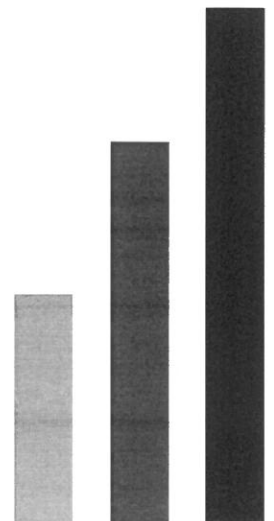


## Agenda 2016

# Health & Social Care Committee

For meeting on:

25	February	2016
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**A meeting of the Health & Social Care Committee will be held on Thursday 25 February 2016 at 3pm within the Municipal Buildings, Greenock.**

GERARD MALONE  
Head of Legal and Property Services

**BUSINESS**

**\*\* copy to follow**

1. <b>Apologies, Substitutions and Declarations of Interest</b>	Page
<b>PERFORMANCE MANAGEMENT</b>	
2. <b>Homelessness Service</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  <b>NB</b> There will also be a presentation on this item	p
3. <b>Strategic Plan Update</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4. <b>Overview of Development of Governance Arrangements</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5. <b>Revenue and Capital Budget Report 2015/16 – Period 9 as at 31 December 2015</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
6. <b>Delayed Discharge Performance</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

<b>NEW BUSINESS</b>		
7.	<b>Inverclyde Community Justice Communication &amp; Engagement Strategy</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
8.	<b>Children and Young People (Scotland) Act 2014</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
9.	<b>Child Sexual Exploitation</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
10.	<b>Social Work Services Single Agency Child Protection Procedures</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
11.	<b>Social Work Services Supervision Policy</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
12. **	<b>Report on Social Work Complaints Review Committee of 27 January 2016</b> Report by Complaints Review Committee	
<b>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph 6 of Part I of Schedule 7(A) of the Act.</b>		
<b>PERFORMANCE MANAGEMENT</b>		
13.	<b>Governance of HSCP Commissioned External Organisations</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP Governance Process for Externally Commissioned Social Care Services	<b>p</b>

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

**Report To:** Health and Social Care Committee      **Date:** 25<sup>th</sup> February 2016

**Report By:** Brian Moore  
Corporate Director  
(Chief Officer)  
Inverclyde Health and Social Care Partnership      **Report No:** SW/12/2016/DG

**Contact Officer:** Deborah Gillespie  
Head of Service      **Contact No:** 01475 715285

**Subject:** HOMELESSNESS SERVICE

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of how the Homelessness Service is meeting its statutory duties and how this interacts with other services within the HSCP and external partners.
- 1.2 The report also informs the Committee of current developments and challenges within the Homelessness Service.

## **2.0 SUMMARY**

- 2.1 The trends for our response to homelessness are positive, across a range of measures which inform the whole picture of how the service operates, including prevention, responding to homeless applicants; and addressing the needs of people in respect of support and health.

Homelessness in Inverclyde reached a peak in 2005/06 with 879 applications with 304 households being accommodated in temporary flats, the Inverclyde Centre or Bed and Breakfast.

In 2014 the Scottish Government introduced the housing options approach giving Local Authorities more flexibility in finding successful outcomes for potentially homeless clients. The Housing Options approach places a greater emphasis on prevention of homelessness.

- 2.2 Inverclyde Homelessness Service has successfully reduced homelessness with accepted applications for 2014/15 being 264. The trend in use of temporary accommodation is downwards.
- 2.3 Bed and Breakfast accommodation is no longer routinely used and has decreased year on year since 2010. This type of accommodation is only used in exceptional circumstances and for the shortest period possible. It is worth noting that Inverclyde has never breached the unsuitable accommodation order since its implementation in 2004.
- 2.4 The service is subject to external scrutiny and inspection by the Scottish Housing Regulator and Audit Scotland. There are currently no inspections planned by the Regulator. Audit Scotland for 2013/14 records that housing and homelessness are fully meeting the requirements of public performance monitoring, and recognises the improved links with our RSL partners.

- 2.5 Notwithstanding this, there are significant challenges presented to the ongoing service provision, impacted upon by a number of factors including welfare reform; the management and costs of providing the temporary accommodation; and partnership working in the context of being a stock transfer authority.
- 2.6 Following a follow up internal audit in January 2015 an action plan was required in respect of the management of the rent accounting systems and debt management for temporary accommodation. This is subject to separate reporting to the Audit Committee. The service is working together with finance and DWP colleagues to address the issues identified.
- 2.7 The service is taking forward a number of strands of work in partnership with wider HSCP services and RSL partners, to improve the experience of people presenting to the service, and the outcomes for individuals.

### **3.0 RECOMMENDATIONS**

- 3.1 The Committee is asked to note the progress being made to address the needs of people experiencing homelessness within Inverclyde as detailed within this report.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde Community Health & Care Partnership**

## 4.0 BACKGROUND

### Discharge of Key Duties

- 4.1 The Housing (Scotland) Act 2001 introduced the right to temporary accommodation to any homeless client who needed it. This right remains until such times as the local authority discharges its duty to the applicant, generally by way of offering permanent accommodation. As a stock transfer authority Inverclyde relies on the Registered Social Landlord (RSL) to discharge its statutory duty to house homeless households.
- 4.2 Section 5 of the Housing (Scotland) Act 2001 places a duty on Registered Social Landlords to assist the local authorities in its discharge of duty. This allows the local authority to make referrals for housing to an RSL who is then required to make available a suitable offer of housing in line with the request within a reasonable time scale.
- 4.3 A Choice Based Letting and a Common Housing Register was established by four of the main Housing Associations (Oak Tree, Cloch, Larkfield and Link) in January 2012. This allows a single point of access to anyone applying for housing from these organisations. The process allows homeless applicants to bid for properties on their waiting list application while still making provision for them through the Section 5 referral process if required.
- 4.4 River Clyde Homes implemented their own choice based lettings in June 2014. This system merges an applicant's waiting list application and the Section 5 referral and as a result reduces opportunity for homelessness to be resolved. Applicants regardless of their circumstance must bid for a property in order to achieve housing from River Clyde Homes. This has seen a reduction in homeless applicants accessing housing from this particular provider. The Homelessness Service is working with River Clyde Homes to address this and has agreed an interim solution while River Clyde Homes reviews its allocation system.
- 4.5 The introduction of these systems has resulted overall in a reduced number of homeless applicants accessing housing through section 5 referral process. The service has been working with our Strategic Housing Service and the RSL's to review the Section 5 protocol and improve information sharing in order to resolve some of the issues currently being experienced.
- 4.6 In 2010 the Scottish Government established 5 regional housing option hubs and the housing option approach. The main aim of this approach is to intervene early to prevent a crisis/ homelessness occurring and to provide information regarding housing/ accommodation options to allow applicants to make informed choices. This change also removed the need to secure permanent accommodation and introduced settled accommodation therefore opening other avenues which were not previously available to homeless applicants. This has involved closer working with the private rented sector. To achieve this, the Homelessness Service held an information event in 2014 with private landlords in Inverclyde. As a result we have 10 private landlords working with us who are willing to accept homeless applicants dependant on supply.
- 4.7 The Housing Options approach has seen a reduction in homeless applications both nationally and locally. With homeless applications nationally reducing by 19 % in 2010/11 and by a further 13% in 2012/13. In 2010/11 in Inverclyde we received 534 applications. This has reduced to 264 applications in 2014/15 representing a 49% decrease in accepted applications.
- 4.8 As there is now a greater emphasis on the prevention of homelessness through the housing options approach, the Scottish Government developed Prevent 1 as a means of monitoring and recording prevention activity. This monitoring system records that of the 1024 applications to Homelessness Service in 2014/15 only 264 made a homeless application. Of the 1024 approaches 251 were due to some type of family breakdown, 193 due to threat of repossession/eviction and 134 looking for general housing advice. The

activity undertaken by the Assessment and Support team evidences that the 67% of interaction with clients is general housing advice, liaising with landlord and advising of homelessness rights.

- 4.9 Repeat homelessness for Scottish Government purposes is defined as anyone re-presenting to the service within a twelve month period. Current performance information indicates that repeat homelessness is not a particular problem in Inverclyde.

Inverclyde repeat homelessness is show in the table below for the reporting year 2014/15:

	Q 1	Q2	Q3	Q4
Applications	65	77	49	73
Repeat	2	4	4	6
%	4.17	8.16	10.53	12.0

It is worth noting that a repeat homeless presentation is not necessarily a failed tenancy. However, this may be an indication that some of our more difficult to engage clients, who are often involved with several HSCP services, are not managing to achieve a sustainable solution. In order to have a better understanding of this statistic and to support the work being undertaken by Scottish Government around the multiply excluded homeless some joint work across Health and Homelessness Action Group and the HSCP is required to find solutions for this particular client group.

- 4.10 The attached appendices demonstrate the performance within the Homelessness service, including prevention activity, as described above, and further within this report. Appendix 1, Quarterly Performance Review, Appendix 2, Prevent Activity.
- 4.11 The Housing (Scotland) Act 2010 placed a duty on all local authorities to conduct a housing support assessment for applicants who are unintentionally homeless or threatened with homelessness and which they have 'reason to believe' are in need of housing support services. The main purpose of the housing support duty is to help prevent further homelessness among people that the local authority believes may have difficulties in sustaining their tenancy.

There are four prescribed housing support elements.

- Advising or assisting a person with personal budgeting, debt counselling or dealing with welfare benefit claims;
- Assisting a person to engage with individuals, professional or other bodies with an interest in that person's welfare;
- Advising a person in understanding and managing their tenancy rights and responsibilities, including assisting a person in disputes about those rights and responsibilities;
- Advising or assisting a person in settling into a tenancy.

This duty extends to other members of the household and once an assessment has been carried out the local authority must ensure that the support is provided.

The initial assessment is undertaken by the Assessment Support Officers. The Homemakers within the homelessness service directly provide housing support by providing assistance in making and keeping appointments, budgeting support, assistance in applying for Community Care Grants and carrying out supervised spends. The Service also commissions housing support services from The Richmond Fellowship for some of the more vulnerable clients who require extended support. This service will provide a minimum of 10 hours a week support to an individual, for a maximum of 8 clients at any given time.

- 4.12 The provision of housing support extends into many service areas with in the HSCP. This includes where existing service users become homeless. Current performance reporting in respect of housing support specifically for tenancy sustainment for people who are

homeless can only be identified within the homelessness discreet services, and within that reporting system. There is therefore an underreporting of the support provided to people who are experiencing homelessness in our community from the HSCP at this time.

- 4.13 The shorter period of time spent in temporary accommodation reduces the opportunity to support and work with homeless applicants to address their problems and become more 'housing ready' and impacts on the need for ongoing support as they achieve a permanent tenancy.
- 4.14 In September 2014 the Scottish Government published guidance on the implementation of the housing support duty. The guidance places emphasis on corporate responsibility and joint working across various departments, housing, social work, mental health, drugs and alcohol services.

The HSCP is well placed in this respect with good working arrangements with internal agencies. The legislation does not give details about appropriate timescale for support and this was a deliberate action in order to allow flexibility to respond to individual circumstances. A resettlement plan would be expected to run for a period following the provision of settled accommodation. However this will be dependent on the individuals support needs.

- 4.15 Tenancy sustainment support is provided by the RSLs on an ongoing basis where this is required. HSCP services providing ongoing housing support will contribute to tenancy sustainment within wider packages of support. There is currently consideration being given to the mapping of models and availability of ongoing support particularly for people who are not in receipt of wider services from the HSCP. This is to ensure that people continue to receive appropriate support at the point of transition from the homeless service, once the homelessness duty has been discharged.
- 4.16 To ensure that the Homelessness Service complied and could clearly evidence the support being provided Outcome Star was introduced. Outcome Star is a unique suite of tools for supporting and measuring change when working with people. The Homelessness Service first used the Outcomes Star model in January 2014.

This model is very visual and enables service users to identify their own support requirements and map their progress. This approach is also extending into other service areas, and is currently in practice in the Addictions service. This provides an opportunity, where services use the star tool, for service users to retain the same model of support planning once they have moved on from the homelessness service, and to continue to reflect on their personal outcomes. The use of Outcome Star is still being developed and it is envisaged that this will provide us with a useful reporting tool to evidence the support being provided and areas of success. Feedback from service users has been positive:

*"My confidence has improved as this was more about me and not being told what to do. I have been seen as a person who was homeless rather than a problem".*

*"I have just been given a tenancy and the star has helped me to see where I am right now and show me what I have to work on. I have never managed to keep a tenancy before, but I can see that I have a better chance if I work through my problems."*

#### 4.17 Health and Homelessness

Homelessness service users have direct access to a range of health services as many are no longer engaged in mainstream services or registered with a GP for a variety of reasons. At the Inverclyde Centre there is an alcohol counsellor, a drugs worker and a nurse, all of whom link directly into the community based health services. This allows an immediate response to any health concerns. All service users are offered a health check, support to register with a GP and support to address any addiction issues. The officers concerned work with the service user while homeless and through into their tenancies until they are fully engaged with the community services. Alongside this they hold a weekly event (HAD-IT) Health, alcohol, drugs information talk.



- 4.18 The service is looking to develop these services in a pilot project focusing on our multiply excluded homeless. Multiple exclusion homelessness means situations where homelessness intersects with other complex support needs, such as alcohol or drug dependency, and mental health problems.
- 4.19 The pilot work will focus on repeat homelessness. It is intended to utilise the expertise of our Health, Homelessness and Housing Lead to co-ordinate this work and engage with the social landlords on behalf of the service users to develop the model. This is a particular area of focus by the Scottish Government following the publication of a report by the Scottish Public Health Network, Restoring the response to homelessness in Scotland, 2015.

## **5.0 Service User Engagement**

- 5.1 Following an initial engagement event in 2012 facilitated by Shared Solutions the service identified a need for ongoing engagement with service users in respect of responding to their issues of concern. The service took this forward via a programme of service user engagement facilitated by Your Voice and which took the form of conversation cafés. The services users involved were predominately residents of the Inverclyde Centre.
- 5.2 The main issue raised was social isolation which is a feature of homelessness and in particular for those living in the hostel environment. This has resulted in the formation of a small working group to consider ways to help address this problem. The health workers are developing a lending library of Books, DVDs and board games. Community Learning and Development staff visit the centre on a Monday to help with issues around literacy. A number of community groups have been identified and this will be actively promoted within the service to assist in addressing the isolation our service users' experience.

## **6.0 Accommodation Provision**

- 6.1 The local authority has a statutory duty to provide temporary accommodation to anyone who requires it. Currently the Homelessness service has the Inverclyde Centre which comprises of 27 self contained bedsits, two of which can accommodate couples and two which are fully disabled adapted. There is a further 4 units for single people with shared facilities. We also had 51 temporary flats within the community which were leased from the Registered Social Landlords at the start of 2015.
- 6.2 In 2010/11 Bed and Breakfast accommodation was more routinely used, with 240 occasions where the use of B/B was necessary. This was generally for short stay accommodation with the range being between one night and 44 nights which was a particularly challenging client. There is a significant reduction in use of bed and breakfast accommodation.
- 6.3 Prior to the implementation of the housing options approach in 2012 the Inverclyde Centre hostel had 25 bedsits, two of which could accommodate couples and a further 4 emergency bed spaces. This facility operated at a 100% occupancy rate. Since the introduction of the housing options approach the requirement for temporary accommodation has decreased.
- 6.4 The accommodation in the Hostel was increased by two units in 2014 to help mitigate the potential impact on homelessness by the introduction of the bedroom tax. The planning for extended provision in the Inverclyde centre took place before realisation of the impact of the housing options approach, and the anticipated increase in homelessness did not materialize. The occupancy of the Inverclyde Centre is currently running at 63%.
- 6.5 We have utilised 51 temporary flats within the community which are leased from the Registered Social Landlords through 2015. The flats in the community have operated at 60% occupancy throughout this year.

- 6.6 The Homelessness service has always had a number of temporary flats leased from the RSL's, which includes costs of rental, council tax, and repairs and renewals. At a point of high demand additional flats were rented from the private sector, managed via Oaktree Housing Association. The target previously set for occupancy of temporary flats was 90%, with 10% void built into budget. The changed demand for temporary accommodation has resulted in a significant budget pressure.
- 6.7 The service is currently under taking a programmed approach to return temporary flats to the landlords to reduce expenditure in retaining properties for which there is no demand at present. During 2015 15 flats have been returned with a further three flats in notice period. We will retain 32 properties.
- 6.8 The unpredictable nature of homelessness and the inability to accurately assess the impact of both the Housing (Scotland) Act 2014 and the roll out of universal credit makes it difficult to project the future demand for temporary accommodation in either the hostel or the temporary flats. The plan is to retain 32, but manage a turnover of property away from the more costly private rented flats, to RSL, and to rebalance proportionately to the stock of each RSL provider. This will be kept under review.

## **7.0 Inverclyde Centre**

- 7.1 The Inverclyde Centre (Hostel) is the only temporary accommodation owned by the Council. The building was built in 1944. The interior of the property has been fully refurbished to create the self-contained units as described above.
- 7.2 The centre is staffed 24/7, with accommodation officers and assistants managing the temporary accommodation, and providing an emergency response out of hours to residents within the hostel, and the flats.
- 7.3 The reduction in homeless presentations has resulted in a higher proportion of applicants with multiple needs concentrated in temporary accommodation. The challenges presented by the behaviour/needs of these service users present difficulties in the management of the Inverclyde Centre in particular, with residents struggling to adhere to the communal life style, and disputes arising between residents. This has been mitigated somewhat by transferring the first point of contact for the service away from the Inverclyde Centre, and promoting the centre as people's temporary home. [The reception service is now based at Hector McNeil House.]

In assessing the needs of people for temporary accommodation, consideration is given to the type of temporary accommodation offered based on need and vulnerability, depending on the available properties.

- 7.4 Given the age of the Inverclyde Centre and the public perception of the centre, and the reduced demand for temporary accommodation, together with the cost implications there is a need to review the current temporary accommodation model and consider alternative models in the longer term.
- 7.5 At the point of stock transfer the management of temporary accommodation transferred to the homelessness service in totality including responsibility for rental income, repairs and debt recovery. There has been a historical difficulty in undertaking these extended responsibilities, with systems not fully fit for purpose.

An internal audit undertaken in 2011/12 identified a range of matters to be addressed to improve this. In order to overcome the difficulties the Homelessness Service entered into an arrangement with Oak Tree Housing Association to use their rent accounting system in May 2014. This is a much more comprehensive housing management system and managed effectively should provide reliable information.

The follow up internal audit carried out January 2015 highlighted concerns regarding rent

accounting, and accrued debt, which related to the previous system. It also identified a need for more robust procedures to manage the system moving forward.

A short life working group has been set up to address the issues raised in the audit. The outcome of this work should enable a more sustainable financial and management system into the future, when taken together with closer management of demand and capacity within temporary accommodation.

## **8.0 Universal Credit / Specified Accommodation**

8.1 Following the implementation of Universal Credit in October 2015 it is anticipated that this will present major challenges for the Homelessness Service. Universal Credit incorporates the housing element into an individual benefit entitlement. The roll out of Universal Credit will present a budget pressure and additional administrative demands regarding rent collection.

At present homeless people are exempt from Universal Credit and therefore will still have their rent element paid by housing benefit direct to the landlord. However, as universal credit rolls out individuals will present as homeless. Universal Credit including housing cost will be paid direct to the claimant making rent collection even more challenging for the service.

The experience of Highland Council which was an early implementer of Universal Credit reflects this concern with 89% of tenants on Universal Credit being in arrears, of which 33% were in temporary accommodation.

Universal Credit regulations limit the amount of housing costs payable to tenants in temporary accommodation, and costs are subject to the appropriate local housing allowance rate. It also introduces a cap on the Management Fee of £45 per week. Highland council utilised the Discretionary housing payment to meet this shortfall in rental income which resulted in a reduced allowance for use in other areas of rental shortfall.

The implications of this in relation to the budget required for the delivery of temporary accommodation are currently being considered, together with proposals to manage this into the future. This includes the designation of the temporary accommodation, impacting on how housing benefit is paid.

The impact of increasing incidence of people in receipt of Universal Credit getting into difficulties with their rent could result in an increase in evictions by landlords and therefore an increase in homelessness presentations and an increase demand for temporary accommodation. The Local RSLs are now requiring prospective tenants to pay in advance of signing for a permanent tenancy as follows :-

River Clyde Homes between £75-£85  
Oak Tree Housing Association £25  
Cloch Housing Association £20  
Larkfield Housing Association £5

This matter has been addressed through consideration of the use of the Discretionary Housing Payment, and this was agreed at Policy and Resources Committee on 17<sup>th</sup> November 2015.

## **9.0 Access to Housing and Housing Advice**

9.1 The implementation of a one stop shop, housing advice hub is a key priority within Inverclyde Councils Local Housing Strategy (LHS). The main feature of this approach was to provide direct access to all housing related needs including homelessness. This opened up the service to a wider range of clients including the most vulnerable who were reluctant to present at the Inverclyde Centre due to historical perceptions.

9.2 A pilot project was implemented in partnership with Oak Tree Housing Association and operated between May 2013 and July 2014. This provided direct access to Inverclyde's Common Housing Register involving Oak Tree, Cloch Larkfield and Link Housing Associations as well as Homelessness Services. The pilot proved successful in enabling access to housing, and further development of cooperative working between the agencies involved.

9.3 It was initially thought that a merger between Oak Tree Housing Association and Cloch Housing Association would free up accommodation to allow the long term development of this project. However this merger did not progress as anticipated.

The search for alternative premises proved cost prohibitive in context of a lack of clarity about the expectations of all partners in contributing to such a development.

9.4 In July 2014 the pilot project was suspended as no suitable accommodation had been found, and Oak Tree could no longer host this. The service continues to work closely with the RSL's to access housing and advice.

9.5 The Homelessness Service is now a member of the RSL liaison/Strategic Housing Tripartite group and this will enable further consideration of opportunities to progress this objective.

9.6 The homelessness duty service now operates within Hector McNeil House, enabling increased engagement with other HSCP services including advice services that are also involved in responding to the needs of people presenting for advice and support.

## **10.0 Interdependencies and Partnership Working**

10.1 Tackling homelessness, especially in context of a stock transfer authority, requires a high degree of cooperative working both with the RSLs and strategic housing colleagues. The Homelessness service /HSCP is now engaged within the tripartite meeting which has enabled the service to consider operational matters which impact on performance and response to homeless people.

10.2 This has included shared review of performance information; review of the section 5 protocol, and identifying opportunities to develop stronger working arrangements.

10.3 The Public Bodies [Joint Working] Scotland Act 2014 requires the HSCP to ensure that housing partners are involved in the Strategic Planning Process. This is underpinned by the requirement for a Housing Contribution Statement, which sets out the role of the local housing sector in the achievement of outcomes required of the Integrated Joint Board. This affords further opportunity to consider joined up initiatives that will support the prevention of homelessness, tenancy sustainment and early intervention through the further development of housing options.

### **10.4 South West Housing Options Hub**

The Scottish Government established 5 regional housing options hubs in 2010. Inverclyde participate in the South West Scotland Hub.

10.5 During 2013 the Hub established a shared vision of how housing options should be delivered across the Hub and developed a quality assurance framework which would support continuous improvement towards achieving the vision. The Hub enables the homelessness services to share experience and learning, and this has included peer review.

10.6 The purpose of peer review is to develop good practice and encourage shared learning which will inform and support service improvement whilst providing each local authority being reviewed an independent appraisal of service practice. Staff from Inverclyde have

received training to undertake peer review, and participated in an initial review in South Ayrshire. This tested accessibility to the housing options services, ensuring that services were well publicised and that there were no barriers to access for people in housing need.

- 10.7 Inverclyde Homelessness service remains an active member of the Hub. Currently consideration is being given to extend participation of Strategic Housing and RSL partners in the Hub, given the significance of all partners' contribution to enabling real housing options for individuals in housing need.

## **11.0 Developing Policy and Legislation**

- 11.1 The Scottish Government retain a keen focus on the Housing Options approach. This is as a result of a thematic review of Housing Options by the Scottish Housing Regulator in 2014 which noted that diversion from a homelessness assessment was not always appropriate and other interventions offered may not have resulted in a positive outcome for the individual in achieving appropriate housing. The Scottish Government intend to issue non statutory guidance which will inform how this will be further implemented, and include a training toolkit for use by both staff and elected members.
- 11.2 The Housing (Scotland) Act 2014 received Royal Assent on 1<sup>st</sup> August 2014. This Act increases the powers of the landlord and decreases the rights of applicants and tenants. This is mainly around increasing the opportunities for landlord to create a Short Scottish Secure Tenancy (SSST). The award of a SSST should ensure that the tenant receives support in order to ensure tenancy sustainability.

However the Local authority cannot discharge its homelessness duty to a SSST.

- Section 7 allows social landlords to introduce a suspension period for housing applications in circumstances where the applicant has acted in an anti-social manner, in the locality of their house or towards an employee of the social landlords, in the course of making the application.
- The suspension period can also be used in other circumstances, such as where the applicant has been convicted of an offence committed in the locality of their house, owes rent or has been evicted from a previous tenancy.
- The Act also introduces changes to sections 34 and 35 of the 2001 Act by enabling social landlords to create a Short Scottish Secure Tenancy (SSST) or to convert a tenancy to a SSST where applicants have acted in an anti-social manner within the last three years.
- Part 2 of the Act extends the minimum term of a SSST from six months to one year and allows a further six months extension where further tenancy support is required.
- Where the landlord is seeking to terminate a SSST, it will now be required to notify the tenant of the reason for the action and the tenant will have the opportunity to ask the landlord for a review of its decision.
- Section 14 removes the 'reasonableness' test in actions for recovery of possession raised on the grounds that the tenant has been convicted of using the house for immoral or illegal purposes or an offence punishable by imprisonment committed in, or in the locality of, the house within the past year – which could include breach of an ASBO or drugs offences.

The legislation has not yet been enacted, and there is no clear timescale for this.

- 11.3 Improving responses to youth homelessness has been a focus of activity in recent years. The measures introduced in the Children and Young People [Scotland] Act 2014 for care leavers aims to offer a smoother transition out of care, and to enable positive relationships

between young people and their carers to be maintained into adulthood. The key requirement for all young people to have a “Named Person” who can ensure the provision of adequate support where needed and act as a point of contact for other professionals concerned with the wellbeing of the young person has the potential to facilitate better and earlier responses to young people’s housing needs.

- 11.4 If effectively implemented these provisions should ensure that people leaving care, and other young people do not have to rely on the statutory homelessness service to find accommodation. This is an area for further consideration within Inverclyde with respect to homelessness service.

**12.0 Governance arrangements and scrutiny**

- 12.1 The Homelessness Service is subject to regulation from the Scottish Housing Regulator and is required to completed the annual return on the charter (ARC). There is also quarterly reporting to the Scottish Government on both Homelessness (HL1) and the prevention of homelessness, (Prevent 1). This reporting is being further developed to include temporary accommodation use, (HL3).

- 12.2 The service was subject to inspection from the Scottish Housing regulator in 2011, based on self-assessment. The service was assessed as green, with the Regulator advising of assuming a “watching brief” regarding access to housing. This is monitored through regular returns. Audit Scotland reports for Inverclyde in 2011/12 and 2012/13 note housing and homelessness as an area for improvement. The latest report for 2013/14 records that we are fully meeting the requirements in respect of reporting requirements, and in our demonstrated performance.

- 12.3 The Service is also subject to inspection from the Care Inspectorate in relation to the housing support element of the service. The last on site inspection was in April 2014 and was an unannounced inspection. Three elements were inspected: quality of support; staffing; management and leadership, all of which were graded good [4].

- 12.4 There were two recommendations:

The service should research how it can minimise social isolation within the Inverclyde Centre:

The provider should repeat the shared solutions event held in 2012 to review service users opinions of the service.

These recommendations have informed areas of ongoing work described above.

**13.0 IMPLICATIONS**

**Finance**

- 13.1 A financial review of the budget position and issues arising from the audit is currently being undertaken, and will be reported to committee at later date.

