;
- Leading to a shift in the balance of resources between acute and partnership allocations to reflect agreed redesign and activity changes.

3.0 RECOMMENDATIONS

3.1 The Sub Committee is asked to note the progress of the work to date.

Brian Moore
Corporate Director
Inverclyde CHCP

4.0 BACKGROUND

4.1 Rationale

The Inverclyde locality was chosen to provide a useful test bed to begin exploring the potential of the new HSCPs to work in partnership with acute services to focus on, and change the use of, acute care delivered for their populations.

While there are already numerous examples of good practice in relation to joint working between acute and primary care, the creation of HSCPs as strategic commissioning organisations with responsibility for the strategic planning of acute services creates increased opportunities. Joint strategic planning will allow partnerships to have a full stake in the use of acute care and to influence the reshaping of acute services to reflect population needs and priorities.

The Inverclyde Pilot has been established to test this potential in both a planning/analytical context and in respect of local operational change to improve service efficiency for patients, service users and carers.

A shift in the balance of resources between acute and partnerships in line with the rebalancing of services will be required to support implementation and will provide an impetus to drive effective change.

This focus on acute services by Partnerships is key to the delivery of each of our five strategic priorities to improve the health of our population:

- Early intervention and preventing ill-health.
- Shifting the balance of care.
- Reshaping care for older people.
- Improving quality , efficiency and effectiveness of the care provided
- Tackling inequalities.

It is anticipated that the Inverclyde work will be a pathfinder for the rest of the board area to develop interface working and service integration across community, primary care and secondary care.

4.2 Inverclyde CHCP is coterminous with the catchment area of Inverclyde Royal Hospital. In excess of 70% of the local hospital's activity is from the local community of Inverclyde, with the remainder made up of patients from neighbouring health boards in North Ayrshire and the Cowal and Bute peninsula. There is a strong affiliation to the hospital amongst local people with limited use currently made of hospital services outwith the area, apart from maternity and inpatient services which are unavailable at Inverclyde with the Royal Alexandra Hospital, Paisley providing the shortfall. This dominance in service delivery has undoubtedly partially evolved as a result of Inverclyde Royal Hospital being more remote from any other hospital in NHS Greater Glasgow and Clyde.

4.3 The development seen since the inception of the Community Health and Care Partnership in 2010 has facilitated the commitment to joint working across community health services and social care.

5.0 PROPOSALS

5.1 There were guiding principles underpinning our work in respect of the Inverclyde Pilot which are consistent with the aspirations and intentions of a number of key strategic drivers articulated in our local plans and strategies such as our Directorate Improvement and Development Plans and overarching Commissioning Strategy. These principles include:-

- Care is provided in the most appropriate place by the most appropriate professionals.

- Acute is acute only and interface/integration is much better.
- Ensuring the most acute and expensive care is used appropriately.
- Addressing the continuing pressures of growth in demand for acute care.
- Redesigning services to increase efficiency and effectiveness and identify opportunities to shift the balance of care.
- Addressing the disproportionately high use of hospital services by our population.
- Fewer people are cared for in settings which are inappropriate for their needs.
- There are agreed patient pathways across the system, with roles and capacity clearly defined including new ways of working for primary and community care.
- We offer increased support for self-care and self-management which reduces demand for other services.
- Increased use of anticipatory care planning which takes account of health and care needs, and home circumstances and support.
- Clearly defined, sustainable models of care for older people.
- More services in the community to support older people at home and to provide alternatives to admission where appropriate.
- More people are able to die at home or in their preferred place of care.

Key steps included:

1. High level analysis of Inverclyde CHCP's usage of secondary care services was undertaken in spring 2013. This provided the initial grounding of baseline data for review at an engagement event with the wider clinical and service reference group.

2. An event took place in June 2013 with representation from primary and secondary care both from a clinical and managerial perspective. Discussion focused on reaching a common understanding of any identified undue variation in activity. From this, priority areas were agreed around which joint work would be undertaken.

