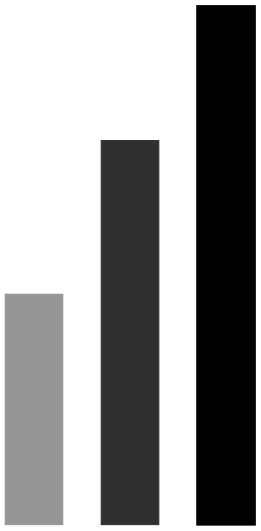
Inverclyde council

Agenda 2015

Health & Social Care Committee

For meeting on:

22	October	2015



Municipal Buildings, Greenock PA15 1LY

Ref: SL/MO

Date: 8 October 2015

A meeting of the Health & Social Care Committee will be held on Thursday 22 October 2015 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

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

PERFORMANCE MANAGEMENT

2.	**Revenue and Capital Budget Report 2015/16 – Period 5 as at 31 August 2015** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
3.	**Chief Social Work Officer Report 2014/15** Report by Chief Officer / Chief Social Work Officer, Inverclyde Health & Social Care Partnership	**p**
4.	**Care Inspectorate Inspection of Learning Disability Day Opportunities, Fitzgerald Centre, Greenock** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
5.	**Care Inspectorate Report on Inverclyde Care and Support at Home Service** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
6.	**HSCP Complaints Annual Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

NEW BUSINESS

7.	**Tendering of Telecare Service** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
8.	**Review and Redesign of NHS Greater Glasgow and Clyde and Inverclyde HSCP Learning Disability Services** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

9.	**Update on Implications of Blue Badge Legislation Changes** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
10.	**Corporate Parenting** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

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

PERFORMANCE MANAGEMENT

11.	**Governance of HSCP Commissioned External Organisations** Report by Chief Officer, Inverclyde Health & Social Care Partnership on the performance and progress relating to the HSCP governance process for externally commissioned Social Care Services	**p**

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

Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Health & Social Care Committee**	**Date:**	**22 October 2015**
Report By:	**Brian Moore** **Chief Officer** **Inverclyde Health & Social Care Partnership** **Alan Puckrin** **Chief Financial Officer**	**Report No:**	**FIN/100/15/AP/FMcL**
Contact Officer:	**Fiona McLaren**	**Contact No:**	**01475 712652**
Subject:	**Revenue & Capital Budget Report 2015/16 - Period 5 as at 31 August 2015**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Health and Social Care Committee on the position of the Revenue and Capital Budgets for the current year as at Period 5 to 31 August 2015.

2.0 SUMMARY

2.1 The Social Work revised budget is £49,232,000 with a projected overspend of £163,000 (0.33%), which is a decrease in the overspend of £296,000 since reported at period 3. The main elements of this overspend are:

- External homecare £411,000 reflecting current package costs, including some vacancy cover; this continues the trend from 2014/15. This and the following issue have been raised as a budget pressure in the 2016/18 budget requesting an extra £300,000 from 2017/18 which is on top of the £250,000 extra funding already approved for 2016/17.
- Residential & Nursing overspend of £45,000 per current client profile.
- Homelessness £137,000 due to under occupancy of temporary furnished flats and the Inverclyde Centre which is in line with the 2014/15 out-turn.

Offset in part by:

- Vacancies within internal homecare of £193,000.

2.2 The reduction in the overspend assumes that the current projected overspend of £428,000 on Children & Families external residential accommodation can be met from the earmarked reserves. This would require the Committee and thereafter the Policy & Resources Committee to agree to prudentially borrow £1.1 million to fund the reprovision of the Neil Street Children's Home thus freeing up £1.1 million from the earmarked reserve. The required funding of £75,000 would come from the recently approved Kinship Care funding on the basis that the Council currently meets the majority of the criteria for which the funding was allocated.

2.3 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,073,000 with a current projected under recovery of £110,000 due to delays against original plans. This shortfall is reflected in the projected outturn above.

2.4 The Chief Officer and Heads of Service will continue to work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as opportunities arise.

2.5 There was an error in the capital expenditure profile reported to the last Committee and this has now been corrected to reflect the current expected expenditure. The projected spend in 2015/16 is now £383,000, with spend to date of only £8,000. This represents slippage of 43.6% against the Neil St Children's Home Replacement project which is scheduled to be complete by November 2016.

2.6 The Social Work Earmarked Reserves for 2015/16 total £2,600,000 with £2,439,000 projected to be spent in the current financial year. To date £547,000 spend has been incurred which is 22.4% of the projected 2015/16 spend, which is 5% ahead of the phased budget.

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

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

3.0 RECOMMENDATIONS

3.1 That the Committee note the current year revenue budget and projected overspend of £163,000 for 2015/16 as at 31 August 2015.

3.2 That the Committee request that the Policy & Resources Committee agree to allocate £75,000 from the recently approved Kinship Care funding to prudentially fund £1.1 million of the cost of the Children's Homes rather than a one off contribution from the Residential Accommodation earmarked reserve.

3.3 That the Committee note that the HSCP Chief Officer will continue work to contain the projected overspend within the overall Social Work budget for the year.

3.4 That the Committee note the revised projected capital position.

3.5 That the Committee note the current earmarked reserves position.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2015/16 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2015/16 £163,000 projected revenue overspend.

5.0 2015/16 CURRENT REVENUE POSITION: £163,000 PROJECTED OVERSPEND (0.33%)

5.1 The main elements of this overspend are:

- External homecare £411,000 reflecting current package costs, including some vacancy cover; this continues the trend from 2014/15. This and the following issue have been raised as a budget pressure in the 2016/18 budget requesting an extra £300,000 from 2017/18 which is on top of the £250,000 extra funding already approved for 2016/17.
- Residential & Nursing overspend of £45,000 per current client profile.
- Homelessness £137,000 due to under occupancy of temporary furnished flats and the Inverclyde Centre

Offset in part by:

- Vacancies within internal homecare of £193,000.

The material projected variances are identified per service below:

a. **Children & Families: Projected £147,000 (1.42%) underspend**
The projected underspend is £466,000 less than projected at period 3. The main reason for the change in projection relates to the proposed use of £1.1 million prudential funding rather than earmarked reserves for the replacement Children's Homes costs. If approval can be granted by the Policy & Resources Committee to allocate £75,000 from the recently approved Kinship Care funding to prudentially fund the £1.1 million cost of the Children's Homes, then the earmarked reserve can be utilised to meet the current projected overspend of £428,000 on residential accommodation.

The underspend comprises turnover of £85,000, underspends on client package costs of £100,000 offset by a number of small overspends.

b. **Older People: Projected £363,000 (1.67%) overspend**
The projected overspend is £363,000 which is an increase of £199,000 since period 3. Homecare and Residential and Nursing purchased places have been raised as budget pressures in the 2016/18 budget requesting an extra £300,000 from 2017/18 which is on top of the £250,000 extra funding already approved for 2016/17.The projected overspend comprises:

- additional external provider costs in Homecare of £411,000 (an increase of £19,000).
- vacancies within internal Homecare of £193,000 (a decrease of £33,000).
- savings still to be identified and employee costs overspends totalling £65,000.
- a projected overspend of £45,000 within Residential and Nursing purchased places, per the current number of clients receiving care. This was projected as a £103,000 underspend at period 3 (an increase of £148,000) and has changed due to a net increase of 19 clients. £100,000 funding from the Delayed Discharge earmarked reserve has been used to reduce the projected overspend to £45,000.
- Various overspends totalling £35,000.

There will be ongoing monitoring of this budget with some flexibility to further contain costs within the Integrated Care Fund and Delayed Discharge funding.

c. **Learning Disabilities: Projected £3,000 (0.04%) overspend**
The projected overspend of £3,000 was previously an underspend of £32,000. The projected overspend comprises:

- £181,000 underspend on client commitments (a decrease of £206,000 due to new & changed care packages),
- £57,000 overspend on transport costs (an increase of £19,000 due to external hires and non routine vehicle costs),
- £77,000 shortfall in income received from other local authorities (an improvement of £21,000 since period 3),

- £34,000 overspend in employee costs due to additional support costs (a decrease of £23,000),
- £11,000 overspend on catering in the day centre (a decrease of £5,000).

The transport and employee costs relate to client packages and a review of budgets will be undertaken to align these to reflect current activity and package costs.

The current year budget includes £360,000 pressure funding (£200,000 from the 2013/15 budget and £160,000 2015/17 budget). The current projection includes an assumption that costs will be incurred for new clients and clients moving from a hospital to a community care setting, the timings of which are not yet known. Work is ongoing with the service to identify the costs and timings of new packages.

In addition to the revenue budget, a further £40,000 pressure funding was added to earmarked reserves for equipment.

d. **Physical & Sensory: Projected £76,000 (3.52%) underspend**
The projected underspend is £3,000 less than previously reported and is due to £12,000 overspend on transport costs, a projected underspend in client package costs of £19,000 and an over-recovery of income of £64,000.

e. **Assessment & Care Management: Projected £48,000 (3.39%) underspend**
The projected underspend mainly relates to turnover from vacancies.

f. **Mental Health: Projected £37,000 (3.24%) underspend**
The projected underspend is £1,000 more than in period 3 and is primarily due to turnover of £23,000 and a client commitment underspend of £71,000 based on current vacancies and client package costs.

g. **Homelessness: Projected £137,000 (18.68%) overspend**
The projected overspend of £137,000 is £19,000 less than previously projected due to reduced rental costs. The projected overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a continuing trend from 2014/15. A report on Homelessness services will be presented to the January Committee.

h. **Planning, Improvement & Health Commissioning: Projected £35,000 (1.78%) underspend**
The projected underspend is due to turnover from vacancies. There are additional costs being incurred in this area for the Afghan Refugee Resettlement Scheme which are being fully funded by Central Government.

6.0 2015/16 CURRENT CAPITAL POSITION – £288,000 slippage

6.1 The Social Work capital budget is £3,567,000 over the life of the projects with £356,000 reprofiled budget for 2015/16, comprising:
- £356,000 for the replacement of Neil Street Children's Home,
- £10,000 to finalise the expansion of the Hillend respite unit.

6.2 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 of £1.1 million. It is proposed that the Policy & Resources Committee be requested to agree to allocate £75,000 from the recently approved Kinship Care funding to prudentially fund the £1.1 million cost of the Children's Homes, which would allow the earmarked reserve to be utilised to meet the current projected overspend of £428,000 on Children's external residential accommodation. Building work is due to commence 2015/16 on Neil Street, with completion in 2016 when the building work will begin on Crosshill.

6.3 The was an error in the figures included in the Period 3 monitoring report which significantly overstated the projected spend in 2015/16. This has now been corrected and there is slippage in the 2015/16 budget of £288,000 (43.5%) against the Neil St Children's Home Replacement project which is scheduled to be complete by November 2016. Appendix 3 details capital

budgets and progress by individual project.

7.0 EARMARKED RESERVES

7.1 The Social Work earmarked reserves for 2015/16 total £2,600,000 with £2,439,000 projected to be spent in the current financial year. To date £547,000 spend has been incurred which is 22.4% of the projected 2015/16 spend. Appendix 4 details the individual earmarked reserves.

7.2 Within the earmarked reserves for 2015/16 is £821,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,700,000, with the balance funding a number of NHS projects. The funding has been allocated as follows:

Project	**£000**
Strategic needs analysis admin support	8
Independent sector integration partner	26
Community resources systems development	20
WOOPI	21
Community connectors transition funding	21
Housing	25
Reablement	700
Total funding	**821**

Separate reports will be provided during the year to Committee on the Integrated Care Fund.

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

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

8.0 VIREMENT

8.1 Appendix 5 details the virements that the Committee is requested to approve. All virements are reflected within this report.

9.0 OTHER INFORMATION

9.1 Work is ongoing to assess the impact and any financial implications of the national minimum wage and those related to changes to sleepover shifts.

9.2 Appendix 6 contains details of the employee cost variances by service.

10.0 IMPLICATIONS

Finance

10.1 Financial Implications:
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
Capital	Children's Home	1.4.16	1100		Prudential Borrowing Funded from new Government Grant for Kinship Care

Annually Recurring Costs/ (Savings)

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

Legal

10.2 There are no specific legal implications arising from this report.

Human Resources

10.3 There are no specific human resources implications arising from this report.

Equalities

10.4 Has an Equality Impact Assessment been carried out?

[ ]	Yes	See attached appendix
[X]	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

10.5 There are no repopulation issues within this report.

11.0 CONSULTATIONS

11.1 This report has been jointly prepared by the Chief Officer, Inverclyde Health & Social Care Partnership and the Chief Financial Officer.

12.0 BACKGROUND PAPERS

12.1 There are no background papers for this report.

Appendix 1

Social Work Budget Movement - 2015/16

Period 5: 1st April - 31st August 2015

Service	Approved Budget 2015/16 £000		Movements Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	Revised Budget 2015/16 £000
Children & Families	10,344	0	60	(53)	0	0	10,350
Criminal Justice	0	0	0	0	0	0	0
Older Persons	21,346	0	489	(70)	0	0	21,765
Learning Disabilities	6,413	0	0	196	0	0	6,610
Physical & Sensory	2,156	0	0	4	0	0	2,160
Assessment & Care Management	1,584	0	0	(83)	0	(84)	1,417
Mental Health	1,106	0	0	38	0	0	1,144
Addiction / Substance Misuse	1,039	0	0	0	0	0	1,039
Homelessness	732	0	0	0	0	0	732
Planning, HI & Commissioning	2,065	0	0	(84)	0	0	1,981
Business Support	1,980	0	0	54	0	0	2,034
Totals	48,767		548	1	0	(84)	49,232

Supplementary Budget Detail

	£000
External Resources	
Internal Resources	
Savings/Reductions	
	0

APPENDIX 2

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 3: 1 April 2015 - 31 August 2015

2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
25,250	Employee Costs	25,236	25,341	25,019	(323)	(1.27%)
1,431	Property costs	1,361	1,388	1,230	(159)	(11.42%)
919	Supplies and Services	740	737	808	71	9.59%
482	Transport and Plant	371	381	466	85	22.45%
1,021	Administration Costs	735	759	845	86	11.26%
32,751	Payments to Other Bodies	34,613	35,132	35,341	209	0.60%
(13,922)	Income	(14,288)	(14,423)	(14,229)	193	(1.34%)
47,932	**TOTAL NET EXPENDITURE**	**48,767**	**49,316**	**49,479**	**163**	**0.33%**
	Contribution to Earmarked Reserves	0	(84)	(84)		
47,932	**TOTAL NET EXPENDITURE**	**48,767**	**49,232**	**49,395**	**163**	**0.33%**

2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over / (Under) Spend £000	Percentage Variance
9,793	Children & Families	10,344	10,350	10,203	(147)	(1.42%)
0	Criminal Justice	0	0	0	0	0.00%
21,716	Older Persons	21,346	21,765	22,128	363	1.67%
6,395	Learning Disabilities	6,413	6,610	6,612	3	0.04%
2,128	Physical & Sensory	2,156	2,160	2,084	(76)	(3.52%)
1,477	Assessment & Care Management	1,584	1,501	1,453	(48)	(3.20%)
1,020	Mental Health	1,106	1,144	1,107	(37)	(3.24%)
1,097	Addiction / Substance Misuse	1,039	1,039	1,051	12	1.11%
873	Homelessness	732	732	869	137	18.68%
2,037	Planning, HI & Commissioning	2,065	1,981	1,946	(35)	0.00%
2,219	Business Support	1,980	2,034	2,027	(7)	(0.34%)
48,755	**TOTAL NET EXPENDITURE**	**48,767**	**49,316**	**49,479**	**163**	**0.33%**
	Contribution to Earmarked Reserves	0	(84)	(84)		
48,755	**TOTAL NET EXPENDITURE excluding transfers to EMR**	**48,767**	**49,232**	**49,395**	**163**	**0.33%**

Notes:

1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.

APPENDIX 3

SOCIAL WORK - CAPITAL BUDGET 2014/15

Period 5: 1 April 2015 to 31 August 2015

Project Name	Est Total Cost	Actual to 31/3/15	Approved Budget 2015/16	Revised Est 2015/16	Actual to 31/08/15	Est 2016/17	Est 2017/18	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Hillend Respite Unit	87	77	10	10	0	0	0	0
Neil Street Childrens Home Replacement	1,858	114	661	346	8	1,369	29	0
Crosshill Childrens Home Replacement	1,682	0	0	0	0	157	1,435	90
Social Work Total	**3,627**	**191**	**671**	**356**	**8**	**1,526**	**1,464**	**90**

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 4

HEALTH & SOCIAL CARE COMMITTEE

Project	Lead Officer/ Responsible Manager	c/f Funding 2014/15	New Funding Reserves	New Funding Other 2015/16	Total Funding 2015/16	Phased Budget To Period 5 2015/16	Actual To Period 5 2015/16	Projected Spend 2015/16	Amount to be Earmarked for 2016/17 & Beyond	Lead Officer Update
		£000	£000	£000	£000	£000	£000	£000	£000	
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	132		84	216	77	88	132	84	SWIFT (£9k) & SDS (£123k). Work is continuing on the implementation of SDS & the SWIFT financial module.
Growth Fund - Loan Default Write Off	Helen Watson	27			27	0	0	2	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.
Integrated Care Fund/ Delayed Discharge	Brian Moore	0		1,349	1,349	306	351	1,349	0	The Integrated Care Fund is new funding to be received. Funding is currently being allocated to a number of projects including reablement, housing and third sector & community capacity projects. The total funding may change as the year progresses. Delayed Discharge funding is also be received and work is underway to allocate that to specific projects, including overnight home support and out of hours support.
Support all Aspects of Independent Living	Brian Moore	231			231	26	14	231	0	This reserve includes the Dementia Strategy of £70k and a contribution of £150k from NHS for equipment.
Support for Young Carers	Sharon McAlees	43			43	14	15	43	0	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.
Caladh House Renovations	Beth Culshaw	449			449	5	7	449	0	Options for reprovision of service are being considered.
Welfare Reform - CHCP	Andrina Hunter	44		118	162	79	53	153	9	This reserve is to fund Welfare Reform within the CHCP. New Funding of £118k was allocated from P&RCommittee. The funding is being used for staff costs and projects, including Grand Central Savings, Inverclyde Connexions, starter packs and financial fitness.
Funding for Equipment - Adults with Learning Disabilities		0	40		40	0	2	40		This reserve is for the purchase of disabilty aids within Learning Disabilities and will be fully spent in 15/16 on the replacement of equipment that is no longer fit for purpose.
Information Governance Policy Officer	Helen Watson	0	83		83	13	17	40	43	The spend relates to the Council's Information Governance Officer.
Total		**926**	**123**	**1,551**	**2,600**	**520**	**547**	**2,439**	**161**	

APPENDIX 5

HEALTH & SOCIAL CARE COMMITTEE

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1. Assessment & Care Management - income		(41)
1. Delayed Discharge - income	41	
1. Assessment & Care Management - PTOB	84	
1. Service Strategy - PTOB		(84)
1. Children & Families - income		(49)
1. Business Support - income	49	
2. Older People - PTOB	489	
2. Children & Families - PTOB	59	
3. Assessment & Care Management - PTOB		(84)
4. Various - transport	1	
	723	**(258)**

Notes
1. Realignment of budgets to reflect management responsibility
2. Inflation allocation
3. Transfer to EMR for Self Directed Support
4. Transport budgets realigned corporately

APPENDIX 6

EMPLOYEE COST VARIANCES

PERIOD 5: 1 April 2015 - 31 August 2015

	ANALYSIS OF EMPLOYEE COST VARIANCES	Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
	SOCIAL WORK			
1	Children & Families	0	(85)	(85)
2	Criminal Justice	0	(38)	(38)
3	Older Persons	0	(129)	(129)
4	Learning Disabilities	0	34	34
5	Physical & Sensory	0	(6)	(6)
6	Assessment & Care Management	0	(38)	(38)
7	Mental Health	0	(23)	(23)
8	Addiction / Substance Misuse	0	(7)	(7)
9	Homelessness	0	16	16
10	Strategy	0	(34)	(34)
11	Business Support	0	(12)	(12)
	SOCIAL WORK EMPLOYEE UNDERSPEND	**0**	**(323)**	**(323)**

1 Currently 11 vacancies along with maternity leave savings, with 6 of these posts potentially not filled this year.
2 Currently 7 vacancies which are in the process of being filled
3 Currently 41 vacancies along with maternity leave savings - NB offset by external costs due to recruitment issues
4 Currently 11 vacancies of which 9 are in the process of being filled, however turnover target & additional cover arrangements mean that there is currently an overspend predicted.
5 Currently 3 vacancies which are in the process of being filled
6 Currently 7 vacancies of which 4 are in the process of being filled
7 Currently 6 vacancies which are in the process of being filled
8 Variance not significant
9 Variance not significant
10 Variance not significant
11 Currently 3 vacancies which are in the process of being filled

Inverclyde council

AGENDA ITEM NO: 3

Report To:	**Health and Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer/ Chief Social Work Officer - IHSCP**	**Report No:**	**SW/19/2015/DP**
Contact Officer:	**Derrick Pearce, Service Manager – Quality and Development, HSCP**	**Contact No:**	**01475 715375**
Subject:	**Chief Social Work Officer Report 2014/15**		

1.0 PURPOSE

1.1 The purpose of this report is to share with committee members for their endorsement, the 2014/15 Chief Social Work Officer Report from Inverclyde.

2.0 SUMMARY

2.1 There is a statutory requirement on each Locality Authority to submit a Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government, on an annual basis.

2.2 The collection of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisor allows for the development of a picture of social work and social care practice across the councils. This is useful to us in determining where we are in terms of implementation of legislation, development of innovative practice and, now crucially, in respect of health and social care integration.

3.0 RECOMMENDATIONS

3.1 It is recommended that committee members approve the 2014/15 Inverclyde Chief Social Work Officer Report to the Scottish Government.

Brian Moore
Chief Officer/Chief Social Work Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 There has been a long standing requirement for all Scottish local authorities to submit reports on an annual basis from their Chief Social Work Officer.

4.2 A review of the guidance for Chief Social Work Officers in compiling their annual reports was undertaken after the submission of the 2013/14 reports. A new template and updated guidance were issued based on the positive feedback through the electronic survey and dialogue with the Scottish Government and Social Work Scotland. The main change following this revision has been to bring together into the Performance Section, the previously separate Sections on Planning for Change and Key Challenges. This enables the narrative about performance to broaden out to improvement agendas and also to identify specific challenges for certain areas as well as challenges that are common across service provision throughout Scotland.

4.3 This year's includes the latest outline of our demographic profile, along with some of the key challenges that are evident in Inverclyde. However I am also keen to stress some of the assets we have, particularly in our communities and in our committed and well developed workforce.

4.4 As we continue to lead the way in embedding integration, the report takes the opportunity to reinforce the need to build on the positives that we have achieved as an integrated Community Health and Care Partnership since 2010, but also to grasp the opportunities that the new legislation brings. Social Work practice and values have been central to our successes so far, and will be crucial to ensuring that we build on the positives into the future, while addressing the challenges and at the same time delivering better outcomes for the people of Inverclyde

5.0 PROPOSALS

5.1 It is proposed that committee members endorse the attached annual report for the period 2014/15, detailing the position of Inverclyde HSCP in respect of social work and social care practice, performance and compliance with statutory responsibilities.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications from this report

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications from this report.

Human Resources

6.3 There are no human resources implications from 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 There are no repopulation implications from this report

7.0 LIST OF BACKGROUND PAPERS

7.1 Nil.

CHIEF SOCIAL WORK OFFICER (CSWO) ANNUAL REPORT – 2014/2015

Foreword

As Chief Social Work Officer for Inverclyde, I am pleased to present the 2014/2015 Chief Social Work Officer Annual Report. This is an opportunity for me to take stock of what our challenges are and how we are facing them in working to improve the lives of the people who rely on our services. This year's report follows the revised template based on the positive feedback through the electronic survey and dialogue with Scottish Government and Social Work Scotland. The main change has been to bring together into the Performance Section, the previously separate sections on Planning for Change and Key Challenges. This enables the narrative about Performance to broaden out to improvement agendas and also to identify specific challenges for certain areas as well as challenges that are common across service provision.

Inverclyde CHCP ceased to exist on 1st April 2015, at which point our Shadow IJB arrangements became responsible for governance and delivery. These shadow arrangements remained in place until the HSCP and IJB were formally established on 10th August 2015. The membership of the IJB is likely to bring fresh challenge and scrutiny, which is to be welcomed as an important factor in our drive for continuous improvement.

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

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

1. Demographic Profile

The 2014 population of Inverclyde is 79,860, a decrease of 0.6 per cent from 80,310 in 2013. The population of Inverclyde accounts for 1.5 per cent of the total population of Scotland. 52% are Female and 48% are Male.

In Inverclyde, 16.5 per cent of the population are aged 0-15 years. 16.7 per cent of the population are aged 16 to 29 years and this is smaller than the figure for Scotland where 18.3 per cent are aged 16 to 29 years. People aged 60 and over make up 26.0 per cent of the Inverclyde population which is larger than the Scotland figure where 24.0 per cent are aged 60 and over. Since 1988, Inverclyde's total population has fallen overall. Scotland's population has risen over this period. See table 1 below.

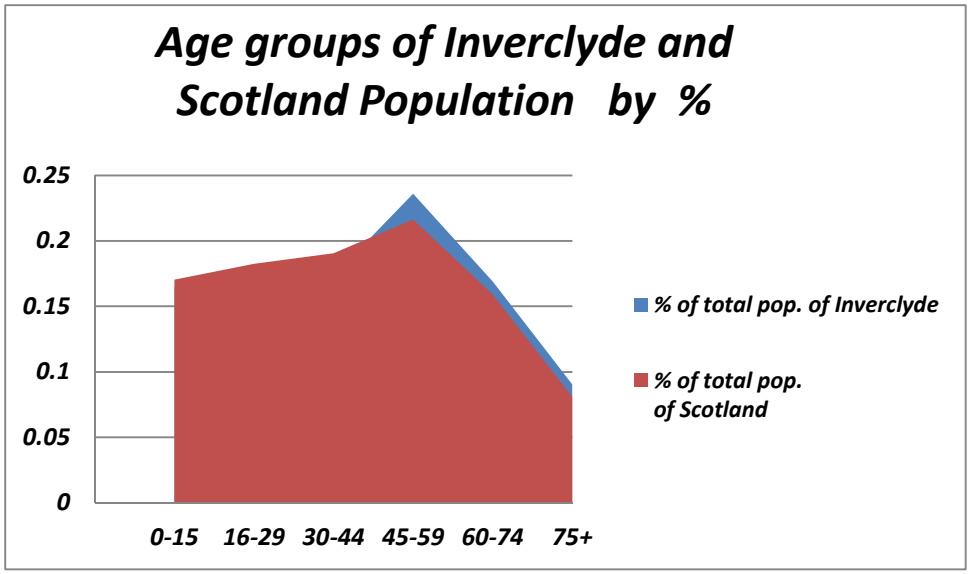
Table 1 Inverclyde Population

Age group	Male pop. Inverclyde	Female pop. Inverclyde	Total pop. of Inverclyde	% of total pop. of Inverclyde
0-15	6,760	6,383	13,143	16.5%
16-29	6,765	6,536	13,301	16.7%
30-44	6,514	7,317	13,831	17.3%
45-59	9,059	9,793	18,852	23.6%
60-74	6,369	7,137	13,506	16.9%
75+	2,663	4,564	7,227	9.0%
All ages	38,130	41,730	79,860	100.0%

Source: Inverclyde Council Area – Demographic Factsheet, NRS (April, 2015) (2014 GRO MYE)

The chart below illustrates the age differentials in Inverclyde 0-44 age groups, where the percentage falls below the Scotland population for each age band, but Inverclyde shows a higher percentage than Scotland from age 45 and over.

Chart 1



Socio-Economic Profile:

The Scottish Index of Multiple Deprivation (SIMD) highlights significant challenges for Inverclyde as shown in the data profiles below from available data at December 2014. The next updates are due to be published in December, 2015.

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

Local Share of most deprived areas: In SIMD 2012, 44 of Inverclyde's 104 data zones (42%) were within the 15% most deprived in Scotland, compared to 42 (40%) in both SIMD 2009 and SIMD 2006, and 36 (35%) in SIMD 2004. In the West Scotland region, the local authority with the smallest proportion of its data zones in Scotland's 15% most deprived is East Renfrewshire (no data zones), while the local authority with the highest proportion is Inverclyde (42%). The most deprived data zone in Inverclyde is in the intermediate zone of Port Glasgow Mid, East and Central. It has a rank of 115, meaning that it is in the 5% most deprived in Scotland. It is important to recognise that the SIMD Index is a ranking system, so improvements made in any given local authority area need to ***exceed*** improvements in others if the ranking position is to improve.