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>
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

13.2 There are no legal implications.

### Human Resources

13.3 There are no Human Resource implications.

### Equalities

13.4 There are no equalities implications.

	YES (see attached appendix)
√	NO -

### Repopulation

13.5 None.

## 14.0 CONSULTATION

14.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership.

## 15.0 LIST OF BACKGROUND PAPERS

15.1 Inverclyde CHCP Sub-Committee Report CHCP/37/2012/SMcC.

15.2 Care Inspectorate report, 25<sup>th</sup> April 2014.

15.3 Inverclyde Council Internal audit report, January 2015.

15.4 Restoring the Public Health Response to Homelessness in Scotland; Edinburgh. Scottish Public Health Network 2015.

15.5 The Homeless Monitor: Scotland 2015; Crisis December 2015.

Reporting Quarter **3** **October - December 2015 (2015/16)**

**HOMELESSNESS SERVICES**

SG return source:AVD	Number of cases open at the beginning of the reporting period												Lead: Eileen Tamburrini	
	2013/14				2014/15				2015/16				Target	Direction
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	90	▼
	187	180	179	177	171	147	135	145	131	112	90			

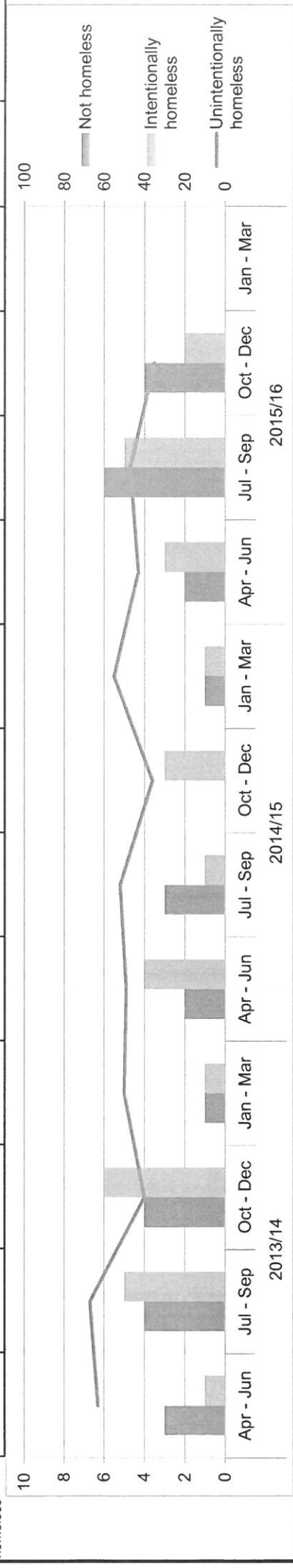
2015/16											
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar

SG return OPR source:AVD	Number of homelessness presentations received under Section 11 of the Homelessness etc. (Scotland) Act 2003												Lead: Eileen Tamburrini	
	2013/14				2014/15				2015/16				Target	Direction
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	51	▼
No. Pres.	81	90	65	59	65	77	49	73	61	65	51			
Sect 11	82	77	72	55	ina	62	55	52	48	37	44		▲	



Audit Scotland  
SPI  
DIDP  
source:AVD

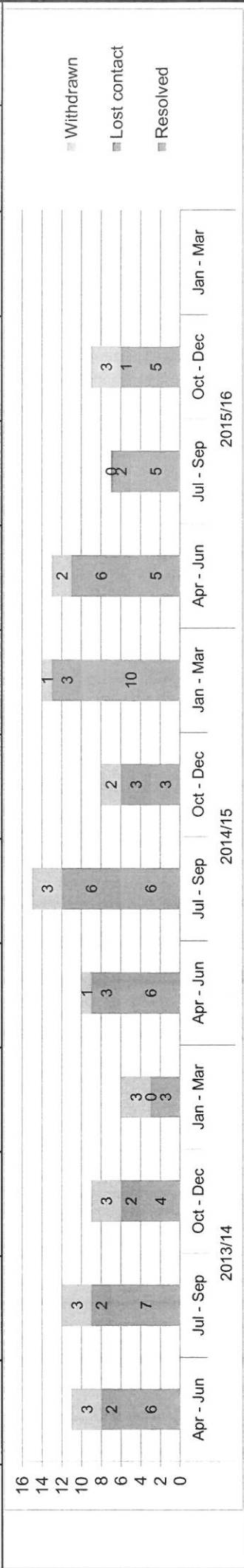
Number of households assessed as unintentionally homeless during the period (permanent accommodation duty owed)													Lead: Eileen Tamburrini				
Number of households assessed as NOT homeless during the year																	
Number of households assessed as intentionally homeless during the year																	
2013/14				2014/15				2015/16					Target	Direction			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Target	Direction
63	67	40	50	49	52	36	55	43	47	35	55	43	47	35			▼
3	4	4	1	2	3	0	1	2	6	4	1	2	6	4			
1	5	6	1	4	1	3	1	3	5	2	1	3	5	2			



Performance Measure  
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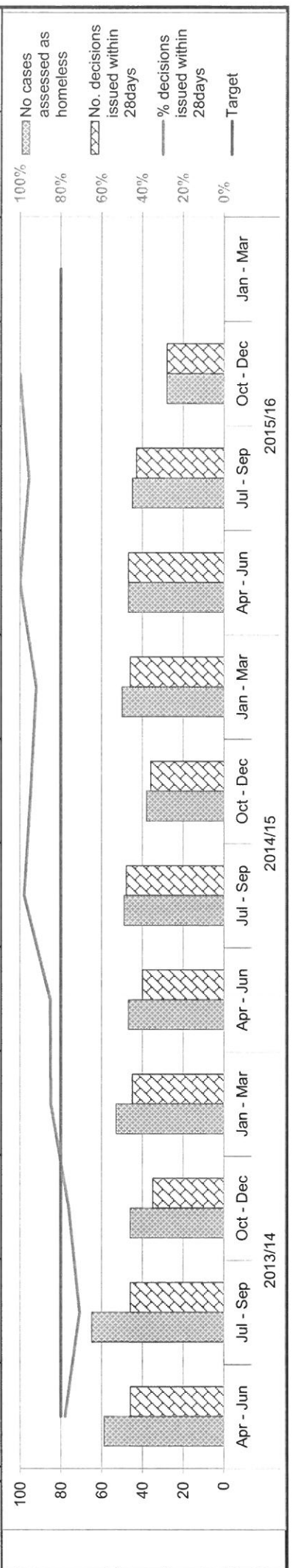
Number of households assessed as having no local connection to Inverclyde and referred under Section 33 – Housing (Scotland) Act													Lead: Eileen Tamburrini				
2013/14																	
2014/15																	
2015/16													Target	Direction			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Target	Direction
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		▶▶

SG return source:AVD	1) Number of cases in which homelessness resolved prior to assessment decision												Lead: Eileen Tamburrini			
	2) Number of cases in which client lost contact with the service prior to assessment decision															
	3) Number of cases in which application withdrawn by client prior to assessment decision															
	2013/14				2014/15				2015/16				Target	Direction		
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
Resolved	6	7	4	3	6	6	3	10	5	5	5					
Lost contact	2	2	2	0	3	6	3	3	6	2	1					
Withdrawn	3	3	3	3	1	3	2	1	2	0	3					



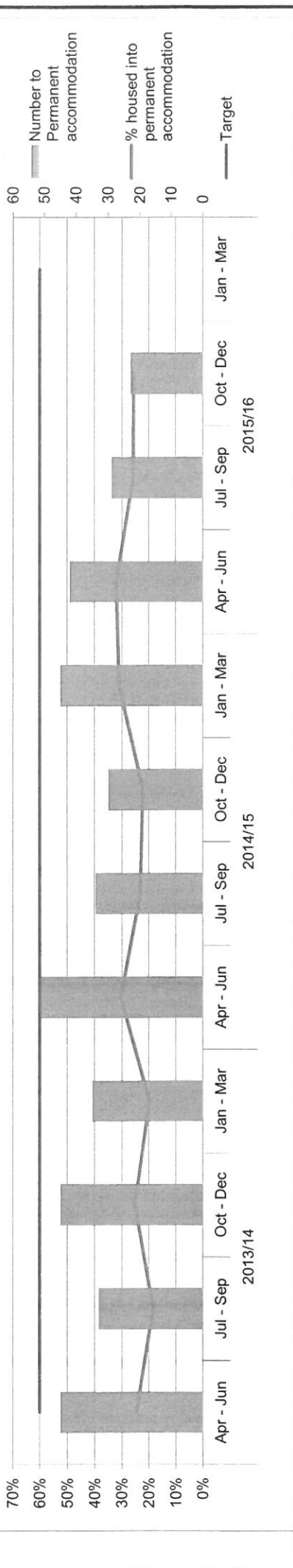
**Number of cases assessed as homeless during the period**  
**Number of decision notifications issued within 28 days of date of initial presentation for permanent accommodation**  
**Percentage of decision notifications issued within 28 days of date of initial presentation for permanent accommodation**

	2013/14			2014/15			2015/16			Target	Direction	
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun			Jul - Sep
No. Cases	59	65	46	53	47	49	38	50	47	45	28	
No. decisions in within 28 days	46	46	35	45	40	48	36	46	47	43	28	▼
% decisions with 28 days	77.97%	70.77%	76.09%	84.91%	85.11%	97.96%	94.74%	92.00%	100%	95.56%	100%	▲



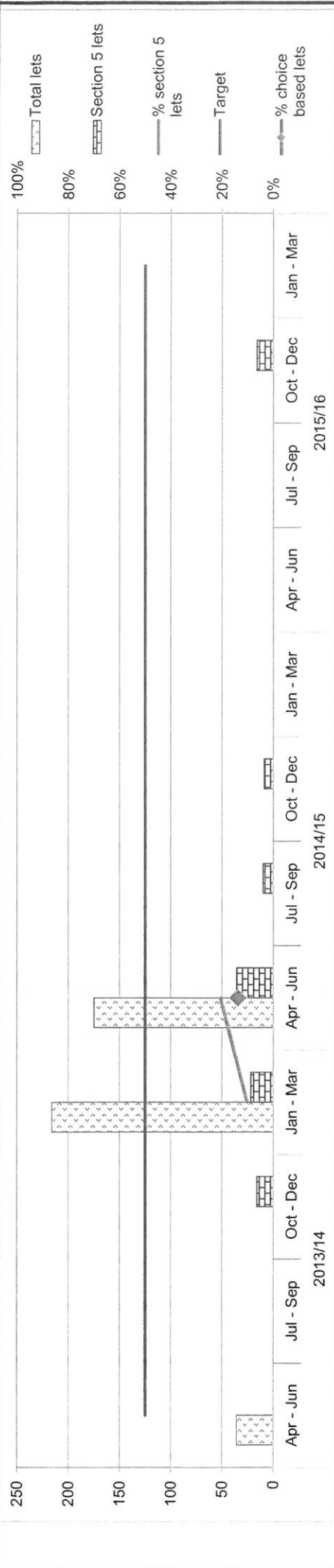
**Number who are housed into permanent accommodation**  
**Percentage who are housed into permanent accommodation**

	2013/14			2014/15			2015/16			Target	Direction	
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun			Jul - Sep
No. Cases	45	33	45	35	52	34	30	45	42	29	23	
% housed into permanent accommodation	24.60%	18.33%	25.14%	19.77%	30.40%	23.13%	22.22%	31.00%	32.06%	25.89%	25.56%	▼



**SG return source:AVD**  
**Total number of lets made by local RSLs in Inverclyde**  
**Number of lets made by local RSLs in Inverclyde to statutory homeless cases (Section 5 referrals)**  
**Percentage of lets made by local RSLs in Inverclyde to statutory homeless cases (Section 5 referrals)**  
**Number of lets to Homeless applicants via choice based letting**

	2013/14						2014/15						2015/16					
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar		
	Direction	Target	Direction	Target	Direction	Target	Direction	Target	Direction	Target	Direction	Target	Direction	Target	Direction	Target		
Total lets	36	INA	INA	216	175	ina												
Section 5 lets	INA	INA	16	22	36	9								16				
% section 5 lets				10.19%	20.57%										50%			
No. choice based lets					24	30								7				
% choice based lets					13.70%													



Number of households provided with Housing Options advice and assistance not requiring statutory homeless assessment													Lead: Eileen Tamburrini		
2013/14				2014/15				2015/16				Target	Direction		
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
198	103	166	157	184	268	215	249	239	153	153				153	

2013/14				2014/15				2015/16							
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
198	103	166	157	184	268	215	249	239	153	153				153	

Number of permanent accommodation cases reassessed (repeat presentations within 12 months of completion of duty) Percentage of permanent accommodation cases reassessed													Lead: Eileen Tamburrini		
2013/14				2014/15				2015/16				Target	Direction		
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
6	2	3	4	2	4	4	5	2	5	2				2	
10.17%	3.08%	6.52%	7.55%	4.26%	8.16%	10.53%	12.00%	4.26%	11.11%	7.14%				5%	

2013/14				2014/15				2015/16							
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
6	2	3	4	2	4	4	5	2	5	2				2	
10.17%	3.08%	6.52%	7.55%	4.26%	8.16%	10.53%	12.00%	4.26%	11.11%	7.14%				5%	

Reporting Quarter

3

October - December 2015 (2015/16)

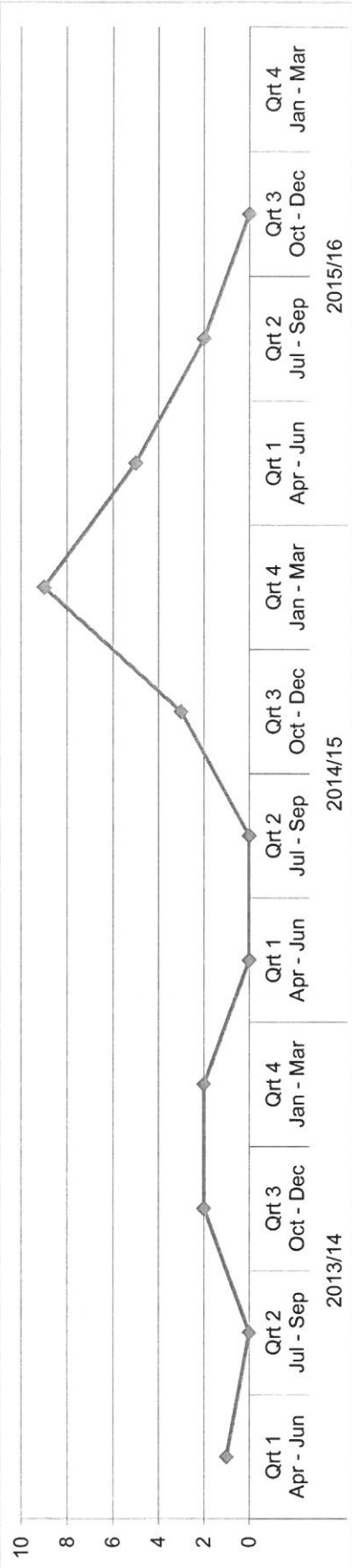
TEMPORARY ACCOMMODATION ACTIVITY

SHC KPI  
source: AVD

Number of temporary or emergency accommodation offers refused in period

Lead:  
Fiona Cannie

	2013/14				2014/15				2015/16				Target	Direction
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		
Nurtured	1	0	2	2	0	0	3	9	5	2	0			▼

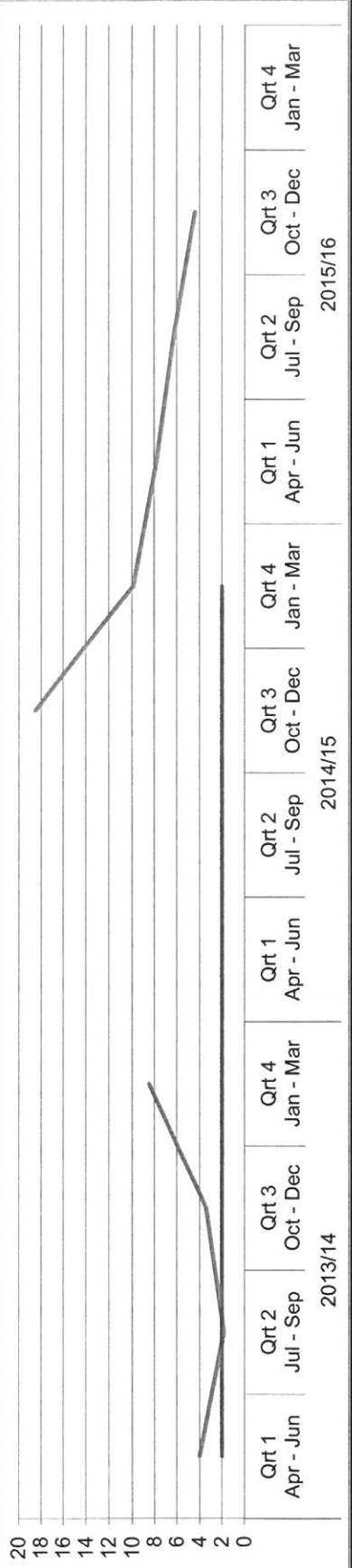


CHCP Local PI  
source: AVD

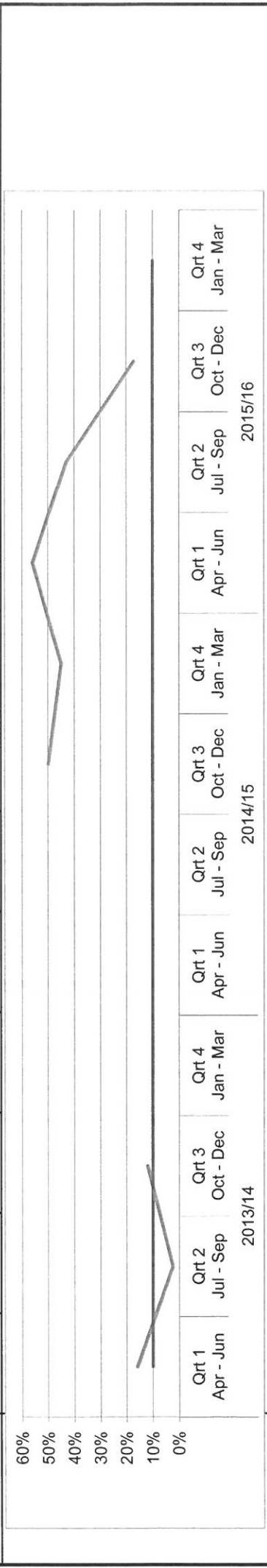
Average void turnaround times (weeks)

Lead:  
Fiona Cannie

	2013/14				2014/15				2015/16				Target	Direction
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		
Nurtured	4	1.8	3.4	8.5			18.5	9.9	7.8	6.3	4.4		2	▼



Average percentage void rate													Lead: Fiona Cannie	
Nurtured	2013/14				2014/15				2015/16				Target	Direction
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	10% max	▲
	16%	2%	12%				49.9%	45%	56%	43%	17.1%			

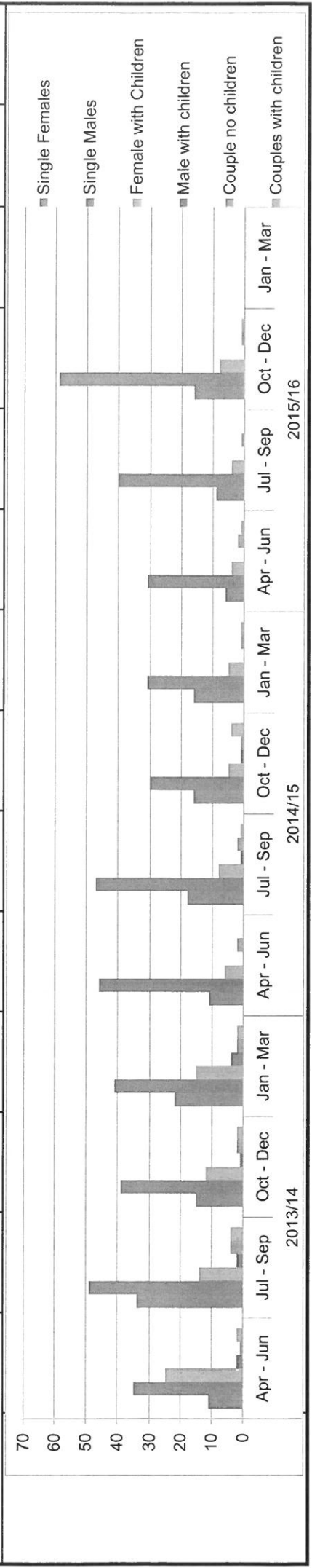


**Temporary/emergency accommodation age/gender profile**

Performance Measure	2015/16												Lead: Fiona Cannie	
	2014/15						2015/16							
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar		Target
<b>Nurtured</b>														
CHCP Local PI source: AVD														
Age	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F		
16-17	2 1	2 0	1 1	4 3	2 3	4 1	2 2	3 0	1 0	2 4	4 5			
18-24	7 5	15 13	2 4	13 4	3 3	9 8	10 2	16 3	9 3	10 4	12 9			
25-39	18 8	16 9	23 5	22 6	21 6	21 8	29 4	28 7	17 6	17 5	25 7			
40-44	4 1	11 9	12 11	14 12	3 3	2 3	6 3	6 2	4 1	5 1	5 6			
45-54	3 5	4 5	5 6	4 5	4 6	6 4	8 0	7 1	11 1	3 2	11 4			
55-59	0 0	0 3	3 3	3 2	5 1	5 1	2 0	1 0	1 0	1 0	3 1			
60+	1 0	1 0	2 1	2 0	2 1	1 4	1 0	0 1	1 1	1 0	2 0			

**Temporary/emergency accommodation family profile**

Performance Measure	2015/16												Lead: Fiona Cannie	
	2014/15						2015/16							
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar		Target
<b>Nurtured</b>														
CHCP Local PI source: AVD														
Single Females	11	34	15	22	11	18	16	16	6	9	16			
Single Males	35	49	39	41	46	47	30	31	31	40	59			
Female with Children	25	14	12	15	6	8	5	5	4	4	8			
Male with children	2	2	1	4	0	1	1	0	0	0	0			
Couple no children	1	4	2	2	2	2	1	1	2	1	1			
Couples with children	2	4	2	2	0	1	4	1	1	0	1			





Reporting Quarter

3

October - December 2015 (2015/16)

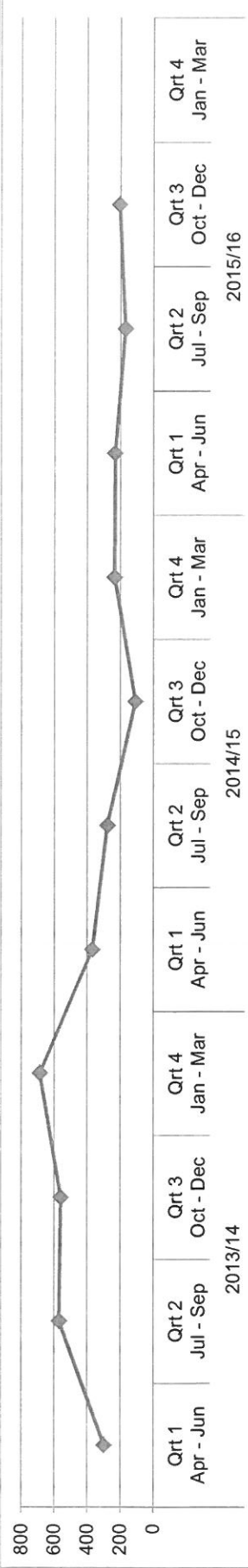
HEALTH & HOMELESSNESS ACTIVITY

Performance Measure

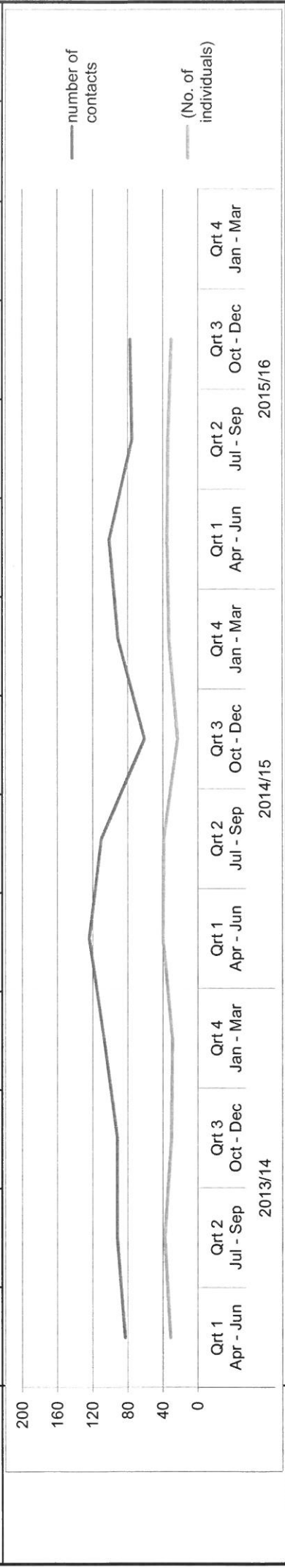
Health and Homelessness Team - Total number of contacts

Lead:

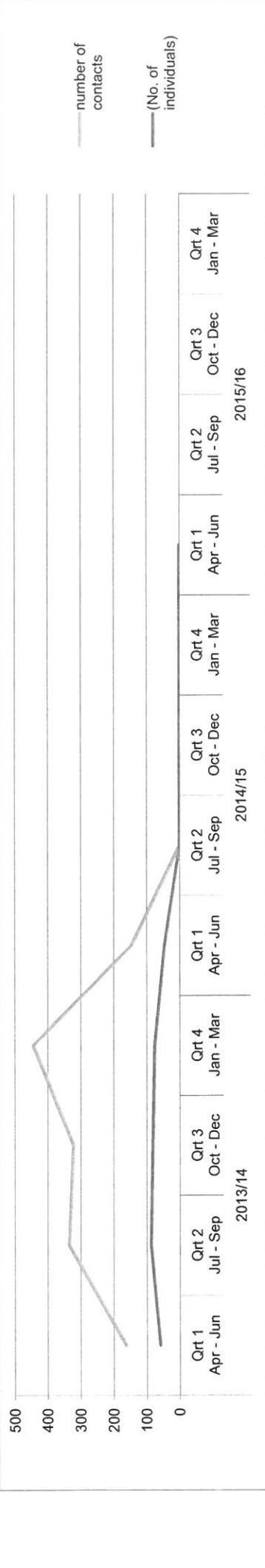
Healthy	2013/14				2014/15				2015/16				Target	Direction
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		
	297	569	559	688	368	278	107	234	232	169	204		▼	



Performance Measure	Community Nurse for Homeless																Lead:
	2013/14				2014/15				2015/16				Target	Direction			
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar					
Healthy	83	92	92	107	124	110	61	91	101	75	77	30					
number of contacts	31	38	30	29	40	39	23	33	35	34	30						
(No. of individuals)																	
Reasons for contact:																	
Initial Contact/Assessment	11	21	12	10	18	11	6	14	10	14	16						
serious health issue	0	28	19	35	34	5	11	4	5	2	6						
alcohol issue	0	0	0	5	6	8	1	1	4	1	1						
facilitate GP appt	10	21	30	19	34	19	13	16	18	20	14						
general health support	12	8	16	22	27	20	10	18	8	4	19						
mental health	27	23	21	10	11	24	4	20	20	24	15						
minor medical	37	10	10	5	7	9	1	2	20	10	3						
prescription support	3	8	7	8	19	5	3	11	4	5	1						
sexual health	8	7	3	8	5	1	3	1	7	1	1						
drugs issues	2	5	0	1	5	1	3	4	22	7	8						
DNA's	0	3	2	3	6	5	3	2	1	2	1						
Other					5	19	9	26	14	11	11						