3. Cognisance was also taken of the areas of interest of the clinicians involved, allowing to a large extent, the front line clinicians, informed by the analysis, to decide on which areas to work on.

4. The feedback from this event allowed the local Implementation Group to create an action plan to determine the best way forward for the Inverclyde locality. Areas of focus within the action plan were agreed as follows:-

    - Orthopaedics referrals
    - Dermatology referrals
    - Diabetes admissions
    - COPD admissions
    - Diagnostics
    - A&E Attendances
    - Admissions from Care Homes

5. Once the broad areas of work were defined, a needs assessment was undertaken. This included an initial description of the demographic characteristics of the Inverclyde population compared with corresponding ones for NHS GGC.

    The data was standardised to allow the identification of variation over and above that which is attributable to demographic factors, as this is the variation which is likely to be amenable to local intervention.

    Data of the most recent financial year available was used where possible.

    Ongoing provision of data analysis as required

6. Ongoing engagement between lead clinicians across primary and acute care, focused on the topic areas listed above, with support from the project team.

7. Regular reporting to the overarching steering group to ensure progress, alignment with original aims, and to retain the links required to ensure transferability to other Board areas.

5.2 Use of data and some early findings

Given the vast amount of data which could be analysed, the Board Support Group adopted a systematic approach to data analysis and interpretation, which could facilitate replication of the pilot if it is successful.

The data analysis focused on the acute activity generated by Inverclyde CHCP residents. It did not include activity generated in other NHS GGC CHCPs or from other NHS boards, conducted in Inverclyde Royal Hospital.

A Needs Assessment was conducted. Need may be defined as the potential to benefit from an intervention. Assessment of need is epidemiological in nature and consists fundamentally of assessment of prevalence or incidence of disease. In many cases, direct measures of incidence and prevalence may not be available and recourse must be made to proxy measures. These may include measures derived from mortality or morbidity data. The assessment of need in the population of Inverclyde CHCP has been a central part of the project.

Indices of Population Health in Inverclyde: In a needs-based health service, variations in service delivery would be accounted for by variations in population need. In practice, much variation in service delivery is related to other factors. Standardised Mortality Ratios (SMR) for important forms of mortality and prevalence rates for common chronic diseases are shown in Tables 1.1 and 1.2.

Table 1.1: Standardised Mortality Ratios (%) in Inverclyde CHCP

Cause of Mortality	Standardised Mortality Ratio (%)
All causes	98.3 (ns)
Colorectal cancer	128.3 (ns)
Lung cancer	65.8 (s)
Breast cancer	118.1 (ns)
Prostate cancer	135.4 (ns)
Ischaemic heart disease	101.6 (ns)
Stroke	115.3 (ns)
Pneumonia	53.3 (s)
Chronic pulmonary disease	87.6 (ns)
Hepatic disease	129.6 (ns)

The SMR for mortality from all causes was 98.3% and the result was not statistically significant. This means that the overall level of mortality was not significantly different in Inverclyde from the standard population, NHS GGC. The values of the SMR for the other major causes of mortality were either less than, or not significantly different from, the level in NHS GGC.

Table 1.2: Prevalence of Chronic Diseases in Inverclyde CHCP

Disease	Number of cases (prevalent)	Inverclyde Prevalence (%)	NHS GGC Prevalence (%)
Diabetes	4,076	4.88	4.41
Epilepsy	786	0.94	0.82
Cardiac failure	701	0.84	0.86
Hypertension	11,993	14.36	12.82
Learning disabilities	469	0.56	0.46
Mental health problems	1,031	1.23	1.00
Obesity	7,933	9.5	7.84

Osteoporosis	156	0.19	0.14
Peripheral arterial disease	925	1.11	0.83
Stroke/TIA	2,222	2.66	2.07
Asthma	5,318	6.37	5.90
Ischaemic heart disease	4,545	5.44	4.23
Chronic renal disease	3,475	4.16	2.86
Chronic pulmonary disease	2,121	2.54	2.37

The prevalence rates (%) shown for chronic diseases in Table 1.2 are available as crude rates only. This means that no correction can be applied for demographic differences between Inverclyde and NHS GGC and this makes comparison between the populations difficult. For example, the prevalence of diabetes was 4.88% in Inverclyde and 4.41% in NHS GGC, but in the absence of standardised prevalence rates, it is not possible to conclude that the burden of diabetes was greater in Inverclyde than in the standard population.