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

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

Economic Inactivity*:* 12,600 people in Inverclyde during the period Jan-Dec 2014 were classified as 'economically inactive' this is a reduction of 200 people from Jan-Dec 2013. Of this total 4,500 were 'long term sick' which represents 35.4% compared to 27.1% in Scotland as a whole. Not all economically inactive people will necessarily be claiming benefits as a proportion of these individuals may be retired or students.
Source: Nomis Inverclyde Profile 2014

Key Benefit Claimants: 10,180 adults in Inverclyde were claiming benefits at November 2014. This equates to 19.7% of the 16-64 population of Inverclyde compared to Scotland at 14.3%. Of this total, 8,350 were in receipt of key out of work benefits, this represents a drop of 4.6%. Included in this group are Job Seekers, Employment Support Allowance and incapacity benefits, lone parent and other income related benefits. This equates to 16.2% compared to 11.4% in Scotland.
Source: Nomis Inverclyde Profile 2014

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

Health Profile

Life Expectancy and Mortality:

In Inverclyde, the female life expectancy at birth (80.7 years) is greater than the male life expectancy (74.7 years), but both were lower than the Scottish average. Male life expectancy at birth in Inverclyde is improving more rapidly than female life expectancy.

As at April 2014, in Inverclyde, a 65 year old female can expect to live a further 19.3 years, which is a longer life expectancy than a 65 year old male who can expect to live a further 16 years. The main causes of death recorded in Inverclyde in 2014 were cancer followed by circulatory disease as highlighted in charts 1 &2 below:

Chart 2 Males

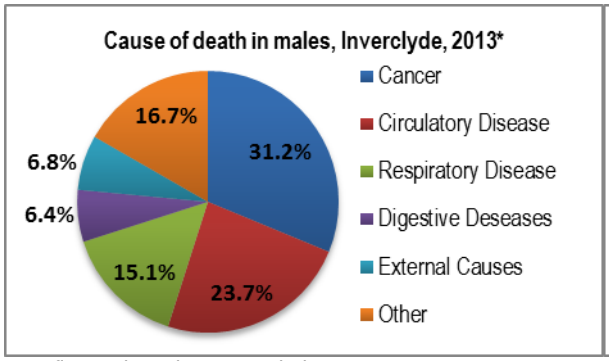
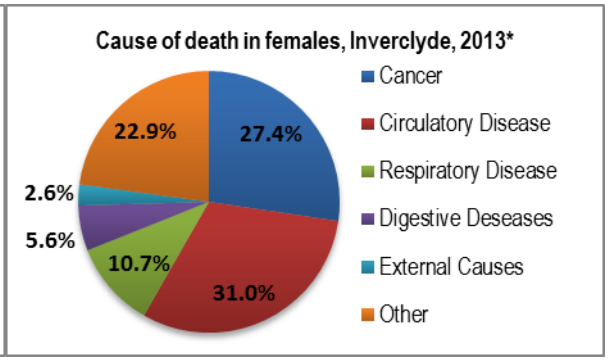


Chart 3 Females



* NB figures have been rounded

Behaviours

Smoking prevalence among the Inverclyde adult population (27.6%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping being not statistically different from their respective Scottish averages. Smoking prevalence in Inverclyde has varied over time, with a low of 24.6% in combined survey years 2007/08 and a high of 30.9% in 2009/10 combined survey years.
Tobacco Control Profile (Inverclyde), Scot PHO 2013

The rate of the population hospitalised with alcohol-related conditions (alcohol related hospital stays) at 2013 for Inverclyde was 1022.6 per 100,000 of the population and is significantly higher than the Scottish average of 704.8.

The rate of the population hospitalised with a diagnosis of drug misuse is measured over a 3 year average rate per 100,000 of the Scottish population which for Inverclyde is significantly higher at 234.1 compared with the Scottish average of 116.3.

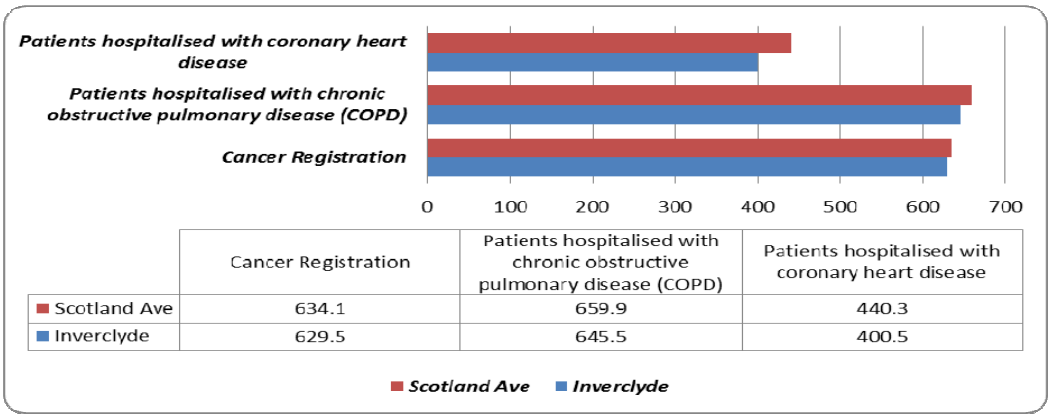
Alcohol-related mortality in Inverclyde per 100,000 of the population was 22.5 which is lower than GG&C rate of 28.6 but slightly higher than the Scottish average rate of 21.4. Drug-related mortality in Inverclyde per 100,000 of the population was 13.6 which is higher than both GG&C rate of 12.1 and the Scottish average rate of 10.

Source: Health and Wellbeing Profiles, Scot PHO, 2014.

Ill Health and Mental Health

Figures for patients hospitalised with coronary heart disease, chronic obstructive pulmonary disease (COPD) and also Cancer Registrations are lower in Inverclyde and better than the Scottish Average based on the Health and Wellbeing Profiles Scot PHO for the latest published figures for 2011-13 period. (see chart below)

Chart 4 Health Measures per 100,000 population 2011-2013



	Cancer Registration	Patients hospitalised with chronic obstructive pulmonary disease (COPD)	Patients hospitalised with coronary heart disease
Scotland Ave	634.1	659.9	440.3
Inverclyde	629.5	645.5	400.5

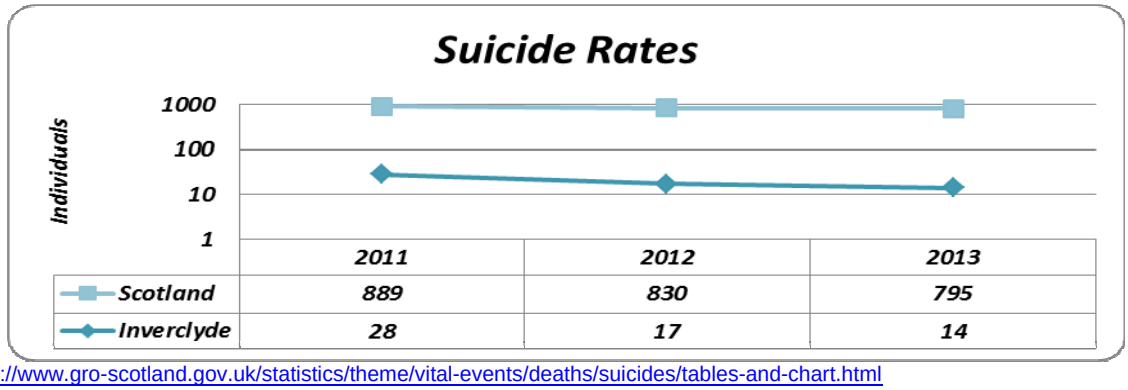
Source: Health and Wellbeing Profiles, Scot PHO, 2014.

The percentage of patients prescribed drugs for anxiety/depression/psychosis in Inverclyde is 18.9% which is higher than both GG&C at 18% and the Scottish national average at 16.2%. The psychiatric hospitalisation rate (532.1 per 100,000) is also significantly higher than the Scottish national average (320.3 per 100,000).
Source: Health and Wellbeing Profiles, Scot PHO, 2014.

The suicide rate in the Inverclyde HSCP area (18.8 per 100,000 pop) is higher than the Scottish average (15.0 per 100,000), although it should be noted that the absolute numbers by local authority area are low which leads to rate conversions being unreliable as a measure. A difference of just a few in either increase or decrease can change the rate per 100,000 significantly.

The figures outlined in chart 3 below shows that a reduction of individuals in Inverclyde can represent a 50% reduction from 2011 to 2013 and a lesser reduction for Scotland of 10.6% for the same period. On that basis we would be cautious of focusing on rates locally, but rather, ensure that we are implementing best practice to reduce the number of individuals and families that are affected by the tragedy of suicide.
Source: Health and Wellbeing Profiles, Scot PHO 2014.

Chart 5 Suicide Rates



	2011	2012	2013
Scotland	889	830	795
Inverclyde	28	17	14

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

Social Care and Housing:

In Inverclyde there is a higher percentage of older people aged 65+ (7.4%) receiving free personal care at home compared to the Scottish average (5.1%). The percentage of adults 60+ years claiming incapacity/ severe disability allowance or employment support allowance is significantly higher than the Scottish average. Available information at 2011 stated that

there were 14,009 people in Inverclyde aged 65 and over living in their own home. Overall there were 10,284 households where the responding householder was aged 65 and over, which is equivalent to 28% of all households at that time. Around 5,672 or 41% of all older people lived alone in 2011 compared to 36% of Scotland's older residents.

- The Scottish House Condition Survey 2012 confirms that 35% of all Inverclyde households are single person.
- The Housing Need and Demand Assessment (HNDA) states that the majority of its projected increase in households for the Glasgow and the Clyde Valley area (4545 out of 4713 new households each year, until 2029) will be single person households.

The rate per 1,000 children looked after by the local authority at July 2014 is 15.6 which is slightly higher than the Scottish average of 15. However, our percentage of those looked after children who were kept within the Inverclyde community was **90%.** We strive to ensure that children who need to be looked after remain in their own communities whenever possible. Close monitoring ensures that we continue to exceed our local target of 88% for this measure.
Source: Scottish Government Local Authority Level Statistics CLAS, 2015

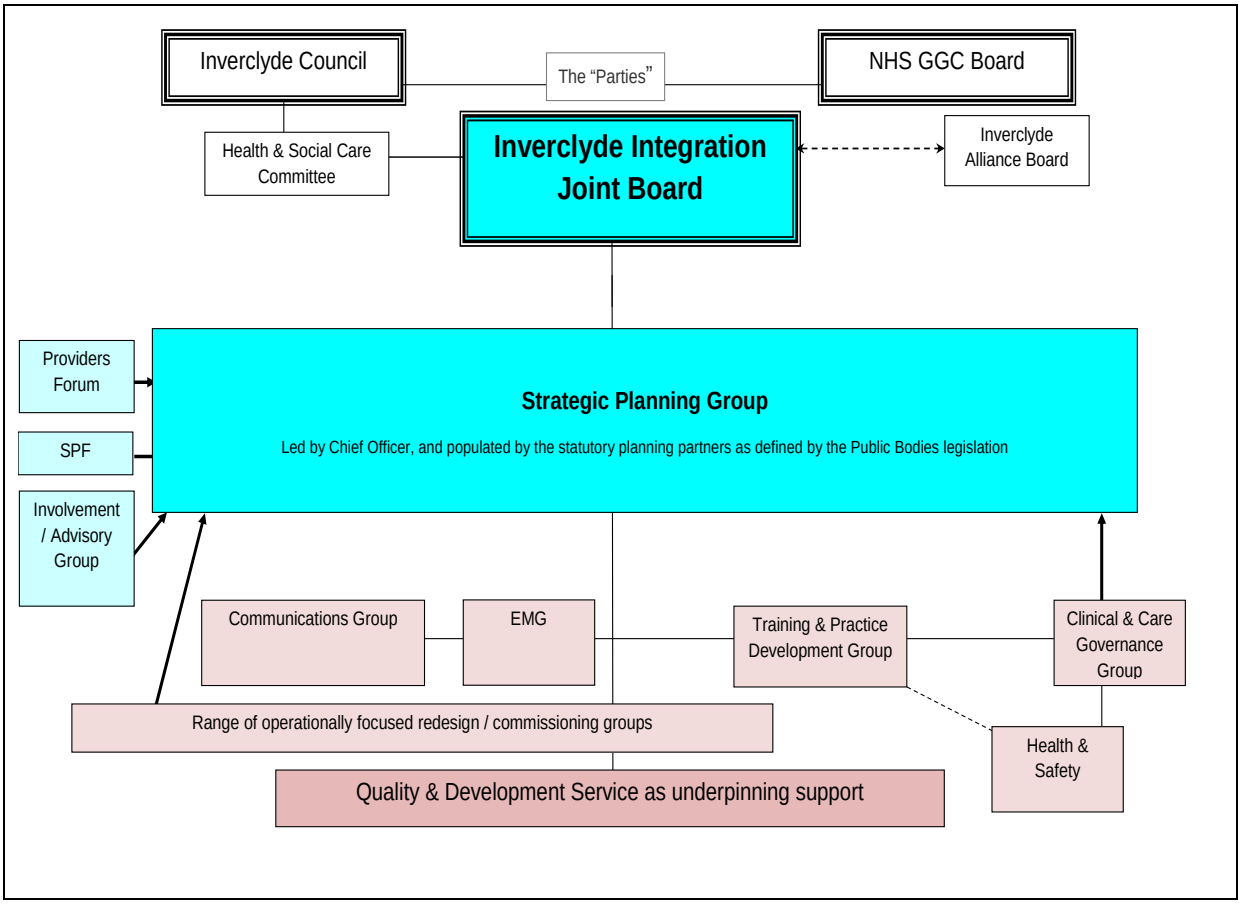
Poverty

There is a significant gap in Inverclyde between our more affluent areas and those which experience high levels of poverty and deprivation. Poverty and deprivation clearly limit opportunities and choice. One in three residents live in areas considered to be among the most deprived 15% in Scotland, and the incidence of poverty and deprivation mirrors the stark inequalities in health outcomes.

More than 55% of children in the Inverclyde HSCP area live in families dependent on out of work benefits or child tax credit, which is significantly higher than the Scottish average of 47% for this particular measure of child poverty. Similarly, the proportion of children and young people resident in 'income deprived' areas is more than twice the Scottish average. The proportion of young people not in education, employment or training is similar to Scotland as a whole and the proportion of school leavers in positive and sustained destinations is comparatively high.
Source: Inverclyde Alliance Single Outcome Agreement, 2013–2017

2. Partnership Structures/Governance Arrangements

Our recently established Health & Social Care Partnership (HSCP) arrangements have been built upon the integrated CHCP model that has been in place in Inverclyde since 2010. The HSCP is governed by the Integration Joint Board (IJB), which has eight voting members. Four are Elected Members from the Council, and the other four are NHS Board Non-Executive Directors. There is no casting vote, and if an issue was to arise where voting was required and was tied, our Integration Scheme stipulates that the Chief Officer should re-work the proposal to find a solution that is acceptable to both Council and NHS Members. The diagram below outlines how our HSCP engages with the Council and Health Board, as well as other stakeholders and Community Planning Partners.



3. Social Services Delivery Landscape/Market

Inverclyde HSCP provides social care through a mixed economy of care with both internal and external services. Internally the HSCP has thirteen services registered with the Care Inspectorate providing a diverse range of social care provision such as Children's Residential Units, Respite Unit, Day Care, and a variety of Care at Home Services to approximately 1700 service users. We also purchase services from 134 external providers that deliver 197 services. These services are purchased via national contracts, individual contracts, framework agreement(s), individual placement agreements, spot or call off contracts, and grants to voluntary organisations.

Work is progressing through the development of a local Market Position Statement and a Market Facilitation Strategy to establish the current balance of care and market split. In excess of 70% of our services are currently delivered internally via HSCP provision.

The following service areas highlight the provision breakdown by each care group.

1. Children & Families
2. Adult Learning Disabilities
3. Older People
4. Physical Disability
5. Mental Health Addictions and Homelessness
6. Other Service Areas

3.1 Children & Families

We currently contract with 14 providers, providing 20 services to children and families. See the breakdown in table below:

Table 2

Children & Families	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	4	5	Family Support/Short Breaks/ Sitter Service/Child Care/Residential
Outwith Inverclyde	10*	15	Fostering/School Care Accommodation/Secure Care Housing Support/Care Home Service Residential School Care & Education Short Breaks

*One provider also delivers services within Inverclyde

The contractual arrangements for Inverclyde HSCP children and families service area have contributed to the development and implementation of national contractual arrangements led by Scotland Excel which are now in situ, covering the three main areas of external Children and Young People provision as follow:

- A National Contract for Secure Care
- National Framework Agreement for the provision of Children's Residential Services which includes short break services, education and day placements
- National Framework Agreement for Foster Care

Inverclyde HSCP currently purchase placements in respect of all three areas of provision with new placements purchased under the terms and conditions of the contract/frameworks. Negotiations are underway with existing placements to migrate onto the new frameworks. Currently the HSCP has 21 children and young people placed in external care provision:

- 9 young people receiving a residential school provision (at a cost of approximately £1,404,416 per annum)
- 3 young people with learning disability receiving residential provision (at a cost of approximately £354,192)
- 5 children and young people in foster care (at a cost of approximately £202,344)
- 4 young people in secure care (at a cost of approximately £1,118,104 per annum)

The reason for the increased use of external placements is due to the level of demand and complexity of need. In the past year we have seen an increase in provision for secure care for young people using new psycho reactive drugs and the risks that are associated with this behaviour impacting on physical health, hospitalisation, drug dealing, violence and risk-taking behaviour.

Currently all external children and family providers have a Care Inspectorate grading of 4 (good) and above with 2 services gaining grades of 6 (excellent) indicating high levels of quality of service delivery.

Inverclyde HSCP provides quarterly contract monitoring information to Scotland Excel who manages the frameworks. A detailed report is produced quarterly for commissioners on the delivery of each contract, highlighting any areas of concern and examples of good practice.

3.2 Adult Learning Disabilities

We currently contract with 35 providers, providing 50 services to Adult Learning Disability. See the breakdown in table below:

Table 3

Adults Learning Disability Provision	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	9	22	Supported Living Services Housing Support/ Supported Employment/Job Coaching Support Service/Care Home Service Alternatives to Day Opportunities
Outwith Inverclyde	26*	28	Supported Living Service Housing Support Supported Employment/Job Coaching Support Service/Care Home Service Alternatives to Day Opportunities Residential

*2 providers also deliver services within Inverclyde and to other client groups.

Inverclyde HSCP has contributed to the development and the implementation of new National Framework Agreement for Care Homes for Adults with Learning Disabilities. The framework agreement was developed in response to Recommendation 6 of the Scottish Government's "The Keys to Life" strategy www.scotland.gov.uk/Publications/2013/06/1123/0 National policy however is to increase community based support, and this is likely to result in a reduction in the purchasing of care home support for people with learning disabilities over time. It is recognised that whilst a greater range of choice of community services are being developed support in a care home will continue to be needed as an option for some people. Led by Scotland Excel the framework will commence on 29th June 2015 for four years (2 years with option to extend for 24 months).

Currently the HSCP has around 45 care home placements for adults with learning disability at a cost of around £1,701,169 per annum.

The current Supported Living Service Framework Agreement was developed and implemented via a collaborative tender process with Renfrewshire Council and has a 4 year agreement which commenced on 31st December 2011 with an option to extend for a maximum of 2 years to 30th December 2017.

During 2015 the HSCP will begin a process of evaluating the contracts and service provision currently delivered under the framework arrangements, this will include the contractual arrangements that are required in terms of supported living across all service user groups, and in line with SDS and integration.

Currently the HSCP has around 126 learning disability service users receiving a service at a cost of approximately £4,483,390. The supported living framework delivers support to a range of service user groups including older people, physical disabilities, mental health, addictions and homeless service users. In terms of external learning disability services, the care inspectorate has graded all HSCP contracted services 3 (adequate) and above with the majority of 4 (good) and 5 (very good)

A learning disability redesign is currently underway within Inverclyde HSCP and will influence the development of a three year Joint Commissioning Strategy for Learning Disability 2015-2018 which aims to ensure that people with learning disabilities have:

- choice and control in their daily lives;
- supported to live as independently as possible;
- access to good health and wellbeing;
- positive things to do to achieve their potential;
- safe and respected and included;
- ensures carers are well supported.

The 'Keys to Life' 10 year national strategy is focussed on improving the lives of people with learning disability, and puts human rights at the forefront and emphasises the impact of health inequalities for this group of people.

Our vision is driven by the 'Keys to Life' Strategy and we will ensure that everyone who works with people with a learning disability is aware of it, and is committed to its principles including our external provider partners. We will work hard to ensure that the implementation of the joint commissioning strategy makes a difference in people's lives.

The strategy will strive to ensure that people in Inverclyde with learning disabilities and their families like all other citizens have positive outcomes that are: Safe; Healthy; Achieving; Nurturing; Active; Respected & Responsible and Included.
Inverclyde HSCP will continue to focus services for people to have the same access to health care as everybody else and to ensure they have support to enable them to access services.
Whilst it is acknowledged that significant progress has been made to improve services for people with learning disabilities in the 10 years since the 'Same as You' Strategy, further work is required.
Our joint commissioning strategy will recognise the significant challenges in public funding at a time when the population is changing resulting in an increase in demand for services. Any changes therefore require all who are involved in delivering services to generate innovation that will ensure further improvements can be made and value for money will always be achieved. We will continue to meet people's needs but we must ensure that we keep within budgets available.

3.3 Older People

We currently contract with 64 providers, providing 98 services to older people. See the breakdown in table below:

Table 4

Older People	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	34	57	Care At Home Housing Support Care Homes Transport Day Care Information/Advice
Outwith Inverclyde	32*	41	Care homes
Total	**64**	**98**	

*2 providers provide a service within and outwith Inverclyde

There are individual contracts in place with 15 older people's **care homes** locally, providing a service to around 550 individuals. In 2014-15 the actual spend on the 15 local care homes was £11.3m. The fee increase was 3.8% and is dependent upon the following factors:

- Any provider delivering publicly funded care must pay care staff a minimum of £7 per hour from April 2015/16;
- Providers agree that remuneration can be periodically monitored by the commissioning authority, including direct verification with employees of the provider and;
- There will be no displacement of cost onto staff by the employer.

There are currently 6 **Care at Home** providers and a tender process was undertaken in November to December 2014. The new tender arrangement is based on a 3 year contract with a potential one year extension. Our annual spend on these contracts, is £2,313,870 per annum. The tender contained seven geographical lots/locations, with an additional Lot to be used when available hours are refused by the successful providers for lots 1 to 7. The contract was divided into smaller, local geographical lots/locations due to the transportation costs linked to geographical dispersion and to create competition amongst smaller suppliers, breakdown as follows:

- Greenock West & Gourock
- Greenock East
- Port Glasgow
- Kilmacolm & Quarriers – East
- Kilmacolm & Quarriers – West
- Greenock South West (Inner)
- Greenock South West (Outer), Inverkip & Wemyss Bay
- Inverclyde Wide – Adhoc

The new contracts commenced on 1st of April 2015, and there will be a phased implementation to ensure a smooth transition period. It is hoped this will provide best value and quality of service enabling providers to improve the continuity of care and maximise time spent delivering care.

There are three **Day Care** providers operating within Inverclyde. An ongoing service review of Day Care services is due for completion in January 2016, the aim of which is to:

- scope current provision and identify future service models.
- centre the review on consultation with people and carers who currently use the service and may do in the future.
- develop a holistic vision for a range of day service solutions delivered by a variety of providers and supported by community capacity building.
- involve and inform stakeholders in the older peoples day service review. Link to provider's forum.
- enable all stakeholders to influence and shape future day opportunities.
- support the reshaping Care for older people agenda and deliver objectives within Joint Strategic Commissioning Plan for older people.
- facilitate wider consultation within all sectors.
- Consider the impact of self-directed support and shift towards meeting individualised outcomes.

To date we have completed the scoping of current day services and over the next 3 months will be looking at benchmarking with other areas and consultation with older people not currently using the service. A draft report is expected for September 2015.

3.4 Physical Disability

We currently contract with 3 providers, providing 4 services to Physical Disability. See the breakdown in table below:

Table 5

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	2	3	Housing Support, Care Home
Outwith Inverclyde	1	1	Housing Support
Total	**3**	**4**	

As of 1st April 2015 the Housing Support provision from one provider for physically disabled service users within Inverclyde included in the information above will cease. Within the next reporting period the HSCP will review the current provision and financial package for placements as part of the on-going review of Physical Disability services. A review of the physical disability service is being undertaken the scope of the review is :

- Community Occupational Therapy Service
- Joint Equipment Store
- Sensory Impairment Service
- Information services
- Social Group provision
- Commissioned Services
- Analysis of spend on care packages, equipment and adaptations

The review will cover the current provision of service including details of complexity of what the service provides and the demands and current pressures. To allow for rounded consideration of potential savings the report will look at efficiencies undertaken to maximise efficiency and reduce costs in day to day operations, and will identify previous savings that have previously been made in the service, before laying out efficiencies options.

3.5 Mental Health, Addictions and Homelessness

In **Mental Health Services** we are currently contracting with 5 providers, providing 10 services to adult service users. Two of the providers included also provide services to other client groups (Addiction, Learning Disability) and are therefore included in those figures.

Table 6

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	4	9	Housing Support, Care at Home, Day Care, Supported Employment
Outwith Inverclyde	1	1	Housing Support, Care at Home
Total	**5**	**10**	

Within Mental Health, work continues to re-provide NHS continuing care beds from the Ravenscraig site and extend social care provision for some of the current patients within Ravenscraig who do not require NHS continuing care. The Adult Mental Health Supported Living Tender was awarded in March 2015 to a provider who does not currently provide Mental Health services within Inverclyde. A project Steering Group has now been established and meetings are ongoing to plan transition of service users from Ravenscraig Hospital. This project will involve 8 service users moving to single tenancies within a refurbished property owned by Riverclyde Homes, and supported by our provider partner. This project is an example of strong partnership working to enable people with long term mental health conditions to live independently at home. The partners are Inverclyde Council/HSCP, the provider and RCH.

The social care provision for older people to provide step up care in response to their changing mental health needs is currently being reviewed partly as a result of the lack of response from the market, and in context of the impact of other service changes on the type of care required. This work is current.

The remaining 42 NHS continuing care beds will be re-provided on the IRH site adjacent to the existing hospital. This is being taken forward via the Scottish Futures Trust West Hub Co. Once this is complete the Ravenscraig Hospital site will close. The anticipated timescale for this is end of 2016.

In **Addiction Services** we are currently contracting with 5 providers, providing 5 services to adult service users. Two of the providers tabled below also provide services to other care groups, Mental Health and Homelessness services, demonstrating a live example of our future aspirations of cross-service commissioning.

Table 7

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	2	2	Housing Support
Outwith Inverclyde	3	3	Housing Support, Care at Home, Care Home
Total	**5**	**5**	

In the **Homelessness Service** we are currently contracting with 4 providers, providing 4 services to adult service users. One provider tabled below also provides services to service users with Addictions.

Table 8

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	2	2	Housing Support, Advice & Information
Outwith Inverclyde	2	2	Housing Support, Care at Home
Total	4	4	

3.6 Other Service Areas

We are currently contracting with 3 providers, providing 3 services to adult service users from the Advocacy, Criminal Justice and Women Fleeing Domestic Violence services.

Table 9

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	2	2	Advocacy, Housing Support, Care Home, Probation Service
Outwith Inverclyde	1	1	Housing Support
Total	**3**	**3**	

3.7 Conclusion

In conclusion, Inverclyde HSCP has a close working relationship with all its external providers and operates within a contract management framework. Contract monitoring is carried out on both a planned basis and in response to specific areas of concern where enhanced monitoring arrangements are required. Liaison arrangements with the Care Inspectorate are crucial in this process and the HSCP has established arrangements in place.

Formal governance arrangements were established to ensure that contracted services maintain quality of service provision, meet financial governance requirements and are active participants in future commissioning processes.

Quarterly governance reports provide a strategic overview of performance and contract compliance of external providers both private and voluntary. Governance meetings are led by the Commissioners responsible for specific HSCP service areas in partnership with Contracts Leads and Finance colleagues. These meetings provide a forum for 2 way discussion around:

- Quality performance
- Financial viability
- Development opportunities
- Issues raised by either providers or commissioners

The governance process and reporting has been appreciated by the care providers and are contributing to better communication and relationships being developed between providers and the HSCP.

3.8 Future Challenges

Providers continue to operate within the constraints of the current financial climate and the HSCP is working in partnership with them and organisations such as Scottish Care and the Care Providers Scotland (CPS) to identify any potential areas for efficiencies whilst balancing potential risks for service users and stability of services.

Outwith the national care home contract fee increase, overnight support costs have been highlighted by providers in terms of their responsibility to comply with payment of the minimum wage. This is an area that the HSCP is currently working with individual providers to agree where alternative and innovative support arrangements could be considered.

4. Finance

The 2014/15 Social Work revenue budget of £49.04 million was net of a £1.73 million savings challenge and ended the financial year with a relatively small underspend of £282,000 being 0.58% of the budget.

Within the revenue budget there were significant issues and pressures for some services:

Older People's Services ended the year with an overspend of £389,000 which is 1.83% of the £21.3 million budget, primarily due to increasing numbers of homecare and, to a lesser degree, nursing and residential care clients, reflecting the national trend. Additional pressure funding of £0.75 million has been included in the 2015/16 budget to address this pressure.