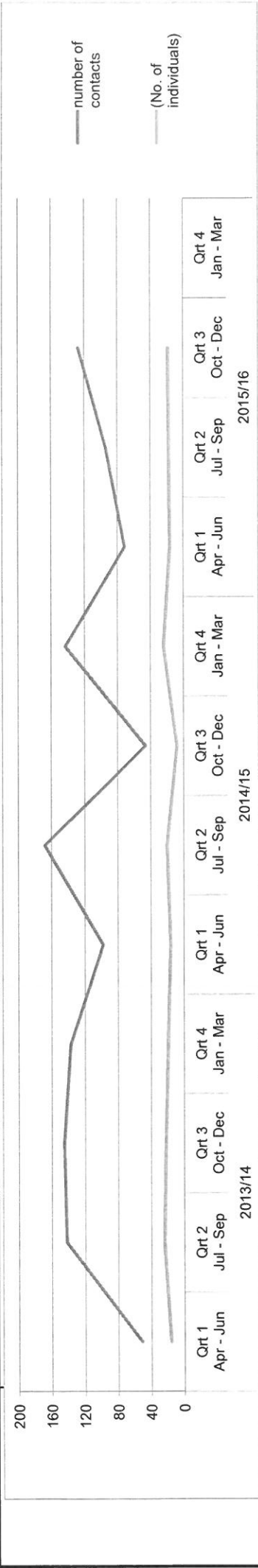


Performance Measure	2013/14				2014/15				2015/16				Target	Direction
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		
ABI's performed	29	49	26	31	11	0	0	4	0	0	0	0		▼
number of contacts	163	335	322	444	146	0	0	0	0	0	0	0		▼
(No. of individuals)	59	87	81	75	46	0	0	0	0	0	0	0		▼
Reasons for contact:														
Initial Contact/Assessment	38	68	71	62	25									
alcohol issues	72	184	124	275	79									
general health support	22	38	124	81	43									
Mental health	3	2	17	1										
Other	0	1	3	3	1									
DNA's			6											



Post vacant; new staff in Autumn 2015, yet to report

Performance Measure	Outreach Drug Worker																Lead:	
	2013/14				2014/15				2015/16				Target	Direction				
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar						
Healthy																		
number of contacts	51	142	145	137	98	168	46	143	71	94	127							
(No. of individuals)	16	24	22	19	16	20	8	24	16	17	18						▼	
Reasons for contact:																		
Initial Contact/Assessment	4	3	3	5	5	7	4	10	8	2								
drugs issues	40	127	123	127	87	145	40	127	63	84	80							
general health support	7	28	64	33	5	8	1	14	2									
mental health	1	10	8	14		2												
prescription support	1	11	4	12	4	4		12	3	20	25							
other	1	6	5	2	1	4	2	3			4							
DNA's	3	4	2			6			1	29	44							



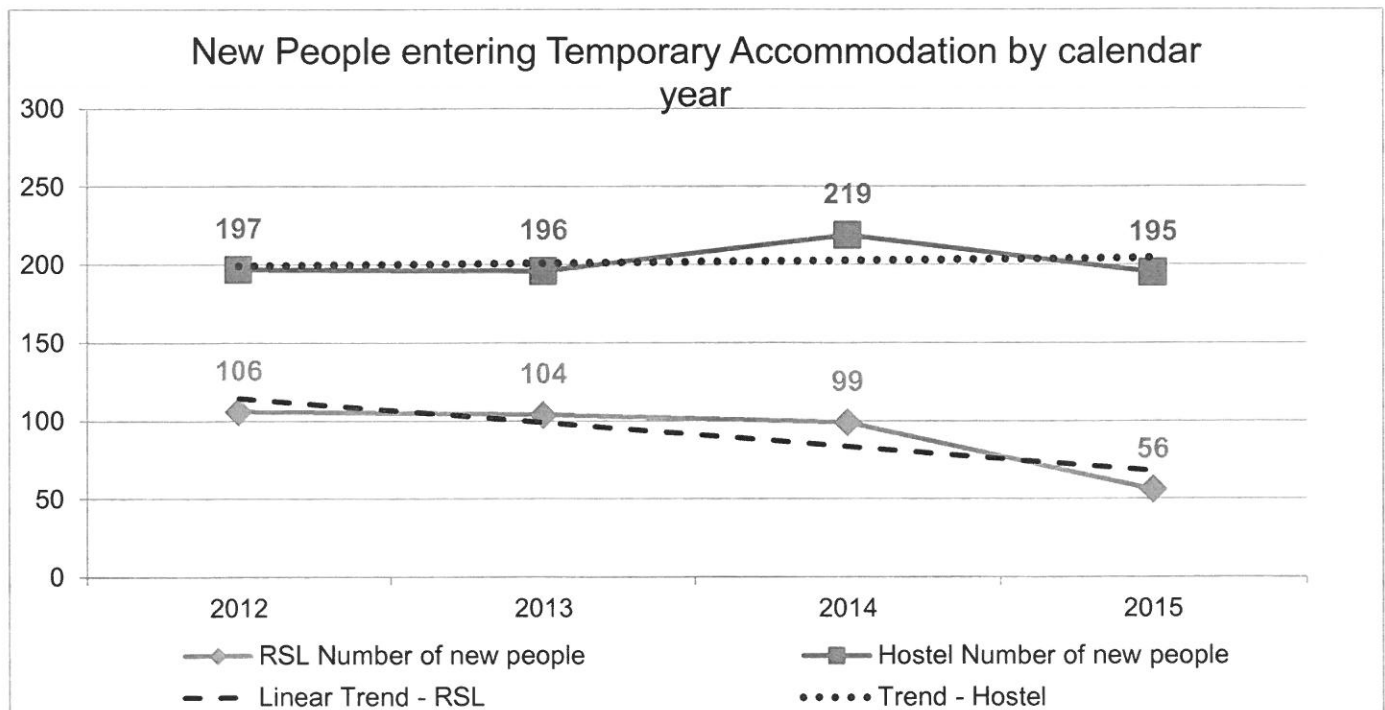
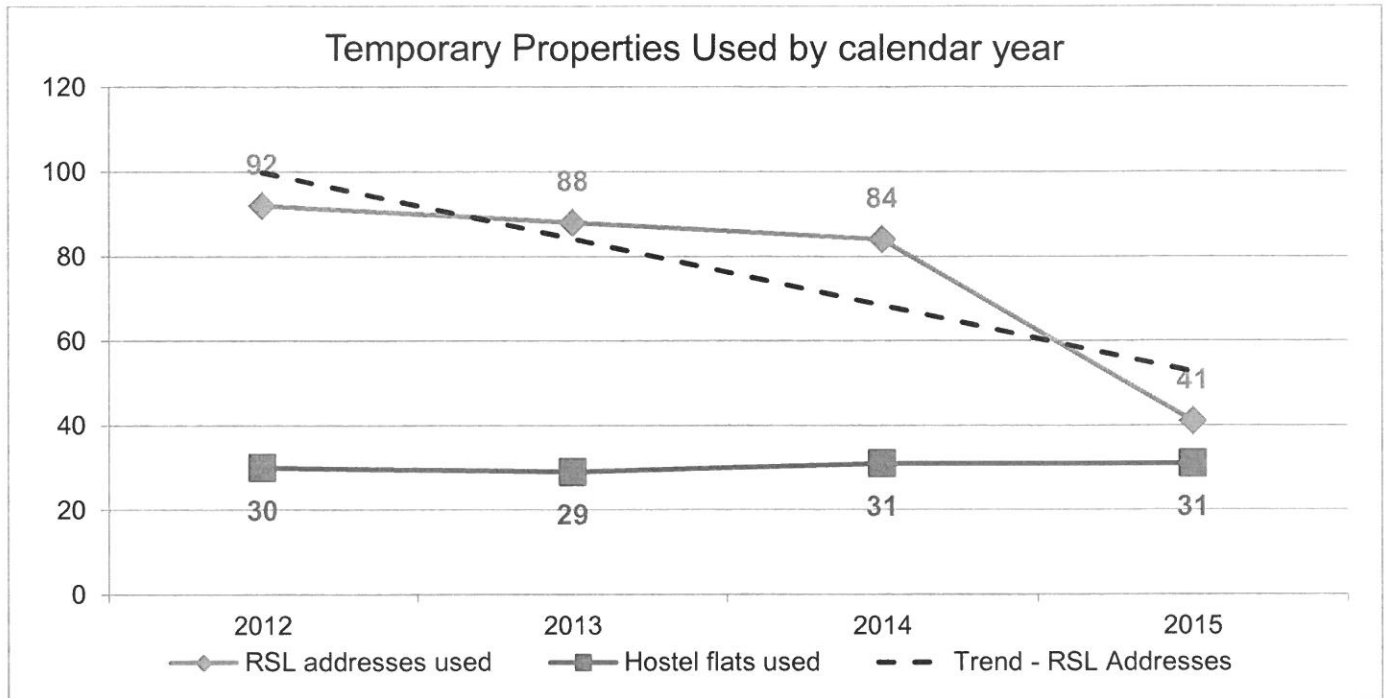
**Health & Homelessness Team: Referrals to other services**

Performance Measure	2015/16																Lead:	
	2014/15				2013/14				2014/15				2015/16					
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		Target
A&E	3	5	5	9	2	2	2	3							1			
Barnado's	1																	
CAMHS		1																
Dentist		1	1	1	1								1					
District Nurses	1																	
Alcohol / Drug Service	1		1	2		4	1	1	1	1	1	1						
DVT Nurse				2	1													
Foodbank				2	10	19	5	8	1									
Hepatitis C Nurse		2																
NHS24	1		1															
Mind Mosaic		1	1	1											1			
Pharmacy	2	1		3	5	2	2	2	1				2	1				
SAMH				1														
Sandyford	2	2		1	1		1	3	1				3	1	1			
Optician			4		1	3												
Other			2	2	1	7	2	4	3	2	2	2	4	3	2			
School Nurse/Health Visitor	1	4	2	7	5	4	4	3	4	1	4	3	3	8	6			

Homelessness Temporary Accommodation Trends:- Registered Social Landlord (RSL) and Inverclyde Centre (Hostel).

By Calendar Year

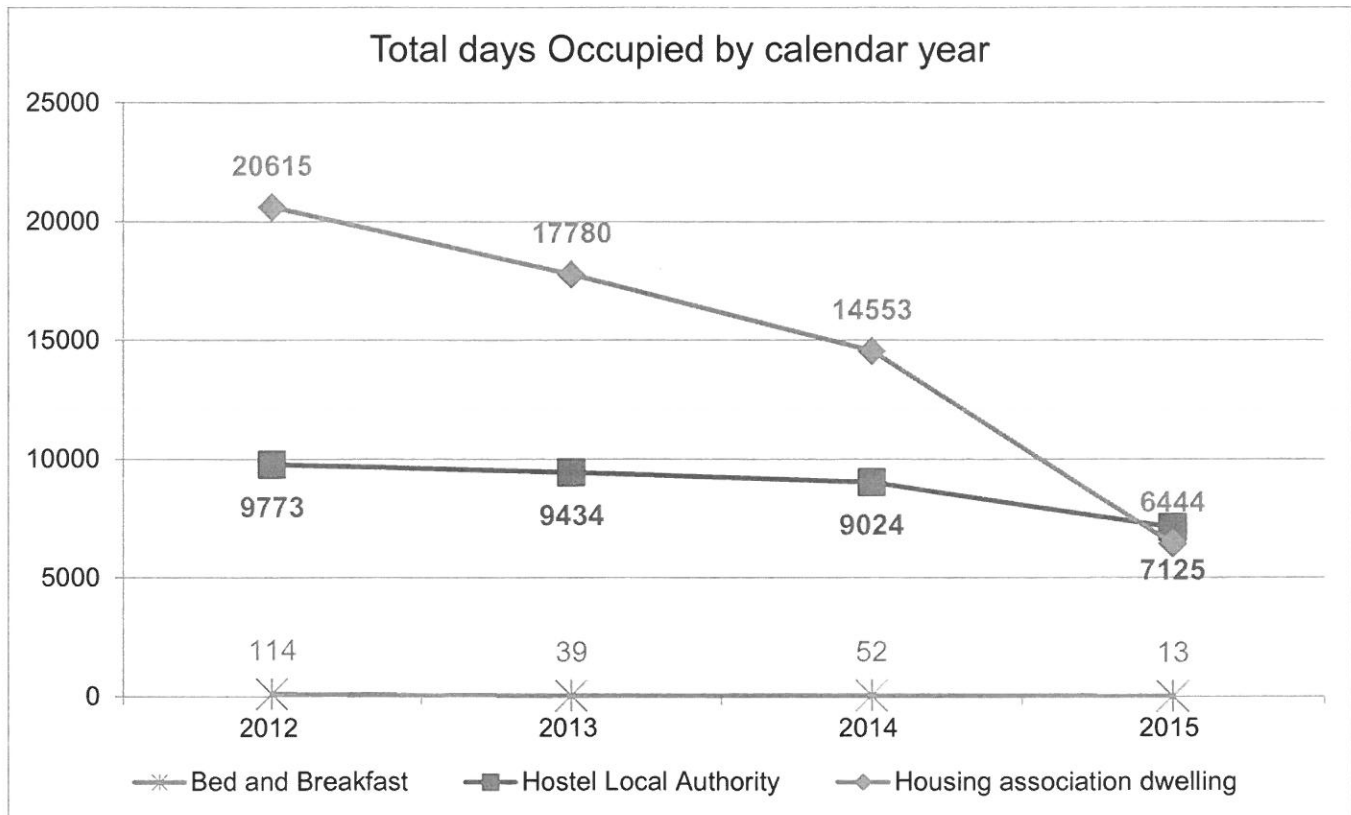
	RSL Number of people entering temp accommodation	RSL Addresses used	Hostel Number of people entering temp accommodation	Hostel Flats used
2012	106	92	197	30
2013	104	88	196	29
2014	99	84	219	31
2015	56	41	195	31



Year	Average % utilisation of Hostel Accommodation
2012	92.6%
2013	89.4%
2014	80.0%
2015	63.1%

Number of days temporary accommodation occupied by calendar year.

Year	Accommodation Type			Grand Total
	Bed and Breakfast	Hostel	RSL dwelling	
2012	114	9773	20615	30502
2013	39	9434	17780	27253
2014	52	9024	14553	23629
2015	13	7125	6444	13582



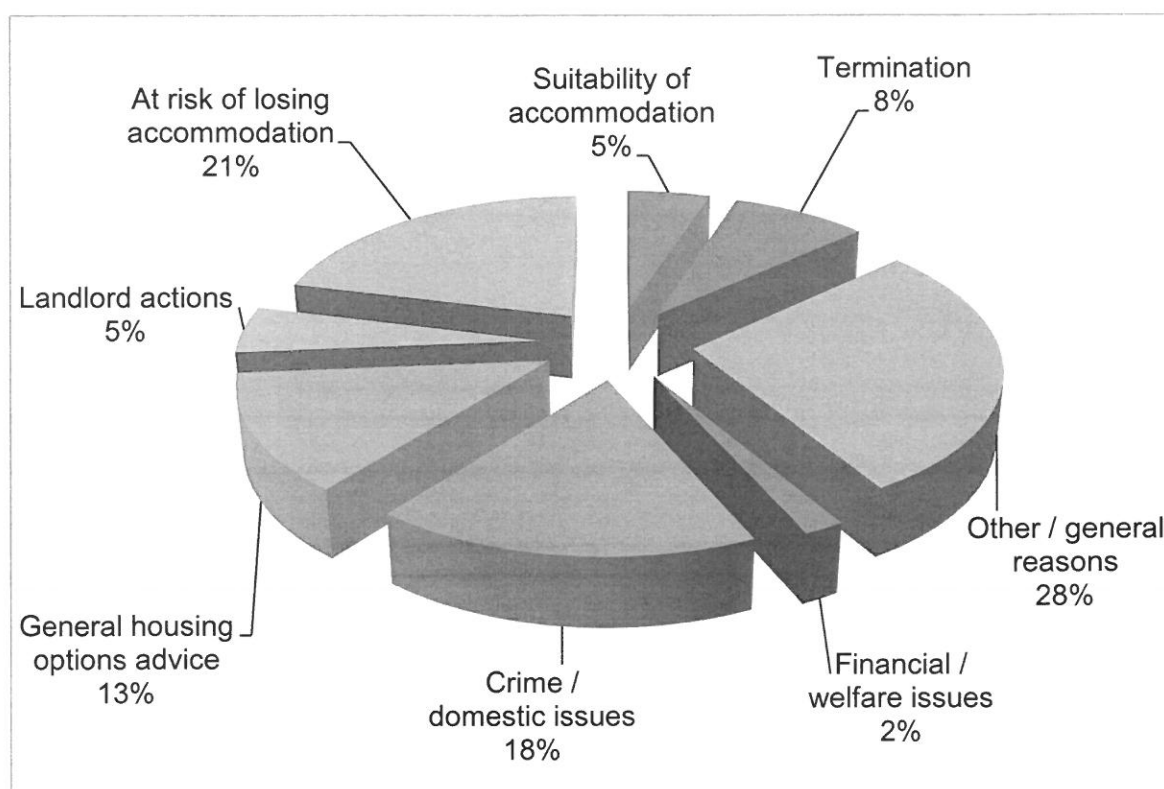
Prevention Data (Prevent1) for the period - 2014/15

Approach Reason	2014/15				
	Q1	Q2	Q3	Q4	TOTAL
Accommodation unsuitable - Location	0	2	2	0	4
Accommodation unsuitable - Mobility / Adaptation Issues	0	2	0	0	2
Accommodation unsuitable - Overcrowded	2	2	1	1	6
Applicant terminated secure accommodation	0	3	2	4	9
Asked to leave	23	24	15	20	82
Benefit issues (excluding welfare reform)	0	1	2	1	4
Discharge from prison / hospital / care / other institution	15	23	18	25	81
Dispute within household / relationship breakdown: non-violent	24	23	13	28	88
Dispute within household: violent or abusive	9	17	7	5	38
Emergency (fire, flood, storm, closing order from Environmental Health etc.)	0	5	0	2	7
Fleeing non-domestic violence	6	5	3	3	17
Forced division and sale of matrimonial home	2	1	1	0	4
General housing options advice	26	39	29	40	134
Harassment	5	8	5	4	22
Household experiencing anti-social behaviour / neighbour problems	5	3	0	1	9
Household experiencing hate crime	0	0	0	1	1
Household member needing care	1	0	0	1	2
Landlord issue - Harassment from private sector landlord	0	0	0	2	2
landlord issue - Illegal eviction - private sector landlord	0	1	1	0	2
Loss of service / tied accommodation	0	0	1	0	1
Other	9	33	17	23	82
Other action by landlord resulting in the termination of the tenancy	21	16	6	6	49
Other reason for leaving accommodation / household	11	13	6	3	33
Other reason for loss of accommodation	2	5	1	2	10
Overcrowding	9	3	6	3	21
Personal issues - affordability / financial difficulties	5	0	1	0	6
Property condition - disrepair	3	2	1	0	6
Property condition - fire/flood	0	1	0	3	4
Risk of losing accommodation - asked to leave - friends	1	0	0	0	1
Risk of losing accommodation - asked to leave - other family	5	1	1	1	8
Risk of losing accommodation - asked to leave - parents	7	4	1	0	12
Risk of losing accommodation - eviction / repossession	39	40	64	53	196
Risk of losing accommodation - tied / service tenancy	0	0	0	0	0
Termination of tenancy / mortgage due to rent arrears / default on payments	19	31	8	18	76
Welfare reform - Benefit cap	2	1	0	0	3
Welfare reform - Other	0	1	1	0	2
Welfare reform - Under-occupancy penalty	1	1	2	0	4
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1028</b>



## Summary of Reasons for Approach to the service (2014/15)

Approach Reason	TOTAL
Suitability of accommodation	52
Termination	86
Other / general reasons	288
Financial / welfare issues	19
Crime / domestic issues	179
General housing options advice	134
Landlord actions	53
At risk of losing accommodation	217
Grand Total	1028

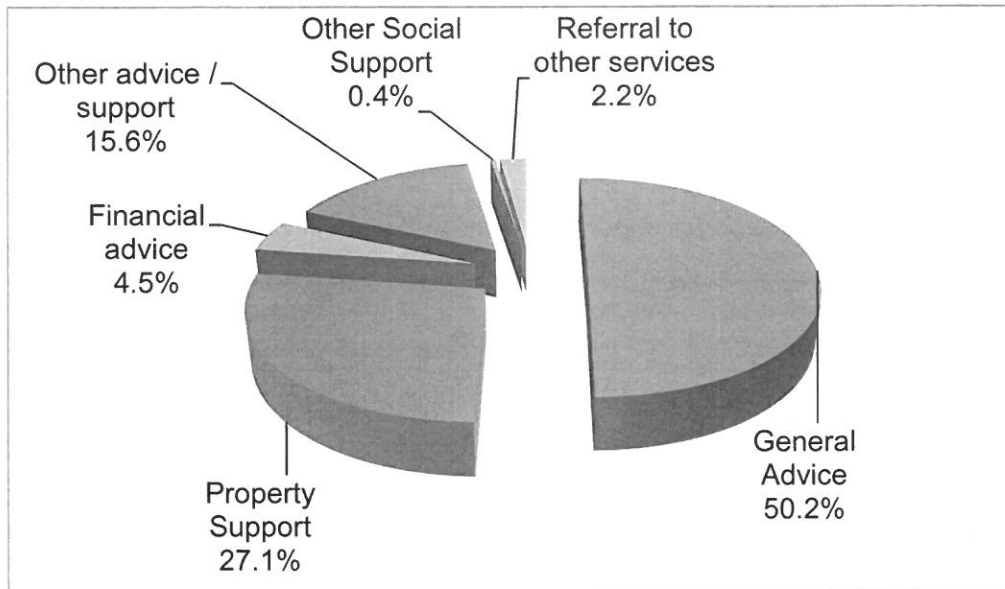


## Prevention Contacts and Activity

	2014/15				
	Q1	Q2	Q3	Q4	Total
Access to rent deposit guarantee scheme (private rented sector only)	1	0	1	0	2
Assistance in securing a move to a smaller property	1	0	5	1	7
Assistance in securing appropriate alternative accommodation	14	20	26	16	76
Client informed of rights under homeless legislation	69	101	93	109	372
Conciliation / outreach work including home visits for family / friend threatened exclusions	3	0	1	2	6
Debt counselling / debt advice	2	1	0	2	5
Direct financial assistance - other type of payment	0	0	0	2	2
Direct financial assistance - Scottish welfare fund	5	2	3	0	10
Direct financial assistance / discretionary housing payment	2	2	1	1	6
General housing advice information and assistance	118	130	173	168	589
Income maximisation - helping households to claim benefits that they weren't previously claiming	3	2	4	4	13
Liaising with Landlords	40	76	161	128	405
low cost home ownership or shared ownership advice	0	0	0	1	1
Mediation using external or internal trained mediators	3	0	1	6	10
Money advice	2	4	0	8	14
Mortgage arrears, interventions or mortgage rescue	2	1	0	0	3
Mutual exchange application made	0	0	0	0	0
Negotiation about repairs with Landlord or landlord agent	2	1	1	2	6
Negotiation of rent levels with landlord or landlords agent	0	0	0	1	1
Negotiation or legal advocacy to ensure that the household can remain in accommodation	6	3	1	5	15
Other (please specify in notes below)	26	74	92	127	319
Providing other assistance that will enable the household to remain in their current accommodation	5	4	11	8	28
provision of independent financial advice	0	0	0	1	1
Provision of tenancy and/or social care support	1	0	0	0	1
Referral to health service	5	5	5	3	18
Referral to private rented housing panel	0	0	0	1	1
Referral to Social Work Service	3	12	7	4	26
Resolving problems with existing benefits claim	6	6	11	14	37
Resolving rent or service charge arrears	0	2	0	0	2
Sanctuary scheme or similar measures for domestic abuse	0	4	0	3	7
Securing the provision of aids and adaptations to the property	0	1	0	0	1
Tenancy rights advice	17	17	15	12	61
Use of local allocation policies (management transfer, separating partners etc.)	1	1	0	0	2
<b>Total</b>	<b>337</b>	<b>469</b>	<b>612</b>	<b>629</b>	<b>2047</b>

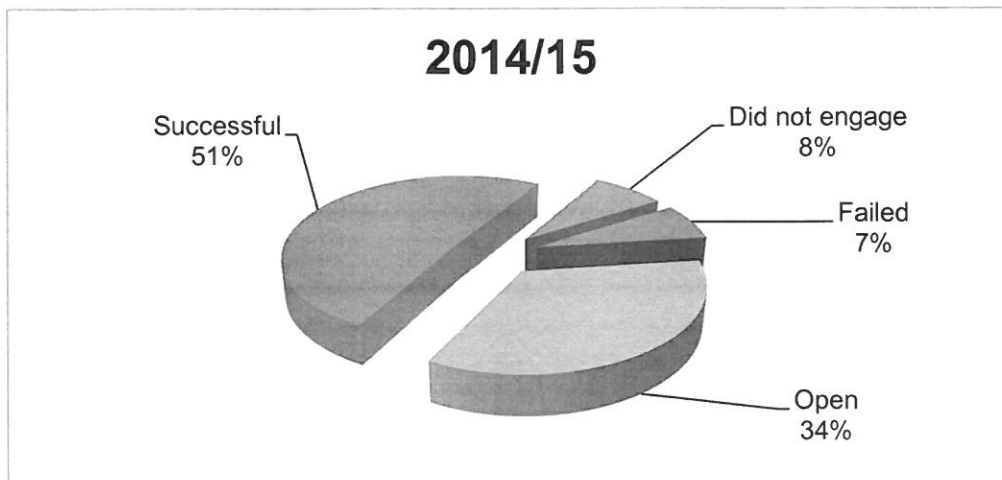
## Summary of prevention actions undertaken (2014/15)

Action / Activity	Total
General Advice	1027
Property Support	554
Financial advice	93
Other advice / support	319
Other Social Support	9
Referral to other services	45
Grand Total	2047



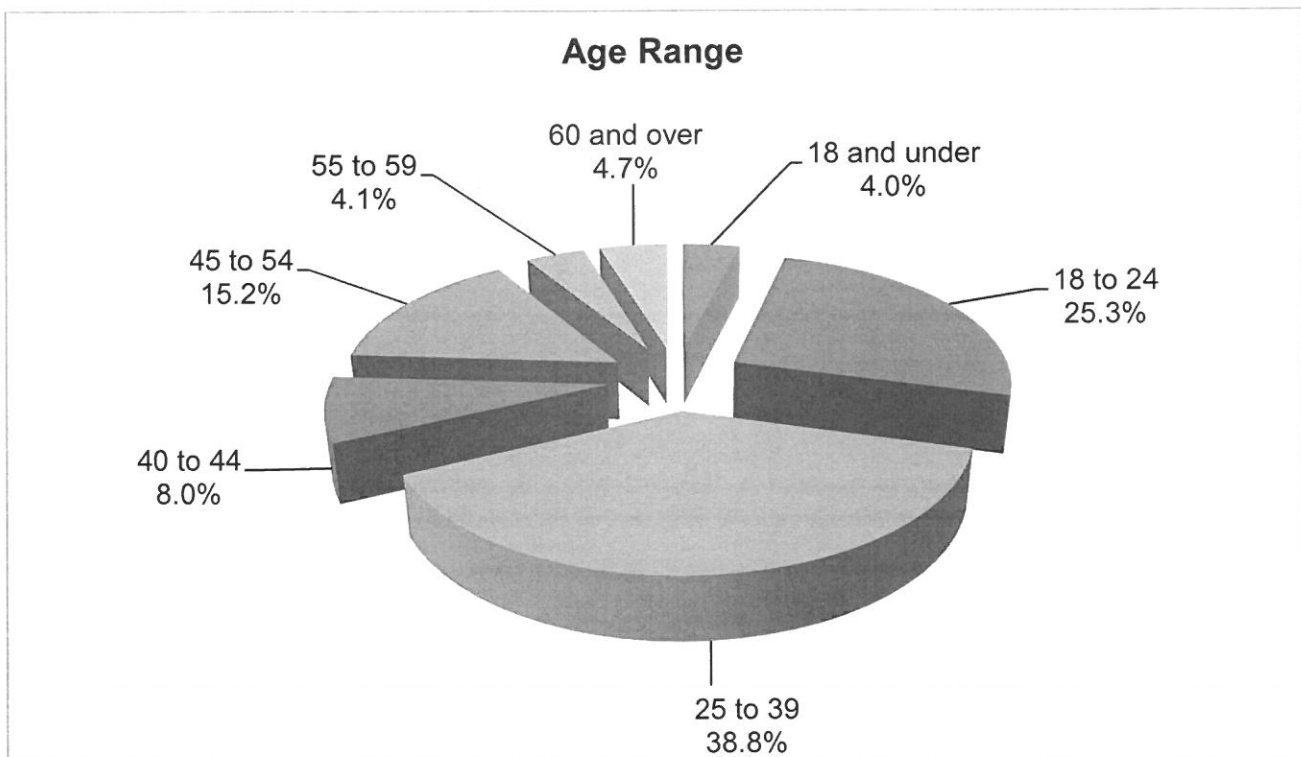
### Participation level of Service Users with Prevention Activities

