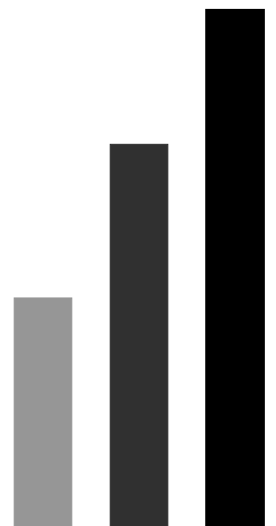


Agenda 2016

Inverclyde Integration Joint Board

For meeting on:

15	March	2016
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A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 15 March 2016 at 3pm within the Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS

**** Copy to follow**

1. Apologies, Substitutions and Declarations of Interest	Page
2. Minute of Meeting of Inverclyde Integration Joint Board of 26 January 2016	p
3. Membership of the Inverclyde Integration Joint Board Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4. Strategic Plan ** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
5. Health & Social Care Partnership – Financial Report 2015/16 as at Period 9 to 31 December 2015 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6. Proposed Use of Inverclyde IJB’s Share of £250m Funding Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7. Child Protection Committee Annual Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

8.	Inverclyde Community Justice Communication and Engagement Strategy Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
9.	Children and Young People (Scotland) Act 2014 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
10.	Child Sexual Exploitation Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
11.	Delayed Discharge Performance Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
12.	HSCP Capital Developments Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
13.	Inverclyde Dementia Strategy Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
The documentation relative to the following items have been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item			
14.	Reprovision of Caladh House Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of recommendations relative to the reprovision of Caladh House in Bank Street, Greenock	Paras 6, 8 & 9	p
15.	Governance of HSCP Commissioned External Organisations 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	Para 6	p

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

INVERCLYDE INTEGRATION JOINT BOARD – 26 JANUARY 2016

Inverclyde Integration Joint Board

Tuesday 26 January 2016 at 3pm

Present: Councillors V Jones, S McCabe, J McIlwee and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Macleod, Mr R Finnie, Dr H MacDonald, Ms C Roarty, Mr B Moore, Ms R Garcha, Ms M Telfer, Mr I Bruce, Ms S McCreedy (for Mr A Black) and Ms S McLeod.

Chair: Councillor McIlwee presided.

In attendance: Mr J Mundell, Chief Executive, Inverclyde Council, Ms H Watson, Head of Planning, Health Improvement & Commissioning, Ms B Culshaw, Head of Health & Community Care, Ms S McAlees, Head of Children's Services & Criminal Justice, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms M McConnachie and Mr R McLean (Health & Social Care Partnership), Ms A Edmiston (for Chief Financial Officer), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang, (Legal & Property Services).

1 NHS Greater Glasgow & Clyde Clinical Services Strategy 2015

1

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the NHS Greater Glasgow & Clyde Clinical Services Strategy which had been developed from the Clinical Services review process. The Board heard a presentation on this subject by Dr Jennifer Armstrong, Medical Director, NHS Greater Glasgow & Clyde and thereafter Dr Armstrong and Ms Catriona Renfrew, Director of Corporate Planning & Policy, NHS Greater Glasgow & Clyde answered a number of questions from Members.

(Ms Roarty, Ms Telfer, Ms McCreedy and Mr Bruce entered the meeting during consideration of this item of business).

Mr Finnie declared a non-financial interest in this item as the Chair of Food Standards Scotland. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the Chamber or his participation in the decision making process.

Decided: that the Board note the NHS Greater Glasgow & Clyde Clinical Services Strategy.

2 Apologies, Substitutions and Declarations of Interest

2

An apology for absence was intimated on behalf of Ms D McCrone.

Declarations of interest were intimated as follows:-

Agenda Item 3 (NHS Greater Glasgow & Clyde Clinical Services Strategy 2015) – Mr R Finnie.

Agenda Item 7 (Business Update) – Mr R Finnie.

Agenda Item 15 (Governance of HSCP Commissioned External Organisations) – Councillors S McCabe and J McIlwee.

INVERCLYDE INTEGRATION JOINT BOARD – 26 JANUARY 2016

- 3 Minute of Meeting of Inverclyde Integration Joint Board of 10 November 2015** **3**
- There was submitted minute of the Inverclyde Integration Joint Board of 10 November 2015.
- Decided:** that the minute be agreed.
- 4 Overview of Development of Governance Arrangements** **4**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the progress made in developing Inverclyde Health & Social Care Partnership's governance arrangements.
- Decided:** that the Board note the current status of the compliance with statutory and other timescales and the planned activity around the key legislative and other commitments necessary to achieve sound governance arrangements for Inverclyde's Health & Social Care Partnership from 1 April 2016.
- 5 Membership of the Inverclyde Integration Joint Board** **5**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of a change in its non-voting membership arrangements.
- Decided:**
- (1) that the Board note the resignation of Mr Robin Taggart as Inverclyde Council staff representative non-voting member; and
 - (2) that the Board agree to the appointment of Ms Robyn Garcha as the Inverclyde Council staff representative non-voting member.
- 6 Health & Social Care Partnership – Financial Report 2015/16 as at Period 7 to 31 October 2015** **6**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budget current year position as at Period 7 to 31 October 2015.
- Decided:**
- (1) that the current year Revenue Budget projected overspend of £144,000 for 2015/16 as at 31 October 2015 be noted;
 - (2) that the current projected Capital position showing a projected Social Work capital slippage of £515,000 (76.75%) in the current year be noted;
 - (3) that the current Earmarked Reserves position be noted; and
 - (4) that the position on Prescribing be noted.
- 7 Business Update** **7**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of key workstreams which are currently underway or are projected to require action by the Health & Social Care Partnership or Integration Joint Board.
- Mr Finnie declared a non-financial interest in this item as Chair of Foods Standards Scotland. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the Chamber or his participation in the decision making process.
- Decided:** that the Board note the business update report.

INVERCLYDE INTEGRATION JOINT BOARD – 26 JANUARY 2016

8 HSCP Complaints Annual Report**8**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership informing the Board of the annual performance of the HSCP with regard to the operation of complaints and procedures in respect of Health and Social Work functions in Inverclyde in the period 2014-2015.

Decided:

- (1) that the Board note the annual performance of the HSCP statutory and integrated complaints procedures; and
- (2) that approval be given to the revised integrated complaints procedures for Inverclyde HSCP subject to alteration to the section 'Who Can Make a Complaint' (a) to include any person who has power of attorney or guardianship powers specifically in relation to medical treatment and the nearest relative or primary carer where an individual lacks capacity and (b) clarification of the consultation exercise undertaken to ensure that this included consultation with carers' groups

9 Inverclyde Alcohol and Drug Partnership's Annual Report (Self-Assessment) 2014/15**9**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Inverclyde Alcohol and Drug Partnership's Annual Report (Self-Assessment) for the period 2014/15.

Decided:

- (1) that the Board note the Inverclyde Alcohol and Drug Partnership's Annual Report (Self-Assessment) for the period 2014/15;
- (2) that the Board note the progress of the ADP across the self-assessment criteria and take cognisance of areas for future development within the self-assessment criteria including priorities for development in 2015/16;
- (3) that the Board note the ADP performance reporting across ADP outcomes and the action being taken by partners to work towards meeting targets and outcomes; and
- (4) that a presentation be made to either a future meeting of the Board or to an appropriate training event, providing further detailed information on the annual report including trends, current challenges and responses to the issues identified.

10 Freedom of Information Annual Report**10**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) informing the Board of the number, themes and sources of Freedom of Information requests received by the Health & Social Care Partnership through the Council's FOI system covering the period October 2014 to November 2015 and (2) advising of performance in relation to response timescales.

Decided: that the Board note the Freedom of Information Annual Report.

11 Reshaping Care for Older People and Delayed Discharge Performance**11**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of progress made in Inverclyde's performance in relation to delayed discharges set within the wider context of the range of initiatives in place responding to the national strategy of Re-shaping Care for Older People.

Decided: that the Board note the progress made towards achieving the delayed discharge target and the ongoing work to maintain performance.

INVERCLYDE INTEGRATION JOINT BOARD – 26 JANUARY 2016

- 12 Community Justice Transition Plan 12**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the draft Inverclyde Community Justice Transition Plan for the period 2016/2017.
- Decided:** that the Board note the draft Inverclyde Community Justice Transition Plan.
- 13 Inverclyde Alliance Tobacco Strategy and Action Plan 13**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending a comprehensive Tobacco Strategy and Action Plan for Inverclyde for the period 2015-2017 developed through Inverclyde's Community Planning Partnership, the Inverclyde Alliance.
- Decided:**
- (1) that the Board acknowledge progress which has been made to reduce smoking prevalence in Inverclyde and the importance for this work to continue; and
 - (2) that the Board note and endorse the Inverclyde Tobacco Strategy and Action Plan and their role in continuing to address tobacco use within Inverclyde which will contribute towards the Scottish Government's vision of a tobacco-free generation by 2034 within Inverclyde by working towards a smoking prevalence of 5%.
- 14 HSCP Internal Services Care Inspectorate Gradings Annual Report 2015 14**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on Inverclyde HSCP Internal Services Care Inspectorate Gradings.
- Decided:** that the Board note the Care Inspectorate Gradings report for the period 1 November 2014 to 31 October 2015 as set out in Appendix 1 to the report.
- It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting during consideration of the following item on the grounds that the business involved the likely disclosure of exempt information as defined in Paragraph 6 of Part I of Schedule 7(A) of the Act.**
- 15 Governance of HSCP Commissioned External Organisations 15**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on performance and progress relating to the HSCP governance process for externally commissioned Social Care Services covering the period 1 October to 30 November 2015.
- Councillors McCabe and McIlwee declared a non-financial interest in this item as members of the Board of River Clyde Homes. They also formed the view that the nature of their interest and of the item of business did not preclude their continued presence in the Chamber or their participation in the decision making process.
- Decided:** that the Board note the governance report covering the period 1 October to 30 November 2015 set out in Appendix 1 to the report.

Report To:	Inverclyde Integration Joint Board	Date:	15 March 2016
Report By:	Brian Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/035/16
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Membership of the Inverclyde Integration Joint Board		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in its non-voting membership arrangements.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.
- 2.2 Membership of the IJB was approved at its first meeting on 10 August 2015. Since then, the Inverclyde Council carer representative member on the IJB, Mr Alistair Black, has intimated his resignation from the IJB. It is proposed to appoint Ms Christina Boyd in his place.
- 2.3 This report sets out the revised non-voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
- (1) notes the resignation of Mr Alistair Black as the carer representative non-voting member of the Inverclyde Integration Joint Board; and
 - (2) agrees the appointment of Ms Christina Boyd as the carer representative non-voting member of the Inverclyde Integration Joint Board.

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards.
- 4.2 Membership of the IJB was approved at its first meeting on 10 August 2015. Since then, the carer representative member on the IJB, Mr Alistair Black, has intimated his resignation from the IJB with effect from 23 February 2016. It is proposed to appoint Ms Christina Boyd in his place.
- 4.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one carer representative.

5.0 PROPOSALS

- 5.1 It is proposed that the IJB agree the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

6.0 IMPLICATIONS

Finance

- 6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

- 6.2 The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Human Resources

- 6.3 None.

Equalities

- 6.4 None.

Repopulation

6.5 There are no direct implications in respect of repopulation.

7.0 CONSULTATIONS

7.1 The Chief Officer of the Inverclyde Health & Social Care Partnership has been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 N/A

Inverclyde Integration Joint Board Membership

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Joe McIlwee (Chair)	Councillor Gerry Dorrian
	Councillor Stephen McCabe	Councillor Jim Clocherty
	Councillor Ciano Rebecchi	Councillor Kenny Shepherd
	Councillor Vaughan Jones	Councillor Ronnie Ahlfeld
Greater Glasgow and Clyde NHS Board	Mr Ross Finnie (Vice Chair)	
	Dr Donald Lyons	
	Mr Allan MacLeod	
	Mr Simon Carr	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Brian Moore	
Chief Social Worker of Inverclyde Council	Brian Moore	
Chief Finance Officer	Vacant	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Ms Cathy Roarty	
Registered Medical Practitioner who is not a registered GP	Chief Medical Officer Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	
A service user	Ms Margaret Telfer Chair Inverclyde Health and Social Care Partnership Advisory Group	

A carer representative	Ms Christina Boyd	
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Ms Sandra McLeod, Director of Housing & Customer Services, River Clyde Homes	

Report To: Inverclyde Integration Joint Board **Date:** 15 March 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Community Health & Care Partnership **Report No:** IJB/14/2016/BM

Contact Officer: Brian Moore **Contact No:** 01475 712143

Subject: Health & Social Care Partnership – Financial Report 2015/16 as at Period 9 to 31 December 2015.

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the Revenue and Capital Budget current year position as at Period 9 to 31 December 2015.

2.0 SUMMARY

REVENUE PROJECTION 2015/16

- 2.1 The total Health and Social Care Partnership revenue budget for 2015/16 is £122,313,000 with a projected overspend of £179,000 being 0.15% of the revised budget.
- 2.2 The Social Work revised budget is £49,754,000 and is projected to overspend by £168,000 (0.34%), an increase in the overspend reported to the last Integration Joint Board of £31,000. The projected overspend is mainly due to current package costs of external homecare offset in part by vacancies within internal homecare and a projected underspend within residential & nursing. Due to the under occupancy of temporary furnished flats and the Inverclyde Centre, there is a projected overspend within the homelessness service of £178,000.
- 2.3 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,919,000 with a current projected under recovery of £29,000 due to delays against original plans.
- 2.4 The Health revenue budget is £72,559,000 and is projected to overspend by £11,000 (0.02%).
- 2.5 The Health budget for 2015/16 includes £370,000 local savings, currently projected to be achieved in full.
- 2.6 Prescribing is projected to budget, and given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols. Inverclyde HSCP is £96,000 (1.8%) overspent on the year to date. HSCP variances are currently being investigated by the relevant HSCP Prescribing Advisors.

CAPITAL 2015/16

- 2.7 The Social Work capital budget is £3,627,000. Neil Street Children's Home replacement unit is now scheduled for completion in December 2016 resulting in slippage of 76.75% in line with the previous report to Integration Joint Board.
- 2.8 The reprofiled budget for 2015/16 is £156,000 and spend to date equates to 29.48%. Tenders for the replacement for Neil Street Children's Home were issued 5th February 2016 and due to be returned 7th March 2016. Start on site will depend on the tender return and evaluation period, but is anticipated to start early April 2016.
- 2.9 The Health capital budget is currently held centrally by Capital Planning.

EARMARKED RESERVES 2015/16

- 2.10 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 41.38% of the projected 2015/16 spend. The spend to date per profiling was expected to be £1,297,000 therefore slippage of 15.19% has been incurred.
- 2.11 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely: Deferred Income and Children's Residential Care, Adoption & Fostering.

3.0 RECOMMENDATIONS

- 3.1 That the IJB note the current year revenue budget projected overspend of £179,000 (0.15%) for 2015/16 as at 31 December 2015.
- 3.2 That the IJB note the current projected capital position:
- Social Work capital projected slippage of £515,000 (76.75%) in the current year.
- 3.3 That the IJB note the current Earmarked Reserves position.
- 3.4 That the IJB note the position on Prescribing.

