Inverclyde council

AGENDA ITEM NO: 8

Report To:	**Inverclyde Council**	**Date:**	**3rd December 2015**
Report By:	**Brian Moore, Chief Officer/ Chief Social Work Officer - IHSCP**	**Report No:**	**SW/28/2015/BM**
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 the Council 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 Advisory allows for the development of a picture of social work and social care practice across the council. 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 the Council 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 the Council 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 N/A

8.0 CONSULTATION

8.1 N/A

Final Version at 24th September 2015

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

Photo here

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 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 will remain 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:

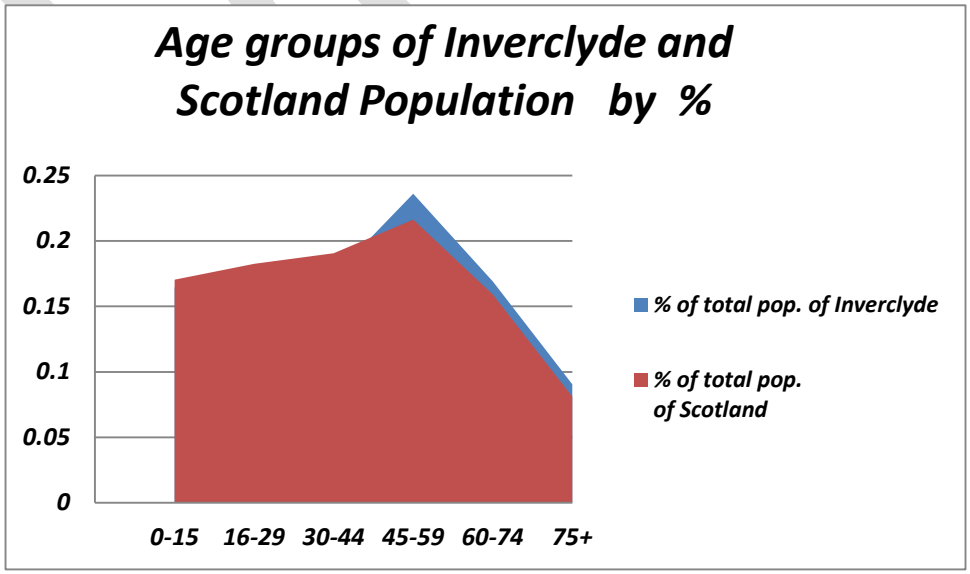
Table 1 Inverclyde Population

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

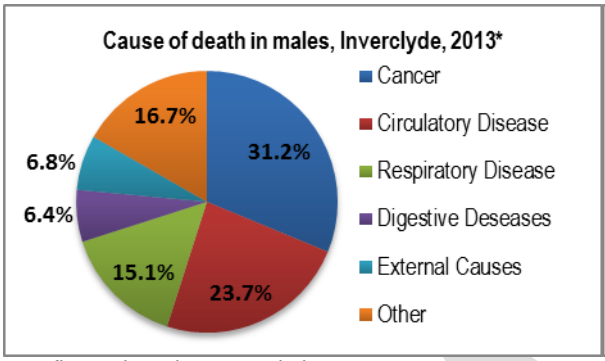
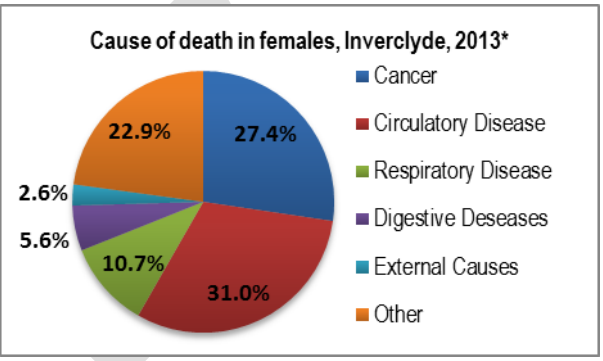


Chart 3 Females



* NB figures have been rounded

Behaviours

The smoking prevalence percentage for adults aged 16 and over in Inverclyde according to the latest figures available in 2013 is 27.6% compared with the national average of 23% and GG&C Health Board of 24.4%. Although the smoking prevalence is high for the area we strive to meet the HEAT targets set and have noted improved local performance in smoking cessation quit rates and smoking in pregnancy.
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.