Outcome	Q1	Q2	Q3	Q4	Total
Did not engage	22	32	38	67	159
Failed	15	39	23	67	144
Open	149	160	225	168	702
Successful	150	233	326	327	1036
<b>Total</b>	<b>336</b>	<b>464</b>	<b>612</b>	<b>629</b>	<b>2,041</b>

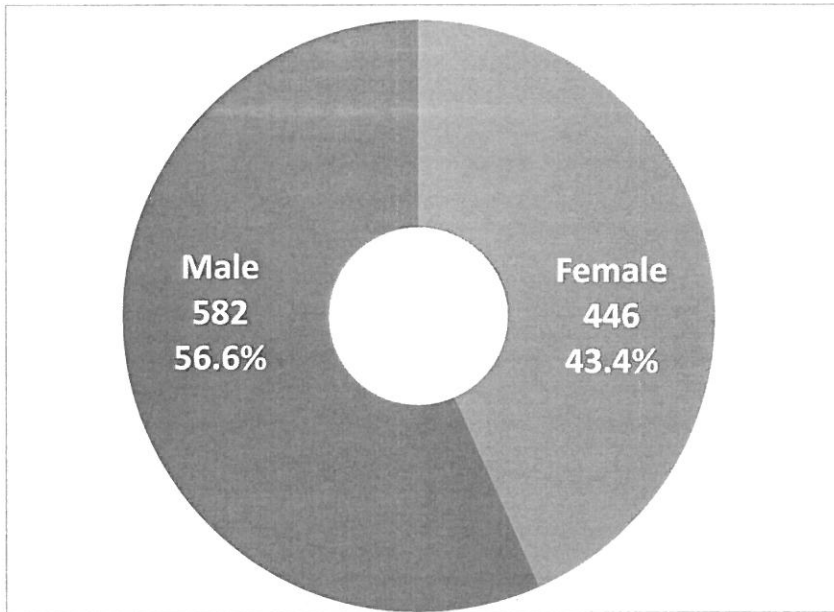


## Prevent1 Demographics (2014/15)

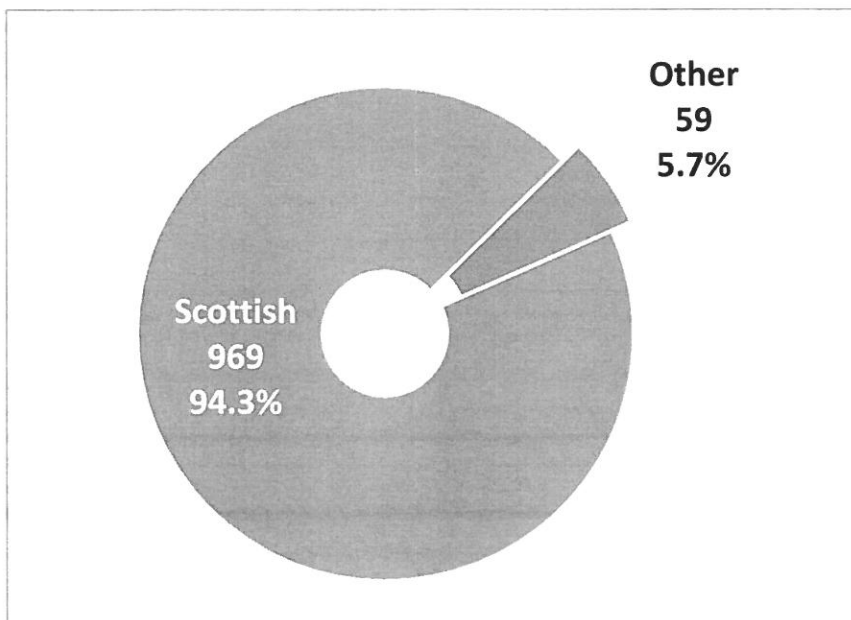
Age Range	Q1	Q2	Q3	Q4	Total
18 and under	18	15	3	5	41
18 to 24	50	79	78	53	260
25 to 39	98	131	73	97	399
40 to 44	14	19	23	26	82
45 to 54	49	41	34	32	156
55 to 59	8	10	0	24	42
60 and over	15	16	4	13	48
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1,028</b>



<b>GENDER</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>TOTAL</b>
Female	95	143	93	115	446
Male	157	168	122	135	582
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1,028</b>



<b>Ethnicity</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Scottish	232	294	204	239	969
Other	20	17	11	11	59
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1028</b>



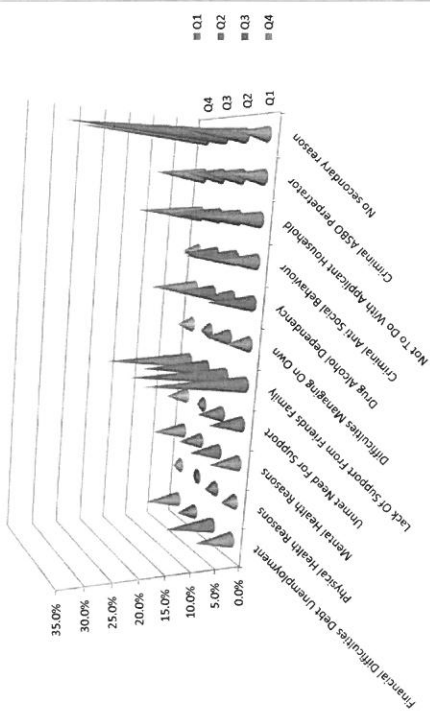
Approach Reason	2014/15				2015/16					
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
Accommodation unsuitable - Location	0	2	2	0	4		1			1
Accommodation unsuitable - Mobility / Adaptation Issues	0	2	0	0	2	1		1		2
Accommodation unsuitable - Overcrowded	2	2	1	1	6	1	1	1		3
Applicant terminated secure accommodation	0	3	2	4	9					9
Asked to leave	23	24	15	20	82	25	25	22		72
Benefit issues (excluding welfare reform)	0	1	2	1	4	2	2	2		6
Discharge from prison / hospital / care / other institution	15	23	18	25	81	25	28	28		81
Dispute within household / relationship breakdown: non-violent	24	23	13	28	88	21	25	16		62
Dispute within household: violent or abusive	9	17	7	5	38	7	7	8		22
Emergency (fire, flood, storm, closing order from Environmental Health etc.)	0	5	0	2	7	2	3	2		7
Fleeing non-domestic violence	6	5	3	3	17	2		2		4
Forced division and sale of matrimonial home	2	1	1	0	4					4
General housing options advice	26	39	29	40	134	37	37	21		95
Harassment	5	8	5	4	22	10	1	2		13
Household experiencing anti-social behaviour / neighbour problems	5	3	0	1	9	1		2		3
Household experiencing hate crime	0	0	0	1	1					1
Household member needing care	1	0	0	1	2	1				2
Landlord issue - Harassment from private sector landlord	0	0	0	2	2	1				1
Landlord issue - illegal eviction - private sector landlord	0	1	1	0	2		1	1		2
Loss of service / tied accommodation	0	0	1	0	1			2		2
Other: action by landlord resulting in the termination of tenancy	9	33	17	23	82	21	25	17		63
Other reason for leaving accommodation / household	21	16	6	6	49	8	4	6		18
Other reason for loss of accommodation	11	13	6	3	33	8	3	3		14
Overcrowding	2	5	1	2	10	3		2		5
Personal issues - affordability / financial difficulties	9	3	6	3	21	3	3	1		7
Property condition - disrepair	5	0	1	0	6		1	2		3
Property condition - fire/flood	3	2	1	0	6	2	1	1		4
Risk of losing accommodation - asked to leave - other	0	1	0	3	4			2		2
Risk of losing accommodation - asked to leave - other	1	0	0	0	1			1		1
Risk of losing accommodation - evicted	5	1	1	1	8	2	2	1		5
Risk of losing accommodation - evicted	7	4	1	0	12	3	2	1		6
Risk of losing accommodation - tied / service tenancy	39	40	64	53	196	43	32	39		114
Risk of losing accommodation - tied / service tenancy	0	0	0	0	0	1				1
Termination of tenancy / mortgage due to arrears	19	31	8	18	76	14	9	9		32
Welfare reform - Benefit cap	2	1	0	0	3			1		1
Welfare reform - Other	0	1	1	0	2	1		1		2
Welfare reform - Under-occupancy penalty	1	1	2	0	4					4
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1028</b>	<b>239</b>	<b>215</b>	<b>197</b>	<b>0</b>	<b>651</b>

Prevent11 Data for the period April 2014 to March 2015

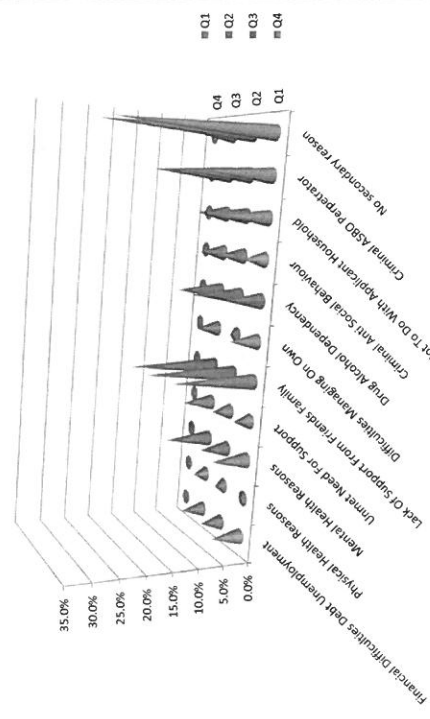
Underlying Reasons	2014/15				2015/16					
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
Financial Difficulties Debt Unemployment	19	31	8	18	76	14	9	4	5	32
Physical Health Reasons	7	7	1	4	19	2	4	1	5	11
Mental Health Reasons	15	19	10	17	61	17	12	18	18	47
Unmet Need For Support	17	16	3	11	47	8	8	12	12	28
Lack Of Support From Friends Family	51	61	29	45	186	38	38	35	35	111
Difficulties Managing On Own	12	15	4	8	39	13	3	3	9	25
Drug Alcohol Dependency	23	19	18	24	84	18	21	18	18	57
Criminal Anti Social Behaviour	22	32	15	8	77	10	11	11	10	31
Not To Do With Applicant Household	27	38	22	34	121	21	20	12	12	53
Criminal ASBO Perpetrator	18	26	16	26	86	31	32	31	31	94
No secondary reason* (recorded as 'Refused')	15	43	68	66	192	72	64	17	17	153

% of total approaches with underlying reasons of	2014/15				2015/16					
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
Financial Difficulties Debt Unemployment	7.5%	10.0%	3.7%	7.2%	7.4%	5.9%	4.2%	4.6%	4.9%	4.9%
Physical Health Reasons	2.8%	2.3%	0.5%	1.6%	1.8%	0.8%	1.9%	2.5%	1.7%	1.7%
Mental Health Reasons	6.0%	6.1%	4.7%	6.8%	5.9%	7.1%	5.6%	9.1%	7.2%	7.2%
Unmet Need For Support	6.7%	5.1%	1.4%	4.4%	4.6%	3.3%	3.7%	6.1%	4.3%	4.3%
Lack Of Support From Friends Family	20.2%	19.6%	13.5%	18.0%	18.1%	15.9%	17.7%	17.8%	17.4%	17.4%
Difficulties Managing On Own	4.8%	4.8%	1.9%	3.2%	3.8%	5.4%	1.4%	4.6%	4.6%	3.8%
Drug Alcohol Dependency	9.1%	6.1%	8.4%	9.6%	8.2%	7.5%	9.8%	9.1%	8.8%	8.8%
Criminal Anti Social Behaviour	8.7%	10.3%	7.0%	3.2%	7.5%	4.2%	5.1%	5.1%	4.8%	4.8%
Not To Do With Applicant Household	10.7%	12.2%	10.2%	13.6%	11.8%	8.8%	9.3%	6.1%	6.1%	8.1%
Criminal ASBO Perpetrator	7.1%	8.4%	7.4%	10.4%	8.4%	13.0%	14.9%	15.7%	14.4%	14.4%
No secondary reason	6.0%	13.8%	31.6%	26.4%	18.7%	30.1%	29.8%	8.6%	8.6%	23.5%

**Underlying Reasons for approach to Homeless Service - 2014/15**



**Underlying Reasons for approach to Homeless Service - 2015/16**

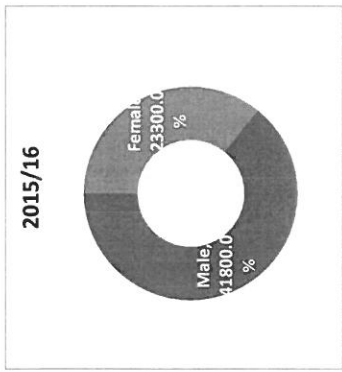
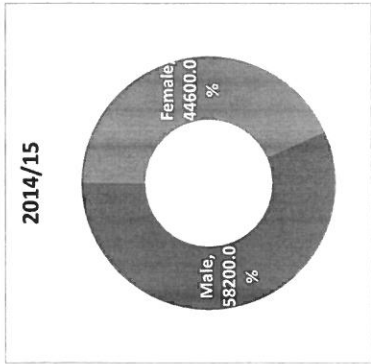




2014/15

2015/16

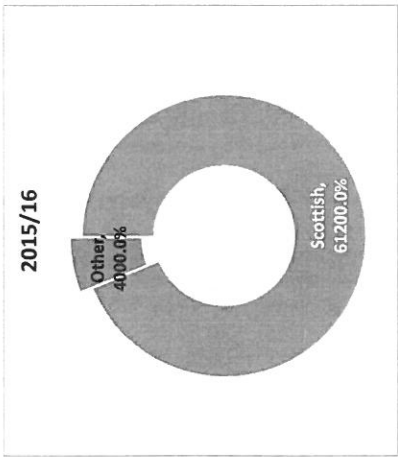
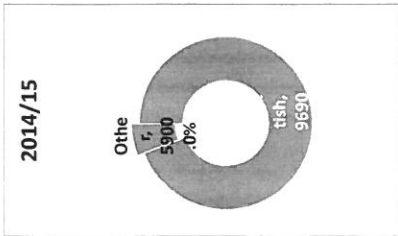
GENDE R	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
Female	95	143	93	115	446	77	85	71		233
Male	157	168	122	135	582	163	130	125		418
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1,028</b>	<b>240</b>	<b>215</b>	<b>196</b>	<b>0</b>	<b>651</b>



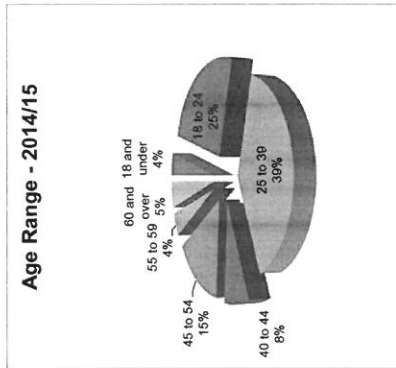
2014/15

2015/16

Ethnicity	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
African, A	0	0	0	1	1					0
Arab, Arab	0	1	0	0	1					0
Indian, Indian Scottish, Indian British							1			1
Irish	0	0	0	1	1					0
Mixed or I	2	0	0	0	2					0
Not Know	10	5	3	3	21	11	4	4		19
Other Brit	6	9	3	5	23	5	3	4		12
Other Car	0	0	1	0	1					0
Other ethi	0	0	3	0	3	1				1
Other Wh	2	2	1	1	6	3	1	1		5
Pakistani, Pakistani Scottish, Pakistani British						2				2
White Sc	232	284	204	239	969	218	206	188		612
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1028</b>	<b>240</b>	<b>215</b>	<b>197</b>	<b>0</b>	<b>652</b>
Summary	232	284	204	239	969	218	206	188	0	612
Other	20	17	11	11	59	22	9	9	0	40



Age Rang	Q1	Q2	Q3	Q4	Total
18 and ur	18	15	3	5	41
18 to 24	50	79	78	53	260
25 to 39	98	131	73	97	399
40 to 44	14	19	23	26	82
45 to 54	49	41	34	32	156
55 to 59	8	10	0	24	42
60 and ov	15	16	4	13	48
<b>Total</b>	<b>252</b>	<b>311</b>	<b>215</b>	<b>250</b>	<b>1,028</b>

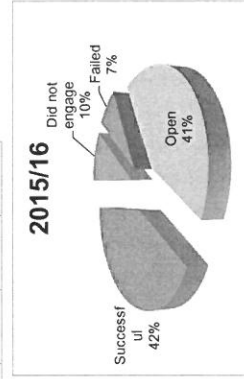
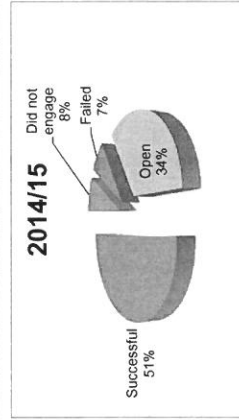


## Prevention Activity

Prevention Contacts and Activity	2014/15				2014/15				Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Access to rent deposit guarantee scheme (private rented sector only)	1	0	1	0	2	0	0	0	0
Assistance in securing a move to a smaller property	1	0	5	1	7	7	0	0	0
Assistance in securing appropriate alternative accommodation	14	20	26	16	76	16	7	40	40
Client informed of rights under homeless legislation	69	101	93	109	372	107	121	131	359
Conciliation / outreach work including home visits for family / friend threatened exclusions	3	0	1	2	6	2	2	1	4
Debt counselling / debt advice	2	1	0	2	5	1	1	1	4
Direct financial assistance - other type of payment	0	0	0	2	2	2	0	0	0
Direct financial assistance - Scottish welfare fund	5	2	3	0	10	1	1	1	4
Direct financial assistance / discretionary housing payment	2	2	1	1	6	3	1	1	6
General housing advice information and assistance	118	130	173	168	589	162	149	84	395
Income maximisation - helping households to claim benefits that they weren't previously claiming	3	2	4	4	13	5	3	3	11
Liaising with Landlords	40	76	161	128	405	71	67	40	178
Low cost home ownership or shared ownership advice	0	0	0	1	1	0	0	0	0
Mediation using external or internal trained mediators	3	0	1	6	10	3	3	4	10
Money advice	2	4	0	8	14	3	4	3	10
Mortgage arrears, interventions or mortgage rescue	2	1	0	0	3	1	0	0	1
Mutual exchange application made	0	0	0	0	0	1	1	1	3
Negotiation about repairs with Landlord or landlord agent	2	1	1	2	6	1	1	1	4
Negotiation of rent levels with landlord or landlords agent	0	0	0	1	1	0	0	0	1
Negotiation or legal advocacy to ensure that the household can remain in accommodation	6	3	1	5	15	7	7	2	16
Other (please specify in notes below)	26	74	92	127	319	65	19	18	102
Providing other assistance that will enable the household to remain in their current accommodation	5	4	11	8	28	8	3	4	15
Provision of independent financial advice	1	0	0	1	2	2	1	2	5
Provision of tenancy and/or social care support	1	0	0	0	1	4	2	0	6
Referral to health service	5	5	5	3	18	0	0	0	18
Referral to private rented housing panel	0	0	0	1	1	0	0	0	1
Referral to Social Work Service	3	12	7	4	26	3	2	2	5
Resolving problems with existing benefits claim	6	6	11	14	37	3	4	5	12
Resolving rent or service charge arrears	0	2	0	0	2	0	0	0	2
Sanctuary scheme or similar measures for domestic abuse	0	4	0	3	7	1	1	1	4
Securing the provision of aids and adaptations to the property	0	1	0	0	1	0	0	0	1
Tenancy rights advice	17	17	15	12	61	16	14	13	43
Use of local allocation policies (management transfer, separating partners etc.)	1	1	0	0	2	1	1	1	4
<b>Total</b>	<b>337</b>	<b>469</b>	<b>612</b>	<b>629</b>	<b>2047</b>	<b>482</b>	<b>422</b>	<b>314</b>	<b>1218</b>

## Participation level of Service Users with the activities

Outcome	2014/15				2015/16				Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Did not engage	22	32	38	67	159	48	50	15	113
Failed	15	39	23	67	144	48	24	16	88
Open	149	160	225	168	702	164	159	178	501
Successful	150	233	326	327	1036	222	189	103	514
<b>Total</b>	<b>336</b>	<b>464</b>	<b>612</b>	<b>629</b>	<b>2,041</b>	<b>482</b>	<b>422</b>	<b>312</b>	<b>1,216</b>



**Report To:** Health and Social Care Committee  
**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership (HSCP)  
**Contact Officer:** Helen Watson  
Head of Service  
Planning, Health Improvement & Commissioning  
**Subject:** STRATEGIC PLAN UPDATE

**Date:** 25<sup>th</sup> February 2016  
**Report No:** SW/14/2016/HW  
**Contact No:** 01475 715285

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Health and Social Care Committee on progress towards developing the HSCP Strategic Plan.

## **2.0 SUMMARY**

- 2.1 The integration legislation requires that each Health and Social Care Partnership (HSCP) develops a Strategic Plan that outlines what services and functions are to be delegated from Councils and Health Boards, and how the HSCP will use its resources to deliver the nine national outcomes, through the management and development of the delegated functions.

## **3.0 RECOMMENDATION**

- 3.1 That the Health and Social Care Committee notes the Strategic Plan progress update report, and agrees the principles of the Plan.

**Brian Moore**  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership

## **4.0 BACKGROUND**

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that in order for responsibilities and resources to be formally delegated from Councils and NHS Boards to an Integration Joint Board, a local Strategic Plan must first be prepared and approved by the Integration Joint Board.
- 4.2 Officers propose to present the local Strategic Plan to the meeting of the Integration Joint Board scheduled for 15<sup>th</sup> March 2016.
- 4.3 That Plan will reflect Inverclyde's well-established approach to inclusive strategic planning that developed as part of our integrated CHCP arrangements, which have been in place since 2010. We have a strong foundation of a suite of plans and strategies that have been jointly developed with our stakeholders, many of which are still extant in terms of local planning cycles. Clearly we are not starting from a blank canvas, and these plans remain valid.
- 4.4 On that basis our first Health & Social Care Partnership Strategic Plan brings together this suite of documents as the underpinning framework to support how we move forward while building on the positives to date. Where appropriate, these plans have been agreed through the former CHCP Sub-Committee, therefore the new HSCP Strategic Plan will not introduce new imperatives other than those stipulated by the legislation.

## **5.0 STRATEGIC PLAN**

- 5.1 As noted, the Strategic Plan brings together a range of plans that are already in place. This section goes on to highlight some of the new requirements.

### **5.2 Localities**

The legislation requires that the Strategic Plan details the locality arrangements that the given Integration Joint Board will establish to support local involvement. For Inverclyde it makes sense that the HSCP aligns its localities thinking with the wider Community Planning Partnership (Inverclyde Alliance), and on that basis, the HSCP proposes mirroring the three Wellbeing Localities, namely Inverclyde East; Inverclyde Central and Inverclyde West. The HSCP will connect with communities using the existing Community Planning Partnership infrastructure, rather than setting up new groups that can be demanding of the time of those who wish to be involved.

### **5.3 People Plan**

All HSCPs are required to develop a Workforce Plan and an Organisational Development Plan. The legislation has set this requirement because most Scottish partnerships are just beginning their integration journey. Here in Inverclyde, our established arrangements mean that we can look further than the basic legislative requirements and think about workforce in its broadest terms. We want to include our own staff; people working in the local voluntary and commercial sectors; unpaid carers and wider communities. When thinking about how the HSCP will develop as an organisation, we believe that the people who help us to deliver better outcomes are our greatest resource. On that basis, we will propose developing a combined Workforce and Organisational Development Plan, and we will call it our People Plan.

### **5.4 Acute Sector Planning**

An important new requirement in the integration of health and social care is the need to work with colleagues in the acute hospital setting to help plan for future services. It is important to recognise that the HSCP will not have operational or management

responsibility for the running of hospital services, but will be actively involved in planning for a number of services, noted below.

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine and
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

#### 5.5 Housing Contribution Statement

Each HSCP Strategic Plan must include a Housing Contribution Statement. This recognises that appropriate housing is an essential dimension of delivering the best possible outcomes for people who rely on health and social care services. Because Inverclyde Council is a stock-transferred authority, officers have been working with the Council's Strategic Housing Service and the Inverclyde Housing Associations Forum to develop a Housing Contribution Statement, which is incorporated into our draft Strategic Plan.

#### 5.6 Equalities Requirements

The legislation and associated guidance highlight some additional requirements that are currently under development. The HSCP must develop a number of Equality Outcomes to show that the work that we do contributes to improved outcomes for people with one or more of the protected characteristics stipulated by equalities legislation. We are also required to undertake an Equalities Impact Assessment in respect of the final Plan.

#### 5.7 Records Management Plan

At some point in the future, the HSCP will be invited by the Keeper of the Records of Scotland to submit a Records Management Plan (RMP). Inverclyde Council has already developed its RMP, which has been approved by the Keeper. When the time comes to prepare a RMP, the HSCP will follow the Council's format to ensure consistency and read-across.

#### 5.8 Strategic Planning Group

The legislation requires that we have a Strategic Planning Group (SPG) that oversees the development of the Strategic Plan, and this has been in place for a number of months now. The SPG has a wide range of stakeholders who have all contributed to the development of a draft plan that is currently out to consultation, taking account of what is already in place, and the new responsibilities

#### 5.9 Strategic Needs Assessment

As a companion document to the Strategic Plan, we are also developing a Strategic Needs Assessment document. Development will be a fluid and responsive process as we organise our intelligence to align with projected needs and the nine national outcomes for health and community care.

## 6.0 NATIONAL CONTEXT

6.1 As noted, Inverclyde is further ahead with the integration of health and social care than is the case in many other Scottish local authorities. In November 2015 Audit Scotland published a report on their view of progress in integrating health and social care across Scotland. The report notes difficulties across the country in agreeing budgets, and highlights that the uncertainty around future funding levels is creating difficulties in developing meaningful Strategic Plans

6.2 The report also recognises some of the pressures introduced by the legislation, such as that the required governance arrangements are complex and there is potential uncertainty as to how they will work in practice; and that the range of plans required will be difficult to deliver to short timescales.

### 6.3 Audit Scotland Report: Health and Social Care Integration: Key Findings

The key findings reported are:

- The scope of services being integrated varies widely across Scotland, and most IJBs will oversee more than the minimum requirement.
- Ten Authorities (including Inverclyde) will also integrate children's social work services.
- All authorities will integrate children's health services.
- Half (16) of the authorities will integrate criminal justice social work services.
- Two authorities (Argyll & Bute and Dumfries & Galloway) will integrate planned acute health services.
- Councils and NHS Boards are finding it difficult to agree budgets. The report recognises that the implications of the UK spending review and the Scottish Government financial plans announced on 16 December 2015 need to be fully scoped and analysed before budgets can be finalised.
- There is still uncertainty about set-aside budgets for acute services, how these will be calculated, and how control will be transferred to Integration Authorities.
- The financial issues are noted as being compounded by different planning cycles for NHS and local authorities.
- The report recognises that across the country it has not been possible to develop Strategic Plans that set a blueprint for the redesign of future service delivery. Instead they simply reflect existing arrangements. The most significant gaps noted in the report are in relation to budgets and workforce resources, but it is recognised that these will take time to accurately identify.
- Another important gap in strategic planning across the country relates to what level of acute services will be needed in each area, and how to shift resources out of acute and towards preventative and community-based care.
- The identification of performance measures that directly relate to the national outcomes is also proving difficult.
- Other challenges include meaningful locality planning; GP and clinical engagement; and service user and voluntary organisations engagement.