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

4.0 BACKGROUND

- 4.1 The purpose of the report is to advise the IJB of the current position of the 2015/16 HSCP revenue and capital budget and to highlight the main issues contributing to the 2015/16 budget projected overspend of £179,000 (0.15%) and the current capital programme position of £515,000 (76.75%) slippage.
- 4.2 The current year consolidated revenue summary position is detailed in Appendix 1, with the individual elements of the Partnership detailed in Appendices 2 and 3, Social Work and Health respectively. Appendix 4 shows the year to date position for both elements of the Partnership. Appendix 5 provides the capital position. Appendix 6 provides detail of earmarked reserves.

5.0 2015/16 CURRENT REVENUE POSITION: £179,000 PROJECTED OVERSPEND

5.1 SOCIAL WORK £168,000 PROJECTED OVERSPEND

The projected overspend of £168,000 (0.34%) for the current financial year remains predominantly due to current package costs within External Homecare offset, in part, by turnover within Internal Homecare. This is an increase in projected costs of £31,000 since the last report to the Integration Joint Board. The material projected variances and reasons for the movement since last reported are identified, per service, below:

a. **Strategy: Projected £63,000 (3.34%) 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.

b. **Older People: Projected £298,000 (1.36%) overspend**

The projected overspend is £298,000 which is an increase of £38,000 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 (1.87%) overspend**

The projected overspend is £124,000 which is an increase of £60,000 since the last period. 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. Mental Health: Projected £54,000 (5.04%) 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.

e. 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.

f. Physical & Sensory: Projected £80,000 (3.72%) 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.

g. Addictions / Substance Misuse: Projected £25,000 (2.31%) 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. Support & Management: Projected £41,000 (1.88%) underspend

The projected underspend is due to turnover from vacancies.

i. Assessment & Care Management: Projected £49,000 (2.98%) 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.

j. Homelessness: Projected £178,000 (26.22%) 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. Officers are currently reviewing the Homelessness budget and an increase in budget is being factored into

2016/17. A report on Homelessness services will be presented to this Committee separately.

5.2 HEALTH £11,000 PROJECTED OVERSPEND

The Health budget is £72,599,000 with the current projected overspend of £11,000. The significant projected variances, along with reasons for any significant movements, per service, are identified below.

a. Children & Families: Projected £120,000 (4.37%) underspend

Community underspend due to school nurses on health visiting courses being funded centrally and nurse vacancies, most of which have now been filled. There has been a reduction in bank nurse use.

b. Health & Community Care: Projected £82,000 (1.91%) underspend

Vacancy within District Nursing was not filled, budget moved to cover the Early Bird Service within OOH nursing. Team Lead Band 7 nursing vacancy within Other Nursing, 2 nursing vacancies within OOH nursing. Also, Carers Strategy code re-parented from PHI to H&CC, was previously forecast as break even now estimated to be £30k underspent at the end of the year. Recurring underspends within both RES and Diabetes budgets. The forecast underspend has reduced as there has/will be ad hoc spend on equipment.

c. Management & Administration: £226,000 (8.56%) underspend

Rates non recurring surplus due to re-banding of Health Centres. Funding has been received to cover an unfunded receptionist and cleaning income has increased. Vacancies within admin are being held as funding will be required next year to cover backfill for manager's secondment, may also be used towards savings. Rates and depreciation budget surpluses will be used to offset the overspend within MH Inpatients.

d. Learning Disabilities: Projected £33,000 (5.86%) underspend

The projected underspend remains due to vacancies which will not be filled pending redesign of the service. Some of the underspend has been used to fund one off pieces of work/equipment.

e. Addictions: Projected £45,000 (2.34%) underspend

The projected underspend remains due to turnover within nursing and psychology, psychology post now recruited to centrally and session costs being recharged. One off contributions towards training etc being funded from slippage. Workforce savings were also achieved from Addictions.

f. Mental Health Communities: Projected £284,000 (8.59%) underspend

Underspend due to nursing vacancies which have not yet been recruited to, there are also two domestic vacancies which are in the process of being recruited to. There is a further underspend due to an advocacy order for £108,000 raised last year in error and reversed in this financial year. Drug costs overall have decreased but this is just due to the type of drugs required dependent on patient needs.

g. Mental Health Inpatients: Projected £908,000 (11.30%) overspend

Overspend partly due to increased special observations, in particular earlier in the year IPCU had 2 eating disorder patients due to vacant consultant post at Stobhill, 2 IPCU patients on constant 2:1 observation and boarding in a number of patients from Glasgow also on 2:1. There are also high levels of sickness and unfunded protection costs.

Special observations cost to M09 - £324,000

Unfunded protection cost to M09 - £118,800

Adult Medical budget is forecast to overspend by £250,000 due to new consultant posts costing substantially more than budget and Locum cover for vacant Staff Grade post.

h. Prescribing: Nil Variance

Prescribing is projected to budget, and given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols. Inverclyde HSCP is £96,000 (1.8%) overspent on the year to date. HSCP variances are currently being investigated by the relevant HSCP Prescribing Advisors.

i. Planning & Health Improvement: Projected £109,000 (11.93%) underspend

Underspend based on current staffing profile and spending plans received from manager. Carers Strategy budget moved from PHI to H&CC. Original spending plans now reviewed and quite a bit of the planned spend will not now happen.

6.0 INTEGRATED CARE FUND (CHANGE FUND)

6.1 The original allocation over service areas for 2015/16 was:

Service Area Budget 2015/16	£'000	
Acute – Health	95	6%
HSCP – Health	318	27%
HSCP – Council	960	62%
Community Capacity - Health		
Community Capacity - Council	226	5%
Grand Total	1,599	100%
Funded By:		
Change Fund Allocation	1,760	
Top slice savings	-161	
Total Funding	1,599	

6.2 The Change Fund Executive Group meet on a regular basis and review all projects in detail. The latest current year position is:

Service Area Budget 2015/16	Current Budget £'000	Projected Outturn £000	Projected Variance £000
Acute – Health	95	95	0
HSCP – Health	318	195	(123)
HSCP – Council	960	1,021	61
Community Capacity - Health			0
Community Capacity - Council	226	183	(43)
Grand Total	1,599	1,494	(105)
Projected Over Commitment / (Slippage) at 31 December 2015			(105)

The costs will continue to be managed within the available resources and to ensure nil slippage or overspend.

7.0 2015/16 CURRENT CAPITAL POSITION – £515,000 Slippage

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

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

7.2 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 issued 5th February 2016 and due to be returned 7th March 2016. Work on site is anticipated to start early April 2016 but will depend on tender return and evaluation period.

7.3 Capital budgets for Health are now held by the Board's Capital Planning.

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

8.0 EARMARKED RESERVES

8.1 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 41.38% of the projected 2015/16 spend. The spend to date per profiling was expected to be £1,297,000 therefore slippage of 15.19% has been incurred.

8.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely: Deferred Income and Children's Residential Care, Adoption & Fostering.

9.0 IMPLICATIONS

9.1 Finance

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

9.2 Legal

There are no specific legal implications arising from this report.

9.3 Human Resources

There are no specific human resources implications arising from this report

9.4 **Equalities**

There are no equality issues within this report.

10.0 CONSULTATION

10.1 This report has been prepared by the Chief Officer, Inverclyde Health & Social Care Partnership and relevant officers within Partnership Finance and the Council's Chief Financial Officer have been consulted.

11.0 BACKGROUND PAPERS

11.1 There are no background papers for this report.

INVERCLYDE CHCP**REVENUE BUDGET PROJECTED POSITION****PERIOD 9: 1 April 2015 - 31 December 2015**

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
Employee Costs	46,773	47,237	46,952	(285)	(0.60%)
Property Costs	1,877	1,911	1,765	(146)	(7.64%)
Supplies & Services	61,965	62,557	62,923	366	0.59%
Prescribing	17,001	17,001	17,001	0	0.00%
Resource Transfer (Health)	9,203	9,203	9,203	0	0.00%
Income	(15,493)	(15,596)	(15,352)	244	(1.56%)
Contribution to Reserves	0	0	0	0	0.00%
	121,326	122,313	122,492	179	0.15%

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
Strategy / Planning & Health Improvement	2,978	2,801	2,629	(172)	(6.14%)
Older Persons	21,346	21,922	22,220	298	1.36%
Learning Disabilities	6,969	7,191	7,282	92	1.27%
Mental Health - Communities	4,412	4,377	4,039	(338)	(7.72%)
Mental Health - Inpatient Services	8,035	8,035	8,943	908	11.30%
Children & Families	13,085	13,245	13,005	(240)	(1.81%)
Physical & Sensory	2,156	2,152	2,072	(80)	(3.72%)
Addiction / Substance Misuse	2,942	2,982	2,913	(70)	(2.33%)
Assessment & Care Management / Health & Community	5,867	5,927	5,797	(131)	(2.21%)
Support / Management / Admin	4,615	4,813	4,547	(267)	(5.54%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	732	679	857	178	26.22%
Family Health Services	20,477	20,477	20,477	0	0.00%
Prescribing	17,001	17,001	17,001	0	0.00%
Resource Transfer	9,203	9,203	9,203	0	0.00%
Change Fund	1,507	1,507	1,507	0	0.00%
Contribution to Reserves	0	0	0	0	0.00%
CHCP NET EXPENDITURE	121,326	122,313	122,492	179	0.15%

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS	72,559	72,559	72,570	11	0.01%
Council	48,767	49,754	49,922	168	0.34%
CHCP NET EXPENDITURE	121,326	122,313	122,492	179	0.15%

() denotes an underspend per Council reporting conventions

** £2.3 million externally funded

SOCIAL WORK**REVENUE BUDGET PROJECTED POSITION****PERIOD 9: 1 April 2015 - 31 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
		SOCIAL WORK					
6	25,242	Employee Costs	25,236	25,700	25,275	(425)	(1.65%)
	1,441	Property costs	1,361	1,395	1,249	(146)	(10.47%)
	951	Supplies and Services	740	753	837	84	11.16%
	479	Transport and Plant	371	380	453	73	19.21%
	1,024	Administration Costs	735	745	838	93	12.48%
6	33,967	Payments to Other Bodies	34,612	35,172	35,417	245	0.70%
	(14,349)	Income	(14,288)	(14,391)	(14,147)	244	(1.70%)
7	0	Contribution to Earmarked Reserves	0	0	0	0	0.00%
	48,755	SOCIAL WORK NET EXPENDITURE	48,767	49,754	49,922	168	0.34%

	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
		SOCIAL WORK					
	2,037	Strategy	2,065	1,888	1,825	(63)	(3.34%)
	21,716	Older Persons	21,346	21,922	22,220	298	1.36%
	6,395	Learning Disabilities	6,414	6,636	6,760	124	1.87%
	1,020	Mental Health	1,106	1,071	1,017	(54)	(5.04%)
	9,793	Children & Families	10,344	10,504	10,384	(120)	(1.14%)
	2,128	Physical & Sensory	2,156	2,152	2,072	(80)	(3.72%)
	1,097	Addiction / Substance Misuse	1,040	1,080	1,055	(25)	(2.31%)
	2,219	Support / Management	1,980	2,178	2,137	(41)	(1.88%)
	1,477	Assessment & Care Management	1,584	1,644	1,595	(49)	(2.98%)
1	0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0	Change Fund	0	0	0	0	0.00%
	873	Homelessness	732	679	857	178	26.22%
	0	Contribution to Earmarked Reserves	0	0	0	0	0.00%
	48,755	SOCIAL WORK NET EXPENDITURE	48,767	49,754	49,922	168	0.34%

() denotes an underspend per Council reporting conventions

- 1 £1.6m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.
2 Change Fund Expenditure of £1.3 million fully funded from income.
3 £9 million Resource Transfer / Delayed Discharge expenditure and income included above.

4	Original Budget 2015/16	48,767
	Pay & Inflation etc.	887
	Kinship Parity Funding	93
	Transport virement	1
	Virement Starter Packs	6
	Revised Budget 2015/16	<u>49,754</u>

- 5 There are currently 760 clients receiving Self Directed Support care packages.
6 Within Older Peoples Services £368k of vacancies have been offset by purchased Homecare costs.
7 Council contribution to Self Directed Support earmarked reserve

HEALTH**REVENUE BUDGET PROJECTED POSITION****PERIOD 9: 1 April 2015 - 31 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
	HEALTH					
21,816	Employee Costs	21,537	21,537	21,677	140	0.65%
698	Property	516	516	516	0	0.00%
4,310	Supplies & Services	5,030	5,030	4,901	(129)	(2.56%)
21,224	Family Health Services (net)	20,477	20,477	20,477	0	0.00%
16,225	Prescribing (net)	17,001	17,001	17,001	0	0.00%
9,042	Resource Transfer	9,203	9,203	9,203	0	0.00%
(1,677)	Income	(1,205)	(1,205)	(1,205)	0	0.00%
71,638	HEALTH NET EXPENDITURE	72,559	72,559	72,570	11	0.02%

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
	HEALTH					
3,017	Children & Families	2,741	2,741	2,621	(120)	(4.37%)
3,707	Health & Community Care	4,283	4,283	4,202	(82)	(1.91%)
2,652	Management & Admin	2,635	2,635	2,410	(226)	(8.56%)
573	Learning Disabilities	555	555	522	(33)	(5.86%)
1,829	Addictions	1,902	1,902	1,858	(45)	(2.34%)
2,126	Mental Health - Communities	3,306	3,306	3,022	(284)	(8.59%)
9,238	Mental Health - Inpatient Services	8,035	8,035	8,943	908	11.30%
851	Planning & Health Improvement	913	913	804	(109)	(11.93%)
1,156	Change Fund	1,507	1,507	1,507	0	0.00%
21,224	Family Health Services	20,477	20,477	20,477	0	0.00%
16,225	Prescribing	17,001	17,001	17,001	0	0.00%
9,040	Resource Transfer	9,203	9,203	9,203	0	0.00%
71,638	HEALTH NET EXPENDITURE	72,559	72,559	72,570	11	0.01%

() denotes an underspend per Council reporting conventions

REVENUE BUDGET YEAR TO DATE**PERIOD 9: 1 April 2015 - 31 December 2015**

SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
SOCIAL WORK				
Employee Costs	18,001	17,546	(455)	(2.53%)
Property costs	1,002	851	(151)	(15.07%)
Supplies and Services	564	698	134	23.76%
Transport and Plant	274	336	62	22.63%
Administration Costs	428	454	26	6.07%
¹ Payments to Other Bodies	25,992	24,570	(1,422)	(5.47%)
Income	(10,307)	(9,990)	317	(3.08%)
SOCIAL WORK NET EXPENDITURE	35,954	34,465	(1,489)	(4.14%)

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	16,302	16,408	106	0.65%
Property Costs	425	425	0	0.00%
Supplies	2,254	2,157	(97)	(4.28%)
Family Health Services (net)	15,171	15,171	0	0.00%
Prescribing (net)	13,024	13,024	0	0.00%
Resource Transfer	6,902	6,902	0	0.00%
Income	(968)	(968)	0	0.00%
HEALTH NET EXPENDITURE	53,110	53,119	9	0.02%

() denotes an underspend per Council reporting conventions

¹ Timing differences between profiled budget and actual spend.