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

Learning Disability ended the year with an overspend of £87,000 which is 1.38% of the £6.3 million budget due to the cost of client care packages. Over the 3 years to 2015/16 £1.2 million pressure funding has been added to this budget reflecting the complex needs and requirements of known cases that will transition into this area. The service is undergoing redesign in order to be ready to receive these clients, and also to achieve savings.

Children & Families underspent by £236,000 which is 2.3% of the £10 million budget mainly due to continued difficulty in filling vacant posts. In addition to this there was a significant underspend within Residential Childcare of £222,000 which was transferred to a reserve to allow smoothing of the volatile peaks and troughs in demand for this service. A funding model, based on prudential borrowing, has been developed to allow replacement of two children's homes over the next two years, to bring these to the same standard as the newest home which became operational in March 2014.

Homelessness overspent by £134,000 which is 18.1% of the £0.7 million budget due to reduced occupancy levels within scatter flats and within Inverclyde's Homelessness Centre.

Revenue Reserves of £1 million were taken into 2015/16 to fund a number of projects and one-off initiatives, including refurbishment of premises, supporting independent living and developing self-directed support services.

The Social Work Capital Budget for 2014/15 was minimal at £195,000 and included the successful expansion of the Hillend Respite Unit from a 3 to a 4 bedded unit.

5. Service Quality and Performance

Our aim is to meet national targets, and to achieve existing commitments as outlined in our Corporate Directorate Improvement Plan (CDIP) for 2013-16 and in the NHS GG&C Local Delivery Plan for 2015-16.

Our actions are linked to the wellbeing outcomes of safe, healthy, achieving, nurtured, active, respected, and responsible and included. We are also major stakeholders in our Community Planning Partnership, the Inverclyde Alliance.

In light of the new organisational arrangements for Inverclyde HSCP, we are currently in the process of reviewing our existing performance framework to ensure that we make significant progress on the National Outcomes for Health and Social Care and deliver services in context of the health and social care needs of the population. In 2014-15 our performance monitoring was arranged around the following 5 interlinked strategic priorities:

- Strategic Priority 1: Early Intervention and Preventing Ill Health
- Strategic Priority 2: Shifting the Balance of Care
- Strategic Priority 3: Reshaping Care for Older People
- Strategic Priority 4: Improving Quality, Efficiency and Effectiveness
- Strategic Priority 5: Tackling Inequalities

5.1.0 Early Intervention and Preventing Ill Health

Early intervention and prevention have always been priorities for Inverclyde HSCP as we have demonstrated by our focus on parenting, development of Early Years Collaborative programme, chronic disease management in primary care and extensive health improvement activities particularly focused on smoking, breast feeding, alcohol and drugs, sexual health and obesity. Despite our focus we know that:

- high numbers of vulnerable children and families have poor outcomes;
- an increasing number of individuals and families will be affected by poverty, debt, fuel poverty and potentially homelessness;
- poor healthy life expectancy for our population means that many people in Inverclyde need health services at a younger age and for longer than in other areas of Scotland;
- budget pressures are impacting on the ability of all agencies to focus on early intervention and prevention and exacerbating the problem of high thresholds for intervention.

Early intervention and effective prevention are critical to improving the health of our population, delivering better outcomes, narrowing the equalities gap and reducing the demand for services, particularly in acute care.

5.1.1 Outcomes we have delivered in 2014-15

Achievements: The 2014-15 End of Year Performance Review reported 40% of measures for 'early intervention and preventing ill health' for Inverclyde with improved performance and 60% showed significant slippage. Improvements were reported in:

- Smoking in Pregnancy;
- Child and Adolescent Mental Health Services (CAMHS) - % of patients seen < 18 weeks from referral;
- Drugs and Alcohol - % of patients seen < 3 weeks from referral;
- Suicide Training (All Staff).

Weaker areas of delivery: measures identified as in need of improvement at the end of year performance review included:

- Smoking Cessation (quits at 3 months);
- Alcohol Brief Interventions;
- Smoking In Pregnancy (SIMD);
- Breastfeeding exclusive 6-8 weeks;
- Breastfeeding in deprived areas;
- Suicide Prevention Training (Target groups only).

5.1.2 Actions to Resolve these weaker areas include:

Improve smoking cessation 12 week quit rates: The pattern of Inverclyde's 12 week smoking cessation quit rates mirrors the NHS GG&C position, over the past 3 years. In Inverclyde for the last year this reduced from 59.9% to 40.7% which although is not the desired direction of travel, it is currently better than the Board-wide rate.

There is currently research in SIMD 1 & 2 areas in the NHS GG&C to identify awareness of and barriers to service use. This research will be used to influence improvement measures for Inverclyde's stop smoking services.

Inverclyde's draft Tobacco Strategy aims to be fully implemented later this year. This will involve investments from our Inverclyde Alliance partners with the aim to prevent young people from starting to smoke, reduce exposure to second-hand smoke and increase uptake of stop smoking services. To really make a difference to the smoking prevalence within Inverclyde, we need the support of our partners.

We are currently increasing awareness of the stop smoking service across Inverclyde by focussing on specific areas of deprivation, mapping our local assets within those areas and work co-productively to increase awareness and uptake.

Increase the number of alcohol brief interventions: On average for every eight people who receive an alcohol brief intervention, one will reduce their alcohol consumption to safer levels (Numbers Needed for Treatment (NNT) 1 in 8). This compares favourably with other health interventions such as smoking cessation which have an average NNT of 1 in 20 (Raistrick et al, 2006). There is strong evidence that ABIs work across a variety of healthcare and other settings. ABIs target individuals in the earlier stages of excessive alcohol use with an aim to self-directed reduction.

Reduce smoking in pregnancy in deprived areas: The Health Improvement Team continues to work with maternity Smoke Free Services to support women to reduce the incidence of smoking in pregnancy. The data show the overall reduction of women smoking in pregnancy is down by 3% (21% to 18%) however, this impact is more obvious in the deprived areas - which show a reduction of 8% (33.3% to 25.3%). This would suggest that

we are having an impact in the most crucial areas in attracting women who wish to stop smoking in pregnancy.

Improve 6 – 8 week breastfeeding rates overall and in deprived areas: The number of mothers breastfeeding at birth in December 2012 was 37.7%, rising to 38.2% in December 2013, and a further increase to 38.6% in December 2014. Although still below the target the direction of travel has been positive. A similar pattern is evident from the data for breastfeeding rates at 6-8 weeks with increases from 12% in 2012 to 14.6% in 2013 and 14.5% in 2014. For the 15% most deprived area an improvement is evident from the data with a 1.7% increase from 6.7% in 2012 to 8.4% in 2014.

Staff and mothers have completed a UNICEF audit highlighting that the standard of care received from the health visiting team is very high. New standards from UNICEF Baby Friendly have been introduced which they will be audited against in February 2016 by UNICEF. A rolling audit and mentoring cycle is in place for staff and mothers and three new auditors have been trained.

Support from other mothers continues through 2 NHS breastfeeding support groups within Inverclyde, Local Breastfeeding network texting service and a support group. Mothers with complex issues are referred to the Clinics in Glasgow. Funding has been agreed by Maternal Infant Nutrition Framework (MINF) for part time post 1/3 of 0.5 WTE to maintain UNICEF.

Measures around breastfeeding have been closely scrutinised and monitored over these past 3 years, through the quarterly performance service review (QPSR) attended by the Children and Families Head of Service and Service Manager Group. Significant efforts have been made by Managers and Health Visiting staff locally to try to improve the position over this time, including the implementation of a 'small test of change' as part of the early year's collaborative project in 2014.

Improve suicide prevention training: All staff (100%) in the target group have completed the suicide prevention training and it is intended to offer refresher training in the near future. The focus is now on those outwith the target group which has now been rolled out to the wider HSCP staff group and to date 26 staff members have successfully completed the training. There are opportunities for any new staff to access suicide prevention training which is routinely scheduled throughout the year.

5.1.3 Outcomes we plan to deliver in 2015-16

- improve identification and support to vulnerable children and families;
- enable disadvantaged groups to use services in a way which reflects their needs;
- increase identification of and reduce key risk factors including associated health inequalities (smoking, healthy weight, drug and alcohol use);
- embed the principles of the Health Promoting Health Service across care settings;
- increase the use of anticipatory care planning;
- increase the proportion of key conditions including cancer and dementia detected at an early stage;
- enable older people to stay healthy.

5.2.0 Shifting the Balance of Care

Shifting the Balance of Care is intended to bring about better outcomes for people, providing services which reduce inequalities, promote independence and are quicker, more personal and closer to home, and ensuring that:

- fewer people are cared for in settings which are inappropriate for their needs;
- there are agreed patient pathways across the system, with roles and capacity clearly defined including new ways of working for primary and community care;
- we offer increased support for self-care and self-management which reduces demand for other services;
- more carers are supported to continue in their caring role;
- more people are able to die at home or in their preferred place of care.

Shifting the balance is about making sure our focus is on people and families rather than organisations and structures, and by targeting our investment better, we can often provide better care at a lower cost.

5.2.1 Outcomes we have delivered in 2014-15

Achievements: The 2014-15 End of Year Performance review reported 56% of measures for 'shifting the balance of care' for Inverclyde with improved performance, and 44% were showing significant slippage. Improvements were reported in:

- Number of delayed discharge > 14 days;
- Number of bed days lost to delayed discharge (for AWI);
- Deaths in acute hospitals: % patients aged 75 years+;
- Access Psychological Therapies - % of patients who started treatment within 18 weeks of referral;
- % of patients referred to 1st treatment appointment offered < 9 weeks.

Weaker areas of delivery: measures identified as in need of improvement at the end of year performance review included:

- Improve access to PCMHT <4 weeks;
- Reduce the % of deaths in hospitals for patients 65 years+;
- Reduce the bed days rate for long term conditions;
- Ensure delayed discharges are consistently on track.

5.2.2 Actions to Resolve these weaker areas include:

Improve access to PCMHT <4 weeks: This measure is routinely monitored through the Quarterly Performance Service Review (QPSR) for Mental Health, Addictions and Homelessness. Whilst we are not currently meeting the target there has been a significant improvement since September 2014, increasing from 59% to 85% at February 2015, so the direction of travel is positive.

Reduce the % of deaths in hospitals for patients 65 years+: We are in the process of commissioning intermediate care beds and it is anticipated that we will see a positive outcome in the near future. Although Inverclyde has not reached its target, we have reduced the percentage by 0.5% since the previous reporting period which was 43.2%. Efforts will continue to focus on preventing hospital admissions which will have a knock on effect of reducing the number of patients dying in an acute setting.

Reduce the bed days rate for long term conditions: There has been a sustained focus on COPD patients within Inverclyde with the expansion of the tele-health project and also the anticipatory care plans completed by community nursing for all COPD patients. This has contributed to the reduction in bed days for this particular long term condition.

Ensure delayed discharges are consistently on track: Delayed Discharge Census data reported for April 2015 shows five delays, all of which were delayed for less than two weeks.

5.2.3 Outcomes we need to move forward during 2015/16 are:

- fewer people cared for in settings which are inappropriate for their needs and only patients who really need acute care are admitted to hospital;
- there are agreed patient pathways across the system, with roles and capacity clearly defined including new ways of working for primary and community care developed from the Paisley Programme;
- we offer increased support for self-care and self-management which reduces demand for other services;
- more carers are supported to continue in their caring role;
- more people are able to die at home or in their preferred place of care.

5.3.0 Reshaping Care for Older People

Reshaping care for older people was a key national change programme and our success in changing the way we care for older people and planning for the changing demographics will be critical to the future sustainability of both health and social care services in Inverclyde. Older people are supported by a complex system of care, and we need to understand and change how that system works. The experience of older people is also a key marker of the quality of care we provide to all of our service users.

There are a series of major issues for us, including:

- the substantial growth in the numbers and proportion of older people within Inverclyde, coupled with relatively poor healthy life expectancy and wider social changes including the growth in single person households;
- the growth in numbers of people with dementia across all our services;
- the challenge of funding constraints in working with older people, and the impact on the third sector;
- challenges around older people's experience of care in all settings;
- a range of issues around end of life care, respite and high cost community care;
- the need to more effectively influence housing developments for older people.

Many older people require support from both health and social care services, and the creation of Inverclyde HSCP within the wider partnership of the NHS GG& C area is a critical opportunity to reshape care. We need to ensure that this structural change delivers greater quality for individuals and more effective and efficient use of resources.

5.3.1 Outcomes we have delivered in 2014-15

Achievements: In the 2014-15 End of Year Performance Review it was reported that 67% of measures for 'Reshaping Care for Older People' in Inverclyde with improved performance and 33% were showing significant slippage. Improvements were reported in:

- Emergency admissions bed days rate 75 years+;
- Number of older people with anticipatory care plan.

Weaker areas of delivery: measures identified as in need of improvement at the End of Year Performance Review included:

- Number of patients registered with Dementia (based on QoF calculator).

5.3.2 Actions to Resolve these weaker areas include:

Number of patients registered with Dementia (based on QoF calculator): At 1st January 2014 there were 666 people on the register. At 1st January 2015 there were 579 people on the register. This is a decrease of 13%. When compared to the GGC figures for dementia registers, it appears that across the board there has been a fall in the numbers of dementia patients on the register. The GGC dementia registers overall fell by 9% in the corresponding period. The fact that the GGC figures fell by 9% is reassuring as this is an overall board wide outlier, and although Inverclyde's 13% is slightly higher, it should be noted that Inverclyde has a larger population of older people than that of the GGC average.

5.3.3 Outcomes we need to move forward in 2015/16 are:

- clearly defined, sustainable models of care for older people;
- more services in the community to support older people at home and to provide alternatives to admission where appropriate;
- increased use of anticipatory care planning which takes account of health and care needs, and home circumstances and support;
- carers are supported in their caring role;
- improved partnership working with the third sector to support older people;
- improved experience of care for older people in all our services.

5. 4.0 Improving Quality, Efficiency and Effectiveness

Our local quality improvement programes are a major strategic priority for HSCP and are aspirational to both health and social care. Our focus will continue to be on ensuring that care is person-centred, safe and clinically and cost effective. A key part of this is ensuring all service users, carers and staff have the opportunity and confidence to share their experience and that we listen, learn and report back the changes implemented as a result. We need to continue our shift towards defining clear quality outcomes and to embed this in our performance management systems; focusing on caring and experience of care as well as treatment.

5.4.1 Outcomes we need to deliver during 2015/16 are:

- making further reductions in avoidable harm and in hospital acquired infection;
- delivering care which is demonstrably more person centred, effective and efficient;
- service user and carer engagement across the quality, effectiveness and efficiency programmes;
- developing the Facing the Future Together programme to support our staff to improve quality, hear and respond to patient feedback.

5.4.2 Outcomes we have delivered in 2014-15

Achievements: The 2014-15 End of Year Performance review, reported 38% of measures for 'Improving Quality, Efficiency and Effectiveness' in Inverclyde with improved performance and 62% were showing significant slippage. Improvements were reported in:

- GP Access - GP 48 hour access;
- Prescribing variance from budget;
- GP preferred list compliance;
- % of GP practices opting into medicines management LES;
- % of complaints responded to within 20 days;
- % of CHCP staff with completed appraisals.

Weaker areas of delivery: measures identified as in need of improvement at the end of year performance review included:

- GP Access - GP advance booking;
- Prescribing cost per weighted patient;
- Sickness absence (rolling yr) NHS;
- Sickness absence (rolling yr) Inverclyde Council;
- % of staff with completed e-KSF/PDP;
- % of Health Care Support Worker staff with standard induction completed within the deadline.

5.4.4 Actions to Resolve these weaker areas include:

Improve access to GP advance bookings: A number of local practices have implemented an on the day booking system to deliver improvements in this area. A monitoring tool has been designed and implemented by the HSCP to capture a snapshot of GP appointments for one week in each quarter to try to improve this measure. Ongoing discussions with the Clinical Director and local GPs are taking place.

Maintain a focus on levels of sickness absence: Work is progressing with colleagues to develop a model that enables us to monitor sickness absence rates consistently across all service areas of the HSCP through the quarterly performance service reviews (QPSR). Our future Healthy Working Lives (HWL) activity will be focused on the key areas that prevent staff from being fit for work (such as stress or musculoskeletal).

Maintain a focus on the main cost pressure areas in moving forward: A detailed financial position is regularly reported to Committee. The three main areas of cost pressure are older people's homecare and learning disability care package costs. To mitigate this budget pressure funding has been allocated in the 2015/17 Council budget. Prescribing remains the most volatile cost risk on the NHS element of the budget, albeit with marked improvement, mitigated by partnership risk share arrangements.

5.5.0 Tackling Inequalities

Inequalities are created by a complex set of economic, social and personal factors, and persistently characterise the outcomes of Inverclyde people. By focusing on providing our health and social care services in a way which understands and responds to inequalities we will improve the outcomes for local people, for example by continuing to strengthen our approach to community planning and work with partners to influence the wider determinants of health and inequalities, including in our roles as a major employer, local investor, and supporter of local communities and as a key Community Planning partner. Also by focusing on health and social care services in reducing non- attendance, poor concordance with treatment, misdiagnosis and unnecessary repeat attendance. However one of the keys to tackling inequalities is ensuring our staff understands the fundamental causes of inequalities and reviews their service through an inequalities lens. Our new HSCP arrangements bring responsibilities in respect of planning some acute sector and unscheduled hospital care provision, so we see this as an important opportunity to map patient pathways right through local systems, and therefore improve the outcomes of those Inverclyde people who need it most.

There are significant differences in health and social care access, experience and outcomes of health and social care between different groups depending on their age, gender, race, disability, sexual orientation, income and social class. Equality legislation requires us to set clear outcomes for improvement to protected characteristics.

5.5.1 Outcomes we need to continue to work towards during 2015/16 are:

- We plan and deliver health and social care services in a way which understands and responds better to individuals' wider social circumstances;
- We will deliver social and community benefits that support wider environmental, employment and economic well-being as part of our local investor role (Public Sector Reform (Scotland) Bill;
- Information on how different groups access and benefit from our services is more routinely available and informs service planning, including acute sector service planning;
- We will work with our partners both locally and nationally to ensure we take cognisance of the fundamental causes of inequalities and ensure our clearly defined programmes of action by our services, and in conjunction with our partners, help undo, mitigate and prevent the impact these inequalities have on the health and wellbeing of our population.
- We will consider the role of place based approaches within our community planning and locality development work.

5.5.2 Outcomes we have delivered in 2014-15

Achievements: The 2014-15 End of Year Performance Review, reported 100% of measures for 'Tackling Inequalities' in Inverclyde with improved performance and none were showing significant slippage. Improvements were reported in:

- % of staff trained in Gender Based Violence;
- GBV referrals (family support team – domestic abuse);
- % of staff trained in Equality and Diversity Training;
- Number of referrals to financial inclusion and employability services;
- The participation of the Afghan Resettlement programme has helped us review our service provision for a migrant population and is helping us tackle race equality issues that are arising from developing services for this community.

Weaker areas of delivery: measure identified as in need of improvement include:

- An increase in the number of quality assured EQIAs completed.

5.5.3 Actions to Resolve these weaker areas include:

Increase in EQIAs: HSCP staff will be encouraged to consider EQIAs as part of service redesign and strategy development will focus on this for the period 2015/16.

5.6.0 Key Performance Measures (KPI)

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

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

This system captures all national and local data measures that we are required to report for statutory or non-statutory purposes, for a range of business functions relating to Inverclyde HSCP. The purpose of the QPSR is to present key performance information and statistics for analysis to identify strengths and weaknesses in performance at an early stage, which allows for discussion on how performance is being managed and how it can be improved.

A critical aspect of the QPSR process is also to update/review the progress of key actions and outcomes for each of the service areas on their strategic priorities. The QPSR process has been embedded into our performance reporting framework to assist with the demands of all the reporting requirements both locally and nationally. The indicators were originally mapped against the SHANARRI outcomes, and more recently they are now being mapped against the Scottish Government's nine national outcomes as specified through the Public Bodies (Joint Working) (Scotland) Act 2014.

A sample of statistical tables are highlighted below featuring data for the last two reporting years:

Health, Community Care and Primary Care

- Table 1 Delayed Discharge
- Table 2 Emergency Admissions
- Table 3 Community Care
- Table 4 Adult Support and Protection

Children and Families & Criminal Justice

- Table 5 Child Protection
- Table 6 Looked after and Accommodated Children
- Table 7 Children's Hearings (Scotland)
- Table 8 Criminal Justice Court Reports
- Table 9 Community Payback Orders

Mental Health, Addictions and Homelessness

- Table 10 Mental Health
- Table 11 Drug and Alcohol
- Table 12 Drug and Alcohol Deaths
- Table 13 Homelessness

Planning, Health Improvement and Commissioning

- Table 14 Advice Triage Services
- Table 15 Debt Advice
- Table 16 Advice Services - Outreach Worker
- Table 17 Qualified Staff
- Table 18 Freedom of Information (FOI) Requests
- Table 19 Subject Access Requests (SAR)
- Table 20 Complaints

5.6.1 Health, Community Care and Primary Care

Table 1: Delayed Discharge

Delayed Discharge (65+)	2013-2014 (cumulative actuals)	2014-2015 (cumulative actuals)
Number of acute bed days lost to delayed discharges (including AWI)	3,010	3,462
Number of acute bed days lost to delayed discharges for Adults With Incapacity	108	31

Table 2: Emergency Admissions

Emergency Admissions (65+)	2013-2014 (cumulative actuals)	2014-2015 (cumulative actuals)
Number of emergency admissions 65+	4,493	4,828
Emergency admissions 65+ Rate /1,000 pop	291	313

Table 3: Community Care

Community Care	2013-2014	2014-2015
Number of people accessing Self Directed Support (Recorded on Swift)	tbc	137
Number of service user requests for Aids for Daily Living (ADL) equipment	4044	4054
Number of new care home admissions	198	210
Number of completed Community Care Assessments for 65+ population	165	159

Table 4: Adult Support and Protection

Adult Protection	2013-2014	2014-2015
Adult Protection (AP)referrals received	451	610
(AP) Investigations dealt with during	46	34
(AP) 36 AP Meetings took place	73	36
(AP) Case Conferences held	10	11
(AP) Review Case Conferences held	17	8
(AP) Initial Case discussions held	22	2
(AP) Review Case discussions held	17	2

5.6.2 Children and Families & Criminal Justice

Table 5: Child Protection (CP)

Child Protection	2013-2014	2014-2015
Number of new referrals received	182	169
Pre-Birth as % new referrals	16.5%	17.2%
Number of children on Child Protection Register at 31st March	50	41
Number of child protection orders issued (Section 37)	8	6
Number of serious case reviews undertaken	1	0
Number of appeals against CP registration	4	1

Table 6: Looked After and Accommodated Children (LAAC)

LAAC	2013-2014	2014-2015
Number of children LAAC at 31st March	242	213
% looked after in the Community	88.4%	86.4%

Table 7: Children's Hearing (Scotland) Act

Children's Hearing (Scotland) Act	2013-2014	2014-2015
Number of new compulsory supervision orders issued	28	53
% of children seen within timescales	100%	100%
Number of Children's Hearing Reports completed	990	930
% submitted within timescale	77.5%	tbc

Criminal Justice Social Work (CJSW)

Table 8: Court Reports

Court Reports	2013-2014	2014-2015
Number of CJ Court Reports submitted to Courts	503	472
% submitted within timescales	100%	100%

- There has been a significant reduction in Court Reports requested and submitted by CJ social workers between 2012-13 and 2014-15. This reduction is due to falling crime figures nationally, resulting in lower volumes of work going through our local courts. There have also been policy/procedural changes which have impacted on the business going through Courts, such as Greenock Sheriff Court, relating to Fiscal marking which has seen cases diverted to the JP Court and the impact of direct measures.

Table 9: Community Payback Orders (CPO)

Community Payback Orders	2013-2014	2014-2015
Number of CPO orders issued	244	292
Number with unpaid work element attached to the Order	206	230
% service users interviewed within 1 day	82.4%	tbc

- The number of CPO Orders issued in 2014-15 has increased from the previous year by 20% from 244 to 292. A closer analysis of the 2014-15 figures show that CPOs with an Unpaid Work requirement increased 12% on the previous year's figure (from 206 to 230) and for CPOs with a Supervision requirement the increase was 21% (from 99 to 120). Although we are seeing a reduction in the number of Criminal Justice Court Reports requested this is not being met by a reduction in the number of community social work sentences being imposed by Courts. Rather the reverse is true. From a CJSW perspective this would suggest a better targeting/deployment of resources.

5.6.3 Mental Health, Addictions and Homelessness

Table 10: Mental Health

Mental Health Services	2013-2014	2014-2015
Number of Legal orders for short term admission (MH (Scotland)Act 2003)	71	68
Number of Legal orders Emergency admission (MH (Scotland)Act 2003)	29	50
Number of Assessments undertaken by Mental Health Officer's (MHO) MH Care & Treatment Scotland Act 2003 (number reduced, but still reflective of high levels of activity)	157	143
Number of Welfare Guardianship Assessments (private applications and those taken by Local Authority)	*47*	*21*
Number of Guardianship Orders (where CSWO is Guardian)	*12*	*8*

Table 11: Drug and Alcohol

Drug and Alcohol Services	2013-2014	2014-2015
Referrals to drug and alcohol services	1288	1185
Drugs and Alcohol - % of patients seen < 3 weeks	91%	94%
Open Cases	177	145
Alcohol Brief Interventions:		
HEAT Target	371	331
Wider Settings	200	141

Table 12: Drug and Alcohol Deaths

Deaths per 100,000	2012	2013
Drug related deaths	16.1	12.5
Alcohol related deaths	36.3	30.1

Table 13: Homelessness

Homelessness Services	2013-2014	2014-2015
Homelessness presentations: plus section 11 (homelessness etc. (Scotland) Act 2003)	295 (286 Section 11)	264 (169 Section 11)
% of decision notifications issued within 28 days of initial presentation	77.13%	92.39%
Number of households provided with Housing Options advice and assistance not requiring statutory homeless assessment	624	916

5.6.4 Planning, Health Improvement and Commissioning

Table 14: Advice Triage Services

Advice Triage Services	2013-2014	2014-2015
Number of contacts	n/a	*2699*
% seen for Advice on benefit entitlement	n/a	*63.3%*
% seen for benefit disputes	n/a	25.17%
% seen for other advice	n/a	11.54%

N.B. Advice Triage Service start date April, 2014.

Table 15: Debt Advice

Debt Advice	2013-2014	2014-2015
New cases dealt with	267	*159*
Total Debt	£2975,397	*£1897,076*

Table 16: Advice Services - Outreach Worker

Advice Services	2013-2014	2014-2015
Total clients seen	n/a	*742*
Number of clients with positive financial gain	n/a	*620*
Total Financial Gain achieved (£)	n/a	*£734,820.87*

N.B. An Outreach worker has been in post since mid-August 2014.

Table 17: Complaints

Complaints (HSCP) 2014-15	**Social Work**	**Health**	**Total 2014-15**	**Total 2013-14**	**% change +/- from 2013-14**
Frontline Resolutions	*13*	*3*	**16**	*37*	*-57%*
Investigations	*48*	*15*	**63**	*48*	*+24%*
Total	*61*	*18*	**79**	*85*	*-7%*

- Although there has been a decrease in the overall number of complaints received, our performance in acknowledging complaints has fallen by 16% and a 5.9% of complaints were not completed within the 28 day or agreed extension timescale compared with the previous year. This was due to the fact that complaints received during 2014-15 were of a much more complex nature than the previous year.

Table 18: Freedom of Information (FOI) Requests

FOI Requests	2013-2014	2014-2015
Number of requests received	*167*	*165*
% dealt with within legal timescales	*99%*	*100%*
% related to children and families services	*31.7%*	*43%*

Table 19: Subject Access Requests (SAR)

SAR Requests	2013-2014	2014-2015
Number of request received	*13*	*16*

Table 20: Qualified Staff

Social Work Qualified Staff	2013-2014	2014-2015
Social Workers registered with SSSC	*100%*	*100%*

6.0 Statutory Functions

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

6.1 Children and Families

The Chief Social Work Officer has a specific responsibility with regards to the authorisation of emergency transfers of placement for looked after children and the authorisation of secure care. During the period 2014-15 the Chief Social Work Officer authorised **2** emergency transfer and **5** secure placement authorisation.

At 31st March 2015 - 213 children in total were looked after or accommodated by this local authority under the Children's Hearing (Scotland) Act 2014 and/or the Children's (Scotland) Act 1995.

Fostering & Adoption
During the period 2014- 2015 the following activity took place within the Fostering & Adoption Service:

- 8 Adoption Enquiries;
- 4 Adopter Approvals (1 on behalf of another local authority);
- 2 Permanent Foster Carer Approvals;
- 4 Permanent Foster Care Matching;
- 5 Adoption Matching
- 9 Child Registrations for Permanence;
- 1 Child De-registration for Permanence;
- 7 Adoption Orders Granted;
- 39 Approved Foster Carers at 31st March 2014;
- 26 Fostering enquiries received during 2013-14;
- 2 permanent fostering applications, advice panel on fostering application, 4 deregistration's, 2 temporary fostering applications, 4 skills to foster progression, 1 supported carer application, 1 respite carer application.

