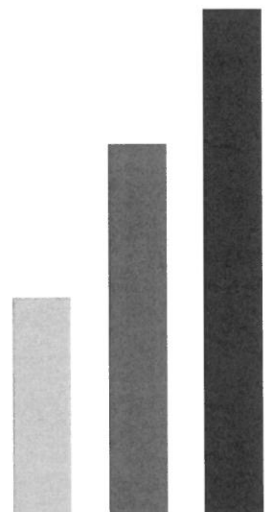
Inverclyde
council

Agenda 2015

Inverclyde Community Health & Care Partnership Sub-Committee

For meeting on:

26	February	2015



Inverclyde
council
Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 12 February 2015

A meeting of the Inverclyde Community Health & Care Partnership Sub-Committee will be held on Thursday 26 February 2015 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

**** Copy to follow**

1. **Apologies, Substitutions and Declarations of Interest**	**Page**
NEW BUSINESS 2. **Presentation on Child Sexual Exploitation**	
PERFORMANCE MANAGEMENT 3. **Community Health & Care Partnership – Financial Report 2014/15 as at Period 9 to 31 December 2014** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
4. **Caladh House (Turning Point Scotland) Care Home Service Unannounced Inspection** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
5. **Hillend Respite Unit Inspection** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
6. **Update on Delayed Discharge Performance** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
NEW BUSINESS 7. **Inverclyde Integrated Care Plan 2014/15** Report by Corporate Director Inverclyde Community Health & Care Partnership	p

8.	**Working Towards a Dementia Friendly Inverclyde** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
9.	**Review of Shared Services within Criminal Justice** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
10.	**Scottish Government's Response to the Consultation on the Future Model of Community Justice in Scotland** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
11.	**Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living** Report by Corporate Director Inverclyde Community Health & Care Partnership	p
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		
12.	**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	p
NEW BUSINESS		
13.	**Award of Contract for Adult Mental Health Intensive Supported Living** **Paras 6 & 8** Report by Corporate Director Inverclyde Community Health & Care Partnership seeking approval to award a contract for the above	p
14.	**Award of Contracts for the Provision of Home Care Services** **Paras 6 & 8** Report by Corporate Director Inverclyde Community Health & Care Partnership seeking approval to award contracts for the above	p
15.	**Child Sexual Exploitation** **Para 14** Report by Corporate Director Inverclyde Community Health & Care Partnership on the key themes relating to child sexual exploitation arising from national local enquiries and investigations	p

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

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 3

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 26 February 2015**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No: CHCP/20/2015/LB**
Contact Officer:	**Lesley Bairden**	**Contact No: 01475 712257**
Subject:	**Community Health & Care Partnership – Financial Report 2014/15 as at Period 9 to 31 December 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 9 to 31 December 2014.

2.0 SUMMARY

REVENUE PROJECTION 2014/15

2.1 The total Health and Community Care Partnership revenue budget for 2014/15 is £120,397,000 with a projected underspend of £181,000 being 0.15% of the revised budget. This is a reduction in projected spend of £181,000 since the break even position last reported to the Sub-Committee as at period 7.

2.2 The Social Work revised budget is £49,071,000 and is projected to underspend by £181,000 (0.37%), a reduction of £181,000 since last reported, mainly due to the projected costs of adult care packages.

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 9, it is projected that there will be a transfer of £194,000 to the reserve at 31 March 2015; however this will be subject to the CHCP containing any further Older People or other 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 £71,326,000 and is projected to budget as previously reported at period 7.

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 £16,000 (0.2%) underspent 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 to underspend by £30,000.

2.9 The Social Work capital budget is £195,000, with projected slippage of £25,000 (being 13%) reflecting £32,000 Kylemore retentions, offset by £7,000 overspend on the expansion of the Hillend Respite Unit from 3 to 4 beds. The underspend of £25,000 will be returned to the Council's Capital Programme.

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 and will now fund Fire Alarm works to 2 Health Centres as the costs of these projects has increased from the original estimated costs. The planned Cathcart Centre roofing works will now be met from revenue budgets along with other revenue funded works. The Health capital budget has slippage of £5,000 and the Fire Alarm work for the third Health Centre will be reviewed as part of the 2015/16 programme of works.

EARMARKED RESERVES 2014/15

2.12 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,218,000 projected to be spent in the current financial year. To date £1,390,000 spend has been incurred which is 63% of the projected 2014/15 spend. The spend to date per profiling was expected to be £1,509,000 therefore project slippage equates to £119,000 (8%), 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 budget smoothing, namely:

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

2.13 As advised to the last Sub-Committee £264,000 funding for improving Delayed Discharge performance was agreed and this in included within Deferred Income, not reported to the Sub-Committee as this reserve simply deals with timing issues relating to spend. The Service will provide periodic performance reports on Delayed Discharge.

3.0 RECOMMENDATIONS

3.1 The Sub-Committee note the current year revenue budget projected underspend of £181,000 for 2014/15 as at 31 December 2014.

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

- Social Work capital projected slippage of £25,000 in the current year and over the life of the projects.
- Health capital projected slippage of £5,000.

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

3.4 The Sub-Committee note the position on Prescribing.

3.5 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 projected underspend of £181,000 (0.15%) and the current capital programme position of £30,000 slippage.

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: £181,000 PROJECTED UNDERSPEND

5.1 SOCIAL WORK £181,000 PROJECTED UNDERSPEND

The projected underspend of £181,000 (0.37%) for the current financial year remains predominantly due to client commitment cost within Older Persons' Services offset, in part, by turnover, both within Internal Homecare and other Services and by a one off contribution from the NHS for demographic pressures as previously reported. This is a reduction in projected costs of £181,000. The material projected variances and reasons for the movement since last reported are identified, per service, below:

a. **Strategy: Projected £50,000 (2.40%) underspend**

The underspend relates predominantly to continued turnover of £42,000, a further £5,000 since period 7.

b. **Older Persons: Projected £355,000 (1.67%) overspend**

The projected overspend reflects continued increasing costs in Homecare which is projected to overspend by £272,000. There is a projected overspend of £72,000 within Residential and Nursing purchased places, per the current number of clients receiving care, less the one off contribution from NHS for pressures. This is a reduction in costs of £5,000.

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

c. **Learning Disabilities: Projected £28,000 (0.44%) overspend**

The projected overspend relates to turnover a number of running cost budgets, including transport, offset in part by turnover savings. The reduction in costs of £76,000 reflects the current number of clients in receipt of care packages, with previously committed costs for a complex needs case not required in the current financial year.

It should be noted that the current year budget includes £350,000 pressure funding, with a further budget increase of £200,000 in 2015/16 reflecting the pressures expected within this service. A further budget pressure bid was included as part of the current budget cycle, reflecting projected service demand.

d. **Mental Health: Projected £155,000 (12.09%) underspend**

The projected underspend remains primarily due to turnover of £97,000, of which £32,000 relates to early achievement of a saving. The reduction in projected costs of £32,000 is due to further turnover of £9,000 and a reduction in client costs of £24,000.

e. **Children & Families: Projected £237,000 (2.33%) underspend**

The main reason for the underspend remains turnover of £105,000 and a projected underspend of £21,000 relating to the Children's Panel, along with Respite underspend of £33,000. This is a further underspend of £64,000 since last reported of which £33,000 reflects current respite commitments, with the remainder relating to revised projections over a number of budget lines.

There is a projected underspend within residential childcare, adoption and fostering of £194,000, 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%) underspend**

The underspend reflects turnover of £43,000 offset in part by client package costs. The reduction of £64,000 mainly relates to a decrease in client numbers.

g. **Addictions / Substance Misuse: Projected £45,000 (3.98%) underspend**

The projected underspend remains due to £35,000 turnover and the increase in projected costs of £41,000 mainly relates to client package costs.

h. **Support & Management: Projected £65,000 (2.83%) underspend**

The underspend mainly relates to turnover, a further £16,000 since period 7.

i. **Assessment & Care Management: Projected £119,000 (7.30%) underspend**

The projected underspend remains due to turnover from vacancies. This is a further projected underspend of £35,000.

j. **Homelessness: Projected £139,000 (18.18%) 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 and subsequent increase to void rental income is the main reason for the increased projected costs of £99,000.

This projected overspend has been further compounded by the non-achievement of £40,000 saving in the current financial year which was predicated on additional income from the additional two units at the Inverclyde Centre. A detailed review of all Homelessness budgets will be undertaken and thereafter reported to the relevant Sub-Committee via the Council's Corporate Management Team.

5.2 HEALTH £NIL PROJECTED VARIANCE

The Health budget is £71,326,000 with the current projected spend to budget. This is after the previously reported NHS contribution to Older People cost pressures in the Council, recognising the cross system approach within the CHCP for joint commissioning. The significant projected variances, along with reasons for the movement from period 7, per service, are identified below.

a. **Children & Families: Projected £77,000 (2.53%) overspend**

There remain historic supply pressures within Children & Adolescent Mental Health Services (CAMHS) of £35,000 along with salary overspends within CAMHS due to Resource Allocation Model (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 funding solution, with a number of options identified on a system wide basis for 2015/16.

This is a reduction in projected overspend of £15,000, from vacant posts.

b. **Health & Community Care: Projected £15,000 (0.40%) underspend**

The projected underspend remains due to vacant posts mainly within nursing, and in particular treatment rooms. This is an increase in costs of £55,000 mainly from bank and nursing costs, including transfer of Podiatry bank costs previously projected within Management & Administration.

c. **Management & Administration: £45,000 (1.99%) underspend**

The projected underspend reflects continued pressures within portering, in line with prior year spend, offset by additional funding and realignment of budget savings. The reduction in projected costs of £21,000 is mainly due to transfer of Podiatry bank costs to Health & Community Care.

d. **Learning Disabilities: Projected £56,000 (9.77%) 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 £81,000 (4.20%) underspend**

The projected underspend remains due to turnover and the reduction in costs of £68,000 is due to revision of any likely recruitment by the end of the financial year.

f. **Mental Health Communities: Projected £15,000 (0.67%) overspend**

This remains a result of turnover within nursing staff costs, including maternity leave, offset by a projected overspend within pharmacy costs, which is in line with the previous year. This is a projected cost increase of £58,000 due to increased rent for Crown House and further prescribing costs.

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 £16,000 (0.2%) underspent on the year to date.

6.0 CHANGE FUND

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

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	863	40
Community Capacity - Health	11	11	0
Community Capacity - Council	356	364	8
Grand Total	**1,522**	**1,529**	**7**
Projected Over Commitment / (Slippage) at 31 December 2014			**7**

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

7.0 2014/15 CURRENT CAPITAL POSITION – £30,000 UNDERSPEND

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 the final underspend of £32,000 being returned to the Council's Capital Programme.
- £80,000 to expand the Hillend respite unit, with the overspend of £7,000 being met from the Council's Capital Programme.

The slippage of £25,000 is 13% of the current year budget.

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

7.3 The Health capital budget of £138,000 is now projecting slippage of £5,000 as the funding of the Fire Alarm works has now been revised to meet the costs of 2 of the planned 3 Health Centre works. The funding for the upgrade of the third Health Centre Fire Alarm system will be reviewed as part of the 2015/16 programme of works.

7.4 In addition to the Health capital funding a further £113,000 works will be funded from revenue maintenance:

- £50,000 asbestos encapsulation within Greenock and Port Glasgow Health Centres reception upgrade.
- £23,000 Gourock Health Centre Reception.
- £40,000 Cathcart Centre roofing works.

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

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,218,000 projected to be spent in the current financial year. To date £1,390,000 spend has been incurred which is 63% of the projected 2014/15 spend. The spend to date per profiling was expected to be £1,509,000 therefore project slippage equates to £119,000 (8%), 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 budget smoothing, namely:

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

8.2 As advised to the last Sub-Committee £264,000 funding for improving Delayed Discharge performance was agreed and this in included within Deferred Income, not reported to the Sub-Committee as this reserve simply deals with timing issues relating to spend. The Service will provide periodic performance reports on Delayed Discharge.

9.0 VIREMENT

9.1 Appendix 7 details the virements that the CHCP Sub-Committee is requested to approve. As at period 9 there are no requested virements.

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 9: 1 April 2014 - 31 December 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	48,074	46,983	(1,091)	(2.27%)
Property Costs	2,971	3,367	3,240	(127)	(3.77%)
Supplies & Services	59,463	59,457	60,269	812	1.37%
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)	(15,657)	(15,549)	108	(0.69%)
Contribution to Reserves	0	(88)	(88)	0	0.00%
	119,150	**120,397**	**120,216**	**(181)**	**(0.15%)**

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	3,032	2,973	(59)	(1.95%)
Older Persons	20,971	21,253	21,608	355	1.67%
Learning Disabilities	6,804	6,886	6,858	(28)	(0.41%)
Mental Health - Communities	3,793	3,527	3,387	(140)	(3.97%)
Mental Health - Inpatient Services	9,228	9,190	9,187	(3)	(0.03%)
Children & Families	12,948	13,224	13,064	(160)	(1.21%)
Physical & Sensory	2,272	2,253	2,221	(32)	(1.42%)
Addiction / Substance Misuse	3,111	3,058	2,932	(126)	(4.12%)
Assessment & Care Management / Health & Community	5,268	5,361	5,227	(134)	(2.50%)
Support / Management / Admin	4,170	4,564	4,454	(110)	(2.41%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	743	739	878	139	18.81%
Family Health Services	21,039	21,004	21,004	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**	**120,397**	**120,216**	**(181)**	**(0.15%)**

** 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	71,326	71,326	0	0.00%
Council	49,062	49,071	48,890	(181)	(0.37%)
CHCP NET EXPENDITURE	**119,150**	**120,397**	**120,216**	**(181)**	**(0.15%)**

( ) denotes an underspend per Council reporting conventions

** £2.3 million externally funded

APPENDIX 2

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 9: 1 April 2014 - 31 December 2014

Note	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	26,069	25,152	(917)	(3.52%)
	1,431	Property costs	1,453	1,438	1,306	(132)	(9.18%)
	919	Supplies and Services	808	815	967	152	18.65%
	482	Transport and Plant	366	381	481	100	26.25%
	1,021	Administration Costs	879	896	987	91	10.16%
8	32,751	Payments to Other Bodies	33,457	33,535	33,952	417	1.24%
	(13,922)	Income	(13,877)	(13,975)	(13,867)	108	(0.77%)
9		Contribution to Earmarked Reserves		(88)	(88)	0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,071**	**48,890**	**(181)**	**(0.37%)**

Note	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	2,030	(50)	(2.40%)
	21,541	Older Persons	20,971	21,253	21,608	355	1.67%
	6,159	Learning Disabilities	6,251	6,313	6,341	28	0.44%
	1,308	Mental Health	1,382	1,282	1,127	(155)	(12.09%)
3	9,070	Children & Families	10,228	10,181	9,944	(237)	(2.33%)
	2,465	Physical & Sensory	2,272	2,253	2,221	(32)	(1.42%)
	1,033	Addiction / Substance Misuse	1,193	1,130	1,085	(45)	(3.98%)
	2,128	Support / Management	2,220	2,298	2,233	(65)	(2.83%)
	1,576	Assessment & Care Management	1,690	1,630	1,511	(119)	(7.30%)
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	878	139	18.81%
		Contribution to Earmarked Reserves		(88)	(88)	0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,071**	**48,890**	**(181)**	**(0.37%)**

( ) 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 £194k 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 & Inflation etc.	119
Budget transfer to Delayed Discharge Earmarked Reserve	(88)
Budget transfer to Client Finance Team	(22)
Revised Budget 2014/15	49,071

6 There are currently 30 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 £361k 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 9: 1 April 2014 - 31 December 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	22,005	21,831	(174)	(0.79%)
1,083	Property	1,518	1,929	1,934	5	0.26%
4,320	Supplies & Services	2,914	2,826	2,878	52	1.84%
20,717	Family Health Services (net)	21,039	21,004	21,004	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)	(1,682)	(1,682)	0	0.00%
71,094	**HEALTH NET EXPENDITURE**	**70,088**	**71,326**	**71,326**	**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	3,120	77	2.53%
3,755	Health & Community Care	3,578	3,731	3,716	(15)	(0.40%)
2,040	Management & Admin	1,950	2,266	2,221	(45)	(1.99%)
540	Learning Disabilities	553	573	517	(56)	(9.77%)
1,900	Addictions	1,918	1,928	1,847	(81)	(4.20%)
2,283	Mental Health - Communities	2,411	2,245	2,260	15	0.67%
9,516	Mental Health - Inpatient Services	9,228	9,190	9,187	(3)	(0.03%)
1,070	Planning & Health Improvement	710	952	943	(9)	(0.95%)
[1] 1,228	Change Fund	1,028	1,150	1,150	0	0.00%
20,717	Family Health Services	21,039	21,004	21,004	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**	**71,326**	**71,326**	**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	415
	Keepwell / Childsmile	117
	GMS Cross Charge / FHS Adjustments	(35)
	Prescribing	291
	Transitional Funding - Integration	135
	Other including Hotel Services Allocation and Skills Mix Funding	315
	Revised Budget 2014/15	71,326

3 Contribution to Older Peoples pressures

APPENDIX 4

REVENUE BUDGET YEAR TO DATE

PERIOD 9: 1 April 2014 - 31 December 2014

	SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
	SOCIAL WORK				
	Employee Costs	18,657	17,900	(757)	(4.06%)
1	Property costs	1,020	806	(214)	(20.98%)
	Supplies and Services	575	668	93	16.17%
	Transport and Plant	276	341	65	23.55%
	Administration Costs	644	475	(169)	(26.24%)
1	Payments to Other Bodies	24,062	23,161	(901)	(3.74%)
	Income	(10,177)	(10,005)	172	(1.69%)
	SOCIAL WORK NET EXPENDITURE	**35,057**	**33,346**	**(1,711)**	**(4.88%)**

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	16,131	16,088	(43)	(0.27%)
Property Costs	1,149	1,078	(71)	(6.18%)
Supplies	1,983	2,063	80	4.03%
Family Health Services (net)	15,541	15,541	0	0.00%
Prescribing (net)	12,382	12,382	0	0.00%
Resource Transfer	6,780	6,780	0	0.00%
Income	(1,426)	(1,426)	0	0.00%
HEALTH NET EXPENDITURE	**52,540**	**52,506**	**(34)**	**(0.06%)**

( ) 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 9: 1 April 2014 to 31 December 2014

Project Name	Est Total Cost £000	Actual to 31/3/14 £000	Approved Budget 2014/15 £000	Revised Est 2014/15 £000	Actual to 31/12/14 £000	Est 2015/16 £000	Est 2016/17 £000	Future Years £000	Start Date	Original Completion Date	Current Completion Date	Status
SOCIAL WORK												
Kylemore Children's Home	1,212	1,129	115	83	41	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 £83k so the £32k 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)	87	0	80	87	67	0	0	0	28/05/14		14/11/14	Increase of one bed within respite unit. Building work is completed and the £7k overspend is met from the capital programme.
Neil Street Children's 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 Children's 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	**4,806**	**1,156**	**195**	**170**	**108**	**1,775**	**1,705**	**0**				
HEALTH												
CHCP Formula Allocation 2014-15 (see 2 below)												
Port Glasgow Health Centre - Fire Alarm	50		50	51	0	0	0	0	tbc	by 31/03/15	31/03/15	Fire Advisor recommendation, revised to current estimate of works
Greenock Health Centre - Fire Alarm	30		30	82	0	0	0	0				Fire Advisor recommendation, revised to current estimate of works
Gourock Health Centres - Fire Alarm and Reception Upgrade	18		18	0	0	0	0	0				Fire Advisor recommendation and works to improve privacy
Cathcart Centre Roofing Works	40		40	0	0	0	0	0	tbc	by 31/03/15	31/03/15	Repair leaks to mezzanine level
Health Total	**138**	**0**	**138**	**133**	**0**	**0**	**0**	**0**				
Grand Total CHCP	**4,944**	**1,156**	**333**	**303**	**108**	**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 of £138k for local formula capital allocation / capital backlog maintenance.

Additional planned works are being met from revenue maintenance:	£000
Cathcart Centre Roofing Works	40
Gourock Health Centre reception upgrade	23
Port Glasgow and Greenock Health Centres - Asbestos Encapsulation	50
	113

Gourock Fire Alarm upgrade will be reviewed for inclusion in the 2015/16 capital programme

EARMARKED RESERVES POSITION STATEMENT **APPENDIX 6**
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 9 2014/15 £000	Actual To Period 9 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	166	153	263	144	SDS project and SWIFT financial module. Spending plans are regularly reviewed.
Growth Fund - Loan Default Write Off	Helen Watson	28	2	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	850	820	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	180	284	298	105	There are plans in place to spend £298k of the £403k, including a contribution to the 2014/15 Sheltered Wardens' saving of £70k, thus leaving a balance to be spent in 2015/16 of £105k, made up of the Dementia Strategy of £67k, the Ravenscraig Re-provisioning of £27k plus an uncommitted balance of £11k. The agreed £48k for Caladh House Renovations has been transferred to the specific Caladh House reserve.
Information Governance Policy Officer	Helen Watson	57	41	29	41	16	The spend relates to the Council's Information Governance Officer.
Joint Equipment Store	Beth Culshaw	50	31	2	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. It will be spent in full in 2014/15, mainly on the replacement of old hoists that are no longer fit for purpose.
Support for Young Carers	Sharon McAlees	65	46	11	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 9 2014/15 £000	Actual To Period 9 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	129	13	22	453	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. The tender will be issued shortly but no construction costs will be incurred in 2014/15. £13k has been spent on the feasibility study and there will be a further £9k in property fees recharged before the end of March 15.
Making Advice Work	Helen Watson	38	29	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	29	29	50	0	This reserve is to fund expenditure on Welfare Reform within the CHCP.
Total		**3,005**	**1,509**	**1,390**	**2,218**	**787**	

APPENDIX 7

CHCP - HEALTH & SOCIAL CARE

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
No virements requiring approval		
	0	**0**

Notes

APPENDIX 8

EMPLOYEE COST VARIANCES

PERIOD 9: 1 April 2014 - 31 December 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	(42)	(42)
2	Older Persons	0	(361)	(361)
3	Learning Disabilities	(12)	(17)	(29)
4	Mental Health	(32)	(65)	(97)
5	Children & Families	0	(105)	(105)
6	Physical & Sensory	0	(43)	(43)
7	Addiction / Substance Misuse	0	(35)	(35)
8	Support / Management	0	(74)	(74)
9	Assessment & Care Management	0	(134)	(134)
10	Criminal Justice / Scottish Prison Service	0	13	13
11	Homelessness	0	(10)	(10)
	SOCIAL WORK EMPLOYEE UNDERSPEND	**(44)**	**(873)**	**(917)**
	HEALTH			
12	Children & Families		38	38
13	Health & Community Care		(61)	(61)
14	Management & Admin		(40)	(40)
15	Learning Disabilities		(61)	(61)
16	Addictions		(76)	(76)
17	Mental Health - Communities		(21)	(21)
18	Mental Health - Inpatient Services		70	70
19	Planning & Health Improvement		(23)	(23)
	HEALTH EMPLOYEE UNDERSPEND		**(174)**	**(174)**
	TOTAL EMPLOYEE UNDERSPEND	**(44)**	**(1,047)**	**(1,091)**

1 1 vacancy which will not be filled before 31/03/15
2 26 vacancies along with maternity leave savings - NB offset by external costs, due to recruitment issues
3 Early achievement of saving on 1 post. 3 vacancies being filled, 1 vacancy wll not be filled by 31/03/15
4 Early achievement of saving on 1 post. 1 vacancy in the process of being filled
5 1 vacancy being filled and 4 which will not be filled before 31/03/15
6 3 vacancies being filled and 2 which will not be filled before 31/03/15
7 2 vacancies which are in the process of being filled
8 3 vacancies being filled and 4 which will not be filled before 31/03/15
9 5 vacancies being filled and 2 which will not be filled before 31/03/15
10 Overspend met from grant funding
11 1 vacancy being filled
12 Ongoing impacts of RAM and supernumerary employee
13 Nursing turnover and agency refunds
14 Portering pressure, offset by budget 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: 4

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub - Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health and Care Partnership (CHCP)**	**Report No:**	**CHCP/16/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care Inverclyde Community Health and Care Partnership**	**Contact No:**	**01475 715283**
Subject:	**Caladh House (Turning Point Scotland) (TPS) Care Home Service Unannounced Inspection of October 2014**		

1.0 PURPOSE

1.1 The purpose of this report is to inform Committee of the outcome of the unannounced Care Inspection of Caladh House (TPS) over a 3 day period 8th, 10th and 24th October 2014.

2.0 SUMMARY

2.1 Caladh House is a regulated Care Home service registered with the Care Inspectorate to deliver a Care Home service and as such is subject to annual Inspections by the Care Inspectorate.

2.2 The level of Inspection was of low intensity an acknowledgement by the Care Inspectorate that this service is working hard to deliver consistently high standards of care and support.

2.3 The Care Inspectorate is an independent scrutiny body who regulate care services across Scotland assessing the quality of care against 4 themed elements: care and support, environment, staffing and management and leadership.

2.4 During the inspection information was gathered from a number of sources from the service including policies, procedures, care plans, and other records alongside consultation and conversations with a range of staff, service users, carers and relevant stakeholders.

2.5 The outcome of this inspection provided grades of 5 across all themes, indicating an overall very good quality of service. There were 2 recommendations for improvement with no requirements.

2.6 A full public report of the Inspection and grades is published on the Care Inspectorate website.

2.7 The summary of grades awarded as follows:

Quality of Care and Support (5)	very good
Quality of the Environment (5)	very good
Quality of Staffing (5)	very good
Quality of Leadership and Management (5)	very good

3.0 RECOMMENDATIONS

3.1 Members are asked to note the outcome of the Care Inspection of Caladh House (TPS) and acknowledge the continued high quality of care and support provided.

3.2 Members are asked to note the 2 recommendations specified and actions taken to ensure continuous improvement of the service.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Caladh House (TPS)

Caladh House is a registered Care Home supporting 10 adults with learning disability who have a range of care and support needs. Ages range from 32 – 81 years.

4.2 One of the conditions of the services registration is that the provider should evidence to the Care Inspectorate that it has plans in place to provide en-suite facilities for service users living within the Care Home by December 2013. The service has met this condition by evidencing plans by the deadline and that funding has been identified to begin redevelopment in 2015.

4.3 At the Sub-Committee on 9th January 2014, approval was granted for use of funding for the re-design of the Caladh premises at Bank Street, providing a supported living model of service to promote independence, choice, control and dignity for service users. Work has been carried out by Inverclyde Council's Property Assets & Facilities Management with respect to the re-design with an anticipated start date for work around May 2015.

4.4 Summary of Overall Grades:

Quality of Care and Support Statement 1 graded 6 excellent Statement 3 graded 5 very good	Overall grade **5** very good
Quality of Environment Statement 1 graded 6 excellent Statement 2 graded 4 good	Overall grade **5** very good
Quality of Staffing Statement 1 graded 5 very good Statement 3 graded 5 very good	Overall grade **5** very good
Quality of Management and Leadership Statement 1 graded 6 excellent Statement 4 graded 5 very good	Overall grade **5** very good

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

4.5 The current Care Inspectorate gradings acknowledge how well the service has worked with service users, relatives and the CHCP over the redevelopment of the service and that the Provider has embraced service users' participation in everything they do.

4.6 The Inspection highlights good practice examples from the service including a stakeholder's day facilitated by TPS involving participation by service users, carers and Care Managers in discussion groups considering the strengths of the service and areas which could be developed. The feedback fed into the Care Inspectorate self-assessment that the Manager submitted prior to Inspection. Examples were reviewed by the Care Inspectorate evidencing where feedback had led to change.

4.7 A further example highlighted was where service users had been supported to make presentations at National events facilitated by TPS.

4.8 The Inspection further acknowledged that service users' health and wellbeing were a priority to the Provider and staff. There was evidence that staff were aware of the needs of the people they supported and appropriate training provided to meet a range of needs. Specific training in Autism and Dementia were examples of targeted training.

4.9 The Care Inspectorate issued two recommendations:

A recommendation is a statement that sets out which actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not result in enforcement. Recommendations are based on National Care Standards, relevant codes of practice and recognised good practice.

4.10 Recommendations:

1. The Caladh Management Team should arrange with qualified medical practitioners to have treatment plans included as part of Section 47 Adults with Incapacity (AWI) Certificates.

2. TPS should review their infection control procedures to reconsider risks within communal bathrooms.

4.11 Actions Taken:

1. This recommendation has been actioned by TPS with GP and Care Management input. All service users who require treatment plans in terms of AWI have them in place with two service users who have been assessed as having capacity not requiring one.
   Timescale: Completed.

2. TPS have replaced the shared metal pull cord with a plastic cord and daily cleaning protocols are in place for shower chairs. Monitoring and recording of the protocol are being undertaken by Management.

   TPS have advised the Care Inspectorate that cotton hand towels have been used in toilets to replace paper towels due to issues of blocking toilets with paper towels by some service users. Electric hand dryers have been requested as part of the redesign work on the building.

5.0 PROPOSALS

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

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 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 Consultation has taken place between TPS, Caladh residents, families and the CHCP.

8.0 LIST OF BACKGROUND PAPERS

8.1 Turning Point Scotland Caladh House Care Inspectorate Report (SP2003002813) – 24 October 2014.

care inspectorate

Care service inspection report

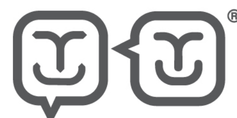
Turning Point Scotland Caladh House

Care Home Service Adults

14/16 Bank Street
Greenock
PA15 4PH

Type of inspection: Unannounced

Inspection completed on: 24 October 2014



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Service provided by:

Turning Point Scotland

Service provider number:

SP2003002813

Care service number:

CS2012312217

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

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

What the service does well

The service has embraced the concept of service user participation in everything that they do.

What the service could do better

The service has begun to change all paperwork relating to the support they provide in order to increase the focus on the outcomes for people as a result of using the service.

What the service has done since the last inspection

The provider has held several meetings with the people who live in the service and their relatives to discuss how the care home will be re-developed in 2015; plans for the re-development are in the final stages.

Conclusion

This is a very good service which supports people to maximise their independence. People who use the service speak highly of it. The service has worked well with service users, relatives and the local authority over the re-development of the care home. There was one requirement and two recommendations made in the last inspection report all of which have been met by the service.

1 About the service we inspected

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- **A recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

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

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

The service is registered to provide a care home service for a maximum of 10 people who have a learning disability. The service is situated in Greenock close to the town centre. One of the conditions of the service's registration is that the provider had to evidence to the Care Inspectorate that it had plans in place to provide en-suite facilities for the people living within the home by December 2013. The service met this criteria by evidencing plans were in place by the deadline and funding is now available to begin the re-development in 2015.

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

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

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

The inspection was carried out by one Inspector over 3 days. We visited the service on an unannounced basis 8 October between the hours of 7:30pm and 11:30 pm. This gave us the opportunity to speak with some of the people who live in the service who we may not see during the day. We continued the inspection from 10:00am until 5:00pm 10 October and concluded the inspection 24 October when we inspected the service between the hours of 9:45 am and 3:00pm; we gave the manager and service co-ordinator feedback at the end of the third day of the inspection.

As 10 people live in this service, prior to the inspection we sent 10 Care Standards questionnaires to the service to pass out to service users, 7 of these were completed and returned to us. We sent additional questionnaires to be passed onto family members of the people who live in the house, we received 6 of these back. We also sent out 10 staff questionnaires to the service to be passed to staff members, 8 of these were returned to us. These give individuals the chance to contribute to the inspection and to do so anonymously if they wish.

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

- 7 service users
- The Manager
- The Service Co-ordinator
- The Assistant Service Co-ordinator
- 4 Support Workers
- 1 Chef.

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

- Care plans
- The service's incident and accident book
- The service information pack
- Newsletters
- Service's development plan

- Staff training checklist
- Welcome Pack
- Employee Induction procedure
- Staff meetings
- Staff personnel files
- Supervision minutes
- Complaints folder
- Training records
- Medication records
- Questionnaires and the service's evaluation of them
- Minutes of stakeholders meetings
- Feedback from the Stakeholders Day
- Family day information
- "Key to life group" information
- European Foundation Quality Management (EFQM) report
- Provider's quality assurance report (IMPACQT report).

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

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

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

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

What the service did to meet the requirement

We checked the records and found that they were being kept up to date as evidence that people were having their creams applied as prescribed by their doctors.

The requirement is: Met - Within Timescales

The requirement

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

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

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

What the service did to meet the requirement

A record is kept of the registration numbers with the Scottish Social Services Council. All staff who should be registered are registered.

The requirement is: Met - Within Timescales

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

There was 1 recommendation made at the last inspection which has been met. The recommendation was that the provider should add checks to ensure care plans have been updated following accidents or incidents into their quality assurance procedures. This is now part of the service co-ordinators role and records we sampled had been updated appropriately.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

It could be improved by not just telling us what they do but by providing more examples which highlight what the outcomes have been for service users as a result of the support offered.

Taking the views of people using the care service into account

Feedback about the service was all positive.

Prior to the inspection we sent out 10 care standards questionnaires so that there was one for each person living in the service. 7 were returned. During the inspection we had the opportunity to speak with 7 of the 10 people who live in the service.

People answered that they were happy or very happy with the quality of support the service gives them.

We have included further comments and views from people using the service in the body of the report.

Taking carers' views into account

There were no carers available during this inspection. We did sent out 10 relative's questionnaires to the service and asked them to pass them out to each service user's next of kin. We received 6 back; all of which strongly agreed with the statement that they were happy with the overall quality of the service given to their relative.

We have included further comments and views from relatives of the people living in the service in the body of the report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The service was excellent at involving the people who live in the care home in the assessment and development of the service which they receive. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service
- Interviews with service users
- Service user information pack
- The provider's participation strategy and the local service strategy
- Newsletters
- The service's questionnaires, returned by; service users, relatives and stakeholders and the subsequent action plan developed from the feedback
- Minutes of stakeholders meetings
- Feedback from the Stakeholders Day
- Family day information
- "Key to life group" information.

The service sends out questionnaires to the people who use the service. These ask relevant questions regarding the service in general and the staff who provide their care. The responses that we viewed were positive and where suggestions had been made the service could evidence that they had followed them up appropriately. For example 30% of respondents were not aware of the provider's complaint procedure so the procedure was re-distributed to all relatives and service users and noted in their care plans that it had been discussed with them.