6.4 A number of these issues have also been identified in Inverclyde, however the publication of this report should support a national approach to resolving them. The full report can be found at:

<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-0>

## 7.0 PROPOSALS

7.1 The Health and Social Care Committee is asked to note the Strategic Plan progress update report, and agree the principles of the Plan.

## 8.0 IMPLICATIONS

### FINANCE

#### 8.1 Financial Implications

One off Costs: None identified

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

Annually Recurring Costs/ (Savings)

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

### LEGAL

8.2 There are no legal issues within this report.

### HUMAN RESOURCES

8.3 There are no human resources issues within this report.

### EQUALITIES

8.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

### REPOPULATION

8.5 The Strategic Plan and associated Strategic Needs Assessment take into account demographic trends to inform current and future plans for services for the people of Inverclyde.



## **9.0 CONSULTATION**

9.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) based on consultation with and contributions of the Strategic Planning Group.

## **10.0 LIST OF BACKGROUND PAPERS**

- 10.1
- Health and Social Care Integration
  - Scotland's National Action Plan for Human Rights
  - Pulling Together: Transforming Urgent Care for the People of Scotland
  - NHS Scotland Chief Executive's Annual Report 2014/15
  - Facilitating the Journey of Integration

**Report By:** Health and Social Care Committee  
**Date:** 25<sup>th</sup> February 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership  
**Report No:** SW/10/2016/HW

**Contact Officer:** Helen Watson  
Head of Service  
Planning, Health Improvement & Commissioning  
**Contact No:** 01475 715285

**Subject:** OVERVIEW OF DEVELOPMENT OF GOVERNANCE ARRANGEMENTS

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the progress in developing Inverclyde Health & Social Care Partnership's (HSCP) governance arrangements. Integral to this is compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the Inverclyde HSCP Integration Scheme Commitments, and Scottish Government guidance (statutory and non-statutory) on Health and Social Care integration.

## 2.0 SUMMARY

- 2.1 This report is produced to give the Health and Social Care Committee assurance that progress is being made to meet the legislative and other commitments required to ensure sound governance arrangements for full implementation of integrated health and social care services. Appendix 1 highlights current status on planned activity around engagement and consultation with stakeholders and partners in co-producing the strategic plan. It also includes an update on the development of localities in line with the statutory timescale of 1st April 2016.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee notes the current status of compliance with statutory and other timescales and the planned activity around the key legislative and other commitments necessary to achieve sound governance and oversight arrangements for Inverclyde's Health and Social Care Partnership from 1 April 2016.

**Brian Moore**  
Corporate Director  
(Chief Officer)  
Inverclyde HSCP

## **4.0 BACKGROUND**

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and subsequent national guidance require all HSCPs to produce an Integration Scheme to be approved by the Scottish Government. The Inverclyde HSCP Integration Scheme was formally approved on 27<sup>th</sup> June 2015.

4.2 The Integration Scheme - an operationally significant document - sets the context within which the IJB is constituted as a legal entity. It goes on to set out its commitments and compliance with the Act, and the implementation of operational and financial governance arrangements within a legally prescribed timeframe.

4.3 The intention of this paper and attached appendix is to provide the Health and Social Care Committee with assurance that planned activity is on course to meet the legal and national guidance within the anticipated timeframe and IJB reporting cycle.

### **4.4 Governance Arrangements**

Appendix 1 provides the overview of the legal and other commitments required to be in place within the agreed timescales. This document provides details of the following:

- Governance of non-financial arrangements;
- Communication and Engagement;
- Strategic Planning;
- Performance Management;
- Delivering for Localities;
- Workforce Planning & Development;
- Clinical & Care Governance;
- Finance & Audit; and
- Information Sharing & ICT

### **4.5 Governance of non-financial arrangements**

4.5.1 As appendix 1 indicates, the majority of requirements in this section are met. The first meeting of the legally constituted IJB was 10 August 2015.

4.5.2 Formal arrangements for hosted services within the Greater Glasgow and Clyde Health Board area are on track to meet the 31<sup>st</sup> March 2016 target date.

4.5.3 The IJB approved the aligned HSCP complaints procedure at its 26<sup>th</sup> January 2016 meeting, subject to amendments agreed at that meeting.

4.5.4 It is a legal requirement of the Equalities & Human Rights Commission that the HSCP develop Equality Outcomes to reflect the needs of the people of Inverclyde. The Strategic Planning Group anticipates the consultation on these outcomes will take place during our planned Engaging Our Localities event to be held on 15th February 2016.

4.5.5 An Equality Impact Assessment (EQIA) is required to be undertaken on the Inverclyde HSCP Strategic Plan.

4.5.6 An equalities sub-group has been initiated by the Strategic Planning Group to undertake the EQIA of the Strategic Plan prior to the public consultation scheduled for February and March 2016.

4.5.7 The guidance suggests that a statement on equalities is inserted into the Strategic Plan. However, the Strategic Planning Group agreed at its December 2015 meeting that an equalities focus should be a key theme reflected in all of the sections of the Strategic Plan rather than one stand-alone statement of intent.

4.5.8 Subject to Council and Health Board approval, full delegated responsibility for the agreed functions, as detailed in the Integration Scheme, will transfer to the IJB on 1<sup>st</sup> April 2016.

#### 4.6 **Communication and Engagement**

4.6.1 The IJB has adopted the former CHCP People Involvement Framework, on the proviso that this will be reviewed and updated to reflect our new arrangements in the first year of operation as an HSCP.

#### 4.7 **Strategic Planning**

4.7.1 The development of the Strategic Plan for 2016 – 2019 is progressing to meet the 1<sup>st</sup> April 2016 implementation date. Our Strategic Planning Group is actively driving forward the development of the Plan and anticipates that formal consultation by stakeholders on the final draft will commence from 15<sup>th</sup> February 2016. Further information on progress of the Strategic Plan is included in a separate paper to this Committee.

4.7.2 The finalised draft Plan will be presented to the IJB on 15<sup>th</sup> March 2016 for approval, following the outcome from the formal stakeholder consultation.

#### 4.8 **Performance Management**

4.8.1 The legislation requires that every HSCP reports performance to its IJB on a number of key areas.

Reports on financial planning and performance must include information about:

- the total amount spent by the HSCP on each of the delegated functions
- the total amount paid to or set aside for the HSCP by the Health Board and the Council
- any underspend or overspend against the planned spending, the amount of underspend or overspend and an assessment of the reasons for this.

Reports in respect of localities must include an assessment of performance in planning and carrying out functions, including:

- a description of the arrangements made for consultation and involvement
- an assessment of how the locality arrangements have contributed to improved provision of services
- the total amount paid to or set aside for the locality during the reporting year.

In addition to these statutory requirements, Inverclyde IJB will receive regular Performance Exceptions Reports linked to the national outcomes, in line with the reporting schedule agreed at its November 2015 meeting.

#### 4.9 **Delivering for Localities**

4.9.1 Following an engagement event in April 2015 on developing localities, further discussion and consultation took place with the Inverclyde Alliance Single Outcome Agreement Programme Board on how the HSCP could best engage with established community planning and learning community structures.

4.9.2 The Inverclyde Alliance Programme Board has approved the HSCP's intentions to share three Wellbeing Localities, common across all partners, for the planning of local health and social care provision (Inverclyde East, Central and West). This will maximise the use of existing networks and reduces additional demand on the time of those community members who wish to be part of the process.

#### 4.10 **Workforce Planning & Development**

4.10.1 A Workforce Planning and Development sub-group has been established by the Strategic

Planning Group to progress development of a “People Plan”. This plan will consider the entire workforce available in Inverclyde to deliver integrated health and social care, including staff employed by the statutory, independent and third sector staff and unpaid carers. It will also consider the number of people (both paid and unpaid), and skill mix required to implement the future vision of health and social care.

4.10.2 The People Plan will encompass an Organisational Development Plan, as required by the legislation. Inverclyde’s Organisational Development arrangements will have a different focus to most of the plans across Scotland because we have had integrated service and management arrangements since 2010. The policy intent of this requirement is to support partnerships in the transition from separate entities to single integrated partnerships, and we have already undergone much of this change. However we propose using the requirement as an opportunity for the IJB to consider its options for the future culture of the HSCP, in the contexts of:

- planning and delivering for outcomes
- planning for acute hospital services
- strengthening links to the housing sector through the Housing Contribution Statement.

**4.11 Clinical & Care Governance**

4.11.1 This strategic governance requirement is on track to meet the target implementation date, and will be detailed in a separate report to the March 2016 meeting of the IJB.

**4.12 Finance & Audit**

4.12.1 This strategic governance requirement is on track to meet the target implementation date.

**4.13 Information Sharing & ICT**

4.13.1 The legal requirement for this delegated area is currently in place and fully met.

**5.0 IMPLICATIONS**

**FINANCE**

5.1 Financial Implications:

One off Costs: None identified

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

Annually Recurring Costs/ (Savings)

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

## **LEGAL**

5.2 There are no legal issues within this report.

## **HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

## **EQUALITIES**

5.4 There are equality issues within this report as set out in 4.5.4.

Has an Equality Impact Assessment been carried out?

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

## **5.5 REPOPULATION**

The HSCP Joint Commissioning Strategies take into account demographic trends to inform current and future plans for services for the people of Inverclyde.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Strategic Planning Group.











## **7.0 BACKGROUND PAPERS**








7.1 None.





## Appendix 1: IJB Legal Requirements and Commitments


The tables below detail the legislative requirements and commitments in relation to Inverclyde Health and Social Care (HSCP) Integration as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Inverclyde HSCP's Integration Scheme.

Requirement / commitment source:	Key
Act & supporting Regulations	Act
Inverclyde HSCP Integration Scheme	IS
Scottish Government guidance	SG
Established governance arrangements for parent bodies	Gov





1. Governance (non-financial) arrangements				
Legal requirement /commitment	Type	Legal deadline	Target date	BRAG
Integration Scheme approved and published and Integration Joint Board (IJB) legally established	Act	27/06/15		
1st meeting of the legally constituted IJB	Act		10/08/15	
Ratify the remit and constitution of the IJB including its voting and non-voting members, chair and vice chair.	Act		10/08/15	
The Procedural Standing Orders of the IJB agreed	Act		10/08/15	
IJB ratify the appointment of the Chief Officer, Chief Finance Officer and establish the Strategic Planning Group (including governance arrangements and Terms of Reference)	Act		10/08/15	
Risk policy, strategy, and procedures approved by IJB	IS		10/08/15	
Key strategic risks approved by IJB	IS		15/03/16	
Arrangements for Hosted Services agreed amongst the IJBs in the GG&C area.	IS	31/03/16	31/03/16	
Health and Safety policy and procedures in place	IS	31/03/16	10/08/15	
Complaints policy and procedures in place	IS	31/03/16	26/01/16	

FOI policy and procedures in place	Act	31/03/16	15/03/16	
FOI Publications Scheme in place	SG		31/08/16	
Business continuity arrangements in place	IS	31/03/16	Work has been completed by HSCP. Awaiting final sign-off from CCS.	
Equalities scheme and EQIAs completed for Partnership (in line with IJB requirements under the Equalities Act)	IS	30/04/16	31/03/16	
Parent organisations agree the provision of support services for the IJB	IS	31/03/16	19/02/15	
CO confirms all governance arrangements in place (IJB Report) for functions to be delegated from parent organisations to the IJB	IS	31/03/16	10/08/15	
Functions delegated to IJB	Act	01/04/16	01/04/16	











<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
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2. Communication and engagement				
Legal requirement /commitment	Type	Legal deadline	Target date	BRAG
IJB agrees its participation and engagement strategy	IS	27/12/15	10/08/15	








<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
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### 3. Strategic Plan (the order of Strategic Plan activities are prescribed in the Act but not specific individual deadlines for each stage)




Legal requirement /commitment		Legal deadline	Target date	BRAG
IJB agree the initial Establishment Plan			10/08/15	
IJB agree its proposals for the process of development of the full Strategic Plan	Act	-	10/08/15	
SPG feedback on the proposals for the Strategic Plan content	Act	-	27/07/15	
SPG feedback on the Establishment Plan and begin the process for developing the full Strategic Plan	Act	-	06/10/15	
Formal consultation with prescribed stakeholders including SPG, Health Board and Council	Act	-	15/02/16	
Update report on consultation and final draft of Strategic Plan prepared for the IJB	Act	-	18/02/16	
IJB agree the final draft of Strategic Plan, taking account of SPG and wider stakeholder feedback		-	15/03/16	
Health Board updated on the outcome of the consultation and the draft Strategic Plan	Gov	-	HB and HSCC April 2016	
Council updated on the outcome of the consultation and the draft Strategic Plan	Gov	-	HB and HSCC April 2016	
Strategic Plan published along with financial statement and statement of action taken by IJB under section 33 of the Act (consultation and development of the Strategic Plan).	Act	31/03/16	31/03/16	




<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
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4. Performance Management				
Legal requirement /commitment		Legal deadline	Target date	BRAG
Parties prepare a list of delegated and non-delegated functions	IS	27/06/15	27/06/15	
Council and Health Board develop proposals for 2015/16 interim performance framework to be submitted to IJB	IS	27/06/16	26/01/16	
SPG develop reporting arrangements proposed performance framework for 2016/17, for IJB approval	Act	-	18/02/16	
IJB agree the proposed reporting arrangements and performance framework for 2016/17, taking account of localities, reporting arrangements and plans to publish the annual performance report.	IS	27/06/16	15/03/16	

5. Delivering for Localities				
Legal requirement /commitment		Legal deadline	Target date	BRAG
IJB agree locality arrangements (in line with SG guidance), based on stakeholder engagement, which will be reflected in the Strategic Plan	IS	-	15/03/16	

<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
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6. Workforce Planning and Development				
Legal requirement /commitment		Legal deadline	Target date	BRAG
Workforce plan	Act	01/04/17	01/04/17	
Organisational development Plan	Act	01/04/17	01/04/17	
Learning and development of staff	Gov	01/04/17	01/04/17	

7. Clinical and Care Governance				
Legal requirement /commitment		Legal deadline	Target date	BRAG
The IJB agrees appropriate clinical and care governance arrangements for their duties under the Act.	IS	31/3/16	10/08/15	
Clinical and Care Governance Group established	IS	31/03/16	15/03/16	
Chief Social Work Officer provides annual report to IJB (Section 5.15 of IS)	IS	31/03/17	30/11/16	

8. Finance and Audit				
Legal requirement /commitment		Legal deadline	Target date	BRAG
IJB Audit arrangements agreed	IS	31/03/16	15/03/16	
Insurance arrangements (claims handling) in place	IS	31/03/16	10/08/15	
IJB agree procedure with other relevant integration authorities for any claims relating to Hosted Services		31/03/16	31/03/16	
IJB sign off financial governance arrangements as per the national guidance	IS	31/03/16	15/03/16	
IJB report on due diligence on delegated baseline budgets moving into 2016/17	IS	31/03/16	15/03/16	

Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB	IS	31/03/16	15/03/16	
Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process	IS	31/03/16	15/03/16	
Financial statement published with the Strategic Plan	Act	31/03/16	15/03/16	
Resources for delegated functions transferred to IJB from parent organisations	Act	31/03/16	31/03/16	
Audit arrangements established	IS	31/03/16	15/03/16	

9. Information sharing and ICT				
Legal requirement /commitment	Type	Legal deadline	Target date	BRAG
Information Sharing Protocol ratified by parent organisations	IS	31/03/16	10/08/15	
Information Sharing Protocol shared with IJB	Gov	31/03/16	10/08/15	
Appropriate Information Governance arrangements are put in place by the Chief Officer	IS	31/03/16	10/08/15	

<b>Key:</b>		Complete		On target		Risk of delay		Significant Issues
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**Report To:** Health & Social Care Committee    **Date:** 25 February 2016

**Report By:** Brian Moore  
Corporate Director (Chief  
Officer)  
Inverclyde Health & Social Care  
Partnership

Alan Puckrin  
Chief Financial Officer

**Report No:** FIN/20/16/AP/FMcL

**Contact Officer:** Fiona McLaren    **Contact No:** 01475 712652

**Subject:** Revenue & Capital Budget Report 2015/16 - Period 9 as at 31  
December 2015

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the position of the Revenue and Capital Budgets for the current year as at Period 9 to 31 December 2015.

## 2.0 SUMMARY

- 2.1 The Social Work revised budget is £49,754,000 with a projected overspend of £168,000 (0.34%), which is a increase in the overspend of £31,000 since reported at period 7. The main elements of this overspend are:

- External homecare £438,000 reflecting current package costs, including some vacancy cover, this continues the trend from 2014/15. A budget pressure of £300,000 from 2017/18 for homecare and residential & nursing will be considered as part of the 2016/18 budget which is on top of the £250,000 extra funding already approved for 2016/17.
- Homelessness £178,000 due to under occupancy of temporary furnished flats and the Inverclyde Centre which is line with the 2014/15 out-turn.

Offset in part by:

- Vacancies within internal homecare of £171,000.
- Residential & Nursing underspend of £59,000 per current client profile.

- 2.2 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,073,000 with a current projected under recovery of £29,000 due to delays against original plans. This shortfall is reflected in the projected outturn above.
- 2.3 The Corporate Director and Heads of Service will continue to work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as opportunities arise.
- 2.4 The projected spend on capital in 2015/16 is £156,000, with spend to date of £46,000. This represents slippage of 77.9% against the original phasing for 2015/16 for Neil St Children's Home Replacement project which is scheduled to be complete by December 2016 and is in line with previous reports.

- 2.5 The Social Work Earmarked Reserves for 2015/16 total £3,068,000 with £2,658,000 projected to be spent in the current financial year. To date £1,100,000 spend has been incurred which is 40% of the projected 2015/16 spend, which is 15% behind the phased budget.
- 2.6 It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:
- Children's Residential Care, Adoption & Fostering,
  - Deferred Income.

Underspends on the above reserves can only be contributed to the Earmarked Reserve funding if overall the Committee is not in an overspend position.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the current year revenue budget and projected overspend of £168,000 for 2015/16 as at 31 December 2015.
- 3.2 That the Committee note that the HSCP Director will continue work to contain the projected overspend within the overall Social Work budget for the year.
- 3.3 That the Committee note the projected capital position.
- 3.4 That the Committee note the current earmarked reserves position.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde Health & Social Care**  
**Partnership**

**Alan Puckrin**  
**Chief Financial Officer**

## 4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2015/16 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2015/16 £168,000 projected revenue overspend.

## 5.0 2015/16 CURRENT REVENUE POSITION: £168,000 PROJECTED OVERSPEND (0.34%)

5.1 Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the projected outturn. The material projected variances are identified per service below and detailed in Appendix 3:

### a. **Children & Families: Projected £120,000 (1.14%) underspend**

The projected underspend is £10,000 more than projected at period 7. The underspend comprises

- turnover of £86,000,
- an overspend of £20,000 for rents for care leavers,
- an underspend on kinship care due to additional funding being received for parity of payment with foster carers.

### b. **Older People: Projected £297,000 (1.35%) overspend**

The projected overspend is £297,000 which is an increase of £37,000 since period 7. Homecare and Residential and Nursing purchased places have been raised as budget pressures in the 2016/18 budget requesting an extra £300,000 from 2017/18 which is on top of the £250,000 extra funding already approved for 2016/17. The projected overspend comprises:

- additional external provider costs in Homecare of £438,000 (an increase of £39,000),
- savings arising from vacancies within internal Homecare of £171,000 (an increase of £12,000),
- a projected underspend of £52,000 within Residential and Nursing purchased places, per the current number of clients receiving care. The underspend includes £100,000 funding from the Delayed Discharge earmarked reserve which was previously allocated to reduce the projected overspend,
- A projected overspend of £41,000 on domiciliary respite within Residential & Nursing,
- A projected over-recovery of charges within Residential & Nursing of £53,000 offsets a projected under-recovery of charges in Homecare of £47,000.

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

### c. **Learning Disabilities: Projected £124,000 (1.86%) overspend**

The projected overspend is £124,000 which is an increase of £60,000 since period 7. The projected overspend comprises:

- £75,000 underspend on payments to other bodies due to changes in care packages,
- £57,000 overspend on transport costs due to external hires and non routine vehicle costs,
- £46,000 shortfall in income received from other local authorities,
- £23,000 shortfall in income from service users,
- £28,000 overspend in employee costs due to additional support costs,
- £15,000 overspend on catering in day centres.

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

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

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

**d. Physical & Sensory: Projected £80,000 (3.71%) underspend**

The projected underspend is £23,000 more than previously reported and is due to £12,000 overspend on transport costs and a projected underspend in client package costs of £41,000

**e. Assessment & Care Management: Projected £49,000 (2.97%) underspend**

The projected underspend is £22,000 less than previously reported and is due to turnover from vacancies of £68,000 and a projected under recovery of income recharges.

**f. Mental Health: Projected £55,000 (5.09%) underspend**

The projected underspend is £29,000 less than in period 7 and is primarily due to turnover of £26,000 and a client commitment underspend of £83,000 based on current vacancies and client package costs. The movement is due to agency costs now being met from core revenue rather than an earmarked reserve.

**g. Addictions: Projected £25,000 (2.33%) underspend**

The projected underspend is £11,000 more than projected at period 7. The projected underspend mainly comprises a projected £29,000 underspend on employee costs offset by a projected overspend of £15,000 on void costs for Auchendarroch Street.

**h. Homelessness: Projected £178,000 (26.26%) overspend**

The projected overspend of £178,000 is £24,000 less than previously projected. The projected overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a continuing trend from 2014/15. A report on Homelessness services will be presented to this Committee separately.

**i. Planning, Health Improvement & Commissioning: Projected £62,000 (3.3%) underspend**

The projected underspend is due to turnover from vacancies of £33,000 and an underspend on payments to other bodies. There are costs being incurred in this area for the Afghan Resettlement Scheme which are being fully funded by Central Government.

**j. Business Support: Projected £40,000 (1.85%) underspend**

The projected underspend is due to turnover from vacancies.

## **6.0 2015/16 CURRENT CAPITAL POSITION**

6.1 The Social Work capital budget is £3,627,000 over the life of the projects with £156,000 projected for 2015/16, comprising:

- £146,000 for the replacement of Neil Street Children's Home,
- £10,000 to finalise the expansion of the Hillend respite unit.

6.2 There is slippage in the 2015/16 budget of £515,000 (77.9%) against the original budget for the Neil St Children's Home Replacement project which is scheduled to be complete by December 2016. Tenders were due to be issued in January 2016. Appendix 4 details capital budgets and progress by individual project.

## **7.0 EARMARKED RESERVES**

7.1 The Social Work earmarked reserves for 2015/16 total £3,068,000 with £2,658,000 projected to be spent in the current financial year. To date £1,100,000 spend has been incurred which is 35% of the projected 2015/16 spend. Appendix 5 details the individual earmarked reserves.

7.2 Within the earmarked reserves for 2015/16 is £1,145,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,700,000, with the balance funding a number of NHS projects. The funding has been allocated as follows:



<b>Project</b>	<b>£000</b>
Strategic needs analysis admin support	12
Independent sector integration partner	26
Community connectors	45
Telecare	100
Intermediate care & support	48
Housing	31
Reablement	700
Third sector integration	8
Community development programme	25
Carers	150
<b>Total funding</b>	<b>1,145</b>

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

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

Underspends on the above reserves can only be contributed to the Earmarked Reserve funding if overall the Committee is not in an overspend position.

## 8.0 VIREMENT

8.1 Appendix 6 details the virements that the Committee is requested to approve. All virements are reflected within this report.

## 9.0 OTHER INFORMATION

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

9.2 Appendix 7 contains details of the employee cost variances by service.

## 10.0 IMPLICATIONS

### Finance

10.1 Financial Implications:

All financial implications are discussed in detail within the report above.

### One off Costs

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

### Annually Recurring Costs/ (Savings)

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

## **Legal**

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

## **Human Resources**

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

## **Equalities**

10.4 Has an Equality Impact Assessment been carried out?

Yes See attached appendix

No

This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## **Repopulation**

10.5 There are no repopulation issues within this report.

## **11.0 CONSULTATIONS**

11.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

## **12.0 BACKGROUND PAPERS**

12.1 There are no background papers for this report.

**Social Work Budget Movement - 2015/16****Period 9: 1st April - 31st December 2015**

Service	Approved Budget	Movements				Revised Budget
	2015/16 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2015/16 £000
Children & Families	10,344	122	(56)	93	0	10,504
Criminal Justice	0	0	0	0	0	0
Older Persons	21,346	595	(19)	0	0	21,922
Learning Disabilities	6,413	38	185	0	0	6,636
Physical & Sensory	2,156	12	(16)	0	0	2,152
Assessment & Care Management	1,584	23	(46)	0	0	1,560
Mental Health	1,106	15	(50)	0	0	1,071
Addiction / Substance Misuse	1,039	18	23	0	0	1,080
Homelessness	732	12	(65)	0	0	679
Planning, HI & Commissioning	2,065	26	(119)	0	0	1,972
Business Support	1,980	27	170	0	0	2,178
Totals	<u>48,767</u>	<u>887</u>	<u>7</u>	<u>93</u>	<u>0</u>	<u>49,754</u>

**Supplementary Budget Detail**

£000

External Resources

Kinship care

93

Internal ResourcesSavings/Reductions93

SOCIAL WORKREVENUE BUDGET PROJECTED POSITIONPeriod 9: 1st April - 31st December 2015

2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
25,242	Employee Costs	25,236	25,699	25,275	(423)	(1.65%)
1,441	Property costs	1,361	1,395	1,249	(146)	(10.48%)
951	Supplies and Services	740	753	837	84	11.09%
479	Transport and Plant	371	380	453	73	19.29%
1,024	Administration Costs	735	745	838	93	12.42%
33,967	Payments to Other Bodies	34,613	35,172	35,417	245	0.70%
(14,349)	Income	(14,288)	(14,391)	(14,147)	244	(1.69%)
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,754</b>	<b>49,922</b>	<b>168</b>	<b>0.34%</b>
	Contribution to Earmarked Reserves	0	0	0		
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,754</b>	<b>49,922</b>	<b>168</b>	<b>0.34%</b>

2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over (Under) Spend £000	Percentage Variance
9,793	Children & Families	10,344	10,504	10,384	(120)	(1.14%)
0	Criminal Justice	0	0	0	0	0.00%
21,716	Older Persons	21,346	21,922	22,219	297	1.35%
6,395	Learning Disabilities	6,413	6,636	6,760	124	1.86%
2,128	Physical & Sensory	2,156	2,152	2,072	(80)	(3.71%)
1,477	Assessment & Care Management	1,584	1,644	1,595	(49)	(2.97%)
1,020	Mental Health	1,106	1,071	1,017	(55)	(5.09%)
1,097	Addiction / Substance Misuse	1,039	1,080	1,055	(25)	(2.33%)
873	Homelessness	732	679	857	178	26.26%
2,037	Planning, Health Improvement & Commissioning	2,065	1,888	1,825	(62)	0.00%
2,219	Business Support	1,980	2,178	2,137	(40)	(1.85%)
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,754</b>	<b>49,922</b>	<b>168</b>	<b>0.34%</b>
	Contribution to Earmarked Reserves	0	0	0		
<b>48,755</b>	<b>TOTAL NET EXPENDITURE excluding transfers to EMR</b>	<b>48,767</b>	<b>49,754</b>	<b>49,922</b>	<b>168</b>	<b>0.34%</b>

## Notes:

- 1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.
- 2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.
- 3 There are currently 760 clients receiving Self Directed Support care packages.