Kinship Carers at July 2015

- 20 kinship carers looking after 32 children (Section 83);
- 30 kinship carers looking after 46 children (Section 11).

6.2 Criminal Justice

- ***Multi-Agency Public Protection Arrangements (MAPPA)***

On average, 38 sex offenders were managed in the community of Inverclyde during 2014-15. This is an increased average from 31 in 2013/14 and represents 11.6% of the total registered sex offenders within the North Strathclyde Criminal Justice Authority.

The MAPPA Unit for NSCJA is hosted by Inverclyde Criminal Justices Social Work (CJSW) Services and supports the risk assessment and risk management of Registered Sex Offenders (RSOs) and mentally disordered offenders (restricted patients) through facilitating the sharing of information between responsible authorities. In September 2014, the Unit relocated from Greenock Police Station to the Inverclyde Health and Social Care Partnership premises. Hector McNeil House provides a co-location for Inverclyde CJSW

and Inverclyde Public Protection hub. The Public Protection hub consists of Adult Protection, Child Protection and MAPPA Co-ordinators. This approach has facilitated the opportunity for a training agenda to be developed between the three areas, which will focus on public protection issues for Inverclyde HSCP and partner agency staff.

The first formal review of MAPPA in Scotland commenced in October 2014 and will continue through to Autumn 2015. The Review is being carried out jointly by the Care Inspectorate and HM Inspectorate of Constabulary for Scotland (HMICS). The purpose is to assess the state, efficiency and effectiveness of the multi-agency public protection arrangements (MAPPA) in Scotland. A national report is anticipated in Autumn 2015, which will focus on key findings, including identifying good practice and areas of improvement, conclusions and any recommendations. In view of the proposals to extend the MAPPA arrangements to violent offenders in 2015/16, this Report has added resonance.

- ***Inverclyde Integrated Women's Service***

In 2014/15 Inverclyde HSCP Criminal Justice Social Work (CJSW) Service in partnership with Action for Children (AFC) developed and enhanced its approach to working with women in the Criminal Justice System. To support this work the Service was awarded non-recurring funding of £94,278 by the Scottish Government. Our approach is informed by the findings of the Commission on Women Offenders (2012) in terms of providing greater co-ordinated support to women, and does so in a way that holistically looks at women's well-being and is collaborative and asset based. The Service has a variety of components: referral group; drop-in; individual and outreach work and group work.

- ***Disaggregation of Shared Services***

Both Drug Treatment and Testing Order (DTTO) service and Prison Throughcare service have, since their inception, been provided across East Renfrewshire, Inverclyde and Renfrewshire Council areas on a shared service basis. Due to a shortfall in funding and in the case of DTTO diminishing workload, a decision was taken by the three local authorities concerned and endorsed by the NSCJA Board to disaggregate these services with effect from 1st April 2015. After an option appraisal, it was agreed this represented the best way forward in terms of opportunities for sustainability, resilience and the ability to meet local and national standards. It is to the credit of all staff concerned that during this period of transition continuity of services was maintained, along with the confidence of key stakeholders.

6.3 Adult Support and Protection

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

The referral figure at table 4 (page 26) shows an increase in the number of adult protection referrals received. Police Scotland introduced a new Vulnerable Persons Database (VPD)

and since 18th March 2014, Inverclyde received Police Concern Reports. The introduction of this system resulted in a significant increase in the number of reports received from this source. The police have since reviewed their working practices in respect of such reports and from the last quarter this has resulted in a reduction in concern reports received.

Police Scotland K Division which covers Inverclyde was part of a Community Triage Pilot centring on a partnership approach between Police and NHS for people in distress. Should this approach continue then this will also impact on a reduction in referral rates going forward. Given both of these factors it is anticipated that referral rates will stabilise to the 2012 – 13 rate.

The number of adult protection investigations has reduced, however in the last financial year there were two Temporary Banning Orders and two Full Banning Orders taken. In the year before there were none although the number of investigations was higher. Protection Orders continue to be sought where that level of action is required as part of a protection plan.

There has been a decrease in the number of adult protection meetings. The number of case conferences has remained stable whilst the number of review case discussions has significantly decreased. The reasons for this are being considered. There was a large scale inquiry in 2013 – 14 which impacted on the number of review case conferences held in that year. Meeting types recorded were also reviewed in light of Scottish Government providing a definition of a case conference as part of National Dataset. There has also been a move away from meeting where the adult and/or their representative would not be invited. The use of other appropriate legislation will in part explain the reduction in adult protection meetings where discussions and decisions will be made as part of other processes.

6.4 Mental Health Services

Within the last year the high level of demand on MHO services in Inverclyde has continued. This experience is replicated across Scotland, where numbers of practicing MHOs, as well as the fact that on the whole the MHO workforce is aging, has been the cause of considerable discussion and concern. Individual local authorities are responding to this concern by reviewing numbers of MHOs, their remuneration, and their location within the service structure. A similar review is currently under way within Inverclyde.

The Scottish Government is currently considering a number of amendments to the legal basis for MHO work, all of which are likely to significantly increase the workload. These include a Bill proposing a new process for authorisation for people who are regarded as lacking capacity but live in situations of restricted liberty, as well as further amendments that are likely to increase the requirement for MHOs to provide Social Circumstances Reports. These proposed changes further underline the requirement for urgent review of MHO services.

It is encouraging to see that the numbers of emergency admissions to hospital under short term admission have reduced, although this remains an area of scrutiny given national concerns about the overuse of this power. Overall, the numbers of Assessments undertaken by MHOs in respect of the Mental Health Care and Treatment (Scotland) Act shows only a slight reduction from last year's very high levels of activity.

In terms of actions under the Adults With Incapacity Act, there has been a significant lowering of numbers of Welfare Guardianship Assessments during the last year (from 47 the year previously down to 21). Reasons for this are not clear at this time, but may well

relate to the operation of a waiting list which delayed the commencement of some applications. This waiting list was reflective of the pressure on our MHO service and the fact that a number of MHOs within the Inverclyde area were not able to act in this capacity for a variety of reasons, including sickness, changes of job role and inability to perform the role of MHO because of other work pressures. These matters are also subject to further investigation as part of the wider review of MHO services.

Emergency detentions within office hours were consented to by MHOs in all but 5 cases - those that did not receive consented appear to relate to the degree of urgency in making the order.

The HSCP continues to commission a range of services to meet the statutory duties to provide accommodation and support services laid out within sections 25 and 26 of the Mental Health [Care and Treatment] [Scotland] Act 2003.

7. Improvement Approaches

Across the HSCP there is a variety of improvement approaches used. These include:

- self-assessment;
- audit activity;
- feedback from service users and carers (including arising from complaints);
- service reviews;
- significant case reviews;
- staff engagement;
- stakeholder engagement;
- performance measures.

Analysis from these approaches is triangulated to give an overall picture and to identify areas that need particular focus as part of an approach of continual improvement. This analysis is also used to inform our planning and strategic commissioning cycles.

8. User and Carer Empowerment

Our People Involvement Framework sets out the intentions of the HSCP in terms of promoting the principles of personalisation and empowerment of service users and their carers both in strategic and individual care planning. We are committed to developing a coproduction approach as our default position, and this will be fundamental to our HSCP Strategic Planning arrangements. However we recognise that this will involve a shift in culture and outlook within the organisation at all levels. We acknowledge the opportunity that Self Directed Support gives to change the way we support individuals and focus more on the strengths and aspirations of people who use our services; what matters most to them, and what they consider to be a good outcome.

Approaches to particular areas of work are focused on producing better outcomes for service users and their carers, making closer connections with community resources, whilst enabling individuals to feel that they are making a contribution to their community.

The People Involvement Advisory Group, supported by a local community organisation

Your Voice, consists of twelve representatives, who meet regularly with managers of the HSCP to discuss issues raised by individuals involved in any one of the 12 health and social care thematic groups. The Advisory Group has a potential reach of over 2000 people in Inverclyde and provides a clear and transparent route for individuals to raise concerns or offer suggestions for improvement relating to health and social care services.

Service users and carers were involved in the planning of the Strategic Plan for the HSCP and representatives were selected to become involved in both the Integration Joint Board (non-voting membership) and the Strategic Group with an expectation that they will keep their constituent members informed of developments. This will be further developed through Joint Commissioning processes, where service user and carer representatives will be involved in the planning and commissioning of future services.

Feedback from service users is fed into the Quarterly Performance Service Reviews, which allows managers to consider the quality of services and issues identified by service users and their carers. In addition, as part of the assessment care management system, individual reviews are conducted on a regular basis. This provides the opportunity for individual service users and their carers to comment on what issues or outcomes they wish to progress through their care plan and how these can be achieved.

Examples of coproduction approaches with service users and carers continue to develop with for example the involvement of Service users and carers in the development of the Continuing Care Facility replacing Ravenscraig Hospital. Service users have been active in the development of the Arts Strategy emerging around the development of the building. Carers and young people with Autism were also heavily involved in planning the event around the launch of the Autism Strategy and are committed to playing a leading role in the process of implementing the Action Plan.

Following on from the success of the Equal Partners in Care (EPiC) pilot, the HSCP continues to roll out briefing sessions around the principles of staff recognising carers as Equal Partners and emphasising the need for staff to identify carers and promote the self-assessment tool and signpost carers to the Carers Centre for support. As well as this resulting in benefits for carers, a greater understanding is also developing amongst staff about the role of carers and has enabled us to create pathway for carers and a consistent approach across the organisation. In the past year we have focused mainly on delivering the training to homecare and nursing staff, who are most likely to come into contact with carers and this has resulted in an increase in numbers of referrals.

The Dementia Strategy action plan for Inverclyde has a major commitment to developing a Dementia Friendly Community in Inverclyde. A coordinator has been recruited to initially pilot a geographical approach to this in a particular locality with a view to creating partnerships with local businesses, shops, post office, people with dementia and their carers, health centre staff, and transport providers. Partner agencies and people with dementia will be fully involved in this development.

Learning from Service Users and Carers

We are currently involving carers to express their views about the role of being a carer through the medium of drama, which has been delivered through the EPiC sessions. Carers have been able to portray what it feels like to be overlooked, feel isolated and not

have your voice heard in contrast with a carer who feels fully involved in the care planning process and feels supported and recognised. This approach has proved powerful in terms of conveying the message to staff. Young carers have also produced a DVD which is also about a day in the life of a young carer to help inform about the needs of young carers and how it can be difficult for them to have a life as a young person. This has been a good model for working in partnership with different stakeholders to ensure that different perspectives taken into account, showing that one size does not fit all, but that we can be adaptable enough to augment our approach depending on the situation. Case studies and focus groups continue to inform the development of plans and projects and we will continue to build on the development of the coproduction model in producing our new Carers Strategy, which will be due for completion in Spring 2016.

Progress being delivered around co-production and around SDS

The SDS team continues to work closely within the local community to ensure that SDS and the benefits it can bring are highlighted at every opportunity. The team are closely involved with the carers' centre and SDS is included as part of their ongoing programme for specific groups of carers. This ensures that carers receive information and advice from both the perspective of the carer and cared for at the earliest opportunity.

To help fulfil our duties under Section 19 of the SDS Act (duty to provide information on the range of providers and the variety of services they offer) the SDS team have worked in conjunction with CVS Inverclyde on the production of directories to ensure there is access to information about the range of opportunities available locally in the community and information about service providers.

We continue to support Circles Advocacy / Directions Project as people approach them for help and advice around individual care packages both before and after their support arrangements are in place.

We continue our membership of Scottish Personal Assistant Employers Network (SPAEN) and have two sessions planned specifically for people who are employing assistants using their funding. These sessions will cover Pension Auto-Enrolment and Being a Good Employer. We also plan to have SPAEN deliver sessions to frontline staff around direct payments.

At the beginning of April 2015, as part of the Scottish Government's SDS awareness week we worked closely with all the 3rd sector groups locally to arrange an awareness session with around 200 members of the public attending. This was well-received, with contributions from the third sector and other teams from the HSCP and providers both local and national. In the lead up to this the 3rd sector organisations supported us by being at the local health centres handing out leaflets about SDS and the event. This event was also publicised by the local radio station that devoted time in an interview with a member of staff from the Carers Centre to discuss SDS.

We will continue to ensure these links are maintained and strengthened as we continue to move forward with the implementation and delivery of SDS.

9. Workforce Planning and Development

CSWO Succession Planning

With the full transition to a HSCP status, the Chief Officer has taken the view that he intends to delegate the role and title of Chief Social Work Officer.

It is his intention subject to approval, that the Chief Social Work Officer role will be assumed by the Head of Children's Services and Criminal Justice.

The indicative timescale for this is January, 2016

More General Workforce Planning

A structure is in place to ensure that absence management information is provided routinely to management teams to ensure that our targets are monitored and improvement steps taken to address any issues affecting our performance. An audit is planned to commence for all absences over the 4% focussing on:

- the numbers referred to Occupational Health;
- the number of letters of concern issued;
- frequency of contact with staff member and how this is recorded;
- number of disciplinary hearings held linked to absence;
- support arrangements to facilitate return to work.

A centralised logging system for all council HR paperwork has now been implemented to ensure better and more efficient processes are in place to monitor and track recruitment and vacancy information. Work is continuing in developing a new reporting tool which will used to inform the staff partnership forum, and to shape the future workforce plan for 2016/17.

The HSCP has an established integrated Learning and Development Plan for both health and social work staff. Over the next 3 years this will be expanded into an integrated workforce development plan.

In delivering the Learning and Development Plan during 2014, HSCP staff:

- engaged in just over 2,000 eLearning courses;
- took up 2,140 places on 144 different in house and external short courses;
- supported 55 staff to achieve qualifications;
- offered practice learning placements to 87 students of which 22 were social workers and 5 social care staff. The remainder were nurses, health visitors and occupational therapists.

There have been collaborative approaches to learning and development in place across the HSCP. Examples delivered during 2014 include courses and other learning events on Adult Protection, Child Protection, Alcohol and Drugs, Suicide Prevention, Welfare Reform and Health Improvement. New collaborative multi agency approaches to learning and development have also been programmed for the coming year as part of our Dementia Strategy and in preparation for the new GIRFEC arrangements.

The HSCP has its own approved SQA Centre to help staff meet SSSC registration requirements. During 2014 the HSCP supported 36 staff to achieve SVQs related to social

care and health care at level 2, 3 and 4. This is part of an ongoing commitment to ensure that our workforce meet regulatory requirements. For example over the past 8 years 230 staff have gained SVQs through the HSPC Centre. Last year the HSCP also strengthened its systems for monitoring all registrations with the SSSC. In 2014 our SVQ centre supported our first informal carer candidate to achieve SVQ level 2 in Health and Social Care. The HSCP SVQ Centre has consistently gained SQA overall outcome grading's of 'significant strengths', the most recent external verification of our SVQ centre was July 2015.

The HSCP has a relatively small number of newly qualified social workers join the organisation each year. All new staff have access to a Welcome Pack & eLearning induction programmes. Newly qualified social workers also undertake core courses on public protection, SWIFT and specialist areas of practice. Professional support for the newly qualified social workers is very much guided by Senior Social Workers to ensure that their knowledge and practice experience develops together, rather than separately.

Leadership development has been promoted in a number of ways. An HSCP Event was held to start a debate about how to take forward Practice Governance within an integrated workforce. Speakers included Alan Baird from the Scottish Government. There were 49 practitioners and managers who attended from across the HSCP. There were also poster displays at the event to showcase good practice, led by staff across the service.
There is also a set of established programmes to enable HSCP supervisors and managers to build on their leadership capabilities. These programmes include qualifications such as the Chartered Management Institute (CMI) Certificate in Leadership awarded to two managers and the Professional Development Award (PDA) in Health and Social Care Supervision awarded to five supervisors during 2014 along with programmes such as NHSGGC's "Ready to Lead".

New Technologies have been used over the past year to support learning and development. In addition to the eLearning programmes already summarised, Play Station Plus (PSP) technology is available for staff where access to PCs is impractical. A shared internet portal has further been introduced for SVQ Centre candidates submitting evidence for their qualification.

The views of the workforce have been sought and used to inform the development of ways of working. For example a survey was conducted of current supervision practice which provided encouraging results about the use of supervision and its value. Feedback is being used to update the Social Work supervision policy which will be aligned to the supervision arrangements in health. A stress risk assessment was also completed across the CHCP during 2014. Health and Safety Executive Management Standards were used to benchmark our performance. The results are being used to inform work to reduce the incidence of stress in the workplace. Lastly, an NHS staff survey was completed in line with the NHS Staff Governance Standards to assess whether staff agreed that they were well informed, trained appropriately, involved in decision making, treated fairly and provided with a safe working environment. Across each of these areas, Inverclyde CHCP ratings were above the overall ratings for the Board as a whole.

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Health & Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/18/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health & Community Care**	**Contact No:**	**01475 715283**
Subject:	**Care Inspectorate Inspection of Learning Disability Day Opportunities, Fitzgerald Centre, Greenock**		

1.0 PURPOSE

1.1 The purpose of this report is to advise Members of the outcome of the Care Inspectorate inspection held on 20 November 2014 in relation to the Fitzgerald Centre Day Opportunities Service.

2.0 SUMMARY

2.1 The Care Inspectorate carried out an unannounced inspection on 20 November 2014.

2.2 Summary of Grades:-

Quality of Care and Support - 5 - Very Good
Statement 1 5 - Very Good
Statement 3 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

2.3 What the service has undertaken to meet the recommendations made at the last inspection:-

- The service has now implemented a person centred participation policy
- An audit of all service user care plans is now carried out annually

2.4 The feedback received from the people who use the service, and their relatives, was very positive.

- The Care Inspectorate met with three service users during the inspection and received 11 completed care standard questionnaires from the 45 sent out to service users,

with feedback received through the questionnaire being very positive towards the care and support received by service users. This was mirrored by Care Inspectorate discussions with service users during the inspection.

- One carer's comments during the inspection noted in the body of the report states "I am always made to feel very welcome when I come here, I am very, very happy with the centre"

3.0 RECOMMENDATIONS

3.1 Members are asked to note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 Learning Disabilities Day Opportunities Services are part of the Health and Social Care Partnership (HSCP). We provide services to adults with learning disabilities who live within the Inverclyde area.

Day Opportunities Services offer care and support to enhance an individual's quality of life and improve opportunities to be involved in lifelong learning, leisure and recreation, employment and social inclusion.

We promote independence, encourage and enable individuals to participate in community based activities of their choice.

The Fitzgerald Centre, along with Outreach and Community Supports, McPherson Centre and Golf Road Autism Unit, provide support for people to access a variety of resources within and outwith the local area.

4.2 For the Fitzgerald service, the Care Inspectorate carried out a low intensity inspection. This reflects the grading history of the service.

4.3 The grades this year consolidate the high level of achievement in previous years.

4.4 The actions and proposals in respect of the recommendations contained within the inspection report are listed below, with the details of action in response.

Action Plan

The service should ensure that all staff have access to regular, private and meaningful supervision with their line manager. This will ensure that all staff are given the opportunity to discuss their own development in their careers whilst allowing the line manager to monitor and document progress made.

Action Planned:

- A programme of supervision will be held with all staff on a 12 weekly basis
- Manager will supervise Senior Day Centre Officers and Day Centre Officers
- Senior Day Centre Officers will supervise support workers. They will also arrange 2 group supervision sessions for support workers per year
- All staff will receive an annual appraisal.

The service should develop a fully inclusive, outcomes focused service improvement plan which details areas for improvement to be addressed throughout the year and how these improvements will benefit the service as a whole.

Action Planned:

- A number of recording systems will be amended or introduced to record information.

Amendments:

- Care Plans, Activity Outlines, review paperwork have all been amended to record individual service users' outcomes. These have been piloted by Senior Day Centre Officers and have now been rolled out to all staff across the service.

- The service is currently setting up staff group sessions to discuss and gather staff views on SSSC Codes of Practice and National Care Standards to ascertain what we do well and where we could improve. This information will be recorded.

New Forms:

- New process of monitoring activities (spot checks) and gathering service users' views on

activities will be introduced. A monitoring form has been devised and we are currently planning the implementation of this new process.

- A questionnaire will be devised to send out to other stakeholders for feedback on our service.

Summary:

Incorporating the information gathered will inform a service improvement action plan (pro forma for recording action plan is in place) based on the information from the:-

- Quality Assurance form
- Service User Questionnaire
- Carer Questionnaire
- Consultation Folder

5.0 PROPOSALS

5.1 The Committee is asked to note the Care Inspection November 2014 report of the Fitzgerald Centre and the recommendations highlighted in the report, and progress made against these to date.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

Any costs associated with this report will be met from existing budgets.

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 There are no equality issues within this report.

	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.

Has an Equality Impact Assessment been carried out?

Repopulation

6.5 None.

7.0 CONSULTATIONS

7.1 None.

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate report, November 2014.

care inspectorate

Care service inspection report

Fitzgerald Centre

Support Service Without Care at Home

110 Lynedoch Street
Greenock
PA15 4AH
Telephone: 01475 715800

Type of inspection: Unannounced

Inspection completed on: 20 November 2014

HAPPY TO TRANSLATE

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003016286

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 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		N/A
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service demonstrated very good examples of how they involve each service user in assessing the quality of care provided by being involved in recruiting new staff and by working with existing members of the team to build their own care plans.

We observed very good communication techniques being used by the service in relation to those with more complex communication needs within the service.

The staff team were observed to be well trained, values based and very aware of the specific needs of each service user.

The service has developed an effective auditing system to ensure a quality service is provided and evidenced.

What the service could do better

The service will look to introduce a system of observational monitoring which includes the service users being involved in assessing the staff they work with.

The service should ensure that all staff are given more access to regular formal supervision sessions.

The service will use the information gained from surveys, questionnaires and its own quality assurance to develop an improvement plan for the service which can be used throughout each year to chart progress.

What the service has done since the last inspection

At the last inspection we made two recommendations, these have both been met.

The service has continued to match the needs and interests of its service users with the experiences and interests of its staff to ensure that service users can benefit from spending time with someone who shares their interests.

The outcome is the relaxed and jovial interactions between staff and service users that we observed throughout the inspection.

Conclusion

This is a very good service which provides good outcomes for each service user by consistently working to evolve and meet their changing needs

.

The service is eager to develop, evidenced by its willingness to take on board our suggestions for improvement.

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.

Managed by Inverclyde Council Education and Social Work Services, the Fitzgerald Centre registered with the Care Commission in April 2002 to provide, at any one time, a service to a maximum of 65 people with a learning disability.

The Centre's aims " to overcome personal and social disadvantage, inspire optimism, create opportunity, meet the needs and offer choice to those using our service."

There were a range of private and communal areas, including a garden, computer room and lounge available to those attending the Centre and visitors.

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 - N/A
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 0345 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

We wrote this report after an unannounced inspection which took place on 20 November between the hours of 9am and 4pm
We provided formal feedback to the service manager at 4pm on 20 November 2014.
In the course of the inspection we spoke with:

- Manager
- One Senior day centre office
- One catering coordinator
- One day centre officer
- Two support workers
- Three service users
- One family members.

We examined the following documents:

- Certificate of registration
- Employers liability insurance certificate
- Public liability insurance certificate
- Six care plans
- Staff communication book and diary
- Staff supervision and appraisal records
- Staff training records and plans
- Staff team meeting minutes
- Service health and safety folder
- Service user participation policies
- Service user financial records
- Service user and carer questionnaires
- Quality assurance audits
- Service complaints policy
- Accident and incident reporting.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

Quality Theme 1 - Statement 1
The service should create a participation policy for the centre which details the various opportunities within the centre for people who use the service and their carers to get involved in the development of the service.

Findings:
The service has now implemented a person centred participation policy. Please see Quality Theme 1 -Statement 1 for more details on this.
This recommendation has been met.

Quality Theme 1 - Statement 1
The service should carry out an audit of care plans to ensure that they are up to date, old information is archived and plans are signed by relevant parties.

Findings:
An audit of all service user care plans is now carried out annually.
For more information please see Quality Theme 1 - Statement 3 and Quality Theme 4 - Statement 4
This recommendation has been met.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

The provider identified what it thought the service did well, some areas for development and any changes it had planned.
We made some suggestions regarding the involvement of service users and staff in the self assessment process, these can be found under areas for improvement in Quality Theme 4 - Statement 4.

Taking the views of people using the care service into account

We spoke with three service users during the inspection and received 11 completed care standard questionnaire from the 45 we sent out to service users.

The feedback received through the questionnaire was very positive towards the care and support received similar to our discussions with service users during the inspection.

Their comments are included in the main body of the report.

Taking carers' views into account

We spoke with one carer during the inspection, comments from this meeting are noted are 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

During the inspection, we gathered evidence relating to participation; in particular, we examined support plans, minutes of reviews and participation meetings. We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

On entry to the centre, local advocacy groups advertise their services which are available to service users, we found evidence of continued use of this resource and could see that good working links have been made between the centre and the advocates. By involving this group, the centre can show that service users are given the chance to have their views heard by an independent source other than their own staff.

The views and experiences of service users on recently organised events are recorded through their contributions to the quarterly centre newsletter. This allows service users to review activities they have taken part in, providing encouragement for their peers to join in the social aspect of life in the centre.

We examined the centre's local participation policy, which sets out goals for service user involvement within the Fitzgerald centre. The main aim is to ensure that service users are able to choose how they get involved at a level appropriate to their needs. It states

"For some service users and carers within our day Opportunities Services receiving information about the service is enough. Others may want to be more actively

involved, both by giving their views and expecting to take part in decision making etc."

The centre also has a Consultation and Involvement strategy which is an outcomes focussed document outlining the processes for involving both internal and external stakeholders in the work of the service. Using this document specific outcomes are planned throughout the year.
(See area for improvement for further information).

The centre requests feedback from service users and families by using a series of questionnaires throughout the course of each year. These focus on areas such as their person centred plans, six monthly reviews and community involvement facilitated by the centre.

Carers are also asked for feedback through a more specific location based, local authority produced survey where questions relate to how valued and involved they feel in relation to the work of the service as well as a chance to comment on their experiences as carers.

The analysis of both kinds of questionnaires sampled were found to be positive.

We met with some carers during the inspection, asking them about the centre and how they feel in relation to the care provided to their relatives.

One commented;
"I am always made to feel very welcome when I come here, I am very very happy with the centre"

We examined service users care reviews which we could see are taking place every six months and are attended by the service user and a muti-disciplinary team of professionals involved in their care and support.

From speaking with service users, their families and by reading the reports and minutes of the meetings we could see that all are given a platform on which to have their say and that decisions on future plans are made by the service users themselves by being fully supported.

Areas for improvement

The service could re-examine their consultation and Involvement strategy to allow for updates to be added throughout the year when outcomes are achieved or marked progress made. This would allow the service to display its progress made on stated goals at any time during the year.

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

During the inspection, we gathered evidence relating to the health and wellbeing of service users; in particular, we examined support plans, medication records, accident/incident records and risk assessments.

We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

During the inspection we sampled six care plans, finding that each was very well laid out with good information relating to each specific area of the service user's care and support needs. The person centred and outcome focussed nature of each plan made it very easy for staff to be able to provide the appropriate support to each individual using the centre.

Healthcare information is also contained within the care plans, again giving the reader precise and up to date information regarding this important area of support. The centre has worked hard to develop strong links with medical professionals who are involved in the care of service users to ensure that specialist needs such as speech and language are properly addressed.

Each person using the service has a Person Emergency Evacuation Plan (PEEP) which has been developed to be specific to their needs and to be used in the event of an emergency to support them to safety.
(See area for improvement)

The centre provides each service user with a nutritious meal prepared by fully qualified catering staff at lunchtime each day. Feedback is sought from service users on the quality of the food and for their preferences regarding choices of meal.

This feedback is analysed and the menus changed to suit the choices made by service users. Pictorial menus are produced to assist in understanding of what is on the menu each day and staff will provide person centred support to anyone requiring more specific support to eat their meals.

Group activities account for a large part of each day in the centre with service users being offered the chance to take part in activities such as Music sessions, Gardening and Cooking/baking. This is run by staff with the aim of giving service users basic cooking skills and promoting their independence.
Service users are also offered the choice of attending external activities such as Bowling, Swimming or trips to the Cinema.

The daily recording diaries held by the service records the movements of each person using the service on a daily basis. We found that these diaries illustrated the wide range of activities undertaken within the centre and the huge amount of choice open to each individual.

All of these activities display a willingness on the part of the centre to maxmising the time spent with service users and in turn allow them to increase their own health and wellbeing by involvement in meaningful activity.

Areas for improvement

The PEEPs we examined in the centre had not been signed by the person who compiled them. The service could add a sign off sheet to each PEEP indicating who has made these plans for service users, when they were put into place and how often they are reviewed for accuracy.