Records show that the service holds care reviews for service users and their families every 6 months. We sampled some of the reviews within care plans and felt that a wide range of points were discussed at these meetings and care plans were adapted following the meetings. Over the last year reviews have become more person centred. By this we mean the person who is having the review is more involved in determining what is said at the review and how it is put across.

The service held a stakeholders day where service users, their relatives and care managers took part in discussion groups considering the strengths of the service and areas where it could be developed. This feedback influenced the self-assessment that the manager submitted to the Care Inspectorate prior to the inspection. We saw examples during the inspection where feedback from this day had led to a change in the support that someone received.

Service users from this service have been supported to make presentations at national events run by Turning Point Scotland (TPS) and in front of the 'Make it happen fund.' This fund set up by TPS awards service users money to help them realise something which is important for them, such as going on a special holiday or buying some equipment. Several service users had benefited from the financial help offered through this fund.

The service has arranged for a local advocacy support worker to regularly visit the service to assist with service user meetings and with individual issues which may arise. This is important as it offers the people who live in the service independent support to voice their opinions; which could potentially be different from that of the provider. Although we stress that we did not find this to be the case during the inspection it is healthy to have the support in place in case it is needed.

100% of relatives who returned Care Standards Questionnaires to us agreed with the statement that their relative was "encouraged to discuss any concerns or views about the care home."

Comments from relatives from returned questionnaires relevant to this statement included:

- "I was very impressed by the format of the self-assessment (at the stakeholders day), It was a great way to get feedback on service provision."

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

- "We went to Butlin's, they asked where I'd like to go."
- "I'm on the social committee, we talk about what events are on in town and if we want to go to them."
- "I'm the representative at Turning Point Connects at Govan Road. I'm involved in the conference and the 'Inverclyde Voices.'"

For other strengths around participation also look at Quality Theme 2 - Statement 1, Quality Theme 3 - Statement 1 and Quality Theme 4 - Statement 1.

Areas for improvement

The management team wish over the next year to continue to develop person centred reviews where people they support will take the lead role in deciding the format and presentation style of their review.

The service should continue to develop the new outcome focused care plans for service users. Staff along with service users should think creatively of various ways that people can achieve the outcomes that they want thereby opening new opportunities for service users.

The provider should consider using a recognised assessment tool to assess how successfully they are delivering a personalised support for the people living in the service. Such as 'Progress for Providers' by Helen Sanderson Associates.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

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

- Care plans
- Medication policy
- Risk assessments
- Interviews with service users
- Questionnaires returned from relatives
- Medication policy
- Incidents and Accident folders
- Health and Safety Checks.

We could see that the health and wellbeing of those using the service was given appropriate priority. When we spoke with staff we could see that they were aware of the needs of the people that they supported. Staff receive training on topics which support service user's health and safety including; moving and assistance, personal care, food hygiene, fire safety, break away techniques, diabetes, adult support and protection and epilepsy. Staff told us that additional training would be sourced if a service user's support needs required it for example some staff have received training in dementia and autism.

Each person who lives in the service has their medication reviewed at least once a year to ensure that they are on the appropriate medication. There was evidence of this within the care plans that we viewed.

During last year's inspection we made a requirement under this statement that medication records evidence that service users are having creams and lotions prescribed by doctors applied as per the doctor's instructions. There was evidence in the medication records that this was being done which meets the requirement.

Also during last year's inspection we made a recommendation under this statement that the service ensures that care plans are updated following accidents and incidents. There was evidence in the sample of plans that we looked at that this was happening, meeting the recommendation. The service also notifies the Care Inspectorate appropriately following accidents and incidents to inform us what action they have taken.

The service has embraced the recommendations within the Scottish Government's report 'The Keys to Life.' The management team have also set up a service user group with some of the people who live in this to look at the recommendations and how

they can be taken forward. (This report looks at how in general the health records of people who have learning disabilities are significantly poorer than those without a learning disability and recommends steps to redress this.) For some service users they have created a section in their care plan entitled 'my keys to life' which looks at how the recommendations from Keys to life can be taken forward at a personal level for the individual.

Families have also been asked in questionnaires if they are aware about Keys to Life and if they would like information on the document. Promoting awareness of this document is good practice.

100% of relatives who returned Care Standards Questionnaires to us agreed with the statement that; "I am confident that the staff will meet my relative/friend's health care needs, including arranging to see health professionals such as doctors and dentists if needed."

Comments from relatives from returned questionnaires relevant to this statement included:

- "The individual medical and care needs of my relative are exceptionally well attended to."
- "In my experience all staff are very caring."
- "I am constantly impressed by the huge change for the better in all aspects of the standard of care provided for my relative since Turning Point Scotland took over responsibility for Caladh House."

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

- "I've no worries, staff help me."
- "They ask me what support is important to me."
- "The staff are brilliant they know me, they know what is important to me and how to get it."
- "If I had a problem I would tell the staff."

Areas for improvement

The management team is aware that current best practice guidance is that people in care homes have their medication stored in a locked cabinet within their own bedrooms rather than in one central location. It is the intention of the provider to put this in place as part of the redevelopment of the building.

As part of the service's quality assurance procedures checks, medication audits take place each week, this was regularly taking place however we noticed that it had missed a week earlier in the month. Management should be checking that quality assurance checks take place as planned.

The service has made links with other organisations that support people with similar needs to the people they support. This is with a view to expand the social opportunities of the people they support. The management team should continue to develop these links as this is a good initiative.

While care plans contained up to date Adult with Incapacity (AWI) certificates they did not contain treatment plans, also known as part 5 of the act AWI act, which is best practice. The management team should ensure that staff are aware of part 5 of the AWI act and request this whenever AWI certificates are being renewed. (Refer to recommendation one under this statement).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management team should arrange with qualified medical practitioners to have treatment plans included as part of section 47 Adults with Incapacity Certificates.

   This is a recommendation against the National Care Standards; Care Homes for People with Learning Disabilities, Standard 5 , Management and staffing arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The service was excellent at involving the people who live in the care home in the assessing and improving the quality of the environment that they live in. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- Service's newsletters
- Care plans
- Care Review minutes
- Interviews with service users
- Interviews with staff
- Service participation policy
- Returned Care Standards Questionnaires
- Minutes of Stakeholder meetings
- Service user's presentation on the development of the service.

The people who live in this service have lived together as a group for over 20 years. Just over two years ago this service was at risk of being closed for various reasons including the need to meet the National Care Standards for care homes for people with learning disabilities. So in addition to the strengths which were outlined about participation under Quality Theme 1 - Statement 1 the service has worked with; service users, their families and the local authority to ensure that the people who live in the service are able to continue living together as a group. Service users and their relatives told us this had been their main concern when discussing the future of the service.

Through a long period of consultation with service users, relatives and the local authority applications for funding have been approved to allow the provider to change the existing building into single flats. As a result of the feedback from service users

and their relatives the building will still include communal areas so that people who have been used to socialising with each other for such a long period of time will still be able to do this. Service users were involved in the presentation for the funding application. We viewed the presentation and spoke to service users who had been involved in it.

Care reviews were being monitored to ensure that they were taking place every 6 months. These meetings gave individuals the opportunity to discuss the communal environment and personal space within the homes. There was evidence that people had raised issues about their bedrooms which were followed up to the individual's satisfaction.

The service has a newsletter which has information about what is going on in the home and across the organisation.

People that live in the service told us that they were able to go out with their key workers to choose the colour schemes for their bedrooms. We were invited into a few bedrooms all of which had been personalised with the persons own taste and belongings.

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

- "I'm on the committee to talk about turning my room into a flat."
- "I moved room because a bigger sized room became available."

For further strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

The staff and management team have been preparing service users for a temporary move while the re-development of the building takes place. This work will intensify over the next few weeks as plans for the temporary move take shape.

For further areas for development around participation see Quality Theme 1 - Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

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

- Written agreements
- Accident and incident forms
- Risk assessments
- Health and safety policies and practices
- Registration Certificate
- Public Liability Insurance Certificate
- Fire safety records
- Staff rotas.

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

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

The service keeps a record of cleaning tasks carried out by staff, an inspection of the environment showed the home to be clean and odour free.

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

A sample of staff rotas demonstrated that staffing levels met and at times exceeded their minimum staffing levels as laid out in the registration certificate.

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

The service has made good use of having empty bedrooms in the upstairs part of the building. These have been turned into games rooms. One service user told us; "I have a game of pool most days now."

We sampled some financial records to ensure that people were being supported appropriately. We found that staff follow safe practice for assisting people with their finances.

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

- "Staff help me to clean my room."
- "I enjoy helping with the cleaning."
- "I've managed to save a lot of money since TPS took over."

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

- "The house and the rooms are very much cleaner now." (since TPS took over.)
- "The outings and entertainment are hugely improved in variety and frequency since TPS took over."

Areas for improvement

Some of the bathrooms were in need of redecoration and bedrooms are not currently en-suite. Both these issues will be dealt with in 2015 when the re-development of the building takes place.

One of the handles on a bathroom light pull cord in the downstairs bathrooms was, due to its shape, difficult to clean thoroughly making it a potential infection control problem. The management team should replace this with a pull cord handle that is easy to clean thoroughly. (See recommendation 1 under this statement.)

The provider should consider the infection control risks of using hand towels within bathrooms. Particularly as there is likely to be a communal toilet in the building after the re-development. (See recommendation 1 under this statement.)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should review their infection control procedures to reconsider risks within communal bathrooms.

   This is a recommendation made against the National Care Standards; Care homes for people with learning disabilities, standard 4, Your Environment.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The service was excellent at involving the people who live in the care home in assessing and improving the quality of staffing within the service. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff
- Staff appraisals
- Staff supervision.

All service users have had the opportunity to be involved in the recruitment of new staff. The service has encouraged people to become involved at a level that they feel comfortable. For example some people are happy just to meet candidates when they arrive for their interview and show them around the building, others wish to sit in the interviews and ask their own questions. Service users that we spoke to said that they had enjoyed this experience.

Since the last inspection service users have been asked their opinions about staff prior to their annual appraisal. The evidence is now recorded on the official staff appraisal paperwork. Caladh house is piloting this approach for the whole of Turning Point Scotland. This is very good practice as it empowers service users to know that their opinions on staff matter.

The stakeholder event which was attended by service users, relatives, care managers and staff asked people to consider the strengths and any areas for development for staff within the service. Words or phrases used to describe staff in the feedback we

viewed included; "Excellent," Caring and committed," "organised and approachable."

Staff gave recent examples of training which had been organised to meet the changing needs of individual service users. For example dementia training had been organised for some staff.

There was clear evidence that where staff were assessed as not having the right skills or attributes to support people then probationary periods were either extended or cancelled, with feedback being taken on board from service users.

All the people who use the service that we either spoke with or who returned care standards questionnaires were very positive about the quality of staffing within the service. 100% of the people who returned the questionnaires answered that they agreed or strongly agreed with the statement 'The service asks for my opinions on how it can improve.' (In relation to staffing)

Service users from this service have contributed to a booklet called "Have your Say," which is sent out to all candidates who express an interest in applying for a working position within the service. Service users that we spoke with also told us about how they got involved with staff induction training and as an organisation TPS pays service users to be co-facilitators for all staff training courses. Service users who are interested in this receive training to help them play an active role in the training.

The service is visited regularly by an advocate from the local advocacy project. They attend service user meetings frequently and would offer service users impartial support if they ever felt that they required it.

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

Areas for improvement

Currently the standard service user agreement asks service users if they would like to be involved in choosing your own staff group. The provider should re-phrase this question as it is unrealistic within a care home setting to suggest that everyone who wanted could have their own staff team; due to the way rotas are agreed and funded within care homes.)

The service should continue to support service user involvement in staff recruitment and training.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

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

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

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

The provider has a supervision policy which makes clear what the role and purpose of supervision is, the minutes we looked at demonstrated that the provider's policy was being followed and a supervision planner was given to us to evidence that time is set aside regularly for supervision. We sampled the minutes from some supervision sessions and this evidenced that good practice and areas for development are discussed. The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards. For example; Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing.

Staff have to sign to say that they have read policies and best practice guidance such as Talking Points - personal outcome approach. Staff have recently had training on key working to support them to take forward the new outcome focused care plans.

The people who use the service told us:

- "The staff are brilliant!"
- "It's better staff since Turning Point took over."
- "If I had a problem I could tell the staff."

Comments about staff within the questionnaires returned from relatives included:

- "The staff are much better trained and much more professional and dedicated to the individual needs of the residents." (since TPS took over.)
- "Staff have a positive attitude towards service users."
- "The attitude of the support staff is very friendly and importantly they all like him which he is aware of."

Areas for improvement

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

Some of the newer staff within the service require as part of their registration with the SSSC to complete an SVQ qualification. While the registration condition gives staff time to achieve the qualification the Provider needs to consider how it can ensure that all staff achieve these timescales.

The management team should review the finding of the Winterbourne View enquiry with the staff team as part of adult support and protection awareness.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

- Discussions with service users
- Interviews with management and staff
- Corporate plans
- Returned questionnaires
- The services aims and objectives
- Advocacy meeting minutes
- Stakeholder day information
- Residents meetings
- Newsletters.

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service has involved me in developing the service for example asking for ideas and feedback.' Feedback contained within minutes from various meetings confirmed this.

Had service users and their relatives not been able to influence the direction of the service then it is quite clear that the service would have closed 2 years ago with people having to move to various different settings. People were clear that they wanted to remain living together and the provider and the local authority worked with them together to make this possible.

As mentioned previously service users were involved in the presentations made for grant applications to the council for the funding required to make the necessary changes to the building. Relatives and residents have met with architects over what the building could look like following renovations.

Through regular meetings with residents their relatives and the social work department an agreement has been made that the building will be made into individual flats for the people who live in the home. Due to the wishes expressed at these meetings the provider has agreed to maintain a communal area within the building where people can still socialise with each other. This is an excellent outcome for the people who live in the service.

For other areas of strength around participation see Quality Theme 1 - Statement 1, Quality Theme 2 - Statement 1 and Quality Theme 3 - Statement 1.

Areas for improvement

The manager should consider what the outcomes have been for service users in relation to this statement and make it clear within the next self-assessment that they send to the care inspectorate. The local management team could be helped by Turning Point Scotland's The Advisory Group (TAG) team who could provide an overview from the organisational viewpoint of the outcome of participation.

The areas for development in Quality Theme 1 - Statement 1 remain relevant for this statement.

The management team should continue to involve service users and their relative in discussions about the re-development of the service and the temporary re-location required to allow this to happen.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service has very good quality assurance procedures in place which involve service users, stakeholders and staff. We considered the following information in grading this statement:

- Discussions with people who use the service
- Interviews with management and staff of the service
- Service's aims and objectives
- Compliments records
- Complaint records
- Medication audits
- Finance audits
- Turning Point Scotland's quality assurance audit (IMPAQCT)
- Staff meeting minutes.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that management discuss; service audits, supervision, training and action plans during these meetings. Staff told us that they had a clear understanding that management carry out checks to ensure that they are working within the guidelines set down to them. We sampled the services accident and incident forms and saw that the co-ordinator checks if care plans require to be updated and ensures that the changes happen if needed.

Service users, Carers and Care Management are invited to assess the service on a 6-monthly basis at the service user's care reviews. In the reviews that we sampled all the opinions about the service were positive. Service users, as mentioned earlier in the report were being encouraged to take more of a lead in the care reviews than before with more emphasis being placed on what the outcomes were for the people using the service.

Senior staff check medication and financial records on a regular basis. The records that we sampled appeared generally to be in order and maintained in line with the provider's policies.

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

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

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

The provider uses the EFQM Excellence Model which aims to inspire organisations to achieve sustainable excellence by engaging leaders to learn. EFQM awarded Turning Point Scotland an award in excellence, their report stated "Key results which are monitored throughout the year include; positive outcomes for service users, effective governance and positive outcomes for staff."

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

- "I am happy here, I have no problems."
- "Things are brilliant."
- "I like all the things about staying here."
- "It's a great change for the better." (since TPS took over).

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

- "I am constantly impressed by the huge change for the better"
- "The managers are very helpful; and the place is very well run"
- "My relative is exceptionally well attended to."

Areas for improvement

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. Verbally the management team were able to do this; they just need to reflect this in the self- assessment.

The service should continue to transfer all their paperwork over to their new outcome focused design.

The management team should ensure that they regularly review the checklists such as weekly medication audits or care plan audits to ensure they are completed within the expected time limits and that any areas for action they highlight have been followed up quickly.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

No additional information recorded.

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings	
17 Dec 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

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

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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 گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527
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Inverclyde council

AGENDA ITEM NO: 5

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health and Care Partnership**	**Report No:**	**CHCP/15/2015/BC**
Contact Officer:	**Beth Culshaw** **Head of Health and Community Care** **Inverclyde Community Health and Care Partnership**	**Contact No:**	**01475 715283**
Subject:	**Hillend Respite Unit Inspection**		

1.0 PURPOSE

1.1 This report provides the outcome of the inspection of the Hillend Respite Unit annual inspection by the Care Inspectorate for 2014.

2.0 SUMMARY

2.1 The Hillend Respite Unit is subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body who regulate care services across Scotland ensuring that service users receive a high level of care and support. Hillend was subject to an unannounced inspection in November 2014 which took place over 2 days including the evening period. At the time of the inspection the unit was temporarily located within a discrete area at Larkfield View Care Home during the refurbishment of the unit at Hillend. The accommodation provided at Larkfield View was used solely by respite service users and staffed by CHCP workers. In conducting the inspection, the Care Inspectorate gathered a range of evidence including support plans, service user files, policies, procedures and other documents as well as speaking with service users, carers and staff.

2.2 A full public report of the inspection and grades is published on the Care Inspectorate website.

2.3 The summary of grades awarded is:

Hillend respite Unit

Quality of Care and Support	(5)	very good
Quality of Environment	(5)	very good
Quality of Staffing	(5)	very good
Quality of Management and Leadership	(5)	very good

3.0 RECOMMENDATIONS

3.1 Members are asked to note the outcome of the Inspection report including the recommendations and requirements.

3.2 Members are asked to note the action taken by the service in addressing the recommendations and requirements issued by the Care Inspectorate.

4.0 BACKGROUND

4.1 Hillend Respite Unit provides short stays for adults of all ages to enable their carers to have a break from their caring role. Refurbishment of the unit was completed in December 2014 to extend provision to four single rooms. People stay at Hillend for varying periods ranging from a few days to a number of weeks dependent on individual need.

4.2 The Respite Unit inspection concluded that the service consulted and encouraged participation very effectively and was operating to a very good standard. The Inspector commented on a relaxed and friendly atmosphere with staff being respectful and attentive, making people feel "at home". Service users and families commented that the service has an open door policy, that staff are approachable and always take time to listen to their comments or concerns. It was recognised that staff were experienced and knowledgeable working to support and improve service users wellbeing and health. Inspectors observed staff practice and commented they were respectful of service users' confidentiality, individuality and privacy.

4.3 There were no recommendations made following the inspection.

4.4 The Inspector identified areas for improvement:

- To continue looking at ways those using the service and their relatives could be involved in its development and improvement;
- To further strengthen the medication policy, confirmation of prescribed medication should be sought;
- To continue to develop practice and keep up to date with the field of respite.

4.5 Summary of overall grades:

Quality of Care and Support Statement 1 graded 5 Statement 3 graded 5	Overall grade **5** very good
Quality of Environment Statement 1 graded 5 Statement 2 graded 5	Overall grade **5** very good
Quality of Staffing Statement 1 graded 5 Statement 3 graded 5	Overall grade **5** very good
Quality of Management and Leadership Statement 1 graded 5 Statement 4 graded 5	Overall grade **5** very good

5.0 PROPOSALS

5.1 The grades awarded indicate that Hillend Respite Unit operates to a very good standard. Continuous improvements have been made to maintain these grades from last year. The service strives to improve on these grades. It is planned to build on the performance information currently gathered, analysing the information to identify areas for development. The service also plans to further develop ways of personalising support provided and develop a users group to contribute to service development.

6.0 IMPLICATIONS

Finance

6.1 <u>Financial Implications:</u>

None.

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.

8.0 CONCLUSIONS

8.1 Members are asked to note the outcome of the inspection report including areas for improvement and development.

9.0 LIST OF BACKGROUND PAPERS

9.1 Care Service Inspection Report Hillend Respite Unit.

care inspectorate

Care service inspection report

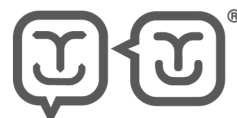
Respite Unit

Care Home Service Adults

Hillend Centre
2 East Crawford Street
Greenock
PA15 2BT
Telephone: 01475 715948

Type of inspection: Unannounced

Inspection completed on: 26 November 2014



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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001081

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

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

What the service does well

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

We found that the manager and staff work well with a wide range of clients. We decided this after reading support files and talking to the manager, staff, relatives and three people on respite.

When we talked to people on respite and relatives they said:

"Really good."
"I enjoy being here as it gives my family a break."
"Very friendly and helpful
"It's a nice facility."
"I feel safe."
"I would recommend the service to anyone."

We saw that service has established very good links with families and that people are supported to choose what they want to do, for example going out in the service's car, visiting a garden centre and Largs, socializing and taking part in the inspection.

We found the service to be warm and welcoming.

What the service could do better

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

What the service has done since the last inspection

During this inspection the service was being provided from a temporary base in Larkfield View Care Home. The service was returning to a refurbished and expanded Hillend House the following week.

Conclusion

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

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

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

1 About the service we inspected

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

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

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

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

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

During this inspection the Respite Unit was operating from a discrete unit within Larkfield View Care home. This had been registered and deemed fit for purpose by the Care Inspectorate. In the week following the inspection the service will return to Hillend House where an expanded service can be provided to four people.

A respite service is also provided to carers and relatives in the community. This service provides support to client's outwith the Hillend Centre. For example staff will support someone in their own home, providing a break for their main carer. The number of hours of support provided to people in their own home has increased, with most being contracted to private providers. The quality of support is monitored by the Respite Service.

The service aims to -

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

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

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

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

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

This report was written following an unannounced inspection on the evening of Tuesday 25 and morning and afternoon of Wednesday 26 November 2014.

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

We spoke at length with:

The external manager, day and night staff, three people on respite and one relative. The named manager was on leave during the inspection and we met the eternal manager who we will refer to as "the manager" in the report.

We looked at:

Support files.
Review minutes.
Your Voice 2014 Quality Assurance audit.
News letter.
Training planner.
Medication records.
Larkfield View Maintainance checks.
Supervision diary.
Staff meeting minutes.
Returned staff and clients/family questionnaires.
Hillend respite record.
Registration Certificate.
Insurance Certificate.
Private and public areas of the service.

Grading the service against quality themes and statements

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

doing well for that theme. We grade how the service performs against the quality themes and statements.

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We received a fully completed self assessment from the manager.

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

Taking the views of people using the care service into account

Care standard questionnaires returned by clients noted a high level of satisfaction with the service as did people spoken with during the inspection.

Please read the report for people's comments.

Taking carers' views into account

Care standard questionnaires returned by relatives commented positively as did relatives spoken with during the inspection.

Please read the report for people's comments.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

At this inspection we spoke with the manager, staff, relatives, three people on respite and read support files, review minutes and Your Voice 2014 audit. We decided that the service consulted and encouraged participation very effectively and was operating to a very good standard.

We saw people having a relaxed and friendly relationship with staff. We thought that staff were respectful and attentive, making people feel relaxed and "at home."

When we spoke with people on respite and relatives they said that they were always asked for their opinions and felt involved in their and their relatives support:

"It's very good. Everyone is so friendly."
"I'm always asked my opinion."
"Very good."
"It's easy to phone and talk to staff."
"The staff are lovely and take care of all my needs."
"I would recommend the service to anyone."
"I enjoy the company, care and attention."

By using satisfaction surveys, pre respite contact, reviews and 1:1 meetings with key workers the service encourages people on respite and relatives to be involved in their support . Reviews and 1:1 meetings are used to discuss the service and check that people are happy with their support.

Every year the service contracts Your Voice Inverclyde to ask people using the service

for their opinions and suggestions regarding - quality of staffing, management and leadership, areas of improvement, communication and activities. A detailed report is written which identifies strengths and areas of development. Recommendations are made regarding areas of improvement and an action plan is written to address the latter. The results being made available to clients and relatives. By doing this people are given information about the service, its strengths and areas of development.

When we read the Your Voice report we saw that there was a very high level of satisfaction with the service:

"All staff are consistent in their approach."
"Staff demonstrate a strong work ethic."
".... unanimous in terms of the overwhelming benefits to both the carer and cared for."
"Carers commented on a variety of beneficial and effective communication tools."

The manager has developed a Hillend Respite Record. These are used at each respite period to gain information prior to the persons arrival and provide feedback to relatives. In addition they ask about a range of matters such as support, choices, health care, privacy and information. The manager will analyse returned records to identify strengths and areas of development.

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

Areas for improvement

The service identified the need to continue looking at ways those using the service and their relatives could be involved in its development and improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

After speaking to three people on respite, relatives, staff and looking at support plans, risk assessments and review minutes we decided that the performance of the service was very good for this statement.

When speaking to relatives we were told that staff knew and met their relatives' needs. To help in this matter key workers keep in touch with families, makes sure support files and plans are up to date and that respite periods are enjoyable and meaningful.

"Staff are lovely and take care of all my relatives needs."
"I would recommend the service to anyone."
"Excellent facility."
"They have a great capacity to judge when things might not be right."

After talking to staff, observing practice and reading support plans we decided that they were experienced and knowledgeable working to support and improve service users' health and wellbeing. Staff do this by supporting/reminding people to take their medication, keep active, eat well and be involved in things they like to do. During this inspection meals were being provided by Larkfield View kitchens. In Hillend House they are provided by kitchens in that facility. People were complementary of the meals and snacks.

The Respite Unit works to Inverclyde's Community Health and Care Partnership (CHCP) guidelines addressing health and wellbeing. These include medication, food hygiene, infection control, whistle blowing and protection of vulnerable adults. When talking to staff we found that they had a very good knowledge of these and could explain how they worked.

We saw that people are encouraged to socialise and one to one or group activities are organised.

When we read support plans we saw that they focused on the needs and wishes of the person on respite, were clearly written, easy to follow and contained a range of information such as - daily routines, Hillend Respite Record, personal emergency evacuation plan and risk assessments..

When someone is coming in for a respite break their key worker will phone them and their relative in advance to check if there have been any changes to their medication, support needs or preferences. The service will phone relatives if the wrong medication is delivered or if it is supplied outwith standard packaging.

Support plans show that the service has good relationships with the social and health care services. Staff will contact GPs if they have any questions regarding a clients health or medication.

Areas for improvement

To further strengthen the service's medication policy the manager was going to request copies of medication prescription records. This would help confirm that the medication brought in by a client is as prescribed by their GP.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

We saw that service users had been consulted when Hillend house was being refurbished. Their opinions regarding colour schemes had been taken into account.

Areas for improvement

See Quality Statement 1, Theme 1 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

After speaking to people on respite, relatives, staff and looking at maintenance records and around the Larkfield View unit we concluded that the performance of the service was very good for this statement.

When we observed staff practice we saw that they were respectful of resident's confidentiality, individuality and privacy.

When we spoke with families and those attending the service they said :

"The rooms are comfortable and the lounge is well equiped."
"The respite unit is airy and pleasant."
"I feel safe."
"Very clean and tidy."

During this inspection Larkfield View were responsible for the maintenance of the premises. We read maintenance files and found them to be up to date.

We saw that bedrooms and public areas were well furnished, clean and homely.

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

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

Areas for improvement

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

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

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

Areas for improvement

See Quality Statement 1, Theme 1 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

After speaking to people on respite, relatives, staff and looking at meeting minutes and supervision diary we concluded that the performance of the service was very good for this statement.

When we arrived at the unit on the Tuesday night staff were friendly, relaxed and at ease with an unannounced inspection. They were professional in their approach and could find any information requested.

During the inspection we found the staff team to be motivated, respectful and experienced, being described by relatives as "professional and attentive." Staff had worked for Inverclyde CHCP (previously Social Work) and the Respite Unit for a number of years. The outcome of this was that people on respite had the advantage of being supported by staff who knew them well.

Staff said that the service had a supportive and open culture and that they could discuss practice issues with colleagues:

"I find training to be very good. If there is a new support need we will get relevent training."
"Find it easy to talk to the manager, she is very approachable."
"Morale is high."
"People seem very happy with the service."

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

"I feel safe with them."
"Staff are all lovely."
"We are welcome to visit at any time."
"The family could not cope without the service."

Staff receive regular supervision and a wide range of training such as: dementia awareness at the Iris Murdoch Centre (Stirling University), protection of vulnerable adults, food hygiene, first aid, medication and Scottish Vocational and Scottish Vocational Qualifications in Social Care (levels 3 and 4). Staff will receive training if a service user has a need that has not previously been presented. Staff are encouraged to identify their own training needs and to develop their professional skills and expertise:

"Training is very good."
"We always get training if a service user's needs are new to us."
"There is a good programme of refresher and update training."

To make sure that staff continue to maintain good practice they have regular supervision sessions. At these they discuss: people's support needs, practice and training. By doing this the service can assure people that the quality of practice is maintained.

Staff attend team meetings and development days. At team meetings a range of matters are discussed such as support needs, staff practice and service developments.

Areas for improvement

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

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

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

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

Areas for improvement

See Quality Statement 1, Theme 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

After speaking to people on respite, relatives, staff and looking at a range of quality assurance paperwork and the 2014 Your Voice report we decided that the performance of the service was very good for this statement.

The manager told us how the Respite Unit monitors and evaluates performance by meeting with people on respite and their families, using the Hillend Respite Record, completing a management report and having external audits by: Your Voice, environmental health and Care Inspectorate.

The service has started to use Hillend Respite Record to measure the quality of services and identify areas of development. These ask for people's opinions about a range of matters. Returned records will be analysed to identify areas of strength and development.

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

Pre admission checks and follow up phone calls to families help the service obtain information about their relatives stay and any areas that need changed.

The manager submits Annual Returns, Self Evaluations, Notifications and Action Plans as expected.

Areas for improvement

To continue to build on very good practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

N/A

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings	
9 Dec 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
27 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 5 - Very Good
7 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed

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

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

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Translations and alternative formats

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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 گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527
Email: enquiries@careinspectorate.com
Web: www.careinspectorate.com

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 6

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/19/2015/BC**
Contact Officer:	**Beth Culshaw** **Head of Health & Community Care**	**Contact No:**	**01475 715283**
Subject:	**Update on Delayed Discharge Performance**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Sub-Committee of the changing target for delayed discharge and the local actions underway to address this.

2.0 SUMMARY

2.1 The delayed discharge target reduces from 4 weeks to 2 weeks on 1st April, 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the changing target and range of initiatives in place to achieve this.

3.2 Members are asked to note that they will receive further details of progress against the target in due course.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 For some time it has been recognised that consistently achieving safe, timely and person centred discharge from hospital to home is a key indicator of quality and a measure of effective and integrated care.

This is embodied in the Scottish Government's vision:

"Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

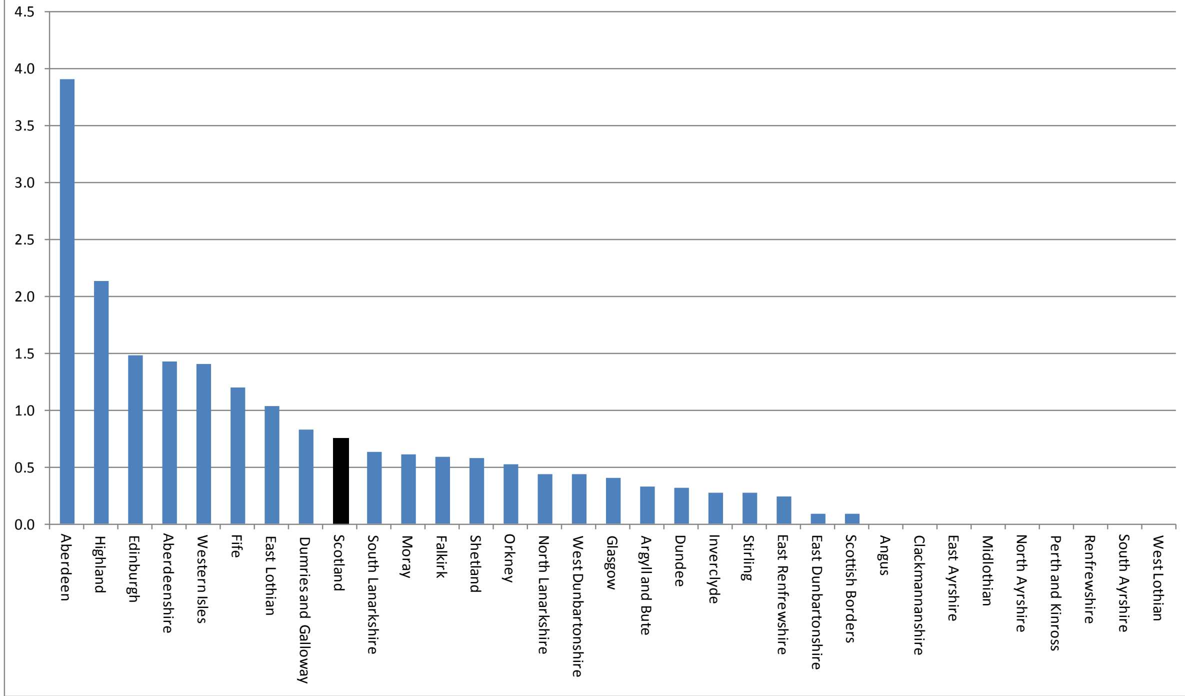
- We will have a healthcare setting where we have integrated health and social care, a focus on prevention, anticipation and supported self management.
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission."