In summary, there is no evidence of major differences in the overall health of the populations in Inverclyde and NHS GGC.

General Aspects of Measures of Activity in Secondary Care: A range of measures related to activity in secondary care is available, for example, elective and emergency admission rates. These measures reflect need in the population but are not direct measures of need because of the number of factors that mediate the relation between incidence of disease and admission to hospital. These factors are shown in Table 2.1.

Table 2.2: Overall Activity (All Specialties) in Inverclyde Compared with NHS GGC (2012/2013)

Activity	Inverclyde Number	Ratio (%)	Significantly Different	Comment
Day-case	9,917	95.4	Yes	Rate about 5% less than average in NHS GGC
Elective in-patient admission	2,993	101.8	No	Admission rate not significantly different from average in NHS GGC
Emergency in-patient admission	9,040	89.9	Yes	Admission rate about 10% less than average in NHS GGC
Total bed-days	90,997	95.1	Yes	Bed-day rate about 5% less than average in NHS GGC
New referrals to out-patients	25,596	97.7	Yes	Rate about 2% less than average in NHS GGC

This shows that for all specialties:-

- In total, residents of Inverclyde accounted for 9,917 day-cases in the year 2012/2013. The standardised day-case ratio was 95.4%. This means that the level of day-case activity in Inverclyde was about 5% less than in the population of NHS GGC and that this could not be attributed to demographic differences between the two populations.

- Residents of Inverclyde accounted for 2,993 elective admissions to hospital in the year 2012/2013. The standardised admission ratio was 101.8% and this was not significantly different from the rate in NHS GGC. This means that the elective admission rate was not significantly different from the overall level in the population of NHS GGC.

- Residents of Inverclyde accounted for 9,040 emergency admissions to hospital in the year 2012/2013. The standardised admission ratio was 89.9% and this difference was

significant. This means that the emergency admission rate was about ten percent less than in the population of NHS GGC, and that this could not be attributed to demographic differences between the two populations.

- Residents of Inverclyde accounted for 90,997 hospital bed-days in the year 2012/2013. The standardised bed-day ratio was 95.1% and this difference was significant. This means that the bed-day rate was about five percent less than in the population of NHS GGC, and that this could not be attributed to demographic differences between the two populations. The difference in bed-days overall corresponds to about 14 in-patient beds.

In summary, both the overall day-case rate and the in-patient bed-day rates can be considered as indicators of use of resources in secondary care in Inverclyde. Both indicators are less that the average levels in NHS GGC, although different patterns are evident in different specialties. This does not support the contention that the supply of secondary care is excessive compared to its population need.

Trends in Activity in Secondary Care: Analysis of trends in activity rates provides information about patterns of change in different clinical specialties. Information about trends in overall activity in secondary care and in the core medical and surgical specialties is shown in the tables below.

In general, patterns of growth in activity rates may be considered to reflect changes in a range of different factors. These include demographic change, epidemiological change, changes in supply factors, developments in services, changes in admission rates or criteria or changes in referral criteria (Table 2.1). The significance of demographic change for the trends in activity rates may be isolated relatively easily. This is shown in the tables as the proportion of the trend that is attributable to demographic change alone.