We found protocols within care plans which detailed guidance for staff support in areas such as diabetes and food management. As above the service should try to ensure that not only are these protocols signed and dated for review but that they contain a degree of information which puts the guidance into some sort of context for the reader to understand why they are necessary.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment - NOT ASSESSED

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

During the inspection, we found that the service was very good at encouraging those using it to have their say on the staffing in the service. We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The service has continued its policy of involving service users in the recruitment and selection of new members of staff. Service users have been involved in meeting and greeting prospective candidates, asking questions at interview and showing them around the centre itself.

The service users and carers we spoke with during the inspection were very complimentary about the quality of staffing employed in the centre.

One commented:
"I like the staff, they treat me with respect" while another said "The staff are very good to XXX and are always very helpful".

The strengths noted in Quality Theme 1 - Statement 1 are also applicable here.

Areas for improvement

The service should consider implementing a system of observational monitoring of staff practice, involving the service users and allowing them to add their comments to the sessions. This would display further willingness to have service users contribute to the development of staff practice

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

During the inspection, we gathered evidence relating to professionalism, training and motivation of the staff; in particular, we examined staff training records/schedules, team meeting minutes and supervision records. We observed practice and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

During our time in the centre we observed interactions between service user and staff, finding this to be warm, caring and professional at all times.

The staff team meets regularly to discuss issues relating directly to their work in the centre. This provides good peer to peer support for the team and allows for full and frank discussions to take place and future plans to be made.

We spoke with a number of staff members while in the centre all of whom were very positive in their remarks with regards to the training opportunities provided to them and in their experience of working the Fitzgerald Centre in general.

We examined a list of staff training records, finding a wide range of courses which had been undertaken by the team and which were appropriate to the needs of the service users being supported.

Some centre staff have been trained to deliver service user specific training such as Epilepsy/Rescue Medication and Dementia training. This is a positive to the service as it allows training to be delivered at its own pace as and when necessary.

New staff are subject to a comprehensive induction period which new staff have remarked as being helpful.

One staff member commented

" It allowed time to be introduced to all service users and staff with plenty of opportunities for shadowing and to read appropriate materials before being expected to work on my own."

The manager is currently registered with the Scottish Social Services Council.
A number of staff members are qualified to the appropriate level to register with the Scottish Social Services Council when this is required.
The management of the centre has devised a schedule for ensuring all staff will meet the criteria within the alloted timescales.

Areas for improvement

While supervisions have been occurring in small numbers lately, the service management themselves acknowledge that they have not been able to conduct as many supervisions as they would have wished to do over the past months due to staff shortages.

We have discussed the frequency of intended supervisions and the merits behind ensuring that all staff are afforded a private and protected time for discussing their own career development issues and any work related agenda items.

We have suggested increasing the time between planned supervisions to every 10-12 weeks to ensure enough time has passed between sessions to avoid them becoming tokenistic.

This being said all staff we spoke with during the inspection have indicated a high level of morale throughout the staff team at present with everyone being aware of the pressures of smaller amounts of staff with which to work. We would reiterate however that protected supervision for staff is necessary to ensure all have adequate opportunities to address their own work related issues.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that all staff have access to regular, private and meaningful supervisions with their line manager. This will ensure that all staff are given the opportunities to discuss their own development in their careers whilst allowing the line manager to monitor and document progress made.

   NCS - Support Services - Management and Staffing Arrangements - 8

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

The strengths highlighted in Quality Theme 1 - Statement 1 are also applicable here.

In addition:

The centre is in the planning stages of a period of redecoration. We have seen evidence of the management team speaking with service users to gain their thoughts and opinions on how the place should look particularly in relation to colour scheme.

The centre operates to serve those who attend on a daily basis therefore it is pleasing to see that the service involves its users in deciding on all manner of issues affecting everyone.

Areas for improvement

The areas for improvement highlighted in Quality Theme 1 - Statement 1 are also applicable here.

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

During the inspection, we gathered evidence relating to the quality assurance systems used by the management team in the service; in particular, we examined auditing paperwork and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

The centre audits the service user's files including care plans for each service user in line with each six monthly review.

Each audit is completed by the Senior Day Centre Officers (SDCO's) who then feeds the information back to Day Centre Officers (DCO's) in the form of action plans with timescales clearly set out for any remedial work to be completed. The manager will monitor progress through supervision.

An ethos of shared responsibility has seen all members of staff take ownership of different audits ranging from financial recordings, medication checks, health/safety and environmental checks.

By sharing the responsibility for completing these regular audits, quality assurance has become the concern of all within the team, not just the management. All using and working within the service then benefit from the increased awareness of personal responsibility.

The centre has a widely available complaints procedure which has been posted on its noticeboard and also distributed to all service users and their families.

The carers we spoke with advised that they have never had the need to make a complaint however should they wish to they were aware of the process and have always felt that the managers door is open to anyone who wishes to discuss any concerns they may have.

100% of those who returned completed care standards questionnaires to us agreed or strongly agreed with the statement Overall, I am happy with the quality of care this service gives me.

Comments included:

"The day centre is a perfect time for me to get some respite, they know everything about XXX needs and they do it well".

The positivity found in the responses here was mirrored in the responses gained by the service's own questionnaires sent out

The service provider has developed and implemented adult support and protection guidelines, staff are all fully aware of the policy and their responsibilities within it.

The manager of the centre completes a Quality Assurance and Self Assessment monitoring form twice annually.

This audit looks at all aspects of the service under headings such as Safe Services, Healthy Environment for all, Achieving Choice and Achieving Potential and Outcome Focussed Support. Action points are raised from the findings of this piece of work. (Please see area for improvement).

Areas for improvement

The service should seek to use the action points coming from the monitoring form mentioned above (along with all other feedback gained from stakeholders) to compile a service improvement plan for the year ahead. This will be an outcomes focussed document which will have inputs from all using and working within the service to ensure it is fully inclusive of all point of view.

The document should lay out the service aims to achieve specific aims and will include clear guidance on who is responsible for individual tasks and the timescales involved. Updates should be added to the plan periodically to ensure it is being reviewed for continued accuracy.
(See Recommendation 1).

We received a completed self-assessment from the centre prior to beginning the inspection. While it was well put together and contained relevant information relating to the service at the moment, we suggested involving service users and staff more in the make up of the document.

This can be done by placing the topic of the self-assessment on the agenda for each team meeting and service users review throughout the year. This means all stakeholders can make comment on what they believe the strengths and areas for development of the service are, which in turn can help to shape the future development of the service delivery.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should develop a fully inclusive, outcomes focussed service improvement plan which details areas for improvement to be addressed throughout the year and how these improvements will benefit the service as a whole

   NCS - Support Services - Management and Staffing Arrangements - 4

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	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - Not Assessed	
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	
14 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
11 May 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
4 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
1 Sep 2008	Announced	Care and support Environment	4 - Good 3 - Adequate

		Staffing	3 - Adequate
		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

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

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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.

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Inverclyde council

AGENDA ITEM NO: 5

Report To:	**Health and Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/20/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**CARE INSPECTORATE REPORT ON INVERCLYDE CARE AND SUPPORT AT HOME SERVICE**		

1.0 PURPOSE

1.1 The purpose of this report is to advise Members of the outcome of the annual inspection of the Care and Support at Home Service.

2.0 SUMMARY

2.1 The Care Inspectorate carried out an unannounced inspection between 22 and 29 May 2015. Reflecting the history of previous inspections, it was carried out on a low intensity basis.

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:-

Quality of Care and Support (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 and, in particular that no recommendations or requirements were issued by the Care Inspectorate.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde Council's Care and Support at Home Service has been registered with the Care Inspectorate since April 2011 to provide an integrated Housing Support and Care at Home service to people living in their own homes.

The Service includes Reablement, Homecare, Meals on Wheels, Respite, Community Alarms, Telecare, Benefits Maximisation and a Rapid Response service. The majority of the service is provided by staff employed by Inverclyde Council although services are also contracted out to the private or voluntary sector.

The principal aim of the service is to enable people to live as normal and independent a life as possible in their own home. Specific objectives are:-

- To provide homecare services to assist people in their own homes and enable them to remain there
- To provide homecare in a way which will ensure that the independence of service users is enhanced and their lifestyles are safeguarded
- To provide homecare in a way that demonstrates respect for the service users' home and possessions
- To manage homecare services in a way that ensures Service Objectives and the Charter of Rights for Homecare Services are fulfilled and quality standards are met.

4.2 The Care Inspectorate highlighted that:-

- The majority of people who used the service that we spoke with or received questionnaires from were very positive about the quality of care and support provided
- Meaningful participation of service users and their relatives/carers continued to be embedded in the culture and ethos of the service
- Social care and healthcare needs were well supported through collaborative working with healthcare colleagues and other agencies
- Staff were well trained, professional and provided care and support in a person-centred way
- The quality of service was complemented by very good use of reablement, telehealthcare, telecare and assistive technology
- The provider was very good at quality assurance and continually strived for improvement.

4.3 Whilst making no recommendations or requirements, the Care Inspectorate concluded that some improvements could be made to further enhance the service in the following ways:-

- Further improving participation in the service user focus groups;
- Further improvements in complaints recording;
- Further improve communication with service users who have communication impairments.

4.4 Summary of overall grades:-

Quality of Care and Support — Overall Grade 5, Very Good
Statement 1 Graded 6
Statement 4 Graded 5

Quality of Staffing — Overall Grade 5, Very Good
Statement 2 Graded 5
Statement 4 Graded 5

Quality of Management and Leadership Overall Grade 5, Very Good
Statement 2 Graded 5
Statement 4 Graded 5

5.0 PROPOSALS

5.1 The grades awarded reflect that Inverclyde's Care and Support at Home Service continues to operate at a very high standard. Continuous improvements in the service have been noted by the Care Inspectorate, enabling the service to sustain gradings from previous years.

6.0 FINANCE

6.1 Financial Implications:

Any costs associated with this report will be met from existing budgets.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

REPOPULATION

6.5 There are no repopulation issues within this report.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP).

8.0 BACKGROUND PAPERS

8.1 Care Inspectorate Report.

Care service inspection report

Full inspection

Care & Support at Home
Housing Support Service

Hillend Centre
2 East Crawford Street
Greenock

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2004078041

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

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Dundee
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Summary

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

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

We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The majority of people who used the service that we spoke with or received questionnaires from were very positive about the quality of care and support provided. Meaningful participation of service users and their relatives/carers continued to be embedded in the culture and ethos of the service. Social care and healthcare needs were well supported through collaborative working with healthcare colleagues and other agencies. Staff were well-trained, professional and provided care and support in a person-centred way. The quality of service was complimented by very good use of reablement, telehealthcare, telecare and assistive technology. The provider was very good at quality assurance and continually strived for improvement.

What the service could do better

The provider had good insight into the areas for development that needed addressed to further improve the service. We discussed some areas for improvement identified at this inspection, including improving participation in the service user focus group, signposting the provider to guidance for further improving complaints recording and discussing how staff can further improve communication with service users who have communication impairments.

Managing staff sickness/absence is also an area that the provider continues to try and improve.

What the service has done since the last inspection

The service has maintained very good quality standards across all four quality themes since we last inspected the service. The quality of participation around care and support is excellent.

Conclusion

Care & Support at Home is a very well liked and well received service by the people who use it. The staff in the service work hard to improve standards of care whilst promoting independence and person-centred care. There is a very good culture of learning and continuous improvement. Some elements of the service are innovative. The service is prepared to try new ideas with the involvement of people who use the service at every stage. Any areas for improvement that have been identified at this inspection are clearly understood by the provider and we are confident that they will work hard to address these.

1 About the service we inspected

Inverclyde Council's Care & Support at Home service has been registered with the Care Inspectorate since April 2011 to provide an integrated Housing Support and Care at Home service to people living in their own homes.

The service includes reablement, home care, meals on wheels, respite, community alarms, telecare, benefits maximisation and a rapid response service. The service is mainly provided by staff employed by Inverclyde Council although services may also be contracted out to the private or voluntary sector.

The principal aim of the service is to enable people to live as normal and independent a life as possible in their own home. Specific objectives are:

- to provide home care services to assist people in their own homes and enable them to remain there
- to provide home care in a way which will ensure that the independence of service users is enhanced and their lifestyles are safeguarded
- to provide home care in a way that demonstrates respect for the service users' home and possessions
- to manage home care services in a way that ensures Service Objectives and the Charter of Rights for Home Care Services are fulfilled and quality standards are met

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where

failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 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 0345 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

We wrote this report following an unannounced inspection. The inspection was carried out by two inspectors. The inspection started on Friday 22 May 2015 and continued over four days on various dates and times until Friday 29 May. We gave feedback to three team leaders on Friday 29 May 2015.

As part of the inspection, we took account of the self assessment form that we asked the provider to complete and submit to us.

We sent 200 care standards questionnaires to the manager to give to service users to complete and we got 89 completed questionnaires back.

We asked the manager to give out 100 questionnaires to staff and we got 43 completed questionnaires back.

During this inspection we gathered evidence from various sources, including the following:

We met and spoke with:

- 35 service users in five focus groups
- Three team leaders
- Six home support managers
- Eight senior home support workers
- Eight home support workers
- Four members of the business performance team
- Three members of the community alarm/tele-care team
- One manager from Inverclyde Centre for Independent Living (ICIL)

We also met with a sample of service users in two daycare settings, which included people who also received care from the service in their own homes.

We looked at:

- The participation strategy. This is the service's plan for how they will involve service users in all areas of the care service.
- A sample of personal plans and single shared assessment care plans.
- Service newsletters.
- A client feedback report (collated responses).
- The online scheduling and monitoring system (CM2000).
- A performance review report (April 2015).
- A sample of client observation reports.
- A sample of staff training records and a staff training plan.
- Home Support Workers Procedures and Handbook.
- The provider's complaints policy and procedures.
- A sample of accident/incident/complaint records.
- The registration certificate.
- Public liability insurance.
- Employers liability insurance.
- A sample of minutes of meetings with service users, carers and staff.

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.firescotland.gov.uk

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 by the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment process.

From the self assessment the provider, manager and staff had compiled a development plan for making further improvements to the service. This took account of the views of service users, relatives and carers.

Taking the views of people using the care service into account

For this inspection we received views from 124 people using the service. 89 people gave their views via care standard questionnaires that we asked the manager to give to people using the service. We also spoke with service users in small focus groups.

The majority of people that we spoke with or who completed our questionnaires said that they were happy or very happy with the overall quality of the service.

Additional comments from service users are included in the body of this report.

Taking carers' views into account

We did not have the opportunity to speak with any carers at this inspection.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

At this inspection, we found that the performance of the service was excellent for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

As noted at the last inspection, meaningful participation of service users and their relatives/carers was embedded in the culture of the service. As at the last inspection, we saw that staff valued their involvement and recognised their right to be consulted and involved when making decisions about the care and support to be provided.

The service tried to promote participation wherever opportunities arose and explored new ways to do this. For example customer feedback forms not only asked for feedback but invited people who used the service to become focus group members, take part in focus group roadshows in the community, be involved in staff recruitment and contribute to the staff training programme. This demonstrated to us that the service was open, transparent and valued contributions from the people who used the service.

Comments from service users that we met during the inspection included:

"I would grade the service excellent overall."
"Its very good."
"I don't think you could ask for better. They go out of their way to satisfy you."

Service users had a written agreement when they started using the service. They and their representatives were actively involved in putting this together along with their personal plan of care. Having a written agreement lets people know what their rights are and what to expect from the service. The personal plans we looked at reflected service users' needs, choices and personal preferences in very good detail overall. There was evidence to show that staff had recorded and respected the choices of individual service users.The participation by service users in the service users focus group and staff training group was well established. The involvement of service users in staff training aimed to raise awareness amongst home support workers and other staff of the importance of using a person-centred approach when providing care to people in their own homes. Feedback from service users and carers suggested that this was done very well.

Since we last visited the service, the provider had introduced SHANARRI as part of the initial and on-going assessment of people's care and support needs. This was an interesting development but it was too soon for us to assess how effective this tool was in improving outcomes for people. That said, it was another excellent example of a provider who is willing to try new ideas. We will revisit this at a future inspection.

SHANARRI is a set of eight indicators to assess a child or young person's overall wellbeing and identify any concerns.

The provider had adapted these indicators for use with adults. SHANARRI stands for:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

The majority of people that we spoke with and who completed our questionnaires were aware of their personal plans, the information contained in them and in communication diaries. Overall, people strongly agreed or agreed that their needs and preferences were detailed in their plans and that the service checked with them regularly that they were meeting their needs. The benefits of including service users in regular planning and reviews of their care include better person-centred care, more timely adjustment of support and regular feedback about the quality of care being provided.

Excellent introductory information about the service was available and this was supplemented by a welcome pack given to all users of the service. This meant that people who used the service could access key information in their own time about a range of issues. Examples included information on any service charges, how to use the community alarm system, out of hours contacts, respite services and reablement services.

Inverclyde Council had updated it's website recently and this had a very useful section dedicated to information about health and social care services and this registered service in particular, (see http://www.inverclyde.gov.uk/health-and-social-care). This meant that existing and prospective users and carers could easily access information about the services that might be available to them.

Areas for improvement

Some of the feedback we received from service users was that they might become more involved in the service user focus group if some of the meetings were held in daycare settings which people who received care at home also attended. We shared this feedback with the provider.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use a range of communication methods to ensure we meet the needs of service users."

Service Strengths

At this inspection, we found that the performance of the service was excellent for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

Service user communication needs were assessed by staff at initial referral to the service and where necessary at care review meetings.

The provider used a range of communication methods and systems to communicate with service users. Information for service users could be provided in alternative formats to aid communication. For example the seasonal newsletter could be provided in an audio format. For people where English was not their first language an interpreter service could be accessed.

Staff communication was also an area of importance as many staff worked in the community alone or in dispersed teams. Good communication with staff was aided by the use of smart technology. An example of this was the electronic monitoring and scheduling system. This system allowed information about service users' needs, changes or special instructions to be sent to staff quickly via the mobile phone system. The phone system also monitored the timing of visits and the staff who attended.

Communication between staff and service users included the use of support plans and communication diaries kept in service users homes. This meant that staff visiting the service user could access the most up date information about any support needs the individual required. Family members and other carers could also use the communication diary as a means of passing information to staff when they were not present in the service user's home.

A new development since we last inspected the service was the use of an electronic document management system which had improved access to written client information and other correspondence. This meant that important information was held centrally and could be accessed by staff, (with appropriate permissions), more speedily than the previous system used.

Staff also had access to training in communication skills through e-learning. Examples of the available training included effective writing and report writing.

Areas for improvement

Some staff that we spoke with advised that they had developed "ad-hoc" or improvised methods for communicating with service users who had difficulties in this area. Examples included learning gestures/signing from family members, use of electronic tablets or written materials to assist with communication. It would be helpful if staff who were supporting people with a communication need also had formal training in appropriate communication techniques at an early stage of providing support. The provider should explore this area further with staff teams.

Many staff supported people with cognitive or memory impairments, the most common of these being people with a diagnosis of dementia. Although many staff had received training in dementia awareness, we discussed with the provider developing some staff's level of expertise in this area further, in line with Scottish Government's "Promoting Excellence" framework.

"The NES/SSSC Promoting Excellence framework details the knowledge and skills all health and social services staff should aspire to achieve in relation to the role they play in supporting people with a diagnosis of dementia, and their families, and carers." (see http://www.gov.scot/Publications/2011/05/31085332/2 accessed 27 July 2015.).

The provider agreed to look at this further.

Grade

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 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with guests and staff, observed practice and examined a range of relevant documentation.

We looked at a sample of recruitment and training records for staff that were employed in the service. This included staff who had recently been recruited by the provider. The provider had a clear and comprehensive procedure for recruitment which followed good practice. This was carried out centrally by the provider. The process included seeking appropriate references, carrying out criminal records checks and checking that staff, who were required to, were registered with appropriate professional bodies.

In the sample of staff recruitment files that we examined good use was made of an interview checklist to record that each step of the interview process had been followed correctly and to allow the provider to make a measured assessment of each candidate.

We met with members of the service user Focus Group who told us that they were invited to be part of the recruitment process for new staff. This demonstrated that the provider considered the views of service users as important when employing new staff to the service. We saw an example of an interview "pre-questionnaire" which was used by members of the focus group to assist in their assessment of the qualities of candidates that were being considered for employment by the provider.

99% of service users who completed care standards questionnaires, (89 responses), said that they were confident that the staff working in the service had the skills to support them.

The provider also issued staff with a comprehensive handbook which detailed the provider's key policies and procedures. This was a helpful reference resource for staff that clearly indicated the rights and responsibilities of new and existing employees.

Areas for improvement

We noted in the sample of staff recruitment and training records we examined that the period of time between some staff joining the service and receiving core training could be a few months. Examples that we noted included one employee who received core training four months after starting employment and another who received this training five months after being employed.

The service manager did advise us that if a specific training need was identified to support a client that this would be provided before the staff member was placed with a service user, (although we could not confirm this from the information available to us). Similarly, a small number of new staff did not have a record of regular supervision following employment although the provider had a supervisory procedure specifically for new employees. It would be helpful to have a written record of supervision and support for all new staff, particularly in the early stages of their employment.

We asked the manager to review this issue to make sure that all staff were appropriate skilled prior to working with clients. She agreed to review this.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with guests and staff, observed practice and examined a range of relevant documentation.

Service users that we spoke with and who completed our questionnaires consistently indicated that they were treated with respect and dignity. 100% of service users who completed care standards questionnaires, (89 responses), strongly agreed or agreed that staff treated them with respect.

Comments from service users included

"The good thing is that the professional people listen to you."
"Quite happy with the service. All the staff are nice."
"Staff very good and protected my dignity."
"My mum's carers are like a godsend to her because it encourages her to get out of bed every morning and get motivated. She greatly appreciates the care they provide and the chats they have which keep her connected to life outside as she doesn't go out much."
"The girls are all nice and considerate, very adept at their work and they treat me with respect and most importantly they make me laugh!"
"(Anon) would like to highly commend the regular Home Support Worker, (HSW). She is very caring and (Anon) feels very lucky that she has such a good HSW on a regular basis."

In the sample of staff training records that we looked at we saw that staff had opportunities to participate in training on subjects that were relevant to treating both service users and staff with respect and, where necessary, taking action to protect people from abuse or exploitation.

Examples included training on equality and diversity; child and adult support and protection and re-ablement training. This meant that staff had good access to information to help them better support and protect service users as individuals.

The goal of helping people to remain as independent as possible and involving service users in decisions about their care and support was embedded in the service. This demonstrated that the provider valued and respected the views of service users and carers when planning and delivering support.

Areas for improvement

We met with focus groups of staff employed in a range of positions and roles. Although overall, the majority of staff indicated that there was an ethos of respect towards service users and each other, one particular staff group, (Senior Home Support Workers), indicated that they felt undervalued by the provider. Reasons given by staff for feeling this way included the rapid expansion of the duties of this position with no additional resources or time, variable feedback and communication from senior managers and poor succession planning to fill vacancies when staff left the position of Senior Home Support Worker (SHSW).

That said, it was clear through discussion with the registered manager, service users and staff groups from other levels in the organisation that the majority of people recognised the challenges in the last year for all staff, and the SHSWs in particular. The provider and management team had a good understanding of the issues and a clear plan to try and resolve them. We will revisit progress with this at future inspections.

Grade

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 2

"We involve our workforce in determining the direction and future objectives of the service."

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with guests and staff, observed practice and examined a range of relevant documentation.

We received 43 questionnaires back from staff who worked in the service. Of these 43 responses, 39 staff indicated that the service asked for their opinion on how it can improve and four people disagreed with this statement.

From our questionnaires, 40 staff indicated that they had regular supervision with their manager. Three out of 43 staff who responded said they did not receive regular individual supervision with their manager.

Additional comments from staff that we spoke with or who completed our questionnaires included:

"I am very happy with my work and get great satisfaction. Also I am happy with training and help in anything I ask." (Home Support Worker).
"I enjoy my job and feel well supported by my management team. Overall, I think we provide a fantastic service to our service users." (Other Support Worker).
"Homecare is a very good service for the service users in the community to enable them to stay in the vicinity they have been accustomed with."

We met with focus groups of different staff teams. Staff consistently told us that they received very good support from their managers, had regular team meetings and staff supervision. This meant that staff had very good opportunities to share new information, review their performance and be involved in ongoing decisions about the development of the service.

Areas for improvement

See areas for improvement under Quality Theme 3 Statement 4

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with guests and staff, observed practice and examined a range of relevant documentation.

As we noted at the last inspection, we concluded that the management of the service was well organised, continually striving for improvement and responsive to service user feedback. Individual members of staff were responsible and accountable for specific parts of the service including monitoring and reviewing quality standards. We also found that there were effective structures in place to support the day-to-day delivery of the service including good communication and reporting systems.

The service benefitted from input from the business support team that provided managers and senior staff with relevant quality assurance and management information. This information could be provided on a broad scale across the whole of the service but could also be broken down to individual team level. This was very helpful in identifying any inconsistencies or concerns regarding service delivery but also demonstrated where the service was working well. A good example of this was how the provider was using the management information to try and improve consistency of staffing out of hours and weekends, which was still an issue for a small number of service users that we spoke with. Improvement in this area meant service users received consistent support from care staff that they were familiar with.

We made one recommendation under this quality statement following the last inspection of the service. This was that the outcome of complaint investigations should be communicated in a consistent manner. This should take account of the provider's own policy and procedures.

Complaints should consistently detail whether the complaint is upheld or not and should also consistently signpost the complainant to where they can get further advice and/or appeal the outcome of the complaint.

We looked at a sample of complaints, how they were recorded and how the outcome of complaints investigations were communicated by the provider to people who had made a complaint to the service.

A positive development with complaints handling since the last inspection was that all complaints were now managed through the provider's complaints department, rather than through different departments. This should help with monitoring complaint trends and outcomes. The provider had also reviewed and updated the complaints procedure, although this was still in draft form. There was also a strong emphasis on "frontline resolution" of complaints which meant that complaints were dealt with quickly and appropriately by frontline staff.

That said, we still identified some further areas for improvement that should be addressed by the provider. (see areas for improvement below).

Since the last inspection the CM2000 system had been implemented across all of the service and had been rolled out to partner providers. This allowed information about service users' needs, changes or special instructions to be sent to staff quickly via the mobile phone system. The phone system also monitored the timing of visits and the staff who attended.

Areas for improvement

In the sample of complaints that we looked at we identified that there were still some areas that could be improved. In particular, the way that complaint investigations are recorded and how complaint outcomes are communicated to complainants.

We signposted the provider to the following guidance and they agreed to look again at this aspect of their complaints handling practice:

The Scottish Public Services Ombudsman, (SPSO), model complaints handling procedure states:

"Service providers should ensure that they have a system in place to record all relevant data about a complaint. As a minimum this would include:

- The category or nature of the complaint (e.g. complaint about staff attitude, complaint about service provision)
- The service or area of the organisation complained about
- What action was taken to resolve the complaint
- The outcome of the complaint
- Whether the service user was satisfied with the outcome."

(SPSO. 2011. Guidance on a model complaints handling procedure. Accessed at http://www.spso.org.uk/sites/spso/files/communications_material/leaflets_buj/Guidance-on-a-Model-Complaints-Handling-Procedure.pdf on 26/07/15).

We discussed with the provider, how staff sickness/absence was being managed as this had been highlighted as an issue by the provider in their annual return submission to us. The provider was well aware of the issues and the potential impact on service delivery to service users. We were confident that the provider was actively working on improvements in this area. We will revisit this at a future inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. The outcome of complaint investigations should be communicated in a consistent manner. This should take account of the provider's own policy and procedures. Complaints should consistently detail whether the complaint is upheld or not and should also consistently signpost the complainant to where they can get further advice and/or appeal the outcome of the complaint.

NCS 11 Care at Home - Expressing Your Views

This recommendation was made on 30 May 2014

The provider had addressed this recommendation in part. We have identified further areas for improvement and signposted the provider to guidance in this area. See Quality Theme 4 Statement 4 for more information.

7 Complaints

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

8 Enforcements

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

9 Additional Information

There is no additional information.

10 Inspection and grading history

Date	Type	Gradings	
30 May 2014	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
31 Oct 2012	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
4 Oct 2011	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
24 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 4 - Good
21 Aug 2009	Announced	Care and support Environment Staffing	4 - Good Not Assessed 4 - Good

		Management and Leadership	4 - Good
5 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good

To find out more

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You can also read more about our work online.

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

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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.

Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Health and Social Care Committee**	**Date: 22nd October 2015**
Report By:	**Brian Moore** **Chief Officer** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:** **SW/25/2015/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No:** **01475 715285**
Subject:	**HSCP COMPLAINTS ANNUAL REPORT**	

1.0 PURPOSE

1.1 The purpose of this report is to inform the Health and Social Care Committee of the annual performance of the Health & Social Care Partnership (HSCP) with regard to the operation of complaints procedures in respect of Social Work functions. The statutory procedures are determined by the Scottish Government Guidance and Directions (SWSG5/1996).

1.2 This Annual Report provides the analysis of complaints relating to Social Work Services, received by Inverclyde HSCP for the period 2014 – 2015.