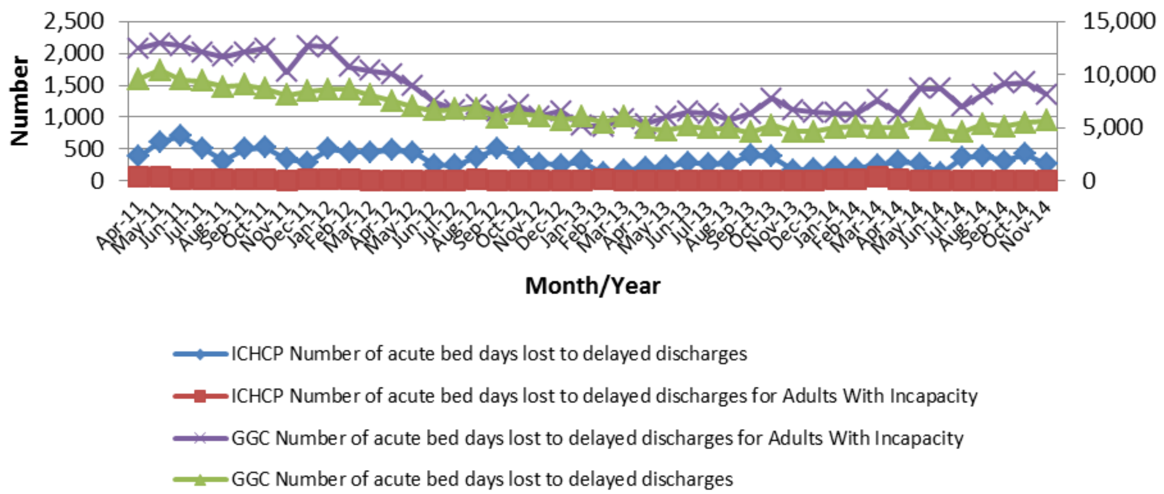
4.2 Potentially, being in hospital disconnects people from their family, friends and social network, and can result in a sense of isolation, loss of confidence and depression. Visiting hospital for a long period may heighten an already stressful situation for family carers, and older people can experience functional decline as early as 72 hours after hospital admission. Extended stays in hospital may increase the risk of an adverse outcome for individuals, may increase the demand for institutional care, therefore increasing the costs associated with ongoing care.

4.3 In recognition of the detrimental effects of delayed discharge, and to ensure appropriate organisational focus, for a number of years, performance in this area has been subject to both targets and scrutiny. In April, 2013 the target for people to be delayed in hospital following multi-disciplinary agreement that they were fit for discharge, reduced from 6 weeks to 4 weeks. In April, 2015 the target will decrease from 4 weeks to 2 weeks. In addition to the target, for some time scrutiny has also surrounded the number of bed days occupied by delayed discharges to provide a more complete picture of the impact of hospital delays. Going forwards, it is suggested that we also focus and measure the proportion of patients discharged within 72 hours of being ready for discharge and the associated bed days.

5.0 PROPOSALS

5.1 Performance against the delayed discharge target has proved to be both challenging and variable across Scotland.


PEOPLE DELAYED IN HOSPITAL FOR MORE THAN FOUR WEEKS
Rate per 1,000 population aged 75+ October 2014
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
Aberdeen
Highland
Edinburgh
Aberdeenshire
Western Isles
Fife
East Lothian
Dumfries and Galloway
Scotland
South Lanarkshire
Moray
Falkirk
Shetland
Orkney
North Lanarkshire
West Dunbartonshire
Glasgow
Argyll and Bute
Dundee
Inverclyde
Stirling
East Renfrewshire
East Dunbartonshire
Scottish Borders
Angus
Clackmannanshire
East Ayrshire
Midlothian
North Ayrshire
Perth and Kinross
Renfrewshire
South Ayrshire
West Lothian


Number of acute bed days lost to delayed discharges 65+
(GGC Bed days inc. AWIs aligned to 2nd Y axis)
Number
2,500
2,000
1,500
1,000
500
0
15,000
10,000
5,000
0
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
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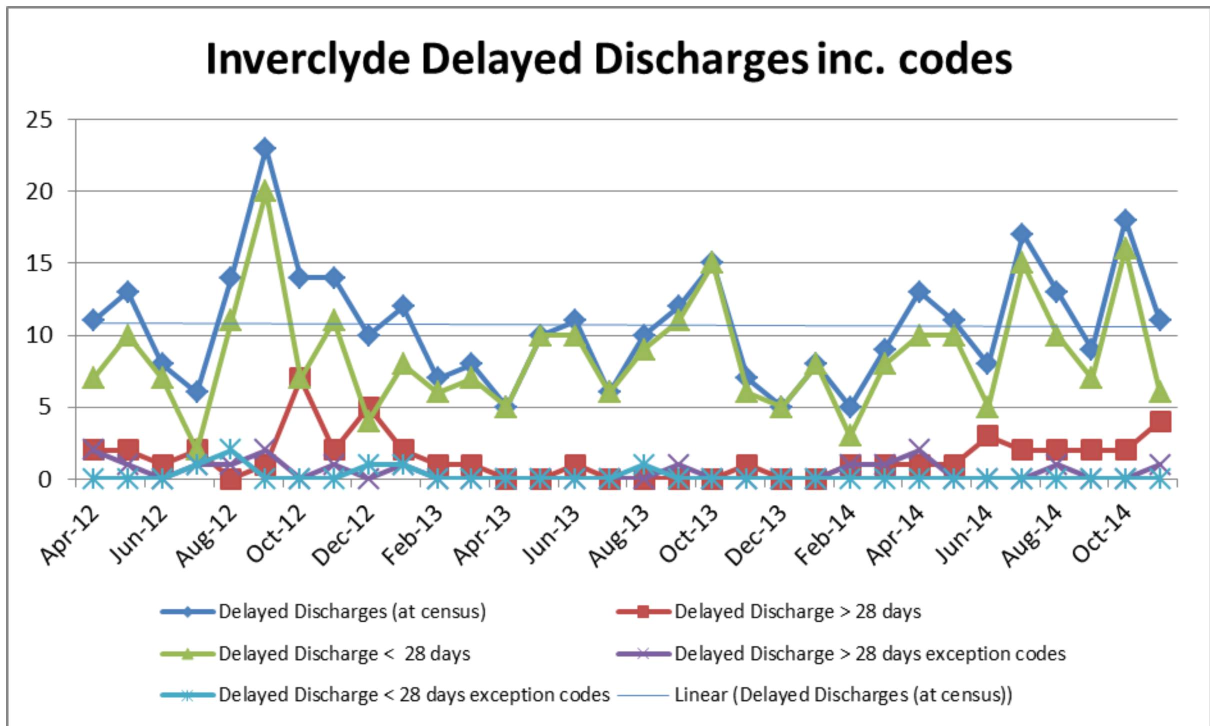
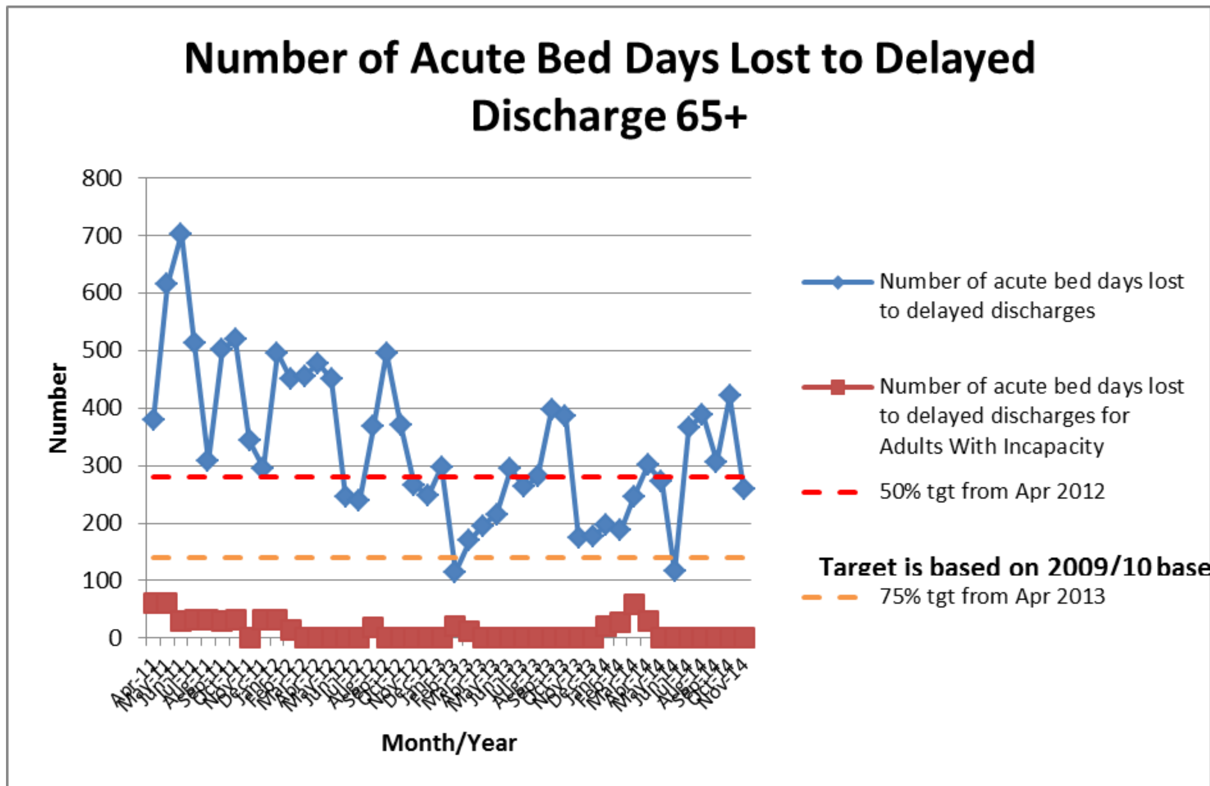
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Month/Year
ICHCP Number of acute bed days lost to delayed discharges
ICHCP Number of acute bed days lost to delayed discharges for Adults With Incapacity
GGC Number of acute bed days lost to delayed discharges for Adults With Incapacity
GGC Number of acute bed days lost to delayed discharges





5.1.1 Within Inverclyde we continue to work in a variety of ways, across organisational boundaries, to support the vision of Shifting the Balance of Care, to prepare to achieve the 14 day delayed discharge target and to increase the number of patients discharged within 72 hours of becoming fit, and critically to avoid admission to hospital in the first place.

5.1.2 We have completed the re-organisation of Assessment and Care Management Teams, to ensure social workers are organised as a dedicated resource to address the pressures of fluctuating demand in hospital discharge. The variability of demand requires continual focus: recently on a Friday there were 9 delayed discharged, by the Monday increasing to 23.

5.1.3 We are utilising hospital systems to progress discharge prior to someone becoming delayed,

reviewing daily hospital admissions to identify existing care users and anticipate needs at discharge.

5.1.4 We have introduced a District Nurse Inreach service, to collaborate with primary, secondary and social care, facilitating early and seamless discharge.

5.1.5 We are about to increase our overnight community alarm responders, to support more people overnight in the community, through toileting, repositioning and general care. This will both avoid hospital admission and reduce risk in people's own homes, avoiding the need for admission to care homes.

5.1.6 We are finalising an option appraisal to agree a way forward on the use of Intermediate Care beds, likely to lead to the introduction of "Step Up Beds", i.e. to use to avoid hospital admission rather than facilitate discharge. This reflects our ongoing positive performance in relation to delays, and the multi-disciplinary view that admission avoidance will require greater resources. To successfully develop this area will require close working with GPs and care providers in particular.

5.1.7 We continue to analyse the processes supporting admission and discharge, to identify bottlenecks and improve patient flow, with a strategic workshop planned for February, including stakeholders from Primary, Secondary and Social Care.

5.2 For many years in Inverclyde we have worked locally across organisational boundaries, building effective mutually supportive relationships between primary, secondary and social care. This has been particularly apparent since operating as an integrated Community Health and Care Partnership.

Detailed analysis of our performances over a number of years demonstrates that we have made significant progress in reducing the impact of delayed discharges. At the same time, we have introduced a variety of techniques to avoid hospital admission and believe this is an area requiring further focus. Consensus locally is emerging that whilst we may benefit from the development of Intermediate Care beds, these should adopt a "Step-up" role, with admissions directly from the community, rather than a "Step-down" role, with admissions directly from hospital.

5.3 The complexities and risks in this service area cannot be underestimated. We need to be realistic as to what is both achievable and demonstrable. Our data and performance management are consistently becoming more comprehensive. However the particular target of 72 hours discharge requires careful consideration and management. Realistically, for those patients moving towards care homes, with complex family discussions, care assessment and care home selection, 72 hours is a challenging target.

Additionally a crude target in relation to numbers of delayed discharges, simplifies this complex issue. In recent years the rate of hospital admissions has been seen to rise as older frailer people are maintained at home, requiring shorter more frequent admissions as their conditions exacerbate. Therefore we need to consider the number of delays and bed days lost, within the changing landscape of our demographics.

5.4 It is recognised that the improvements in performance required are at a time of increasing pressures, both from service demands and reducing resources. To assist, a variety of non-recurring monies have been provided over a number of years, including the Reshaping Care for Older People Change Fund, Winter Pressures Monies, the Integrated Care Fund and Delayed Discharge Funding.

The funding is particularly important at this stage for Integrated Joint Boards as it will provide some financial flexibility to support the establishment and consolidations of new relationships at a time when local authorities are under significant financial pressure.

6.0 IMPLICATIONS

Finance

6.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

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 Staff affected by the reorganisation of the Assessment and Care Management Teams have been advised of the proposal and there are no Human Resource implications.

Equalities

6.4

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

Repopulation

6.5 None.

7. CONSULTATIONS

7.1 All staff affected by the reorganisation of the Assessment and Care Management Team have been consulted with. The Inverclyde Delayed Discharge Plan is jointly developed alongside our partners in NHS Greater Glasgow and Clyde.

8. LIST OF BACKGROUND PAPERS

8.1 None.

Inverclyde council

AGENDA ITEM NO: 7

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/26/2015/DP**
Contact Officer:	**Derrick Pearce, Service Manager Quality and Development**	**Contact No:**	**01475 715375**
Subject:	**Inverclyde Integrated Care Plan 2014/15**		

1.0 PURPOSE

1.1 The purpose of this report is to notify CHCP Sub Committee members of the submission to the Scottish Government of the Inverclyde Integrated Care Plan, and anticipated allocated funding to the Inverclyde Partnership of £1.7 million in 2014/15.

2.0 SUMMARY

2.1 Partnerships were asked by the Scottish Government to develop plans which incorporate the benefits of Integration, whilst working concurrently alongside national strategies for health and social care. The plans were to be tailored to local needs under the auspices of the six core principles of the Integrated Care Programme:

- Co-production
- Sustainability
- Locality
- Leverage
- Involvement
- Outcomes

It was for local partnerships to decide how best to develop their Plan for the use of their share of the £100m announced for allocation nationally. The Plan was required to clearly outline the role of the non-statutory partners and to describe the level of support to carers. The Plan is primarily intended to drive service innovation, development, and improvement, and to communicate priorities. Partnerships are required to monitor their own performance and are expected to submit two progress reports at six monthly intervals to the Ministerial Strategic Group on Health and Community Care.

2.2 Our aims in the Integrated Care programme are:

- To reshape care for everyone
- To work in a truly integrated, participative way
- To ensure equality for partners in the planning, commissioning, delivery, and scrutiny of care.

Our aims are consistent with those expressed in our Integration Scheme and will inform the first Inverclyde Health and Social Care Partnership Strategic Plan.

2.3 We intend to achieve these aims through the following:

- Use the integrated care programme as a vehicle by which to consolidate existing streams of work
- Reform how we deliver health and social care services and supports in the community
- Enable personal ownership amongst our communities
- Recalibrate the system around health and social care supports and services
- Continue our good progress in shifting the balance of care
- Build on the successful legacy and outcomes of RCOP
- Maximise our intelligence around:
    - service use and demand
    - costs and resourcing
    - critical operational challenges such as delayed discharge and readmission to secondary care

3.0 RECOMMENDATIONS

3.1 It is recommended that CHCP Sub Committee members endorse the attached Inverclyde Integrated Care Plan.

3.2 It is recommended that CHCP Sub Committee members endorse the submission of the attached Plan to the Scottish Government.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Essentially the Integrated Care Fund builds upon the legacy of the Reshaping Care for Older People (RCOP) programme, and the subsequent Change Fund that accompanied it. In determining how to utilise the Integrated Care Fund, consideration was given to the following:

- developing proposals that can make a significant impact within a year
- safeguarding services and interventions which have been shown to be effective, supported by short term investment
- agreeing investments that re-calibrate the care system and, in doing so, deliver system-wide cost efficiencies
- embedding transformational change to achieve the required shift in the balance of care

4.2 In developing the Inverclyde Integrated Care Plan, the partners have aimed to achieve a balanced approach in terms of:

- improving performance in the prevention of emergency admissions
- continuity in the effective management of delayed discharges
- recognising adults with Long Term Conditions including older people
- balancing care and treatment with preventative measures
- establishing an investment profile that recognises the contribution from all the partners
- analysing performance information to inform decisions

5.0 Our Intentions

5.1 Our intended areas of action set out in the Inverclyde Integrated Care Plan are as follows:

Co-Production and Involvement
- Stroke
- Housing
- Technology to assist self-management
- Strategic Needs Analysis

Sustainability
- Strategic Needs Analysis
- Delayed Discharges

Locality
- Nurturing Local Capacity
- Self Directed Support
- Nurturing Carers
- Developing Commissioning

Leverage
- Intermediate Care and Support
- Reablement

Outcomes
- Supported Self Care
- Falls
- Transitions

5.2 The Integrated Care Fund (ICF) is being introduced at a time of significant financial challenge facing the public sector. As a result, many mainstream services will be subject to searching examination and likely change from 2015-16. Our priority programme should take account of this. It is appreciated that payback on ICF investment has to be achieved either within the year, through the service becoming self funding, or by absorption into the Joint Strategic Commissioning process.

Therefore all spending identified in our Integrated Care Plan is on the explicit understanding that it is non-recurring. Any recurrent spending beyond April 2016 would have to be met from the mainstream budgets of the new health and social care partnership and, where appropriate, of other partners. In terms of the Change Fund, the current projects, totalling investment of £1.7m across CHCP, acute services, housing, carers, third and independent sectors, have been evaluated for impact and best value. Those projects which evaluated positively have then been assessed against agreed ICF criteria and priority programmes.

6.0 IMPLICATIONS

Finance

6.1 Inverclyde CHCP's anticipated share of total funding is expected to be in the region of £1.7 million for 2015/16. Final spending on projects will be per confirmed allocations.

Financial Implications:

One off Costs

Cost Centre	**Budget Heading**	**Budget Years**	**Proposed Spend this Report £000**	**Virement From**	**Other Comments**
Various	Various	2015/16	1,700		External funding

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications of this report.

Human Resources

6.3 There are no direct human resources implications of 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 The Inverclyde Integrated Care Strategy supports the aspirations to encourage repopulation and population sustainment for the local area.

7.0 CONSULTATIONS

7.1 The CHCP hosted a meeting on 7th November 2014, at which representatives from all sectors and non-statutory bodies were invited to attend. At this meeting the cross cutting strategic themes of the RCOP programme and the Integrated Care Fund were discussed, and all stakeholders were invited to contribute to discussion around the criteria for the Integrated Care Plan. Small group discussion accompanied a wider round-the–table exchange of opinions. Following this discussion, the CHCP produced a first draft of the Integrated Care Plan, which was circulated for comment prior to a final meeting before sign off on Friday 16th January 2015, which saw the consolidation of the RCOP Executive Group with its replacement by the ICF Executive Group. At this meeting all final comments / issues with the draft plan were put on the table, and following on from this feedback, a final draft was produced on 23rd January 2015 and submitted to the Scottish Government thereafter.

8.0 BACKGROUND PAPERS

8.1 Nil

INVERCLYDE INTEGRATED CARE PLAN

JANUARY 2015

PARTNERSHIP DETAILS

Partnership name:	INVERCLYDE
Contact name(s):	Beth Culshaw, Head of Service, ICHCP Derrick Pearce, Service Manager, ICHCP
Contact telephone	01475 715375
Email:	Derrick.Pearce@inverclyde.gov.uk
Date of Completion:	23rd January 2015

The plan meets the six principles described on pages 2 and 3 (Please tick √):

Co-production	√	Leverage	√
Sustainability	√	Involvement	√
Locality	√	Outcomes	√

Please describe how the plan will deliver the key points outlined in paragraph 18 of the guidance:

1. Introduction

1.1 Inverclyde Community Health & Care Partnership (CHCP) is an integrated partnership between Inverclyde Council and NHS Greater Glasgow and Clyde, bringing together community and primary healthcare, and social work / social care services. The CHCP's status as an established collaboration between Inverclyde Council and NHSGG&C provides a strong basis for integration and joint working in our communities.

1.2 Since April 2014, Inverclyde CHCP has been preparing for full integration under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. During this consolidation, the CHCP has taken the opportunity to evaluate the lessons learned thus far from its existing partnerships. Building on our successes since 2010, we have sought to realise the opportunities for improvement that the legislation provides. We have therefore spent significant time considering what integration, under the CHCP umbrella, has delivered for individuals and our communities, and how best to take this forward and improve on our existing model in the new HSCP.

1.3 Building on the experience, outcomes and learning from our Reshaping Care for Older People programme, this Integrated Care Plan has been developed to inform integrated services for all adults. It has been co-produced with local stakeholders, and explicitly shapes the new Inverclyde HSCP plan for its first year of operation, underpinned by the new health and wellbeing outcomes for adult health and social care.

2. Key Factors

2.1 In determining how to utilise the Integrated Care Fund, consideration has been given to the following:

- developing proposals that can make a significant impact within a year
- safeguarding services and interventions which have been shown to be effective, supported by short term investment
- agreeing investments that re-calibrate the care system and, in doing so, deliver system-wide cost efficiencies
- embedding transformational change to achieve the required shift in the balance of care.

3. Our Approach

3.1 In developing the Inverclyde Integrated Care Plan, the partners have aimed to achieve a balanced approach in terms of:

- Improving performance in the prevention of emergency admissions
- Continuity in the effective management of delayed discharges
- recognising adults with Long Term Conditions including older people
- balancing care and treatment with preventative measures
- establishing an investment profile that recognises the contribution from all the

partners
- analysing performance information to inform decisions.

3.2 The Inverclyde Partnership is committed to the continued development of integrated multi-agency and multi-professional working across a wide spectrum of partners. We are moving into a new era of health and social care. We aspire to be at the vanguard of this by building on our successes as a fully Integrated Community Health and Care Partnership since 2010, and in the Reshaping Care for Older People programme.

3.3 We recognise the need for radical change and we are enthusiastic about delivering on that agenda. Inverclyde CHCP is recognised as a successful partnership in addressing the deep rooted health, social and economic inequalities which pervade in our area through co-ordinated joint working across the system.

3.4 Our communities are resilient in the face of high levels of complex ill-health, poverty and inequality, and we recognise the unique context in which we operate. Consequently, we intend to use the Integrated Care Programme to learn as much as we can about how to most effectively support people to tackle the negative or challenging aspects of their lives. This will be through the use of their own personal and community assets, and by having access to high quality, well integrated and seamless services and supports

3.5 Our aims in the Integrated Care programme are:

- To reshape care for everyone
- To work in a truly integrated, participative way
- To ensure equality for partners in the planning, commissioning, delivery, and scrutiny of care.

3.6 Our Plan is underpinned by consolidation and reflection; we want to ensure we collectively know our business and are focussed in our approach. Our first principle is that people should be *“**Home First**”*, and that if people have been able to do something they enjoy in the past they should enjoy it once more; ***“I’ve done it before and I’ll do it again”.***

3.7 How we will do this:

- Use the integrated care programme as a vehicle by which to consolidate existing streams of work
- Reform how we deliver health and social care services and supports in the community
- Enable personal ownership amongst our communities
- Recalibrate the system around health and social care supports and services
- Continue our good progress in shifting the balance of care
- Build on the successful legacy and outcomes of RCOP
- Maximise our intelligence around:
    - service use and demand
    - costs and resourcing

- critical operational challenges such as delayed discharge and readmission to secondary care.

3.8 We must ensure we are as effective as possible in the use of the resources we have at our disposal, and target these where they will have maximum benefit.

This will be through:

- Effective nurturing of preventative and anticipatory interventions
- Seeking to promote opportunities for Recovery
- Reablement opportunities for all that will benefit from them
- Removal of boundaries within and between services
- Mature service integration to avoid perceived “service saturation”
- Maximised use of community and personal assets
- Tailored supports augmented by formal service intervention.

4. Our vision

4.1 The Inverclyde Partnership vision for integrated care is consistent with the Scottish Government 2020 vision for health and social care that;

*"**everyone is able to live longer healthier lives at home, or in a homely setting.** We will have a care system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission."*

4.2 Our Integrated Care Plan is closely linked to our strategy for local implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 and the integration planning principles, which are;

(a) that the main purpose of services which are provided in pursuance of integration *functions is to improve the wellbeing of service-users,*
(b) that, in so far as is consistent with the main purpose, those services should be provided in a way which, so far as possible—

> *(i) is integrated from the point of view of service-users,*
> *(ii) takes account of the particular needs of different service-users,*
> *(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided,*
> *(iv) takes account of the particular characteristics and circumstances of different service-users,*
> *(v) respects the rights of service-users,*
> *(vi) takes account of the dignity of service-users,*
> *(vii) takes account of the participation by service-users in the community in which service-users live,*
> *(viii) protects and improves the safety of service-users,*
> *(ix) improves the quality of the service,*
> *(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),*
> *(xi) best anticipates needs and prevents them arising, and*
> *(xii) makes the best use of the available facilities, people and other resources.*

4.3 To ensure that local people can participate in the integrated care programme and in the health and social care agenda generally, we will continue to facilitate and build the capacity of the CHCP Advisory Network to help guide local people through the new structures and plans. We collectively endorse, and adhere to, the National Standards for Community Engagement, the principles of co-production and the Community Empowerment Bill 2013: Equality, Diversity, Accessibility & Reciprocity, and are compliant with the 8th (and aware of the 9th) Protected Characteristics of people who use services.

5. Financial Context

5.1 The Integrated Care Fund (ICF) is being introduced at a time of significant financial challenge facing the public sector. As a result, many mainstream services will be subject to searching examination and likely change from 2015-16. Our priority programme should take account of this. It is appreciated that payback on ICF investment has to be achieved either within the year, through the service becoming self funding, or by absorption into the Joint Strategic Commissioning process. Therefore all spending identified in our Integrated Care Plan is on the explicit understanding that it is non-recurring. Any recurrent spending beyond April 2016 would have to be met from the mainstream budgets of the new health and social care partnership and, where appropriate, of other partners. In terms of the Change Fund, the current projects, totalling investment of £1.4m across CHCP, acute services, housing, carers, third and independent sectors, have been evaluated for impact and best value. Those projects which evaluated positively have then been assessed against agreed ICF criteria and priority programmes.

6. Our Intentions

6.1 The following section sets out how we intend to deliver on the criteria of the Integrated Care Programme and use the anticipated allocation of £1.7 million non-recurring funding in 2015/16.

6.2 We have allocated the key criteria descriptions to the 6 themes of the programme, and have merged Co-production and Involvement because, for us, they are interlinked.

7. Areas of Action

7.1 Co-production and Involvement: *how the principles of co-production will be embedded in the design and delivery of new ways of working.*

7.1.a Stroke

Building upon the ongoing work to improve stroke pathways, both within health services and beyond, we will revisit the roles and responsibilities relating to the immediate and extended support for stroke patients. Utilising the capacity of a new member of the medical staff, we will review existing, and develop new, approaches to care. We will work with the Stroke Association to pilot an online platform for goal setting and peer support. We will consolidate the approach of the Stroke Matters Peer Support Group and review how to use similar approaches to support other long term conditions groups.

7.1b Housing

As 'business as usual' will not be an option moving forward, Inverclyde Council is working with local social landlords to explore how to respond to demographic and policy challenges, and ensure many more older people can be supported to live in their own homes as they age. The Inverclyde Partnership is committed to

understanding all aspects of the physical housing environment and wider environmental issues impacting on health and social outcomes. Whilst the majority of our activities in relation to housing, linked to health and social care, focus on older peoples issues, we will seek to engage with the communities in and around areas of social deprivation given that 73% of Inverclyde social housing stock is in these areas. We recognise that this is a characteristic unique to Inverclyde, further exemplifying our need to embed approaches which seek to tackle inequalities.

To guide these policy discussions, we will:

- Work in partnership with Strategic Housing Team and local Registered Social Landlords Forum
- Build an intelligence base around housing requirements for people with health and social care needs
- Maximise opportunities for housing investment in this area
- Ensure there is sufficient housing stock
- Ensure robust process for timely availability to people who require adapted, or specially designed, accommodation
- Synthesise available evidence on the current and future anticipated housing related needs of older people in Inverclyde
- Map the geographical spread, consumer cost and physical design of specialist housing provision (sheltered, very sheltered housing etc)
- Provide a clear picture of allocation arrangements and associated demand issues for specialist housing
- Identify strengths and weaknesses in the current housing provision for older people within Inverclyde, taking account of the structure of the local housing markets
- Drawing on good practice in other local authorities, we will outline some policy options in relation to addressing the future requirements for housing and care for older people across Inverclyde. This will be consistent with Scottish Government policies as well as local ambitions.

7.1c Technology to assist self-management

There is good local evidence that current telehealthcare for individuals with COPD has reduced hospital admissions. We will use this evidence to expand existing programmes around telehealth and telecare in a more integrated and co-productive way. This will allow people with long term conditions to use technology to manage their own conditions in partnership with healthcare professionals, thus supporting our anticipatory approach to care and crisis prevention.

A key partner in this will be the CHCP Advisory Group including the Carers, Learning Disabilities, Older People & Long Term Conditions sub groups, who will be central to promoting the positive impact assistive technologies and communication tools can have on independence and self- management.

7.2 Sustainability: *the long term sustainability of investments and the extent to which the use of the fund will leverage resources from elsewhere.*

7.2a Strategic Needs Analysis

We will continue our successful work around the primary and secondary care health interface to better understand need, demand and delivery in relation to health and social care, remodelling to utilise resources more effectively when required.

We will make maximum use of the Integrated Resource Framework data via an in-depth study of the 1600 people in Inverclyde who account for 50% of resource use, mapped against a sample of similar people who account for the lowest resource use.

Our intention is to learn what circumstances, supports (or lack thereof) and characteristics determine an individual's likelihood to access services in high volume. Inversely, we are looking to establish the factors that can allow someone to require very low levels of formal support.

Our aspiration is to identify the optimal level of support, and access to services, which, if in place, should mitigate this group from requiring very high resource use unnecessarily. This, in turn, will enable us to target our services where possible and desirable.

We intend to make use of the House of Care model and the Morbidity Assessment Risk Score (MARS) data to shift the balance of care towards prevention and early intervention for people with Long Term Conditions.

We anticipate that many people with LTCs account for a large proportion of the 1600 high resource individuals mentioned above. Working closely with local GP's, particularly those who are in the 17c category of practices, we hope to identify these people. This increased clarity will enable us to build the case for resource shift from one area of the system to another in a more robust way. And, by working in an integrated fashion through our primary/secondary care Interface programme of work, we will be able to jointly agree a more sustainable model for the future based on people accessing the right support, at the right time, in the right environment, with Home First as our guiding principle.

We intend to learn from work done elsewhere for example in Borders and more locally in Paisley regarding 'Day of Care' audits, in order to carry out a similar exercise at Inverclyde Royal Hospital. This will establish if there are inpatients who could be better cared for outside the acute environment, and assist us to either improve pathways to those alternative places of care, or to commission these, should they be appropriate. This will also inform our work on intermediate care beds.

7.2b Delayed Discharges

For a number of years, and more recently through the Reshaping Care for Older People mechanisms, Inverclyde as a partnership has demonstrated clear commitment to addressing the challenge of Delayed Discharge. Starting from a relatively strong level of performance, we have sustained and improved upon this throughout the period of the Change Fund. We have clearly demonstrated reduced delays, with a corresponding reduction in bed days lost to Delayed Discharges. In common with other partnerships, there continues to be an increasing number of emergency admissions for over 65s. However, for Inverclyde, the reduction of bed days reflects that older people are being admitted more frequently for a shorter period of time. In a nutshell, this illustrates the dichotomy of Shifting the Balance of Care: by supporting older, frailer people at home they require to be admitted to hospital more frequently when their condition exacerbates but then, as a result of effective community services, can be discharged and supported more quickly in the community.

The local joint action plan to achieve the 14 day Delayed Discharge target will continue to be implemented to improve the key areas identified, and we will continue to respond to individual issues as they arise. We know that there are often small numbers of individuals who account for high numbers of lost bed days, and that there are complex factors contributing to this for example; capacity issues, family dynamics and specialist housing needs. There will be ongoing exploration of the data to better understand, predict and respond to these.

The challenge of providing high levels of complex care and intensive rehabilitation to enable safe discharge home should not be underestimated, and we will continue to look at ways to integrate our existing workforce to maintain and further develop our ‘intermediate care’ response.

As a partnership, analysis of our activity demonstrates that, on the whole, discharge is not our key issue. Rather, we need to make similar progress to ensure we avoid admissions in the first place. We will complete an option appraisal on the benefits to be gained through utilisation of Step Up - and to a lesser extent Step Down - Intermediate Care Beds, working with Homecare, Care Homes and Housing Providers to agree how best to improve upon not only current performance, but to improve outcomes for local people.

7.3 Locality: *how relationships with localities will be consolidated, including maximising input from the third sector, independent sector, users and carers. Such a bottom up approach will increase the contribution of local assets including volunteers and existing community networks and address how resources will be maximised on the greatest need.*

The Partnership utilises an assets based approach and will continue to engage with, and build the capacity of, local people. We will focus on individual and community assets to steer the planning and provision of local services to better suit them and enhance their quality of life. Integral to this approach, will be a focus on exploring options for the inclusion of volunteering as a means of enhancing the provision of health and social care services.

7.3a Nurturing locality capacity

The challenges of integrating health and social care cannot be met by the NHS and Local Authority alone; the partnership intends to invest in nurturing the local relationships between the statutory and third / independent sector to ensure there is a broader contribution to the achievement of outcomes from the wider partnership.

As is the case nationwide, Strategic Commissioning and Integration will require ever closer collaboration across the wider partnership. This will see provider organisations being involved at the heart of service planning and design to help us move away from statutory services designing the model, and the third / independent sector being invited on board later in the process to tender for delivery.