**SOCIAL WORK****MATERIAL VARIANCES**

Period 9: 1st April - 31st December 2015

2014/15 Actual £000	Budget Heading	Revised Budget 2015/16 £000	Proportion of budget £000	Actual to 31/10/15 £000	Projected Out- turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>Employee Costs</b>							
5,158	Children & Families	5,361	3,809	3,699	5,275	(86)	(1.60%)
6,653	Older People	7,692	5,464	5,240	7,557	(135)	(1.76%)
2,369	Learning Disabilities	2,550	1,811	1,818	2,578	28	1.10%
1,445	Mental Health	1,008	718	636	982	(26)	(3.61%)
956	Addictions	1,218	868	842	1,189	(29)	(7.94%)
1,675	Planning, Health Improvement & Commissioning	1,574	1,118	1,223	1,542	(32)	(2.13%)
1,681	Business Support	1,609	1,102	1,067	1,563	(46)	(2.35%)
<b>19,937</b>		<b>21,012</b>	<b>14,890</b>	<b>14,525</b>	<b>20,686</b>	<b>(326)</b>	<b>(1.37%)</b>
<b>Older People</b>							
3,092	Homecare payments to other bodies	2,824	2,118	2,008	3,262	438	15.51%
11,660	Residential & Nursing purchased places	12,889	9,667	9,309	12,831	(58)	(0.45%)
180	Domiciliary respite	106	62	34	148	42	39.62%
<b>14,932</b>		<b>15,819</b>	<b>11,847</b>	<b>11,351</b>	<b>16,241</b>	<b>422</b>	<b>2.67%</b>
<b>Learning Disabilities</b>							
64	Catering at day centres	51	38	48	67	16	31.37%
179	Transport costs at day centres	113	81	125	167	54	47.79%
7,286	Client commitments on support packages	7,559	5,436	4,792	7,394	(165)	(2.18%)
(146)	Charges to other local authorities	(173)	(130)	(77)	(128)	45	(26.01%)
<b>7,383</b>		<b>7,550</b>	<b>5,425</b>	<b>4,888</b>	<b>7,500</b>	<b>(50)</b>	<b>(0.66%)</b>
<b>Homelessness</b>							
341	Rents on temporary furnished flats	460	340	191	239	(221)	(48.04%)
(393)	Rental income from temporary furnished flats	(620)	(465)	(196)	(264)	356	(57.42%)
(298)	Rental income from Inverclyde Centre	(361)	(270)	(149)	(311)	50	(13.85%)
<b>(350)</b>		<b>(521)</b>	<b>(395)</b>	<b>(154)</b>	<b>(336)</b>	<b>185</b>	<b>(35.51%)</b>
<b>Other Variances</b>							
32	Physical & Sensory - transport costs for day groups	17	9	20	29	12	70.59%
1,540	Physical & Sensory - client commitments on support pa	1,595	1,157	1,054	1,552	(43)	(2.70%)
2,054	Mental Health - client commitments on support packag	2,135	1,623	1,206	2,052	(83)	(3.89%)
29	Addictions - Void costs at Auchendarroch Street	0	0	0	15	15	100.00%
<b>3,655</b>		<b>3,747</b>	<b>2,789</b>	<b>2,280</b>	<b>3,648</b>	<b>(99)</b>	<b>(2.64%)</b>

## APPENDIX 4

### SOCIAL WORK - CAPITAL BUDGET 2014/15

#### Period 9: 1st April - 31st December 2015

<u>Project Name</u>	<u>Est Total Cost</u>	<u>Actual to 31/3/15</u>	<u>Approved Budget 2015/16</u>	<u>Revised Est 2015/16</u>	<u>Actual to 31/10/15</u>	<u>Est 2016/17</u>	<u>Est 2017/18</u>	<u>Future Years</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
<b>SOCIAL WORK</b>								
Hillend Respite Unit	87	77	10	10	0	0	0	0
Neil Street Childrens Home Replacement	1,858	114	661	146	46	1,569	29	0
Crosshill Childrens Home Replacement	1,682	0	0	0	0	157	1,435	90
<b>Social Work Total</b>	<b>3,627</b>	<b>191</b>	<b>671</b>	<b>156</b>	<b>46</b>	<b>1,726</b>	<b>1,464</b>	<b>90</b>

**EARMARKED RESERVES POSITION STATEMENT  
HEALTH & SOCIAL CARE CON**

**APPENDIX 5**

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total Funding 2015/16</u>	<u>Phased Budget To Period 9 2015/16</u>	<u>Actual To Period 9 2015/16</u>	<u>Projected Spend 2015/16</u>	<u>Amount to be Earmarked for 2016/17 &amp; Beyond</u>	<u>Lead Officer Update</u>
		£000	£000	£000	£000	£000	
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Alan Brown	216	109	143	187	29	SWIFT (£9k) & SDS (£123k). Work is continuing on the implementation of SDS & the SWIFT financial module.
Growth Fund - Loan Default Write Off	Helen Watson	27	1	0	2	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any bad debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund/ Delayed Discharge	Brian Moore	1,824	867	700	1,624	200	The Integrated Care Fund is new funding received. Funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. The total funding has increased as projects move between health & council. Delayed Discharge funding has also been received and has been allocated to specific projects, including overnight home support and out of hours support.
Support all Aspects of Independent Living	Brian Moore	231	125	54	145	86	This reserve includes the Dementia Strategy of £70k and a contribution of £150k from NHS for equipment which will be purchased in the latter part of 2015/16 & early 2016/17.
Support for Young Carers	Sharon McAlees	36	26	26	36	0	This reserve is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families.
Caladh House Renovations	Beth Culshaw	449	5	23	449	0	Options for re-provision of service are being considered.
Welfare Reform - CHCP	Andrina Hunter	162	121	119	153	9	This reserve is to fund Welfare Reform within the CHCP. New Funding of £118k was allocated from P&RCommittee. The funding is being used for staff costs and projects, including Grand Central Savings, Inverclyde Connexions, starter packs and financial fitness.
Funding for Equipment - Adults with Learning Disabilities		40	18	5	20	20	This reserve is for the purchase of disability aids within Learning Disabilities and it is estimated that £20k will be spent in 15/16 on the replacement of equipment that is no longer fit for purpose, with the remaining £20k spent at the start of 16/17.
Information Governance Policy Officer	Helen Watson	83	25	30	42	41	The spend relates to the Council's Information Governance Officer.
<b>Total</b>		<b>3,068</b>	<b>1,297</b>	<b>1,100</b>	<b>2,658</b>	<b>410</b>	

**HEALTH & SOCIAL CARE COMMITTEE****VIREMENT REQUESTS**

<b>Budget Heading</b>	<b>Increase Budget</b> £'000	<b>(Decrease) Budget</b> £'000
Assessment & Care Management - Payments to Other Bodies	126	
Planning, Health Improvement & Commissioning - Payments to Other Bodies		(126)
Various - Transport Environment, Regeneration & Resources Committee	1	(1)
	<b>127</b>	<b>(127)</b>

## Notes

Budget moved due to change in management responsibility

Corporate reallocation of fuel budgets



## APPENDIX 7

### EMPLOYEE COST VARIANCES

Period 9: 1st April - 31st December 2015

<b>ANALYSIS OF EMPLOYEE COST VARIANCES</b>		Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
<b>SOCIAL WORK</b>				
1	Children & Families	0	(86)	(86)
2	Criminal Justice	0	(22)	(22)
3	Older Persons	0	(135)	(135)
4	Learning Disabilities	0	28	28
5	Physical & Sensory	0	(9)	(9)
6	Assessment & Care Management	0	(65)	(65)
7	Mental Health	0	(26)	(26)
8	Addiction / Substance Misuse	0	(29)	(29)
9	Homelessness	0	0	0
10	Planning, Health Improvement & Commissioning	0	(33)	(33)
11	Business Support	0	(47)	(47)
<b>SOCIAL WORK EMPLOYEE UNDERSPEND</b>		<b>0</b>	<b>(423)</b>	<b>(423)</b>

- 1 Currently 14 vacancies along with maternity leave savings, with 4 of these posts potentially not filled this year.
- 2 Currently 3 vacancies which are in the process of being filled
- 3 Currently 33 vacancies along with maternity leave savings - NB offset by external costs due to recruitment issues
- 4 Currently 10 vacancies of which 8 are in the process of being filled, however turnover target & additional cover arrangements mean that there is currently an overspend predicted.
- 5 Variance not significant
- 6 Currently 5 vacancies of which 3 are in the process of being filled
- 7 Currently 6 vacancies of which 5 are in the process of being filled
- 8 Currently one vacancy which will not be filled this year
- 9 No variance
- 10 Currently 3 vacancies of which 1 is in the process of being filled
- 11 Currently 3 vacancies which are in the process of being filled

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>25<sup>th</sup> February 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/11/2016/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Delayed Discharge Performance</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of Inverclyde's performance in relation to Delayed Discharges.

## 2.0 SUMMARY

- 2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks from April 2015. Across Scotland, performance against this target has largely been improving. This report reviews local performance in the context of 3 key areas:-

- Performance within NHS Greater Glasgow and Clyde;
- Performance during the initial winter phase, including the festive period; and
- Considering recent national reports, highlighting the impact of waiting for social care.

## 3.0 RECOMMENDATIONS

- 3.1 Members are asked to note current performance in relation to Delayed Discharges.

**Brian Moore  
Corporate Director  
(Chief Officer)  
Inverclyde HSCP**

## 4.0 BACKGROUND

4.1 Performance in relation to Delayed Discharges is multi-functional, influenced by a range of drivers both within and outside our control. Often over the winter period increased emergency admissions, combined with the impact of festive factors, can challenge our ability to maintain consistent performances. Detailed planning across services is undertaken to minimise this risk.

## 5.0 PERFORMANCE

### 5.1 Performance within NHS Greater Glasgow and Clyde

Performance in relation to Older People's Services within the Health Board is routinely monitored in a number of ways. In recognition that the impact of Delayed Discharges on the overall system is predominantly as a result of the resources consumed, Bed Days Lost to Delayed Discharges (including AWI) are routinely collated. Current Health Board targets for each Partnership are set as a proportion of 2009/10 performance, at 50% and 75% of Bed Days Lost. Appendix A details current performance; it is of note that Inverclyde continues to sustain and improve upon performance, particularly given the relatively low starting point in 2009/10. In 2015/16 to date we have seen improvements achieved across the Health Board area on the whole, although some areas continue to experience challenges in relation to Adults with Incapacity (AWI).

Performance is also measured in relation to trends in emergency admissions, for both over 65s and over 75s; Appendices B and C illustrate recent performance for both Inverclyde and NHS Greater Glasgow and Clyde as a whole.

### 5.2 Festive Activity

As previously reported to committee, close working between hospital and community services is pivotal to achieve effective outcomes for service users. In preparation for winter, detailed plans were developed across services, to not only manage services but also to ensure that effective communication systems highlighted any emergency pressures, triggering remedial action as required.

#### *6 week comparison – Inverclyde Royal Hospital*

<b>2014/15</b>							
	14/12	21/12	28/12	4/1	11/1	18/1	
New A & E attendances	<b>567</b>	<b>570</b>	<b>529</b>	<b>610</b>	<b>559</b>	<b>523</b>	
4 hour A & E compliance	80%	85%	92%	85%	87%	89%	
Delayed patients at end of week	26	21	18	20	20	31	

<b>2015/16</b>							
	13/12	20/12	27/12	3/1	10/1	17/1	
New A & E attendances	<b>595</b>	<b>578</b>	<b>551</b>	<b>574</b>	<b>612</b>	<b>597</b>	
4 hour A & E compliance	91%	91%	92%	91%	95%	95%	
Delayed patients at end of week	11	10	3	5	16	11	

*Please note Delayed patients at the end of the week are for Inverclyde Royal Hospital and therefore include North Ayrshire and Argyll and Bute as well as Inverclyde residents.*

Performance at this stage of the winter reflects an improving achievement of the 4 hour target for the hospital against a slight increase in activity and considerable reduction in Delayed Discharges.

### 5.3 Waiting for Social Care

In recent weeks there has been national press coverage in relation to people dying whilst awaiting social care, either as a Delayed Discharge or at home. By the very nature of the Delayed Discharge client group, and the frailty of individuals, this risk will remain. Over the past year no Delayed Discharge in Inverclyde has been as a result of a delay in funding.

## 6.0 IMPLICATIONS

### Finance

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

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

Annually Recurring Costs/ (Savings)

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

### Legal

6.2 None.

### Human Resources

6.3 There are no Human Resource implications at this time.

### Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

## **Repopulation**

6.5 None.

## **7.0 CONSULTATIONS**

7.1 None.

## **8.0 BACKGROUND PAPERS**

8.1 None.

# Appendix A - Bed Days Summary report

## Older People's Bed Days Lost to Delayed Discharge Monthly Monitoring Report - November 2015

### Bed Days Lost to Delayed Discharge (inc AWIs) - Acute

(patients aged 65 & over on day of admission)

CH(C)P	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16						2015/16			2015/16					
							Apr Actual	May Actual	June Actual	July Actual	Aug Actual	Sept Actual	Oct Actual	Nov Actual	Nov 50% Target	Nov 75% Indicator	Cumulative Actual 2015/16	Cumulative 50% Target	Cumulative 75% Indicator	2015/16 Yr End Forecast	2015/16 Yr End Target
East Dunbartonshire	7,359	6,883	6370	5534	2686	4,916	462	458	287	308	216	146	283	254	307	153	2,414	2,453	1,227	3708	3680
East Renfrewshire	4,829	4,799	4,093	5171	2445	2,896	164	84	112	100	155	105	163	170	201	101	1,053	1,610	805	1512	2415
<b>Glasgow City</b>	<b>53,110</b>	<b>56,635</b>	<b>64,865</b>	<b>43,185</b>	<b>39,929</b>	<b>38,152</b>	<b>2204</b>	<b>2106</b>	<b>1513</b>	<b>1571</b>	<b>1668</b>	<b>1417</b>	<b>1563</b>	<b>1484</b>	2,213	1,106	<b>13,526</b>	<b>17,703</b>	<b>8,852</b>	<b>20640</b>	<b>26555</b>
Inverclyde	6,724	5,497	5578	3744	3010	3,462	138	97	80	142	167	192	116	99	280	140	1,031	2,241	1,121	1596	3362
Renfrewshire	16,207	14,319	19792	12,698	5835	5,325	529	482	436	423	284	262	198	172	675	338	2,786	5,402	2,701	4476	8104
West Dunbartonshire	7,638	8,644	8611	6050	4925	5,802	396	284	230	263	242	157	219	187	318	159	1,978	2,546	1,273	3072	3819
<b>GGC(All above areas)</b>	<b>95,867</b>	<b>96,777</b>	<b>109,309</b>	<b>76,382</b>	<b>58,830</b>	<b>60,553</b>	<b>3,893</b>	<b>3,511</b>	<b>2,658</b>	<b>2,807</b>	<b>2,732</b>	<b>2,279</b>	<b>2,542</b>	<b>2,366</b>	<b>3,994</b>	<b>1,997</b>	<b>22,788</b>	<b>31,956</b>	<b>15,978</b>	<b>35004</b>	<b>47934</b>
North Lanarkshire			1,561	793	677	1,244	104	89	83	117	100	168	159	56			820			1404	
South Lanarkshire			4,101	3,922	4851	5,812	301	383	329	295	355	255	252	249			2,170			3612	
All other areas			2,042	2,288	2,985	3,750	267	330	229	167	223	158	180	225			1,554			2664	
<b>All area's</b>			<b>117,013</b>	<b>83,385</b>	<b>67,343</b>	<b>71,359</b>	<b>4,565</b>	<b>4,313</b>	<b>3,299</b>	<b>3,386</b>	<b>3,410</b>	<b>2,860</b>	<b>3,133</b>	<b>2,896</b>	<b>3,994</b>	<b>1,997</b>	<b>27,332</b>	<b>31,956</b>	<b>15,978</b>	<b>68473</b>	<b>81256</b>

### Bed Days Lost to Delayed Discharge for AWIs - Acute

(patients aged 65 & over on day of admission)

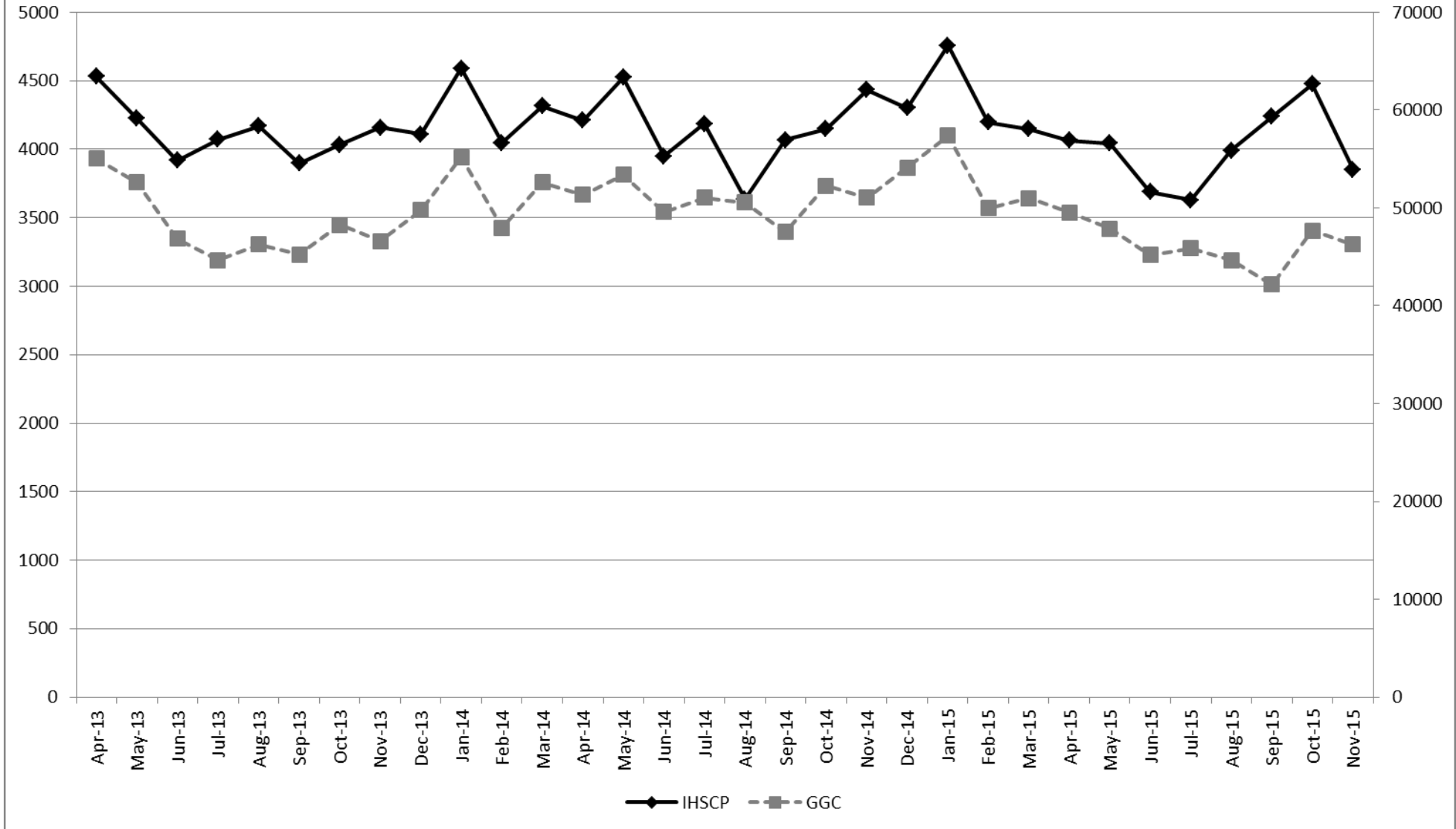
CH(C)P	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16						2015/16			2015/16					
							Apr Actual	May Actual	June Actual	July Actual	Aug Actual	Sept Actual	Oct Actual	Nov Actual	Nov 50% Target	Nov 75% Indicator	Cumulative Actual 2015/16	Cumulative 50% Target	Cumulative 75% Indicator	2015/16 Yr End Forecast	2015/16 Yr End Target
East Dunbartonshire	3,200	2,075	1351	63	15	1,185	210	154	63	62	36	30	31	0	133	67	586	1,067	533	7032	1600
East Renfrewshire	1,219	829	60	386	31	213	0	0	7	31	19	30	61	60	51	25	208	406	203	252	610
<b>Glasgow City</b>	<b>18,704</b>	<b>13,319</b>	<b>19,188</b>	<b>9,341</b>	<b>8,936</b>	<b>8,987</b>	<b>556</b>	<b>638</b>	<b>752</b>	<b>890</b>	<b>1033</b>	<b>831</b>	<b>811</b>	<b>751</b>	<b>779</b>	<b>390</b>	<b>6,262</b>	<b>6,235</b>	<b>3,117</b>	<b>9444</b>	<b>9352</b>
Inverclyde	300	582	352	53	108	31	0	0	0	0	0	0	0	0	13	6	0	100	50	0	150
Renfrewshire	2,128	1,190	1647	2,050	2288	4,301	351	402	321	370	217	180	148	131	89	44	2,120	709	355	3408	1064
West Dunbartonshire	931	3,160	1798	1,872	1547	2,127	124	93	111	137	120	82	153	128	39	19	948	310	155	1404	466
<b>GGC(All above areas)</b>	<b>26,482</b>	<b>21,155</b>	<b>24396</b>	<b>13,765</b>	<b>12,925</b>	<b>16,844</b>	<b>1,241</b>	<b>1,287</b>	<b>1,254</b>	<b>1,490</b>	<b>1,425</b>	<b>1,153</b>	<b>1,204</b>	<b>1,070</b>	<b>1,103</b>	<b>552</b>	<b>10,124</b>	<b>8,827</b>	<b>4,414</b>	<b>15516</b>	<b>13241</b>
North Lanarkshire			0	0	0	90	30	31	30	60	23	0	0	0	0	0	174			300	
South Lanarkshire			756	268	975	1,188	91	111	60	8	0	0	0	0	0	0	270			468	
All other area's			322	385	365	634	5	0	0	0	0	0	0	0	0	0	5			60	
<b>All area's</b>			<b>25,474</b>	<b>14,418</b>	<b>14,265</b>	<b>18,756</b>	<b>1,367</b>	<b>1,429</b>	<b>1,344</b>	<b>1,558</b>	<b>1,448</b>	<b>1,153</b>	<b>1,204</b>	<b>1,070</b>	<b>1,103</b>	<b>552</b>	<b>10,573</b>	<b>8,827</b>	<b>4,414</b>	<b>16344</b>	<b>13241</b>

AWI identified by code "51X"

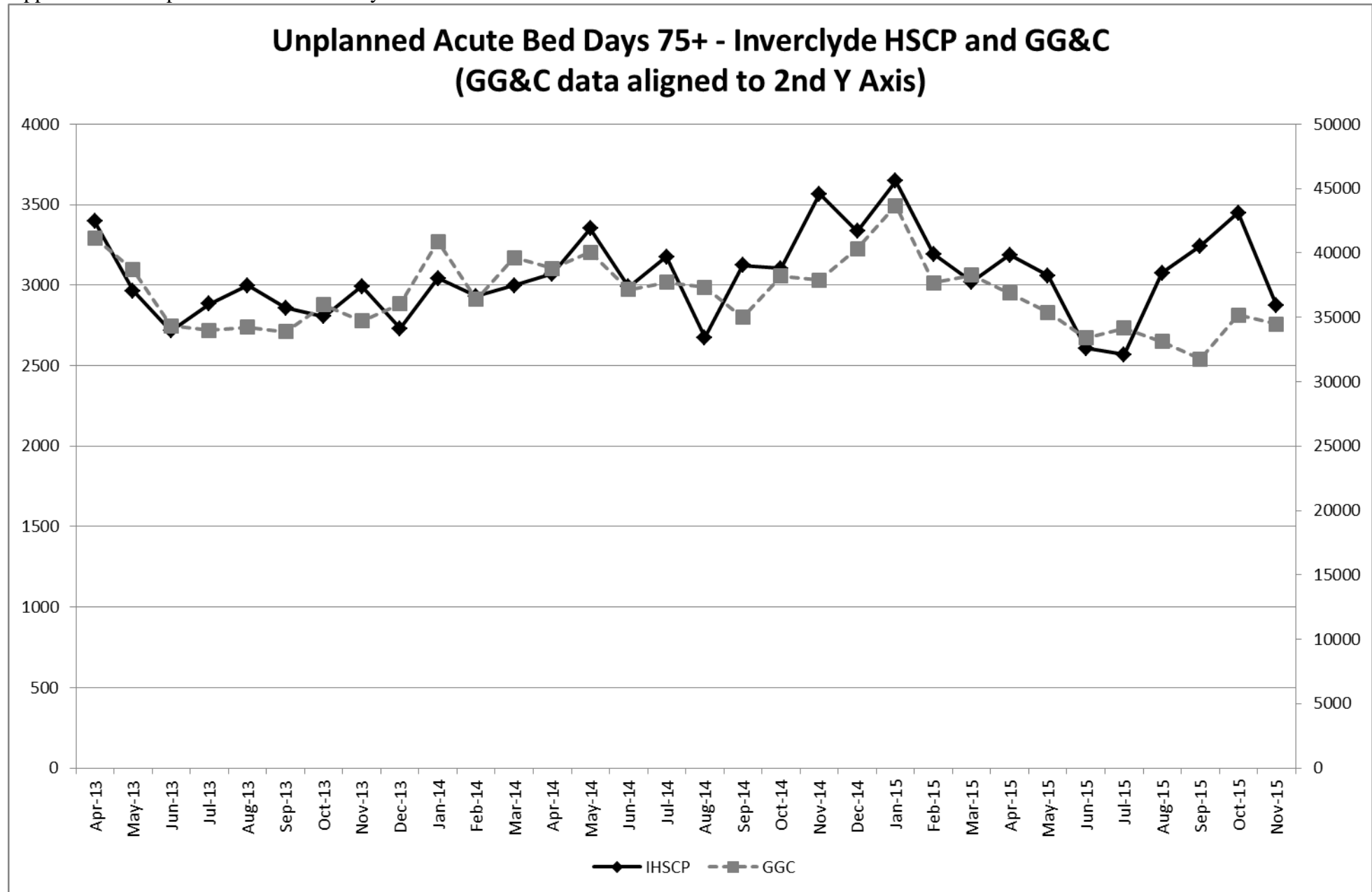
Edison extract as at 29th December 2015

Appendix B – Unplanned Acute Bed Days 65+

### Unplanned Acute Bed Days 65+ - Inverclyde HSCP and GG&C (GG&C data aligned to 2nd Y Axis)



Appendix C – Unplanned Acute Bed Days 75+





<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b> 25 <sup>th</sup> February 2016
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b> SW/15/2016/SMcA
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Criminal Justice and Children's Services</b>	<b>Contact No:</b> 715282
<b>Subject:</b>	<b>INVERCLYDE COMMUNITY JUSTICE COMMUNICATION &amp; ENGAGEMENT STRATEGY</b>	

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health and Social Care Committee the draft Inverclyde Community Justice Communication and Engagement Strategy.

## 2.0 SUMMARY

- 2.1 A key pillar of the draft Community Justice Bill and the proposed Community Justice Strategy is "Empowering Communities", focusing on ensuring public confidence and participation in the community justice agenda.
- 2.2 This will include increasing community awareness of community justice issues and services to improve understanding of their role, to reduce any stigma and ultimately to improve access.
- 2.3 A further key element is with a view to strengthening community participation in the planning, delivery and evaluation of community justice services.
- 2.4 The Inverclyde Community Justice Transition Plan 2016-2017 includes an outline of our intended approach to involvement of stakeholders and methodology.
- 2.5 In recognition of the significance of communication and engagement. the Inverclyde Community Justice Transition Group proposed the development of a specific Community Justice Communication and Engagement Strategy (attached paper).
- 2.6 The Community Justice Transition Group also agreed to the formation of a Communication and Engagement sub-group to progress this work stream.
- 2.7 The Communication and Engagement sub-group met for the first time on 17<sup>th</sup> December 2015. The sub-group will develop a programme of activities, appropriate to the various stages required in implementing the new model of community justice.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee note and give comment on the draft Inverclyde Community Justice Communication and Engagement Strategy.