Table 3.1: Trends in Overall Activity in Inverclyde, 2003 to 2013

Activity	Trend	Comment	Demographic component
Day-case	Positive trend	Growth in rate from 92.4 per 1,000 to 125.9 per 1,000 between 2003 and 2013	Demographic change accounted for -2.6% of trend
Elective in-patient admission	Negative trend	Decline in rate from 47.6 per 1,000 to 38.0 per 1,000 between 2003 and 2013	Demographic change accounted for -0.8% of trend
Emergency in-patient admission	Positive trend	Growth in rate from 101.7 per 1,000 to 114.8 per 1,000 between 2003 and 2013	Demographic change accounted for -26.0% of trend
Total bed-days	No trend		

Information about trends in overall activity rates is shown in Table 3.1. The main results are as follows:-

- The overall day-case rate increased from 92.4 per 1,000 in 2003 to 125.9 per 1,000 in 2012. Demographic change accounted for -2.6% of the increase in rate. This reflects the fact that demographic change alone would have led to a decline in the day-case rate. This means that the increase was entirely accounted for by other factors including a policy to increase the amount of elective surgery carried out as day-surgery.
- The overall elective in-patient admission rate declined from 47.6 per 1,000 in 2003 to 38.0 per 1,000 in 2012. Demographic change accounted for -0.8% of this decline in rate.
- The overall emergency in-patient admission rate increased from 101.7 per 1,000 in 2003 to 114.8 per 1,000 in 2012. Demographic change accounted for -26.0% of this decline in rate.

- There was no significant trend in overall bed-day rate.

Tables 3.2 to 3.8 reflect the changing trends by specialty.

5.3 Method

Following analysis of the data and taking into account the anecdotal areas of interest highlighted by the clinicians who attended the open event in June 2013, 3 areas were selected to undergo further analysis. The 3 areas reflected apparent significant variations in activity as well as a level of clinical engagement to pragmatically explore further clinical focus groups consisting of multi-disciplinary teams including primary and secondary care clinicians nursing staff, allied health professionals, public health colleagues, planners and managers met to consider the evidence and devise interventions to address the issues.

As this is a pilot of a process, a small number of examples were "worked through" using this approach to assess its utility locally and to provide an output in the timescale of the project. The rest of the analysis was agreed to be undertaken thereafter. The agreed three areas of initial focus are as follows:

1. Orthopaedic
2. Dermatology
3. Diabetes

Action Plans were created, providing an output from each focus group session. This allowed local priorities to be set and leads assigned to drive forward the required changes.

Orthopaedics was highlighted as the main area that further intervention would have the biggest impact on referral behaviours. It was decided that this topic would be the main focus for progressing actions and evaluating the outcomes, providing a model for further work streams to be progressed.

It was agreed that a cycle of Clinical Focus Groups would be the route for bringing primary and secondary care clinicians to focus on these three identified specific areas.

It was agreed that there may be some interventions which can be implemented without going through this Clinical Focus Group process as they are measures which will improve the quality of the service irrespective of the effects of activity.

6.0 IMPLICATIONS

Finance

6.1 None.
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.

Human Resources

6.3 None.

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 None.

7.0 CONSULTATIONS

7.1 None.

Inverclyde council

AGENDA ITEM NO: 7

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**8th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/02/2015/SMc**
Contact Officer:	**Sharon McAlees Head of Service Children and Criminal Justice**	**Contact No:**	**01475 714709**
Subject:	**Speak Out Campaign**		

1.0 PURPOSE

1.1 To inform members of the 2014 Inverclyde Child Protection Committee (ICPC) Public Awareness Campaign.

2.0 SUMMARY

2.1 The Speak Out Public Awareness campaign was delivered by Inverclyde Child Protection Committee in March 2013 and repeated, following a positive evaluation, in March 2014

2.2 The campaign was widely promoted within Inverclyde and achieved national as well as local media interest

2.3 A follow up campaign targeting young people directly is currently being planned for 2015.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the contents of the report and note the Inverclyde Child Protection Committee's plan to deliver a public awareness campaign in 2015 which is targeted directly at young people with a focus on what they should do to help protect their friends.