INVERCLYDE CHCP - CAPITAL BUDGET 2015/16**Period 9: 1 April 2015 to 31 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 31/12/15</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>
SOCIAL WORK								
Hillend Respite Unit (note 1)	87	77	10	10	0	0	0	0
Neil Street Children's Home Replacement	1,858	114	661	146	46	1,569	29	0
Crosshill Children's Home Replacement	1,682	0	0	0	0	157	1,435	90
Social Work Total	3,627	191	671	156	46	1,726	1,464	90
HEALTH								
Health Total	0	0	0	0	0	0	0	0
Grand Total CHCP	3,627	191	671	156	46	1,726	1,464	90

Note:

1. The expansion of the service is funded from a contribution from revenue reserves, as agreed by Policy & Resources Committee 24/09/13. The final total is subject to confirmation.

**EARMARKED RESERVES POSITION STATEMENT
INVERCLYDE CHCP**

APPENDIX 6

<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 & Beyond</u>	<u>Lead Officer Update</u>
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
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 reprovision 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.

**EARMARKED RESERVES POSITION STATEMENT
INVERCLYDE CHCP**

APPENDIX 6

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total Funding 2015/16</u> <u>£000</u>	<u>Phased Budget To Period 9 2015/16</u> <u>£000</u>	<u>Actual To Period 9 2015/16</u> <u>£000</u>	<u>Projected Spend 2015/16</u> <u>£000</u>	<u>Amount to be Earmarked for 2016/17 & Beyond</u> <u>£000</u>	<u>Lead Officer Update</u>
Information Governance Policy Officer	Helen Watson	83	25	30	42	41	The spend relates to the Council's Information Governance Officer.
Total		3,068	1,297	1,100	2,658	410	

Report To:	The Inverclyde Integration Joint Board	Date:	15 March 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/22/2016/AP
Contact Officer:	Chief Officer, Inverclyde IJB	Contact No:	712722
Subject:	Proposed Use of Inverclyde IJB's share of £250 million Funding		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the IJB of the recent announcement that the IJB will receive a share of the £250 million funding announced by the Scottish Government as part of the 2016/17 Grant Settlement and to seek approval for the initial proposed allocations.

2.0 SUMMARY

- 2.1 As part of the 2016/17 Government Grant Settlement the Scottish Government announced that it was allocating £250 million to Integrated Joint Boards in 2016/17 with this funding to be channelled through the Health Budget but to be used for Social Care. Inverclyde IJB's share was £4.45million.
- 2.2 Meetings have taken place between various parties and the Scottish Government to provide clarity on the purpose of the funding and the latest guidance issued to Councils is attached as Appendix 1. From this it can be seen that 50% is allocated from Demographic Pressures, reviews of charging thresholds and the purchase of Additional Services, with £125million allocated for payment of the Living Wage to Social Care workers and the balance going to meet general Social Care pressures.
- 2.3 The Chief Officer has had detailed discussions with Council Officers on their proposals for a use of an element of the £4.45 million allocated to the IJB and these are outlined in Appendix 3.
- 2.4 It is the recommendation of the Chief Officer that the proposed use by the Council and the assumptions underpinning potential future use of an element of the £4.45 million are reasonable and reflect the Scottish Governments expectations. The Chief Officer has been engaging with other IJBs within the Health Board area and the proposals from Inverclyde Council are in line with the other GG&CHB area Councils.
- 2.5 There remains significant uncertainty around both the cost and deliverability of the proposal to pay all Social Care workers the £8.25 Living Wage by 1st October 2016. Strong concerns are being raised by Councils and Providers and discussions are ongoing with the Scottish Government.
- 2.6 Within Appendix 3 the assumption is that the figure of £56million advised by Government officials is sufficient to meet the Government/Council share of the increase to £8.25/hour. In the event this is insufficient then extra funding will require to be provided from the

Government or from the currently unallocated balance of the £4.45million

- 2.7 Whilst the Inverclyde IJB currently does not have a Chief Financial Officer in post until the 22nd March, the Chief Officer has informally discussed the Inverclyde Council proposals with her. In line with Government Guidance, the proposals from the Council will required to be signed off by the IJB CFO and this will be done no later than April 2016.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde IJB:

- a) Note and welcome the allocation of £4.45 million from the Scottish Government for Social Care in 2016/17.
- b) Note the risks associated with the payment of the Living Wage to all Social Care workers.
- c) Approve the use of £1.269 million of the £4.45 million in 2016/17 to alleviate pressures in the Council Social Care budget.
- d) Agree that further updates be provided to the IJB as proposals are developed and information on the impact of the Living Wage becomes clearer.
- e) Agree that any unspent sums as at 31 March 2017 be held by the Council but earmarked for use by the IJB and note a future report will outline proposals on potential use for the Board to consider.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 As part of the 2016/17 Scottish Government Grant Settlement the Scottish Government allocated £250million to Health Boards with the written direction that this was to be paid in full to IJBs following the due diligence mechanism set out in the Integration Scheme. Ministers will then direct IJBs to use the money to purchase Social Care.
- 4.2 The latest guidance issued to Councils is attached as Appendix 1. From this it can be seen that 50% is allocated for Demographic Pressures, reviews of charging thresholds and purchase of Additional Services, with £125million allocated for payment of the Living Wage to Social Care workers and the balance going to meet general Social Care pressures
- 4.3 Inverclyde IJB share of the £250million has been announced as £4.45million with the share of the respective £125million parts therefore being £2.225million each.
- 4.4 It is fair to say that there has been a lack of clarity amongst all parties as to the detail of what use can be made of the £4.45million and the sums attributable to aspects of the potential uses.

5.0 PROPOSALS

- 5.1 The Chief Officer has been involved in many meetings with Council and Health officials and in particular the Council has had to make assumptions around the use of the £4.45million to allow it to approve the 2016/17 budget which it was scheduled to approve on the 10th March.
- 5.2 Appendix 3 shows the allocations made by the Council in 2016/17 which meet the criteria set out in the Scottish Government Guidance. From this it can be seen that based on the use of the high level national figures intimated by Government officials for the Living Wage, then this leaves £2.306million unallocated for the IJB.
- 5.3 Given that this funding is over and above the continuation of the Integrated Care Fund and continuing Delayed Discharge funding, then it is highly likely that all this funding will not be utilised in 2016/17. In this eventuality the Chief Officer would propose that this funding be carried forward within reserves held for the IJB by the Council. Proposals as to future uses of any reserves will be subject to a future report to the IJB
- 5.4 It is the recommendation of the Chief Officer that the proposed use by the Council and the assumptions underpinning potential future use of an element of the £4.45 million are reasonable and reflect the Scottish Government's expectations. The Chief Officer has been engaging with other IJBs within the Health Board area and the proposals from Inverclyde Council are in line with the other GG&CHB area Councils.

6.0 RISKS – LIVING WAGE

- 6.1 There is a large element of uncertainty and risk associated with the requirement to pay the Living Wage to all Social Care workers and these have been flagged up to the Government. It can be seen that in Appendix 1, the Government has passed these risks back to the Councils/IJBs to resolve. There is a risk that Councils/IJB have neither the legislative authority nor the resources to meet the Government's target.
- 6.2 Providers are also advising that they were not involved in developing the Government's proposals and cannot guarantee they will be able to meet a share of the cost of the implementation. In this case then it could be that part of the unallocated sum in 2016/17 is used for this purpose in 2016/17 but this will not be sustainable without further funding beyond this point.
- 6.3 A national approach to addressing the risks around Procurement, State Aid and legal challenge is required and this is being progressed by Cosla. The financial risk that the

amount provided by the Government for the Living Wage and all related costs is not sufficient lies with the IJBs for 2016/18 as the Council has advised that it has no further allowances within the proposed 2016/18 budgets for these matters.

7.0 IMPLICATIONS

Finance

- 7.1 The figures in Appendix 3 show that the Council assumption is that £1.269million (29%) of the £4.45million is used to offset known pressures on the Social Care Budget with £1.374 million (31%) being allocated to meet Government policies around the Living Wage and Income Threshold changes. At present this leaves £1.807 million for Additional services to meet ongoing demographic and service pressures plus any additional costs associated with the Living Wage.

In line with Government Guidance, the proposals from the Council will required to be signed off by the IJB CFO and this will be done no later than April 2016.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
IJB	Income	2016/17	(4450)		Government Funding via Health
	Council Payments	2016/17	2643		Allocation to Council pressures and for Government Policy costs
	Unallocated Sums	2016/17	1807		Uses to be subject of futher reports

Legal

- 7.2 There are significant risks associated with the implementation of the Living Wage across the Social Care sector and there are a number of areas where legal challenge could occur. Cosla are co-ordinating work at a national level to provide consistent advice as to how these risks can be minimised.

Human Resources

- 7.3 None

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	Yes	See attached appendix
		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.
X	No	

Repopulation

7.5 There are no Repopulation issues arising from the report

8.0 CONSULTATIONS

8.1 The proposals from the Council have been developed after detailed consultation with the Council CMT and have been approved by the Council's cross party Members' Budget Working Group.

9.0 LIST OF BACKGROUND PAPERS

9.1 None

LOCAL GOVERNMENT FINANCE SETTLEMENT 2016-2017

INTEGRATION FUNDING

Distribution and allocation

The Scottish Government will distribute the £250 million to Health Boards via their annual allocations. A letter was issued on Tuesday setting out individual allocations to Integration Joint Boards, which explained that the distribution methodology for the money will be the same as was applied to the Integrated Care Fund.

In terms of allocation of the money, Ministers will give written direction to Health Boards to pay the full sum of £250 million to their Integration Joint Boards, via the due diligence mechanism set out in the Integration Scheme, noting that this sum is not intended to mitigate any other Health Board pressures. Ministers will direct IJBs to use the money to purchase social care.

Once uprating of staff to the Living Wage from 1 October 2016 is taken into account, Local Authorities may amend their allocation to IJBs, agreed as per the due diligence mechanism, up to £125 million of their 2015-16 costs of providing social care services. A further £125m will be allocated by IJBs through their Strategic Plan for the purchase of social care. In every area, the Integration Scheme sets out the process of due diligence via which the Health Board and Local Authority will determine their financial allocation to the Integration Joint Board, for the first year of integration and for subsequent years. The S95 Officer for the Local Authority will be accountable to the Local Authority for ensuring that the Local Authority's allocation to the IJB, in full, is in line with its agreed process of due diligence; the Director of Finance of the Health Board will be accountable for the same assurance to the Health Board; and the S95 Officer of the IJB will provide assurance to the IJB that the respective budgets have been appropriately delegated to the IJB.

Living Wage

Regarding the Living Wage component: while estimates have been made at a national level relating to the investment required to meet the Living Wage in contracted out adult social care services the circumstances will vary across authorities in Scotland for example in the volume and balance of contracted out care and the progress some councils have already made towards payment of the Living Wage. We are allocating a significant resource towards this shared policy objective and as per the agreement made with Councils this year it is anticipated that this will be a shared endeavour between Scottish Government, Councils and Providers.

We have not stipulated a specific contribution expected from Providers in light of the varying circumstances as described above. We would expect a more finely grained analysis of the situation regarding wages and fair work within contracted out care services at Integration authority level and that is why the target date has been extended to 1 October.

We are aware of state aid implications and this is something that Councils and Integration authorities will need to consider. There is of course experience from this year for example in the development of the National Care Home contract and there is potential to build on this experience in taking forward our shared objectives. We are mindful of the fact that there may

be a requirement for reviewing and where necessary refreshing existing contracts and is another reason why we have extended the target date for payment of the Living wage.

This comes at a time where Integration Authorities, Councils and Health Boards are closely examining the means of commissioning services in partnership with providers and users. It is expected that the commitment to the Living Wage should be a key component of reshaping the delivery of care services.

Scottish Government are clear that achieving the Living Wage in social care is a joint aspiration with local government. We accept that a requirement on contractors to pay their employees the Living Wage set at a higher rate than the UK's National Minimum Wage, is unlikely to be compatible with EU law. There is however considerable scope for a Council, in commissioning social care services to encourage the payment of the Living Wage as a significant indicator of an employer's commitment to fair work practices. This is also one of the clearest ways an employer can demonstrate that it takes a positive approach to its workforce. We are firmly of the view that a contractor's approach to fair work practices, including payment of the Living Wage is a matter which can and should be evaluated during the procurement process, in line with the guidance we have issued. As above, there is time built in to the commitment to allow for review and where necessary refresh of contracts.

It is accepted that Councils have no such leverage in respect of care providers offering services exclusively to self-funding clients.

Charging thresholds for all non-residential services

The intention is to make charging fairer, prioritising those on low incomes. Councils would increase the income level from which social care charging is applied. The threshold is the level of money guaranteed to an individual from their income. By raising the threshold from 16.5% to 25%, individuals will have more of their money disregarded from charging. We have prepared a paper outlining this in more detail. Further details are available on request. Any costs accrued by moving to the new charging threshold can be met from the funding being provided. In the event that a Local Authority is already applying a higher threshold, its allocation will not be adjusted downwards.

Use of £250m - Possible Proposal

	<u>£000</u>	<u>£000</u>
1/ 2015/16 Budget-Period 9 Committee Report less Share of £10m Fair Wage Grant	49592	
Add : 2015/16 P9 Overspend	168	
: Residential Schools Overspend (In EMR)	281	
: Fostering and Adoption Overspend (In EMR)	199	
	<hr/>	50240
Less : Share of 2nd £125 m		(2225)
Add : Share of £43m for Living Wage in 2016/17		765
Minimum to be passed to IJB		48780 A
2/ <u>Calculating a comparator 2016/17 figure</u>	<u>£000</u>	<u>£000</u>
Baseline 2016/17 Budget	48777	
Add: : Elderly Care 15/16 Pressure	245	
: Fostering 15/16 Pressure	150	
: Adoption 15/16 Pressure	27	
: Homelessness - Realign Budget	150	
: Defer Residential Schools saving to 2017/18	200	
	<hr/>	49549
		<hr/> <hr/> 49549 B

Notes:

1/ B-A = £769k which will be funded from the 2nd £125 million leaving £1.456 million for Living Wage etc.

AP/LA
09/02/2016

Use of the Inverclyde Share of the £250 million

	1st £125m		2nd £125m	
	£000 2016/17	£000 2017/18	£000 2016/17	£000 2017/18
Allocation	2225	2225	2225	2225
New Pressures 2016/17	(500)	(500)		
New Pressures 2017/18	-	tbc		
Non-Residential Charging	(110)	(110)		
Living Wage 2016/17			(765)	
Living Wage 2017/18				(1264)
Contribution to Social Care Pressures			(769)	(769)
	<u>1615</u>	<u>1615</u>	<u>691</u>	<u>192</u>

Notes

- 1/ Assumes that any Demographic pressures in 2017/18 will be funded from the 1st £125 million.
- 2/ Impact of changes to Non- Residential thresholds to be confirmed.
- 3/ Assumes that the cost of the LW will be £1.26million by 2017/18. Any increase will need to be met by the balance of £192k and new Government Funding or the balance of the 1st £125m

AP/CM
09/02/16

AGENDA ITEM NO: 7

Report To:	Inverclyde Integration Joint Board	Date:	15th March 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/18/2016/SMcA
Contact Officer:	Sharon McAlees Head of Criminal Justice and Children's Services	Contact No:	01475 715282
Subject:	CPC Annual Report		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board of the work of Inverclyde Child Protection Committee for the year 2014-15 and the ongoing priority areas of focus for 2015/16.