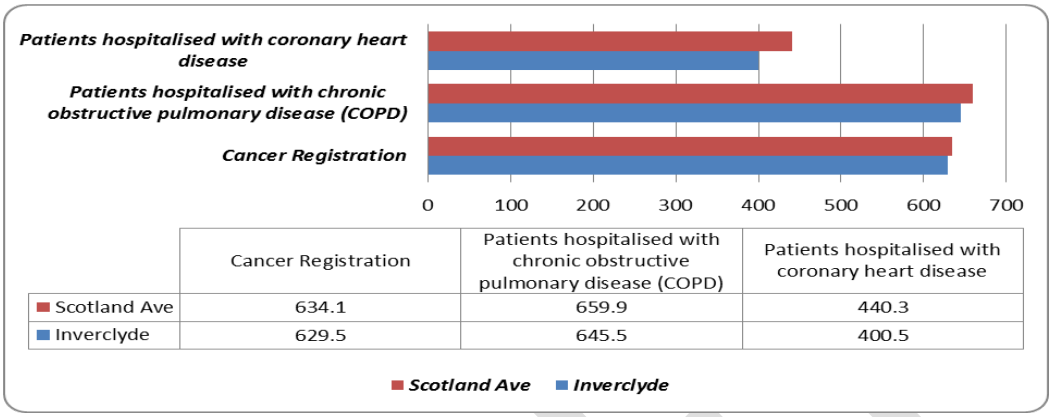
Adult smoking prevalence

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

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

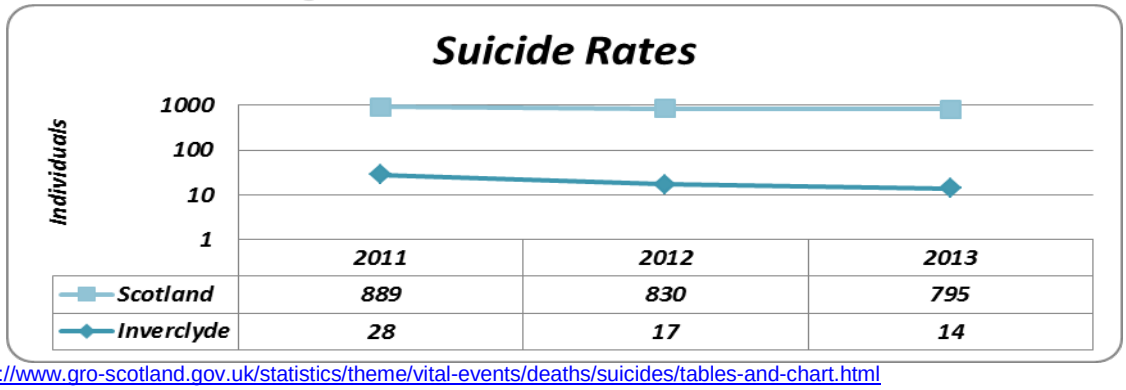
Source: Health and Wellbeing Profiles, Scot PHO, 2014.

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 representative 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

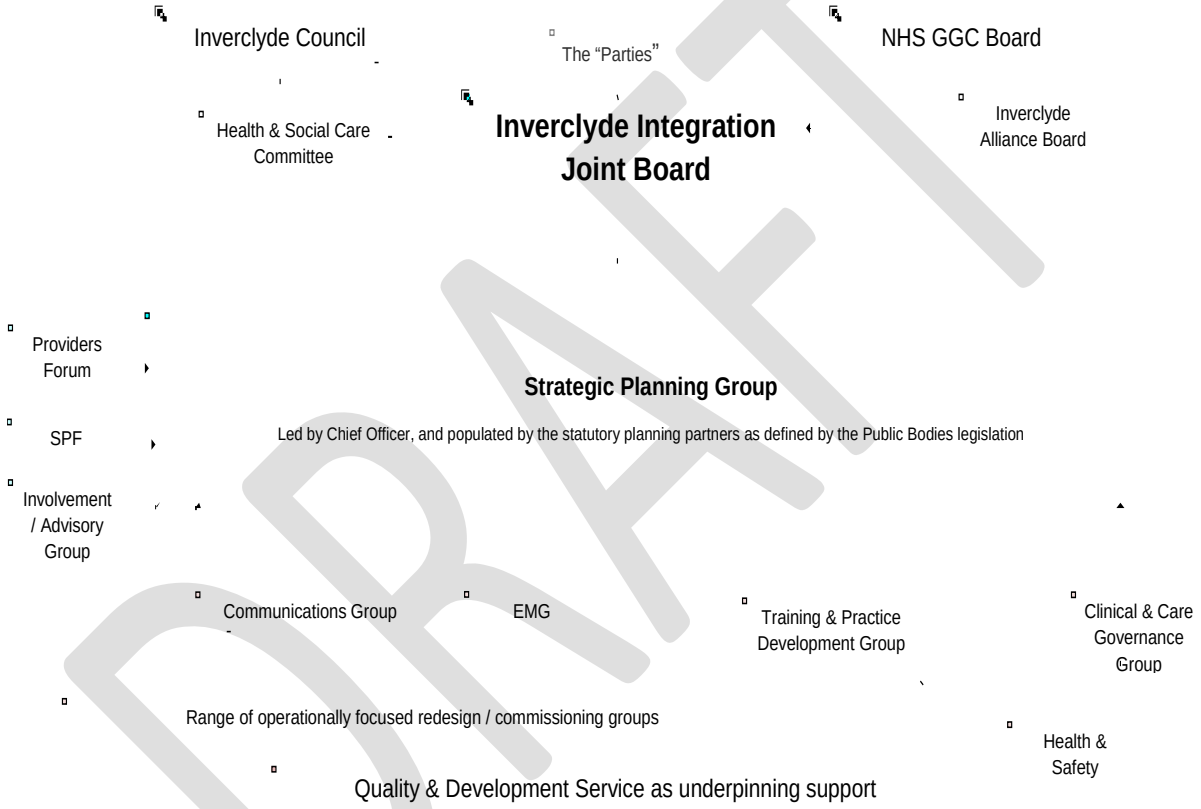
Poverty

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 **care homes** locally, providing a service to 550 individuals. In 2014-15 the actual spend on the 15 local care homes was £11.3m. The fee increase was 3.8% and this included:

- 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	£2,975,397	*£1,897,076*

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 above 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 these 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.

The numbers of admissions to hospital under short term admission has more or less remained stable at a high level. It is encouraging to see that the numbers of emergency admissions 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 MHCandT(S) Act shows only a slight reduction from last year's very high levels of activity.

In terms of actions under the 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; 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.

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, in context of an ageing MHO workforce has been the cause of considerable discussion and concern

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

In terms of actions under the 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; 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.

The HSCP continue 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.