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Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Inverclyde Child Protection Committee has a specific sub group, the communications sub group, which progresses issues relating to public information on matters of a child protection nature and has traditionally undertaken an annual awareness raising campaign. The March 2013 "Speak Out" was developed in response to the findings of the child protection questions contained in the report of the 2011 Inverclyde Citizen's Panel

4.2 Child protection questions were also included in the Spring 2013 Citizen's Panel for Inverclyde. In this survey the proportion of respondents reporting that nothing would prevent them from reporting concerns of child abuse or neglect had risen from 49% in 2011 to 65% in 2013

4.3 The 2013 campaign was also subject to a rigorous external evaluation.

4.4 The following recommendations were contained within the evaluation report of the 2013 campaign:-

4.4.1 The [Speak Out] materials are used to form the basis of a public awareness campaign in 2014 using a similar marketing strategy subject to available budget.

4.4.2 Additional marketing options are considered to boost the reach of the campaign e.g. posters in train stations, buses or local supermarkets, adverts on local radio and increased use of social media sites.

4.4.3 The need for a complementary campaign targeting children and young people directly should be considered.

5.0 PROPOSALS

5.1 The Child Protection Committee's Public Awareness 'Speak Out' campaign took place during March 2014 following the positive findings from an external evaluation of the 2013 campaign

5.2 The marketing approach taken was a 'blanket' advertising campaign, utilising a wider range of advertising options than had been used during the 2013 campaign including radio advertising and materials displayed in local sports, recreational and shopping facilities.

5.3 Routine monitoring of ICPC website visits indicated that the number of hits on the ICPC website was 11% higher March 2014 than the monthly average for 2013-14. The total number of hits during March 2014 was 5,447.

5.4 The campaign attracted national as well as local media interest with BBC Scotland recording a piece for radio and TV news. The campaign was also featured on the public messages page of the national Child Protection website, 'With Scotland'.

5.5 During the campaign Inverclyde Council sent out 37 tweets with messages in relation to the campaign using #speakout. In total there were 65 re-tweets by organisations including Children 1st and Children in Scotland. The tweet announcing the launch and displaying the campaign artwork was retweeted most often and this reached over 20,000 followers.

NEXT STEPS

5.6 A Child Protection Public Awareness campaign is being developed to run in early 2015 which will be targeted directly at young people with a focus on what they should do to help protect their friends.

5.7 This campaign will be developed with the direct involvement of local young people to ensure the design and marketing approach are appropriate for the target group.

5.8 The marketing experience gained by the CPC, supported by Corporate Communications, in delivering the 2013 and 2014 Speak Out campaigns, will inform the development of the young people's campaign**.**

6.0 IMPLICATIONS

Finance

6.1

Financial Implications:

One off Costs

The one off costs relate to the development of an advertising programme. Costs will be met from within existing resources.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Multiagency Child Protection Committee	Advertising	2014/15	5		

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 N/A.

Human Resources

6.3 N/A.

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 N/A.

7.0 CONSULTATIONS

7.1 Findings from the 2011 and 2013 Citizen's Panel informed the campaign messages.

7.2 Findings from the external evaluation of the 2013 campaign (involving street interviews with members of the public) informed the marketing strategy adopted.

8.0 LIST OF BACKGROUND PAPERS

8.1 Speak Out Campaign: Final Report July 2014.

Inverclyde Child Protection Committee

‘Speak Out’ Campaign

Final Report

July 2014

Report prepared by:
Communications Sub Group of ICPC

Report available to download from
www.inverclydechildprotection.org

CONTENTS

1 Background

The original Speak Out Child Protection Committee campaign (March 2013) was developed in response to the findings of the child protection questions contained in the report of the 2011 Inverclyde Citizen's Panel.

Child protection questions were also included in the Spring 2013 Citizen's panel for Inverclyde. In this survey the proportion of respondents reporting that nothing would prevent them from reporting concerns of child abuse or neglect had risen from 49% to 65%.

In the 2013 survey reasons given that may prevent a concern being reported were:-

- Not having enough evidence or information 18%
- Concerns about confidentiality being maintained 15%
- Fear of getting it wrong 14%
- Fear of retaliation from parents / families 11%
- Belief that nothing would be done 5%

The CPC endorsed the recommendation from the Citizen's Panel survey that addressing fears that may prevent members of the public sharing their concerns should continue to be the focus of public awareness activity along with continuing to publicise the range of options open to those who wish to report a concern about a child.