2.0 SUMMARY

2.1 The annual report provides the following information:

i. Performance Information
ii. Analysis of complaints activity
iii. Update of learning from complaints.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Health and Social Care Committee note the annual performance of the HSCP in respect of statutory complaints procedures.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The purpose of this report is to inform the Health & Social Care Committee of the annual performance of the Statutory Social Work complaints procedures.

4.2 The Complaints Procedure is issued by the Chief Officer of the Inverclyde HSCP, and meets the requirements of the Statutory Social Work (Representation and Procedures) (Scotland) Directions 1996 (SI 1990/2519) hereafter referred to as Social Work Complaints.

4.3 The Quality & Development Service has the lead responsibility for managing, co-ordinating and recording complaints across the HSCP. The contracted Social Care Services also fall under this function.

4.4 The appendix to this report includes details of the following:

- Annual Performance of Frontline Resolution & Investigated Complaints
- Analysis of complaints in respect of:
    - Adult Community Care
    - Children's Services and Criminal Justice
    - Mental Health, Addictions and Homelessness
    - Planning, Health Improvement and Commissioning
- Learning from Complaints, Compliments, Comments and Thanks

5.0 PROPOSALS

5.1 Public Sector scrutiny and complaints handling

The Scottish Government endorsed the recommendations made in The Fit-for-Purpose Complaints System Action Group and The Sinclair Report (November 2008). The Public Services Reform (Scotland) Act 2010 was introduced to streamline, simplify and invoke a consistent complaint handling system as good practice in all Public Services in Scotland. Work is ongoing by the Scottish Government and SPSO to streamline the Social Work Complaint Procedure into a simplified three stage process as is currently the case for complaints in other parts of the public sector. Inverclyde Social Work Services previously operated a 5 stage complaint process. The proposed removal of stages 3 and 4 are set out below.

5.1.1 Stage 3 - Review by the Chief Social Work Officer (CSWO)

The Chief Social Work Officer Review was incorporated into Inverclyde social work complaint procedure process in late 1996. This additional stage gave a further opportunity to scrutinise Social Work practice and resolve complaints prior to an appeal by the complainant to the Complaint Review Committee (CRC). This 3rd stage in the procedure is a non-statutory requirement of the process and does not comply with the principles of the streamlining of complaint as set out in the Fit-For-Purpose Crerar and Sinclair reviews. Committee members are asked to note that from 1st April 2015 this interim stage has been removed from the HSCP complaint procedure.

5.1.2 Stage 4 – Social Work Complaint Review Committee (CRC)

The Fit for Purpose review of complaint handling identified that a barrier to achieving the streamlining of Social Work Complaints, was the appeal stage of the process. It is the view of the Scottish Government in consultation with the 32 Local Authorities in Scotland, that the Complaint Review Committee (CRC) function is no longer fit for

purpose and recommends its removal from the statutory framework to be replaced by adjudication of the SPSO. However, as this function is set out within the statutory complaint procedure, legislative change is required prior to the transfer of this function to the SPSO. It is envisaged that to implement such change requires repeal of the Social Work (Scotland) Act 1968. The timeframe for this reform to be complete is estimated as within 18 months to 2 years.

5.2 Integrated / Aligned Complaints Procedures

In line with the aforementioned legislative reforms and principles, the HSCP has developed a single integrated/aligned complaints handling procedure which has streamlined the stages in the process across all services.

This new procedure incorporates a three stage process with the caveat of the statutory inclusion of CRC for Social Work related complaints. This has included an alignment of procedural guidance and response timescales. The Quality & Development Service liaised with the SPSO Complaints Standards Authority (CSA) in developing the process to ensure compliance with the current legislative framework and anticipated changes to complaint handling procedures.

5.3 Complaint Handling Training

5.3.1 Frontline Resolution

The Quality & Development Service developed and delivered 4 half-day training session events in June 2015 for administration and frontline HSCP staff. This training incorporated the overview of the complaint landscape, understanding of the complaint procedure, first contact skills, frontline resolution process, de-escalation techniques and unacceptable behaviour.

5.3.2 Complaint Investigation

The HSCP developed the procedure in consultation with the Scottish Public Services Ombudsman (SPSO) and jointly developed and produced a bespoke package of training for employees who will investigate complaints on behalf of the HSCP.

The focus of this training was on the

- ✓ Procedures, timescales and Processes,
- ✓ Early resolution,
- ✓ Investigation,
- ✓ Analysing information,
- ✓ Providing a written response,
- ✓ Learning and Service Improvement and,
- ✓ Managing unacceptable behaviours

80 training places were offered over 4 full day sessions during April and May 2015. The overall feedback from participants was positive and the relevance and support to their operational roles were recognised and well received. Further training sessions will take place as identified and delivered by the Quality & Development Complaint Team Leader.

6.0 GOVERNANCE

6.1 The HSCP has a Corporate Governance process for complaint handling and reporting of complaints activity as follows:

- Participation in the Inverclyde Council Corporate Complaints Steering Group

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meetings
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Review (OPR)
- Parent Organisational Corporate Complaint Reporting

7.0 FUTURE PLANNING 2015-2016

7.1 Integration of Complaint Process

The HSCP will use the next reporting period to embed the new complaint handling procedure across service. The Quality & Development Service will continue to offer guidance and support to the services as the new process develops. Once the national position is clarified with regard to the future role of the SPSO and the CRC, we will aim to fully align our procedures for all complaints, regardless of whether they are in respect of Social Work, NHS or a combination of the two.

7.2 Learning From Complaints / Quality Assurance

HSCP will fully implement the Learning and Service Improvement Action Planning process as part of the new Integrated Complaints Procedure. This essential part of the complaint process will be shared and monitored through the Clinical & Care Governance Group to ensure learning is shared across the organisation.

Contracted Health & Social Care Provider complaints will also continue to submit quarterly complaint performance information. Further they will now be required to demonstrate to the HSCP how they are learning from such activity.

8.0 IMPLICATIONS

FINANCE

8.1 Financial Implications:

Any costs associated with this report will be met from existing budgets.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

8.2 There are no legal issues within this report.

HUMAN RESOURCES

8.3 There are no human resources issues within this report.

EQUALITIES

8.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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

8.5 There are no repopulation issues within this report.

9.0 CONSULTATIONS

9.1 N/A

10.0 BACKGROUND PAPERS

10.1 Government Response to Crerar Review, The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland. The Scottish Government, (January 2009).

10.2 Inverclyde Community Health and Care Partnership Aligned Complaint Procedure.

10.3 Scottish Executive Circular – SWS56/1996.

10.4 The Report of the independent review of regulation, audit and Inspection and complaints handling of Public Services in Scotland, Crerar Review (September 2007).

10.5 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008).

10.6 The Public Services Reform (Scotland) Act 2010.

Appendix 1

Inverclyde Health & Social Care Partnership
Annual Complaints Report
2014 – 2015

Contents

1. Introduction

1.1 Inverclyde Health & Social Care Partnership (HSCP) has 1666 members of staff and serves a population of 79,860. We aim to deliver high quality health and social care services and to use the views and experiences of the people who use our services as part of the process of continuous improvement.

1.2 The HSCP values complaints, comments and complements as a vital part of gaining feedback from the people who use our services. The Quality & Development Service captures complaint activity and coordinates those which can be dealt with quickly or those which require further investigation. As a learning organisation, the HSCP takes every opportunity to learn from the feedback received from the people who use our services. As part of the Quality Assurance Framework, this information provides opportunities to identify gaps in systems, performance or processes which may require review or improvement. Such continuous learning ensures we have a consistent, accountable and transparent approach in the delivery of health and social care to the residents of Inverclyde.

1.3 Governance arrangements are in place to facilitate reporting and analysis of complaints within the HSCP as well as feeding into the partner organisations NHS Greater Glasgow & Clyde (NHSGG&C) and Inverclyde Council reporting systems and processes.

1.4. This report contains performance information in respect of social work complaints, comments & complements from **1st April 2014 to 31st March 2015**. An HSCP complaints report will also be submitted to a future Integration Joint Board, and that will also include information about complaints in respect of NHS services.

2. Summary of Performance

2.1 Number of Complaints

2.1.1 For the purposes of this report, complaints are subdivided into Frontline Resolutions or Investigations.

2.1.2 **Frontline Resolution:** relates to complaints which are not regarded as complex, and can be resolved immediately or relatively quickly by those individuals directly involved in delivering the service.

2.1.3 **Investigation:** relates to complaints which are required to have a more detailed review or regarded as complex.

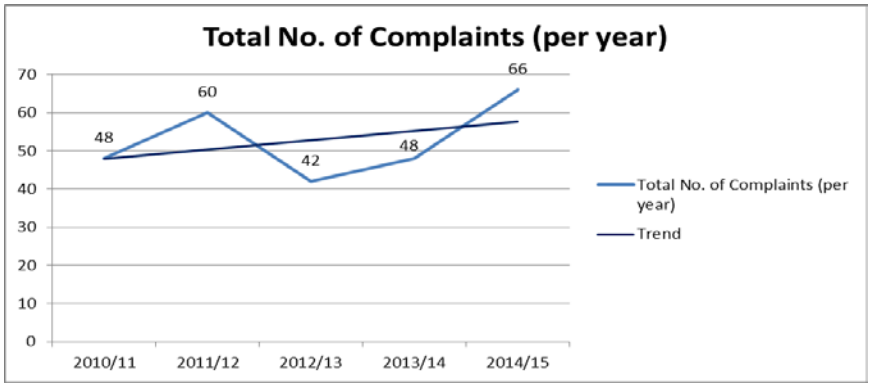
2.1.4 The HSCP received a total of **64** social work complaints during the reporting period. Of these, 51 were investigated and 13 were resolved at source.

Table 1 – Number of Complaints 2014-2015

	Number of Investigated Complaints	Number of Front Line Resolutions
Social Work Service Complaints	51	13

2.1.5 Complaints received and investigated since the formulation of the Community Health & Care Partnership (CHCP) from April 2010, indicate an average of 52 complaints per year are received and investigated.

2.1.6 There is a higher than average level of complaint activity in this reporting period than in previous years. Analysis indicates that this is due to multiple complaints from a small number of complainants. Chart 1 below illustrates this trend.



2.2 Timescales for Investigated Complaints

2.2.1 Complaints about Social Care should be acknowledged within 5 calendar days and investigations should be completed within 28 days. In the case of very complex complaints, the timescale can be renegotiated with the complainant. This would however be very exceptional as we recognise that most complainants prefer quicker resolution, and can get concerned that their complaint has been forgotten about if we take too long to complete the investigation.

Table 2 – Complaint Timescale Reporting

		2014/15		2013/14	
		Timescale Met	**Timescale Not Met**	**Timescale Met**	**Timescale Not Met**
Social Work	Acknowledged within 5 calendar days	48	3	35	1
	Completed in 28 days or agreed timescale.	34	17	35	1

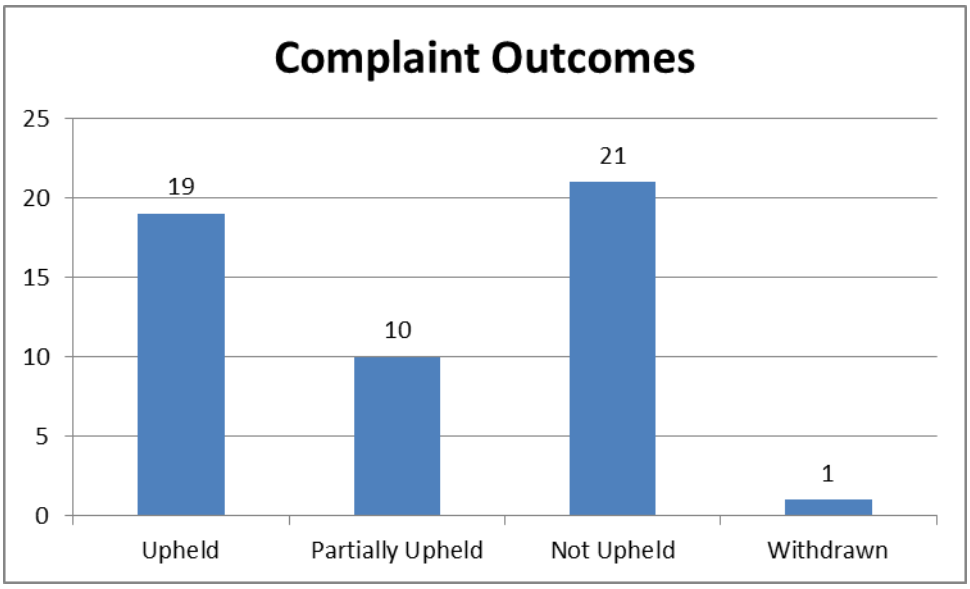
Social Care Services

2.2.2 In comparison to the previous reporting period (2013/14), in which a total of **36** complaints were investigated, there is a decrease in performance of **4%** of complaints acknowledged within the 5 day target and a decrease in performance of **34%** for complaints completed within the statutory 28 day target timescale. It should however be noted that as we move towards more front-line resolution, those complaints requiring investigation are becoming ever more complex. We have also noted an increase in individual complainants submitting multiple complaints during the period of investigation, which builds in delay in completing the investigation.

2.3 Investigated Complaint Outcomes

2.3.1 Within a complaint response, complainants have a right to know the outcome of the findings from the investigation. This is important in the interests of being open and transparent, and to enable the individual to decide whether to progress their complaint to the appeal stage of the complaint procedure. Chart 2 details the outcome of investigated social work complaints. 29 of the 51 investigated complaints (57%) were either upheld or partially upheld, meaning that there is potentially much learning to be gleaned from these complaints. This is explored further at section 2.5 below.

Chart 2 – Outcomes



2.4 Appeals

2.4.1 If complainants are dissatisfied with the outcome of the investigation, they have a right to appeal this decision. All complainants have ultimate recourse to the Scottish Public Services Ombudsman (SPSO) when appealing the outcome of their complaints.

2.4.2 The NHS complaint system has a two stage process for complaint investigation. These stages are:

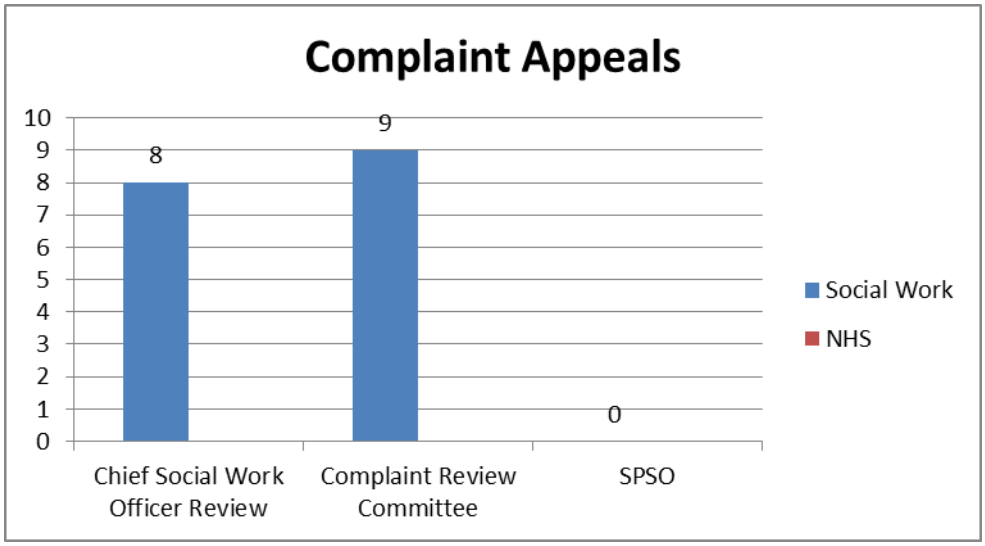
1. Investigation and written response.
2. Appeal to the Scottish Public Services Ombudsman.

2.4.3 However, under the Statutory Complaint Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

1. Review by Chief Social Work Officer
2. An Independent Review by the Social Work Complaints Review Committee

2.4.5 The table below sets out the number of complaints progressed to the complaint appeal stages. HSCP staff are usually unaware if complainants decide to progress their complaint to the SPSO until this scrutiny body makes direct contact with the offices of either the Council or NHS Board's Chief Executive.

Chart 3 – Number of appeals 2014-2015



2.4.6 It should be noted that one complaint which progressed to the Social Work Complaint Review Committee had been carried forward from the previous reporting period. The analysis of 14/15 reporting period demonstrates a **75%** increase of complaints progressed to the Social Work Complaint Review Committee appeal stage (from **2** in 2013/14 to **9** in 2014/15). The majority of these appeals were made by complainants who had made multiple complaints at various times over the year.

2.4.7 It is noted that out of these **9** appeals, **2** were carried forward to the next reporting period **2** were withdrawn and **5** were not up-held.

2.4.8 To comply with the principles of streamlining public sector complaints as outlined in the Scottish Government Complaints Handling of Public Services in Scotland, the Chief Social Work Officer Review stage has been removed from the procedure. From 1st April 2015 complainants who remain dissatisfied with the outcome to their complaint will now make a single appeal to the Complaint Review Committee prior to its escalation to the SPSO.

2.5 Learning from Complaints

2.5.1 Inverclyde HSCP is committed to delivering quality services and strives to ensure continuous improvement and learning from complaints. As such, following investigation of a social work complaint, where it has been upheld or elements are partially upheld, recommendations may be made in a Service Improvement Action Plan.

2.5.2 Of the **twenty nine** social work complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required.

2.5.3 There were **twelve** Service Improvement Action Plans issued during the period 2014/15, where **twenty** recommendations were made. The twelve Service Improvement Action Plans in the reporting year represents a significant increase from the four that were put in place during 2013/14.

2.5.4 This may be an indication of the increasingly complex nature of complaints. Table 3 below outlines the common themes.

Table 3 – Theme of Improvements

Theme of Recommendation	Number	Percentage
Practice Standards	4	20%
Internal Processes*	5	25%
Communication**	6	30%
Quality Assurance***	5	25%

2.5.5 *This included developing a new process; reviewing an existing system or general tightening of procedure.

2.5.6 **Communication includes with service users, as well as between HSCP internal services.

2.5.7 ***This involved developing monitoring systems to ensure certain tasks are being done, for example, service user and carer engagement.

2.5.8 Service Improvement Action Plans are monitored to ensure all recommendations have been addressed appropriately and that learning has been used to improve the quality of service delivery.

3. Summary of Private/Voluntary Sector Contracted Services Complaints

3.1 Number of Private & Voluntary Sector Social Care Complaints

3.1.1 The HSCP Quality & Development Service gathers and monitors complaint activity relating to private and voluntary social care organisations contracted to provide care and / or support on behalf of the HSCP. This equates to approximately **140** services (an increase of 20) from different organisations providing a broad range of services.

3.1.2 During 2014 / 15 there were a total of **48** complaints received by private and voluntary sector providers. Of these:

- 25 (52%) were in relation to Older People's services;
- 23 (48%) related to Adult services.

3.2 Outcomes of Private & Voluntary Sector Complaints

3.2.1 Table 4 details the outcomes of Independent Sector complaint investigations.

Table 4 – Private & Voluntary Social Care Outcomes

Outcome	Number	%
Upheld	22	46%

Partially Upheld	6	13%
Not Upheld	15	31%
Withdrawn	4	8%
Ongoing	1	2%
Total	48	100%

3.2.2 The overall themes from these complaints focused on:

- Staff Conduct – **15** (31%)
- Care Practice – **8** (16%)
- Policy and Procedure – **7** (15%)
- Service Standards – **18** (38%)

3.2.3 The HSCP Quality & Development Service uses this complaint information to analyse themes and inform contract monitoring processes as well as liaison with the Care Inspectorate for regulated services.

3.2.4 This is part of our approach to assist the provider to update practice, improve systems or identify contractual service improvements.

3.2.5 Over the next reporting period, contracted services will be required to provide information on learning from complaints.

3.3 Learning from Complaints - A Case Study

Background

3.3.1 Ms M made a complaint on behalf of her 80 year old father (Mr M) who had a diagnosis of dementia but was assessed as able to live on his own with a package of support provided by a contracted external agency.

3.3.2 The HSCP had arrived at Mr M's home in place of the external agency to support him to bed which caused him agitation and distress. There were two elements to the complaint raised:

- The HSCP service arrived unannounced and at an unreasonable time
- When Ms M was contacted she was unhappy with the communication she had received and the manner in which she was spoken to.

Listening and Learning

3.3.3 It was ascertained that the external agency worker had an accident on their way to Ms M's father. His planned appointment was for 21.45. The HSCP support service was informed by the agency of the accident at 22.16. As this was unexpected the support service were asked to include a home visit to Mr M in place of the agency By the time the support workers had arrived it was 22.55.

3.3.4 On receipt of the complaint, the Team Leader from the support service visited Ms M and her father at home to listen to the concerns and distress they had experienced. The Team Leader also used this time to provide them with feedback on the findings of the investigation.

3.3.5 The Team Leader listened and agreed with Ms M's concerns and gave an explanation of the events surrounding the home visit. It was explained that visit was allocated to two support workers as Ms M's father could not be left to take has medication and get himself into bed. However due to their planned rota and distance from the house, the support workers did not arrive at the house until almost 11pm.

3.3.6 Ms M advised that her father was distressed when the two workers arrived because the agency worker had not arrived and the workers were unfamiliar to him. The staff had contacted Ms M to advise of what had happened and her father's reaction.

3.3.7 Ms M felt that there should have been better communication with her and the support service could have contacted her to advise of the situation and she might have been able to attend to help. When Ms M tried to express this to the support worker who had called her, she felt they were abrupt in their manner toward her.

3.3.8 It was accepted and agreed that better communication could have prevented the situation from occurring. Ms M was advised that there would be a review of the communication process with the agency and the HSCP support service in reporting issues in good time to provide an alternative. But it was also agreed that the support service could have contacted Ms M as soon as they were aware of the incident as unfamiliar people arriving at her father's home would have caused him worry and distress. It was agreed that Mr M's support plan would be updated to clearly reflect this.

3.3.9 The Team Leader also advised that the way Ms M had been spoken to was unacceptable and this had been addressed. The support worker would be asked to reflect on their handling of the situation and identify ways they could have handled the events differently.

3.3.10 Ms M and her father were given an apology by the Team Leader for the anxiety and distress this situation had caused to both of them. Ms was also advised that the complaint was upheld. Ms M was happy that the Team Leader had dealt with the issues quickly and met with her to discuss the matter.

3.3.11 Ms M was provided with a written apology and confirmation of the outcome of the investigation together with a summary of the events, the discussion and lessons learned from the situation. As with all complaints, Ms M was provided with information about how she could take her complaint to the next stage of the complaint procedure is she remained dissatisfied with the overall outcome.

<u>3.3.12 Action planning and service improvement</u>

- A meeting took place between the agency and the support service to look at the events and to agree a more appropriate communication strategy based on this incident.

- A meeting took place with the support worker to reflect and learn from the incident and consider any further training which would support their learning from the incident to avoid similar issues in the future.

3.3.13 This situation occurred because of a breakdown in communication which resulted in Mr M being distressed and disappointment by his daughter Ms M. There was great value in meeting with Ms M and her father to listen to their experience and

feedback how they felt we had performed as an organisation. This information is vital to help us evaluate the standard or quality of our service. However, this feedback is less useful if the information gained is not shared as a reflective and learning opportunity on our practice and approach across the service and to minimise the chance of a similar incident happening in the future.

4. Feedback, Compliments and Thanks

4.1 Some brief examples of feedback, compliments and thanks we have had in the reporting period are as follows. These examples do not include the vast array of examples of feedback we receive via the People Involvement Network, which is in place to deliver our responsibilities sin respect of involving people in the business of the HSCP.

4.1.1 ‘Thanks for being there for me and thanks for listening to me’

4.1.2 ‘Thanks for your kindness and support’

4.1.3 ‘Just a wee thanks for all your hard work’

4.1.4 ‘Just wanted to say thanks for all the help and support I received during a difficult time’

4.1.5 ‘I have found the Team to be very helpful and efficient in regards advice and direct input into complaints’

4.1.6 ‘you have been Very helpful and informative’

4.1.7 ‘Very sad news, I am sorry to say, my brother passed away at around 3am on Sunday morning. As you know he had been fighting cancer for nearly a year, I know he wished to thank you both for your help. Also for your efforts to change procedures which would ensure that what happened would be prevented in the future from occurring again. Unfortunately due to his health he was unable to do this himself. So on his behalf I wish to pass on his thanks. The very best regards’

5. Conclusion

5.1 This report highlights the performance of the HSCP in undertaking its commitment to providing the highest possible quality of care and services within its financial resources.

5.2 The information contained demonstrates that feedback from complaints is welcomed and used as a vital service quality improvement tool. It further demonstrates that the HSCP takes responsibility when we fail to deliver best quality services or meet the expectations of patients, service users, their representatives or other members of the public in delivering its duties, responsibilities and services.

Martin McGarrity
Team Leader Quality and Development
October 2015

Inverclyde council

AGENDA ITEM NO: 7

Report To:	**Health and Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer Inverclyde Health and Social Care Partnership**	**Report No:**	**SW/21/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care Inverclyde Health and Social Care Partnership**	**Contact No:**	**01475 715283**
Subject:	**Tendering of Telecare Service**		

1.0 PURPOSE

1.1 To update the Health and Social Care Committee on procurement matters relating to the forthcoming tender process for the Telecare Service in Inverclyde**.**

2.0 SUMMARY

2.1 The tender for the provision of the Telecare Service in Inverclyde is being prepared for advertising. As in all cases with Social Care service provision, the quality of the care service is of paramount importance. In light of this, it is recommended that the Telecare Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 6.8.2.

2.2 The tender for the current collaborative contract (with Renfrewshire Council) for Telecare used a Quality weighting of 60%. The recent Inverclyde Homecare tender also used a 60% Quality weighting.

2.3 From detailed discussions between the Inverclyde HSCP Service Team and Corporate Procurement, it is the intention not to take the collaborative approach when renewing the Telecare contract. Renfrewshire Council has the same intention. The two Councils agree that there are insufficient benefits in terms of economies of scale to justify a collaborative contract approach however they will be able to achieve good practice benefits from working together and sharing information when developing the Telecare strategies and tender documentation.

3.0 RECOMMENDATIONS

3.1 That the Committee approve the use of a 60% Quality and 40% Cost of Service weighting in the forthcoming tender for the Telecare Service and therefore suspend contract Standing Order 6.8.2.

Brian Moore
Chief Officer
Inverclyde Health
and Social Care Partnership

4.0 BACKGROUND

4.1 The Telecare Service in Inverclyde is a well-established, highly regarded service, which assists people needing extra support to live in their own homes within the community. The service operates 24 hours a day, 365 days per year and provides an emergency response to approximately 2,500 service users.

4.2 The Telecare Service can be provided in the form of a community alarm and pendant as well as additional environmental sensors which work in conjunction with the alarm unit. These are radio linked and will automatically summon help if there is a danger or risk present. In addition, there are other specialist pieces of equipment in the form of personal sensors such as door contacts, bed sensors, epilepsy monitors, pressure mats etc., which can help maintain a person's independence and support them to live in their own home with the appropriate level of carer support.

4.3 Following an assessment of need, Telecare Services are available to anyone who is assessed as being vulnerable or at risk, frail or prone to falls, have a disability, learning difficulty or sensory impairment.

4.4 A tender process is about to commence to implement the required new service contract to replace the current contract when it expires on 30th April 2016. This will facilitate the continuation and improvement on a quality service provision in a cost effective manner.

5.0 PROPOSALS

5.1 The tender for the provision of the Tele HealthCare service will soon be advertised. As in all cases with social care services, the quality of the care service is of paramount importance.

5.2 Officers from the Service, Legal and Procurement have reviewed their experience of managing the Telecare Service under the existing contract and fully recognise the need to structure the tender in a way which results in an improved service provision whilst maximising cost effectiveness.

5.3 The aim of the tender is to accurately describe the high quality and cost effective service required in the Inverclyde area and identify the quality service provider to deliver the service which will ensure that all clients receive the same standard of care. An essential factor in achieving this aim is to weight the quality aspects of the service more than cost. Where the price weighting is high it leaves less scope to reward good quality providers.

5.4 It is recommended that the Telecare Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 6.8.2.

5.5 The tender for the current collaborative contract (with Renfrewshire Council) for Telecare used a Quality weighting of 60%. The recent Inverclyde Homecare tender also used a 60% Quality weighting.

5.6 From detailed discussions between the Inverclyde Service Team and Corporate Procurement, it is the intention not to take the collaborative approach when renewing the Telecare contract. Renfrewshire Council has the same intention. The two Councils agree that there are insufficient benefits in terms of economies of scale to justify a collaborative contract approach however they will be able to achieve good practice benefits from working together and sharing information when developing the Telecare strategies and tender documentation.

Contract Standing Order 6.8.2 requires that all contracts are awarded on the basis of a

cost/quality split of 60:40. Therefore, the proposal to reverse these weightings requires Committee approval to suspend contract Standing Order 6.8.2.