We recognise the need for the third / independent sector to have the capacity to engage in the wider integration of the health and social care agenda as a key partner. We intend to use our Integrated Care Fund allocation to bring about increased capacity in the third and independent sector to support strategic commissioning via market development, provider engagement and development, availability and efficacy of community capacity, to respond to need on an assets based model.

We aim to focus on helping to develop locality based supports and services which augment what the statutory sector can provide to those assessed as having need for a formal health and/or social care service, to help reduce reliance on formal condition-specific intervention.

We will also use the Integrated Care Fund allocation to improve community capacity in an agreed priority area. We aim to focus on developing supports that are volunteer involving, and locally based, and services which improve the general health and wellbeing of that community; while also augmenting statutory provision to those assessed as having need for a formal health and/or social care service - helping increase people self-reliance and reducing the need for formal condition-specific intervention.

7.3b Self Directed support

There will be strong links to the continued implementation of Self Directed Support in this area and that a robust tool, for people to find out what is available for them to access, will be in place and routinely updated. The Inverclyde Life information portal (www.inverclydelife.com) will be an important facet of this part of our programme. This will be linked to the modernisation of support planning and review, in order to ensure everyone who is eligible has awareness of their options for accessing care and support, and is supported to look afresh at these on a regular basis.

It is the Partnerships intention to link integrated care programme developments and the national strategy for SDS. We aim particularly to utilise anticipated SDS funding to stimulate dialogue on the relationship between SDS and person centred health.

The partnership will assist recipients of care and support to:

- explore the idea of / become part of an SDS network in their local area
- enable individual and community / collective capacity
- provision of up to date and appropriate information
- establish key messages to inform the future of the self-directed support
- create safe, friendly, educational environments to bring together a broad range of stakeholders
- facilitate a range of peer support groups to assist in the education and promotion of SDS.
- evaluate the views of people using SDS to improve processes and outcomes

7.3c Nurturing Carers

Inverclyde benefits from a very healthy approach to supporting cares, with high levels of carer awareness and carer participation. Our local Carers Strategy, co-produced and edited by carers, is our guiding strategic document in respect of what carers say they need, and what services have committed to delivery. We had success via RCOP in relation to carer support for hospital discharge and Long Term/Emergency Planning. The partnership recognises the need to continue to invest in carers, and it is intended that the allocation of funds from the Integrated Care Fund will be used at the disposal of the local Carers Development Group. This will fund further innovation in relation to supports for carers, which can be mainstreamed in statutory and other services in the longer term, having proved their value. Our role as an EPiC pilot site has given us further opportunity to ensure staff in the statutory sector ‘think carer’, and the integrated care programme locally will be a vehicle by which we can continue to nurture the partnership between carers, carer organisations, the local community and statutory services.

7.3d Developing commissioning

The challenges of integrating health and social care cannot be met by the NHS and Local Authority alone; and our partnership intends to invest in building upon the local relationships to deliver a broader contribution to the achievement of outcomes from non-statutory agencies. The Reshaping Care for Older People programme has significantly enhanced the relationship between the statutory and third / independent sectors; opening up exciting new opportunities. As is the case nation-wide, Strategic Commissioning and Integration will require ever closer collaboration between commissioners, delivery agencies and community. This will see provider organisations and relevant community groups being involved at the heart of planning and design of all services. Testing of Public Social Partnership approaches is proving valuable in improving commissioning, and we aim to continue this type of approach.

We recognise the need for the third / independent sector to have the capacity to engage in this, and the wider integration of health and social care agenda, as a key partner. We intend to use some of our Integrated Care Fund allocation to bring about increased capacity in the third and independent sector to support strategic commissioning via market development, provider engagement and development; as well as further development of community capacity and asset-based approaches.

7.4 Leverage: *the extent to which activity will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning.*

7.4a Intermediate Care and Support

In Inverclyde, intermediate care is provided in people's own homes with support from a range of CHCP services. We have carefully considered learning from elsewhere and have commenced an options appraisal which will inform our approach to bed based intermediate care. We will work closely with local providers and Scottish Care to consider the best use of residential and nursing facilities to support intermediate care in line with the Task Force Review of Residential Care in Scotland which recommends:

"an evolution and expansion of the extra-care housing sector; a growth in the residential sector focused on rehabilitation and prevention (step-up / step-down care); and a smaller, more specialised residential sector focused on delivering high quality 24-hour care for people with substantial care needs."

Our agreed partnership vision will be implemented through the joint strategic commissioning process.

7.4b Reablement

We continue to learn valuable lessons from implementing Reablement in our care and support at home services, predominantly benefiting older people. We aim to work across boundaries and expand the model of Reablement to other service areas. We will link with community supports for people to access following successful Reablement, this includes signposting individuals to peers support opportunities and supported community activities. We are keen to see Reablement for adults with learning disabilities and people with mental health issues linked to the Recovery movement. Reablement underpins our aim that people should be afforded the opportunity to participate in their community for as long as possible and have maximum rehabilitation to achieve optimum independence.

By using a Reablement model with older people we have seen a reduced level of interventions than was the case before using our Reablement approach. In the long term this benefits the individual, because their independence and sense of personal control has been maximised. Additionally resources can be freed up for others who may require them. We can use Reablement to maximise resources, linking with the community capacity and the assets each individual has at their disposal.

7.5 Outcomes: *the activities that will support the delivery of integrated health and wellbeing outcomes for adult health and social care – and the contribution to wider work designed to tackle health inequalities with Community Planning Partnerships. Progress in implementing priority actions for partnerships as described in the forthcoming National Action Plan for Multi-Morbidity*.

7.5a Supported Self Care

Inverclyde's Supported Self Care Network aims to improve access to education and information in order to enable individuals to better understand and manage their long term condition(s). The network sees partners from the CHCP, third / independent sector, housing, acute services and others, come together in an integrated way to drive forward improvements.

Over the coming year, the network will continue to develop work already underway and to find ways to better disseminate this. We will also carefully consider the recommendations of the Keep Well evaluation and ensure clear and robust mechanisms for assessing impact and outcomes in our population.

Our main priority is to ensure that those diagnosed with LTCs are equipped with the skills and empowered to manage their own conditions in the community for as long as possible. Our aspiration is that all partners, and especially the third / independent sector, are equipped with the knowledge and confidence to engage in conversations, utilise motivational interviewing techniques and to offer appropriate support to individuals with long term conditions. This will include improving health literacy, ensuring information is available, in appropriate formats, and is tailored to individual and community needs. The network has successfully developed a local COPD information booklet and this will inform development of a range of disease specific information.

We are mindful of local intelligence and available data showing that many individuals locally do not attend health services with symptoms of long term conditions until a crisis occurs. Identifying such individuals at an earlier stage will allow us to engage and diagnose sooner, and offer advice and education to improve condition management. We are keen to focus on health improvement focussing on social and environmental interventions; seeking to fully embed the principles of health improvement in operational service delivery in a meaningful and pragmatic way.

Anticipatory Care Planning (ACP) has been steadily developed in Inverclyde. This has been achieved by utilising SPARRA data to inform our approach by District Nurses, alongside plans developed by GPs as part of the GMS contract, and a care home specific pilot in Inverclyde. Emergency/ anticipatory/ Individual Long Term planning has also been undertaken by Inverclyde Carers Centre and supported by the Change Fund. We are currently evaluating our approach and will continue to develop this with the evidence gathered. It is our intention that anyone discharged from hospital with complex or palliative care needs will have an ACP contributed to by the Multi-Disciplinary Team where appropriate and that the use of SPAR within care homes will be further embedded.

7.5b Falls

Following on from the publication of the new framework for action for Scotland - "The prevention and management of falls in the community" from the Scottish Government - Inverclyde CHCP will develop and implement a local integrated falls pathway. An initial draft falls pathway for Inverclyde CHCP has been developed. One of the main issues identified by our partnership falls group is that very few services within our area collect any falls data. The need for a falls register has been highlighted in order to proactively work more intensively, and in an integrated way, with those identified as being prone to falling. This would make maximum use of all resources such as the Scottish Fire and Rescue Service home safety checks.

Inverclyde CHCP's work involving our District Nurses and Community Alarm Service has been highlighted as an area of good practice. This pathway was developed following RCOP work to develop a local falls pathway for fallers known to the community alarm service. Our Community Alarm Service now has direct access to our District Nursing service, where they identify when there has been a change in someone's abilities and a nursing assessment is then carried out with onward referrals to other services as indicated. We seek to further develop this integrated working via the integrated care programme, and to expand the model working with the Scottish Ambulance Service and out of hours services. We will scope the viability and necessity for local falls prevention exercise classes in the community. This would be delivered in an integrated model, to maximise transport efficiency and outcomes of people, such as having social interaction as well as practical support and advice re falls prevention (e.g. in a joint day service/ day hospital/ community group environment).

7.5c Transitions

In order for people who have multiple and complex conditions to do well in their lives, a successful transition from children’s services to adult services is essential. Local people tell us that often the challenges of living with multiple and complex health and social care needs are exacerbated unnecessarily for the individual and their carers by service boundaries. The partnership recognises the need to try and explore further where improvement can be made at the transition stage for young people who are leaving one branch of the system and entering another, which is much wider and more complex. We will invest in scoping work to map the transition process for young people with long term conditions and multi-morbidity to better understand how to plan for a more seamless transition as part of the wider recalibration of our current models of service delivery.

6. Summary of spend

Theme	Item	Allocation
Co-production and Involvement	Stroke	£70,000
	Housing	£25,000
	Telecare/ Telehealth for LTCs	£75,000
Sustainability	Strategic Needs Analysis	£130,000
Locality	Carers	£150,000
	3rd sector and community capacity	£200,000
Leverage	Intermediate Care	£250,000
	Reablement	£700,000
Outcomes	Supported Self Care/ Falls prevention	£50,000
	Transitions	£50,000
TOTAL		£1,700,000

The content of this template has been agreed as accurate by:

…………………………….

Brian Moore for the Shadow Joint Board,

…………………………….. and ……………………………….

Robert Calderwood
for the NHS Board

John Mundell for the Council

…………………………………… ……………………………….

Ian Bruce for the third sector

Charles Young
for the independent sector

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 8

Report To:	**Community Health and Care Partnership Sub-Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore, Corporate Director, Inverclyde Community Health and Care Partnership**	**Report No:**	**CHCP/14/1205/DG**
Contact Officer:	**Deborah Gillespie, Head of Service Mental Health, Addictions and Homelessness**	**Contact No:**	**01475 715284**
Subject:	**WORKING TOWARDS A DEMENTIA FRIENDLY INVERCLYDE**		

1.0 PURPOSE

1.1 To update the CHCP Sub- Committee on progress in respect of the Inverclyde Dementia Strategy, and to specifically consider the following:

[1] The outcomes from Getting It Right for people with dementia, their families and carers: Working Towards a Dementia Friendly Inverclyde 16th May 2014.

[2] The Inverclyde Dementia Strategy Action Plan.

1.2 To build on previous reports to the CHCP Sub-Committee and provide an update on the position in relation to Inverclyde's objective to promote a Dementia Friendly Inverclyde.

1.3 To advise the CHCP Sub-Committee of the intention to progress this in conjunction with the Inverclyde Alliance.

2.0 SUMMARY

2.1 The CHCP Sub-Committee received a report in January 2014 in respect of the ongoing work and progress being made in respect of the Inverclyde Dementia Strategy. The CHCP Sub-Committee endorsed Working Together Towards a Dementia Friendly Inverclyde, the Inverclyde Dementia Strategy for 2013-2016; agreed the investment of £70,000 to support implementation of the Dementia Strategy; and agreed to receive annual updates on the implementation of the strategy.

2.2 In May 2014 the Inverclyde Dementia Strategy Implementation Group held an event Getting it right for people with dementia, their families and carers: Working Towards a Dementia Friendly Inverclyde. The event included contributions from the Joseph Rowntree Foundation, Joint Improvement Team, North Lanarkshire and the Scottish Dementia Working Group. The aim to increase community engagement locally was supported by the involvement of Community Learning and Development colleagues and active input from WOOPI [Wider Opportunities for Older People Initiative].

2.3 A report of the event is attached at appendix 1. This identified recommendations from the event which the Implementation Group have considered further to develop the ongoing Action Plan.

2.4 The Action Plan reflects work undertaken since May 2014 to develop a detailed plan to enable work to achieve the outcomes identified within the Inverclyde Dementia Strategy to meet the needs of people with dementia, their carers and families:

1. Improved coordination, collaboration and continuity of care across services;
2. Improved access to services
3. Improved flexibility of services;
4. Improve the capacity of services to be responsive;
5. Increase awareness of dementia in the general public and community;
6. Increase the opportunities for people with dementia, their families and carers to contribute to service planning.

The work contained within the plan is continuing to be progressed, and is monitored by the Implementation Group. Appendix 2.

2.5 Specifically the Action Plan includes proposals in Outcome 5, Increase Awareness of Dementia in the General Public and Community, to develop a project for the promotion of a dementia friendly Inverclyde. This is supported by the existing agreed resources to enable employment of a senior community development worker which is now being recruited. Once this staff member is in post a project group will be established to take forward piloting of initiatives within a community in Inverclyde.

2.6 To support the wider development of the community capacity to respond positively to people with dementia requires a wider partnership approach. It is therefore proposed that this Action Plan is also taken forward via consideration by the Inverclyde Alliance.

3.0 RECOMMENDATIONS

3.1 The CHCP Sub-Committee is asked to note the work that is continuing to improve services for people with dementia, their families and carers, through the Action Plan for the Inverclyde Dementia Strategy, which will contribute towards a Dementia Friendly Inverclyde and to endorse the detailed Action Plan.

3.2 The CHCP Sub-Committee is asked to note that further work is required in partnership to develop a Dementia Friendly Inverclyde and that this will be taken forward through the Alliance, via the SOA Programme Board.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 It is estimated that there will be currently 1384 people over the age of 65 with dementia living in Inverclyde. 651 people were on the GP dementia register in September 2014. This figure is projected to rise significantly over the next 20 years.

4.2 Scotland's Second National Dementia Strategy 2013-16 was launched in June 2013 and focuses on providing timely, accurate diagnosis, and better post-diagnostic support, enabling good quality life at home for longer, and supports the development of dementia friendly local communities.

4.3 Improving services for people with dementia their families and carers is a key priority for both Inverclyde Council and NHS Greater Glasgow and Clyde. Dementia is an important theme within Reshaping Care for Older People and the Joint Commissioning Plan for Older People.

4.4 Creating a dementia friendly Inverclyde builds on good foundations already in place. A report to the CHCP Sub-Committee in January 2014 set out the actions that were underway to implement the Dementia Strategy. This report provides further detail of some of the key work streams underway and proposals that will contribute to creating a dementia friendly Inverclyde.

4.5 The concept of Dementia Friendly Communities is an emerging one. There is an increasing body of literature, guidance and examples from across the UK and beyond which highlight key areas that can help to make a community dementia friendly. The Inverclyde Dementia Strategy was written reflecting this guidance.

Creating a Dementia-Friendly York, a Joseph Rowntree Foundation publication, identified five key domains that should be addressed as part of developing a dementia friendly community:

- place - including environment, housing and transport
- people - including the social attitudes of the community generally and how people treat you (stigma)
- resources - not just health and social care services but shops, leisure, transport, community facilities and resources
- networks - how people work together to support older people
- the person with dementia their families and carers - whose voices should be at the heart of the process of building a dementia friendly community

4.6 A guide for local authorities on 'Developing Dementia – Friendly Communities' produced by the Local Government Association stated that "a dementia-friendly community may be defined as being a place:

- in which it is possible for the greatest number of people with dementia to live a good life
- where people with dementia are enabled to live as independently as possible and to continue to be part of their community
- where they are met with understanding and given support where necessary."

4.7 Priorities for developing a dementia friendly community from feedback from local consultation and engagement events are summarised below:

Information and awareness raising, to include the following:

- Retailers (particularly businesses important to older people eg post offices, pharmacies, local supermarkets etc)
- Buses/ other public transport providers
- Health services
- Police
- Fire service
- Schools

Working in partnership, across Council departments and with key partners including:

- Voluntary sector
- Housing services
- Environmental services (eg dementia friendly signage and lighting)
- Planning services
- Neighbourhood Partnerships

4.8 These priorities echo those identified within the growing literature about dementia friendly communities. It is clear that a cross-Council and wider partnership approach is essential to developing a Dementia Friendly Inverclyde and would require accessibility and support for people with dementia to become key considerations in wider policy development in areas such as planning, transport and environmental services. Creating a Dementia Friendly Inverclyde would also require buy-in from a range of partners including the business community, transport, housing and schools.

4.9 There is already a lot of work underway within Health and Social Care which will contribute to making Inverclyde Dementia Friendly, and meeting the objectives of the Inverclyde Dementia Strategy. The Strategy is being progressed by a number of work streams, through the Inverclyde Dementia Strategy Implementation Group, reporting to the Reshaping Care for Older People Project Board.
Work streams include:

- Improving the quality of care for people with dementia in a range of settings within the community and including hospitals and in care homes
- Raising awareness of the importance of living well with dementia
- Enhancing post-diagnostic support, through the partnership with Alzheimer Scotland employing a Link Worker working within the Older Persons Mental Health Team
- Enhancing capacity to work within the community in partnership with Community Learning and Development.

4.10 Awareness raising, communications and information provision are key elements for all work streams. Support from Corporate Communications has been obtained to enable the development of a communications plan for the existing dementia strategy. The focus is on website development and information in respect of Health and Social Care currently.

4.11 In order to take this further forward and to embed the dementia strategy more widely and involve more stakeholders, as outlined above, then a more sophisticated communication strategy will be required to develop a dementia awareness campaign. The dementia awareness campaign could lay the foundations for Inverclyde becoming a dementia friendly community. The objectives of the dementia awareness campaign would include:

- increasing public understanding of dementia, its symptoms and its impact on people's lives
- encouraging people with symptoms of dementia to get a diagnosis as early as possible so that they can access the support they need to best manage living with dementia
- ensuring that carers of people with dementia know how to access local information and support that will help them care as long as they wish to
- challenging the stigma of dementia with a view to gaining greater acceptance and recognition of the needs of people with dementia within the community.

4.12 **Workforce development** is an important consideration within each of the work streams. A wider learning and development plan requires to be developed across the council and wider partners. Initiatives underway include:

- Training people within health and social care and disciplines to become Dementia aware.
- Opportunities for joint learning with the independent and voluntary sectors are being

developed.

- Dementia training has taken place within care homes, aligned to the national Promoting Excellence Framework.
- Awareness raising in the community will form part of the Community Learning and Development workers' role in challenging the stigma of dementia with a view to gaining greater acceptance and understanding of dementia.

- This can be extended to include training a wider range of people to become Dementia Friends/ Champions across the community. Discrete dementia awareness briefings could be developed and delivered for other service teams across the Council, and partnerships for example call handlers and housing support staff. Adopting and disseminating the How to Help people with dementia: A customer facing staff guide could support learning and development.

This is being taken forward through the learning and development group and will need to link in with OD&HR to embed learning and development within the corporate training plan.

4.13 **Post Diagnostic Support in Dementia**

Enhancing post-diagnostic support is a key commitment of Scotland's National Dementia Strategy 2013-16, with a national HEAT target which states that

"by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan."

Post diagnostic support is provided via a Link Worker, with the aim being to ensure that everyone newly diagnosed with dementia has access to post diagnostic support. The Link Worker supports people for up to one year following their diagnosis of dementia, providing support and advice and linking people with dementia and their carers with other relevant services and support. The Link Worker also assists with planning and decision making in relation to future care arrangements and will work with the person with dementia their families and carers to develop a person centred plan.

The Link Worker has been in post since February 2013. During the first full year reporting in respect of the HEAT target between April 2013-14 67 people newly diagnosed with dementia were referred, and engaged with this support.

An evaluation of the first twelve months of the post diagnostic support service has identified a number of issues which are currently being considered to inform ongoing development of this provision, specifically:

- The point at which people seek diagnosis, the link to stigma, and impact on how people can make best use of support after diagnosis;
- Clearer referral pathways to support diagnosis and access to post diagnostic support through improved multi disciplinary working;
- Identified groups not accessing the service, specifically people living in care homes and people with Learning Disability;
- Methods of delivery of the 5 pillars of support model which ensure this is meaningful and useful to people with dementia and their families.
- Demand and the capacity required to meet this in the future.

The Link Worker is involved in the ongoing development of provision of post diagnostic support within the local mental health service development work, and within forums within NHS Greater Glasgow and Clyde to support shared learning and promotion of best practice.

4.14 **Developing Community Capacity to respond to people with dementia**

The Dementia Strategy aims to raise awareness of dementia by engaging with a wide range of stakeholders. The following events have taken place to date:

- Launch of Inverclyde Dementia Strategy Consultation April 2013

- Getting it right for people with dementia, their families and carers: Working Towards a dementia friendly Inverclyde 16th May 2014

These events have been well attended and provided an opportunity to raise awareness of dementia within our community, promote the Strategy, and update stakeholders on the work underway in Inverclyde. The May event in particular generated valuable feedback to inform the further development of a dementia friendly Inverclyde.

4.15 The partnership working with Community Learning and Development provides an opportunity to enhance the work within local communities. The current resource allocation provides for a senior community development worker post for a twelve month period to undertake community development initiatives and undertake scoping to progress this more widely in Inverclyde. This will utilise the experience of the model adopted by North Lanarkshire based in the community of Motherwell, informed by work done by the Joseph Rowntree Foundation in York.

The remit of this post is to:

- Raise awareness of dementia aimed at reducing stigma and developing greater understanding within the community;
- Improve knowledge of existing resources available to support people within the community out with services, and their capacity to respond to people with dementia;
- Develop and support community led initiatives for people with dementia to take part in (e.g. singing groups, dementia cafés);
- Engage the community via local events to celebrate the achievements of people who have dementia and develop intergenerational work with young people in Inverclyde.

It is proposed that this work will be undertaken on a pilot basis within a community/ locality within Inverclyde initially, acting as a test site to enable learning from the project to be used to inform roll out across Inverclyde in support of the overarching objective to enable a Dementia Friendly Inverclyde.

4.16 In order to take forward a dementia friendly Inverclyde, further work is required with wider members of our community, specifically engagement with the business community. Proposals from the May 2014 event included a dementia friendly award scheme where businesses, organisations and communities from across Inverclyde would be asked to pledge support for the initiative and take forward relevant actions towards becoming dementia friendly.

Adopting the Local Government Association Guidance and adapting this to develop a local toolkit to support broader engagement would provide the basis on which to launch a Dementia Friendly Award Scheme.

Experience from Motherwell and York indicates that this will require further investment and support. Future actions required will include briefings, training, and publicity for local shops and businesses.

4.17 The Inverclyde Alliance Partnership Board will be a key forum for embedding these initiatives demonstrating commitment to working towards a dementia friendly Inverclyde along with an action plan for how the work will be progressed across the partnership and within organisations. This would provide the strategic focus and facilitate the wider buy-in required to take the initiative forward, building on the infrastructure outlined above in respect of the work taken forward within health and social care.

5.0 PROPOSALS

5.1 This report outlines work that is already underway to implement the Inverclyde Dementia Strategy. Work following the May 2014 event and the development of the detailed action plan highlight further key areas to be considered in creating a Dementia Friendly Inverclyde.

Creating a Dementia Friendly Inverclyde requires a cross-Council approach, with commitment from all departments and partner agencies. The resources already committed as outlined above will continue to enable us to embed a dementia friendly approach. However consideration of resources will be required in order to extend reach and co-ordinate the cross

council and partnership work required to drive forward implementation of our objective.

5.2 It is proposed that this is taken forward via the Inverclyde Alliance and that the Action Plan and proposals in respect of developing further the community capacity building work will be presented to the Inverclyde Alliance on this basis.

6.0 IMPLICATIONS

Finance

6.1 This report outlines work being progressed through the Inverclyde Dementia Strategy. The Strategy relies on mainstream service budgets, with additional allocations made through Independent Living Fund ear marked reserves:

Alzheimer Scotland Link Worker: £30,000.

Community learning and development senior worker-Dementia Friendly Inverclyde: £35,000.

Community development investment and support costs: £5,000.

Additional costs to create a Dementia Friendly Inverclyde will need to be quantified as part of further scoping work.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Mental Health	Various	2015-16	£70,000	N/A	Funded from Independent Living Fund earmarked reserve

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 Employment of fixed term Senior Community Development Worker for 12 months.

Equalities

6.4 Developing a Dementia Friendly Inverclyde will contribute to the Council's advancement of the Public Sector Equality Duty (PSED) general duties which are to (i) eliminate unlawful discrimination, harassment and victimisation, (ii) advance equality of opportunity and (iii) foster good relations.

Equality and Rights considerations will be central to the development of this work and engagement with people living with dementia and their families and carers, along with other protected characteristic groups will help to ensure that the positive impact of the work is maximised and any potential negative impacts are mitigated. The Dementia Strategy supports

the Standards of Care for Dementia in Scotland and the Charter of Rights for People with Dementia.

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 The ageing population profile in Inverclyde will increase the prevalence of dementia.

7.0 CONSULTATION

7.1 The report provides details of engagement events that have informed the development of the Dementia Strategy. Further engagement will take place as the specific work streams progress, including the development of a Dementia Friendly Inverclyde.

8.0 LIST OF BACKGROUND PAPERS

8.1 CHCP Sub Committee Report January 2013
CHCP Sub Committee Report September 2013
CHCP Sub Committee Report January 2014
National Dementia Strategy 2013-16; Scottish Government
Creating a Dementia-Friendly York, a Joseph Rowntree Foundation report
Developing dementia-friendly communities; Local Government Association
Dementia Friendly Yorkshire First Steps in the Journey 2014
Improving the design of housing to assist people with dementia: CIH
How to help people with dementia: A customer facing staff guide
Research into dementia services in Inverclyde for SAMH: Red Circle Communications: 2014
Presentations from Getting it right for people with dementia their families and Carers: Working towards a dementia friendly Inverclyde 16th May 2014.

Getting it right for people with dementia, their families and carers: Working towards a dementia friendly Inverclyde, 16th May 2014, Event Feedback Report.

1. Introduction

This report summarises feedback from 204 delegates who attended the event on 16th May 2014.The event was organised by members of the Inverclyde Dementia Strategy Implementation Group in conjunction with the Joseph Rowntree Foundation, NHS Lanarkshire, Joint Improvement Team and the Scottish Dementia Working Group.

There was a wide range of delegates representing community, voluntary, third sector organisations and representation from Inverclyde Council, Inverclyde Community Health and Care Partnership, NHS. The event was organised specifically to consider how to create a dementia friendly community.

The number of people with dementia is expected to increase over the next 20 years. Creating a dementia friendly community that can support and sustain people in their homes, neighbourhoods and social networks is an important area of work that public services will need to address.

The dementia strategy provides a framework for the redesign of health and social care services for those people with dementia who require specialist services. The work on dementia friendly communities is designed to compliment the strategy as this focuses on supporting people in the early stages of dementia who are trying to live normal lives and how communities can become more inclusive of people with more complex needs in the later stages of dementia.
Inverclyde Alliance has made a commitment to work towards a dementia friendly Inverclyde.

We would like to thank everyone who attended the event your openness, involvement and willingness to think constructively made the event a success. We hope that this report will help inform the ongoing development of services and initiatives to support people with dementia, their families and carers in Inverclyde.

2. Dementia Friendly Community

The concept of dementia friendly communities is an emerging one. There is an increasing body of literature, guidance and examples from across the UK which highlights key areas that can help to make a community dementia friendly.
The Inverclyde Dementia Strategy was written reflecting this guidance with a strong focus on community inclusion, the event in May 2014 was arranged to consider how we can take the dementia friendly community concept forward.

Creating a Dementia-Friendly York, a Joseph Rowntree Foundation publication, identified four key domains that should be addressed as part of developing a dementia friendly community, the person with dementia, their families and carers being at the centre of building this community;

• Place - including environment, housing and transport

• People - including the social attitudes of the community generally and how people treat you (stigma)

• Resources - not just health and social care services but shops, leisure, community facilities and resources

• Networks - how people work together to support people

A guide for local authorities on 'Developing Dementia Friendly Communities' produced by the Local Government Association states that;

"A dementia-friendly community may be defined as being a place:

• In which it is possible for the greatest number of people with dementia to live a good life.

• Where people with dementia are enabled to live as independently as possible and to continue to be part of their community.

• Where they are met with understanding and given support where necessary."

The Joseph Rowntree Foundation has produced case studies which further demonstrate the potential of a cross council and whole town partnership approach, with examples across a range of public sector services and businesses which could contribute to creating a dementia friendly community.

The contribution from NHS Lanarkshire, sharing the experience of Motherwell Town Centre demonstrated how one aspect of developing a dementia friendly community could be taken forward.

The input from the Joint Improvement Team demonstrated how the role of Housing, planning and design could support this work.

A number of other resources were made available including a guide on customer care which could support staff in a range of frontline services to be able to respond more appropriately and effectively.

This report summarises the feedback from people who attended the event and completed a feedback form.

3. Feedback

The event hosted 19 roundtable discussions involving 195 people and 19 facilitators 204 people.

87 people completed a feedback form.

The feedback from delegates provides some valuable insight which can inform future activity to increase our capacity to create a dementia friendly Inverclyde.

We recognise that delegates who attended may not represent all the views of organisations or representative groups with an interest in dementia in Inverclyde.

4. Summary of Findings

From the feedback it was evident that there was differing levels of awareness ranging from those who had been involved with people with dementia, their families and carers through their work, those with an interest who wanted to find out more information to take back into their organisations, combined with strong representation from people living in Inverclyde who were members of community groups or wanted to find out more about what was available to support someone they knew who had a diagnosis of dementia.

There were 50 people who attended who were involved in the Wider Opportunities for Older People in Inverclyde (WOOPI) initiative. The initiative is supported by community learning and development and has grown based on principles of co-production. WOOPI members participated in either the presentation at the start of the event or as a member of the choir and contributed to the roundtable discussions. WOOPI members were keen to make a contribution and reach out to more people who could benefit from activities currently available within the community.

Participants were very supportive of the dementia friendly community approach and there was a real energy and enthusiasm expressed for the positive qualitative difference this could make to people's lives. Some organisations are already engaged with people with dementia, their families and carers most were planning to make changes to embrace this agenda, utilising the guidance and materials made available on the day. Many participants expressed an interest in becoming involved in a wider network or becoming a contact to receive and disseminate further information.

Most participants attending hoped to increase knowledge of dementia in respect of their current role, the opportunity to network and consider the potential for development opportunities was appreciated.

'It has been very good to network with others'

'Great opportunity to attend and participate in the vision for Inverclyde'

'I have a training role and feel the dementia strategy is leading the way for community based care and co-production in future service provision.'

5. Round table discussions

Most people appreciated the breadth of knowledge and experience reflected in the contributions from the speakers, with practical suggestions and a range of materials, including guidance and case studies, which can be utilised locally to consider how a dementia friendly approach could be taken forward.

Many suggestions were received on elements of a dementia friendly community. With a general consensus of the model adopted within the

strategy and described by the Joseph Rowntree Foundation. The presentation in respect of Motherwell Town Centre provided suggestions on how to extend reach and engage with a wider range of services including retailers and businesses.

The importance of housing, the role of housing providers as community connectors, with support from the Joint Improvement team was welcome. Most respondents commented that the environment in which a person with dementia experiences has an influence on health and wellbeing, stability and outlook with many comments received that a disabling environment can lead to challenging behaviour and in turn stigma and social exclusion. A view was expressed that housing and the built environment are of equal importance to the standard of care provided.
'As a housing support and housing provider in Inverclyde such events are very relevant in my work.'

Suggestions ranged from dementia friendly design, access to facilities and amenities, open spaces, requests to increase the range of facilities, venues and activities available for people to be able to participate.

A number of respondents supported the view that school based educational activity would be beneficial, with the aim of raising awareness of younger people.

A proposal for an Inverclyde dementia friendly award scheme and campaign to enhance partnership and involvement of local businesses were reflected in the responses.

Most people would like to see more localised targeted awareness raising about the support which is available. The need for raising awareness through publicity and media was commented on by the majority of respondents.

The need to ensure that campaigns are positive and deliver a message that early intervention and prevention along with good planning can improve the capacity to live well with dementia was raised.

The requirement for better training, skills and knowledge for everyone was a predominant theme with a particular focus on frontline customer services, adopting the guidance made available at the event.

Many respondents commented on how powerful and effective the presentations at the event where. Contributed and enabled positive discussions on how staff, across a wide range of services, and community leaders could develop the skills to respond more appropriately and effectively with people with dementia, their families and carers.

Access to structured and meaningful activities in the context of community inclusion was consistently raised.

The need to build on existing work, for example, WOOPI adopting principles of co-production was reinforced.

There is a need to extend community development and engagement work to support communities to become more dementia friendly.

Most of the feedback from respondents commented positively to the concept of a Dementia Friendly Community with many suggestions about how to develop initiatives to promote the concept and make this a reality. Better linkages with community planning and the single outcome agreement will be crucial to this aim.

Most respondents were positive about the potential and recognised there were things that can be done, reflected in the following comments.

'Inverclyde could do this if it keeps the momentum up –move away from community health and care partnership to involve more relevant organisations.'
'The JRF initiatives look terrific, very good research to underpin any developments.'

6. What people told us.
People told us the things that would make a difference and there was a perception that the building blocks were there to make this more of a reality. Inverclyde's strength includes a history of good community development and its size is an asset in that partnerships can form more easily making the connections and enabling necessary networks to become established.

People told us that a community can become more dementia friendly by;
- Increasing awareness of dementia.
- Support local groups for people with dementia, their families and carers.
- Provide more information, in particular accessible information, about local services and facilities.
- Take action to make local services and facilities more accessible adopting the guidance already available.

In order to do this;
- Communities need knowledgeable input
- There needs to be publicity and public awareness campaigns
- Communities will require access to some funding to support people with dementia, their families and carers, with support to encourage communities to make better use of existing resources.
- There was support for a wider steering group or network for organisations to work together more effectively.

Better outcomes for people with dementia, their families and carers can be achieved when practical support is seen to be friendly and helpful to boost confidence and slow down the potential for withdrawal from situations which could become untenable for the person with dementia.