The 2013 campaign was also subject to a rigorous external evaluation[1]. The following recommendations were contained within the evaluation report of the 2013 campaign:-

1 The [Speak Out] materials are used to form the basis of a public awareness campaign in 2014 using a similar marketing strategy subject to available budget.

2 Additional marketing options are considered to boost the reach of the campaign e.g. posters in train stations, buses or local supermarkets, adverts on local radio and increased use of social media sites.

3 The need for a complementary campaign targeting children and young people directly should be considered.

It was agreed by ICPC that the 2014 campaign should address recommendations 1 and 2 with a longer term plan to develop a campaign targeting children and young people to be developed during the 2014-15 financial year. It was also agreed that given the impact of the materials was externally evaluated in 2013 this exercise did not require to be repeated in 2014 as the same design was being used.

[1] Speak Out Campaign 2013 Final Report

2 The Design

As agreed the design used in 2013 was used for the 2014 campaign with minor amendments to update Police Scotland contact details and increase the prominence of the website and twitter hash-tag.

The final design is shown below

3 The Campaign

The campaign took place during the month of March 2014.

The marketing approach taken was a 'blanket' advertising campaign, with a combination of print, online, outdoor and radio advertising, to ensure the messages reached as wide an audience as possible.

Print advertising

- 845 Posters and 2940 postcards were distributed to public offices, GP surgeries and other venues where the general public spend time. A wider range of venues displayed the materials than in 2013 including libraries, local supermarkets, and local sports and recreation facilities.
- The campaign design was reproduced on the reverse side of till receipts from a local supermarket during the month of March
- Adverts were published in the Greenock Telegraph on the Monday and Friday of the main campaign week (10th and 14th March)

Outdoor Advertising

- The campaign advert was placed on x3 'six sheet' outdoor advertising sites in bus stops across the local authority area for two weeks from 10th to 24th March.

Online / Social Media advertising

- Inverclyde Child Protection Committee website was changed for the duration of the campaign to feature the campaign and associated material prominently on the home page
- The campaign featured on the online sites for Inverclyde Now and Greenock Telegraph
- The campaign featured on the council website and facebook page
- A variety of messages were sent at different times of the day and evening using Inverclyde Council's twitter account *@Inverclyde* throughout the duration of the campaign (37 tweets in all). The hashtag *#speakout* was used to encourage users to find out more about the campaign theme and messages and to link through to the website

Radio / Screen advertising

- A 60second infomercial was developed in conjunction with Your Radio. This ran 7 times per day for one week from 10th – 16th March. The infomercials repeated the main message of the campaign, illustrating this with a series of short fictitious examples of incidents or observations that could raise concerns, action taken and the outcome. (see appendix 1).
- Campaign material featured on Solas screens in GP surgeries

Media Engagement

- A press release was issued to local and National press at the start of the campaign

Awareness Raising with Young People

- Schools were supplied with small information cards to distribute to children and young people from P4-S4 encouraging them to speak to a trusted adult if they don't feel safe or are worried about the safety of a friend. In total approximately 6,200 information cards were distributed.

4 IMPACT

The following measures of the impact of the 2014 campaign are available:-

Website visitors (www.inverclydechildprotection.org)

Routine monitoring of ICPC website visits show that the number of hits on the ICPC website was 11% higher March 2014 than the monthly average for 2013-14. The total number of hits during March 2014 was 5,447. This is significantly less than the number of hits to the website during March 2013 (6,733) when the first Speak Out campaign ran.

Two reasons for this apparently reduced impact of the campaign are suggested

- The number of website visitors in 2013 may have been particularly high as the campaign coincided with a significant amount of wider media interest in child abuse issues linked to the 'Jimmy Saville' allegations.
- The campaign may have had less impact as it was a repeat of the previous year's message and design.