6.0 IMPLICATIONS

Finance

6.1 Tendered rates are expected to be at an increase on current contract rates though these are expected to be contained within existing budgets.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 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.

	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

None.

8.0 LIST OF BACKGROUND PAPERS

None.

Inverclyde council

AGENDA ITEM NO: 8

Report To:	**Health & Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/22/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health & Community Care Inverclyde Health and Social Care Partnership**	**Contact No:**	**01475 715283**
Subject:	**Review and Redesign of NHS Greater Glasgow & Clyde and Inverclyde's HSCP Learning Disability Services.**		

1.0 PURPOSE

1.1 To advise the Health & Social Care Committee on the progress of the redesign of NHS Greater Glasgow & Clyde (NHSGG&C) Tier 3 & 4 Adult Learning Disability Services.

1.2 To update the Health & Social Care Committee of progress in relation to the mapping and redesign of Inverclyde's learning disability service provision as outlined at a previous Community Health and Care Partnership Sub Committee on 23rd October 2014.

1.3 To inform the Health & Social Care Committee on the governance arrangements in the development of the Learning Disability Strategic Implementation Partnership (LD SIP) to support developments and delivery of the redesign of the recommendations as laid out within the 'The Keys to Life' National Strategy for Learning Disability.

1.4 To advise the Health & Social Care Committee on the Scottish Government's 2 year 'Implementation Framework' of the Keys To Life and Priorities for 2015-17 which was launched by the Scottish Government in June 2015.

2.0 SUMMARY

2.1 NHS Greater Glasgow and Clyde after review, recommendation and consultation, are concluding a three year Change Programme reviewing Adult Learning Disability Services.

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

The clinical services of Tier 3 & 4 Community Learning Disability Teams are being reconfigured to a focused clinical service for a more robust access for people with a learning disability, with some services such as dietetics and podiatry, now delivered by mainstream clinical services.

2.2 Inverclyde HSCP's Learning Disability Strategic Implementation Partnership has been established to oversee the review and redesign of Learning Disability Services provided by the Local Authority. The Group will be responsible for overseeing the development of the HSCP Learning Disability Joint Commissioning Strategy to ensure

its principles and visions are delivered with the appropriate involvement and consultation of relevant stakeholders, staff, Service Users and Carers.

2.3 The Learning Disability Joint Commissioning Strategy is currently being developed using up to date data from the strategic needs assessment which will strengthen an outcome focused approach for people with Learning Disability and their families.

The strategic needs assessment will identify the strategic direction for Inverclyde's Learning Disability services and support arrangements. This will include a systematic review of all current HSCP Learning Disability Services and the buildings that they operate from, in terms of suitability/future developmental opportunities as well as commissioning work streams.

The strategy will be presented to a future Health & Social Care Committee in due course.

2.4 In response to the draft Strategy, a range of engagement and consultation work with service users and carers, staff, communities and key stakeholders is being planned in partnership with the Scottish Consortium for Learning Disability (SCLD) .

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to note the continued NHS Greater Glasgow & Clyde Tier 3 & 4 Learning Disability service redesign with a reconfiguration of frontline clinical staff and resources across the health board.

3.2 The Health & Social Care Committee is asked to note and support the Scottish Government Strategy: The Keys To Life – Implementation Framework and Priorities 2015-2017.

3.3 The Health & Social Care Committee is asked to note the update of the redesign of HSCP Learning Disability services and the governance arrangement for implementation and development through the Learning Disability Strategic Implementation Partnership.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 As previously presented to Committee in October 2014, The 'Keys to Life' 10 year national learning disability strategy contains 52 recommendations for Local Authorities, NHS Boards, Integrated Joint Boards, third sector organisations and people with learning disabilities and their carers to progress. Delivery will ensure promotion of equality of inclusion and access for people with a Learning Disability across a range of community structures and systems.

4.2 The strategy has an explicit focus on health inequalities and promotes improved health outcomes for people with learning disabilities as a priority.

Recommendations cut across health and social care and highlight the need for joint commissioning, planning and development of services. As a result of a joint commissioning approach there will be opportunities to link care groups to ensure the best outcomes for people with learning disability and their families.

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

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

Engagement with people with learning disabilities throughout the redesign highlights the key components that they expect from NHS Services such as:

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

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

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

The implementation stage of a change to the configuration of the clinical workforce places a greater emphasis on access to clinical services for people with learning disabilities and creates a community service which has co-dependencies across the NHS GG & C system to support complex cases.

4.3 In June 2015 the Scottish Government launched the Keys to Life Implementation framework which reflects the key messages from people with Learning Disability regarding what is most important to them in delivering the 'Keys to Life' strategy.

The implementation framework contains four strategic outcomes:

- A Healthy Life
- Choice and Control
- Independence

- Active Citizenship

The 'Keys To Life' is the primary driver for change and service development of Inverclyde's learning disability services. The strategy recognises people and communities make change happen therefore we will ensure that we will work with individuals, placing them at the centre of everything we do.

Building on individual's assets and that of communities will create the right conditions for ensuring real transformative change and expectations for citizens of Inverclyde with a learning disability and their families.

4.4 Over the past 18 months the HSCP has mapped and reviewed Adult Learning Disability service areas, collating and analysing data around internal and external service provision against service user and carer profiles and demographics. A strategic Needs Assessment is being developed.

The range of HSCP Learning Disability services and demographic profile were outlined in a previous report to Committee in January 2013.

Four work streams have been established with a focus on specific service areas paying cognisance to the Keys to Life four strategic outcomes:

- My Health – People with learning disabilities enjoy the highest attainable standard of living, health and family life

- Where I live – People with learning disabilities are able to live independently in the community with equal access to all aspects of society.

- My Community – People with learning disabilities are able to participate in all aspects of community and society.

- My Safety and Relationships – People with learning disabilities are treated with dignity and respect and protected from neglect, exploitation and abuse

Key themes being considered by each of the work streams include leadership and change management; processes and pathways across all HSCP and wider mainstream services; good practice examples; reporting and measuring outcomes; Equality impact assessment; Safeguarding; Self Directed Support; Asset approach; service user and carer and key stakeholder involvement; efficiency and best value.

The Scottish Consortium for Learning Disability (SCLD) will coordinate and work with existing learning disability advocacy and service users groups including 'Your Voice' and The Advisory Group (TAG) building on the HSCP's well established partnership working arrangements and actively involving people in the strategic direction and future development of services. This will ensure a strong partnership approach to implementation which is person centred, and responsive to local need and guided by national and local policies.

5.0 PROPOSALS

5.1 To update and inform the Health & Social Care Committee of the redesign and change process of the HSCP learning disability service across both Greater Glasgow & Clyde NHS and Inverclyde HSCP Learning Disability service provision under the strategic guidance of the Learning Disability Strategic Implementation Partnership group and NHS GG&C Learning Disability Forum. Both strategic planning groups are underpinned by the Scottish Government Keys to Life Strategy and Implementation Framework and Priorities 2015 - 2017.

6.0 IMPLICATIONS

Finance:

6.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal:

6.2 There are/are no legal issues within this report.

Human Resources:

6.3 There are no human resource implications.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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 CONSULTATION

7.1 N/A

8.0 BACKGROUND PAPERS

8.1 Keys to Life
http://www.gov.scot/Resource/0042/00424389.pdf

8.2 Scottish Government – Keys to Life Implementation Framework 2015
http://keystolife.info/wp-content/uploads/2015/06/The-Keys-to-Life-Implementation-Framework-and-Priorities.pdf

8.3 Inverclyde HSCP Learning Disability Strategic Implementation Partnership Group – Terms of Reference

Inverclyde council

AGENDA ITEM NO: 9

Report To:	**Health and Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/17/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**Update on Implications of Blue Badge Legislation Changes**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee on the impact of changes to the Blue Badge legislation and the HSCP procedures to implement the scheme.

2.0 SUMMARY

2.1 The eligibility for award of Blue Badges has been further restricted in accordance with the Disabled Persons Parking Badge Act 2013. Inverclyde Council officers are responsible for determining and implementing administrative, assessment and enforcement procedures in accordance with the governing legislation.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the changes to legislation and update of the implementation in Inverclyde.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Blue Badge Scheme was updated when the Disabled Persons Parking Badge Act (2013) came into force. The Scottish Government is responsible for the legislation which sets out the framework for the scheme.

4.2 The Blue Badge Scheme (Scotland) Code of Practice for Local Authorities (June 2014) states that Local Authorities are responsible for determining and implementing administrative, assessment and enforcement procedures which they believe are in accordance with the governing legislation.

4.3 The scheme recommendation is that local authorities provide mobility assessment by a professional, such as a physiotherapist or an occupational therapist who has a duty to carry out assessments and follow the criteria. In Inverclyde this work is undertaken by the Community Occupational Therapy service.

4.4 The framework outlines the prescribed descriptions of disabled people to whom a badge may be issued (the eligibility criteria). This is more restrictive than previous guidelines and has resulted in more refusals of applications.

Applicants who may be issued a blue badge - who do not fall into the automatic criteria - are as follows:
The distance an applicant is able to walk without excessive pain or breathlessness; taking due consideration of the environment the individual usually walks. If an applicant is unable to walk 30 metres in total, then they can be deemed as being virtually unable to walk.

Applicants who can walk more than 50 metres and not demonstrate that they are virtually unable to walk through any other factors would not be deemed as eligible.

4.5 All applications forms are initially screened by two allied health professionals, where there is dubiety around reported walking ability (where the applicant does not meet the automatic criteria) the applicant is invited to attend the Mobility Assessment Clinic.

4.6 If following consideration of the information provided on the application an applicant is refused they have the opportunity to appeal in writing. The appeals process is detailed in Appendix 1.

4.7 The Disabled Persons' Parking Badge (Scotland) Act extends the provision in section 21 of the Chronically Sick and Disabled Persons Act 1970 which currently allows an enforcement officer to inspect a blue badge and in certain circumstances confiscate the badge. Enforcement officers are police, traffic wardens, local authority parking attendants.

4.8 **PERFORMANCE**

The following statistics are for the period 1st April 2015 to 31st August 2015.

Total Blue Badges issued		**736 x £20 = £14,720.00**
Organisation		**8**
Automatic	**DLA**	**293**
	PIP	**40**
Registered Blind		**19**
Mobility	**Permanent**	**347**
	Temporary	**28**
War Pension		**1**

Total Badges currently on issue in Inverclyde		**4414**
Organisation		**112**
Registered Blind		**104**
Child under 3		**2**
Disability in both arms		**3**
Automatic	**DLA**	**1814**
	PIP	**103**
Mobility	**Permanent**	**2194**
	Temporary	**77**
War Pension		**5**

Refusals/Appeals	**1/04/15 – 31/08/15**
Total no of badges refused	**18**
Total no of appeals	**6 (5 not upheld, 1 upheld with further info provided)**

Assessment Clinic	**1/04/15 – 31/08/15**
No of Independent Mobility Assessments	**33**

Misuse	**1/04/15 – 31/08/15**
No of badges confiscated by Enforcement Officers then returned to badge holder with misuse letter	**5**

5.0 FINANCE

5.1 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					

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

REPOPULATION

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Occupational Therapy service and

Safer and Inclusive Communities. (Data collated from the National Blue Badge Unit.)

7.0 BACKGROUND PAPERS

7.1 None.

APPENDIX 1 BLUE BADGE APPEALS PROCESS

- A decision is made at screening to award a badge or to refuse a badge (desk top assessment) or to bring the applicant to the Blue Badge clinic for an Independent Mobility Assessment (IMA)

- All blue badge applicants or their representatives who are refused a blue badge are informed in writing and the reason for the refusal. This letter also provides information on the review process including grounds for the review and the timescales to be followed.

- Where the applicant disagrees with the decision not to award a badge, the applicant or applicant's representative may request a review of the decision. A request for a review must be made in writing within 28 days of the date of the local authority's letter refusing a badge; must include the grounds for the review request, and may include further supporting evidence which was not included with the initial application.

GROUNDS FOR REVIEW

Eligibility for a blue badge depends on being a disabled person of a description prescribed in the regulations. Applications for review should therefore be made on the basis that the applicant considers themselves to meet the description of disabled person within the regulations.

- The review is taken by a person not previously involved in the decision to refuse the blue badge. This does not however preclude discussion with the original decision maker. The review should consider the original application and evidence to check that the decision was taken in accordance with the regulations, had taken the evidence into account and was impartial. Additional supporting evidence and changes in the applicant's condition may also be taken into account.

- The review will be a desk top review if the person previously came to clinic for an IMA

- If the applicant did not previously attend a clinic IMA they should be given the option to attend a clinic appointment.

- The applicant will be provided with notification of the review decision in writing within 28 days of the date of the request for review; and notify the applicant or the applicant's representative in writing the reason for any delay in the review of the case beyond the 28 days.

COMPLAINTS

Applicants who wish to complain about the manner or conduct of the local authority process rather than request a review of a decision not to award a blue badge should be made aware of the local authority's standard complaints procedure.

Inverclyde council

AGENDA ITEM NO: 10

Report To:	**Health and Social Care Committee**	**Date:**	**22nd October 2015**
Report By:	**Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/23/2015/SMcA**
Contact Officer:	**Sharon McAlees Head of Service Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No:**	**01475 715282**
Subject:	**CORPORATE PARENTING**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of proposals to fulfil Inverclyde's corporate parenting duties and powers contained within Part 9 of the Children and Young People (Scotland) Act 2014.

2.0 SUMMARY

2.1 The Children and Young People (Scotland) Act 2014 became law in 2014 and introduced a number of changes to how children and young people are cared for. Some of these changes have already come into force including Part 9 (Corporate Parenting). These changes will impact on how Inverclyde works collaboratively with other publicly funded bodies to support looked after children and care leavers and improve outcomes.

2.2 All corporate parents are required to prepare and publish plans which detail how they will fulfil their duties under Section 58 of the Children and Young People Act 2015.

2.3 A draft Corporate Parenting Plan and Strategy will be launched in December 2015 this will be in conjunction with a Corporate Parenting event targeted at key decision makers and community planning partners. This event will allow the opportunity to further consult and consider they key themes of the Corporate Parenting Plan and its delivery.

2.4 A Children's Champions Board will be established as outlined below:

- The Champions Board will operate on a similar basis to the previous Inverclyde Children's Champion Scheme, however it is proposed that the remit is extended to include all looked after children and accommodated children, looked after at home/ kinship care and care leavers.
- Children's participation is an essential part of the process and opportunities would be provided to involve children, young people, parents and carers in contributing to service planning and delivery.
- The Champions Board will sit within a clear framework of leadership and governance.
- The governance framework will incorporate clear communication and reporting mechanisms which would allow measurement of outcomes for children and the impact of the role and remit of the Board members on service improvement.

- It is envisaged that the Champions Board membership will include the Leader of the Council, the Chief Executive of the Council, the Chief Social Work Officer and other community planning partners who are identified as corporate parents within the Act.
- In recognition of the cross cutting issues that impact on the wellbeing of looked after children and care leavers consideration should be given to recruiting Champions from the range of Community Planning Partner services.
- A programme of recruitment, training and support of Board members is initiated.

3.0 RECOMMENDATIONS

3.1 That the Health and Social Care Committee acknowledge and note the new duties and powers on local authorities and other corporate parents as legislated within the Children and Young People Act 2014.

3.2 That the Health and Social Care Committee acknowledge and agree the proposals to ensure Inverclyde fulfils its corporate parenting responsibilities :

- A Corporate Parenting Plan is developed to include key themes that reduce the barriers faced by looked after children and care leavers
- A Champions Board be established as a mechanism to deliver the desired outcomes
- A Corporate Parenting Event will be held on 16th December 2015 to which key policy implementers and decision makers will be invited.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Children and Young People (Scotland) Act 2014 became law in 2014 and introduced a number of changes to how children and young people are cared for. Some of these changes have already come into force including Part 9 Corporate Parenting. These changes will impact on how Inverclyde works together to support our looked after children and care leavers and how we measure success.

4.2 The Act is an integral element of the Scottish Government's strategy to make Scotland the best place in the world to grow up. The changes in legislation shift public services towards early years and towards early intervention. This in conjunction with the introduction of Continuing Care and extension of After Care, draws attention to the whole child and their journey through care and beyond.

4.3 Part 9 of the Act makes looked after children a priority not only for Inverclyde local authority but for a range of publicly funded bodies who can influence a range of factors that impact on wellbeing by naming them Corporate Parents. The organisations named represent key areas of a young person's world from health and education to creative arts, transport and housing. Addressing issues important to the wellbeing of looked after children, such as poverty, education, poor health and social exclusion, will require joined up thinking and resourcing.

4.4 All corporate parents are now required to prepare and publish plans which detail how they will fulfil their duties under Sec 58 of the Act. Meeting these duties mean that we.

- **Are Alert**- have systems in place to ensure we stay informed of issues which could have a negative impact on looked after children and care leavers.
- **Assess-** we ensure services are relevant and accessible by assessing and responding to need.
- **Promote-** we perform actions which may advantage or benefit looked after children and care leavers.
- **Provide Opportunities-** we identify opportunities relevant to our looked after children and care leavers and seek to understand how they can be supported to participate in them.
- **Ensure Access**- we help our looked after children and care leavers to overcome barriers so that they can benefit from opportunities and services.
- **Strive to improve-** we review our performance as corporate parents and take action to improve where opportunities are identified.

The policy intention behind corporate parenting is to improve the lives and outcomes of our looked after children and care leavers. The Act provides a renewed opportunity to close the gap between policy and practice and close the outcomes gap for care leavers into adulthood.

4.5 Part 9 of the Act outlines a duty for corporate parents to collaborate emphasising that safeguarding and promoting the wellbeing of looked after children cannot be done in isolation. In Inverclyde we view collaboration as a beneficial process through which we can increase the chances of achieving a shared objective for our looked after children and care leavers.

4.6 The key policy themes of Inverclyde's Corporate Parenting Plan will include :

- Health and Wellbeing
- Education and Training
- Rights and Participation
- Housing and Accommodation
- Employment
- Youth and Criminal Justice

Each of these themes and related actions provide the cumulative impact of embedding change and improving wellbeing outcomes for looked after children and care leavers

4.7 In 2007 Inverclyde Council implemented the Children's Champion Scheme, the aim of which was to contribute to the Council's Corporate Parenting responsibilities.

4.8 In June 2010 the Scottish Institute for Residential Child Care in conjunction with Strathclyde University published an evaluation of the scheme. The research concluded that the Children's Champion Scheme had a positive impact on service delivery across Inverclyde having an important role in outcomes such as the re-provisioning of our residential units, recruitment of designated staff across services to address health and educational needs of looked after children and generally increasing awareness of the needs of looked after children across Council services.

5.0 PROPOSALS

5.1 It is proposed that a Children's Champions Board is re- launched across Inverclyde as a means of ensuring we meet our corporate parenting responsibilities. The Champions Board will operate similarly to the previous scheme however the remit will be extended to include all looked after and accommodated children, children looked after at home or in kinship care and young people eligible for continuing care and after care.

5.2 It is envisaged that the Champions Board membership will include the Leader of the Council, the Chief Executive of the Council, the Chief Social Work Officer and other Corporate Parent nominees. This board would constitute the key governance structure, would meet quarterly and would request reports on the progress of each key theme in delivering the Corporate Parenting Strategy. (nb: progress should not be in respect of individual children, but rather how each Champion has assisted in the development of improving service area responses to improving outcomes for looked after children and care leavers).

5.3 The Champions Board would sit within a clear framework of leadership and governance that promotes the reduction in the barriers experienced by looked after children and care leavers and improves outcomes across Inverclyde.

5.4 The governance framework would incorporate clear communication and reporting mechanisms which would allow measurement of outcomes for children and the impact of the role and remit of the Board members on service improvement. The Board would require a sophisticated level of management information including qualitative and quantitative data associated with outcomes and experience of children and young people of services.

5.5 In recognition of the cross cutting issues that impact on the wellbeing of looked after children and care leavers and the pivotal role of the Inverclyde Alliance in planning services for children, consideration should as noted above be given to recruiting Champions from the range of Community Planning Partner services. Champions would be recruited at a Head of Service, Head Teacher or equivalent level.

5.6 A programme of recruitment, training and support of Board members is initiated. This would take account of the professional and emotional demands on the role.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

Any costs associated with this report will be contained within existing budgets.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 This report seeks to outline how Inverclyde can carry out its duties and powers defined in by Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014

HUMAN RESOURCES

6.3 There are/are no human resources issues within this report.

EQUALITIES

6.4 There are/are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix) The change in legislation seeks to reduce inequalities and barriers experienced by looked after children and care leavers
	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 There are/are no repopulation issues within this report.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Children and Families Services .

8.0 BACKGROUND PAPERS

8.1 Children and Young People (Scotland) Act 2014

Corporate Parenting in Inverclyde: Setting the Context

The Children and Young People (Scotland) Act 2014

The Children & Young People (Scotland) Act 2014 became law on the 27th of March, 2014. It introduces a number of changes to how children and young people in Scotland are to be cared for. Some of these changes have already come into force, including Part 9 (Corporate Parenting), and the remainder will do so over the next two to three years. These changes will have a significant impact on how Inverclyde work to support out looked after children and care leavers, what we focus on and how we measure success.

The Act is an integral element of the Scottish Government's strategy for making Scotland the best place in the world to grow up. The changes introduced facilitate a shift in public services towards the early years of a child's life, and towards early intervention whenever a family or young person needs help. With a focus on children at risk of becoming looked after through to the introduction of Continuing Care and the extension of those eligible to After Care, the Act draws attention to the whole child, and their entire journey through care and beyond. This is critical for us at Inverclyde, and from experience we know that efforts to ensure equality of opportunity for our looked after children and care leavers can be seriously undermined if they experience early and ongoing disadvantage in terms of their physical, psychological, emotional and social well-being.

From the perspective of our looked after children and care leavers, the Act introduces a number of important changes, including:

- 600 hours of free early learning and child care for all two year olds who are looked after or secured with friends or relatives through a Kinship Care Order (Part 6, sections 47 and 48).
- Corporate parenting duties for certain individuals and organisations (Part 9)
- Extended eligibility for 'Aftercare' assistance up to the age of 25; a new duty on local authorities to report on the death of a young person in receipt of 'Aftercare' services (Part 10)
- Introduction of Continuing Care, providing certain care leavers with the opportunity to continue with the accommodation and assistance they were provided with immediately before they ceased to be looked after (Part 11)
- Support for children at risk of becoming looked after (Part 12)
- Assistance for applicants and holders of a Kinship Care Order (Part 13)
- Use of Scotland's Adoption Register made a duty for all adoption agencies (Part 14)

Under Part 9 (Corporate Parenting) the Act makes looked after children a priority, not only for Inverclyde and other local authorities, but for a host of publicly funded bodies who can influence a wide array of factors that impact on their wellbeing by naming them as Corporate Parents too. The organisations listed as Corporate Parents represent key areas of a young person's world, from healthcare and education, to sports and the creative arts, to transport, housing and youth justice. We know that tackling issues important to looked after children and young people, such as poverty, early school leaving, poor health and exclusion needs a combined effort. We also know addressing these issues decisively requires joined-up thinking and clever resourcing.

As corporate parents, we now have legislative duties to looked after children and care leavers; we must be alert to their needs with regard to the services we offer, we must assess their needs and promoting their interests, we must offer relevant opportunities, we must ensure services are accessible, and we must strive to improve as a Corporate Parent. This means that the needs of looked after children and young people must be taken into consideration as we plan and deliver all of our services. There is also a duty on all corporate parents to collaborate with each other when doing so would be in the best interests of a looked after child or care leaver. At Inverclyde we have a good history of engaging well with our looked after population, and a track record of successful collaborations, this new Act can be used as a lever to build on this strong foundation and make lasting changes in the lives of some of our most vulnerable young people.

Meeting our Corporate Parenting duties and responsibilities

Scottish Government Guidance[i] describes corporate parenting as:

"An organisation's performance of actions necessary to uphold the rights and safeguard the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted" (Updated Guidance – August 2016)

All corporate parents are now required to prepare and publish plans which detail how they will fulfil their duties under Section 58 of the Act. Meeting these duties will mean that we:

- **Are Alert:** We should have systems are in place to stay informed of issues which could have a negative impact on an individual child/young person and our entire population of looked after children and care leavers
- **Assess:** We ensure our services are relevant and accessible to the widest possible group by assessing and responding to their needs
- **Promote**: We perform actions which may advantage or benefit looked after children and care leavers
- **Provide Opportunities**: We Identify opportunities relevant to our looked after children and care leavers and seek to understand they leavers could be supported to participate in them

- **Ensure Access**: We help our looked after children and care leavers to overcome barriers so that they can benefit from the opportunities, services and support we (and other corporate parents) provide
- **Strive to Improve:** We review our performance as corporate parents and take action to improve where opportunities are identified

The policy intention behind corporate parenting is to improve the lives and outcomes of our looked after children and care leavers. Statutory guidance to accompany Part 9 recommends that, as Corporate Parents, we should consider our contribution towards ensuring that our looked after children and are leavers:

- Are active **participants** in shaping services.
- Are living in **safe, secure, stable and nurturing homes**
- Are enabled to develop or maintain **positive relationships** with their family, friends, professionals and other trusted adults.
- Have **positive educational outcomes**
- Are **valued** as individuals, and the support they receive addresses their strengths as well as their needs throughout their experience in care and beyond.
- Benefit from early identification of **physical or mental health** concerns and timely responses to these
- **Increasingly represented** in education, training and employment
- **Less represented** in the youth and criminal justice systems

Part 10 (Aftercare) of the Act increases the upper age from the 21st to the 26th birthday by which care leavers can request and receive ongoing advice, guidance and assistance. In doing so the legislation acknowledges that for many care- experienced young people, ongoing positive support is vital and necessary to ensure they have the opportunities to make positive sustained transitions into adulthood.

Part 11 (Continuing Care) describes a new duty on local authorities to provide care leavers whose final placement was 'away from home' with a continuation of the kinds of support they received prior to their ceasing to be looked after (including accommodation in a 'looked after' placement). The aim of this provision is to provide our looked after children with a more graduated transition out of care.

The 2014 Act provides a real and renewed opportunity to close the gap between policy and practice and close the outcomes gap for care leavers into adulthood. However, to do this requires extensive and sustained activity with a focus on leading and embedding the changes required.[ii]

Evidence from research combined with national statistics indicates that there is a real and urgent need to improve the outcomes gap for looked after children and care leavers in Inverclyde, and nationally.

For example:

Education:

- In the 2013/2014 academic year 74% of looked after school leavers were aged 16 and under, compared to 27% of all school leavers. Leaving school at a younger age is associated with a range of negative outcomes, including unemployment and social exclusion. We need to ensure that our looked after children and care leavers receive a quality education that meets their needs.
- In the 2012/2013 academic year there were 33 cases of exclusion per 1000 students. However, among students looked after for the whole year there were 233 cases of exclusions and among students looked after for part of the year there were 350 exclusions. These levels are not acceptable, and probably under-represent the exclusion faced by our students (many of whom are on part-time timetables and are, in effect, excluded from education).
- A study by the Scottish Children's Reporter Administration (SCRA) found that only 68% of plans reviewed contained a reference to the child's education and less than half included specified actions. Plans were more likely to identify problems than talents and none of the children described as talented had plans to support their abilities. Few plans recorded the child's views or aspirations and only six per cent of plans contained actions to support the child's ambitions. Less than a quarter had educational goals beyond the current school year (Henderson & Whitehead, 2013).
- Children may be placed outside their home local authority area, either in residential schools or in foster placements and attending local schools. These children are at risk of disrupted education and a restricted curriculum (Thomson, 2007).
- Looked after children are assumed in law to have additional support needs unless a local authority deems that they do not require additional support in order to benefit from school education (Education (Additional Support for Learning) (Scotland) Act 2009). In addition, education authorities must consider whether each looked after child or young person for whose school education they are responsible requires a 'co-ordinated support plan' (see Supporting Children's Learning Code of Practice).

Health and Wellbeing:

- A range of poor health-related outcomes have been noted in the 'looked after' population. The 2006 Social work inspection agency research *('The Health of Looked After and Accommodated Children and Young People in Scotland*') suggested that 75% were smokers, 50% drank alcohol once a week, one third had tried drugs in care while two thirds had tried drugs before coming into care, lack of knowledge around sexual health behaviours, 14% have emotional disorders compared to 4% in the general population, 35% have conduct disorders compared to 6%, 8% have hyperkinetic disorders compared to 1%, half had not visited a dentist in the past year. Self-harm has also been identified as a significant issue.
- The Centre for Social Justice (2014) found that 55% of the care leavers in their sample reported finding it either very or quite difficult to stay in touch with former carers and their birth family.
- The Office for the Children's Rights Director (2012) found that 14% of the care leavers they surveyed felt there was just one person they could inform if they were harmed, while a further 11% of respondents were either uncertain of who they could tell or felt that there was no one they could tell if they were harmed.
- Duncalf (2010) accessed 310 care leavers aged 17 – 78 from across the UK and identified 'feeling alone or abandoned' as being one of the top five negative experiences of leaving care.
- Ridley and McCluskey (2003) found that that many young care leavers felt that leaving care had a negative impact on their health, particularly as they did not have enough money to eat well and were depressed as a result of isolation.