## 4.0 BACKGROUND

- 4.1 The draft Community Justice Bill provides the statutory framework for implementation of the new model of community justice in Scotland.
- 4.2 The new model will enable local strategic planning and delivery of community justice services with a focus on collaboration and involvement at a locality level and with people who use services.
- 4.3 The statutory Community Justice Partners include:
- Local Authorities
  - Health Boards
  - Police Scotland
  - Scottish Fire and Rescue Service
  - Skills Development Scotland
  - Integration Joint Boards
  - Scottish Courts & Tribunal Service
  - Scottish Ministers (Scottish Prison Service)
- 4.4 Inverclyde Community Justice Transition Group includes representation of all of the statutory partners as well as from key third sector organisations including Inverclyde Council for Voluntary Service (Third Sector Interface for Inverclyde), Action for Children and Turning Point.
- 4.5 A mapping exercise focusing on communication and engagement was undertaken by the Community Justice Transition Group that included all community justice partners. This detailed the wide range of communication and engagement activities currently carried out on a regular basis by each respective organisation. There was also agreement by all partners to adopting a co-ordinated approach with regards to promoting community justice.
- 4.6 This approach includes, for example, rolling out a consistent message informing various stakeholders about community justice and what it means for them. To date this has included meeting with individual stakeholder organisations, sharing presentations with partners to communicate information within their own agency and preparing briefings targeting staff that can be communicated in agency newsletters.
- 4.7 A further element is regarding engagement. Partners already employ various means to gather service user feedback and key findings from this will be collated as an initial step to informing a local profile of community justice services, helping to identify gaps and areas for improvement while also highlighting aspects that are working well. It is intended to build on this by, for example, seeking agreement from partners to ask service users if they would agree to a follow-up interview focusing on wider community justice outcomes.
- 4.8 The sub-group will also plan a series of consultation events targeting specific stakeholder groups including young people, community organisations and provider of services, service users, families affected by community justice and local communities. These initial events will lay the foundation of co-production where it will be the future intention to build capacity where stakeholders are involved in decision-making, have an active role in community justice and are supported to develop user-

led forums.

- 4.9 The purpose of a specific Community Justice Communication and Engagement Strategy is to set the building blocks for effective communication and engagement in order to achieve the best community justice outcomes for individuals, families and the communities they live in.
- 4.10 This strategy takes cognisance of the Inverclyde Community Engagement and Capacity Building Network and the Alliance Community Engagement Strategy.

## 5.0 IMPLICATIONS

### FINANCE

- 5.1 The Scottish Government's transition funding allocation of £50,000 to Inverclyde will be used in taking forward the Transition Plan. A Community Justice Lead Officer was appointed in September 2015 and will support the co-ordination of activity and the Community Justice Transition Group. Any further expenditure will require to be contained within the overall budget allocation. As outlined in the Inverclyde Community Justice Transition Plan, there is an expectation that partner resources will be leveraged to support change and local innovation.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### LEGAL

- 5.2 It is anticipated that the Community Justice (Scotland) Bill will be enacted in June 2016. This will provide the legal framework to support the new model.

### HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

### EQUALITIES

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

✓

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## **REPOPULATION**

5.5 There are no repopulation issues within this report.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

## **7.0 BACKGROUND PAPERS**

7.1 Inverclyde Community Justice Transition Plan 2016 – 2017.

Inverclyde Community Justice Transition Group

# Inverclyde Community Justice

Communication & Engagement Strategy

## Contents

Introduction.....	2
Purpose.....	2
<b>Aims.....</b>	<b>2</b>
Principles.....	3
Values.....	3
Approach and Methodology.....	4
Stakeholders.....	5
Monitoring and Evaluation.....	6
References.....	7

DRAFT

## **Introduction**

Central to the new model of Community Justice is local responsibility for strategic planning and delivery of Community Justice services. While the Community Justice Bill details statutory partners, there is also a strong emphasis on wider stakeholder involvement.

A key pillar of the draft Community Justice Bill and the proposed national Community Justice Strategy is Empowering Communities. Sitting in parallel to this is the implementation of the Community Empowerment (Scotland) Act 2015 and the Public Bodies (Joint Working) (Scotland) Act 2014 where community engagement is also key to meeting local outcomes. Within Inverclyde engagement will focus on three wellbeing localities; Inverclyde East, Inverclyde Central and Inverclyde West. Below each Wellbeing Locality there are Wellbeing Communities, followed by Wellbeing Neighbourhoods.

There are a further three additional pillars specified in the proposed national Community Justice Strategy:

- Effective use of interventions.
- Improving access to services.
- Improving partnership, planning and performance.

This Engagement and Communication Strategy will encompass all four pillars.

## **Purpose**

The purpose of this strategy is to set out the building blocks for effective communication and engagement in implementing the new model of Community Justice in order to achieve the best outcomes for individuals, families and the communities they live in.

## **Aims**

- The Inverclyde Community Justice Transition Group will engage effectively at every stage of implementation of the new model of Community Justice with all relevant stakeholder groups.
- The Inverclyde Community Justice Transition Group will communicate key messages in an open, transparent way, promoting understanding and supporting the partnership and collaborative approach which is at the heart of local delivery.

## Principles

The principles employed in both communication and engagement are those outlined in the Inverclyde Alliance Community Engagement Strategy which mirrors the current National Standards for Community Engagement. These include:

1. **Involvement:** we will identify and involve the people and organisations who have an interest in the focus of the engagement.
2. **Support:** we will identify and overcome any barriers to involvement.
3. **Planning:** we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
4. **Methods:** we will agree and use methods of engagement that are fit for purpose.
5. **Working Together:** We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.
6. **Sharing Information:** we will ensure that necessary information is communicated between the participants.
7. **Working with Others:** we will work effectively with others with an interest in the engagement.
8. **Improvement:** we will develop actively the skills, knowledge and confidence of all the participants.
9. **Feedback:** we will feed back the results of the engagement to the wider community and agencies affected.
10. **Monitoring and Evaluation:** we will monitor and evaluate whether the engagement achieves its purpose and meets the national standards for community engagement.

## Values

The values underpinning this strategy include:

- Being open and honest.
- Accessible and inclusive.
- Respectful and listening.
- Being responsive and capacity building.



## Approach and Methodology

The Inverclyde Alliance Single Outcome Agreement 2013-2017 enshrines three pivotal approaches that will be interwoven in progressing community justice in Inverclyde. These include:

1. Community Capacity building and Co-production.

The core values underpinning this are:

- Recognising that people have assets, not just problems.
- Redefining work so that unpaid activities are valued and supported.
- Building reciprocity and mutual exchange.
- Strengthening and extending social networks.

2. Focus on Prevention and Early Intervention.

The Report on the Future Delivery of Public Services (2011) emphasised the need for public services to focus on prevention and early intervention which included a move towards preventative spend.

3. Getting it Right for Every Child, Citizen and Community (GIRFECCC): A Nurturing Inverclyde.

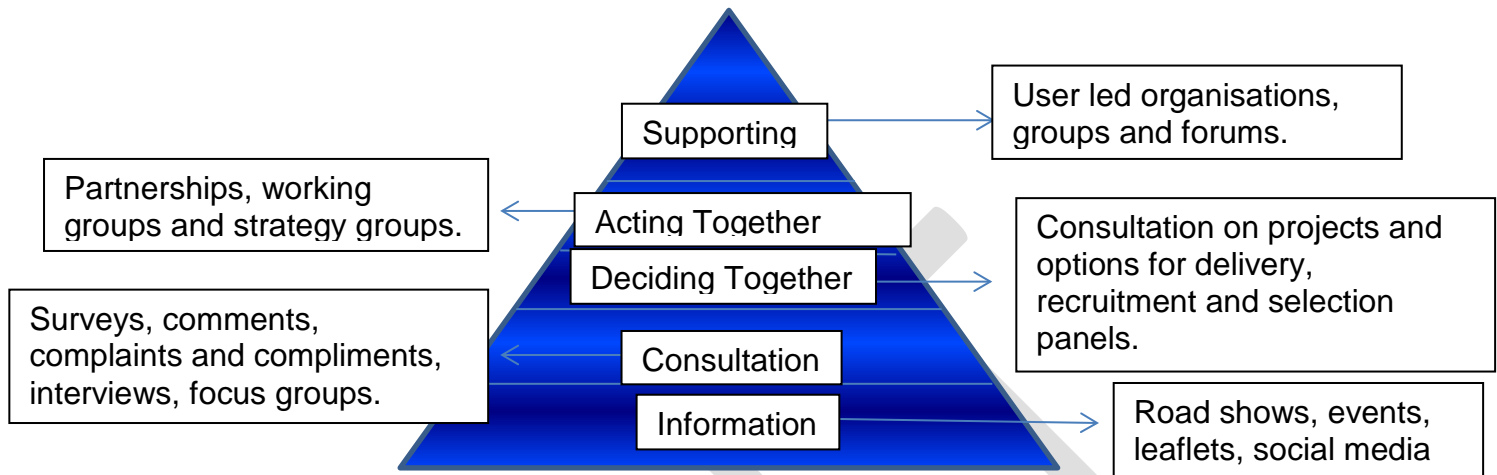
Inverclyde Alliance has applied the GIRFECCC approach and has adapted the wellbeing outcomes as a whole population approach.

Underpinning these three approaches will be an asset-based standpoint that:

- Sees people as the answer.
- Starts with the assets and resources in a community.
- Helps people take control of their lives.
- Sees people as having something valuable to contribute.
- Focuses on communities, neighbourhoods and the common good.
- Invests in people as active participants.
- Identifies opportunities and strengths.
- Supports people to develop their potential.

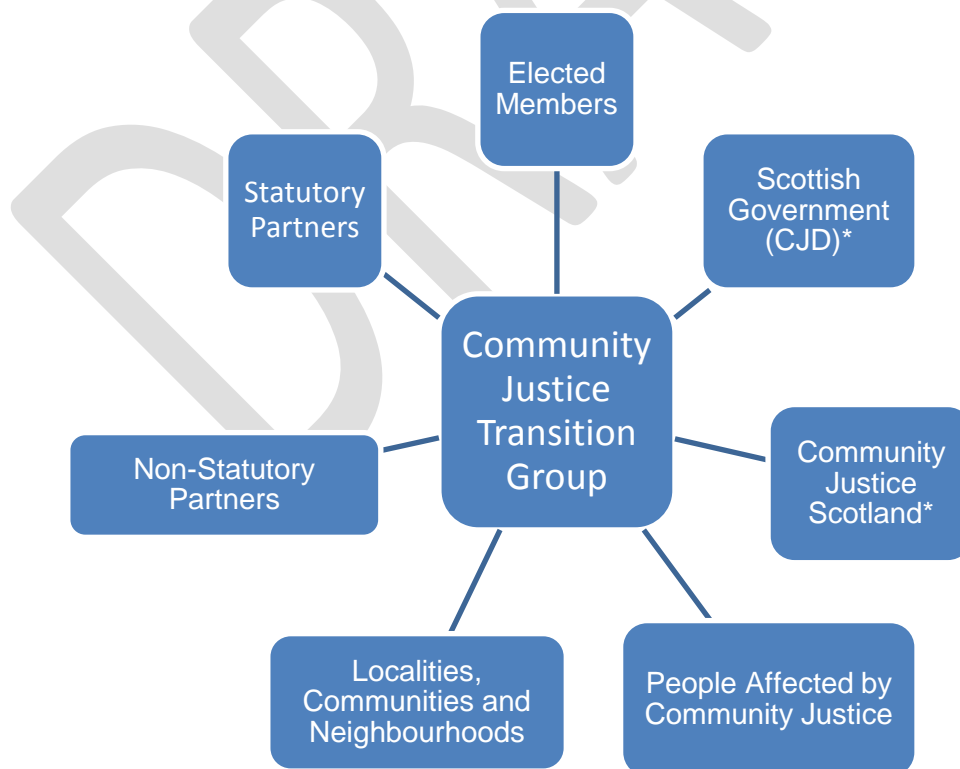
*Glasgow Centre for Population Health (2012).*

The diagram below encapsulates the five levels of involvement and the methods used in each. The placement of each in the triangle symbolises the number of people involved at each level. For example, information would be provided to people across a community, whereas there may only be a few people needing support as part of a user led group.



## Stakeholders

The diagram below illustrates the wide range of stakeholders involved in Community Justice.



\*The Scottish Government Criminal Justice Division currently has a lead role in developing the new Community Justice model at a national level. One aspect of this is the establishment of Community Justice Scotland which will be fully operational by 1<sup>st</sup> April 2017 and who will have leadership responsibility for the new model.

## Monitoring and Evaluation

The Community Justice Transition Group will lead and agree on an annual Community Justice Engagement and Communication Plan detailing all proposed activity for that year. Progress of this will be presented to the Community Justice Transition Group on a quarterly basis. This will include feedback from activities; observations made from these and consultation results. Learning from these activities will inform improvement and strategic planning priorities.



## References

*Community Justice (Scotland) Bill*, (2015), Scottish Government

*Community Empowerment (Scotland) Act 2015*, Scottish Government

*Public Bodies (Joint Working) (Scotland) Act 2014*, Scottish Government

*Inverclyde Alliance Community Engagement Strategy*, (2009)

*Inverclyde Alliance Single Outcome Agreement 2013 - 2017*

*National Standards for Community Engagement*, (2005), Scottish Executive

*Putting Asset Based Approach into Practice: Identification, Mobilisation and Measurement of Assets*, (2012), Briefing Paper 10, Concepts Series, Glasgow Centre for Population Health

DRAFT

**Report To:** Health & Social Care Committee      **Date:** 25<sup>th</sup> February 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social  
Care Partnership (HSCP)      **Report No:** SW/16/2016/SMcA

**Contact Officer:** Sharon McAlees Head of  
Children's Services and Criminal  
Justice      **Contact No:** 715282

**Subject:** CHILDREN AND YOUNG PEOPLE (SCOTLAND) ACT 2014

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the duties and responsibilities outlined within the Children and Young People (Scotland) Act 2014 and the progress of implementation in respect of Parts 3, 4, 5, 9, 10, 11, 13 and 14 of the Act.

## **2.0 SUMMARY**

- 2.1 The Children and Young People (Scotland) Act 2014 is the most significant legislation in respect of children since the Children (Scotland) Act 1995 and it sets out the legislative basis for ensuring that Scotland becomes the best place in the world for children to grow up.
- 2.2 Part 3 of the Act extends the statutory duty on Local Authorities and Health Board to produce a three yearly Children's Service Plan.
- 2.3 Parts 4 and 5 of the Act seek to embed the elements of Getting it Right For Every Child (GIRFEC) by ensuring there is a single point of contact for every child through the introduction of the Named Person, that there is a single planning processes for children who require additional support and that there is a holistic understanding of wellbeing.
- 2.4 Part 9 of the Act sets out a clear definition of Corporate Parenting specifying which agencies are corporate parents and the requirement to implement a Corporate Parenting Plan
- 2.5 Parts 10 and 11 set out the extension of the continuity of care and support to looked after and accommodated young people and care leavers. Young people born after 1<sup>st</sup> April 1999 who have left care will be entitled to After Care until their 26<sup>th</sup> birthday and those looked after in foster, residential or kinship care will be entitled to a continuing care placement until their 21<sup>st</sup> birthday.
- 2.6 Part 13 of the Act seeks to increase and extend eligibility to kinship allowances for certain categories of kinship carers in conjunction with parity of allowance with foster carers.
- 2.7 Part 14 of the Act brings the Scottish Adoption Register within a legislative framework along with the requirement of local authorities to register children requiring adoptive placements.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the scale and significance of the duties and responsibilities outlined within the Children and Young People (Scotland) Act in terms of the delivery, the development and implementation of processes and systems that facilitate compliance with the legislation.
- 3.2 That an annual report be submitted to the Committee.

## **4.0 BACKGROUND**

### **4.1 Part 3 (Children's Service Planning)**

There is a statutory duty on the local authority in consultation with the Health Board and other agencies to produce a three yearly Children's Service Plan. The Act extends the duties in relation to Children's Service Planning with extensive provision which regulates the aims, process of development, implementation and review. The plan must cover all children's services and what is referred to as related services. These services are not strictly children's services however they are capable of having a significant impact on the safety and wellbeing of children; this would include Police, Fire and Court Services.

4.2 Children's Service Plans must be developed with the aim of ensuring children's services are delivered in a way that safeguards and promotes wellbeing. This includes ensuring appropriate, proportionate and preventative integrated responses which make best use of resources.

### **4.3 Part 4 ( Named Person)**

The Act is rooted in the GIRFEC approach, and puts a number of key elements into statute, including the Named Person and the Child's Plan. The Act sets out the duty to make the Named Person service available.

4.4 The Act sets out the responsibilities of health boards to make the Named Person service available to children in their area from birth until school age, or school entry, and across Inverclyde the health visitor will carry out the functions of the named person. The local authority will be the responsible authority in the majority of cases for children from age five, or school entry, until their 18th birthday and states how the Named Person service should continue to be available for young people who remain on a school roll beyond their 18th birthday.

4.5 The Named Person service must be available as an entitlement and currently there are various work streams across Inverclyde children's service working to support the integration of named person functions into established services for children, young people and families (for example, health visiting services, pupil support or pastoral care in primary and secondary schools).

### **4.6 Part 5 (Child's Plan)**

The aim of Part 5 of the Act is to improve outcomes in relation to children's wellbeing by ensuring that a statutory plan –called the Child's Plan –is prepared for every child who needs one. The Child's Plan will form the basis of a single planning framework which will be able to incorporate elements of the plans that are required under other legislation. This includes Looked After Children (LAC) plans and pathway plans under the 1995 Act, and coordinated support plans (CSP) under the 2004 Act, and also the non-statutory child protection plan that is described in the National Guidance for Child Protection in Scotland (2014). The statutory and non-statutory requirements to consider, prepare, deliver and manage these existing plans remain in place but should be incorporated into the Child's Plan framework.

4.7 The GIRFEC implementation group have developed an Inverclyde service delivery model to support the streamlining of all planning process. The service delivery model will ensure that a single planning framework operates across children's services in Inverclyde to make good use of resources and avoids unnecessary duplication for the child, their parents, and practitioners.

4.8 **Part 9 (Corporate Parenting)** came into effect on April 2015 and outlines a duty for corporate parents to collaborate with one another to safeguard or promote the wellbeing of a looked after child or care leaver. As evidenced by the wide array of different Corporate Parents included in schedule 4 of the Act, it is recognised that in

addition to local authorities, many organisations and agencies have important roles to play in securing the wellbeing of looked after children, young people and care leavers.

- 4.9 The inclusion in Part 9 of the duty to collaborate reflects the reality that safeguarding and promoting the wellbeing of looked after children and care leavers (or, in other words, improving their lives) cannot be done by working in isolation. If we want to improve outcomes for children and families we must join forces with other corporate parents, and pool resources, in co-ordinated and collective effort.
- 4.10 The HSCP has worked in partnership with CELCIS to develop our Corporate Parenting Plan. A consultation event took place in December 2015 with other Inverclyde corporate parents in conjunction with Inverclyde's commitment to the Scottish Care Leaver Covenant.
- 4.11 The continued implementation and fulfilment of corporate parenting duties will require a clear structure leadership and governance and as outlined in a previous report this can be achieved by the establishment of a Corporate Parenting Board who will have clear oversight of the plan and its delivery.
- 4.12 **Part 10 (Aftercare)** of the Act came into effect on April 2015 and increases the upper age from the 21st to the 26th birthday by which care leavers, born after 1<sup>st</sup> April 1999, can request and receive ongoing advice, guidance and assistance. In doing so the legislation acknowledges that for many care- experienced young people, ongoing positive support is vital and necessary to ensure they have the opportunities to make positive sustained transitions into adulthood. Part 10 of the Act includes a duty on local authorities to report the death of any young person in the receipt of Aftercare.
- 4.13 **Part 11 (Continuing Care)** came in to effect April 2015 and describes a new duty on local authorities to provide young people, born after 1<sup>st</sup> April 1999, whose final placement was 'away from home' with a continuation of the kinds of support they received prior to their ceasing to be looked after (including accommodation in a 'looked after' placement). The aim of this provision is to provide our looked after children with a more graduated transition out of care.
- 4.14 It has long been the practice In Inverclyde, particularly within residential units, to ensure a seamless transition from care and young people where need has been identified are supported to remain in placement. The challenge on a local level will be the availability of local placements. It was previously agreed that Inverclyde local residential provision would reduce to three purpose built units with capacity for six young people within each. Kylemore is complete and the replacement Neil St and Crosshill are scheduled for 2016 and 2017.
- 4.15 The legislation allows for certain exemptions for local authorities in providing continuing care. These include where the accommodation the young person ceased to be looked after in was secure care, the foster carer has indicated that they are unable to continue to provide the placement or where the local authority deems that providing the care would significantly affect the welfare of the young person.
- 4.16 **Part 13 ( Kinship Care)** comes into effect March 2016 and will increase and extend eligibility to kinship allowances for certain categories of kinship carers including parity of allowance in line with fostering rates. The implications of this area of legislation were subject of a report to the Health & Social Care Committee in January 2016. As of 1<sup>st</sup> October 2015 all assessed and approved kinship carers are receiving the equivalent rate of fostering allowance minus any child benefit and tax credit payments.
- 4.17 **Part 14 (Adoption Register)** From March 2016 there will be a legal requirement for all children who require adoptive placements to have their details placed on the Scottish Adoption Register within 12 weeks of being formally registered for



permanency. Adopters who have been assessed and approved will also have their details placed on the Adoption Register within 12 weeks. Whilst the overall intention is to increase matching opportunities for children there are financial implications as some local authorities charge for adoptive placements £13,000 per child and independent and voluntary organisations charge up to £27,000 per placement. Inverclyde historically has not charged for providing adoptive placements and has worked in partnership with neighbouring authorities on a no fee basis. The social demographics of Inverclyde is likely to result in more children requiring placement than availability of approved Inverclyde adopters.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

The funding received to date is £251,000 and this was specified for Parts 10,11 and 13 of the Children and Young People Act 2014.

However given the fluidity of looked after and accommodated young people the full implications for future years is still being assessed .

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
02564		2015/16	£103,000		Continuing Care
			£68,000		Aftercare
			£16,000		Change in Aftercare eligibility
			£58,000		Kinship
			£6,000		GIRFEC

Annually Recurring Costs/ (Savings)

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

### LEGAL

5.2 This report outlines the implications of the legislative requirements contained within the Children and Young People ( Scotland ) Act 2014

### HUMAN RESOURCES

5.3 There are/are no human resources issues within this report.

## **EQUALITIES**

5.4 There are/are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## **REPOPULATION**

5.5 There are/are no repopulation issues within this report.

## **6.0 CONSULTATION**

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

## **7.1 BACKGROUND PAPERS**

7.1 Children and Young People (Scotland) Act 2014.

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**Report To:** Health & Social Care Committee    **Date:** 25<sup>th</sup> February 2016

**Report By:** Brian Moore  
Corporate Director (Chief  
Officer)  
Inverclyde Health and Social  
Care Partnership (HSCP)    **Report No:**  
SW/18/2016/SMcA

**Contact Officer:** Sharon McAlees  
Head of Children's Services  
and Criminal Justice    **Contact No:** 715282

**Subject:** CHILD SEXUAL EXPLOITATION

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the progress in relation to the work of the Child Sexual Exploitation Strategic group.

## 2.0 SUMMARY

- 2.1 The Scottish Government published *Scotland's National Action Plan to Tackle Child Sexual Exploitation* in November 2014. This action plan reflected the issues raised in the Scottish Parliament's Public Petitions Committee inquiry into CSE and sets out 41 actions for Scottish Government, Child Protection Committees, third sector organisations and the Care Inspectorate.
- 2.2 Inverclyde Child Protection Committee (CPC) monitors national developments and has taken forward a proactive approach through the CSE strategic Working Group which was established in April 2015. The CSE strategic Working Group has developed and continues to progress an Inverclyde wide work plan based around core themes of: Prevention, Invention, Recovery and Disruption.
- 2.3 The CSE Working Group finalised its work plan in April 2015 and developments to date include:
- Devised and delivered a series of staff training including foster carers and kinship carers. Further plans for training for the night time economy is planned.
  - Locally developed CSE public awareness campaign to complement the National campaign.
  - CPC annual conference planned for 2016 will be on the theme of CSE, key note speakers have been identified for the conference.
  - National /Local developments for education for young people.
  - Established a local multiagency CSE operational group.
  - Mapping of recovery services available across Inverclyde & GGC referral pathways; types of support services and identified gaps to assist in the support provided to young people at the right time.

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Health and Social Care Committee

1. Notes the on-going work of the Child Protection Committee and the Child Sexual Exploitation Working Group and the success of the local delivery of the local action plan and the range of on-going work across a wide range of organisations.
2. Receives regular updates on progress on the work to tackle Child Sexual Exploitation by the Child Protection Committee and Child Sexual Exploitation Strategic Working Group.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

Child Sexual Exploitation has been a key priority for Inverclyde's Child Protection Committee. In April 2015 the committee agreed to take forward a proactive approach to tackling Child Sexual Exploitation locally through a comprehensive multiagency action plan. In April 2015 the Child Sexual Exploitation Strategic Group was established and has been progressing aspects of the action plan. Core areas of the action plan are centred on the various themes associated with CSE strategy: Prevention, Intervention, Recovery and Disruption.

### 4.1 Prevention

The group has developed Staff training based on the Barnardos training material and successfully delivered a series of initial training programmes to staff across Inverclyde. In addition to staff training, Barnardos Scotland was asked to design and deliver 3 specific briefings for carers including Kinship Carers, Permanent Carers and Foster Carers on behalf of Inverclyde's Child Protection Sexual Exploitation Strategic Group.

4.1.2 Child Sexual Exploitation will be the theme for Inverclyde Child Protection Committee's annual conference in Feb 2016; this will also coincide with the national and local awareness campaign. This will be a two stage campaign, with the initial phase promoting the national campaign across Inverclyde and the local campaign highlighting the risks of CSE beyond online / mobile phone risks which are the focus of the national campaign.

4.1.3 The Scottish Government campaign is a four week marketing campaign from 28 January 2015 to raise awareness of what child sexual exploitation (CSE) is, improve public understanding and empower those with concerns to act upon them. The national campaign will comprise a new TV advert supported by outdoor and digital advertising, a new website and PR activity.

4.1.4 The main campaign messages are:

- Child sexual exploitation is happening to girls and boys across Scotland.
- It takes many forms and can happen online as well as offline.
- It can take place on a one to one basis between a victim and an offender as well as in organised groups.
- It can happen to young people from secure, loving homes as well as more vulnerable young people such as those in care.
- We all have a role to play in helping to keep young people in Scotland safe.

4.1.5 In addition to the enhancement of the preventative strategy, discussions are underway with Education Scotland to adopt the NHSGGC healthy relationships curriculum pack anticipated nationally and this will include an update to include more on CSE. Inverclyde will provide support to the developments at a national level to incorporate Child Sexual Exploitation into the Mentors in Violence Prevention (MVP) peer education project.

4.1.6 Inverclyde's action plan includes the targeting of the night time economy; much work has been done nationally on trying to understand the impact of the night time economy on prevention of potential signs of child sexual exploitation. The Night Time Economy (NTE) is a complex issue to tackle as it involves a broad range of agencies to deal with the impact on personal safety and health & wellbeing.

The subgroup of the strategic group will explore the options for this work based on learning from pilot projects in other areas.

### 4.2 Intervention

Under the direction and governance of the CSE strategic group, a proposal was agreed and recently operationalised to implement an Inverclyde Vulnerable Young Persons Operational Group.

#### 4.2.1 The purpose of the Group is to:

- Identify those who are of heightened concern due to missing episodes and/or who are at risk of being sexually exploited or exploited in any other way.
- Address the risks associated with victims, perpetrators and locations by proactive problem solving
- Work collaboratively to ensure the safeguarding and welfare of children and young people who are of heightened concern due to missing episodes and/or who are being or are at risk of being sexually exploited or exploited in any other way.
- Consider the current risk assessment and plan for any identified young person
- Develop a shared picture of intelligence on all threats
- Provide early intervention to reduce the harm posed to young people
- Ensure relevant and timely access for young people to appropriate supports including health services.