Staff awareness to help understanding the issues dementia creates and how best to respond, what dementia means in terms of progression and the potential of fluctuating symptoms. People receiving services are supported to retain independence and self- determination through encouragement, support and training to participate in user-led groups, where peer support can develop with the support of statutory and voluntary sectors.
Some of the most valuable support comes from other individuals and groups.

For communities to become dementia friendly people with dementia need to feel confident and encouraged to remain engaged and active in all services and activities where ever they are.

The business case for dementia friendly communities is based on the fact that more of us will need to live more healthy and active lives drawing on support from the wider community for as long as possible and delaying the need for support from intensive health and social care services.

The presentations from the speakers identified a number of key areas that can be progressed that are important to people with dementia and should not be viewed in isolation this was supported in the feedback as follows key messages were;
'Inspiring and I will take ideas and suggestions and use these in services I work within.'

1. The physical environment
There is a lot that can be done to make the physical environment easier for people with dementia, for example, by making signage and directions simple and easier to read, improving lighting and use of colour, signs in the town centre, for example, crossings, pavements, toilets.
Introduce environmental audits in planning and new developments.

2. Local facilities
People have consistently said what was important to them is being able to access shops, banks, transport, leisure facilities as well as mainstream services, supporting health and care needs and access to universal services.

3. Local Groups
People said being members of groups can provide the means and confidence to be part of the wider community.

4. Social Networks
People said social networks can help promote community inclusion and prevent social isolation, this is particularly important as people with dementia can withdraw from networks for fear of stigma associated with diagnosis.

5. Support services are essential from the point of diagnosis.

A key message from the event was to recognise there are things we can all do which can improve lives.

Inverclyde has the building blocks in place to drive this forward and a little investment, primarily leadership, time along with training and a communication strategy could make a difference.

'I have found today exceptionally helpful and has given me hope and reassurance for my family member's ability to be safe and independent.'

'Dementia without walls; informative very relevant liked the positive aspect of building on what you have.

7. Recommendations

The following recommendations were taken from the feedback and notes taken from the event which will be the subject of further discussion within the Inverclyde Dementia Strategy Implementation Group, Inverclyde Council, Community Health and Care Partnership and with a wider range of stakeholders.

- Establish a higher level wider cross council partnership steering group to progress the following;

- Adopt Local Government Association Guidance and develop a toolkit for local use to embed dementia friendly approach.

- Plan a communications strategy, including kite mark and dementia friendly award scheme, to engage with local retailers and businesses. Sponsoring business through Chamber of Commerce.

- Develop corporate training strategy adopting How to help people with dementia: A customer facing staff guide and explore training and awareness options appropriate to all levels of staff.

- Consider use of small grants to support initiatives within communities.

- Consider ethical commissioning to positively influence development of support services to people with dementia, their families and carers.

- Explore opportunities through regeneration, for example, Broomhill, to develop dementia friendly approach in planning and design of the area including housing and local facilities.

- Investment already agreed to recruit a community development worker to pilot approach within an area of Inverclyde, the learning and outcomes from this initiative will be shared for further roll out across Inverclyde.

- Consider adopting model used in Motherwell for Greenock Town Centre, outline as follows;

'I was impressed by the presentation on Motherwell and the holistic approach highlighted the value of co-ordinated services.'

8. Building a Dementia Friendly Community in Inverclyde - Greenock Town Centre Project Proposal

Summary of resources and activity proposed:

• Establish a steering group involving statutory, voluntary and third sector partners

• Identify town centre as target area, List shops, businesses and organisations in the area

• Work with corporate communications, business community, members of the Inverclyde Dementia Strategy Implementation Group, local voluntary and third sector providers, Alzheimer Scotland to develop a brand.

• Develop awareness raising materials and briefings for shops and businesses

• Recruit local organisations and businesses utilising the Hints and Tips leaflet for employees, develop an action plan of commitments that each business organisation will sign up to.

• Use the national Promoting Excellence DVD resource in training and awareness raising.

• Undertake environmental audits in shops/ facilities- train key staff in for example Stirling Dementia Services Development Centre's environmental design audit tool)

• Full time development post to work within Community Learning and Development to undertake community development role in a geographical area within Inverclyde this post will complement the above work.

These examples could provide the potential to lever in support from local businesses and harness wider engagement of organisations to become involved with the strategy. This concurs with recommendations within the Scottish Government's Second National Dementia Strategy.

Further scoping is required anticipate costs can be met through commitment of staff time and existing resources to engage with a wider range of stakeholders.

'A dementia friendly specific forum consisting of reps from wider range of services for example, education, carers, business, statutory services, NHS, Community Learning and Development, Transport, Leisure, Planning, Regeneration, housing providers, voluntary and faith groups.'
'Carry on and maximise publicity.'
'A website about dementia services and DFC information links and updates.'

9. Summary
A dementia friendly community is one that recognises and embraces the challenges that living with dementia presents to people with dementia, their families and carers, enabling them to live life to its full potential.
If there is the will to take the dementia friendly community forward, a cross council partnership approach is required, in conjunction, with a focus on community development with a commitment to developing a model of excellence for people with dementia, their families and carers, so that anyone newly diagnosed with dementia can participate as active citizens. By working collaboratively and building on the strengths that already exist to develop a dementia friendly community that will provide the cornerstones to enable people to live well with dementia. It is recommended that our objectives over the coming months are to;

- Identify the key partners, services, activities and businesses within Inverclyde to develop a local map of the people and the place;

- Engage with and by increasing the knowledge and understanding of all key players raise the profile of dementia.

- Embrace the positive opportunities creating a dementia friendly approach can bring.

- Work with local services and businesses to make the community a dynamic and friendly place for people with dementia, their families and carers, to live and work.

- Work collaboratively to increase the opportunity for people with dementia their families and carers to remain engaged in their chosen activities for as long as possible.

- Work together to increase support for carers by developing a shared understanding of the emotional and practical challenges they face.

The dementia strategy has developed within health and social care in line with national priorities. A shift is required to enable the development of the dementia friendly community approach to reflect wider corporate responsibilities and implement guidance and recommendations to emerge from the event.

‘It is absolutely essential that Inverclyde becomes dementia friendly, want to be part of it.’
‘I was interested to find out more and I also want to be part of this fantastic project.’
‘I was asked to attend but have taken a lot away and will be able to pass information on to friends, family, work colleagues and other professionals.’

10. References

1. National Dementia Strategy 2013-16; Scottish Government
2. Inverclyde Dementia Strategy
3. Creating a Dementia-Friendly York, a Joseph Rowntree Foundation report
4. Developing dementia-friendly communities; Local Government Association
5. Dementia Friendly Yorkshire First Steps in the Journey 2014
6. Improving the design of housing to assist people with dementia: CIH
7. How to help people with dementia: A customer facing staff guide.
8. Research into dementia services in Inverclyde for SAMH: Red Circle Communications: 2014
9. Presentations: Getting it right for people with dementia, their families and carers: Working towards a dementia friendly Inverclyde 16th May 2014;
    - Motherwell Town Centre
    - Housing and the built environment
    - Dementia without walls

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Getting it right for people with dementia, their families and carers: Working towards a dementia friendly Inverclyde.

Inverclyde Dementia Strategy: Action Plan 2013-2016

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

The Community Planning Partnership vision for Inverclyde is Getting It Right for Every Child, Citizen and Community. This means the Inverclyde Alliance will work in partnership to create a confident inclusive Inverclyde with safe, sustainable, healthy, nurtured communities and a thriving prosperous economy, with active citizens who are resilient respected and responsible and able to make a positive contribution to the area.
The aim is that our communities are more capable and resilient and are co-producers in achieving positive outcomes for themselves, moving away from dependency to self-reliance.

The Single Outcome Agreement and partnerships are committed to;

All older people living in Inverclyde have healthy, productive, active and included lives preferably living in their own homes with access to the services they need, when they need them.

All our communities have good mental health and wellbeing integral to the achievement of all the local outcomes for Inverclyde.

There is high level political commitment to working towards a dementia friendly Inverclyde.

We intend to develop specific elements of the Single Outcome Agreement to raise the profile of people with dementia, their families and carers. Taking a wider perspective, community capacity building will enable people to avoid social isolation and live more independently.

On this basis the dementia strategy and action plan sets out Inverclyde's response to Scotland's National Dementia Strategy. Its purpose is to outline what services for people with dementia, their families and carers exist at present, what we want to develop, identifying where we think there are gaps. The primary aim of the strategy and action plan is to ensure that significant improvements are made to the lives of people with dementia, their families and carers.

The strategy is underpinned by 4 objectives and 6 strategic outcomes, which will contribute to influencing action on dementia.

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Dementia Strategy Objectives

1. Improve Dementia Awareness and Knowledge

2. Improving Community Inclusion

3. Early Diagnosis and Support

4. Living Well with Dementia

Dementia Strategy Outcomes

1. Improve coordination, collaboration and continuity of care across services
2. Improve access to services
3. Improve flexibility of services
4. Improve capacity of services to be responsive
5. Increase awareness of dementia in the general public and community
6. Increase opportunities for people with dementia, their families and carers to contribute to service planning.

The action plan has been written referencing the actions within the dementia strategy to the four objectives and six outcomes. A further mapping exercise has been undertaken to highlight relevance with the Single Outcome Agreement Wellbeing Indicators. To ensure that appropriate linkages are made at all levels of the organisation and partnerships, to better reflect the needs of people with dementia, their families and carers. More importantly to inform the development work required to embed the strategy and action plan. Illustrated as follows;

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Getting it right for people with dementia their families and carers: Wellbeing indicators

S1.SAFE: People with dementia are protected from harm. Have access to a safe environment to live and are enabled to understand and take responsibility for actions and choices to live well with dementia.

H1.HEALTHY: People with dementia, their families and carers have access to suitable health and social care and are supported to make healthy and safe choices. Achieve the highest standards of physical and mental health through, early diagnosis and support and improving dementia awareness and knowledge.

A1.ACHIEVING: People with dementia, their families and carers are supported and guided in their lifelong learning. Have opportunities to develop their skills, confidence and self- esteem to live well with dementia at home and in the community.

N1.NURTURED: People with dementia have access to a nurturing place to live, in a homely setting, with additional help if needed or, where this is not possible, in a suitable setting. Where there are opportunities to build positive relationships within a supportive dementia friendly environment.

Act 1.ACTIVE: People with dementia their families and carers have opportunities to take part in activities and experiences, such as social and recreational activities, which contribute to living well with dementia, both at home and in the community.

R & R 1
RESPECTED: People with dementia, their families and carers have opportunities to be heard and involved in decisions which affect them.

R1 RESPONSIBLE: People with dementia are encouraged and supported in decision making and to play an active role in the community, where they live. Where necessary are supported, having access to appropriate guidance, representation and advocacy, in making decisions that affect them.

I1.INCLUDED: People with dementia their families and carers have support to improve opportunities for community inclusion.To overcome social, educational, physical and economic inequalities and being valued as part of the community in which they live.

INVERCLYDE DEMENTIA ACTION PLAN
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INVERCLYDE DEMENTIA ACTION PLAN
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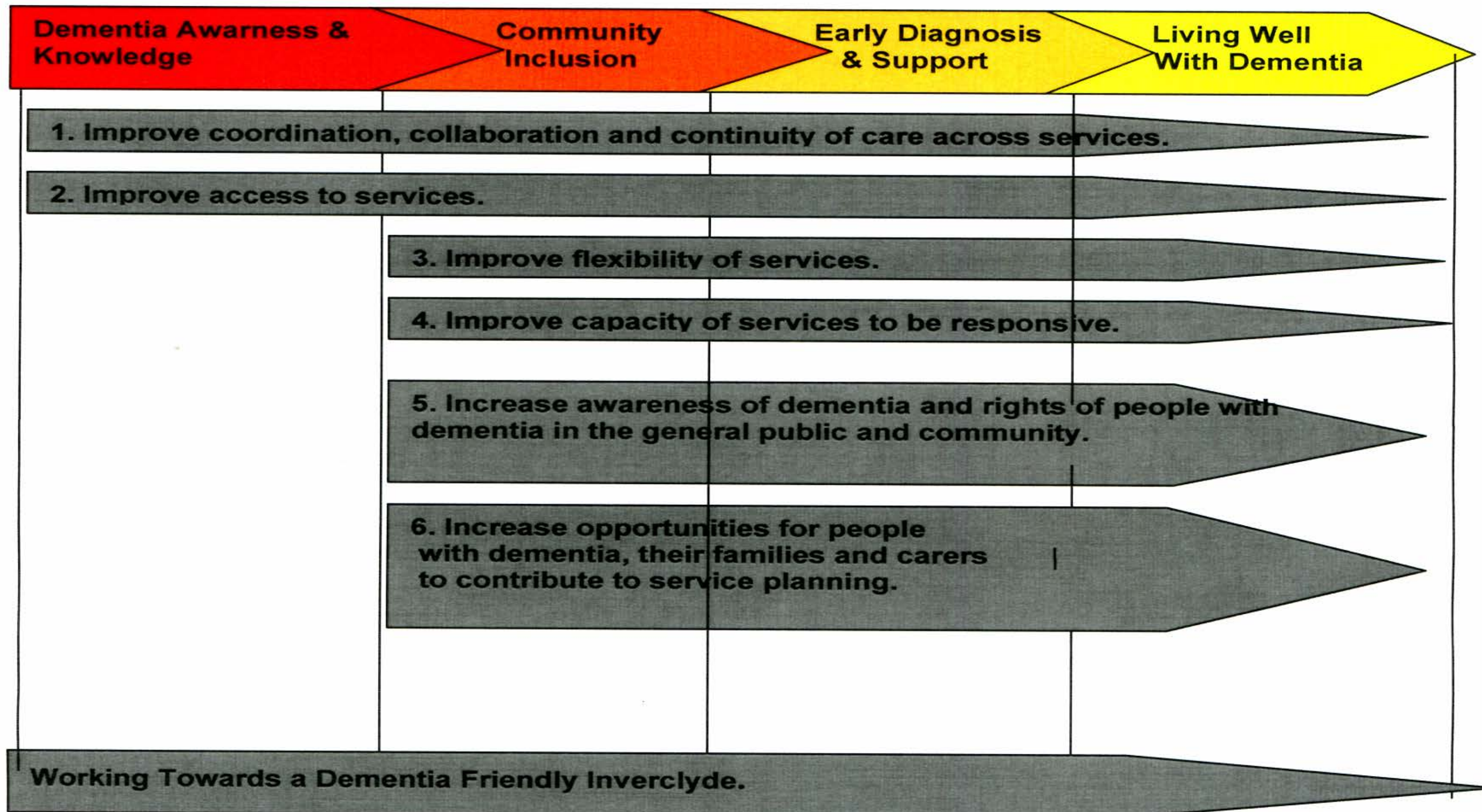

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

INVERCLYDE DEMENTIA ACTION PLAN
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Activity		Where are we now?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	Dementia Strategy Outcomes	SOA, Wellbeing Reference
Where do we want to be? **Outcome 1: Improve coordination and collaboration across services to enable improved continuity of care**								
1.1	Implement training needs analysis across all services, promote learning and development opportunities.	Learning and development opportunities being developed and incorporated into CHCP Learning and Development Plan.	Ongoing to March 2016	Training needs analysis undertaken.	CHCP Learning and Development Sub-group David Ramsay & Paul Watt	Existing Resources	1 & 4	S1 Safe N1 Nurtured I1 Included R Respected R1.Responsible
1.2	Develop consistent approach and response to dealing with behaviour that staff and carers find distressing.	Guidance is available in order that staff and carers can respond in a positive and supportive way. Plan to roll out training to reach more staff and carers in a wide range of settings, with a focus on frontline/customer facing staff.	Ongoing 2016	Number of staff trained. Consistent model developed. Make available training and resources to provide support in a wide range of settings.	CHCP Learning and Development Group David Ramsay & Paul Watt	Existing Resources	1 & 4	S1 Safe N1 Nurtured I1 Included R Respected R1.Responsible
1.3	Ensure relevant agencies and providers can recognise signs of harm and are supported appropriately.	A robust training programme is in place in respect of Adult Support and Protection. Training will be developed in line with 1.1 and 1.2 above and incorporated into the third party reporting initiative.	Ongoing 2016	Number of training sessions carried out on ASP. Number of reported ASP cases among people with dementia.	Adult Protection Committee	Existing Resources	1 & 4	S1 Safe N1 Nurtured I1 Included R Respected R1.Responsible

1.4	Deliver awareness raising sessions in wider settings to help staff recognise dementia e.g., residential, sheltered housing, community organisations.	Proposals incorporated within CHCP Learning and Development Strategy. This will be enhanced through work to implement Dementia Friendly Community pilot project. (cross refer with 5.9,5.10,5.11below)	Ongoing 2016	Number of sessions carried out. Number of people trained.	CHCP Learning and Development Group in conjunction with Inverclyde dementia Strategy Group	Existing Resources	2,4 & 5	S1 Safe N1 Nurtured I1 Included R Respected R1.Responsible
1.5	Continue to develop evidence based practice and maximise opportunities to harness funding to develop dementia friendly approach.	The Inverclyde Dementia Strategy Implementation Group through involvement of range of partners has access to national forums to consider best practice. Research proposal complete. Report available to inform local developments. The group is currently exploring potential avenues of funding with Inverclyde Council's External Funding Officer.	Ongoing 2016 April 2014 August 2014 - ongoing	Develop research proposal to promote best practice in dementia care. Explore potential to leverage funding Life Changes Trust	Inverclyde Dementia Strategy Implementation Group. SAMH Inverclyde Dementia Strategy Implementation Group.	Existing Resources Regeneration Fund Big Lottery/Life Changes Trust	2,3 & 4	A1.Achieving H1. Healthy Act 1. Active I1 Included R Respected R1.Responsible

1.6	Roll out of anti-stigma and awareness raising activity (cross-refer 5.3)	Develop awareness raising activity in respect of dementia through re-established anti-stigma partnership.	2015/16	Number of targeted sessions delivered	Anti- stigma partnership	Existing Resources	6	S1 Safe N1 Nurtured I1 Included R Respected R1.Responsible

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Activity		Where are we now?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	Dementia Strategy Outcomes	SOA, Wellbeing Reference
Where do we want to be? Outcome 2: Improve access to services								
2.1	Implement dementia care pathway, including access from acute services	Implementing the dementia pathway and good progress is being achieved within mental health services. Referral pathways will be developed in respect of: • People with early onset dementia. • People with a learning disability. • People with more complex needs.	Ongoing 2016	Referral protocols developed Number of referrals following assessment	RCOP Health and Community Care Groups	Existing Resources	2	H1. Healthy S1. Safe N1. Nurtured
2.2	Develop models of post diagnostic support guided by national priorities	ICHCP is making good progress in respect of post diagnostic support with the appointment of a link worker. The evaluation of link worker role will inform wider development of	Ongoing 2016	Develop local model of post diagnostic support building on learning from post diagnostic support link worker.	Service Manager MH&W and Alzheimer Scotland	Existing Resources RCOP Change Fund	4	H1.Healthy S1.Safe N1.Nurtured

		post diagnostic support.						
2.3	Continue to support GP led early diagnosis	Progress is being achieved in respect of diagnosing dementia as early as possible along with referrals to specialist diagnostic services. The aim is to continue to maintain momentum and consistency of approach.	Ongoing 2016	Number of cases on dementia registers Number of referrals to specialist diagnostic services.	Service Manager MH&W	Existing Resources	2	H1. Healthy S1. Safe N1 Nurtured
2.4	Liaison nurses supporting staff to recognise signs of dementia aligned with mental health and wellbeing strategic outcomes.	Liaison service established to increase potential of dementia being diagnosed as early as possible.	Ongoing 2016	Number of people with a diagnosis of dementia. Link with mental health strategy.	Service Manager MH&W	Existing Resources	4 & 5	A1. Achieving H1 Healthy N1. Nurtured R Respected
2.5	Develop better local data on admissions, delayed discharge and support within the community	Progress achieved in respect of HEAT target. Further development will enable CHCP to analyse data to coordinate planning and support.	Ongoing 2016	Develop capacity to evidence relationship between dementia admissions and delayed discharge, with positive alternatives to admission. Evidence that good planning and support	Service Manager P&P SWIFT Team	Existing Resources	1 & 4	A1. Achieving H1 Healthy N1. Nurtured R Respected

				arrangements are in place aligned to service redesign.				
2.6	Support Mental Health liaison nursing within wards and A&E	This builds on 2.4 above and is aimed at improving the dementia care pathway within hospital and access to post diagnostic services.	Ongoing 2016	Number of referrals to post diagnostic services	Service Manager Mental Health and Wellbeing	Existing Resources	5	A1. Achieving H1 Healthy N1. Nurtured R Respected
2.7	Ensure the End of Life and Palliative Care Strategy includes actions in relation to people with dementia (cross-refer 3.1)	Work will relate to developing care pathway to ensure people with dementia, their families and carers access timely support where required.	Ongoing 2016	Improve access to End of Life Care for people with dementia, their families and carers. Number of people receiving palliative approach.	Service Manager Performance and Planning	Existing Resources	4	A1. Achieving H1 Healthy N1. Nurtured R Respected
2.8	Develop and implement models of post diagnostic support (PDS)	Delivered through link worker further work envisaged to facilitate wider embedding of PDS within service delivery.	Ongoing 2016	Increase choices and options available for people with dementia. No of people receiving post diagnostic support.	Service Manager Mental Health and Wellbeing and Alzheimer Scotland	Existing Resources RCOP Change Fund	2	A1. Achieving H1 Healthy N1. Nurtured R Respected
2.9	Adapt models of support in line with service redesign and commissioning plans. RCOP	Work underway through a number of work streams to ensure people with dementia their families and carers access support.	Ongoing 2016	Models reviewed in line with national guidance and local implementation of e.g. RCOP.	Service Manager M H and W RCOD, Health Community Care Groups	Existing Resources	3	H1 Healthy N1. Nurtured R Respected R1 Responsible

2.10	Increase uptake of Self- directed support among people with dementia.	Self- directed support options are made available.	Ongoing 2016	No of people with dementia, their families and carers directing the support they receive.	Service Manager Contracts, Commissioning & Complaints, RCOP, Health & Community Care	Existing Resources	3	H1 Healthy N1. Nurtured R Respected R1 Responsible
2.11	Develop link worker approach and protocol.	Link Worker appointed 2013	Ongoing to 2016	Encourage greater access to anticipatory care plans (ACP's) Number of ACP's developed for people with dementia.	Service Manager M H & W and Alzheimer Scotland	RCOD Change Fund& ILF	4 & 5	H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
2.12	Continue to implement SIGN Guidelines and Heat Targets, including post diagnostic support	ICHCP has achieved good performance in reaching and maintaining Heat Targets reported (QPSR & OPR). Currently reporting on post diagnostic support through appointment of link worker.	Ongoing 2016	No of people being offered post diagnostic support and a support plan.	Service Manager MH&W Alzheimer Scotland. Service Manager P&P	Existing Resources	1 & 4	H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
2.13	Continue to develop support plans maximising use of Assistive Technology, Tele-care, Tele-health (RCOP)	Inverclyde CHCP has been progressing this through RCOP.	Ongoing 2016	Number of people with dementia supported.	RCOP Service Managers MH&W, Community Care	Existing Resources	1 & 4	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
2.14	Continue to promote use of	Inverclyde CHCP has been progressing this	Ongoing 2016	Number of people with dementia	RCOP Service	Existing Resources	1 & 4	S1.Safe H1 Healthy

	Aids and Adaptations (RCOP)	through RCOP.		supported.	Managers MH&W, Community Care			A1. Achieving N1 Nurtured Respected R1 Responsible

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Activity		Where are we now?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	Dementia Strategy Outcomes	SOA, Wellbeing Reference
Where do we want to be? Outcome 3: Improve flexibility of services								
3.1	Implement asset based and outcome focussed assessment and support planning, including, pillars of support models.	Currently being developed within service and enhanced through link worker.	Ongoing 2016	No of assessments undertaken No of people with dementia with support plans in place	Service Manager MH & W Alzheimer Scotland Service Manager Assessment & Care Management	Existing Resources RCOP Change Fund	4 & 5	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
3.2	Ensure that Guardianship, Power of Attorney and related matters are discussed at an early stage of care planning (cross refer to 2.1)	Currently underway as above and supported by MHO Service. Communication Strategy will include awareness raising to support advanced care planning.	Ongoing 2016	No of staff trained No. of people receiving advice to support advance care planning-dealing with Guardianship & Powers of Attorney	Service Manager MH&W Service Manager Assessment & Care Management	Existing Resources	2 & 5	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected
3.3	Develop guidance and training for staff on meaningful advance planning (Cross refers with 3.2 above).	Currently underway through RCOP.	Ongoing 2016	No. of staff trained Guardianship, Power of Attorney and related matters are addressed	Service Manager MH&W Alzheimer Scotland	Existing Resources	2 & 5	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
3.4	Develop guidance, training on alternatives to hospital (cross refer to 2.1)	Currently underway through RCOP, redesign and commissioning plans. Training will be	Ongoing 2016	No. of people accessing alternatives to hospital.	RCOP Health and Community Care	Existing Resources	2 & 5	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected

		delivered in line with transitions from hospital to community.						R1 Responsible
3.5	Develop and promote alternative models of care.	Currently underway through a number of CHCP work streams, for example, redesign of mental health services, RCOP and Commissioning Strategy.	Ongoing 2016	No. of people supported	RCOP Health & Community Care Mental Health Management Group	Existing Resources	3	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Activity		Where are we now?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	Dementia Strategy Outcomes	SOA, Wellbeing Reference
Where do we want to be? Outcome 4: Improve capacity of services to be responsive								
4.1	Promote Dementia Champions and Dementia Friends across services and wider settings including independent and third sectors.	There are identified people working within ICHCP with a role. The aim will be to explore initiatives to increase the number of people with to extend reach cross council and partnerships.	Ongoing 2016	No of Dementia Friends/ Champions trained	Inverclyde Dementia Strategy Implementation Group Learning and Development Group OD&HR	Existing Resources	1 & 2	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
4.2	Implement Promoting Excellence Training made available to all staff to develop skills and knowledge in relation to dementia.	Training is in place to develop skills and knowledge of key staff which will be extended to include staff in different settings.	Ongoing 2016	Training modules designed appropriate to different levels and settings. Number of staff completing training.	Learning and Development Group OD&HR	Existing Resources	4 & 5	S1.Safe H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible
4.3	Maximise evidenced based practice in service development and redesign in respect of dementia care.	The ICHCP currently has a number of work streams underway through RCOP, Redesign of Mental Health Services which will change the way in which services are delivered. The dementia strategy has a strong focus on links being made with	Ongoing 2016	There is good planning and support available for people with dementia, their families and carers. Number of people supported.	RCOP, Health and Community Care Mental Health Management Group	Existing Resources	4	H1 Healthy A1. Achieving N1 Nurtured Respected R1 Responsible

		these work streams to ensure the needs of people with dementia, their families and carers are reflected.						
4.4	Develop links to local and national networks to inform local developments.	This is being achieved through links with e.g. Scottish Government, ADSW, NHS Quality Improvement & Workforce Development Planning & Strategy Groups	Ongoing 2016	Appropriate links are made engaging with wider range of stakeholders and partnerships	Service Manager MH&W& Learning & Development Group Inverclyde Dementia Strategy Implementation Group	Existing Resources	4	H1 Healthy A1. Achieving N1 Nurtured R Respected R1 Responsible
4.5	Review policies and procedures to ensure they are underpinned by the Charter of Rights for people with dementia their families and carers.	Audit of policies and procedures undertaken within CHCP Mental Health services. Wider roll out planned aligned to the learning and development strategy.	Ongoing	Number of assessments completed Number of policies reviewed Approaches in Inverclyde are underpinned by the principles set out in the Charter of Rights**.**	RCOP Mental Health Management Group Health & Community Care	Existing Resources	5	H1 Healthy N1 Nurtured R Respected R1 Responsible I1. Included
4.6	Ensure dementia friendly audits apply to redesign of services.	Undertaken in respect of ICHCP and Mental Health Service redesign. Guidance will be made available to extend reach across a wide range of services,	Ongoing 2016	Number of audits undertaken Increase number of dementia friendly environments across Inverclyde.	RCOP Mental Health Management Group Health & Community Care	Existing Resources	2	H1 Healthy N1 Nurtured R Respected R1 Responsible I1. Included

		Undertake Equality & Human Rights Impact Assessments		Assess opportunities to improve outcomes for people with a protected characteristic.				
4.7	Ensure the Learning Disability Strategy enhances action for people with a learning disability and dementia.	This will be achieved through developing referral pathways based on needs assessment.	2016	Undertake needs assessment and scope provision for people with dementia their families & carers. Develop pathways into support services for people with a learning disability, their families and carers.	RCOP Health & Community Care	Existing Resources	1 & 5	H1 Healthy N1 Nurtured R Respected R1 Responsible I1 Included
4.8	Implement actions committed to in Inverclyde Carers Strategy.	This will be achieved through the Carers Development Group.	Ensure carers access range of services, including carers assessment, access to respite and short breaks.	No of carers supported.	Carers Development Group (Maureen Hamill, Susan Chandler, Lorna McDonald)	Existing Resources	1 & 2	H1 Healthy N1 Nurtured R Respected R1 Responsible I1. Included

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Activity		Where are we now?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	Dementia Strategy Outcomes	SOA, Wellbeing Reference
Where do we want to be? **Outcome 5: Increase awareness of dementia – in the general public and community**								
5.1	Contribute to implementation of Local Housing Strategy to ensure the needs of people with dementia, their families and carers are reflected.	Arrangements in place for strategic planning through the ICHCP Housing and Accommodation Sub Group & Local Housing Strategy Steering Group Further work requires to be undertaken to consider; dementia friendly design in all planned housing developments Suitability of existing accommodation for people with dementia, their families and carers.	Ongoing 2016	No of people supported through nominated referrals to RSL's. No of housing developments available Accommodation reviewed increasing range of housing options & accommodation available	ICHCP Extended Management Team Housing & Accommodation Subgroup	Existing Resources	1 & 4	N1 Nurtured A1. Active R Respected R1 Responsible I1. Included

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5.2	Promote potential of dementia friendly design and undertake environmental audits.	Environmental Audits undertaken within NHS/CHCP Mental Health Services. Guidance and briefings will be developed to extend reach as part of the development work involved to create a dementia friendly Inverclyde	Ongoing 2016	No. of environmental audits undertaken No of people trained	CHCP Health and Community Care Groups. Community Planning SOA delivery groups.	Existing Resources	1 & 2	N1 Nurtured A1. Active R Respected R1 Responsible I1. Included
5.3	Develop communication strategy.	Communication and awareness raising has taken place. A corporate communication strategy will be required to support embedding the strategy and proposals in respect of creating a dementia friendly Inverclyde. (cross refer with 5.9 below)	2016	No of communication and awareness raising events. No of people attending events. Implementation of communication strategy.	Inverclyde Dementia Strategy Implementation Group. Corporate Communications Community Planning SOA delivery groups	Existing Resources	1 & 6	N1 Nurtured A1. Active R Respected R1 Responsible I1. Included
5.4	Promote the Charter of Rights for people with dementia.	Inverclyde signed up to the Charter of Rights in 2010. Encourage a wide range of stakeholders	2016	No of service providers adopting the Charter of Rights.	ICHCP Inverclyde Dementia Strategy implementation	Existing Resources	5	R Respected R1 Responsible I1. Included

		and service providers to adopt the Charter of Rights. (cross refer with 5.9 below)			Group Community Planning			
5.5	Support the implementation of Standards of Care for Dementia in Scotland.	ICHCP and NHS are currently implementing the standards of care to reflect the rights of people with dementia.	Ongoing	No of ICHCP/ NHS hospital settings providing the best possible care for people with dementia.	Service Manager Mental Health and Wellbeing Inverclyde Dementia Strategy Implementation Group	Existing Resources	5	H1. Healthy N1 Nurtured R Respected R1 Responsible I1. Included
5.6	Target health improvement activity on lifestyle changes which may reduce incidence and slow progress of dementia.	Health improvement activity will be progressed in conjunction with identified Health Improvement Officer	Ongoing 2016.	No. of people supported. No. of Interventions which support maintenance of health No. of initiatives that can minimise onset of conditions including dementia.	Service Manager Health Improvement, Inequalities & Personalisation**.**	Existing Resources	1 & 5	H1. Healthy N1 Nurtured A1. Active R Respected R1 Responsible I1. Included
5.7	Develop intergenerational work with schools in conjunction with CLD. (Cross refers with 5.9, 5.10 & 5.11below).	Intergenerational work. Pilot DFC project will include awareness raising activity with schools and the community.	2015-2016 More young people and members of the community have a greater understanding of the needs of people with dementia, their families and	No. of intergenerational events and people attending these events.	Service Manager CLD &Service Manager MH&W. Inverclyde Dementia Strategy Implementation Group.	Existing Resources	1 & 5	H1. Healthy N1 Nurtured A1. Active R Respected R1 Responsible I1. Included

			carers.					
5.8	Develop community led initiatives to support people with dementia, their families and carers.	A number of community led initiatives have been facilitated through RCOP there is a need to expand these initiatives. Community Learning & Development have a focus on community capacity building and co-production supporting a number of community led initiatives including Wider Opportunities for Older People(WOOPI) Your Voice facilitate and support people with dementia, their families and carers through the ICHCP Advisory Group	Ongoing -2016	Increase social support and networks and opportunities for people to access universal services. Increase capacity of community organisations to be able to respond. Increase participation and involvement through ICHCP	Inverclyde Dementia Strategy Implementation Group. RCOP Community Planning SOA Groups.	Existing Resources RCOP Change Fund	1 & 5	H1. Healthy N1 Nurtured A1. Active R Respected R1 Responsible I1. Included

5.9	Develop project for the promotion of a dementia friendly Inverclyde.	Pilot project proposal developed with CLD, including a senior community development worker. Lessons learned on best practice will be shared for further roll out across Inverclyde.	Project implementation 2014/2015 Ongoing 2016	Greater understanding on the establishment of dementia friendly communities.	Service Manager M H&W Service Manager CLD	Existing Resources (ILF funding)	1	H1. Healthy N1 Nurtured A1. Active R Respected R1 Responsible I1. Included
5.10	Develop Dementia Friendly Award Scheme. (cross refer 5.3 above)	Proposals to involve businesses and wider stakeholders to contribute to dementia friendly Inverclyde Arrange briefings and engagement with businesses.(Adopting methods used in Motherwell & York)	Dementia Friendly Award Scheme developed 2015/16	More businesses and stakeholders contributing to the dementia friendly approach Communication strategy implemented to encourage businesses and stakeholders to sign up to the initiative.	Corporate/ Inverclyde Alliance Inverclyde Dementia Strategy Implementation Group.	Scoping required	1	H1. Healthy N1 Nurtured A1. Active R Respected R1 Responsible I1. Included
5.11	Develop remit and terms of reference for Single Outcome Delivery Groups(SOA)	Consider report of the outcomes of the dementia friendly community event within relevant cross council and partnership structures.	Ongoing- 2016	Needs of people with dementia, their families and carers reflected in relevant cross council structures and the Single Outcome Agreement.	Community Planning Manager/ Inverclyde Alliance Inverclyde Dementia Strategy Implementation Group.	Existing Resources	1 & 5	H1. Healthy N1 Nurtured A1. Active R Respected R1 Responsible I1. Included

5.12	Develop links with local and national groups to support implementation of the Inverclyde Dementia Strategy.	Inverclyde Dementia Strategy Implementation Group includes representation from local and national networks. This requires expanding to embed the dementia strategy within universal services.	Ongoing Ongoing	Promote best practice and research to inform local strategic development. Networks are representative and reflect cross council partnership approach	Inverclyde Dementia Strategy Implementation Group.	Existing Resources	1 & 5	A1 Achieving N1 Nurtured A1. Active R Respected R1 Responsible I1. Included
5.13	Adopt national guidance to support implementation to work towards a dementia friendly Inverclyde.	Inverclyde dementia friendly community event referred to guidance available. The aim would be to adopt these resources to support development work, e.g. Local Government Association Guidance	Ongoing	Toolkit developed to support promotion of a dementia friendly Inverclyde, supported by learning and development activity.	Implementation of Corporate Commitment. Community Planning and SOA delivery Groups	Existing Resources	1 & 5	A1 Achieving N1 Nurtured A1. Active R Respected R1 Responsible I1. Included

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Activity		Where are we now?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	Dementia Strategy Outcomes	SOA, Wellbeing Reference
Where do we want to be? **Outcome 6: Increased opportunities for people with dementia, their families and carers to contribute to service planning.**								
6.1	Develop consultation and involvement arrangements, including monitoring and evaluation of the strategy.	Two annual events have taken place to engage with a wide range of stakeholders. Consultation exercise has been undertaken on the strategy. Arrangements in place through ICHCP Advisory Group and People Involvement Strategy.	Ongoing 2016	No. of engagement events No. of people involved.	Inverclyde Dementia Strategy Implementation Group and ICHCP Advisory Group.	Existing Resources	6	I1. Included R Respected R1 Responsible
6.2	Sustain and support the development of peer support for people with dementia, their families and	A number of specialist opportunities currently exist the aim would be to enhance opportunities within the community.	Ongoing 2016	Increased social support and social networks.	RCOP and relevant Health & Community Care Groups.	Existing Resources	5 & 6	I Included R Respected R1 Responsible

	carers.	Build on work through Community Learning and Development with a focus on co-production, WOOPI, DFC Community Development Post and project.		More support and wider variety of opportunities available in the community for people with dementia, their families and carers. Increased access and participation in universal services.	Community Learning and Development Community planning and SOA delivery groups.			
6.3	People with dementia, their families and carers are recognised as equal partners in the delivery of care and support.	People with dementia their families and carers are involved through care and support plans through post diagnostic support. Build on work currently underway through Carers Development Group and Carers Strategy	Ongoing 2016 Increased learning and development opportunities for staff to respond to people with dementia Ongoing 2016	Increase number of care and support plans for people with dementia in the community. No. of staff trained. Increase number of carers supported through the EPIC Programme	Frontline staff Carers Development Group	Existing resources	6	S1 Safe N1 Nurtured I1 Included R Respected R1 Responsible

Terminology

RCOP-Reshaping Care for Older People
ICHCP-Inverclyde Community Health and Care Partnership
CLD-Community Learning and Development
QPSR-Quarterly Performance Service Review
OPR-Organisational Performance Review
SOA- Single Outcome Agreement
DFC- Dementia Friendly Community
EPIC-Equal Partners in Care

INVERCLYDE DEMENTIA ACTION PLAN
(August 2014)

Inverclyde council

AGENDA ITEM NO: 9

NHS Greater Glasgow and Clyde

Report To:	**Community Health and Care Partnership Sub-Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/22/2015/SMc**
Contact Officer:	**Sharon McAlees Head of Children's Service & Criminal Justice**	**Contact No:**	**01475 715282**
Subject:	**Review of Shared Services within Criminal Justice**		

1.0 PURPOSE

1.1 This report outlines the challenges for the delivery of Throughcare Services and Drug Treatment and Testing Orders (DTTO) within the current shared services model adopted by Inverclyde, East Renfrewshire and Renfrewshire Councils. The extent of these challenges has necessitated the need for a review of the current arrangements, which as yet has not been concluded.