Inverclyde Corporate Parents: Working Together to Support Our Children and Young People

Part 9 (Corporate Parenting) 2014 Act outlines a duty for corporate parents to collaborate with one another when doing so would safeguard or promote the wellbeing of a looked after child or care leaver (section 60). As evidenced by the wide array of different Corporate Parents included in schedule 4 of the Act, it is recognised that in addition to local authorities, many organisations and agencies have important roles to play in securing the wellbeing of looked after children, young people and care leavers.

The inclusion in Part 9 of the duty to collaborate reflects the reality that safeguarding and promoting the wellbeing of looked after children and care leavers (or, in other words, improving their lives) cannot be done by working in isolation. If we want to improve outcomes for children and families we must join forces with other corporate parents, and pool resources, in co-ordinated and collective effort. We already work with many corporate parents in relevant collaborations.

In Inverclyde we see collaboration as a mutually beneficial process, through which we can increase the chances, and / or reduce the cost, of achieving a shared objective for our looked after children and care leavers.

When collaborating with partners, we intend to follow the following steps to ensure we develop (or continue) purposeful and successful collaborative working practice:

1. Assess the need for partnership – We identify an objective, the achievement of which requires the resources / expertise / input of one or more other corporate parents
    a. Identify relevant partners – We identify relevant partners, and summarise what they hope those partners will bring (to the collective endeavour).
    b. We identify and record the potential benefits for each corporate parent potentially involved in the collaboration.
    c. We approach the other corporate parents identified at stage 1a. and present our case for joining forces / collaboration.
2. Build the partnership
    a. We identify common interests and shared goals – partners in the collaboration consider their areas of shared interest and work together to develop shared goals for the collaboration. At this stage each corporate parent should be confident that their role in the collaboration fits with their primary function and remit.
    b. We clarify roles – each partner in the collaboration should have a clear idea of what their role in the collaboration is, what resources they are expected to bring and their area of influence
    c. We construct relationships – agree on any ground rules and governance mechanisms. Open, frank and frequent discussion nurtures trust and mitigates the fear of exploitation. This can also be achieved by ensuring there is a shared understanding of the purpose of the collaboration, by dividing the workload fairly, by sharing credit for achievements, by addressing power imbalances and cultivating a clear sense of leadership.
3. Manage negotiations and social relations:
    a. We achieving agreement using problem-solving techniques (such as brainstorming) to reach agreement on relevant issues.
    b. Implementation – Each partner completes the actions they agreed to.
    c. Delivery – the partners work together successfully to deliver on the endeavour.
4. Evaluate the partnership (process and impact):
    a. We feedback and learn – we view the collaboration as an iterative process, with ongoing feedback and evaluation. Troubleshooting can happen in a timely fashion and the impact of the collaboration can be assessed.
    b. Termination if appropriate – if the collaboration was for a short term project or one off event, it can come to a close once the desired outcome has been achieved.

Draft (Sample) Best Practice Actions (*SCLC/AfC Extract)

Health and Wellbeing

The health and wellbeing needs of the population of looked after young people in Scotland have been identified as a priority by the Directors of Public Health in Scotland. This is due to the vulnerability of the group, their likely poor health outcomes and the lack of a consistent system to assess need and monitor progress.

Many of the pre-care and in-care experiences of looked after young people can be considered as Adverse Childhood Events,[iii] and are very likely to continue to have a serious detrimental effect on their physical, mental and emotional health and wellbeing well into adulthood and in some cases throughout their lives.

Mental health and emotional wellbeing issues are substantially higher among looked after young people than the non-looked after population. Reports continue to highlight that looked after young people experience 'significantly poorer mental health than the most disadvantaged children outside the care system.'[iv] In addition to this, rates of suicide and self-harm are higher than that of the general population, often linked to earlier adverse life events and difficulties around attachment, loss, and the subsequent impact of care interventions.[v]

The Scottish Government have issued a number of policy and guidance documents such as the guidance on health assessments for looked after children in Scotland[vi] which aim to improve health and social outcomes for looked after young people and care leavers[vii] setting out the minimum standardised elements of a health care pathway which Health Boards are expected to implement in collaboration with local authorities and other organisations[viii].

In terms of the health needs of care leavers, previous commitments were clarified & strengthened by the Leaving Care (Scotland) Regulations and Guidance 2004[ix] which stated that health matters should be incorporated into a young person's Pathway Assessment & Plan, including the young person's views on their health needs.

Key Actions:

1. **Corporate Parents ensure robust and consistent support for care leavers in accessing universal, preventative and early intervention services relating to their health & wellbeing.**
    - Corporate parents and third sector providers collaborate to ensure that care leavers are able to access counselling, mentoring and other community-based services aimed at promoting improved emotional wellbeing.

- Corporate parents work together to remove barriers and increase supported access to cultural, artistic and other recreational opportunities for care leavers, building on strengths and interests.
- Corporate parents collaborate to ensure that care leavers are enabled and encouraged to have the knowledge, skills and confidence to promote their own health and wellbeing.
- Social care and health providers develop accessible supports that assist in building capacity and resilience and reduce the numbers of care leavers needing to access specialist hospital based services and/or moving into crisis.
- All staff involved in providing services to children and young people to undergo appropriate learning on child development and the impact of attachment and trauma with this training to be refreshed every 3 years.

2. **Corporate parents ensure that care leavers be given priority access to specialist services and improved access to adult mental health services.**
   - Priority access to Child and Adolescent Mental Health Services (CAMHS) for assessment and access to appropriate services for care leavers as required avoiding the use of waiting lists and lengthy referral processes.
   - Clear access to advice & consultation with adult mental health professionals for those involved in supporting care leavers with complex and/or challenging mental health, emotional and behavioural issues.
   - Joint working arrangements between CAMHS and adult services are developed for example, for CAMHS to continue to provide a service where there is an existing relationship in place until the young person is ready to move to adult services.
   - Clear bridging arrangements are developed between children and adult servicesto enable improved transfer of services for care leavers with disabilities and /or complex needs.
   - Adult services models of intervention take account of care leavers' levels of development and functioning and ensure that access, to services and interventions are appropriately pitched.
   - Thresholds for support and accessing services are flexible and reflect the individual circumstances of care leavers based on need rather than age.
   - Specialist services are responsive towards care leavers' individual and collective issues and needs, particularly:
     - Priority access to specialist support and advice around self-harm and suicide risks.
     - Substance misuse services appropriate to the individual circumstances and level of functioning of care leavers.
     - Priority access to sexual health clinics, including emergency appointments.
     - Targeted support for care leavers who become young parents.

3. **Take action to reduce social exclusion and isolation which impact on mental and physical health and emotional wellbeing by:**
    - Providing free or discounted access to leisure facilities available to all care leavers up to age 21 and, where required, up to age 26.
    - Providing free or discounted access to public transport to be made available to care leavers up to age 21 and, where required, up to age 26.

4. **Each local authority and health board has a named contact with specific responsibility for care leavers' health and for promoting and coordinating actions to reduce health inequalities, these being made explicit within Corporate Parenting Plans.**
    - Dedicated Throughcare and Aftercare Nurse provision is in place for all care leavers.
    - Consistent application of national mental health indicators for children & young people to care leaver cohort[x].
    - Consistent and effective systems to gather information about care leavers and monitor their access to, and the effectiveness of, interventions intended to support improved physical, mental and emotional health and wellbeing.
    - Establish clear, consistent working arrangements across and between local authorities and health board boundaries for those young people who are placed out with their home authority, or who return to their home authority on leaving care.

Anticipated Outcomes

- Reduction in care leavers' experiences of isolation.
- Encourage and support engagement with health services.
- Improve opportunities for young people to access and participate in activities to promote their wellbeing without adversely impacting on their finances, particularly in more rural areas.
- Proactive engagement with services reduces the likelihood and need for crisis responses.
- Improved communication and collaboration between key corporate parenting agencies enabling service to be delivered more effectively and efficiently.

Housing and Accommodation

Young people leaving care are particularly likely to become homeless and experience housing instability due to their vulnerability and more limited economic and social resources.[xi] Safe, settled and sustainable accommodation is a crucial foundation for achieving positive outcomes for care leavers.

Research demonstrates that care leavers are at their most vulnerable during the transition period towards independence.[xii] Care leavers describe the significant challenges they face, with pressing financial worries, lack of family and friend support networks and stress over employment and education all underpinned by problems with unsuitable and unstable accommodation. In Scotland care leavers also move on to live more independently at a much younger age that the rest of the population, when they are least equipped to do this successfully. Leaving care at a later stage increases young people's chances of a successful transition to adulthood, including being in safe and settled accommodation, improved health and wellbeing, achieving better educational outcomes, increased employability prospects and economic stability, improved health and well-being.[xiii]

In Scotland the *Staying Put Scotland Guidance (2013)* and *Housing Options Protocols Guidance (2013)* have been produced to inform and share best practice and bring consistency to the options and supports available to care leavers. Policy and legislation recognises and highlights the fundamental importance of safe, secure and sustainable accommodation to supporting care leavers attain and achieve.

> ***In no circumstances should young people leave the care of a local authority without alternative accommodation appropriate to the assessed needs of the young person being in place.***[xiv]

Key actions:

1. **The full and meaningful implementation of Staying Put and Continuing Care for all Looked after young people and care leavers should be a primary focus for all corporate parents.**
   - Encourage, enable and empower looked after young people and care leavers to remain in a positive care placement until they are ready to move on.
   - Local actions to develop and support this should be explicit within Corporate Parenting Plans.
   - Actively promote and facilitate extended & graduated transitions. Young people are given the opportunity and support to prepare for greater levels of independence while remaining in their supportive care setting. This enables care leavers move on from their care placement in a gradual and phased manner over a period of time and have opportunities to test out their abilities to live more independently with on-going support.
   - Actively support and facilitate care leavers to maintain positive supportive relationships and keep in touch with their carers when they leave and, if possible and necessary, to return to placement.

2. **Fully implement the Housing Options Protocols for Care Leavers Guidance to comprehensively address the housing and accommodation needs of all care leavers**.
   - Local Authorities collaborate with Registered Social Landlords to provide a range of appropriate, suitable good quality accommodation for care leavers.

- Develop and maintain a range of accommodation options which meet the needs and wishes of care leavers including:
    - Supported Carers: converting foster care placement to supported carers placements becomes established practice where appropriate and supported carer placements are made available to those young people who are not yet ready to transition to greater independence.
    - High quality residential supported accommodation settings.
    - Individual community based supported flats with 'living nearby' support.
    - Access to good quality mainstream tenancies with appropriate levels of person-centred support.
    - Accommodation that is suitable to the needs of care leavers who are also parents, taking into account their individual circumstances and support needs.

All young people encounter difficulties and make mistakes – it's called 'growing up' or 'learning from experience' - and care leavers (often lacking skills and support networks) are more likely than most to encounter difficulties with their accommodation.

3. **Corporate parents take action to ensure that care leavers do not have to make a "homeless application" in order to access suitable accommodation/housing.**
    - End the use of the homeless route to access accommodation for care leavers. This is not appropriate and fails to allow for a proper planning process and fails to provide adequate support.
    - Where care leavers are at risk of homelessness after a period of being outwith care/support of the Local Authority, they must be recognised as a vulnerable group and be supported as such.
    - Care leavers up to the age of 26 are recognised by corporate parents as potentially vulnerable and have access to support even after a prolonged gap in contact/support with care services.

4. **End the use of 'bed and breakfast' and 'adult hostels' as accommodation options for vulnerable care leavers.**[xv]
    - The stress of unstable, unsuitable accommodation (such as B&B's and homeless hostels) can impact on physical and mental health, creating, exacerbating and compounding pre-existing vulnerability and disadvantage.
    - In allocating accommodation to homeless households, local authorities in Scotland must already give proper consideration to the suitability of B&B and hostel accommodation to certain vulnerable groups, including families with children.
    - Care leavers should be accorded the same status as other vulnerable groups when considering these particular accommodation options.

5. **Multi-agency transitions forum: Local Authorities develop and operate a multi-agency planning and support forum around housing and accommodation support needs for care leavers involving the active participation of all relevant corporate parents.**
    - Multi-agency forums have proved to be effective in allocating appropriate housing and support, in implementing creative packages of support, in overcoming problems and issues and in tracking progress of care leavers in moving on.
    - Joint Planning and multi-agency and partnership working is at the heart of all planning with the "one child – one plan - one care journey" principle being continued into adulthood.
    - Pathways and support plans reflect the key roles and responsibilities of agencies and partners in meeting the young person's needs through a phased transition into adulthood.
    - The **process reflects the dynamic and changing nature of young people's needs and circumstances** as they progress on their journey to adulthood and interdependence.
    - To achieve this **relationship-based practice** for young people leaving care is crucial in maintaining previous supportive relationships and ensuring there is continuity and co-ordination in providing housing support.

Anticipated Outcomes:

- Continuing support services allows corporate parents to offer something equivalent to a 'family safety net' for care leavers.
- Ensures that that the young person remains at the centre of planning and support arrangements.
- Encourages partners to continue to work together with and on behalf of the young person for as long as is needed after the transition has been made - reinforcing that accessing accommodation on a one-off basis for a care leaver does not in itself constitute a discharge of duty towards young people - corporate parents must repeatedly do what they can to make positive outcomes achievable.
- Care leavers do not have to go through the formal adult homelessness route and can expect to receive housing options and support tailored to their needs as a vulnerable group.
- Reduction in the risk - and costs - of repeated accommodation breakdown and homelessness.
- Enables sustained engagement in education, training or employment.

Education and Training

The educational outcomes for looked after young people and care leavers are, in general, poor in comparison to those of the majority of young people in Scotland. Trauma, attachment issues, mental ill health, stigma, frequent placement moves and the multiple transitions and the chaotic living arrangements that many care leavers experience are contributory factors leading to disrupted schooling and negative experiences of education. With such poor experiences it is unsurprising that Scottish Government statistics[xvi] highlight that 74% of looked after young people leave school before the age of 16 and only a small percentage, in comparison to the national average, go on to study at university.

> **While the educational outcomes for looked after young people are improving, as are their prospects of progressing to further and higher education, there is still a long way to go to close the attainment gap that exists between them and their peers.**

Additional Support for Learning (ASL) legislation[xvii] states that looked after young people should be automatically considered to have additional support needs, unless assessed as otherwise. Those with additional support needs who require significant support from more than one agency should have a Coordinated Support Plan (CSP) to identify need and allocate support.

The reality is that this legislation is failing looked after young people. In 2015 it was reported by Govan Law Centre that less than half of looked after young people with additional support needs had a coordinated support plan. Considering the multiple and complex barriers that looked after young people experience in education, this proportion is surprisingly low.

It is important to recognise and harness the full range of care leavers skills and aptitudes and to enable them to build on their strengths. It is also important to recognise that failing to achieve qualifications in school is not the end point in terms of academic or vocational progression and care leavers should be supported in their aspirations and goals regardless of the length of the journey.

Key Actions

1. **Improved & Strengthened Links between Schools, SDS, Social Work and tertiary education providers.**
   - Access to early and effective careers advice for looked after young people provided by schools and Skills Development Scotland starting before the end of 3rd Year and continuing for as long as is necessary.
   - Information sharing between schools, social work, Skills Development Scotland, Department for Work and Pensions and further education providers to ensure continuity of support and joint working post school, fully utilising the 16+ Learning Choices Data Hub.

2. **Consistent and extensive use of ASL legislation to ensure that looked after young people have Coordinated Support Plans in place where required.**
   - Educational outcomes to feature prominently in all integrated plans for looked after young people and care leavers in senior school phase and college.
   - Extension of all Additional Support for Learning Services to all care leavers.
   - Real term increases in spending on Additional Support for Learning Services.

3. **Further and Higher Education (FE and HE) providers develop and offer effective, consistent and equitable care leavers' support across all areas of Scotland.**
   - A dedicated student support professional is identified for all care leavers accessing further and higher education.
   - Range of financial, accommodation, mentoring and emotional support to be consistent across all providers.
   - Corporate parents, FE and HE providers and supporting agencies act to raise awareness of the range of supports available to support care leavers and collaborate in encouraging looked young people and care leavers to declare their status and access this support.
   - FE & HE providers use protected characteristics provision creatively to widen access and provide support for care leavers.

4. **Throughcare and Aftercare services and FE and HE providers establish proactive and effective communication links.**
   - Collaborate over financial and accommodation support, including non-term time accommodation and help with transport costs.
   - Identify and share information - with care leaver's consent - regarding potential problems and offer proactive support to prevent care leavers dropping out of college or university.

Anticipated Outcomes:

- Care leavers experience a more positive transition from school to post-school provision.
- Increased effectiveness and continuity of careers advice and more accurate assessment and advice around post-school destinations.
- Increase in the number of care leavers successfully completing college and university courses with resultant benefits for employability.
- Care leavers feel more supported and less isolated and are empowered to form trusting relationships.
- Care leavers have wider range of options in accessing learning institutions that are local to them, or that suit their ambitions, without compromising on support needs.

- Care leavers are better prepared to apply and be accepted for institutions that they may otherwise see as beyond them.
- Collaborative working clarifies roles and responsibilities and problems are detected early with strategies and contacts in place to resolve them.

Employment

Access to the employment market can be more challenging for care leavers and they should be regarded as a high priority group who need additional support to gain and sustain employment.

While recent reports[xviii] have shown an increase on previous years in the number of care leavers in positive destinations 9 months after leaving school it still falls short in comparison to the rest of the population.

The Commission for Developing Scotland's Young Workforce report[xix] published in 2014was clear that **current employability support for care leavers is not fit for purpose**. The report makes key suggestions including: 'in partnership with the third sector, the Scottish Government should consider developing a programme which offers supported employment opportunities lasting up to a year for care leavers.' This has been reflected in Scotland's Youth Employment Strategy.[xx]

Further to this, the Children and Young People (Scotland) Act 2014, makes particular reference to the need for better provision for young people in care and care leavers that *lasts longer*. These key policy developments highlight the need for an innovative Scottish employability service providing a supported and stable gateway to the world of work for looked after young people.

There needs to be greater awareness of the unique employability needs of care leavers, recognising that traditional training and education platforms as an isolated response are not enough. Instead an holistic approach is required which encompasses health and wellbeing, housing and financial support and acts as a route to meaningful work or apprenticeships.

Given the acknowledged need to develop Scotland's young workforce and to prevent future skills shortages, there is a need to make explicit links between social inclusion and economic development. There are real opportunities here to create a more joined up solution for care leavers and employers.

Key Actions

1. **Develop an integrated national vocational training and progression pathway for care leavers.**
   - Develop a new employment brokering facility to match job-ready care leavers with entry level career opportunities and Modern Apprenticeships.

- Aligned to and building on the work of the Open Doors Consortium, develop a new flexible (holistic) support fund to help overcome barriers experienced by care leavers seeking to enter employment for the first time.
- Targeted financial support to help care leavers to secure and sustain employment. This can encompass work related needs, on the job training, support with travel and support with housing costs in the early weeks of employment. This will have a clear focus on helping the young person sustain employment.
- Ensure effective alignment of funds to support care leavers at each stage of the Employability in Scotland strategic skills pipeline [xxi].

2. **Reduce any real or perceived barriers to accessing Modern Apprenticeships to ensure opportunities are aligned to care leavers' needs.**
   - Subject to spending review, ensure that care leavers can access Modern Apprenticeships up to the age of 30, at the highest level of public funding available.
   - Scope out and harness the potential for using Foundation Apprenticeships as a way into employment with training for care leavers.

3. **Implement a full systemic approach to information sharing and joint working across education services, social work and throughcare teams, Skills Development Scotland, Department for Work and Pensions and specialist providers.**
   - Agencies communicate and collaborate to ensure that care leavers are supported throughout difficult transition period from education to employment.
   - Where personal information is concerned this should be subject to obtaining informed consent.

4. **Maximise the positive use of the 'care leavers marker' by Jobcentre Plus staff.**
   - Ensure that self-declaration of care leaver status is matched by tangible benefits including additional support as vulnerable claimants.
   - DWP allow and actively promote advocacy and support for care leavers in attending key interviews and interactions with the agency.

5. **Develop and enhance supportive environments for the most vulnerable care leavers as a first step in to the world of work.**
   - Build on existing good practice e.g. Community Jobs Scotland brokering, securing and supporting jobs in the third sector for young people.
   - Corporate parents have a dedicated 'Family Firm'[xxii] policy with ring-fenced opportunities, guaranteed interviews and person-centred support for care leavers.

- Private sector employers who receive public funds or are commissioned by corporate parents to deliver services should be given a more specific remit to offer targeted employment opportunities for care leavers.
- Programmes that provide flexible and sustained support, including pre-employment, employment and post-employment support.
- Partner agencies enabled to signpost and/or provide non-work related support to care leavers.

Anticipated Outcomes:

- Increased participation by care leavers in support that is available to help them in to work, using a clear pathway of relevant support to secure sustained meaningful employment.
- Increased numbers of care leavers accessing and successfully completing Modern Apprenticeships.
- Reduced instances of care leavers being sanctioned by DWP and increased numbers of young people receiving support as vulnerable claimants.
- Increase in the number of care leavers securing employment.
- Skills Development Scotland reporting an increase in the numbers of care leavers securing and successfully completing Modern Apprenticeships.
- Employers play a more proactive role in recruiting care leavers.

Youth and Criminal Justice

Research consistently highlights that care leavers are overrepresented in the criminal justice system. This is most evident in prison statistics[xxiii], with a third of young offenders and a quarter of male adult prisoners in 2013 having been in care with 17% having been in care at age 16.

> **Factors associated with offending behaviour and desistance, have clear links to the other key actions outlined in the Covenant and Agenda for Change. These include the importance of meeting care leavers education, training and employment, housing, and health needs.**

All youth and criminal justice agencies have responsibilities in addressing the overrepresentation of care leavers in these systems and we would encourage agencies including Children's Hearings Scotland; Scottish Children's Reporters Administration; Police Scotland; local authorities; Conventions of Scottish Local Authorities Social Work Scotland; Scottish Prison Service; Scottish Court Service; Crown Office and Procurator Fiscal Service; and the judiciary to endorse the Covenant and deliver on the key actions below.

Key Actions:

1. **Identification of care leavers at the outset of their involvement with each youth and criminal justice agency to enable more appropriate responses.**
   - All individuals aged under 26 are asked a standardised, understandable question to ascertain whether they are a care leaver, the response to which is then recorded.
   - Contact other agencies that the individual reports holds this information, with their consent and as per information sharing protocols.

2. **On identification, corporate parents and youth and criminal justice agencies will ensure that care leavers will receive**:
   - Contact will be made with relevant agencies who can meet their immediate and longer-term needs and/or who may have corporate parenting duties.
   - An holistic assessment of their needs for services and supports and an individualised plan created by the local authority in partnership detailing how entitlements will be met.
   - Ensure that any existing plans must take account of the individual's entitlements **as a care leaver.**
   - Be offered advocacy support.
   - An assertive outreach approach to offering support.

3. **Criminal Justice interventions take into account the individual needs and circumstances of care leavers and offer:**
   - A Whole System Approach to working with care leavers including: timely and joined up interventions; maximising the use of diversion from statutory measures; court support; and transition/reintegration support.
   - A long-term relational approach to support engagement and consideration of which services are most appropriate to support care leavers.
   - Additional support to comply with interventions and during transitions/reintegration.
   - Creative use of interventions, including individual and group work supports.

4. **Learning and development opportunities are available to the whole workforce, including decision makers, focusing on:**
   - The experiences of care leavers and impact of such experiences.
   - Corporate parenting responsibilities and actions.
   - Legislation, definitions and entitlements of care leavers, agencies responsibilities, and available services and how these can be accessed.
   - The youth and criminal justice systems.

5. **Relevant Criminal Justice services should have clear corporate parenting statements of intent which should**:
   - Detail how they intend to fulfil their corporate parenting responsibilities.
   - Be included as part of corporate parenting plans.

6. **Measures taken through the Children Hearing's System (CHS) can impact on care leaver's futures. Priorities should include:**
   - Continuing to support 16-17 year olds on Compulsory Supervision Orders (CSOs).
   - Dealing with cases in the CHS rather than court where appropriate.
   - Ensuring young people subject to CSO's can access appropriate adult services.
   - Planning transitions from the CHS and ensuring support plans are in place.
   - Limit the carry-over of criminal records from CHS and informing when this is the case.

Anticipated outcomes:

- Improved identification and monitoring of the numbers of care leavers in youth and criminal justice systems towards the aim of reducing this overrepresentation.
- Care leavers will see benefits in self-identification.
- Improved information sharing and inclusion of young people in this.
- Greater consistency of assessment, planning and access to supports/entitlements.
- Interventions are more effective, with fewer unsuccessfully completed measures.
- Holistic recognition of the experiences of individuals to support culture change.
- Clarity on what care leavers can expect from services that can be held accountable.
- Young people in transition from the Children's Hearing System S will be more appropriately supported.
- Most "convictions" incurred in childhood will not be carried into adulthood, which should increase inclusion in pro-social opportunities and employment.

Rights and Participation

Young People have a right to participate in decisions that affect them.
Article 12 of the UNCRC specifically details that young people have the 'right to express their views freely in all matters affecting them in accordance with their age and maturity.
These rights are central to the provisions of the Children (Scotland) Act 1995 which defines eligibility for Throughcare and Aftercare support and services for those young people preparing to leave care and who become care leavers. These supports and services are further clarified and strengthened by the Supporting Young People Leaving Care in Scotland Regulations (2004), including details of financial and other supports that care leavers would require in making the transition to adult life.

The philosophy enshrined within GIRFEC very much puts the child at the centre and the Children and Young People (Scotland) Act 2014 defines the responsibility corporate parents have towards care leavers. The Act highlights the need for corporate parents to be alert to matters affecting children and young people and emphasises the importance of engaging in regular dialogue with individuals and groups whom they have a duty towards. Part 1 of the 2014 Act links this legislation specifically to the UNCRC and part 2 strengthens the role of the Scottish Commissioner for Children and Young People in investigating and upholding children and young people's rights.

Rights and entitlements that are defined within policy and legislation are not always reflected in practice. Care leavers are particularly vulnerable to having their rights overlooked and the process of moving on from placement and leaving school, often within a short time-frame, tends to mean they lose access to support networks and can quickly become isolated and disempowered. Attempts to engage care leavers in participation, although well intentioned, can often come across as tokenistic and lacking in efficacy, with participants not clear whether their efforts have really made a difference.

> **The development of Champions Boards, bringing young people alongside Elected Members and senior managers at a local level, is a welcome one and represents real potential to achieve lasting change in acknowledging and responding to the needs of this vulnerable group.**

The issue of rights and entitlements for care leavers continues to be characterised by a lack of clarity and transparency, lack of information and discretionary decisions that vary from one area to the next. Adopting a rights-based rather than deficit-based approach to support reflects the spirit of policies as they affect care leavers engendering much needed change and improvement of outcomes.

Key Actions:

1. **All corporate parents have participation processes in place that is specifically aimed at care leavers.**
    - Arrangements are in place for meaningful and regular engagement with care leavers using existing forums or, where necessary, developing new ones e.g. Champions Boards.
    - Care leavers are given specific opportunities to influence & shape services and policies at a local and national level, including receiving feedback on their ideas and contribution.

2. **Clear accessible information on the choices and options open to looked after young people preparing for or leaving care to be made available and can be accessed in written and web-based form.**
    - Information is available well in advance of preparations to move, from the age of 14 and onwards as appropriate.
    - Information on care leavers rights and entitlements is readily available, particularly around the issue of staying put and extended aftercare support.
    - Information is available to those care leavers who don't currently access support, informing them that they can request further support, up to the age of 26.
    - Services keep in touch with care leavers, throughout their leaving care journey into adulthood, not just respond at times of crisis.

3. **A rights-based approach to support and services for care leavers is adopted to take full advantage of enabling legislation and policy.**
    - Rights of care leavers are proactively implemented and protected throughout their entire care-leaving journey, not just when they first leave care or at times of crisis.
    - Harder to reach groups of care leavers are given access to independent advocacy and more consistent use made of existing supporting person or persons in planning and implementing supports and upholding care leaver's rights.

Anticipated Outcomes:

- Corporate parents can evidence activity and progress in reporting cycle.
- Corporate parents are more responsive to local need and gaps in provision.
- Local and national policy and practice is more reflective of care leavers needs and priorities, leading to more meaningful and sustained engagement and dialogue.
- Care leavers are better informed and prepared and more aware of the options available to them when ceasing to become looked after.
- Care leavers are more likely to remain in placement for longer and to undertake more graduated transition to independent living, leading to better outcomes.
- Care leavers are more likely to come back to request support, leading to continuity of support and relationships, preventing more serious crisis and breakdown, with resulting costs to adult services.
- Improved consistency of equitable support and equality of opportunity for care leavers that do not consistently access help.

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HEALTH AND SOCIAL CARE PARTNERSHIP

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Councillor MacLeod		1
Councillor Grieve		1
Councillor Campbell-Sturgess		1
All other Members (for information only)		9
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