Media Coverage

The campaign attracted national as well as local media interest with BBC Scotland recording a piece for radio and TV news. The director of Inverclyde CHCP and the Head of Service for Education and Communities were interviewed as were members of the public who were shopping at the supermarket where the till receipts were branded with the campaign design. Footage from the local radio campaign was used within the report. The piece was aired on BBC Scotland's morning Radio show on 18th March 2014 and was shown on the BBC Scotland TV news on 30th March 2014.

The campaign was also featured on the public messages page of the 'With Scotland' website.

Twitter (# speakout)

During the campaign Inverclyde Council sent out 37 tweets with messages in relation to the campaign using the hashtag speakout. Each tweet / message reached at least 4,742 followers of Inverclyde Council. In total there were 65 re-tweets by organisations including Children 1st and Children in Scotland. The tweet announcing the launch and displaying the campaign artwork was retweeted most often and this reached over 20,000 followers.

5 Next Steps

As previously agreed it is intended that the 2014/15 campaign will be targeted directly young people with a focus on what they should do to help protect their friends. This campaign should be developed with the direct involvement of local young people to ensure the design and marketing approach are appropriate for the target group.

The marketing experience gained by the CPC, supported by Corporate Communications, in delivering the 2013 and 2014 Speak Out campaigns, will inform the development of the young people's campaign.

Appendix 1

ICPC campaign 2014

Radio scripts

VOICE 1

Speak out - with Inverclyde Child Protection Committee

There are children in our community who need help. if you have a suspicion about child neglect or abuse, don't leave it too late.

VOICE TWO

1. Anne spoke to the head teacher when she became concerned that her sons classmate only ate crisps for lunch every day. He followed this up and the family are now getting help to ensure they get the benefits they are entitled to, while the child now gets a free school meal every day.

2. Mary spoke to her health visitor as her neighbours young children wandered the street alone at night, and appeared to be left home alone at the weekend. The children were being emotionally and physically neglected, and went to live with their grandmother while services helped their parents sort things out.

3. Alison phoned the police when her niece broke down in tears and told her that her dad touched her privates and told her it was their secret. The police and social work are now investigating and the dad has moved into a friend's house for now.

4. Bob spoke to the duty social worker after his sons friend told him he was scared to go home because his dad would be drunk and might hit his mum. It turned out his family had a social worker who was able to speak to the friend, and check that everything was ok at home.

If you're worried about speaking out, how scared do you think HE/SHE IS/THEY ARE?

VOICE ONE

If you have a suspicion about child neglect or abuse, don't leave it too late. Call our social work service 01475 714100, out of hours call 0800 811 505 or in an emergency call the police.

For more information, check inverclydechildprotection.org, or search twitter with hashtag speakout

Inverclyde council

AGENDA ITEM NO: 8

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**8th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/05/2015/SMc**
Contact Officer:	**Sharon McAlees Head of Service Children and Criminal Justice**	**Contact No:**	**01475 714709**
Subject:	**HMP Inverclyde**		

1.0 PURPOSE

1.1 To inform the Sub-Committee of the planning that has been taking place to support the establishment of the new women's prison, HMP Inverclyde.

2.0 SUMMARY

2.1 A new prison for women is being built by the Scottish Prison Service (SPS) to replace HMP Cornton Vale. The site for the new prison is at Inverkip Road on the outskirts of Greenock and it is planned to open in August 2017.

2.2 Inverclyde CHCP has been supporting the establishment of the new prison in two key areas. Firstly, in supporting the development of a local engagement strategy, which has begun with ensuring good linkage between the Corporate Communications teams of both the Council and SPS and is now progressing to planning the first community engagement events.

2.3 Secondly in partnership with North Strathclyde Community Justice Authority (NSCJA) a project has been initiated to develop a Throughcare service for women being held in the prison to prepare them for release and support them on return to the community. The project has adopted a collaborative approach involving a broad range of public and third sector organisations including Inverclyde CHCP, SPS, NHS Greater Glasgow and Clyde, NHS Scotland, SACRO and Turning Point Scotland.