2.0 SUMMARY

- 2.1 Inverclyde Child Protection Committee oversees the design, development, publication, distribution, implementation and evaluation of all Child Protection policy and practice across Inverclyde. The attached report demonstrates how Inverclyde Child Protection Committee has fulfilled its functions under the National Guidance for Child Protection in Scotland (2014) related to continuous improvement of policy and practice, strategic planning in the context of the wider public protection, public information and communication during the period 2014-2015.
- 2.2 The report demonstrates how Inverclyde Child Protection Committee has delivered its core functions and progressed with key priority areas during 2014/15. This has been achieved through the work carried out by the CPC itself, various subgroups and short life working groups and the actions of individual members and the agencies they represent.

3.0 RECOMMENDATIONS

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

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Scottish Government annual social work statistics for children's services August 2013 to July 2014 highlighted that since 2000, there has been a steady 41% increase in the number of children on the child protection register in Scotland. The report notes that in 2014, there had been the largest year on year increase since 2009 with an increase of 9% requiring child protection registration. It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31st March up to 2010 and 31st July for 2011-2014). Inverclyde seen an increase of 12.5% between 2013 and 2014 which is slightly higher than the national percentage change.
- 4.2 At 31 July 2014, there were 2,882 children on the child protection register in Scotland. On this date there were 27 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.2. The Inverclyde rate for the same date was 2.0. This is lower than our comparator authorities of West Dunbartonshire (2.6), North Ayrshire (4.6), Renfrewshire (2.6) and East Ayrshire (2.3) but higher than North Lanarkshire (1.2).
- 4.3 The most common concerns recorded in Inverclyde were domestic abuse and parental drug misuse at over 75% followed by emotional abuse, neglect and parental alcohol misuse, all at over 50% of registrations. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse are all priority areas within ICPC Improvement Plan.
- 4.4 An annual report has been produced as a public record of the work of Inverclyde Child Protection Committee
- 4.5 Some of the individual pieces of work highlighted in the annual report for 2014/15 are:-
- We Care, We Listen, We Act Public Information Campaign
 - Evaluation of Communication Activity
 - Annual Review of Child Protection Management Information from across partner agencies
 - Self-Evaluation Case Review – A closer look at neglect
 - Guidance on facilitated multiagency discussion in complex cases
 - Multiagency Guidance on responding to forced marriage and the risk of forced marriage
 - Annual Child Protection Conference on the theme of 'Promoting Recovery – therapeutic and community based approaches'
 - Multiagency training programme
- 4.6 Inverclyde Child Protection Committee aims to continue to fulfil its core functions in 2015/16 and beyond through the work carried out by the CPC, subgroups and short life working groups and the actions of individual members and the agencies they represent.

4.7 Priority areas of focus for 2015-2016 have been identified as

- Improving outcomes for children affected by Parental Substance Misuse
- Improving outcomes for children affected by Domestic Abuse
- Improving outcomes for children affected by Parental Mental Health Problems
- Child Sexual Exploitation
- Review of processes for listening to the voice of the child in child protection
- The GIRFEC / Child Protection Interface

4.8 Since March 2015 there have been significant developments in relation to delivery of the Child Sexual Exploitation improvement plan. Action is being taken under each of the national themes, prevention, intervention, disruption and recovery. Examples of specific developments include delivery of a multiagency staff training programme and the introduction of the Inverclyde vulnerable young person's operational group to help identify those at risk of exploitation and work collaboratively to ensure their safeguarding and wellbeing. The 2016 Child Protection Committee conference and the public awareness campaign will both focus on the theme of child exploitation. Impacts are already being seen as a result of this strategic focus on Child Sexual Exploitation. It is intended to bring a full report on this strand of the work of the Child Protection Committee and partners to a future meeting of the IJB Board.

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

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

There are no proposals for any change in the Child Protection Committee support budget for 2015/16.

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 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?

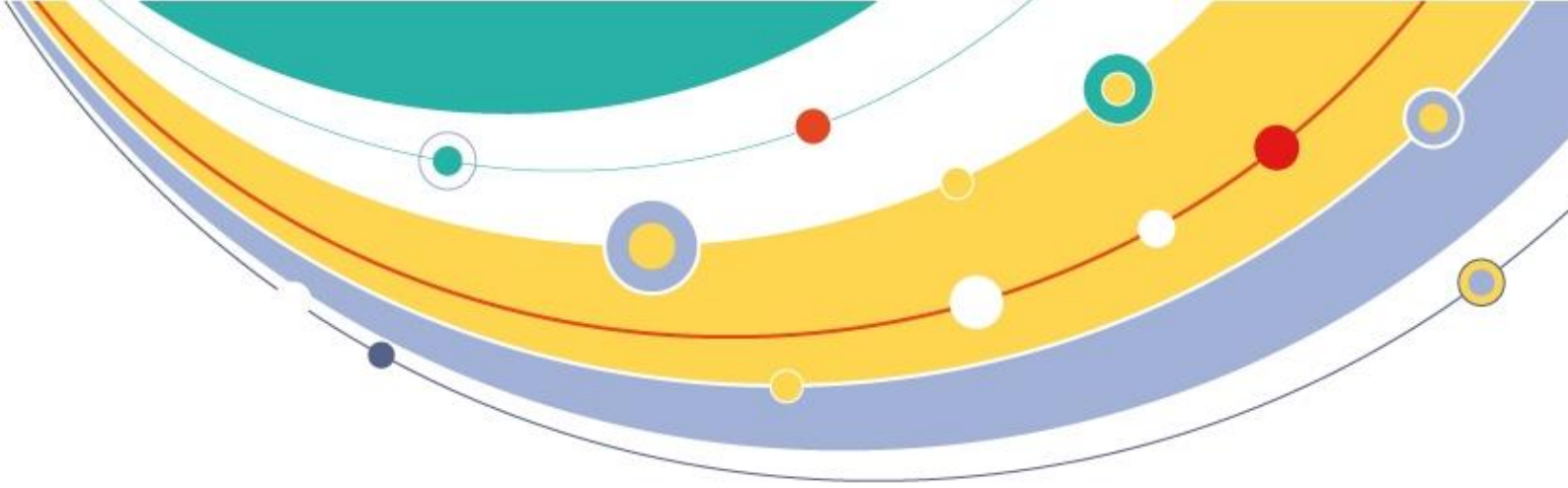
	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

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 Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officers' Group.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.



Inverclyde Child Protection Committee

**ANNUAL REPORT 2014/15
&
IMPROVEMENT PLAN 2014/16**

We Care, We Listen, We Act



Sharing Responsibility - Protecting Children

Report available to download from
www.invercydechildprotection.org

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1.0 PREFACE

I am very pleased to present the 2014 -2015 annual report and improvement plan for Inverclyde child protection committee.

Child Protection Committees across Scotland produce an Annual Report and set out their priorities for the coming year. The following report describes how our Committee fulfilled its function and tasks during 2014-2015 as set out in guidance issued to Child Protection Committees. The improvement plan has been implemented with key areas being progressed by the work carried out by the CPC and various subgroups, which is detailed throughout the report.

As a partnership, we recognise the improving outcomes for our most vulnerable children and young people are dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people will not be without its challenges, with the rise in the vulnerable child and young person population and midst a backdrop of austerity; staffs across agencies are being pressed to find more ways of doing things differently. We recognise that change and progression can spawn opportunities for innovation.

Inverclyde's CPC fully embrace the principles underpinning Getting it Right for Every Child, recognising the importance of this agenda in protecting our most vulnerable children. We are working with partners to ensure the development of the named person service and the single child's planning process takes into account effective mechanisms that are already in place to protect children from harm. The partnership and its constituent members embrace the principles and will continue to contribute to the development of a change in culture, systems and practice as we go forward. I would like to thank the committee members and the dedication of the constituent subgroups of the CPC for their continued commitment to ensuring that our vision for children across Inverclyde is realised.

Sharon McAlees

Chair of Inverclyde Child Protection Committee

2.0 Context

Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.

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

The authority has a population of approximately 79,860, of whom 16% are children under 16 years and a further 4% are young people aged 16-18 years¹. By 2037 the population of Inverclyde is projected to be 65,014, a decrease of 19.4 per cent compared to the population in 2012. The population aged under 16 in Inverclyde is projected to decline by 31.6 per cent over the 25 year period.

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

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

Public service delivery is particularly challenging in the context of deprivation and depopulation.

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

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

¹ National Records of Scotland Mid 2014 Population Estimates
<http://www.nrscotland.gov.uk/files//statistics/population-estimates/midyear-2014/14mid-year-pe-cahb-publication-correction.pdf>

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

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

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

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

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

Getting It Right for Every Child

Inverclyde Child Protection Committee operates within the legislative and policy framework governing the delivery of children's services. The Getting it Right for Every Child (GIRFEC) policy agenda and the related legislative elements of Children and Young People (Scotland) Act (2014) relating to the named person service and the single child's plan are having and will continue to have a significant impact on the way services for children are delivered including services for children at risk of significant harm.

² National Guidance for Child Protection in Scotland 2014

The principles underpinning GIRFEC are fully embraced by the Child Protection Committee and inform our response to the needs of children and their families living in the Inverclyde Area. As a partnership, we recognise success is dependent on collaborative working and effective teamwork. We are resolute in our approach to improving services by ensuring they are designed, developed and delivered around the needs of children, young people and their families, building on an already strong commitment to continuous improvement.

The successful implementation of GIRFEC is our shared task and we recognise the need to work together effectively to achieve this objective. We believe we are making good progress but are not complacent in this regard. We have focused on the need to support a shift in culture that breaks down professional barriers and places the needs of children at the centre of our decision making processes.

Partners across the authority are working towards the introduction of a single plan to ensure that children are not subjected to multiple assessment and care planning processes and to the formal introduction of the named person service for all young people. We will continue to advance this agenda at all levels in our organisations.

3.0 Child Protection Statistics

Scottish Government publishes annual social work statistics for children's services covering the period 1st August to 31st July (drawn from data provided by individual local authorities). The most recent report available covers the period from August 2013 to July 2014³. This data forms the basis of this section of the ICPC annual report.

The Scottish Government report highlighted that since 2000 there has been a steady 41% increase in the number of children on the child protection register in Scotland. The report notes that 2014 saw the largest year on year increase since 2009 with an increase of 9%. It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31st March up to 2010 and 31st July for 2011-2014). Inverclyde saw an increase of 12.5% between 2013 and 2014 which is slightly higher than the national percentage change.

At 31 July 2014, there were 2,882 children on the child protection register in Scotland. On this date there were 27 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.2. The Inverclyde rate for the same date was 2.0. This is lower than our comparator authorities of West Dunbartonshire (2.6), North Ayrshire (4.6), Renfrewshire (2.6) and East Ayrshire (2.3) but higher than North Lanarkshire (1.2) who are also a comparator authority.

National statistics show that children continue to be placed on child protection registers at younger ages. On 31st July 2014 more than half of children on the child protection register in Scotland (53%) were aged under five. This mirrors the local picture where on the same date, 52% of children placed on the child protection were aged 5 years and under.

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

Since 2012 multiple concerns have been recorded at each case conference (rather than just the main category of abuse), meaning that the total number of concerns is larger than the total number of registrations. The table on the following page outlines the concerns identified for children in Inverclyde placed on the child protection register between 1st August 2013 and 31st July 2014. Scottish statistics for those on the Child Protection Register on 31st July 2014 are provided for comparison.

³ Children's Social Work Statistics Scotland, 2013-14 (Published March 2015)

Areas of Concern for Children on Child Protection Committee

Areas of Concern	Children Inverclyde (number and % of all children registered 14-15)	Scotland (% of children on register at 31 st July 2014)
Domestic abuse	39 (78%)	1073 (37%)
Parental alcohol misuse	28 (56%)	640 (22%)
Parental drug misuse	38 (76%)	603 (21%)
Non-engaging family	14 (28%)	621 (22%)
Parental mental health problems	19 (38%)	735 (26%)
Children placing themselves at risk	0	60 (2%)
Sexual abuse	7 (14%)	218 (8%)
Child exploitation	0	13 (0.5%)
Physical abuse	8 (16%)	669 (23%)
Emotional abuse	32 (64%)	1121 (39%)
Neglect	31 (62%)	1013 (35%)
Other concerns (NB: parental offending behaviour, history of poor parenting)	33 (66%)	432 (15%)
Average number of Areas of concern per child	5.0	2.6

The most common concerns recorded in Inverclyde were domestic abuse and parental drug misuse at over 75% followed by emotional abuse, neglect and parental alcohol misuse, all at over 50% of registrations. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse are all priority areas within ICPC Improvement Plan.

Children placed on the Child Protection Register in Inverclyde have on average 5 areas of concern identified per child. This is significantly more than the national average of 2.6 concerns per child. Within Inverclyde there is no limit to the number of areas of concern that can be identified during child protection conferences.

Within Inverclyde there were 101 children subject to case conferences between August 2013 and July 2014 (an increase of 44.3% from the previous year). These conferences resulted in 68 children being placed on the child protection register. Within Inverclyde therefore 67% of children who attended a case conference were placed on the child protection register.

4.0 Fulfilling Functions

The functions of the child protection committee are continuous improvement, strategic planning, public information and communication⁴. These are fulfilled through the work of a number of sub groups and short life working groups along with the actions of individual members and the agencies they represent. Appendix 3 illustrates the subgroup and governance structure of Inverclyde Child Protection Committee as at 31st March 2015.

4.1 Public Information and Communication

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

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

This year we have

- Reported on the public awareness ‘Speak Out’ campaign that was delivered in March 2014 to Child Protection Committee and CHCP (now HSCP) Committee
- Developed and delivered the ‘We Care, We Listen, We Act’ public awareness campaign, involving children and young people in the development of the campaign design through a poster competition and follow on activities.
- Revised the remit of the Communications sub group following a review by ICPC.
- Maintained our website for the general public and professionals, achieving an average of just over 6,000 visits per month during 2014-15.
- Continued to contribute to the development of the national website for public awareness about child protection and related issues <http://withscotland.org/public>
- Undertaken and reported on an evaluation of communication activity with members of the public and professionals using an online survey tool.
- Updated our core information materials targeted at the general public.
- Initiated a review of the use of ‘Viewpoint’, a computer based tool to gather and present the views of children and young people, for those attending Child Protection Conferences.
- Contributed to the ongoing development of a children and young people’s participation strategy for Inverclyde.