4.2.2 The Group has been established on a partnership basis and is victim focused. It will not however duplicate or replace the functions of statutory child protection or child in need processes in relation to individual children. The group has recently formed, and to date discussed a small number of cases where CSE risk factors have been identified.

#### 4.3 **Recovery**

Work around this area has mainly focused on developing a support document for workers that incorporates a pathway flowchart, outlining of levels of support and the mapping of local services. The pathway flowchart is being reviewed by the strategic group to ensure it reflects best practice and local GIRFEC and IRD processes.

#### 4.4 **Disruption**

Local Police developments around diversion and prosecution will include a tactical plan produced by Police Hub at Renfrewshire. This has been approved by the CSE Strategic group.

### 5.0 **IMPLICATIONS**

#### **FINANCE**

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

**LEGAL**

- 5.2 This report outlines the implications of the legislative requirements in respect of Child Sexual Exploitation contained within the Children and Young People ( Scotland ) Act 2014

**HUMAN RESOURCES**

- 5.3 There are no human resources issues within this report.

**EQUALITIES**

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

**REPOPULATION**

- 5.5 There are no repopulation issues within this report.

**6.0 CONSULTATION**

- 6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Inverclyde Child Protection Committee.

**7.0 BACKGROUND PAPERS**

- 7.1 None.

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>25<sup>th</sup> February 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/17/2016/SMcA</b>
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Children's Services and Criminal Justice</b>	<b>Contact No:</b>	<b>715282</b>
<b>Subject:</b>	<b>SOCIAL WORK SERVICES SINGLE AGENCY CHILD PROTECTION PROCEDURES</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the duties and responsibilities outlined within the updated Social Work Services Single Agency Child Protection Procedures.

## **2.0 SUMMARY**

- 2.1 The current update in Social Work Services Single Agency Child Protection procedures is to align them with the Getting It Right for Every Child (GIRFEC) approach, and its implementation through the Children and Young People (Scotland) Act 2014. This is a significant piece of legislation that introduces the role of the Named Person and the Lead Professional.
- 2.2 These procedures have been considered and agreed by Inverclyde Child Protection Committee.
- 2.3 These procedures offer a framework for good professional practice and outline actions that might be taken in child protection work. The procedures clearly outline the response to child protection concerns in line with the GIRFEC approach, which will always have social work services as the Lead Professional.
- 2.4 The procedures aim to ensure that social work staff are clear about what is expected of them, gives guidance with regard to who does what, in what order, when and to what standard. They highlight the importance of social work services collaborating with other agencies throughout the entire process. They also give strong support to staff operating in an area of work that demands a high level of skill, professional commitment, and which is characterised by stress.
- 2.5 The role of managers in the provision of clear guidance, effective supervision and support in child protection work is highlighted clearly, and particularly in ensuring that it is given the highest priority over all other workload commitments within the HSCP.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Health and Social Care Committee note the duties and responsibilities outlined in the Social Work Services Single Agency Child Protection procedures.



**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## **4.0 BACKGROUND**

- 4.1 The current update in Social Work Services Single Agency Child Protection procedures is to align them with the Getting It Right for Every Child (GIRFEC) approach, and its implementation through the Children and Young People (Scotland) Act 2014. This is a significant piece of legislation that introduces the role of the Named Person and the Lead Professional.
- 4.2 These procedures offer a framework for good professional practice and outline actions that might be taken in child protection work. The procedures clearly outline the response to child protection concerns in line with the GIRFEC approach, which will always have social work services as the Lead Professional.
- 4.3 The procedures aim to ensure that social work staff are clear about what is expected of them, gives guidance with regard to who does what, in what order, when and to what standard. They highlight the importance of social work services collaborating with other agencies throughout the entire process. They also give strong support to staff operating in an area of work that demands a high level of skill, professional commitment, and which is characterised by stress.
- 4.4 The role of managers in the provision of clear guidance, effective supervision and support in child protection work is highlighted clearly, and particularly in ensuring that it is given the highest priority over all other workload commitments within the HSCP.
- 4.5 The response to child protection concerns is legislated through the Children (Scotland) Act 1995 and the Children's Hearings (Scotland) Act 2011. It places a role on the local authority to safeguard and promote the welfare of children in need in their area and outlines their duty to make enquiries into the circumstances of children and young people, and provide information to protect them from harm.
- 4.6 The Social Services Council (SSSC) outlines the role of the registered social worker. It states that where children are in need of protection and/or are in danger of serious exploitation or significant harm, a registered social worker will be accountable for:
  - Carrying out enquiries and making recommendations where necessary as to whether or not the child/young person should be the subject of compulsory protection measures;
  - Implementing the social work component of a risk management plan and taking appropriate action where there is concern that a multi-agency plan is not being actioned; and
  - Making recommendations to a Children's Hearing or court as to whether the child should be accommodated away from home.

## **5.0 IMPLICATIONS**

### **FINANCE**

5.1 Financial Implications:

Training costs as part of staff member's continuous professional development are part of the HSCP Training Plan.

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

Annually Recurring Costs/ (Savings)

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

**LEGAL**

5.2 There are no legal issues within this report.

**HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

**EQUALITIES**

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>
<input type="checkbox"/>

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 strategy. Therefore, no Equality Impact Assessment required.

**REPOPULATION**

5.5 There are no repopulation issues within this report.

**6.0 CONSULTATION**

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

**7.0 BACKGROUND PAPERS**

7.1 Social Work Services Single Agency Child Protection Procedures.

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**Report To:** Health and Social Care Committee    **Date:** 25<sup>th</sup> February 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:**  
SW/19/2016/SMcA

**Contact Officer:** Sharon McAlees Head of  
Children's services and Criminal  
Justice    **Contact No:** 715282

**Subject:** SOCIAL WORK SERVICES SUPERVISION POLICY

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the updated supervision policy for social work service staff in Inverclyde that meets the obligations of the Scottish Social Services Council (SSSC) and the HSCP.

## 2.0 SUMMARY

- 2.1 The policy sets out the standards for supervision for the social work services workforce in Inverclyde.
- 2.2 It builds upon the previous supervision policy and has been updated with contributions from a social work service staff questionnaire, a Social Work Supervision Group involving practitioners from across the HSCP, and the Practice and Care Governance Group.
- 2.3 It recognises the integrated nature of the delivery of social work services and the priority of the HSCP that a valued, confident and competent social work service workforce is essential, if services of a high standard are to be delivered to the people of Inverclyde.
- 2.4 The Supervision Policy will be launched on the 15<sup>th</sup> March 2015 at World Social Work Day. This is significant as the values and principles of our policy are akin to what this day represents, namely communities thrive when the dignity and rights of all peoples are respected. This is the vision of Getting It Right for Every Child, Citizen and Community.

## 3.0 RECOMMENDATIONS

- 3.1 That the Health and Social Care Committee note the significance of the duties and responsibilities outlined in the HSCP Supervision Policy.

**Brian Moore**  
Corporate Director (Chief Officer)  
Inverclyde HSCP

## **4.0 BACKGROUND**

- 4.1 Inverclyde HSCP's vision is to promote an excellent service delivered by a skilled and valued workforce who work with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.
- 4.2 It is a generic supervision policy that has been developed with a view to achieving high level outcomes through an outcome focused framework. It sets a minimum standard of professional development that promotes consistency across the HSCP, giving opportunity for each service to individualise their strategic goals and plans.
- 4.3 It ensures that all social work staff within the HSCP have equitable access to good quality, effective supervision, while taking account of the different working environments. The policy promotes two models: 1 to 1 model of supervision, and group supervision, with complementary processes. This reflects the level of complexity of work undertaken, the context in which the supervisor and supervisee work together and the stages of staff members' professional development.
- 4.4 It supports a set of standards within supervision practice. As well as giving a clear message to staff about what to expect within supervision, these standards are key to supporting and developing the skills, knowledge and values of all social work staff within the HSCP staff and inform the performance management process that also seeks to achieve better outcomes for people who use the service. It is the line manager's responsibility to ensure these standards are upheld and involve the following areas:
- Each member of staff will have a supervision agreement
  - This will be reviewed annually, along with the appraisal
  - Each supervision session will be formally recorded
  - Each member of staff will have a Personal Development Plan, which will be reviewed annually through the appraisal process
- 4.5 It accords with the Social Services Council (SSSC) Code of Practice for Employers of Social Service Workers which outlines the expectations to have written policies and procedures in place to include the following standards:
- Effectively managing and supervising of staff to support effective practice and good conduct and supporting staff to address deficiencies in their performance
  - Having systems in place to enable social service workers to report inadequate resources or operational difficulties which might impede the delivery of safe care .
  - Managing the performance of staff and the organisation to ensure high quality services and care.

## **5.0 IMPLICATIONS**

### **FINANCE**

## 5.1 Financial Implications:

Training costs to support implementation are being negotiated , however any costs will be contained within existing budgets.

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

Annually Recurring Costs/ (Savings)

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

## LEGAL

5.2 There are no legal issues within this report.

## HUMAN RESOURCES

5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## REPOPULATION

5.5 There are no repopulation issues within this report.

## 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Staff Practitioners Forum.

## 8.0 BACKGROUND PAPERS

8.1 None.

# Inverclyde HSCP Supervision Policy

DRAFT

## *Forward*

*Our vision is to promote an excellent service delivered by a skilled and valued workforce who work with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.*

*This is a generic supervision policy for social service staff in the HSCP. It has been developed with a view to achieving high level outcomes through an outcome focussed framework. It sets a minimum standard of professional development that promotes consistency across the HSCP, giving opportunity for each service to individualise their strategic goals and plans.*



## 1. Introduction

- 1.1** This policy sets out the standards for supervision for the social work services workforce in Inverclyde. It builds upon the previous supervision policy and has been updated with contributions from a social work service staff questionnaire, a Social Work Supervision Group involving practitioners from across the HSCP, and the Practice and Care Governance Group. This recognises the integrated nature of the delivery of social work services in Inverclyde and the priority of Inverclyde HSCP that a valued, confident and competent social work service workforce is essential, if services of a high standard are to be delivered to the people of Inverclyde.
- 1.2** Changing Lives: Practice Governance Framework (Scottish Government, 2011) states that *reflective practice, coupled with an environment which promotes wellbeing, a healthy work-life balance and appropriate accountability, supports improving practice and on-going professional development* to deliver improved outcomes for service users through evidence informed and value based practice.
- 1.3** The Scottish Social Services Council places a clear responsibility on agencies and on individual practitioners to promote practice within a competency framework. This requires that each individual worker must demonstrate not only evidence informed practice but also continuous professional development. It also places a responsibility on employers to provide supervision for staff.

## 2. Purpose of Supervision

- 2.1** Inverclyde HSCP prioritises supervision at all levels in the organisation, in order that it develops a learning culture that achieves good outcomes for service users, carers and staff. It reflects the core commitment to reflective practices, and accountable decision making.
- 2.2** Inverclyde HSCP recognises the parallel process of staff supervision and work with service users and carers. Supervision is based on the principles of outcome focussed practice, which identifies the role of the staff member, who then works with individuals to develop strengths and solutions towards addressing wellbeing needs.
- 2.3** Outcome focussed supervision confirms the role of a supervisor, who is given responsibility by the HSCP to work with a supervisee. Its purpose is to identify strengths and skills to be outcome focussed in their work. This is based on organisational, professional and personal objectives that are in line with the values,

ethics and principles underpinned by all the regulatory bodies that support social work service staff, within the HSCP.

**2.4** Supervision within Inverclyde HSCP is based on the following principles:

- Supervision should be centred on achieving better outcomes for service users and carers
- Supervision should promote and evidence accountable practice by supporting staff to reflect on, analyse and evaluate their practice
- Supervision should establish clear practice roles and responsibilities to manage the emotional impact of their work
- Supervision should build capacity for development and improvement (1)

### **3. Models of Supervision**

**3.1** To ensure that all staff within the HSCP have equitable access to good quality, effective supervision, this policy takes account of the different working environments. This policy promotes two models: 1 to 1 model of supervision, and group supervision, with complimentary processes. This reflects the level of complexity of work undertaken, the context in which the supervisor and supervisee work together and the stages of staff members' professional development.

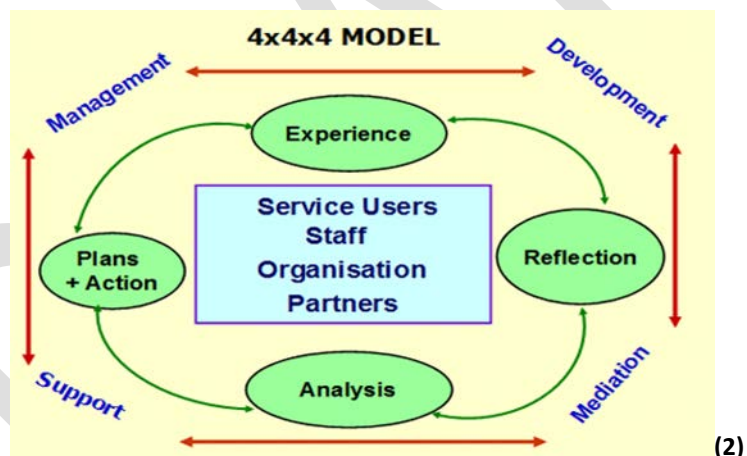
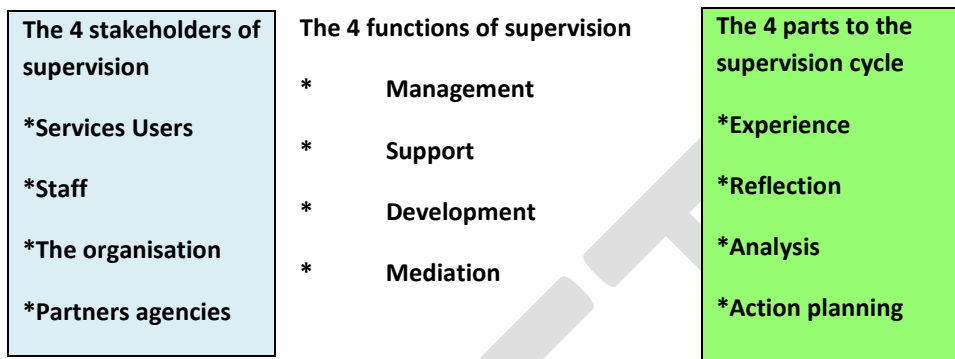
**3.2** All staff within the HSCP will receive a minimum frequency of supervision (see appendix 1).

**3.3** Both models of supervision are based on the four key principles, and in many cases staff may benefit from participating in more than one model.

**3.4** The models of supervision are based on those developed by Tony Morrison and provide a framework which supports both models of supervision in this policy. His integrated 4x4x4 model of supervision is well established within Inverclyde HSCP social work staff and is explained below.

(1) Reference has been made to Stirling Council Supervision and Practice Development Planning Policy Guidance

This focuses on the interrelationship between:



**3.5** This framework sees supervision as a process that integrates the managerial function of supervision, with a focus on analytical and value based reflective learning to improve outcomes for service users, while being grounded by professional and organisational accountabilities.

(2) Morrison, T (2005) Staff Supervision in Social Care. Brighton: Pavillion.

**3.6** At the heart of this framework, is the recognition of a professional relationship within supervision, has a power dynamic which relates to the supervisor/supervisee relationship and the relationship between the service and the service user. The foundation for supervision rests on the worker being clear about their purpose and role, with the supervisor assessing, planning and developing the practitioner's skills, knowledge and building their confidence both at an intellectual, emotional and practice level. This take place through reflective learning that has a strong value, with:

- Role clarity
- Role security
- Empathy
- Assessment
- Partnership
- Planning
- Coaching/Intervention (3)

**3.7 One to One Supervision** (4) is a formal, pre-arranged and contracted process between supervisee and supervisor where the principles of supervision are achieved within an individual relationship, confidential setting and protected space. This aligns well with practitioners working in a case work model. The supervisor will be the supervisee's line manager.

The benefits of this supervision are:

- Protected time and focus for the individual practitioner
- A safe place for thinking and working through complex practice with a focus on direct work with service users and carers
- An opportunity for the line-manager to give attention to the quality of work, including issues of confidentiality and formal decision making
- An opportunity for the practitioner to initiate and direct their own learning process
- The development of a one to one relationship which allows modelling of relationships with service users

(3) Morrison, T (2005) Staff Supervision in Social Care. Brighton: Pavillion.

(4)SSSC Step Into Leadership [www.stepintoleadership.info/assets/pdf/one-to-one\\_supervision.pdf](http://www.stepintoleadership.info/assets/pdf/one-to-one_supervision.pdf)

**3.8 Group Supervision** is a formal, pre-arranged process that is agreed by all participants. It involves the use of a group setting to enable members to reflect on their work and, by pooling their skills, experience and knowledge, to improve both individual and group capacity. The supervisor acts as a resource for the group either as a facilitator or a *useful informant* with others taking responsibility for facilitation. It aligns, but not exclusively to a group care setting.

The benefits of this supervision are:

- It is an open, supportive environment for collaborative or experiential learning
- A safe place for sharing, reflecting and building examples of good practice
- It provides broad opportunities and policy/practice developments to discuss service standards
- It reflects the model of group and collaborative practice with partner agencies

**3.9** All staff in the HSCP will receive a minimum frequency of supervision delivered in one of the two ways above.

## **4 Procedures to Achieve Practice Standards (5)**

To support the achievement of the key principles of supervision, Inverclyde HSCP has agreed a set of standards within supervision practice. As well as giving a clear message to staff about what to expect within supervision, these standards are key to supporting and developing the skills, knowledge and values of all HSCP staff and inform the performance management process that also seeks to achieve better outcomes for people who use the service. It is the line manager's responsibility to ensure these standards are upheld and involve the following areas:

- Each member of staff will have a supervision agreement
- This will be reviewed annually, along with the appraisal
- Each supervision session will be formally recorded
- Each member of staff will have a Personal Development Plan, which will be reviewed annually through the appraisal process

(5) This procedure is informed by Stirling Council Supervision and Practice Development Planning Policy Guidance, SSSC Step Into Leadership [www.stepintoleadersip.info/assets/pdf/one-to-one\\_supervision.pdf](http://www.stepintoleadersip.info/assets/pdf/one-to-one_supervision.pdf), Reference - NHS Greater Glasgow and Clyde Partnership Nurse Clinical Supervision Policy and Framework, NMC Standards for Competence (2010) and Action12 of Rights, Relationships and Recovery Refreshed Action Plan 2010

## The Supervision Agreement

The purpose is for the supervisee and supervisor to discuss, agree and record what they want to achieve from the supervision process.

### The principles are:

- Achieving better outcomes for service users

You should discuss and agree how the agenda and focus of supervision sessions will be centred on service users and carers. For instance, how your discussion of practice will identify progress in effecting change and address barriers to achieving planned outcomes. You should also agree how the use of observation of practice and feedback from service users and carers can verify the quality of service delivered, progressed and identify future focus.

This opens up a discussion with service users and carers to identify wellbeing concerns and ways to improve outcomes. This involves 3 areas:

- Process change – the outcomes that individuals experience through obtaining and using services and supports
- Change outcomes – this relates to time limit improvements that have been discussed between service users, carers and services
- Quality of outcomes – the activities that are working to support and achieve wellbeing outcomes (6)

- Promoting and evidencing accountable practice

You should discuss and agree how you will together use supervision to monitor and promote the supervisee's responsibility for their practice and decisions. How the supervisor will promote autonomy, whilst ensuring practice is evidence informed and adheres to service standards. How the supervisee will be enabled to give feedback on their experience of supervision. You should also agree how decisions relating to services users, and the supervisor's role in this, are recorded in case records. This is a joint responsibility to ensure that the views of service users are explicitly referenced in supervision on a frequent basis and is then reflected upon through practice.

(6) Barrie, K and Miller, E (2015) Meaningful and Measurable: Developing Approaches to the Analysis and Use of Personal; Outcomes Data

- Establishing clear practice roles and responsibilities

You should discuss and agree how you will together use supervision to support the supervisee's understanding of their role and responsibilities within the team and organisation. How you will use the job description, team plan and service plan to inform supervision and how you will support collaborative and multi-disciplinary working. Induction and practice development planning should support this. A toolkit is being developed to assist this process.

- Building capacity for development and improvement

You should discuss and agree how you will together use supervision to promote individual and organisational learning. You should agree how supervision will support the supervisee to analyse their practice and identify examples of good practice, to share with others and contribute to wider learning. You should describe how the supervision process will inform and be informed by the supervisee's practice development plan and the service plan. You may also link this section to the first principle, agreeing how constructive feedback will be provided and used e.g. within observation of practice; practice audit and feedback from service users and carers.

### Supervision Process

- Complimentary to Supervision (7)

The two core models of supervision have been outlined and are the minimum standard of its delivery. There are instances where complimentary processes may sit alongside these two models. They enable the supervisee to fully engage in a range of learning opportunities to promote their professional development. Those promoted by the HSCP are as follows, and include practice examples:

(7) SSSC Step Into Leadership [www.stepintoleadersip.info/assets.pdf/one-to-one\\_supervision.pdf](http://www.stepintoleadersip.info/assets.pdf/one-to-one_supervision.pdf)

**Mentoring** is a developmental process for newly qualified staff. It is based on a relatively informal relationship between a more and less qualified worker. Its benefits are:

- It is an opportunity for a newly appointed or qualified staff member to observe and learn from the practice of a more experienced colleague
- It provides support to newly appointed or qualified staff in navigating organisational systems or processes
- It provides reflective space for learning and challenges in practice

This may involve a newly qualified member of staff shadowing home visits or being a second worker in pieces of work e.g. attending meetings, assessments or care plans

**Coaching** is a developmental process that can be used either to support an experienced worker to develop skills and take on additional roles within the service or to enable learning and development to occur and thus performance to improve. The benefits are:

- Activities are developed and designed to suit the staff members needs
- It fine tunes and develops skills
- Provides the staff member with networks to assist their development

- This may involve support to lead in an area of service review, or the development of a local practitioner forum.
- Where there is performance management matter, assistance can be given to implement an improvement plan that has been agreed with a line manager

**Shared Supervision** allows multi-agency teams to share supervision between line management responsibility and clinical supervision, which is a process in which practice is supported and challenged through discussion and reflection with a supervisor promoting the safe and effective delivery of care. It tends not to be the supervisees line manager but instead a clinical supervisor is a practitioner with skills, knowledge and experience to



facilitate structured reflection on practice (8). Line management responsibility deals with operational and performance matters, where an individual staff member's workload, clinical practice and operational performance is monitored.

The benefits are:

- Emotional support and nurturing
- Professional development
- Reflection time leading to positive impact on patient care
- Trusted clinical supervision relations
- Constructive critique from peer or 'expert' (8)

**Triadic or Tri-partite reflection** (9) can be part of this model, which is expanded to include a 'consultant', whose job it is to assist the supervisor to help the supervisee. This has strengths in circumstances, e.g. for difficult supervision issues, or where the consultant role is used for training. It aligns to an integrated team setting, such as the Community Mental Health Team. The benefits are:

- Mutual learning from engaging in reflective practice that is supportive and challenging
- Promotes the receiving and giving of feedback on complex practice issues
- Promotes practitioner growth, professional development and outcomes for service users

This may be used in complex cases where a 'consultant' facilitates discussion to support reflection and outcomes for service users.

(8)Reference - NHS Greater Glasgow and Clyde Partnership Nurse Clinical Supervision Policy and Framework, NMC Standards for Competence (2010) and Action 12 of Rights, Relationships and Recovery Refreshed Action Plan 2010-11

(9) Bishop, V. (1998) Clinical Supervision in Practice, Nursing Times Research, London, MacMillan Press

This form of reflection may also involve accessing an existing resource within the HSCP, for example consultation with the systemic family therapy group <sup>(10)</sup>.

**Thematic discussion** can apply in areas of learning across systems for example in areas of public protection or professional groupings within social services

This may apply in complex cases such as Adult Protection and where there are concerns raised by health matters

- Frequency of Supervision

In agreeing the frequency of supervision you and your supervisor need to ensure that the practice standards are met as detailed in appendix 1. All practitioners are expected and required to be committed to regular supervision in order to reflect critically on their practice and continue to identify areas of strength and areas for development

- Cancellation of Supervision

Supervision is a key part of professional development and should only be cancelled in exceptional circumstances, and be rearranged as soon as possible. Repeated instances of cancellation requires to be addressed and if required formally dealt with through the appraisal process.

- Preparation for Supervision

In agreeing how both parties will prepare for supervision you need to confirm the practical preparations such as preparing an agenda for discussion, identifying what has gone well as well as areas for development. If group supervision is one of the models used, supervisees should also identify how they will participate in the group process in terms of presenting an issue or supporting others in their reflective practice.

(10) A multi-agency group that can be contacted through CAMHS, Barnardos and Children's Services

- Recording Supervision

Most social work and social care staff should take responsibility for recording their own record of supervision. In this way each staff member will have responsibility for recording one supervision record. However, it can be agreed with certain services that supervisors will take on this task. The supervision record is an agency document. Both the supervisee and the supervisor should acknowledge the rights of senior managers, inspectors and performance staff to have access to the record and should consider how quickly the record will be produced and where it will be stored. You should also agree how sensitive information will be managed within the record. Whoever records the supervision, the other party should be able to add to the note of the meeting, if they wish to.

- Confidentiality of the Supervision Discussion

In agreeing the parameters of confidentiality within supervision and the elements of discussion that should be shared with appropriate others, it should be acknowledged that it is the supervisor's responsibility for identifying and dealing with issues of safe practice and their duty of care to the supervisee.

- Dealing with disagreements within Supervision

There may be occasions where you disagree on issues raised in supervision, be that in relation to achieving outcomes for service users; decision-making; role and responsibilities, practice competence or learning and development needs. Supervision has within it a power relationship as delegated by the HSCP. This should be acknowledged between the supervisor and supervisees, with the line management structure being explicitly detailed in the supervision agreement. Disagreements, where possible should be discussed maturely between both parties and, only referred through the line management structure where this cannot be resolved.

- Additional Arrangements

Many of us are working in integrated teams. Team managers have responsibility for the supervision of operational and performance management matters. While a clinical supervisor will support and challenge practice through discussion and reflection to promote the safe and effective delivery of care. The roles and responsibilities of each supervisor should be clearly detailed, reflecting the complimentary processes.

- Informal Supervision

Given the different setting in which staff support service users, supervision may be supplemented through informal discussions and team meetings. This is not to substitute one to one supervision, which is planned and has protected time.

The Practice Standard proformas are detailed in Appendix 2. Once you have completed and signed the Supervision Agreement, the original should be held by the supervisor within the supervisee's file with a copy going to the supervisee.

### Supervision Record

The purpose of the supervision record is to maximize the impact of the supervision session by supporting the completion of agreed actions within agreed timescales. By agreeing the supervision record, supervisor and supervisee are evidencing shared decision making and emphasising the future focus of supervision discussion.

Disagreements should be recorded and actions and timelines agreed as to how these may be resolved.

### Supervision records should note and evidence:

- The focus of the session
- Key information shared, e.g. changes to practice approaches; legislation
- Reflection on practice, feedback on good practice and embedding the learning from this discussion
- Discussion and planning to address any performance issues or learning and developmental needs
- Any staff/welfare issues

Each supervision session will be formally recorded by the supervisee, signed and held as supervision record by line manager, with the supervisee also having a copy.

Service user case notes/care plans or practice guidance as a result of discussions will be recorded on SWIFT

## Personal Development Plan

Continuing learning and development of knowledge and skills is a right for all staff within Inverclyde HSCP and is essential to improving practice and outcomes for individuals, families and communities. The purpose of personal development planning is to demonstrate a shared understanding between the supervisor and supervisee of:

- The necessary skills, understanding and approached required within the supervisee's post
- The supervisee's level of skill, capability and understanding related to the post
- The supervisee's learning outcomes in relation to any identified developmental need
- The learning opportunities that will enable these outcomes to be met

Further details of the core competencies are contained through ICON-Human Resources-Performance Appraisal.

The supervisee is to complete a self-assessment in respect of the core competencies and this is then to be discussed with their line manager, with an agreed **Personal Development Plan**.

Each member of staff will have a practice development plan that will be formally reviewed annually and will inform on-going supervision

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