2.4 The project presents a significant opportunity to ensure the model adopted reflects current thinking on best practice in the area. Moreover, Inverclyde CHCP will have a statutory duty to provide the Criminal Justice Social Work service for the new prison and thus there is the unique opportunity to ensure both elements of provision complement each other. This would not only ensure greater equality of access to services for the women but also in the skills mix available to support them.

3.0 RECOMMENDATIONS

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 In October 2012, the then Cabinet Secretary for Justice, Kenny MacAskill informed the Scottish Parliament that a new women only prison would be built in Inverclyde and two new specialist units for women would be set up inside HMP Edinburgh and HMP Grampian.

4.2 The Cabinet Secretary's announcement followed consideration of a report by The Scottish Commission on Women Offenders which recommended that HMP Cornton Vale be demolished and replaced with a smaller prison.

4.3 HMP Inverclyde has a design capacity for 250 women and will act as both a national facility for women with complex needs and a regional facility for the West of Scotland.

4.4 A Governance Group has been established to support the development of the Throughcare service for women being held at HMP Inverclyde. It is chaired by Sharon McAlees, Inverclyde CHCP, and will provide oversight of the project. In addition, an Operation Group has been created to design the new service. Key tasks for the latter group will be to (a) identify and communicate with key stakeholders, (b) develop a logic model for the service, (c) design the Throughcare service model and (d) prepare bids for funding as required.

4.5 It is intended both groups will meet three or four times per year with a number of sub groups set up to take the work forward. The immediate task is to create a communication strategy to include the requirements of both national and regional stakeholders. In early 2015, a logic modelling event will take place, which will be facilitated by the Scottish Government, Justice Analytical Services and will create the logic model for the service.

4.6 The workplan at 4.7 identifies the immediate key milestones for creating the design of the new service which will eventually replace the current Shine service. Shine provide mentoring support to women who are either in prison or on a community order.

4.7

Activity / Purpose	Date / Venue	Outcome
Communications Workshop to identify key partners and develop strategic communications	04/09/2014	Communication Strategy
Best practice workshop to achieve common understanding of what works best to support women who offend	January 2015 Polmont	Improved understanding of what works
Meeting with Women Offenders Commission to discuss initial thoughts on the service and managing expectations	Spring 2015 Edinburgh	Final preparations for Logic Model Workshop
Logic Model Workshop to clarify the processes of support and change that the service will provide	March 2015 Inverclyde	Logic Model for the service created
Service Design Workshop	April / May 2015	Options created and scored against Logic Model

5.0 PROPOSALS

5.1 Implementation of the above workplan

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications: N/A

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 N/A

Human Resources

6.3 N/A

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 Narrative to be provided here depending on the content of the report.

7.0 CONSULTATIONS

7.1 Community consultation planned for December 2014

8.0 LIST OF BACKGROUND PAPERS

8.1 Report of the Scottish Commission on Women Offenders (June 2012).

INVERCLYDE COMMUNITY HEALTH AND CARE PARTNERSHIP SUB-COMMITTEE

AGENDA AND ALL PAPERS TO:		
Councillor McIlwee		1
Councillor Jones		1
Councillor McCabe		1
Councillor Rebecchi		1
Councillor MacLeod		1
All other Members (for information only)		15
Officers:		
Chief Executive		1
Corporate Communications & Public Affairs		1
Corporate Director Community Health & Care Partnership		1
Head of Children & Families and Criminal Justice		1
Head of Community Care & Health		1
Head of Planning, Health Improvement & Commissioning		1
Clinical Director		1
Head of Mental Health & Addictions		1
Corporate Director Education, Communities & Organisational Development		1
Chief Financial Officer		2
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, NHS Greater Glasgow & Clyde		1
Ken Winter, NHS Greater Glasgow & Clyde		1
Diana McCrone, Staff Partnership Forum		1
Nell McFadden, Public Partnership Forum		1
	TOTAL	**41**
AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:		
Community Councils		10
Karen Haldane, "Your Voice", 12 Clyde Square, Greenock		1
	TOTAL	**52**