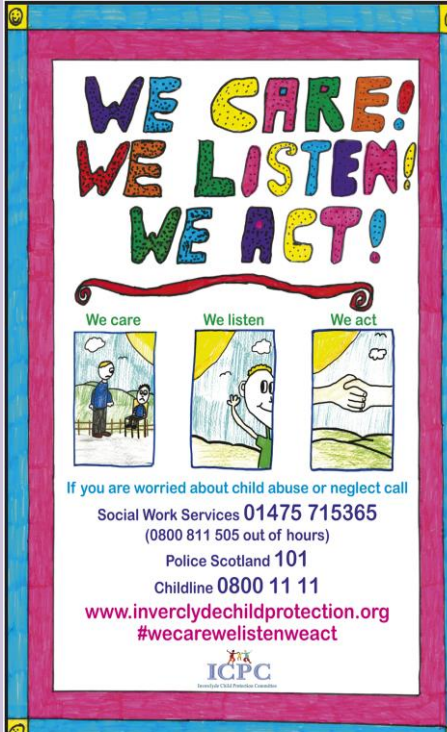
⁴ National Guidance for Child Protection in Scotland 2014

We, Care, We Listen, We Act



We care We listen We act


If you are worried about child abuse or neglect call
Social Work Services **01475 715365**
(0800 811 505 out of hours)
Police Scotland **101**
Childline **0800 11 11**
www.inverclydechildprotection.org
[#wecarewelistenweact](https://twitter.com/wecarewelistenweact)



**WE CARE!
WE LISTEN!
WE ACT!**

We care We listen We act

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[#wecarewelistenweact](https://twitter.com/wecarewelistenweact)



The campaign took place during March 2015.

The key message of the campaign was that children and young people have the right to be safe and protected from harm and that young people themselves can play a part in supporting their friends and speaking to someone if they are worried about what is happening to them.

In order to involve as many young people as possible an Inverclyde wide schools poster competition was held in October / November 2014. The pupils who produced the winning designs were involved throughout the development and as part of the promotion of the campaign.

Inverclyde Child Protection Committee also produced a set of guidelines to make children, young people and their parents think more about how they could help keep others safe.

The promotion of the campaign involved direct activity targeted at children and young people through schools alongside a wider marketing approach and media strategy with a combination of print, online, outdoor and social media based approaches.

Schools were supplied with posters and red wrist-bands printed with the campaign slogan for distribution to all pupils. Head Teachers were provided with information on the background to the campaign and encouraged to support the promotion of the campaign during school assemblies and with classroom activities.

A qualitative evaluation is planned in order to assess the impact of the campaign for young people. This will be complemented by analysis of website and twitter statistics.

Evaluation of Communications Activity

A consultation on public awareness materials and the general approach to communication with staff and members of the public was undertaken in 2014/15.

This found that while some members of the public appeared comfortable to access information online or via a phone helpline most reported they would definitely read a poster or pick up a leaflet and all respondents reported that information should continue to be made available in leaflet format.

Approximately 90% of professionals who responded had seen Inverclyde Child Protection Committee materials and referred to them for their own information, and those who commented on the style and content generally expressed positive views. A lower but still significant proportion had given materials to a client or member of the public.

Gaps identified in the information provided on child protection included, listening and talking to children about things that worry them, impact of parental mental health problems and impact of parental drug and alcohol problems.

Supplying leaflets and information resources directly to staff in their workplace was a preferred route of communication for many. A significant proportion of staff were happy to download information materials from the website or receive information via electronic newsletters. The most commonly preferred route to access professional updates on child protection was however through attendance at training or a briefing session.

Priorities for 2015/16 will be

- Develop and deliver a public awareness campaign focussed on Child Exploitation
- Reprint and distribute child protection poster based on Speak Up design
- Complete the review the 'Viewpoint' tool

4.2 Continuous Improvement

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

4.2.1 Self-Evaluation

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

During 2014/15 we have

- Revised the format of statistical reporting to ensure quarterly activity reports are produced timeously for consideration by CPC.
- Produced an annual management information report identifying key findings and recommendations for further action
- Completed and reported on a multiagency case evaluation specifically examining issues of neglect.
- Completed and reported on an audit of adherence to child protection timescales resulting in an amendment of local and West of Scotland timescales to bring them into line with National timescales.
- Participated in a police led retrospective investigation of potential Child Sexual Exploitation concerns and reported on the local findings.
- Undertaken and reported on snapshot audits of attendance and submission of reports to child protection meetings (March & September 2014).
- Undertaken and reported on multiagency case reviews on all cases where a child or young person has been on the register for more than 52 weeks (7 children from 4 families) and on all cases where a child or young person has been re-registered within 1 year of being deregistered (1 child).
- Undertaken and reported on a review of local practice in relation to undertaking Joint Investigative Interviews with recommendations for both police and social work.
- Undertaken and reported on a survey of adult services adherence to National Child Protection Guidelines.
- Undertaken and reported on a survey of service provision for children affected by parental substance misuse.
- Undertaken an audit of caseloads in HSCP Children and Families Services and Alcohol and drug services to provide basic information on children affected by parental substance misuse.
- Facilitated a joint session between Child Protection Committee and SOA6 'Best Start in Life' group to explore issues in relation to self-evaluation and the Services for Children Inspection
- Developed recommendations and action plan in response to significant case review which was concluded in March 2014 and reported regularly on progress.
- Facilitated Child Protection Committee discussion on Child Protection and Disability and Child Sexual Exploitation and identified local priorities for action.

Annual Management Information Review

The main findings from the 2013/14 annual management information review were:-

- 1 The percentage of referrals to Reporter where the decision was to convene a Children's Hearing was low at only 14%. As a result it was agreed to undertake a case review looking at the outcome of cases on the Child Protection Register with a recommendation for a supervision requirement.
- 2 An increase in registrations from a low of 17 on 30th June 2013 to a high of 44 on 30th September 2013 was recorded. Analysis was carried out on numbers of child protection registrations following the reported low numbers of children on the Register in 2012/13. This analysis also considered the subsequent increase in registrations. No concerning issues or changes in practice were identified.
- 3 An increase in number of children on the Child Protection Register for over 24 weeks was recorded in the final quarter of 2013/14. Case reviews were undertaken for all cases where a child's name remained on the Child Protection Register for over 52 weeks (four cases involving 7 children) and a review of the findings from these audits was undertaken.

The review concluded that there was no indication that the period of registration for any of the children was longer than required given the individual circumstances of each case and that significant and appropriate supports were available to all children and families reviewed.

A Closer Look at Neglect – Self-evaluation Case Review

Self-evaluation activity was undertaken involving an intensive multiagency case review of 8 cases where concerns of neglect had been identified.

The review concluded that the immediacy of response under child protection was robust and demonstrated clear initial planning that supported a reduction of risk. The involvement of children and families in the selected cases was very good and in the majority of cases there was strong evidence that the child's needs were being met with the support of services, and that multiagency working including the use of core groups was effective in ensuring needs continued to be met. This was particularly evident for the babies in the sample where, as a result of pre-birth assessment, risk was identified and plans were in place to manage this risk following the birth of the child. These plans were found to have been effective in meeting the needs of newborn babies.

Consideration of the findings of the review led however to reflections on practice around five core issues, evidence based assessment, assessment of parental motivation to change, child protection plans, longer term planning and response to accumulative concerns of neglect. Actions are being progressed in response to these reflections.

Priorities for 2015/16 will be

- Continue to review child protection related management information from all agencies and identify implications for practice
- Continue to undertake regular multiagency case file review activity and identify implications for practice
- Undertake specific focus self-evaluation activity on
 - Interface between child protection processes and Children's Hearing System
 - Child Protection Medicals

4.2.2 Policies, Procedures, Protocols and Guidance

There needs to be clear and robust single and multiagency policies, procedures and protocols in place to support staff within and across agencies in carrying out their responsibilities to safeguard and protect children. A function of the child protection committee is to encourage constituent services and agencies to have in place their own policies and procedures and to maintain and review multiagency child protection procedures for use across all agencies. It is also a function of the child protection committee to ensure multiagency procedures; protocols and guidance are developed around key issues where there is agreement that this is required.

During 2014/15 we have

- Contributed to the maintenance and review of the West of Scotland Multiagency Child Protection Procedures
- Contributed to the consultation on Police Scotland Standard Operating Procedures on Underage Sexual Activity
- Contributed to the consultation on the National Guidance on Significant Case Reviews
- Contributed to the ongoing development of West of Scotland Guidance on working with resistance.
- Considered the implications of the 2014 update of the National Guidance for Child Protection in Scotland.
- Published practitioner guidance for those working with families with adult mental health and child protection or child welfare needs.
- Approved and published Guidance on Child Protection for Registered Social Landlords
- Developed and published practitioner guidance on forced marriage.
- Developed and secured approval for a Multiagency Working in Complex Cases process.
- Reviewed the Domestic Abuse Protocol.
- Developed new guidance for practitioners working with children affected by parental substance misuse.

Multiagency Working in Complex Cases

A process has been developed and endorsed by ICPC for the use of a facilitated multiagency discussion in the following situations

- 1 Where there is complexity and specific expertise is required to understand the issues presented by the case
- 2 Where there is significant professional difference that cannot be resolved within the core group
- 3 Following situations where there has been professional difference or confusion of roles and responsibilities.

The aim of the discussion will be to promote understanding between professionals, identify barriers to effective collaboration, encourage reflection, scrutiny and evaluation, gain access to new ideas and information and develop practice based on research and expert evidence.

The discussion may be facilitated by a colleague from a partner agency who is not involved in the case but has particular expertise in the issues of concern and /or who has skills in facilitation or it may be more appropriate to engage a facilitator from outwith any of the partner agencies.

Forced Marriage

A Forced Marriage is a marriage in which one or both spouses do not (or, in the case of children/young people/adults at risk, cannot) consent to the marriage and duress is involved. Duress may be from parents, other family members and the wider community.

During 2014/15 Inverclyde Child Protection Committee, working with Inverclyde Adult Protection Committee and the Violence Against Women Multiagency Partnership, developed and published multiagency guidance on responding to forced marriage. The aim of this guidance is to assist staff from all agencies to respond appropriately to situations of forced marriage / risk of forced marriage by providing information and advice on good practice. Also included in the guidance is a list of local agency leads who can support staff responding to situations of forced marriage and a list of resources and contacts who may be able to provide specialist advice and guidance.

A briefing session was delivered for key staff from across partner agencies and follow up awareness raising activity is planned for 2015/16.

Priorities for 2015/16 will be

- Complete the development, secure approval and implement local guidelines in relation to Children Affected by Parental Substance Misuse.
- Review the following
 - Arrangements for Child Protection Medicals
 - Guidance on Child Trafficking
 - Local Guidance on Conducting Significant Case Reviews
- Complete the development of a West of Scotland Toolkit on working with Resistance
- Develop and implement a local operational model to respond to concerns of Child Sexual Exploitation.
- Revise local procedures for applying for Child Protection Orders.

4.2.3 Learning and Development

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

During 2014/15 we have

- Delivered a core multiagency training programme including the introduction of a child protection update seminar which was delivered to over 100 participants.
- Delivered awareness sessions on the MARAC process (for the review of cases where there is high risk from domestic abuse), Forced Marriage and Female Genital Mutilation (FGM)
- Developed and delivered our 7th annual multiagency conference on Promoting Recovery:- Therapeutic and Community Based Approaches
- Produced an annual evaluation report on the training delivered to provide information on effectiveness and relevance to improving practice.
- Developed a training plan on child sexual exploitation awareness for delivery in 2015/16
- Undertaken a review of the Inverclyde Child Protection Practitioner's Forum and produced a plan for development of this forum.

Multiagency Training Programme

Inverclyde Child Protection Committee delivers an annual programme of multiagency training and development opportunities. This includes core courses including a ½ day child protection awareness course delivered eight times over the year and a full day course on the law and court skills delivered in Greenock Sheriff Court. Child Protection updates and training on priority issues within child protection are also included in the programme.

During the year 2014/15 there was a total of 25 training sessions across 12 different courses were delivered by Inverclyde Child Protection Committee with a total of 563 participants attending (excluding the Annual Conference).

Evaluation of each of the twelve courses indicated that for each course 98% or more of the participants learnt something they could use in practice. An average of 79% of participants rated the courses they attended as very good with 21% rating the courses they attended as good.

Promoting Recovery:- Therapeutic and Community Based Approaches

The Child Protection Committee Conference for 2015 took place at the Beacon Arts Centre in Greenock. In total 126 individuals attended, drawn from a range of agencies (including the voluntary sector). In selecting speakers and workshop providers it was hoped to inspire staff as speakers and facilitators shared their personal and professional experience of promoting recovery from childhood abuse, neglect and other childhood adversity.

99% of participants reported that the conference had met the aim of increasing knowledge and understanding of a range of approaches that can be used to support and nurture children and young people who have suffered as a result of abuse and/or neglect

100% of participants reported that the conference had met the aim of encouraging them to reflect on how key elements of these approaches can be used in practice

At the end of the conference a challenge was issued to participants to

‘Consider the opportunities that present themselves every day to aid recovery’

Priorities for 2015/16 will be

- Continue to deliver a programme of core training and learning opportunities
- Develop and deliver new learning opportunities on the issues of
 - Parental Mental Health
 - Child Protection and Disability
 - Child Sexual Exploitation
 - Children Affected by Parental Substance Misuse
- Develop and deliver our 8th annual multiagency conference on child exploitation
- Support the development of the Practitioner's Forum

4.3 Strategic Planning

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

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

The Child Protection Committee priority areas for improvement in 2014/16 include

- Multiagency Self Evaluation
- Children Affected by Domestic Abuse
- Children Affected by Parental Substance Misuse
- Children Affected by Parental mental health problems
- Underage Sexual Activity / Child Sexual Exploitation
- Children's Voice / Participation in Child Protection

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

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

During 2014/15 we have

- Contributed to the work of
 - National Child Protection Committee Chair's Forum
 - National Child Protection Committee Lead Officer Group
 - West of Scotland Child Protection Consortium
- Developed joint working with the Alcohol and Drug Partnership through the work of a joint sub group focus on improving outcomes for Children Affected by Parental Substance Misuse

- Continued to work in close collaboration with the Violence Against Women Multiagency Partnership on issues including the mentors in violence prevention programme, forced marriage, FGM and domestic abuse screening processes.
- Secured representation on CPC from registered social landlords and local GPs.
- Contributed to the work of the GIRFEC Planning groups to ensure the needs of children at risk of significant harm are considered within the wider development of the named person service and child's planning arrangements.
- Worked closely with the Children's Rights Officer to ensure child protection related issues are considered from a children's rights perspective

5.0 CONCLUSION

Inverclyde Child Protection Committee continues to pursue its function to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances. The achievements summarised in this report and the programme of work for 2015/16 demonstrates our continued commitment to strive for excellence in the protection of children.

6.0 IMPROVEMENT PLAN 2014-2016

The Improvement Plan is presented below has been updated to reflect developing priorities for Inverclyde Child Protection Committee. It outlines five priority areas for improvement. It is underpinned by the ongoing work of the Child Protection Committee and sub groups which is outlined in sub group work plans and the minutes of CPC meetings.