2.0 SUMMARY

2.1 Inverclyde Council hosts the Throughcare Services for East Renfrewshire, Renfrewshire and Inverclyde, with East Renfrewshire hosting the DTTO Service. These are statutory services which are required to comply with National Outcomes and Standards for Criminal Justice Social Work (CJSW). Moreover, they also contribute directly to public protection.

2.2 The shared service model was adopted by the three local authorities both to build up expertise and consistency within the assessment and management of high risk and/or high needs offenders as well as to provide a mechanism for sharing costs which could disproportionately impact on smaller authorities such as Inverclyde and East Renfrewshire.

2.3 Continued reductions in both the overall funding for CJSW Services, and for these two service areas in particular, combined with a reducing workload within the DTTO Service has called into question the sustainability, resilience and financial stability of the current arrangements. Both services have been subject to on-going review since 2007 (Throughcare Service) and 2010 (DTTO Service) in an effort to realise efficiencies.

2.4 Opportunities for further reductions in costs are however negligible without compromising our ability to meet our statutory obligations. This combined with a growth in other practice areas, such as Community Payback Orders, and the introduction of Multi Agency Public Protection Arrangements (MAPPA) which also require to be supported has necessitated the need to redesign the models for the delivery of both DTTO and Throughcare Services.

3.0 RECOMMENDATIONS

3.1 The Sub-Committee is asked to agree the redesign of the Inverclyde Criminal Justice Social Work Service and note the intention of East Renfrewshire CHCP to take similar action in respect of the DTTO Service.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 As well as providing local criminal justice social work services, Inverclyde, East Renfrewshire and Renfrewshire provide a range of services within a shared service model.

4.2 The grant for each of the shared service has been subject to on-going reduction. Compared to the 2011/12 funding levels, this year's funding for the shared Throughcare Service is down 14.7% and for DTTO this is down 26.8%. Consequently, both services are currently projecting for 2014/15 a shortfall of £126,548 and £125,000 respectively.

4.3 In previous years shortfalls in funding, particularly for the shared Throughcare Service, has been offset by additional contributions being sought from each local authority's criminal justice grant. However pressures arising from the continued reduction in the overall criminal justice grant, along with growth in other practice areas have led to partners recognising this approach is no longer sustainable.

4.4 Further reductions to the overall criminal justice grant are anticipated from 2015/16 onwards, once national dampening measures (which limit reductions in grant allocations from Scottish Government to Community Justice Authorities) are removed from 1st April 2015. It is however impossible to project the grant allocation for 2015/16 without access to workload returns for other local authorities, as funding is based on two-thirds workload and one-third need. In addition, there is also an on-going national review of the funding formula for CJSW Services.

4.5 Finally, the redesign of these shared services need to be considered alongside the current Scottish Government proposals on future community justice structures, which looks set to see greater responsibility for reducing re-offending and associated risks sit at a local level within Community Planning Partnerships.

5.0 PROPOSALS

5.1 That the disaggregation of the Throughcare and DTTO provision to individual local authorities as the preferred delivery model be pursued in response to on-going reductions in criminal justice funding, whilst also enabling a realignment of local services to anticipate the impact of the national community justice and financial redesign.

5.2 In the longer term that outline consideration be given to ways in which more radical options for shared services can be advanced.

6.0 IMPLICATIONS

Finance

6.1 As noted above, both services are currently projecting overspends of £126,548 (Throughcare Service) and £125,000 (DTTO Service). The proposal put forward in this report is viewed as best option for securing the sustainability, resilience and financial stability of these services moving forward.

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 Legal Services are currently involved in scoping out potential TUPE obligations which may arise from the proposal. Dialogue will be undertaken with Legal Services in the other two local authorities in an effort to achieve a consensus on such obligations.

Human Resources

6.3 Human Resources are fully sighted on both the current and proposed models for delivering these services and are supporting CJSW managers to manage this change and support the staff affected.

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 Employees directly affected by the proposed changes have been consulted along with Trade Unions. This will continue throughout the change process.

8.0 BACKGROUND PAPERS

8.1 None.

Inverclyde council

AGENDA ITEM NO: 10

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/24/2015/SM**
Contact Officer:	**Sharon McAlees** **Head of Criminal Justice & Children's Services**	**Contact No:**	**01475 715282**
Subject:	**Scottish Government's response to the Consultation on the Future Model Of Community Justice in Scotland**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Sub Committee of the Scottish Government's response to the consultation on its proposed model for community justice in Scotland along with indicative timescales for implementation.

2.0 SUMMARY

2.1 Late December 2014, the Scottish Government published its response (Appendix 1) to the consultation exercise on the new model for community justice in Scotland. The model being taken forward gives a central role to Community Planning Partnerships (CPPs) in terms of delivering community solutions to the issues of reducing re-offending and offender management. A new national body, Community Justice Scotland, will be tasked with setting the vision for community justice and reducing re-offending in Scotland. Within the national body a hub for innovation and learning will also be established.

2.2 CPPs will assume responsibility under the new model from 1st April 2016, with full responsibility being conferred on 1st April 2017. Community Justice Authorities will be formally dis-established on 31st March 2017. Thus, there will be a formal 12 month transition period.

2.3 The Scottish Government has announced a transition fund of £1.6 million per year, which will be split between the 32 local authorities and be available for 3 years (ending in 17/18). The aim of the fund is to build the capability and capacity of CPPs to take on their community justice role.

2.4 There are elements of continuity within the new model. For example, Criminal Justice Social Work (CJSW) will continue to be managed and delivered at a local level and the Risk Management Authority (RMA) will remain a standalone public body.

3.0 RECOMMENDATIONS

3.1 The Sub Committee is asked to note the content of this report and the work being undertaken by Council Officers in preparation for supporting the transition to the new model.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 In April 2014 the Scottish Government published its current thinking around a new model for community justice in Scotland to address the issues raised in 2012 by the Commission on Women Offenders and Audit Scotland. A consultation process began which ran until 2nd July 2014. The Inverclyde response to the proposed model (Appendix 2) was submitted on 27th June 2014, after Corporate Management Team approval.

4.2 The Inverclyde response reflected the position of COSLA, ADSW (now Social Work Scotland) and SOLACE, which lobbied heavily to promote and strengthen the local elements in the new model.

4.3 The Scottish Government has now responded following this consultation and this response sets out specific proposals for the future model for Community Justice in Scotland. The key areas of this are as set out below.

4.4 Community Planning Partnerships (CPPs):

CPPs are to be central to the new arrangements; the focus will be on delivering community solutions to the issues of reducing re-offending and offender management.

There is no requirement on CPPs to establish distinct community justice partnerships. There will therefore be discretion in how these new duties are covered.

CPPs will not be accountable to the national body (Community Justice Scotland) for their performance. The emphasis is on a non-hierarchical, mutually supportive relationship. Notwithstanding this, the new national body will have an assurance function.

CPPs will have a duty to prepare and publish a local plan to deliver improved outcomes for community justice in their area and to report annually on their assessment as to what has been achieved. CPPs will have a duty to make such plans and reports available to Community Justice Scotland.

CPPs are expected to have their first plan for 2016/17 available to the Scottish Government in January 2016.

There will be no statutory duty on local authorities and other statutory bodies across the public sector to focus on preventative approaches to reduce reoffending.

CPPs will assume responsibility under the new model from 1st April 2016, with full responsibility being conferred 1st April 2017. CJAs will be formally dis-established on 31st March 2017.

4.5 Community Justice Scotland:

This new national body will be established in the latter part of 2016/17. This body will be tasked with setting the vision for community justice and reducing reoffending in Scotland, which will take the shape of a national 5 year strategy. This is to be developed in partnership with local government and key partners.

Community Justice Scotland is also tasked with providing independent professional assurance to Scottish Ministers on the collective achievement of community justice outcomes across Scotland.

The new model recognises the benefits that can be realised from commissioning on a local, regional and national level. Thus Community Justice Scotland will have the power to commission and procure services on a pan-Scotland basis, having sought prior agreement with COSLA leaders.

Community Justice Scotland will also have a communication function, with regard to championing community justice services in an effort to raise their profile and highlight their contribution. There is

also some suggestion that it will provide a unified voice for the community justice sector.

Governance of this new body will be by a Board of members (between 5 and 8 in number), along with a ministerially appointed Chairperson.

Staffing levels for the national body itself are still unclear. It will be led by a Chief Executive.

4.6 Hub for Innovation and Learning:

The specific functions of the Hub will be determined by Community Justice Scotland, who will also control its resourcing. Among its core functions will be the production of a national training schedule and taking a strategic approach to workforce development. Other functions are yet to be determined; a working group will be established to inform this process.

4.7 Approach to Performance:

The Scottish Government will develop a national framework for outcomes, performance and improvement, jointly with key partners and stakeholders. It is against this framework that CPPs will be expected to plan and report. Community Justice Scotland will also use the framework to benchmark performance across the country. Work has already commenced to prepare this framework, with a prototype to be tested with willing CPPs in 2015/16.

4.8 Supporting Transition:

Transitional funding, amounting to £1.6 million per annum, will be made available to CPPs from 2015/16. It is intended this funding will be available for 3 years, ending 2017/18. As yet, there is no indication on whether or not the money will be split equally between the 32 CPPs. Release of funds will be dependent upon receipt of credible plans from CPPs.

£50,000 per annum will also be provided to the Criminal Justice Voluntary Sector Forum to enable them to build capacity and engage with the partnership arrangements emerging across Scotland. Again this will be for 3 years, ending 2017/18.

A joint Scottish Government/COSLA Development Manager post, funded by the Scottish Government, has been established to lead the workstream on CPP transition.

4.9 Funding and Resourcing:

A funding sub group has been established to consider development of a new funding formula for Criminal Justice Social Work (CJSW), which better incentivises the outcomes which will be set out in the new framework. The funding will continue to be ring fenced and specific for activity to deliver these outcomes.

It is noted that to achieve improved outcomes for community justice will require contributions beyond Section 27 funding allocated primarily for CJSW. CPPs are therefore expected to leverage resource from their full range of partners in the delivery of community justice services.

4.10 MAPPA

MAPPA arrangements, at least for the short term (even after CJAs are dis-established), will continue on a regional basis. However, MAPPA will require to be included within the 32 CPP annual reports. As yet there is no clarity on future funding arrangements; this is particularly significant for Inverclyde as it hosts the MAPPA Unit for our CJA.

5.0 Proposals

5.1 It is proposed that officers now progress plans for the new model of Community Justice in Scotland

including the role of the Community Planning Partnership and that progress is reported back to the Sub-Committee prior to the commencement of the transitional period.

6.0 IMPLICATIONS

Finance

6.1 As noted in 2.3 above, transitional funding is being made available. However, there is yet no detail on how this money will be allocated across the 32 local authorities. It cannot be assumed that is will be split equally and it would appear to be tied into the plans submitted by CPPs to the Scottish Ministers. The COSLA Distribution and Settlement Group should ultimately be sighted on the proposals put forward. Taking forward the new model will be a steep learning curve for all authorities regardless of size. Thus it will be important that smaller authorities, such as Inverclyde, are not disadvantaged in the final settlement.

As noted in 5.6 a review of the funding arrangements for those monies currently allocated to Community Justice Authorities (CJAs) for the planning and delivery of Criminal Justice Social Work Services, is currently underway. This work is being taken forward under the auspices of Reducing Reoffending Programme 2 (RRP2). However, the COSLA Distribution and Settlement Group should again ultimately be sighted on the proposals put forward.

The value of this work cannot be overstated as there is growing consensus that the current funding formula is not fit for purpose. One issue to emerge is that the national budget for each area of core activity e.g. Community Payback Orders (CPOs) and Drug Treatment and Testing Orders (DTTOs) has remained fixed over the years irrespective of its share of the overall CJSW business. The effect of this has meant that as the number of CPOs across the country has increased steeply, the impact has been a drop in the unit cost of these orders. The reverse has been true for DTTO, in that as numbers have fallen nationally their unit cost has increased.

Under the new model it is proposed that the Scottish Government will retain responsibility for the allocation of funding, with advice from the new national body as appropriate. Thus once the funding formula is agreed each of the 32 local authorities will receive their funding direct from the Scottish Government and will require, where appropriate, to enter into a dialogue with ministers over any issues which might arise.

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 Primary legislation will be required to implement the new model in full. Timescales provided in this report are therefore indicative.

Human Resources

6.3 At present there are no staffing implications.

Equalities

6.4 The justice system continues to have a differential impact in relation to specific equality groups. The Scottish Government's consultation exercise involved the wider public, including victims and service users. In taking forward the new model within Inverclyde and more specifically in developing our local plans we will require to carry out equalities impact assessments.

Repopulation

6.5 None.

7.0 CONSULTATIONS

7.1 The Scottish Government has held consultation events regarding the current proposals, which have been attended by both CHCP and Council staff.

8.0 CONCLUSIONS

8.1 The local dimension within the new model will involve Community Planning Partnerships in new duties and responsibilities with regard to strategic planning and service delivery for community justice. There continues to be important workstreams nationally around the new model, such as funding and transitional support, which officers are engaged in and endeavouring to influence. However, there is now an urgency in commencing preparations for the shift from the existing structures to the new model.

9.0 LIST OF BACKGROUND PAPERS

9.1 Appendix 1: The Future Model of Community Justice in Scotland: Response to Consultation.

9.2 Appendix 2: Inverclyde response to 'The Future Model of Community Justice in Scotland'.

Future Model for Community Justice in Scotland: Response to Consultation

The Scottish Government
Riaghaltas na h-Alba

Ministerial Foreword

I am pleased to announce this response to what has been an in-depth consultation with partners and stakeholders across the country on the future model for community justice in Scotland. We have strived to engage with as many organisations and individuals as possible and have taken account of their comments and views in this response.

During the two formal consultation exercises undertaken since December 2012, we have held 22 stakeholder events across Scotland which were attended by nearly 900 people and we have received over 170 written responses.

This is a clear indication of the passion and commitment of those involved in community justice, including those working in Local Government, Community Justice Authorities (CJAs), the Third Sector, prisons, police, health, and numerous other agencies and organisations. I am grateful to all those who have taken the time and effort to participate in one or both of the consultation exercises either in person or in writing.

I am pleased to note that the majority of responses to this consultation were positive and supportive of the rationale for the model and the outcomes we hope to achieve through it.

The new model is designed to harness this commitment and passion as much as possible by encouraging a collaborative approach to local service delivery through Community Planning Partnerships (CPPs). We want those involved to feel empowered by the structures in place, not hindered by them, and believe this model will help deliver the best possible outcomes for those who find themselves in need of our support.

I would especially like to thank the CJAs for their on-going involvement, professionalism and patience as we work through the detail of this new model. I should also stress the importance I place on the continued commitment from partners to engage with the CJAs during the transition period. Such involvement will be critical both in terms of maintaining the focus on reducing reoffending, but also in accessing and utilising the valuable knowledge and experience of the CJAs experience as we move through the transition period and into the new arrangements.

I am committed to ensuring the level of Scottish Government engagement with partners and stakeholders continues in the months and years ahead and look forward to your further support and enthusiasm.

List of acronyms

ADSW	Association of Directors of Social Work
CJA	Community Justice Authority
CJSW	Criminal Justice Social Work
COPFS	Crown Office and Procurator Fiscal Service
COSLA	Convention of Scottish Local Authorities
CPP	Community Planning Partnership
MAPPA	Multi Agency Public Protection Arrangements
RMA	Risk Management Authority
RRP2	Phase 2 of the Reducing Reoffending Programme
SCS	Scottish Courts Service
SPS	Scottish Prison Service
SOA	Single Outcome Agreement
TDO	Training Development Officer

Executive Summary

We thank all those who responded to the consultation on the future model for community justice in Scotland. This paper represents the Scottish Government response and should be read in conjunction with the document "Future Model for Community Justice in Scotland: Frequently Asked Questions".

In designing the Future Model for Community Justice in Scotland, the Scottish Government sought to address the issues raised in 2012 by the Commission on Women Offenders and Audit Scotland. The approach to redesign has, therefore, centred around: improved leadership and collaboration; evidencing and delivering improved outcomes; increasing prevention; and learning and workforce development.

To provide the strategic vision for community justice in Scotland, **a national strategy will be developed with local government and key partners and in consultation with stakeholders**. The aim is to deliver against a set of long term outcomes around reducing reoffending; increasing positive citizenship; increasing public safety; increasing public reassurance; reducing costs and reducing stigma.

The new model delivers a **community solution to the achievement of improved outcomes for community justice**; to the problem of reoffending and the task of offender management, building upon investment made by the Scottish Government and Local Government in community planning and utilising strengthened provisions expected under the Community Empowerment (Scotland) Bill. As we are empowering communities, so too are we empowering the individuals and organisations who work towards improved outcomes for community justice.

The model emphasises that a **strategic approach** can be taken at a national, regional or local level.

Local strategic planning and delivery of services through Community Planning Partnerships (CPPs) is central to the new arrangements. With this emphasis upon **collective responsibility** through a partnership approach we are placing decision-making into the hands of local people and agencies who know their communities best, understand the problems that are unique to their region, and will be most affected by community justice issues that relate to both victims and offenders.

It is imperative that this be driven at a local level. However, to provide leadership, enhanced opportunities for innovation, learning and development and to provide assurance on the delivery of improved outcomes, a new national body – called **Community Justice Scotland** – will be established. Community Justice Scotland will have a **non-hierarchical relationship with CPPs and their partners**.

In addition, the formation of Community Justice Scotland will provide further opportunities to commission services strategically as well as taking on some of the operational work currently undertaken at a Scottish Government level. The establishment of a **Hub for innovation, learning and development** within the body will provide the community justice workforce and community justice itself with the

profile and identity it deserves, together with evidence of what works to inform commissioning, and practice and partnership standards.

The model will be **defined by a performance culture** through the establishment of an outcomes, performance and improvement framework against which local partnerships can plan and report. This will provide real opportunities to **monitor progress, drive improvement, offer consistency and link decisions and actions to analysis of need and what works, leading to increased efficiency and effectiveness**.

One of the many benefits of the model is the **elements of continuity** that it offers:

- Local partnership arrangements will build upon existing capabilities under CPPs;
- Criminal Justice Social Work (CJSW) will continue to be managed and delivered at a local level;
- The Risk Management Authority (RMA) will remain as a standalone public body, with clear links developed to Community Justice Scotland; and
- Support for national offender programmes will remain at a national level, moving to the Hub within Community Justice Scotland.

There remains much work to be done to reduce reoffending in Scotland. It is **imperative, therefore, that CPPs, partners and Community Justice Authorities (CJAs) continue to work together on the planning and delivery of community justice during the transition period**.

The Scottish Government will support CJAs and CPPs in their working together and during the transition. We will **make available transitional funding for CPPs**. These funds will support them to build their capability and capacity to work together with partners on the achievement of improved outcomes for community justice.

Timescales

Timescales for the full introduction of the future model are dependent upon primary legislation[1]. Work is already underway, particularly on supporting the CPP transition process. We anticipate that CPPs will be able to assume their responsibilities under the new model in transition from 1 April 2016, with full responsibility being conferred from 1 April 2017 once the required legislation comes into force. Community Justice Scotland will be established during the latter part of 2016/17. CJAs will be formally dis-established on 31 March 2017 with the full model coming into effect on 1 April 2017.

[1] To implement the new model in full will require primary legislation. The subject of legislation is, of course, a matter for the Scottish Parliament. Timescales contained within this response are, therefore, indicative.

Chapter One - Introduction

Background

1. On 09 April 2014, the Scottish Government launched a consultation on the detail of the future model for community justice in Scotland having noted the intention to do so when the model was first announced on 13 December 2013. This was in response to a previous consultation: "Redesigning the Community Justice system: A consultation on proposals". That consultation had followed the publication of two reports: one by the Commission on Women Offenders and another by Audit Scotland on reducing reoffending.

2. The 2014 consultation on the detail of the future model for community justice in Scotland ran from the 09 April 2014 until 02 July 2014. A total of 66 responses were received. A total of 9 stakeholder consultation events were also held around Scotland and were well represented, with over 340 attendees.

Purpose of this document

3. This paper is the Scottish Government response to that consultation. It provides a summary of the Scottish Government's response to the key points made by respondents to the consultation, and describes Ministers' thinking with regard to the Bill that will be introduced to the Scottish Parliament at a later date. It addresses points made in the written responses that were submitted and also draws together a number of key observations that have been made to Ministers and officials during the consultation, at public consultation events and at other meetings including three events held with community planning partners across Scotland.

4. This paper should be read in conjunction with the "Future Model for Community Justice in Scotland: Frequently Asked Questions".

5. To implement the new model in full will require primary legislation. In this document, we have referred to legislation and terms such as "functions" and "duties" to describe the role of the organisations in the new model. These are our policy intentions. The subject of legislation is, of course, a matter for the Scottish Parliament. Timescales contained within this response are, therefore, indicative.

6. The work to deliver the new model which will achieve a successful community justice system in Scotland is being taken forward under the Redesign of Community Justice Project as part of phase 2 of the Reducing Reoffending Programme (RRP2).

7. This project and its associated workstreams will be referred to throughout this response.

Chapter Two - Overview of the Future Model for Community Justice in Scotland

What we asked

8. The consultation set out the overview of the Future Model for Community Justice in Scotland which had been developed in conjunction with key stakeholders and partners, including the Convention of Scottish Local Authorities (COSLA), CJAs, the Association of Directors of Social Work (ADSW – now Social Work Scotland) and the Third Sector. The model was designed to meet the needs of service users, victims, their families and the communities of Scotland.

9. We asked for general comments on the overview of the new arrangements for community justice.

What we heard

10. The majority of organisations who responded to the consultation were in favour of the proposed new model for community justice. Both the new body and the Hub were broadly welcomed and there was widespread agreement that the planning and management of community justice services should rest with CPPs. Ensuring that planning remains at the heart of local communities and responsive to local needs which may vary across the country was welcomed and most respondents felt this reflected the contribution that CPPs and partners could and should make in relation to community justice outcomes.

11. Clear themes emerged around the importance of ensuring multi-partner and multi-agency involvement, collaboration and responsibility for producing improved outcomes (based on desistance), with a desire from respondents for this to be underpinned in legislation.

12. An effective relationship between the national body and CPPs was highlighted by some respondents as being crucial to the model with this being one of mutual support and balance particularly as national objectives and local CPP priorities may clash.

13. There were mixed views from respondents on the subject of prevention with some welcoming the decisive shift towards prevention and the opportunity to work across wider partnerships which will enhance the capacity for preventative approaches, while others were concerned around the capacity or funding to undertake preventative work.

14. At the consultation events, the following themes emerged:

    - Clarity – of vision, ambition, role and accountability;
    - Culture change – required in the community justice sector, partners, communities and the media;
    - Collaboration – between CPPs, the national body, partners, communities, victims and offenders;

- Consistency – in terms of access to services across Scotland, training and support;
- Continuity – of funding, knowledge and support;
- Creativity – through innovation, research and supporting what works;
- Communication.

Scottish Government response

Clarity

15. The new model addresses the issues raised by Audit Scotland and the Commission on Women Offenders in 2012 as well as delivering improvements in a whole range of other areas including: local decision making; partnership working; leadership; accountability; performance management; prevention; commissioning; and workforce development.

16. The model delivers a community solution to: the achievement of improved outcomes for community justice; the challenge of reducing reoffending; and the task of offender management.

17. Local strategic planning and delivery of services and outcomes through CPPs is central to the new arrangements and by giving responsibility to these partnerships, decisions will be made by those who know the area best, understand the problems that are unique to their region and will be most affected by the impact of community justice for both victims and offenders.

18. The model builds upon investment made by the Scottish Government and Local Government into community planning and will utilise the strengthened provisions of the Community Empowerment (Scotland) Bill.

19. By "community justice", we mean:

    "The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance."

20. The future model for community justice in Scotland introduces:

    - Local strategic planning and delivery of community justice services through CPPs;
    - Duties on a defined set of partner bodies (including local authorities, NHS boards and Police Scotland) to engage in this local strategic planning and delivery with accountability for planning and performance residing at this level;
    - The creation of a national body to provide leadership for the sector, opportunities for innovation, learning and development and independent professional assurance to Scottish Ministers on the collective achievement of community justice outcomes across Scotland; and
    - A focus on collaboration, including the opportunity to commission, manage or deliver services nationally where appropriate.

21. Under this model, CJAs will be dis-established.

22. To set the vision for community justice in Scotland, a national strategy will be developed jointly with local government and key partners and in consultation with stakeholders, to provide the vision for community justice and reducing reoffending over a 5 year period.

23. One of the many benefits of the new model is the elements of continuity that it offers, including:
    - Local partnership arrangements will build upon existing capabilities under CPPs;
    - CJSW will continue to be managed and delivered at a local level;
    - The RMA will remain as a standalone public body, with clear links developed to Community Justice Scotland;
    - Support for national offender programmes will remain at a national level.

24. We agree that it is critical that all parties understand their role in the new model and the transition arrangements designed to achieve that will be addressed in Chapter Nine.

25. Implementing clear lines of accountability is one of the critical success factors of the new model. These will be addressed in more detail in Chapter Five.

<u>Culture change</u>

26. A transitional working group will work with CPPs and partners to build their understanding of community justice which was raised as a concern by respondents and those who attended consultation events.

27. However, the provision of information alone will not achieve the change in culture that is required. To do so will require the buy-in of all partners to the ethos of the new model for community justice, which:
    - respects the rights and responsibilities of the individual;
    - has distributed leadership at its core;
    - recognises the impact that a wide range of agencies, organisations, communities and offenders and service users will have on delivering long-term outcomes around reducing reoffending and increasing positive citizenship;
    - increases public safety;
    - increases public reassurance;
    - reduces stigma; and
    - reduces costs.

28. The culture change needed to prioritise services for offenders and communities affected by offending will require effective multi-agency cooperation. This will be supported by: recognising that the key outcomes for offenders can only be achieved through working in partnership; ensuring services become more evidence based; through the public being more accepting in investing in

rehabilitation and services for people who have offended; and by achievements through improved outcomes having a higher profile.

29. We believe that it is through prevention that we will reduce reoffending and achieve the broader outcomes required of community justice. However, on balance, we have decided against placing a statutory duty on local authorities and other statutory bodies across the public sector to focus upon preventative approaches to reduce reoffending. Instead, the principles of prevention and early intervention will be built into the outcomes, performance and improvement framework that will drive activity across community justice. This will be described in more detail in Chapter Six.

30. We have heard from some CPPs who have already built the principle of prevention into their strategies and outcomes plans and will look to share these approaches through the work being taken forward on the redesign of community justice project.

Collaboration

31. We welcomed the recognition from respondents to the consultation and from those who attended the consultation events of the need for a range of organisations and partners to deliver improved outcomes: housing, health, social work, Police Scotland, Scottish Prison Service (SPS) and others. This includes the Third Sector, Community Based Organisations and communities and we want to see them empowered to fulfil this role.

32. Building on both the rights and responsibilities aspect of the new model, we believe that it is critical for communities, including those who have offended, to be involved in the new model as users of services that would contribute to community justice outcomes. Moving forward, all partners and service users must work together to harness the potential within individuals, and maximise the opportunity to harness change that will deliver sustainable outcomes. We will ensure that the outcomes, performance and improvement framework that supports the new model will have outcomes that support this aim.

Consistency

33. Responses to the consultation and discussions at consultation events which were held across the country, showed both frustration at current lack of consistency of services in different parts of the country together with a fear that this may be exacerbated under CPPs in the new model.

34. We recognise this concern but believe that CPPs - through the enhanced provisions within the Community Empowerment (Scotland) Bill and the provisions specific to community justice that will be introduced through the Community Justice Bill, offer the best forum for ensuring the alignment of all these partners with their respective communities; including people affected by offending and reoffending.

35. The new model will be defined by a performance culture through the establishment of an outcomes, performance and improvement framework against which local partnerships will plan and report. The framework will support local variation in approach, whilst driving consistency in quality and outcomes. This will provide real opportunities to monitor progress, drive improvement, offer consistency and link decisions and actions to analysis of need and what works, leading to increased efficiency and effectiveness.

36. This must be driven at a local level but one of the functions of the national body will be to provide assurance on the delivery of improved outcomes. The body will look to share good practice but will have a number of avenues and powers available if it sees difficulties in achieving outcomes with recommendations being made to Scottish Ministers and Local Government Leaders as appropriate. Further information is given in Chapters Five and Six.

Continuity

37. It is vital that CJAs and CPPs continue to work together on reducing reoffending and the management of offenders both to ensure that focus on the delivery of current services and outcomes is not diminished during transition but also as a means of imparting crucial knowledge to allow CPPs and their partners to take on their responsibilities under the new model.

38. Supporting the transition to the new model is addressed in Chapter Nine.

Creativity

39. A renewed focus on innovation, learning and development will be a core aspect of the new model. This is addressed further in Chapter Four.

Communication

40. We share the desire for consistent and on-going engagement and active communication with partners and stakeholders, including with practitioners. We agree that communication in the transition period and beyond is essential and that this communication should be between all parties involved.

41. We welcome the recognition of the positive communications role the national body could play in terms of shaping how Scotland views community justice and championing the sector. There is also a clear role for CPPs to work with communities at a local level on reducing stigma and creating a more positive and supportive environment for effective rehabilitation and reintegration.