Planning for improvement

CHILD PROTECTION COMMITTEE

**IMPROVEMENT PLAN April 2014 – March 2016
(updated April 2015)**

Theme - SAFE

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

Focus Area	Where are we now?	Where do we want to be?	How will we get there?	How will we know?	Who will be involved/ lead?
<p>2</p> <p>Participation in Child Protection</p>	<p>HMIe, reporting in 2011 rated the QI ‘Children are listened to and respected’ as excellent. This finding is reflected in the findings of multiagency case file audits.</p> <p>Children and young people who are 5 years and over are given the opportunity to complete CP8 for initial and Viewpoint for review conferences</p> <p>6 monthly data reports have been produced however these show a decline in the use of Viewpoint by children attending Child Protection Review Conferences.</p>	<p>All children are given the opportunity, support and encouragement to contribute their views during CP processes</p> <p>Young people’s views are used to inform development of child protection services</p>	<p>Gather and report on the views of young people and workers regarding young people’s contribution to CP meetings and update tools and processes</p> <p>Monitor and evaluate the contribution of children and young people to Child Protection meetings and decisions</p>	<p>Report produced 2015/16</p> <p>Evaluated and reported as part of multiagency case reviews. (completed for 14/15 and ongoing in 15/16)</p>	<p>Performance Management Sub group</p>

Focus Area	Where are we now?	Where do we want to be?	How will we get there?	How will we know?	Who will be involved/lead?
3 Children Affected by Domestic Abuse	<p>Domestic Abuse was an area of concern in 56% of new Child Protection registrations in the year 2013.</p> <p>Comprehensive spread of services and processes in place to support to victims of domestic abuse and their children (statutory and voluntary sector) including :-</p> <ul style="list-style-type: none"> • Practice guidance • Multiagency screening process • ASSIST service • MARAC process • Cedar service <p>There is a lack of documented evidence that the views of children and young people are influencing service developments.</p>	<p>The level of risk experienced by children affected by domestic abuse is reduced as a result of the intervention of services.</p> <p>Children who have experienced domestic abuse will be offered a service that meets their need for support.</p>	<p>Raise awareness of the MARAC and increase referrals</p> <p>Raise awareness of and increase referrals to the CEDAR service.</p> <p>Specialist Services working with children affected by domestic abuse contribute to the development of a Youth Participation Strategy.</p>	<p>MARAC information sessions delivered and referral data routinely reported 2014/15 (completed)</p> <p>Annual Reports and monitoring data (awareness raising completed and referral data monitored)</p> <p>Documented evidence of participation of service users (children and young people)</p>	<p>Violence Against Women Multiagency Partnership</p>

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

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

Focus Area	Where are we now?	Where do we want to be?	How will we get there?	How will we know?	Who will be involved/lead?
6 Child Sexual Exploitation (CSE) [added 2015]	<p>During 2013 and 2014, CPC partners participated in a scoping, screening and investigation operation led by Strathclyde Police / Police Scotland.</p> <p>The CPC has adopted the West of Scotland Practitioner Resource on Child Sexual Exploitation for use in Inverclyde.</p> <p>A CPC sub group was established in December 2014 to drive this agenda forward. This strategic group has representation at a senior manager level from a wide range of partners.</p> <p>The Strategic group are developing a detailed action plan to identify and respond to local need.</p>	<p>Services take effective action to prevent Child Sexual Exploitation, protect and support the recovery of children and young people who are at risk of abuse or are abused through sexual exploitation, and disrupt and prosecute those who perpetrate this form of abuse.</p>	<p>Taking account of findings from local and national investigations, recommendations from the Scottish Government Action Plan on CSE, and the work of the national CSE working group, identify where Inverclyde's response to CSE should be adapted or enhanced to ensure it meets the needs of those at risk.</p> <p>Plan, deliver and evaluate a programme of action to meet priority areas of need in relation to</p> <ul style="list-style-type: none"> • Prevention • Intervention • Disruption • Recovery 	<p>Priority action plan for 2015/16 agreed by Strategic Group by June 2015.</p> <p>Ongoing monitoring of progress by Strategic Group.</p> <p>Audit and review of cases where child sexual exploitation is an area of concern.</p>	<p>Child Sexual Exploitation Strategic Group</p>

6.0 APPENDICES

Appendix 1 Members of Inverclyde Child Protection Committee as at 31 March 2015

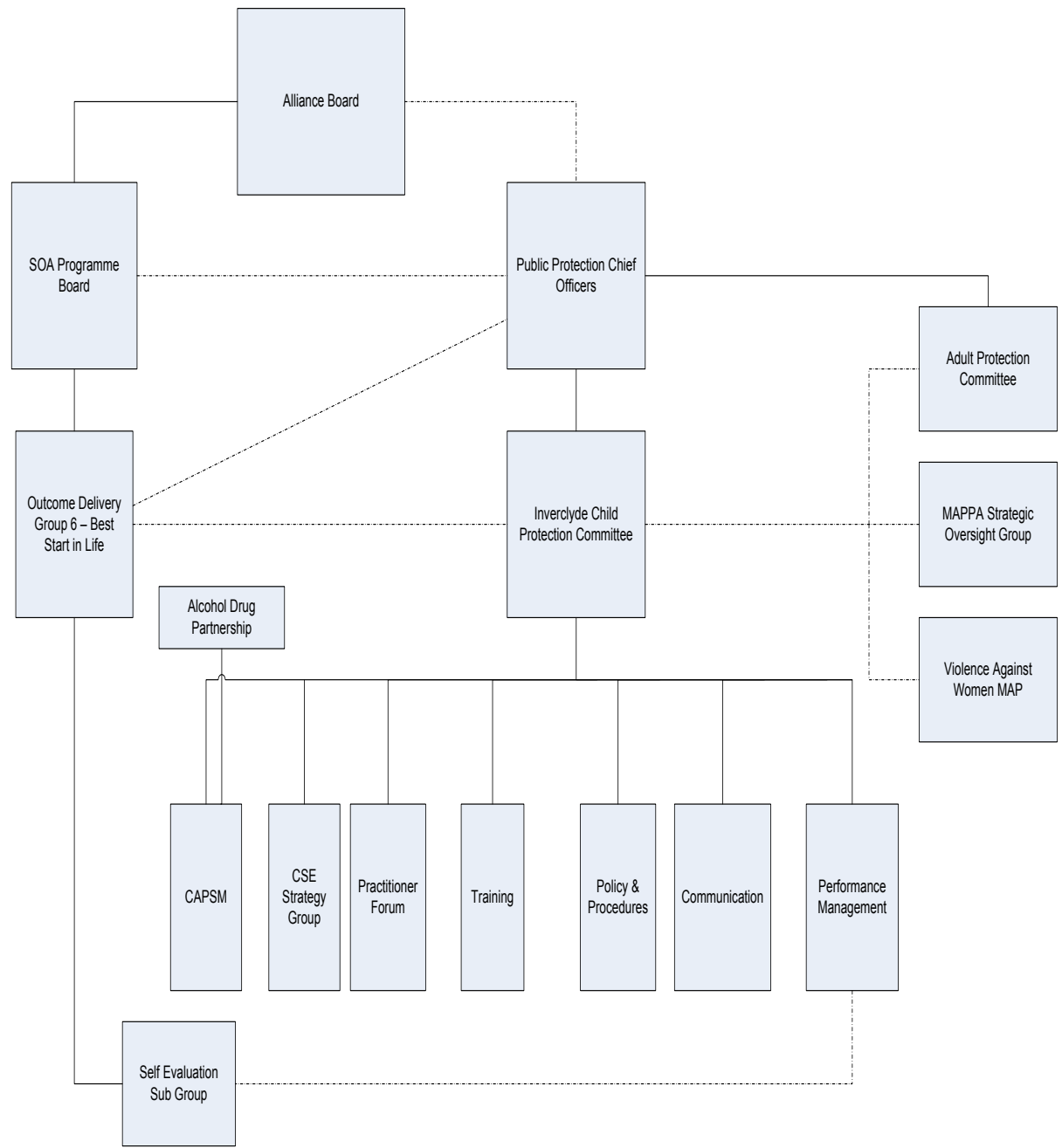
Membership	Agency
Sharon McAlees (Chair)	Inverclyde Community Health & Care Partnership
Angela Edwards (Vice Chair)	Inverclyde Council: Education and Communities
Dr Catherine Addiscott	NHS Greater Glasgow & Clyde
John Arthur	Inverclyde Council: Education and Communities
Sandra Boyle	Mindmosaic (representing the 3 rd sector)
Pamela Brady	COPFS
Nichola Burns	Police Scotland
Jane Cantley	Inverclyde Community Health & Care Partnership
Karen Gleed	NHS Greater Glasgow & Clyde
Elsa Hamilton	Inverclyde Council: Education and Communities
Anne Jamieson	Inverclyde Community Health & Care Partnership
Dr Brian Kelly	NHS Greater Glasgow & Clyde
Samantha King	Barnardo's Nurture (representing 3 rd sector)
Gerard Malone	Inverclyde Council: Legal Services
Bob McLean	Inverclyde Community Health & Care Partnership (Social Work Services) (representing Inverclyde Alcohol and Drugs Partnership)
Aine McCrea	Inverclyde Community Health & Care Partnership

Membership	Agency
Kenneth Ritchie	Scottish Children's Reporter Administration
Jane Wallace	Riverclyde Homes (representing local housing associations)
Susan Mitchell (in attendance)	Inverclyde Child Protection Committee

Appendix 2 Members of Inverclyde Public Protection Chief Officers Group as at 31 March 2015

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

Appendix 3 Governance Structure of Inverclyde Child Protection Committee



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

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

Report To:	Inverclyde Integration Joint Board	Date:	15th March 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/13/2016/SMcA
Contact Officer:	Sharon McAlees Head of Criminal Justice and Children's Services	Contact No:	715282
Subject:	INVERCLYDE COMMUNITY JUSTICE COMMUNICATION & ENGAGEMENT STRATEGY		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Integration Joint Board 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 (Appendix A).
- 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 17th 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 Integration Joint Board note and give comment on the draft Inverclyde Community Justice Communication and Engagement Strategy.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

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 by 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.

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 LIST OF BACKGROUND PAPERS

7.1 Inverclyde Community Justice Transition Plan 2016 – 2017



Inverclyde Community Justice Transition Group

Inverclyde Community Justice

Communication & Engagement Strategy

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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.

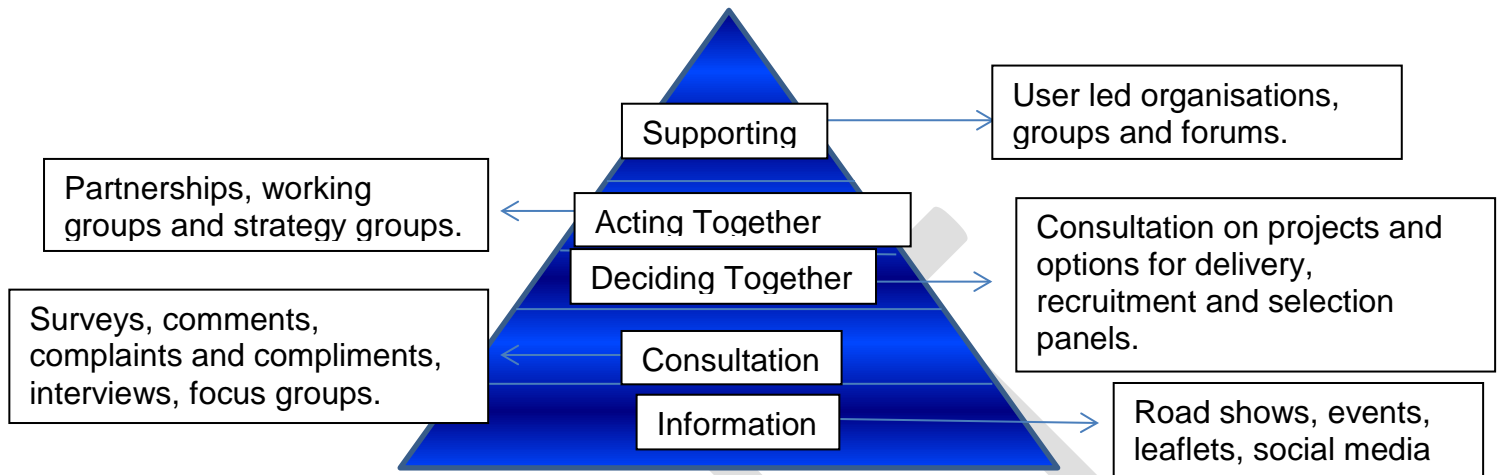
Inverclyde Alliance has applied the GIRFECCC approach and has adapted the wellbeing outcomes as a whole population approach.

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.

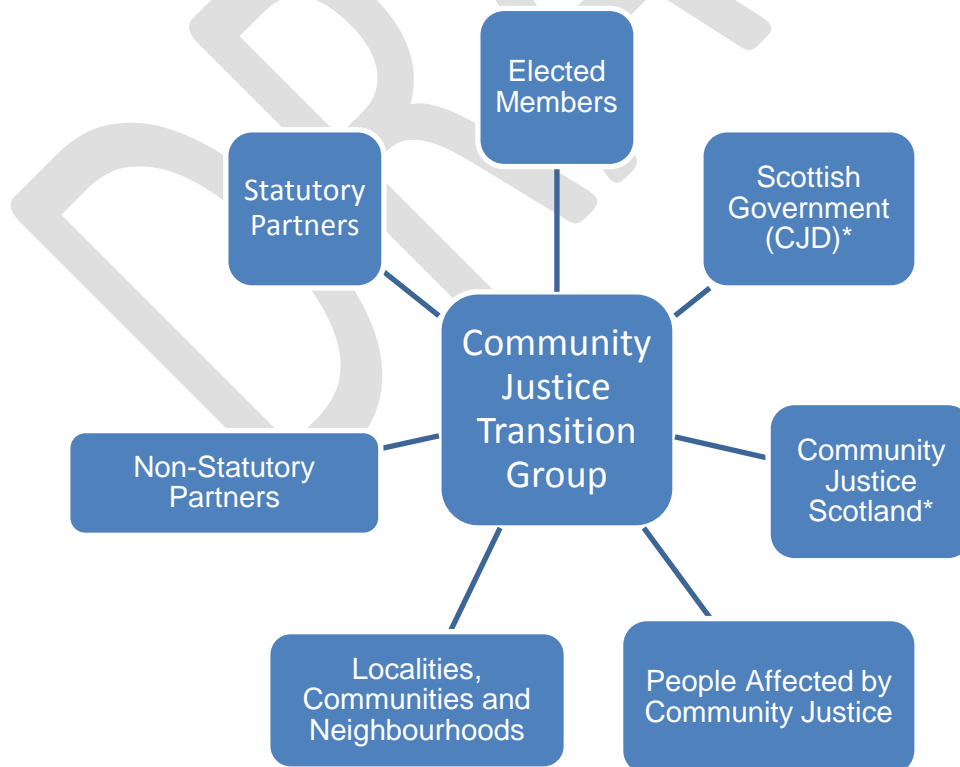
Glasgow Centre for Population Health (2012).