Chapter Three - Local Strategic Planning and Delivery

What we asked

42. We said that CPPs and local partners will assume responsibility for the local strategic and operational planning, design and delivery of services for community justice to reflect local need and in accordance with the national strategy for reducing reoffending and community justice. They will fulfil these responsibilities working in partnership within locally agreed community planning arrangements.

43. We asked for views on the arrangements for local strategic planning and delivery of services for community justice.

What we heard

44. The proposed arrangements for the local planning and delivery of community justice services were met with approval from a majority of organisations.

45. Respondents highlighted the importance of taking advantage of existing partnerships and working across local authority boundaries as well as ensuring robust transition arrangements are put in place as soon as possible to facilitate smooth transfer to the new model. Thought should also be given to whether there is a need to further resource CPPs throughout the transition process.

46. Most participants in the consultation events expressed the view that in order to be effective, local arrangements will require strong partnership working from all key agencies and the Third Sector. There were opinions expressed that CPP partners will need to be mandated to be involved in delivery community justice and welcomed any duties that would be brought forward in legislation to cover this.

47. Multi Agency Public Protection Arrangements (MAPPA) were an often cited example of an area it would be necessary to provide clarity as soon as possible on what future arrangements, especially funding, will look like.

Scottish Government response

48. We welcome the positive feedback on placing the strategic planning and delivery of services for community justice at a local level. The Scottish Government believes that effective and ambitious local partnership working, combined with the leadership, opportunities for innovation, learning and development, support and assurance provided by the national body, will achieve the improved outcomes for community justice in Scotland that we all seek.

49. Placing these duties at a CPP level under a requirement of collective responsibility not only mandates organisations and those delivering services to work together but brings with it an opportunity to have an in-depth conversation locally as to the types of communities in which we wish to live. We believe that these arrangements offer the best forum for ensuring the alignment of all these partners with their respective communities.

Local partnerships

50. There is no requirement for CPPs to establish distinct *community justice* partnerships as some may prefer to collaborate with existing structures but there is certainly a requirement to establish local partnerships that will cover the duties required under the future model. Structural arrangements will, therefore, be at the discretion of CPPs. However, there will be certain roles, responsibilities and duties placed on a number of partners as outlined below.

Who should be involved in local partnerships

51. Those partners and stakeholders listed below have been identified as having a particular contribution to make. Scottish Government guidance, developed in conjunction with COSLA, will give further detail to support CPP arrangements for the planning and delivery of services for community justice.

- CPP communities, including:
    - Service users – including offenders, ex-offenders and victims;
    - Community Based Organisations;
    - The broader community;
- Partners as outlined at paragraph 57;
- Third Sector organisations, including Victim Support Scotland;
- SPS;
- Scottish Courts Service (SCS);
- Crown Office and Procurator Fiscals Service (COPFS);
- The wider Judiciary;
- Criminal Justice Boards;
- Academic institutions;
- Local employers;
- The Department for Work and Pensions; and
- Any other community bodies the CPP sees as appropriate.

52. The CPP Board will provide the vision – responding to national strategies that have been developed with partners and stakeholders - the required local outcomes and the leadership that allows the partners to work together to deliver the improved outcomes for community justice.

Duties upon CPPs[2]

53. The role of and duties upon CPPs in Scotland is presently being redefined through the Community Empowerment (Scotland) Bill. The duties on CPPs in relation to community justice will be aligned to those already set out in that Bill.

[2] This is our policy intent. The subject of legislation is a matter for the Scottish Parliament.

54. The following duties will apply to CPPs:

- To convene a local partnership reflecting the range of partners shown at paragraph 51 and involve them in the planning and delivery of improved outcomes for community justice;
- To prepare and publish a local plan to deliver improved outcomes for community justice in their area. This plan will be delivered through partnership working and service delivery, in accordance with the national strategy for community justice and reflecting a sound understanding of local circumstances;
- To review whether the local partnership is making progress in improving the achievement of the outcomes outlined in their plan;
- To report on these plans on an annual basis, having engaged with their partners and stakeholders, including the Third Sector and Community Based Organisations, as well as with their communities;
- To make their plans and reports available to Community Justice Scotland to allow them to carry out their functions around sharing best practice, innovation and assurance.

55. CPPs will be able to approach Community Justice Scotland for assistance where they are experiencing difficulty with delivery under the local plans and where matters cannot be resolved locally. However, it will remain a core tenet of the new model is that responsibility for resolving local issues rests locally.

Duties upon partners[3]

56. Partners, in this context, include those in the CPP who operate locally whether they are organised on a local, regional or national basis.

57. There is presently a core set of statutory partners who have a significant contribution to make to community justice in local partnership arrangements throughout Scotland bringing consistency whilst supporting local needs and circumstances. We will, therefore, place a duty on the following partners to co-operate with each other in carrying out planning activities, delivering and reporting on outcomes for community justice in their relevant CPP:

- Local Authorities;
- NHS Boards;
- Integrated Health and Social Care Boards;
- Police Scotland;
- Scottish Fire and Rescue Service; and
- Skills Development Scotland.

58. As an Agency of Scottish Ministers, we do not require to place a formal legislative duty on the SPS but will direct them to be included in local partnerships and will require CPPs to engage with them as appropriate to the local area.

59. Through the course of the project, we may identify additional core statutory partners to those listed above. We will engage with them as appropriate.

[3] This is our policy intent. The subject of legislation is a matter for the Scottish Parliament.

60. Core partners noted at paragraph 57 will be required to:

- Co-operate with each other and with the CPP on delivering improved outcomes for community justice;
- Involve the Third Sector, Community Based Organisations, communities and service users in the planning and delivery of community justice within their areas, in accordance with procurement rules and local needs and circumstances. This is consistent with the principles of co-production, which underpin the Government's vision for asset-based and person-centred services;
- Contribute such funds, information, staff and other resources as is required to meet the outcomes noted in the CPP plan to deliver community justice outcomes. This will require contributions beyond the Social Work (Scotland) Act 1968, section 27 funding allocated primarily for CJSW;
- Support the CPP in preparing their annual report by providing information on how they have delivered against the CPP plan and, in so doing, the delivery of community justice outcomes.

61. We recognise the contribution required from all partners working together with resources for the achievement of improved outcomes for community justice being wider than just those covered under section 27 monies for CJSW.

Multi Agency Public Protection Arrangements (MAPPA)

62. Arrangements for MAPPA are presently co-ordinated on a regional basis using the boundaries of the CJAs. There are 11 MAPPA co-ordinators working across the eight CJA areas.

63. The Scottish Government has received representations that these boundaries should remain, at least in the short term, even after the CJAs have been dis-established. We see no reason, therefore, to change the boundaries at this time and arrangements for MAPPA will, therefore, continue on a regional basis.

Chapter Four - The National Body – Community Justice Scotland

What we asked

64. We asked a number of questions that related to the national body, referred to as Community Justice Improvement Scotland in the consultation paper. These questions covered: the functions, name, location, skills and competencies required in the new body; the organisational structure and staffing complement; the Board of the body; and the arrangements for the Hub for innovation, learning and development.

What we heard

65. Overall, the proposal for a national body was welcomed by most, with its potential particularly recognised around leadership, promoting community justice, learning and development and a focus on improvement. However, a small minority of respondents queried the need for such a body with a couple of respondents suggesting a national board would be sufficient and there were a diverse range of views on its functions with responses also divided on whether the proposed skills and competencies are sufficient for the national body to carry out its functions.

66. There was very little support for inclusion of the term "Improvement" in the name of the national body as it implied different meanings to different people. The majority of respondents did not express a view on where the location should be and instead identified the features they felt are necessary for a successful HQ i.e. it should have good transport links and be easily accessible. Ideally it should be co-located with an associated organisation and be equipped with electronic communication/video conferencing capabilities.

67. Respondents were largely positive about the development of a national Hub for community justice, innovation and learning and development, feeling it could add value to the community justice landscape as well as bringing benefits such as consistency of staff development and the spread of best practice. There was overall support at consultation events for the concept of the Hub being practitioner-led.

Scottish Government response

68. We welcome the view that the national body should have a focus on sharing best practice, developing standards, liaison with relevant national organisations, articulating a national collective overview and promoting links within and across CPPs. It will also have key roles around leadership, promotion of the interests of community justice and the provision of assurance on the achievement of improved outcomes for community justice in Scotland.

69. The consultation paper naturally devoted several chapters to the proposed functions and organisation of the new national body, given its creation will represent a new development for Scotland. Whilst this may have satisfied some stakeholders' requests for this level of detail, for others this focus may have detracted from the critical element of local strategic planning and delivery.

70. We will, therefore, work closely with partners and stakeholders to ensure that we provide clear and consistent information on the new body.

The name of the national body

71. The name of the national body will be **Community Justice Scotland**.

The location of Community Justice Scotland

72. Responding to calls for efficiencies to be made wherever possible, we will prioritise the search for accommodation so that Community Justice Scotland may be co-located with existing public bodies or in Scottish Government premises in a location that is accessible by public transport, most likely in the central lowlands of Scotland.

73. In keeping with modern flexible working practices, we will encourage Community Justice Scotland to have in place policies that support home-working and flexibility in terms of staff locations and working practices.

The functions of Community Justice Scotland

74. The main functions of Community Justice Scotland will be:

    a. To provide national, professional and strategic leadership for community justice in Scotland;
    b. To offer expert advice to Scottish Ministers and COSLA Leaders as required;
    c. To make recommendations to Scottish Ministers as required;
    d. To provide oversight of the delivery of the national outcomes, performance and improvement framework for community justice in Scotland;
    e. To provide assurance to Scottish Ministers on collective performance against delivery of services under the national outcomes, performance and improvement framework;
    f. To identify ways in which justice and other resources can be aligned to improve outcomes for community justice and advise Scottish Ministers on achieving this;
    g. To manage any services which have been identified and agreed as being best delivered on a national basis by the national body; and
    h. To hold the Chief Executive to account in the exercise of his responsibilities.

75. Many respondents felt that community justice was not seen as a popular cause for all partners, for the media and in communities. For these reasons it is vital that the community justice sector has a strong, unified voice to provide leadership and strategic direction. Community Justice Scotland will provide that voice, acting as champion for community justice services to raise their profile and highlight their contribution to delivering the Scottish Government's Purpose. It will, therefore, under function a. above have communications responsibility for community justice matters.

The Board of Community Justice Scotland

76. Community Justice Scotland will have a Board of members whose task it is to govern the body.

77. The Board will have a Chairperson, appointed by Scottish Ministers, and a number of other members, most likely between 5 and 8 who will be appointed through a formal appointment process in compliance with the Code of Practice for Ministerial Appointments to Public Bodies in Scotland.

78. The Board will have a key role in ensuring that Community Justice Scotland is a lean and agile organisation, focused on delivering its remit as efficiently and effectively as possible.

The organisational structure and staffing, skills and competencies

79. We recognise that the organisational chart used in the consultation paper raised some concern at consultation events, particularly from those working in a Local Government setting who drew comparisons between the job titles in the national body's structure and what those of a similar title in Local Government may earn. This sort of comparison was not intended, nor is it an accurate reflection of the likely grading and salary structure of Community Justice Scotland.

80. However, it is right that Community Justice Scotland should look to attract highly experienced individuals with the right breadth and depth of skills and competencies required to ensure that it successfully delivers its functions.

81. There will be a Chief Executive for Community Justice Scotland whose responsibility will be to ensure that the body delivers upon its remit, together with a specific role to promote community justice interests and values. The Chief Executive will report to the Chairperson of Community Justice Scotland.

82. Staffing of Community Justice Scotland will be a matter for the Chief Executive but it is expected that the following skills and competencies will be required in the body:

- Leadership;
- Strategic planning;
- Analysis and improvement;
- Administration;
- Finance and accountancy;
- Social work professional skills;
- Contract management;
- Commissioning; and
- Innovation, learning and development.

83. In carrying out specific projects or programmes or work, Community Justice Scotland may require to call upon broader skills, including operational and practice skills. The body will have the facility to run reference and working

groups and second resource into its structure on a temporary basis as required providing this is within the budget provided to it.

84. The funding for the national body will be covered in more detail in the financial memorandum for the Community Justice Bill. We aim to meet the funding requirements through reconfiguration of current administrative budgets for community justice.

The Hub for innovation, learning and development

The Purpose of the Hub

85. A national Hub for innovation, learning and development will be created as a function of Community Justice Scotland. The Hub will be practitioner-led and its remit will be to inform practice through research and provide opportunities for innovation, learning and development for those working within and across the community justice landscape, allowing them to enhance their professional identity. Although practitioner-led, the Hub will work closely with individuals and organisations who can provide expertise in research, policy and personal experience.

86. The Hub will seek to complement and build upon, not duplicate, work already underway at a single agency/organisation and partnership level. It will ensure that local practitioner networks, responsive to the needs of individual communities, are retained or created where there are none at present. The Hub will also look to establish new networks and forums which can add value to the community justice landscape.

Functions of the Hub

87. One of the Hub's first tasks will be the creation of a strategy for innovation, learning and development to provide a clearly defined mission statement for the Hub and greater clarity of direction and guidance for the community justice sector.

88. The strategy will outline the vision for community justice innovation, learning and development, the role of the Hub and stakeholders in achieving that vision, the activities the Hub will carry out in order to fulfil its role and the priorities which will determine those activities. It will be informed by scoping work to look at how existing infrastructure and activity in innovation, learning and development can better support community justice in the future. This will build on the vision set out in the national strategy for community justice.

89. It will be up to Community Justice Scotland to determine the specific functions of the Hub and how it will be resourced from within the budget of the body. However it is likely that their work will be made up of four key activities:

- *core functions* such as producing a national training schedule and taking a strategic approach to workforce development;
- *research* such as synthesising existing research/practice and commissioning and undertaking research;

- *practice development* such as change management of community justice training programmes, the development of new community justice training programmes as required, and facilitating and creating practitioner networks; and
- *knowledge exchange* such as collaborating with other organisations/bodies/professions to facilitate the sharing of best practice.

90. The Hub will have a range of other functions that are currently being determined through engagement with stakeholders and partners. A working group will be established to assist and inform this process. These functions will be consistent with the functions of Community Justice Scotland.

Public service reform

91. Dissolution of the CJAs will mean the dis-establishment of eight public bodies. The new model will have one new public body, the national body, which will work closely with existing public bodies including the RMA.

Taking the work forward

92. A workstream of the Redesign of Community Justice Project has been devoted to the establishment of the new body. The workstream lead will engage with key partners and stakeholders for reference purposes as the work develops.

93. A further workstream has been established for Innovation, Learning and Development.

Chapter Five - Governance and Accountability under the Future Model

What we asked

94. To arrive at clearer lines of strategic, political and operational accountability, we set out in the consultation clearly defined roles and responsibilities for:

- Scottish Ministers;
- Local partners, including local authorities and other public sector bodies designated as local partners;
- The national body, referred to as Community Justice Improvement Scotland in the consultation paper;
- The Board of the national body;
- The Chief Executive of the national body.

95. We asked for views on the governance and accountability arrangements.

What we heard

96. The majority of those who responded were positive about the proposed governance and accountability arrangements. Many respondents welcomed a relationship between the Community Justice Scotland and CPPs based on mutual support and balance between national and local responsibilities.

97. However, some local authority and CPP respondents raised concerns and there were mixed views as to whether the consultation document provided sufficient clarity on the details of the governance and accountability arrangements for the new model.

98. There was a clear message about accountability with formal arrangements in place to back this up. Some feared that if arrangements around the new model were on an "informal" basis, this would simply not carry enough weight. Respondents were, therefore, broadly in favour of duties extending to a broad range of partners in recognition of the contribution they can make to the agenda for community justice outcomes, including reducing reoffending.

Scottish Government response

99. We recognise the request from some respondents for further clarity on the governance and accountability arrangements, particularly in relation to the relationship between CPPs and the Community Justice Scotland together with a desire from some for a stronger level of accountability than in the current system. The information below provides additional clarity.

Accountability lines – CPPs and partners

100. CPPs are ultimately accountable to their communities. The Community Empowerment (Scotland) Bill brings in a number of provisions which will in future strengthen this accountability and the role of both CPPs and their partners in delivering improved outcomes.

101. CPPs **will not** be directly accountable to Community Justice Scotland either for their performance or that of their constituent partners as this would cut across established lines of accountability[4]. The Scottish Government recognises that there is no single neat line of accountability for the delivery of community justice services. Given the range of organisations involved, it is not possible to design a model that would provide a single line of accountability without a significant restructuring and centralisation of the public sector landscape in Scotland.

102. Accountability lines will, therefore, go through individual partners just as is the case with other elements of community planning.

103. As covered under Chapters Three and Four, governance is provided through local arrangements under CPPs and local partnerships and via the assurance function to be carried out by Community Justice Scotland.

104. The new model places the emphasis upon collective responsibility, in local partnerships, in a linear relationship rather than a hierarchical relationship as it may have been viewed with CJAs.

105. This emphasis upon collective responsibility will be through local partnerships established under CPPs with partners working together, providing assurance to one another. This is expected to result in a greater understanding of the interdependencies between partners to the achievement of required outcomes for community justice. These partnerships will report back to CPP Boards on the discharge of the local plan and the delivery of outcomes.

Role of elected members

106. Elected members will continue to have a key role in the accountability arrangements in the future model. Established lines of accountability with local authorities will provide elected members an on-going opportunity to scrutinise outcomes.

107. In addition, Community Justice Scotland will provide advice, as required, to elected members on collective performance against delivery of the national performance framework, giving further opportunities to improve outcomes.

Accountability lines – Community Justice Scotland

108. Community Justice Scotland will be accountable to Scottish Ministers.

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[4] For example: Each local authority is governed by a council. They are autonomous bodies, independent of central government and accountable to their electorates for the delivery of services. Local authority services would, therefore, be accountable to the Council. Each NHS Board is accountable to Scottish Ministers. Each year, the Scottish Government sets performance targets for NHS Boards to ensure that the resources made available to them are directed to priority areas for improvement. For Police Scotland – the Scottish Police Authority holds the Chief Constable of Police Scotland to account for the policing of Scotland.

109. In relation to this new body, the role of Scottish Ministers will be to:

- Appoint the Chair and members of the Board in accordance with the Commissioner for Ethical Standards in Public Life in Scotland's Code of Practice for Ministerial Appointments to Public Bodies in Scotland;
- Hold the Board to account for delivery of its responsibilities;
- Set a budget annually, approved by Parliament;
- Publish a national strategy for community justice, which will include the national performance framework for community justice, providing the backdrop for local partnerships, via CPPs, to plan and deliver services and for Community Justice Scotland to fulfil its functions of assurance;
- Approve the Community Justice Scotland strategic plan;
- Approve certain relevant appointments made by Community Justice Scotland;
- Consider recommendations made to them by Community Justice Scotland.

110. The Chief Executive of Community Justice Scotland will be held to account by the Board of the body.

111. Where Community Justice Scotland carries out functions or puts in place contracts at a national level, there will be a mechanism in place for customers (e.g. local authorities) to provide feedback on both the services contracted for, their usage and the outcomes achieved. This was a key point raised by respondents and at consultation events.

Planning and reporting – CPPs

112. The Scottish Government and the majority of respondents to the consultation view local planning and delivery in partnership in communities across Scotland as being key to the success of the future model for community justice.

113. CPPs will have a duty to prepare and publish a local plan to deliver improved outcomes for community justice in their area having involved a range of partners and stakeholders in developing the plan.

114. An annual report will set out the CPPs assessment of what improvement has been achieved in the delivery of community justice outcomes. This will provide the CPP Board with the mechanism to performance manage delivery of its plan and identify any improvement activity.

115. The requirement to prepare a plan and report will be set out in legislation. If CPPs fail to agree or publish such a plan or report, they may be held accountable by their communities and individual partners through their accountability lines. However, Community Justice Scotland will be aware if plans and/or reports have not been produced or published and so will have the ability to raise this with CPP Chairs or with individual partners as appropriate under the body's assurance function.

116. Matters arising in relation to the broader management or running of an individual CPP or common issues will be reported using existing mechanisms.

Relationship between Community Justice Scotland and CPPs

117. The relationship between Community Justice Scotland and CPPs will be a **non-hierarchical** one, based on mutual support, characterised by open and transparent communication and recognising the balance between national and local responsibilities.

118. This relationship will be based on equality, with the body providing a constructive role for supporting CPPs in their delivery of outcomes.

Planning and reporting – Community Justice Scotland

119. Community Justice Scotland will be responsible for preparing a strategic plan for the delivery of its functions. In preparing the plan, Community Justice Scotland must engage with CPPs, partners – both local and national - and the body's broader range of partners and stakeholders including the Scottish Government.

120. The strategic plan must be agreed by the Board of Community Justice Scotland and submitted to Scottish Ministers for their approval. Upon approval, Community Justice Scotland must publish the plan and make it available to CPPs, partners and stakeholders.

121. Community Justice Scotland will be responsible for reporting on the delivery of the body's functions for the preceding reporting year which will be on a financial year basis. The annual report, prepared with engagement with CPPs, partners and the body's broader range of partners and stakeholders including the Scottish Government, must include any improvement actions or amendments to be made to the strategic plan which would be for approval by Scottish Ministers.

122. Upon approval, Community Justice Scotland must publish the report and make this available to CPPs, partners and stakeholders.

Planning and reporting – national Justice organisations

123. CPPs must involve partners whether they be organised on a local, regional, or national basis.

124. We did receive positive feedback that it would be useful for national Justice organisations, including the SPS and Police Scotland, to make their plans and reports available to Community Justice Scotland as well as their contributions being captured in local CPPs plans. We intend to take this forward.

Planning and reporting – relationship between Community Justice Scotland and CPPs

125. The CPP plan and annual report will be required to be made available to both communities and to Community Justice Scotland.

126. Community Justice Scotland will have the function to provide advice on CPP plans and reports for community justice. This advice may be relevant for the CPP as a whole or for any of the partners. Advice will be informed by Community Justice Scotland's oversight of 32 CPPs and its unique ability to share best practice.

127. CPPs and other partners will have the opportunity to engage with Community Justice Scotland's planning and accountability functions in a number of ways:

- Firstly, where Community Justice Scotland carries out functions or puts in place contracts at a national level, there will be a mechanism in place for customers (e.g. local authorities) to provide feedback on the services provided and the outcomes achieved;
- Secondly, CPPs will have the opportunity to comment on Community Justice Scotland's strategic plan; and
- Thirdly, at the year end, Community Justice Scotland will engage with CPPs and other deliver partners, in preparing its annual report on the delivery of its functions.

Planning and reporting – transition – CJAs and CPPs

128. We expect CJAs and CPPs to work together – with input from partners – for the latter to gain an understanding of the delivery landscape, planning and priorities, current services and contracts including those delivered cross-boundary.

129. The current set of CJA Area Plans run until the end of 2016/17 which is the transition year and first year of CPP plans and reports. It will be necessary to ensure alignment between plans during the transition period so that expectations of partners are clear and coherent. At the same time, there is a need to ensure continuity of service until such time as the new model is in place. It is vital, therefore, that CPPs recognise that CJAs will be in place until that time and will work closely with them.

Taking the work forward

130. There are several strands of work emanating from this response and these shall be taken forward by the CPP Transition, Legislative and Legal Framework and Outcomes, Performance and Accountability workstreams of the Redesign of Community Justice Project.

Chapter Six - Delivering Improved Outcomes for Community Justice in Scotland

What we asked

131. The consultation document described a national performance framework for community justice that will be developed jointly with key partners and in consultation with stakeholders. This framework would enable transparent monitoring of progress in delivering community justice outcomes across Scotland. The framework will be used by CPPs to plan, deliver and monitor services and by the national body to provide assurance to Scottish Ministers and local government leaders.

132. We asked for suggestions on how a national performance framework for community justice in Scotland could operate under the new model.

What we heard

133. Most respondents were positive about these plans and there is clearly a desire for evidence-based planning within community justice.

134. One of the most frequent responses to the request for suggestions related to the importance of encouraging transparency and the need for a Single Outcome Agreement (SOA) supported by streamlined external scrutiny and effective performance management.

135. A simplified logic modelling approach was indicated as the preferred method of developing the outcomes and performance management measures.

136. There was also support for accompanying guidance which supports partners to put the strategic, operational and practice arrangements in place.

137. It was highlighted that there was a need to ensure that CPPs and partners are contributing to an increase in positive public perception of crime in their local area. There is a need for measures to show the extent to which service users (offenders, victims, families, and communities) believe their lives are improving.

138. Points raised at consultation events included the importance of ensuring that key practitioners share the same ethos and focus on delivering outcomes; and the importance of creating a performance framework and tools to support community justice partners with delivering outcomes.

Scottish Government response

The national strategy

139. The Scottish Government will produce a national strategy for community justice. This strategy, developed jointly with local government and key partners and in consultation with stakeholders, will provide the vision for community justice and reducing reoffending over a 5 year period.

The approach to performance under the future model for community justice

140. The current model for community justice was criticised for its lack of measures to understand success and at what cost. How can the people of Scotland be reassured that the effort at a local level is actually delivering improved outcomes?

141. The new model will be defined by a performance culture through the establishment of a national framework for outcomes, performance and improvement for community justice – set out in the national strategy for community justice - against which local partnerships can plan and report.

142. This will provide real opportunities to plan and deliver services, monitor progress, drive improvement, offer consistency, provide assurance and link decisions and actions to analysis of need and what works, leading to increased efficiency and effectiveness.

143. The outcomes, performance and improvement management framework will, therefore, enable transparent monitoring of progress in delivering community justice outcomes across Scotland. The framework will allow each CPP to identify which areas of its plan are working well and which areas require improvement. The framework will also allow Community Justice Scotland to promote continuous improvement by benchmarking performance across the country.

144. The framework will cover all aspects of offender management in the community. The rehabilitative aspects of managing offenders will be based on the desistance model and promote the factors which reduce the chance of a person reoffending, such as improved health, access to housing, employability and positive relationships. The main organisations with responsibility for delivering these services are represented on CPPs.

145. The framework will include relevant outcomes and indicators, as well as details of how best practice may be shared and the approach to scrutiny and inspection for community justice.

146. The Scottish Government will develop the outcomes, performance and improvement framework jointly with key partners and stakeholders. Work is already on-going on preparing the framework with a number of workshops having been held in recent months.

147. In setting out these required outcomes to manage offenders and promote desistance, the framework will make clear that there will be contributions required of partners in order to reduce reoffending.

148. In discharging its assurance duty and improvement function, it may become evident to Community Justice Scotland that targeted support could be beneficial for individual partnerships or organisations.

149. If this is the case, Community Justice Scotland will have the facility to provide support to CPPs and partners in helping them deliver improved outcomes. This may include:

- Specific dialogue between Community Justice Scotland and local partnerships and relevant organisations regarding ways to support the improvement required;
- Enabling benchmarking, sharing best practice, driving improvement in partnership standards and workforce development for community justice and facilitating closer engagement between local partnerships;
- Raising awareness of any potential systemic issues and opportunities which exist to effect improvements and recommending solutions as appropriate;
- Encouraging and, where appropriate, supporting any local systems for peer review.

150. Any serious and persistent performance concerns will be taken forward on a case-by-case basis with reference to the relevant accountability structures for the partners concerned.

151. In exceptional circumstances, Community Justice Scotland would have the power to recommend that a rescue task group be established to work with the local partnerships and relevant organisations to effect sustainable improvement. This would be done working closely with the local partnership and with the agreement of Scottish Ministers and relevant local government elected members.

Responsibilities on CPPs and partners

152. We recognise the importance of community planning reflecting local needs, with plans and operating arrangements shaped around local priorities and operating preferences. The responsibility for resolving any local issues rests with partners within the CPP.

153. CPPs and partners will be required, through guidance, to share information both on best practice and, where applicable, on issues and how they may have resolved them with other CPPs and partners including Community Justice Scotland. This will include CPPs and partners being required to support work to identify and test good and innovative practice.

154. However, should the local partners or a CPP request advice and assistance on issues that, for whatever reason, have not been able to be resolved locally either within or between partnerships, or through arrangements for community planning, then Community Justice Scotland will be able to offer support and assistance.

155. This is part of a layered approach:

  a. Collective responsibility locally;
  b. Assurance by the national body;
  c. Multi-agency thematic inspection.

156. We understand that collective responsibility is one of the cornerstones of community planning. For community justice, this collective responsibility is one of the strengths of the new model recognising the contribution that each partner must make and that no one partner can deliver the outcomes on their own. This was met with broad approval in the consultation responses.

Responsibilities on Community Justice Scotland

157. As part of its general assurance function, Community Justice Scotland will provide an independent and national overview of local partnership strategic delivery plans and annual reports for community justice. Community Justice Scotland will have the power to make recommendations to Scottish Ministers and to relevant local government elected members, as appropriate, on any improvements that are required based on its analysis and findings.

158. The framework will be used by Community Justice Scotland to provide assurance to Scottish Ministers and local government leaders, and by CPPs to plan, deliver and monitor services.

159. Community Justice Scotland will be able to recommend potential further improvement actions. These may include the offer of support from or arranged by Community Justice Scotland, requirement for improvement plans and the potential for specific multi-agency inspections. Local partnerships will be fully involved in the discussions as to action required.

MAPPA annual reports

160. Under the future arrangements, there will be no requirement for a separate annual report on MAPPA as this could be better included in the annual report on community justice from each CPP. This does mean that MAPPA will be included within the 32 CPP annual reports. The content of the MAPPA annual report remains the responsibility of the MAPPA responsible authorities in any case.

161. Should the regional groupings wish to continue to produce a regional report on MAPPA they would be free to do so.

Taking the work forward

162. This work shall be taken forward under the Outcomes, Performance and Accountability workstream of the Redesign of Community Justice Project and will be overseen by the Redesign and Performance Management of Community Justice Project Board.

163. The project has been working closely with key partners and stakeholders over the past few months to develop the outcomes, performance and improvement framework which is now in its early stages. We will test a prototype of the framework with willing CPPs in 2015/16.

Chapter Seven - Funding and Resourcing the Future Model

What we asked

164. No specific questions were raised in the consultation paper itself but key points were given in relation to the work ongoing to assess the potential costs and funding required for the new model.

What we heard

165. A sizeable number of respondents requested further information on funding under the new model, particularly at a local level but also in relation to how funding would operate for elements funded under the current model, such as national implementation programmes and MAPPA.

166. A number of respondents also mentioned that there may be resource implications for CPPs and local authorities which should be acknowledged.

167. A smaller number raised further points on the funding formula for section 27 funding for CJSW with further clarification sought and requests made for considerations of costs associated with delivery in smaller local authorities and partnerships. The ring fencing of section 27 monies was raised by a number of respondents.

168. Points raised at the consultation events included making the funding process transparent so that resources are seen to be distributed where they have the greatest impact; delivering better value for money from community justice funding through increased joint commissioning and investing in success; some were concerned to ensure that the new model generated more opportunities to secure longer term funding so that projects are able to deliver and embed positive outcomes.

Scottish Government response

Resourcing the transition

169. The transfer of responsibility for community justice to CPPs will require careful change management. We have given some detailed consideration to supporting CPPs through this change and transitional funding will be made available. Further details are given in Chapter Nine.

An outcomes-focus

170. The 2012 reports by Audit Scotland and the Commission on Women Offenders both highlighted the problems caused by inflexible funding systems that incentivise existing ways of working over improved outcomes.

171. Discussions with key partners and stakeholders, including CPP Managers, has elicited an expectation that any future resourcing and funding of community justice be outcomes-focussed.

172. For these reasons we will be setting up a funding sub group, including representation from the CJAs, COSLA, Social Work Scotland, CPPs, the Third Sector and the Scottish Government.

173. This group will consider the development of a new funding formula for the section 27[5] funding provided for CJSW to better incentivise the outcomes set out in the framework. Current funding is distributed through CJAs for them to fund their component local authorities in order to deliver CJSW services. The new arrangements will see CJAs abolished and funding directed through Local Authorities, for use by CPPs to direct funding so that it is more tailored to meet local needs and deliver improved outcomes for community justice. This funding will continue to be ring fenced and specific for activity to deliver these outcomes, alongside resources from other partners.

174. The new funding model for section 27 funding will be more transparent and evidence based with greater focus on increasing transparency, incentivising preventative activity, and helping to achieve key outcomes.

A broader contribution to be made

175. There are a broad range of partners and stakeholders with a contribution to make to improved outcomes for community justice. CPPs should, therefore, look to leverage resource from their full range of partners in the delivery of community justice services. We have covered these duties in Chapter Three.

176. As part of this, we require that CPPs and statutory partners recognise the contribution to be made by the non-statutory sector, including the Third Sector, Community Based Organisations, victims, people who have offended and the wider community. This will be via the duty to involve them in the planning and delivery of community justice services.

Taking the work forward

177. A resources workstream has been established under the Redesign of Community Justice Project.

178. The activities surrounding the section 27 funding will report to the RRP2 Funding Project. The project in-turn will work with COSLA and the joint Scottish Government and COSLA Settlement and Distribution Group to develop and agree a funding mechanism and formula that is open, fair and transparent and one which will focus on outcomes rather than outputs. As this work progresses periodic updates will be provided to the Redesign and Performance Management of Community Justice Project Board. The Project Board will have the opportunity to note progress and provide direction for this work.

[5] Currently CJA funding is provided under Sections 27A and 27B of the Social Work (Scotland) Act 1968 as amended by the Management of Offenders Etc. (Scotland) Act 2005.

Chapter Eight - Commissioning

What we asked

179. The subject of commissioning was covered in the consultation paper under Chapter Three on 'Governance and Accountability for the New Model'.

180. We stated that the national body will work with CPPs, partners and the Third Sector to develop transparent processes for the commissioning of services in relation to community justice, building upon good practice. Some key expectations in relation to how commissioning may operate in practice were then set out in the paper.

What we heard

181. During the consultation workshops, a shared ambition raised was that of delivering better value for money from community justice funding through increased joint commissioning and investing in success.

182. Respondents and participants in consultation events recognised that national commissioning could provide opportunities for best value commissioning of some nationally delivered services. Where national commissioning can deliver economies of scale, most respondents were positive about this. Likewise, training, learning and development were raised as specific areas where commissioning on a national level could be beneficial.

183. There was the suggestion that the national body should provide an intelligent overview of service commissioning whilst enabling the CPPs to identify and develop services relevant to their local area.