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 1st 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:	Inverclyde Integration Joint Board	Date:	15th March 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB16/2016/SMcA
Contact Officer:	Sharon McAlees Head of Children's Services and Criminal Justice	Contact No:	715282
Subject:	CHILDREN AND YOUNG PEOPLE (SCOTLAND) ACT 2014		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board 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 1st April 1999 who have left care will be entitled to After Care until their 26th birthday and those looked after in foster, residential or kinship care will be entitled to a continuing care placement until their 21st 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 Integration Joint Board 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 Integration Joint Board.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

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 1st 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 into effect in April 2015 and describes a new duty on local authorities to provide young people, born after 1st 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 1st 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 are 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 are 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 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.

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 LIST OF BACKGROUND PAPERS

7.1 Children and Young People (Scotland) Act 2014.

Report To:	Inverclyde Integration Joint Board	Date:	15th March 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/17/2016/SMcA
Contact Officer:	Sharon McAlees Head of Children's Services and Criminal Justice	Contact No:	715282
Subject:	CHILD SEXUAL EXPLOITATION		

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board 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 are 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 multi-agency 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 Integration Joint Board.

1. Notes the on-going work of the Child Protection Committee and the Child Sexual Exploitation Working Group, 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 multi-agency 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.

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 Inverclyde Child Protection Committee.

7.0 LIST OF BACKGROUND PAPERS

- 7.1 None.

Report To: Inverclyde Integration Joint Board **Date:** 15th March 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership (HSCP) **Report No:** IJB/20/2016/BC

Contact Officer: Beth Culshaw
Head of Health and Community Care **Contact No:** 01475 715283

Subject: Delayed Discharge Performance

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board 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-factorial, 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 performance. 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 as a 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

2014/15							
	14/12	21/12	28/12	4/1	11/1	18/1	TOTAL
New A & E attendances	567	570	529	610	559	523	3358
4 hour A & E compliance	80%	85%	92%	85%	87%	89%	
Delayed patients at end of week	26	21	18	20	20	31	136

2015/16							
	13/12	20/12	27/12	3/1	10/1	17/1	TOTAL
New A & E attendances	595	578	551	574	612	597	3507
4 hour A & E compliance	91%	91%	92%	91%	95%	95%	
Delayed patients at end of week	11	10	3	5	16	11	56

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 - December 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	Dec Actual	Dec 50% Target	Dec 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	379	307	153	2,793	2,760	1,380	3168	3680	
East Renfrewshire	4,829	4,799	4,093	5171	2445	2,896	164	84	112	100	155	105	163	170	170	201	101	1,223	1,811	905	201	1728	2415
Glasgow City	53,110	56,635	64,865	43,185	39,929	38,152	2204	2106	1513	1571	1668	1417	1563	1484	1566	2,213	1,106	15,092	19,916	9,958	18540	26555	
Inverclyde	6,724	5,497	5578	3744	3010	3,462	138	97	80	142	167	192	116	99	90	280	140	1,121	2,522	1,261	1608	3362	
Renfrewshire	16,207	14,319	19792	12,698	5835	5,325	529	482	436	423	284	262	198	172	153	675	338	2,939	6,078	3,039	2988	8104	
West Dunbartonshire	7,638	8,644	8611	6050	4925	5,802	396	284	230	263	242	157	219	187	301	159	2,279	2,864	1,432	2736	3819		
GGC(All above areas)	95,867	96,777	109,309	76,382	58,830	60,553	3,893	3,511	2,658	2,807	2,732	2,279	2,542	2,366	2,659	3,994	1,997	25,447	35,950	17,975	30768	47934	
North Lanarkshire			1,561	793	677	1,244	104	89	83	117	100	168	159	56	21			820				1248	
South Lanarkshire			4,101	3,922	4851	5,812	301	383	329	295	355	255	252	249	280			2,170				3372	
All other area's			2,042	2,288	2,985	3,750	267	330	229	167	223	158	180	225	245			1,554				2400	
All area's			117,013	83,385	67,343	71,359	4,565	4,313	3,299	3,386	3,410	2,860	3,133	2,896	3,205	3,994	1,997	29,991	35,950	17,975	64068	81087	

Bed Days Lost to Delayed Discharge for AWIs - Acute

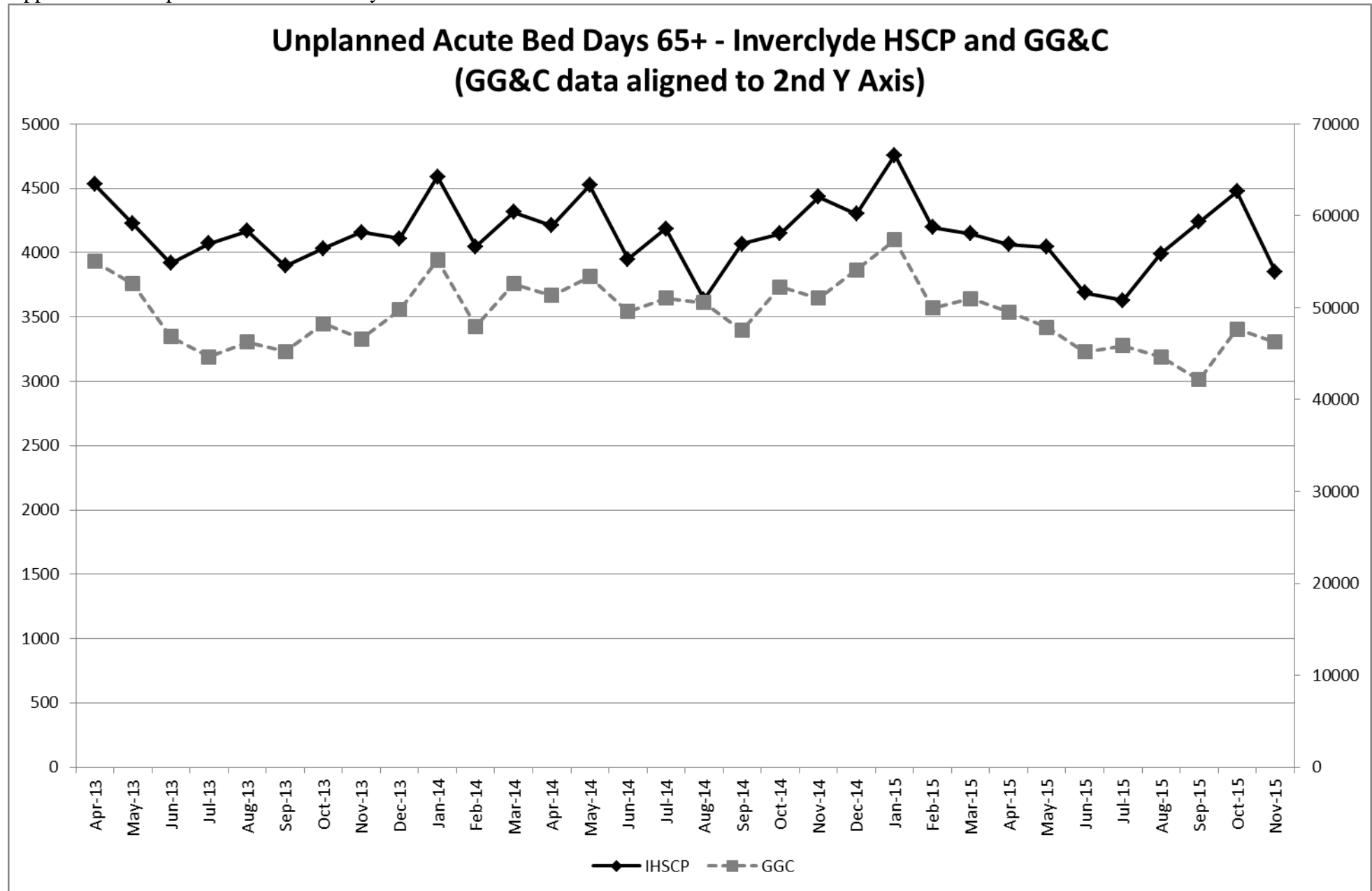
(patients aged 65 & over on day of admission)

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	Dec Actual	Dec 50% Target	Dec 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	10	133	67	596	1,200	600	336	1600	
East Renfrewshire	1,219	829	60	386	31	213	0	0	7	31	19	30	61	60	47	51	25	255	457	229	492	610	
Glasgow City	18,704	13,319	19,188	9,341	8,936	8,987	556	638	752	890	1033	831	811	751	934	779	390	7,196	7,014	3,507	7236	9352	
Inverclyde	300	582	352	53	108	31	0	0	0	0	0	0	0	0	0	13	6	0	113	56	0	150	
Renfrewshire	2,128	1,190	1647	2,050	2288	4,301	351	402	321	370	217	180	148	131	108	89	44	2,228	798	399	2304	1064	
West Dunbartonshire	931	3,160	1798	1,872	1547	2,127	124	93	111	137	120	82	153	128	200	39	19	1,148	349	175	1644	466	
GGC(All above areas)	26,482	21,155	24396	13,765	12,925	16,844	1,241	1,287	1,254	1,490	1,425	1,153	1,204	1,070	1,299	1,103	552	11,423	9,931	4,965	15288	13241	
North Lanarkshire			0	0	0	90	30	31	30	60	23	0	0	0	0	0	0	174				168	
South Lanarkshire			756	268	975	1,188	91	111	60	8	0	0	0	0	0	0	0	270				12	
All other area's			322	385	365	634	5	0	0	0	0	0	0	0	0	0	0	5				60	
All area's			25,474	14,418	14,265	18,756	1,367	1,429	1,344	1,558	1,448	1,153	1,204	1,070	1,299	1,103	552	11,872	9,931	4,965	15528	13241	

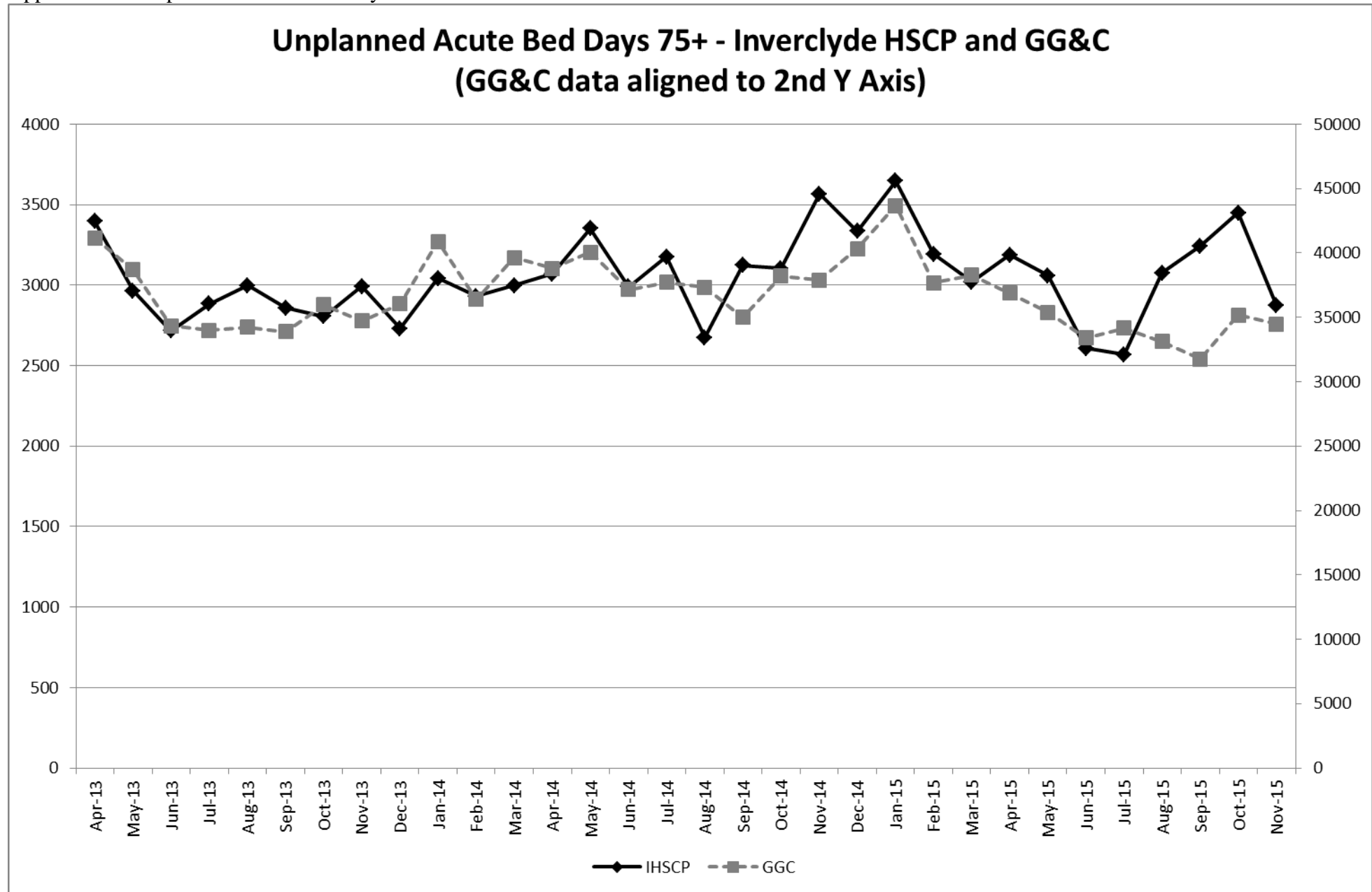
AWI identified by code "51X"

Edison extract as at 29th January 2016

Appendix B – Unplanned Acute Bed Days 65+



Appendix C – Unplanned Acute Bed Days 75+



Report To: Inverclyde Integration Joint Board **Date:** 15 March 2016

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

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

Subject: HSCP CAPITAL DEVELOPMENTS

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on the progress of the new Greenock Health and Care Centre and the Adult and Older People Continuing Care Beds for Health (Orchard Grove).

2.0 GREENOCK HEALTH AND CARE CENTRE

- 2.1 Funding has been agreed by the Scottish Government to provide a new health and care centre in Greenock. The Initial Agreement has been approved by the NHSGGC Board and will now go forward to the Scottish Government Capital Investment Group meeting on 15th March 2016 for final approval.
- 2.2 The site options process was concluded by the Greenock Health Centre Project Board on 26th February, where the options analyses were considered. The Project Board assessed that the option that met most of the core criteria was the Wellington Street site. That site is now established as the preferred site, so once the Initial Agreement has been approved by the Scottish Government, work can progress on developing the Outline Business Case (OBC) for the Wellington Street site. The OBC is due to be completed by October 2016.
- 2.3 Part of the OBC process will be to ensure stakeholder engagement. A series of sessions will be arranged by the Project Board and Delivery Group to allow staff and communities to be involved with the planning and design preferences. These sessions will also aim to showcase best practice from other parts of Scotland, including options for new ways of working that make the most of modern technology.
- 2.4 At an early point in the planning stage we will establish an Arts and Environment Group. The group will involve staff and community representatives to:
- Enhance the health centre environment
 - Involve the local community, staff, patients and their families
 - 'Green' the healthcare environment with inclusion of living plants and landscaping (where appropriate)

- Provide a strategic direction in relation to arts and ongoing creative and performing arts activity that influences health and wellbeing.