184. However, there were requests for further clarity on commissioning, particularly in relation to the role of the national body. It was highlighted that national commissioning must take into account the differing needs of the diverse communities in Scotland.

Scottish Government response

185. By commissioning, we mean:

"supporting the shared assessment of and forecast of needs, linking investment to outcomes, considering options and supporting partners to plan the nature, range and quality of future services in support of community justice outcomes. Contracting and procurement procedures will support the commissioning process and will rest with the appropriate local or national body or bodies."

186. The consultation responses supported a function for Community Justice Scotland to support the strategic commissioning process for community justice.

187. Community Justice Scotland will work with CPPs, partners including the Third Sector and stakeholders to establish an agreed intelligence-led long term

strategic and co-ordinated approach to commissioning for community justice in Scotland. This will be transparent in nature and will build upon existing good practice.

188. The primary responsibility for carrying out the strategic commissioning of services based on an analysis of local needs, evidence of what works and best value for money rests locally with CPPs.

189. However, where benefits are recognised at the national, regional and local level for shared services or collective and collaborative undertakings, organisations will be expected to work in partnership in establishing these. Commissioning and procurement may, therefore, take place at a national, regional or local level and organisations will be expected to work together to commission services in order to realise benefits where they have been identified.

190. There are no prescribed areas in which services would be commissioned on a national or pan-Scotland basis. National commissioning would take place on the basis of being able to deliver value for local partners, for example through economies of scale. It is also not the case that all national commissioning or the technical process or procurement and contracting which follows would be undertaken via Community Justice Scotland. Under the new model, we will look to utilise lead authority or existing national arrangements where these are the best avenue to do so.

191. Where appropriate and desirable, Community Justice Scotland would provide opportunities for economies of scale to achieve best value commissioning of some nationally delivered services. Likewise, training, learning and development are areas where commissioning on a national level could be beneficial.

192. Technical processes such as procurement and contracting follow on from these commissioning exercises and will rest with the appropriate body or bodies at a local, regional or national level. Some that are national may be contracted by Community Justice Scotland where it is appropriate to do so.

193. Community Justice Scotland will, naturally, have the power to commission and procure services that it requires to carry out its functions.

194. In any decision which has an impact on local financial and commissioning decisions, Scottish Ministers would consult with COSLA Leaders as appropriate, with a view to seeking agreement. This mechanism would respect the established procedures for the setting of the public sector budget in Scotland.

Taking the work forward

195. Discussions on commissioning will feature as part of the work of the CPP Transition workstream of the Redesign of Community Justice Project.

Chapter Nine - Supporting the Transition to the Future Model

What we asked

196. The consultation document stated that it will be important to ensure a successful transition from current structures to the new model for community justice in Scotland.

197. In recognition of this, CJAs will be at the heart of the transition arrangements. In particular, they will play a key role alongside Scottish Government officials in raising awareness amongst CPPs of their new responsibilities and providing training where necessary. This has been reflected in the guidance for the CJAs' Area Plans for 2014-17.

198. In turn, there is an expectation that CPPs and partners recognise that they are being placed at the heart of local strategic planning and delivery in the new model and that they will play a full part in the transition process of the new arrangements.

199. We asked for views on the arrangements in support of the transition process.

What we heard

200. Respondents mainly supported the arrangements in support of the transition process and praised the early involvement of stakeholders. There was a clear desire that this process commence as soon as possible, be communicated clearly, and that matters such as funding, ensuring partnership working; and addressing any concerns raised by CJAs and CPPs in a timely manner.

201. The main challenge that respondents highlighted about the transition process related to potential costs associated with transition. This was raised by Local Authorities, CPPs, Criminal Justice Social Work Partnerships and COSLA during the consultation.

202. Throughout the consultation workshops there was a strong sense that participants see the transition to the new model as a significant opportunity to bring about culture change across the community justice sector and also within local communities.

203. There was also a recognition at every workshop that there is good work happening across the community justice sector and participants are keen to ensure that this is not lost during the transition to the new model.

204. There were clear requests that communication and engagement be forthcoming throughout the transition period. Communication with practitioners, in particular, was seen as vital to ensure that the sector is fully engaged with the new model and therefore better equipped to support its development.

Scottish Government response

205. The Scottish Government and COSLA remain committed to ensuring the transition is as smooth as possible for all partners involved.

206. We recognise the clear need for CJAs and CPPs to continue to work together on reducing reoffending and the management of offenders both to ensure that focus on the delivery of current services and outcomes is not diminished during transition but also as a means of imparting crucial knowledge to allow CPPs and their partners to take on their responsibilities under the new model.

207. We share the desire for consistent and on-going engagement and active communication with partners and stakeholders, including with practitioners. We agree that communication between all relevant parties is essential throughout the transition period and beyond.

208. The Scottish Government has, therefore, established a change workstream to work with CPPs and partners to assist them in implementing the required local partnership structures. This will see CPPs and their partners begin planning for their responsibilities under the new arrangements.

209. In turn there will be an expectation that CPPs share with Scottish Ministers their intentions for how they plan to take forward arrangements for the strategic planning and delivery of community justice.

210. A CPP transition working group has also been established to facilitate the smooth transition of community justice arrangements from CJAs to CPPs; while ensuring the continuous provision and improvement of local community justice and capitalising upon the new structure to strengthen partnership working and best practice.

211. This working group, reporting to the Redesign and Performance Management of Community Justice Project Board, meets regularly and will take forward the workstream for the transition and its accompanying workplan. The group has representation from the Scottish Government, COSLA, CJAs, CPP Managers, CPP partners and the Third Sector.

212. The objectives of the CPP transition group are:

- To scope out which partnerships are currently effective and facilitate their retention in the new model where appropriate;
- To encourage and facilitate collaborative working on the development of community justice plans at a CPP level;
- To ensure continuous delivery of community justice services during the transition process by facilitating the establishment of appropriate shadow arrangements;
- To identify and prepare appropriate guidance to support CPPs in the delivery of new obligations in relation to community justice; this will take a range of forms from a more high-level transition pack to official Scottish Government/COSLA guidance;

- To communicate the transition arrangements to a range of stakeholders with varying levels of awareness and involvement with the process;
- To consider and address associated operational requirements emerging from other workstreams relevant to transition (e.g. funding and human resources).

213. The Scottish Government, in conjunction with local government and with input from key partners and stakeholders, will produce guidance for partners and CPPs to support them in developing their arrangements. This guidance will complement existing legislation and guidance such as the Local Government in Scotland Act 2003, the Community Empowerment (Scotland) Bill and documents such as the joint Scottish Government/COSLA Statement of Ambition.

214. We recognise the desire that the transition process move ahead at the earliest opportunity. Engagement is already underway with CPP Managers, including a recent questionnaire process designed to gauge the level of awareness of community justice and readiness of CPPs – albeit at this early stage - for the transition to the new model. This was then followed up with attendance at the CPP Managers' Network on 3rd of October both to ask CPP Managers what they would wish from the transition process and to challenge them as to what steps they would take as a result of the engagement. This has led to further discussions taking place and offers of support to the redesign project.

Key dates and associated activities in the transition process

215. Elements of the transition will come into effect at different times throughout the period 2015-16 to 2016-17. This will necessitate a degree of flexibility on behalf of all partners and some interim procedures and processes being put into place.

216. Dates for the transition are indicative and will be driven, in part, by legislative requirements and Parliamentary process.

217. Further information on timescales is given in Chapter Ten.

Resourcing the transition process

218. In response to feedback from partners and stakeholders, including members of the Project Board, a joint Scottish Government/COSLA Development Manager post, funded by the Scottish Government, has been established to provide dedicated resource to the change project and to lead the workstream on CPP Transition and sit within the overall redesign project team.

219. We understand the representations made in responses to the consultation that there is a need to support CPPs at a local level in making the transition happen. A request was made for funding to be used to build both capability and capacity at a local level during this period.

220. The Scottish Government believes that all partners within each CPP should take on the responsibility for building the capability and capacity within their organisation in a way that allows them to understand how they will contribute individually and collectively to improved outcomes for community justice. Strategic and operational planning functions exist within all partner organisations and it is critical to the success of the new model that these are mobilised accordingly at a local level.

221. However, we recognise that to achieve the buy-in of partners to this ambitious agenda will require resource to support the change. Therefore, the Scottish Government will announce a transition fund to be allocated for CPPs to support the effort to build their capability and capacity for them to work together with partners on the achievement of improved outcomes for community justice.

222. CPPs are encouraged to work collaboratively in the building of this capability and capacity. We recognise that CPPs are at different stages of readiness. We expect those CPPs who have already developed partnerships around community justice to work with other CPPs to assist them in building their capability and capacity.

223. The fund will total £1.6 million per annum, commencing 2015/16 and will be split between the 32 CPPs with funds going to Local Authorities but to be used across the CPP. Our intention is for this fund to be available for 3 years, ending in 2017/18, however, this position will be reviewed at the end of 2015/16 in light of the outcome of the next UK Comprehensive Spending Review that is expected to take place following the May 2015 Parliamentary election.

224. Three years of transition funding should provide CPPs with sufficient time to take on their community justice role as well as make arrangements with key partners to share capacity and resources for this work going forward.

225. Release of the funds will be dependent upon the receipt of credible plans from each CPP as to how they will use this resource to deliver the prescribed outcomes. At the end of each financial year when applying for the following year's funds, CPPs will be required to demonstrate how they spent the previous year's funds in achieving those outcomes and did so in a way that delivers value for money. The Scottish Government will write to all CPP Chairs on this matter in due course.

226. As a key element of the above, CPPs will be required to work with the Third Sector, Community Based Organisations, communities, offenders and victims in the transition and in preparing their outcomes-focussed plans.

227. We recognise, however, that there may be the potential for this engagement to be curtailed by any customer-supplier relationships that may exist between partners. We further recognise the stretch upon the Third Sector to become involved in this change programme. We will, therefore, provide £50,000 per annum to the Criminal Justice Voluntary Sector Forum to enable them to build capability and capacity and engage with the partnership arrangements emerging across Scotland. Again, our intention is for this fund to be available

for 3 years, ending in 2017/18, however, this position will be reviewed at the end of 2015/16 in light of the outcome of the next UK Comprehensive Spending Review. As with CPPs, release of the funds to the Forum will be dependent upon the receipt of a credible plan as to how the resource will be used. We expect this to cover the change management approach, a principle of inclusivity whereby transition has to work for all Third Sector partners, including large and small organisations within and out with the sphere of those involved in criminal justice. At the end of the financial year when applying for the following year's funds, the Forum will be required to demonstrate how they spent the previous year's funds.

228. Engagement with CPPs and the Criminal Justice Voluntary Sector Forum will be provided by the CPP Transition working group and through the joint Scottish Government/COSLA Development Manager post. Oversight of the budget will remain with the Scottish Government.

Taking the work forward

229. The CPP Transition workstream, supported by the working group and led by the joint Scottish Government/COSLA Development Manager post will manage the workplan for transition, reporting to the Project Manager on progress, risks, issues, constraints and interdependencies.

230. The Project Manager will report to the Project Board who will have the oversight of the Project, led by the Chair.

231. COSLA are members of the Project Board and there will be an agreement as to the key milestones at which COSLA Leaders will receive reports on the progress of the transition workstream. There may also be a need to involve COSLA Leaders if any intervention is required at a political level to drive progress.

232. To achieve the above, CPPs will be expected to work closely with CJAs, the Redesign of Community Justice Project Team and CPP Transition working group on their work ahead.

Chapter Ten – Conclusion, Way Forward and Timescales

What we asked

233. Timescales relating to the work were given, at a high level, in the consultation paper.

234. No specific questions were asked about timescales.

What we heard

235. A number of respondents highlighted that it was vital that the matters addressed in the consultation are resolved in sufficient time to permit local authorities and partners to devise coherent strategies and plans.

Scottish Government response

Conclusion

236. The majority of organisations who responded to the consultation were in favour of the proposed new model for community justice. Both the new body and the Hub were broadly welcomed and there was widespread agreement that the planning and management of community justice services should rest with CPPs.

237. We believe the new model will achieve improved outcomes for community justice in Scotland in a transparent and inclusive way which recognises and values local planning and delivery, while providing national leadership and direction to further reduce reoffending.

Oversight of the work ahead

238. The redesign effort is one of six projects established under RRP2. Together with its sister project on performance management, the work on redesign will be governed by the Redesign and Performance Management Project Board, the Chair of which reports on progress, risks and issues to the RRP2 structure and Senior Responsible Owner (SRO).

239. Membership of the Project Board has been drawn from key partners and stakeholders involved or impacted by the work programme and includes representation from:

- CJAs;
- COSLA;
- Criminal Justice Voluntary Sector Forum;
- Local Government Criminal Justice Social Work;
- Offender organisations;
- Scottish Government;
- SPS;
- Social Work Scotland;

- Third Sector organisations.

240. The Project Board will link closely with other national Justice organisations, including Police Scotland, COPFS, the SCS and the Judicial Institute for Scotland as well as with NHS Scotland.

Delivering the project

241. As referred to at several points during this response, a project team has been established to take forward the work of the project which has been split into eight workstreams:

- Legislative and legal framework;
- Human resources;
- Resources;
- Outcomes, performance and accountability;
- Learning and development;
- CPP Transition;
- Establishment of national body;
- National Strategy.

Timescales

242. Dates for the transition are indicative and will be driven, in part, by legislative requirements and Parliamentary process and by the readiness of partners to take forward the change agenda. However, we anticipate that the following will hold true:

- **2014 – 2016/2017** - Awareness raising, the delivery of information from CJAs to their respective CPPs and support on the transition process. This process has already begun;
- **Spring 2015** – anticipated introduction of the Community Justice Bill. Further legislative timescales are subject to the will of Parliament;
- **During 2015/16** – the national strategy for community justice will be developed in consultation with key partners and stakeholders and will encompass the outcomes, performance and improvement framework for community justice;
- **During 2015/16** – the national outcomes, performance and improvement framework will finalised, having been discussed with key partners and stakeholders. This will include agreement of the approach to scrutiny and inspection;
- **During 2015/16** – CPPs commence their planning activities;
- **January 2016** – CPPs share with Scottish Ministers their intentions for how they plan to take forward arrangements for the strategic planning and delivery of community justice;
- **January 2016** – CPPs make their plans for 2016/17 available to the Scottish Government for comment and to COSLA in support of the transition process;

- **1 April 2016** - CPPs will be able to assume their responsibilities under the new model under a shadow arrangement with full responsibility being conferred from 1 April 2017 once the required legislation has been enacted;
- **During second half of 2016/17** – Community Justice Scotland will be established, including formal establishment of the body; appointment of Chair; appointment of Board members, recruitment of staff and commencement of sponsorship arrangement with the Scottish Government;
- **31/03/2017** – CJAs are formally dis-established;
- **1 April 2017** – the new model for community justice in Scotland comes fully into effect.

Contact

243. The project team is based in St Andrew's House, Regent Road, Edinburgh and can be contacted at:

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APPENDIX 1

ANNEX A

The Future Model of Community Justice in Scotland

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Inverclyde Council

Title **Mr** ☒ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Moore

Forename

Brian

2. Postal Address

Corporate Director		
Inverclyde CHCP		
Municipal Buildings		
Clyde Square, Greenock		
Postcode PA15 1LY	**Phone** 01475 712722	**Email** Brian.Moore@inverclyde.gov.uk

3. Permissions - I am responding as…

Individual / **Group/Organisation**

☐ **Please tick as appropriate** ☒

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate
☒ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☒ **Yes** ☐ **No**

ANNEX B

CONSULTATION QUESTIONS

Chapter 2

Question 1: Do you have any general comments on the overview of the new arrangements for community justice?

We welcome the local dimension to the proposed model and the pivotal role being given to Community Planning Partnerships (CPPs).

Whilst the consultation paper acknowledges the elements of continuity within the new model, less attention is given to the uncertainty created by the wider public sector reform agenda and its potential impact on the local landscape. The cohesion around such reforms should not be assumed.

In addition, the introduction of CJAs has created a disconnect between Local Authority planning arrangements and community justice including the service delivery arrangements around Criminal Justice Social Work (CJSW). Thus there is an issue about the preparedness of CPPs to take on the strategic planning and service delivery roles outlined in the paper.

In view of the above, it is imperative that the matters addressed in the consultation are resolved quickly to enable Local Authorities and partners to devise robust plans and strategies to implement the change whilst continuing to deliver critical frontline services.

Chapter 3

Question 2: What are your views on the governance and accountability arrangements?

We strongly support the view that the relationship between Local Government and the national body (CJIS) needs to be mutually supportive and based on equity. Moreover, that this relationship acknowledges the importance of having a direct and robust relationship between the functions of strategic planning, delivery of service, governance and accountability.

Within the framework described above, we can see real potential for the national body in relating to relevant national organisations and in articulating a national collective overview to add new, additional value. We believe the potential to deliver on this would be further strengthened, if the legal duty to reduce re-offending were to apply to all key relevant national and local partners and not just Local Government. We would also suggest that, in this regard, placing a requirement on relevant national organisations to have to provide the national body with annual reports on how they had contributed to

the national community justice outcomes, in the same way as would be required of CPPs, would be advantageous too.

We would be anxious that the assurance duty and improvement function assigned to the national body does not create a situation where local partnerships would become subordinate to the national body. We would therefore wish to see greater detail around the political mechanism which would exist between the Scottish Government and Local Authorities to agree any relevant recommendations which would have an impact on local partnerships, local finance arrangements and local strategic and operational planning.

Whilst we fully accept the principle of prevention of offending and re-offending, we are concerned about the intention to make it a legal duty to prioritise such work given it may imply a right to services beyond what is currently statutorily guaranteed elsewhere. In addition, it appears to contradict the statement made in Section 20 (page 4), which states the primary aim of the new model is to deal with those people already in the criminal justice system.

We welcome the autonomy given to Local Authorities to decide whether or not to participate in national provisions/services commissioned by the national body based on local circumstance and subject to considerations of Best Value and What Works. We also support the notion of an 'opt-out' where the Local Authority no longer wishes to access an established service, for example if it experiences a change in local circumstances, subject to the usual safeguards.

Chapter 4

Question 3: What are your views on the arrangements for local strategic planning and delivery of services for community justice?

The proposed arrangements appear broadly supportive of a local dimension to strategic planning and service delivery and thus are welcome. Moreover, we would be keen to participate in producing the promised guidance on developing local arrangements and view this as a pressing piece of work to support the transitional process.

As noted in 1, there is an issue about the preparedness of CPPs to take on their new role and responsibilities. The consultation talks about both the desistance model and preventative approaches informing service planning and delivery, as well as stating that the existing Local Authority duties under the Social Work Scotland Act 1968 will continue. This is a broad agenda, particularly given that a critical part of CJSW role also involves a focus on public protection in terms of reducing the risk of serious harm posed by violent and sexual offenders. This agenda will also command considerable resources if all these ambitions are to be realised. We would question where such resources would come from.

This latter point brings us to the costing of the redesign to Local Government. We do not accept that this will be cost neutral, and would argue that such a position fails to recognise both the start-up costs, alongside the on-going administrative burdens associated with the planning and reporting of such arrangements.

In terms of achieving the preventative ambitions of the redesign, it would seem important to include Scottish Court Services and Procurator Fiscal Service into local partnership arrangements, given their role in diversionary measures and whole system approaches etc. However we would have reservations about the capacity of such organisations to participate meaningfully in 32 individual CPP arrangements.

Specifically concerning MAPPA, Inverclyde is the host authority for the current arrangements within North Strathclyde CJA. Our CJA covers six Local Authority areas and thus there is a level of complexity to our arrangements (operationally, administratively and in terms of governance) which is not necessarily found in other CJAs. Thus we do not believe it is simply a matter of 'business as usual' and would urge that further targeted dialogue, particularly with the employing authorities, is carried out to develop the thinking in this area.

Chapter 5

Question 4: What suggestions do you have on how a national performance framework for community justice in Scotland could operate under the new model?

The consultation paper recognises the importance of a wide range of contributions from across the statutory and third sector in terms of achieving national community justice outcomes. With this in mind we would suggest that such a framework would need to ensure that rigorous analysis of performance applies to all partners.

Developing a common language around defining desired outcomes and an evaluation criteria etc. would be beneficial. Given many recent funding initiatives have used logic modelling as their starting point it may be helpful to build upon such experience. In addition, the SHANARRI well-being indicators are also well understood among partners and we would suggest are capable of being adapted to reflect the journey of community justice service users.

The LS/CMI system contains a wealth of information which could inform community justice service planning and performance. Building on existing systems, such as LS/CMI, would help to ensure that the task of performance management does not become overly onerous and bureaucratic and ultimately distracts resource away from actual service delivery.

Chapter 6

Question 5: What are your views on the functions to be delivered by Community Justice Improvement Scotland?

We welcome the CJIS role in relating to national organisations, in that it supports the position that efforts to reducing re-offending should not solely be focused on local partnerships. Helping to achieve strategic consistency and compatibility at this macro level could yield significant dividends in terms improving community justice outcomes for all.

Notwithstanding the above we believe that the responsibility, leadership and accountability for local partnerships, their plans and performance must remain with CPPs, with CJIS role confined to being consultative and enabling.

With regard to the management of services delivered on a national level, we are anxious about the impact that such a role may have both on the organisational culture of CJIS and for the primacy of local arrangements. Supporting the potential for Lead Authority models and bottom up collective commissioning needs to be at the heart of what the CJIS is about.

On a related point we would question the compatibility of CJIS holding the dual functions of having the capacity to commission and deliver aspect of community justice services whilst also being tasked with providing independent assurance to ministers that the system as a whole is working.

Question 6: Does the name "Community Justice Improvement Scotland" adequately reflect the responsibilities of the new national body and the functions?

Although we have no strong view with regard to the name, we would suggest that the word 'Development' has less negative overtones than that of 'Improvement'.

Chapter 7

Question 7: Are the skills and competencies in paragraph 105 and referenced in paragraph 106 sufficient to allow the body to fulfil its functions as noted in Chapter 6?

We have no particular issue with the skills mix that is referenced. However, our caution is around the cost implications that could arise from this as well as potential to duplicate much of the expertise that will already exist within CPP arrangements. Moreover, given there is still a significant amount of detail still to be worked through around the new Community Justice structures, there could be a risk that form will start to dictate function.

Question 8: Is the organisational structure shown at Figure 3 and the expected size of the staffing complement sufficient to allow Community Justice Improvement Scotland to fulfil its functions as noted in Chapter 6?

Page 8 of the consultation paper states that: 'the success of the new model for community justice in Scotland lies primarily in the improvements that will be made through local partnership working'. With this in mind, it is therefore disappointing that the organisational structure does not delineate a role and resource to building and sustaining external relations.

We would also reiterate the view that real potential of the CJIS to add new and additional value lies in relating to national and local partners and in articulating a national collective overview. It is our experience that often the barriers to action and improvement at a local level are a result of competing or different national organisational priorities, policies and structures. Thus removing such barriers at a national level would be an essential part of the added value that the national body could offer to local partnerships.

We understand it is the Scottish Government's intention that CJIS would be a small light touch organisation which would appear to reflect the commitment given in the consultation paper that the national body will not 'duplicate or cross over any established lines of accountability for CPPs, Local Authorities and other partners' (page 12, section 51). However, we are somewhat concerned that to meaningfully deliver and implement the functions outlined in the paper could undermine such a vision and have the potential to grow the national body into something larger and more dominating than is required.

Question 9: What other suggestions do you have for the organisational structure for Community Justice Improvement Scotland to allow it to fulfil its functions as noted in chapter 6?

This is covered in the answer provided in 8.

Question 10: What are your views on the proposed location for the headquarters of Community Justice Improvement Scotland?

Given the national remit of CJIS, we would suggest that being close to good transport links is an important consideration. Also a flexible approach to working practices would enable CJIS to draw on expertise across the country.

Chapter 8

Question 11: Are the professional areas noted in the list at paragraph 114 appropriate to allow the Board of Community Justice Improvement Scotland to fulfil its functions?

Although the third sector is listed, we would suggest that there may be merit in specifically referencing and profiling Victim Support, as expertise and experience in victim issues needs to inform the work of the Board.

We wonder whether the method of appointment will enable the Board to perform its stated function of 'Providing national, professional and strategic leadership for community justice in Scotland' (page 10, section 39). We say this in the context that members will be appointed individually and not as representatives of their professions. On a related point we are somewhat concerned about the relegation of individual professional bodies and organisations to that of sitting on supporting sub committees. This does not suggest to us a partnership of equals.

Chapter 9

Question 12: What are your views on the arrangements for the national Hub for innovation, learning and development?

The opportunity that a national hub might create for consistency with regard to staff development and the development and dissemination of best practice is welcome. However there are clearly challenges in balancing national and local priorities, as well as being responsive to practice needs of a diverse range of community justice practitioners. More detail is required on how the Hub will respond to such challenges, as well as on the future role of CJA Training and Development Officers who have made an important contribution to meeting the operational training needs of CJSW staff beyond that which has been prescribed nationally.

Chapter 10

Question 13: What are your views on the arrangements in support of the transition process?

These are covered by the responses given to questions 1 and 3.

Notwithstanding this, would wish to reiterate our concern around the cost of appropriately supporting this agenda.

It is also noted that the consultation does not specifically ask for a response to

the issue of funding. Whilst we appreciate that there is currently work underway regarding a review of funding arrangements, and indeed we would support such endeavours, progress on this work has been slow. Thus we would like to take this opportunity to state that funding for core statutory services needs to be clearly identified, protected and related to actual costs. This is particularly relevant to the community justice role in public protection, where we would suggest for all partners involved funding has not followed the ever increasing complexity of the task expected.

Chapter 12

Question 14: What impact on equalities do you think the proposals outlined in this paper may have on different sectors of the population?

We recognise the continued differential impact of the justice system in relation to specific equality groups and thus welcome the plans of the Scottish Government to consult with the wider public, including victims and service users. The consultation presents a broad outline of the new model with much of the detail still to be worked through. It is important in doing so that the commitment to have the community at its heart is not diminished in any way. Supporting and enabling local arrangements to deliver on this commitment in their planning, performance and service arrangements as well as seeking to achieve a better strategic fit at a national level would be an important step in improving outcomes for all.

Chapter 13

Question 15: What are your views regarding the impact that the proposals in this paper may have on the important contribution to be made by businesses and the third sector?

Recognition of the role provided by the third sector is widely acknowledged throughout the consultation paper. For larger national third sector organisations there maybe challenges in how they relate meaningfully to 32 CPPs which will undoubtedly challenge their resources more so than the current set up of 8 CJAs. However, for smaller locally grown third sector organisations the new arrangements may provide an impetus for active engagement.

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 11

Report To:	**Community Health & Care Partnership Sub - Committee**	**Date:**	**26th February 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/18/2015/DG**
Contact Officer:	**Deborah Gillespie Head of Mental Health, Addictions & Homelessness**	**Contact No:**	**01475 715284**
Subject:	**Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing Older People's Dementia and Adult Mental Health Intensive Supported Living**		

1.0 PURPOSE

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

1.2 To note the amended timescale for submission of the Full Business Case to the Scottish Government Investment Group from November 2014 to February 2015.

1.3 To note the Final Business Case was approved by the Quality and Performance Committee of NHS GG&C Board on 20th January 2015 to enable submission to the Scottish Government Investment Group [CIG] for consideration on 28th February 2015.

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

2.0 SUMMARY

2.1 Inverclyde CHCP is commissioning the NHS Continuing Care and Social Care community elements of service in separate contractual arrangements. A previous report on progress went to the CHCP Sub-Committee meeting of 23rd October 2014.

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

2.3 The Scottish Government's Capital Investment Group (CIG) approved the Initial Agreement to progress this project under the HUB West Scotland arrangement on 21st March 2013. The Inverclyde final pre-stage one key stage review was agreed by the Scottish Government's Scottish Futures Trust on 20th December 2013. The Outline Business Case was agreed by the Q&P Committee on 21st January 2014.

The Outline Business Case was approved by CIG on 11h March 2014 to progress to Full Business Case approval on 28th October 2014, and financial close in November 2014.

The submission of the Final Business Case was deferred to February 2015 to enable further consideration of the best value for money option in respect of this and other HUB West Scotland projects with NHS GG&C. The outcome of this work confirmed this project will continue to be taken forward on a standalone basis. This has impacted slightly on the timescale for final delivery of the project.

2.4 The Final Business Case was approved by the Quality and Performance Committee on 20th January 2015. This has been submitted to the Scottish Government Investment Group for consideration on 28th February 2015, with financial close on 27th February 2015.

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

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

FOR THE COMMUNITY SERVICES

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

2.8 The care provider contract to support the 8 individuals has been subject to tender. The outcome of this is the subject of a separate report to the CHCP Sub-Committee on 26th February 2015 to award the contract.

2.9 The older person specialist mental health provision for 12 specialist nursing home places enabling rapid response to people with increased needs for care has been subject to a tender process. Work is continuing through direct discussions with interested parties using the negotiated procurement route in order to secure this service.

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

2.11 The timetable for closing Ravenscraig Hospital is now August 2016. The new NHS Continuing Care facility will have a 12 month build timetable commencing in April 2015. The work to provide community facilities currently concluded will enable contracts to be issued from April 2015.

3.0 RECOMMENDATIONS

3.1 To note the report on the development of NHS Continuing Care facility.

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

3.3 To note the revised timetable for the closure of Ravenscraig Hospital.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND - NEXT STEPS FOR NHS CONTINUING CARE FACILITIES

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

4.2 The final pre-stage one key stage review was approved on 20th December 2013. The Outline Business Case (OBC) was approved by the Q&P Committee of NHSGG&C on 21st January 2014, and the Scottish Government's Capital Investment Group (CIG) on 11th March 2014. The Final Business Case (FBC) has been approved by the Q&P Committee of NHS GG&C and submitted for consideration by CIG on 28th February. This work has been accelerated by HUB West Scotland and financially underwritten by NHSGG&C.

4.3 Commercial and legal issues are progressing between NHSGG&C and Hub West Scotland.

4.4 The Inverclyde Continuing care project is one of a number of HUB projects underway in Greater Glasgow and Clyde. The procurement model enables "bundling" of projects together for greater efficiency. Following review of the best value for money approach to these projects being taken forward the Inverclyde project will be taken forward on a standalone basis. A joint Steering group oversees all the GG&CHB projects. Each project then has a local project Board and each project board will have a number of subgroups relevant to the particular project.

4.5 Project Design

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

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

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

4.6 Arts and Environment Strategy

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

4.7 Service User and Carer Engagement

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

5.0 PROGRESS FOR COMMUNITY SOCIAL CARE SERVICES

5.1 Inverclyde CHCP is commissioning 12 older people's mental health / dementia places locally. This will provide step up/step down care for people whose needs require specialist mental health care but do not need to be in hospital. This model is consistent with wider developments to provide intermediate care and reablement for older people whose needs for care fluctuate.

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

5.3 The tender processes timetable has been revised as follows:

February CHCP Sub-Committee: Award of Adult Service Contract
April – May 2015: Adult service commissioned to commence transition work
May – August 2015: Engagement with services users and move to new service
March 2016 End date for older peoples service coming into operation

5.4 For the Dementia facility the service requires to be operational for Spring 2016. This timetable has been revised and reflects the need to tie in with the hospital closure and the progress made with HUB West Scotland to provide the new services on the IRH site.

6.0 TIMETABLE

6.1 NHS Continuing Care

Submission to NHS GG&C Capital Projects group and Board Quality and performance group	January 2015
Submission to Scottish Government Capital Investment Group (SCIG)	January 2015
Approval from SCIG	February 2015
Project financial Close	February 2015
Construction Start	April 2015
Construction Completion	June 2016
Hospital Closure	August 2016

7.0 IMPLICATIONS

7.1 Finance:

The total recurring resources held on the NHS side is £3.177 million recurring, with the current allocations in a full year of service expected to be:

Cost Centre	Budget Heading	Budget Years	Annual Net Impact £000	Virement From	Other Comments
Residential (Council CHCP via resource transfer)	Older People	**	£470	N/A	12 Specialist Dementia
	Adults		£405	N/A	8 Supported Living
Continuing Care (NHS CHCP)	Older People		£1,084	N/A	30 beds
	Adults		£725	N/A	12 beds
Resources Committed to date			£2,684		
Uncommitted Resource			£493		
Total Resource			£3,177		

**The recurring cost shown in the table above represents the costs and income for a full financial year, likely to be 2016/17. The timing will be determined by the closure timetable for Ravenscraig.

It should be noted that the balance of unallocated resource, currently shown at £493,000 is dependent on the outcome of the final cost of both the Older People commissioned places and the continuing care bed provision. The final balance of this resource will be subject to further discussion with NHS GG&C and will ultimately be invested in community infrastructure. Community Service specification is currently being drafted by officers of Inverclyde CHCP in involvement with service users and carers organisations.

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

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

Cost Centre	Budget Heading	Budget Years	Annual Net Impact £000	Virement From	Other Comments
Residential	OPS/Adults	2014/15	£260	N/A	Transitional Funding will be drawn on as required.
		2015/16	£430	N/A	
		2016/17	£292	N/A	

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

Legal

7.2 Legal have been consulted.

Human Resources

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

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

Equalities

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

Has an Equality Impact Assessment been carried out?

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

Repopulation

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

8.0 CONSULTATION

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

9.0 LIST OF BACKGROUND PAPERS

9.1 Previous Council reports have been submitted 4th October 2012, 24th October 2013, 27th February 2014 and 23rd October 2014. The NHSGG&C Quality & Performance reports have updated the Board on progress, the last report was on 20th January 2015.

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
Dr Donald Lyons, NHS Greater Glasgow & Clyde		1
Ken Winter, NHS Greater Glasgow & Clyde		1
Diana McCrone, Staff Partnership Forum		1
Mrs Margaret Telfer, Public Partnership Forum		1
Dr H McDonald, Clinical Director		1
Corporate Director Community Health & Care Partnership		1
All other Members (for information only)		15
Officers:		
Chief Executive		1
Corporate Communications & Public Affairs		1
Head of Children & Families and Criminal Justice		1
Head of Community Care & Health		1
Head of Planning, Health Improvement & Commissioning		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
	TOTAL	**41**
AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:		
Community Councils		10
Karen Haldane, "Your Voice", 12 Clyde Square, Greenock		1
	TOTAL	**52**