2.5 The key project programme dates for the new health and care centre are detailed in the table below:

Milestone	Planned Date
Outline Business Case	October 2016
Full Business Case	October 2017
Financial Close	December 2017
Construction Begins	March 2018
Completion	July 2019

3.0 ADULT AND OLDER PEOPLE COMPLEX CARE BEDS - “ORCHARD GROVE”

3.1 The development of a modern, fit-for-purpose facility to replace the old Ravenscraig Hospital provision has been agreed for some time now, and the Full Business Case (FBC) has already been approved by the Scottish Government. However the project was delayed due to a technical procurement issue that had to be resolved at national level. That issue has now been resolved and financial close was agreed by the Scottish Government on Friday 26th February 2016.

3.2 This means that construction can begin, scheduled to start on 16th May 2016 with completion due by 30th June 2017. Post completion there will be an 8 week commissioning period concluding with all patients from Ravenscraig hospital moving to Orchard Grove in August 2017. This will complete the redesign of in-patient services as proposed in The Clyde Modernising Mental Health Strategy.

3.3 In considering both the new Health & Care Centre and the Complex Care Beds development as part of a wider programme of capital improvements in Inverclyde, residents should see an improvement in the overall quality of their public sector estate. Orchard Grove aims to replace outdated and worn-out premises with a new, purpose-built facility fit for future needs in Inverclyde. Likewise, the new Health and Care Centre will allow us to close a number of old and unsuitable buildings and deliver services in a more joined-up way, from modern, purpose-built accommodation.

4.0 RECOMMENDATIONS

4.1 The Integration Joint Board is asked to note the progress to date.

Brian Moore
Chief Officer
Inverclyde HSCP

5.0 IMPLICATIONS

FINANCE

- 5.1 Financial Implications: NHSGGC is leading on this project and will hold the budget. The HSCP will work within the constraints of that budget.

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 There are no legal issues within this report.

HUMAN RESOURCES

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

EQUALITIES

- 5.4 Tackling inequalities is one of the key drivers in our proposed operating model, so we anticipate a positive impact for those groups that experience a more negative experience of care and outcomes.

Has an Equality Impact Assessment been carried out?

X

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.

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 None.

Report To:	Inverclyde Integration Joint Board	Date:	15th March 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/21/2016/DG
Contact Officer:	Deborah Gillespie Head of Mental Health, Addictions and Homelessness	Contact No:	715284
Subject:	INVERCLYDE DEMENTIA STRATEGY UPDATE		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board of progress with implementation of the Inverclyde Dementia Strategy.

2.0 SUMMARY

- 2.1 The CHCP Sub-Committee received reports in January 2013, January 2014 and February 2015 in respect of the Strategy and ongoing work and progress being made in respect of the Inverclyde Dementia Strategy. The CHCP Sub-Committee endorsed Working Together Towards a Dementia Friendly Inverclyde, the Inverclyde Dementia Strategy for 2013-2016; agreed the investment of £70,000 to support implementation of the Dementia Strategy; and agreed to receive annual updates on the implementation of the strategy.
- 2.2 The action plan being taken forward reflected the work required to meet the needs of people with dementia, their families and carers with reference to the outcomes identified within the strategy:
1. Improved coordination, collaboration and continuity of care across services;
 2. Improved access to services
 3. Improved flexibility of services;
 4. Improve the capacity of services to be responsive;
 5. Increase awareness of dementia in the general public and community;
 6. Increase the opportunities for people with dementia, their families and carers to contribute to service planning.
- 2.3 The action plan included proposals in Outcome 5, Increase Awareness of Dementia in the General Public and Community to develop a proposal for the promotion of a dementia friendly Inverclyde. In February 2015 the CHCP sub committee noted that the specific work in relation to this would be progressed in conjunction with the Inverclyde Alliance.
- 2.4 The action plan in respect of the Strategy is wide ranging and ambitious. The subsequent work to take forward the strands of work to achieve the outcomes has been enabled by the development of a number of subgroups with a focus on the following key areas of work:

- Learning and Development – workforce and community
- Health and Social Care – including wider care settings
- Engagement with people with dementia, their families and carers
- Community development initiative.

2.5 Further areas of work related to the strategy have been linked in with wider work, for example in respect of Housing, which is being taken forward within the RSL liaison forums, and is referenced within the Housing Contribution Statement within the Integrated Joint Board's Strategic Plan.

2.6 An identified area for further development relates to evaluation of work, and specifically in respect of the overall impact of the strategy to meet the outcomes.

2.7 Consideration is currently being given to the resources required beyond March 2016 that will enable both evaluation and the community initiative to continue.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to acknowledge progress and endorse the report.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 It is estimated that there will be currently 1345 people over the age of 65 with dementia living in Inverclyde, [UK Eurocode]; 661 people were on the GP dementia registers in Inverclyde in November 2015, 46% of the projected population with dementia. This figure is projected to rise significantly over the next 20 years.
- 4.2 The Inverclyde Dementia Strategy built on work underway to respond to the first National Dementia Strategy for Scotland, and reflects the priorities within the current 2013-16 National Dementia Strategy. The current strategy emphasises the whole pathway of care for people with dementia, across the wide range of settings within which people with dementia, their families and carers engage, based on an improved understanding of the needs of people with dementia, respect and promotion of rights within the care being provided.
- 4.3 There is a strong focus on early diagnosis and post diagnostic support enabling people with dementia, their families and carers to understand the illness, plan forward and have an equal role in their care throughout the progression of the illness.
- 4.4 The promotion of dementia friendly communities within the strategy is a key area of work in enabling others to respond positively to people with dementia, and in challenging stigma. The aim is to ensure that people with dementia can remain engaged with their communities, and improve their confidence in maintaining their everyday life, sustaining their quality of life, and those of their families and carers.
- 4.5 Currently the Scottish Government is considering the focus for the third national strategy, following a series of Dementia Dialogue events held throughout Scotland in Autumn 2015. It is anticipated that this will continue to develop approaches to post diagnostic support, within the primary care setting; further develop use of the 8 pillar model of support; a focus on palliative and end of life care specifically in respect of people with dementia; and development of an advanced dementia practice model to support consistent coordination of care for people throughout their illness. It is anticipated that this will be produced in Autumn 2016.

The Inverclyde Strategy is due to be reviewed this year. This will be taken forward with reference to the new national strategy in late 2016 into 2017.

5.0 INVERCLYDE DEMENTIA STRATEGY IMPLEMENTATION WORK

- 5.1 Implementation of the Inverclyde Dementia Strategy is led by the HSCP, with a range of partners working together within the Implementation Group. The original action plan is being taken forward within a number of subgroups:
 - Learning and Development – workforce and community
 - Health and Social Care – including wider care settings
 - Engagement with people with dementia, their families and carers
 - Community development initiative

The lead officer also represents the implementation group within the Greater Glasgow and Clyde Dementia Strategy Group.

5.2 Learning and Development:

Workforce development is central to enabling organisations to understand and respond to the needs of people with dementia. This has been taken forward by development of a Learning and Development plan. There is specific training focused

around health and social care services and staff, based on the Promoting Excellence Framework. Training is delivered by staff from the HSCP, Alzheimer Scotland, Scottish Care, and River Clyde Homes.

The following is a summary of training that has been delivered within Inverclyde in 2015. An analysis of training provided to date and proposals for continuing development of training are being prepared for the Implementation Group to consider in April 2016.

- 5.3 **Dementia Informed Practice:** a total of 136 staff within the HSCP and independent sector have undertaken this training. A number of additional courses have been delivered across Inverclyde, in particular to Housing staff within the RSLs and Care Home staff.
- 5.4 **Dementia skilled practice:**
Data is currently being collected on the delivery of dementia skilled practice, with work to develop and extend access for staff. There has been a one day course running in acute services; 90 staff have been trained via a one day course in Learning Disability services. Further development is underway for a 4 x Half Day modular course to go out to remaining front line staff.
- 5.5 **Dementia Enhanced Practice:**
Several Staff have completed the NES course: promoting psychological wellbeing for people with dementia: an enhanced practice resource.
- 5.6 **Expertise in Dementia Practice:**
1 member of the Older People's Mental Health Team has completed the Post Graduate Certificate in Dementia Studies.
- 5.7 **Dementia Ambassadors:**
A total of 26 people have been trained and are committed to being a Dementia Ambassador; this includes 13 people within the HSCP, 11 in the independent sector and 2 within IRH.
- 5.8 **Dementia Friends:**
The community initiative has been able to work together with Alzheimer Scotland to deliver Dementia Friends Awareness sessions to organisations within Inverclyde and link interested people to further training to become Dementia Ambassadors. The future role of the Dementia Ambassadors is currently being considered, including their role in training and awareness raising within the community as volunteers.
- 5.9 **Health and Social Care development work:**
This is led by Mental Health services, and includes representation from Health and Community Care, and Acute services. The work within services is underpinned by the Dementia Service Framework, which has been the outcome of work undertaken within the Clinical Services Review within Greater Glasgow and Clyde, alongside the national strategy and developments in best practice for people with dementia, their carers and families. The work plan and current progress for this group are attached as appendix 1.
- 5.10 **Post diagnostic support:**
This has continued to be a key area for development reflecting the key commitments within National Dementia Strategy, with a national HEAT target [now standard] which states that "by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan."

An evaluation of the first twelve months of the post diagnostic support service

identified a number of issues requiring to be addressed in the development of this provision, specifically:

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

The wider subgroup's work plan reflects the means by which some of these have been addressed, particularly in respect of improving pathways. The resolution of recruitment to the Consultant Psychiatrist posts within the service last Spring has resulted in a more consistent approach to diagnosis and referral on to PDS, within the memory assessment service.

The Link Worker came in to post since February 2013. During the first full year reporting in respect of the HEAT target between April 2013-14, 67 people newly diagnosed with dementia were referred, and engaged with this support. During 2015 in response to the increased demand, further resource was allocated to this area of work, with a social work assistant role being refocused as a Linkworker to provide post diagnostic support, on a part time basis. The total number of people who have received or are receiving PDS as at end December 2015 was 301, of which 178 are active on the caseload. [Performance report is attached as appendix 2.]

The model of service, with employment of the Linkworker via Alzheimer Scotland, based within our Older Persons Mental Health Team has proved effective in enabling this element of service to develop. This post is currently enabled by the allocation of earmarked reserves from Inverclyde Council. The intention is that this will be able to be sustained within the end point funding for the service once Ravenscraig has been fully reprovided.

5.11 Inpatients:

Representatives within the Health and Social Care subgroup are also directly involved in key strands of work across GG&C, for example commitment 11 to improve the environment and care within inpatient settings.

Key actions for Inverclyde are currently focused on developing staff skills, and activities with patients. Stress and distress training is commencing in April 2016, and this has been facilitated by the recent recruitment of a Consultant Clinical Psychologist for the older adult mental health services locally. Inpatient staff are also receiving updated training in legislation, POA and AWIA. ACUMEN colleagues are currently using the 15 steps approach as part of patient conversation sessions. Activity within the wards has been extended with local secondary schools visiting the wards to provide entertainment sessions; and the afternoon cinema matinee screening of films. Ardgowan Primary School is working with the ward areas to provide memory boxes for patients. This has been facilitated as part of the wider Arts Strategy work for the reprovion of inpatient services.

5.12 Engagement with people with dementia, their families and carers:

This work is led by Your Voice and Inverclyde Carers centre respectively. There is a recognised need to develop specific approaches to enable the involvement of people with dementia in the continuing development of services, and within the wider community initiative. Your Voice have brought a dementia focus group together working with Alzheimer Scotland and the PDS link workers to identify people who

wish to engage. This has also been supported through the involvement of the Scottish Dementia Working Group. Currently there are six people actively engaged and a further three people who have expressed an interest. The aim is for this group to become a reference group, and this will take further time to develop and to support them to be self-directing.

The approach with carers has been to embed this within the overall Carers strategy, mapping specific needs of carers of people with dementia within wider actions, and linked to key outcomes. There are specific forums for carers of people with dementia to come together and to contribute to service development, as a reference group.

5.13 **Community Development Initiative:**

The action plan included proposals in Outcome 5, Increase Awareness of Dementia in the General Public and Community to develop a proposal for the promotion of a dementia friendly Inverclyde. This is supported by the employment of a senior community development worker from the resource provided. This worker came in to post in May 2015.

This enabled the project group for the community initiative to come together, led by the community development worker and work to commence on piloting an approach within the Gourrock area. The key outcomes being tested within the project are as follows:

- Improved awareness and understanding of dementia to reduce the stigma within the community
- Improved knowledge and skills within the community to become responsive individuals
- Provide better access to facilities by creating a dementia friendly environment
- Improved opportunities to enhance the social life of people with dementia in the community
- Improving thereby the health and wellbeing of people with dementia. The attached report highlights the progress that is being made to pilot the community initiative. [Appendix 3].

5.14 Awareness raising, communications and information provision are a key element of the work. Support from Corporate Communications has been obtained to enable the development of a communications plan for the existing dementia strategy. This continues to develop based on the following objectives:

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

Work within the re-established local Anti Stigma Partnership has included seeking to gather some baseline information on stigma and dementia, by the inclusion of questions within the Autumn Citizens' Panel. The outcome of this will inform the approach to awareness raising further.

5.15 **Other work streams:**

Within the Strategy implementation plan linkage is made with wider strategies and work with partners and within the HSCP to take forward elements of the strategy.

- 5.16 **Housing:** this is now explicitly referenced within the Housing Contribution Statement as part of the Strategic Planning work for the IJB. RSL staff have been actively engaged with training. There is a proposal for consideration of developing a housing model for people with dementia in the context of review of existing sheltered housing provision with River Clyde Homes.
- 5.17 **Power of Attorney Campaign:** Inverclyde has joined in with the national Power of Attorney, Start the Conversation, campaign. This launched its second phase in December 2015 with a series of TV adverts highlighting the importance of planning for the future through undertaking Power of Attorney. This was promoted locally via the Inview magazine to all residents and press releases.

The campaign is about raising awareness about what Power of Attorney is, and how individuals can make decisions in advance that will protect them and their family in the event that an individual loses the capacity to make decisions for themselves. It informs and encourages individuals to act now and plan ahead and think about who they would like to make decisions on their behalf. The information includes what is involved in making a Power of Attorney, how much it will cost, and highlights the difference that this can make for people faced with this situation.

Initial information from the period of the TV campaign in December indicates the following activity to the websites:

Power of Attorney page

Total Page Views	253
Unique Visitors	89
Visitor Sessions	210

Dementia Friendly Inverclyde

Total Page Views	368
Unique Visitors	109
Visitor Sessions	260

Whilst participation in this has been generated by the Dementia Strategy Group the significance of POA extends to all of us. It is intended to continue with the campaign via press releases and the website. Currently Your Voice and the Carers centre are collating stories of how POA can support people and their families.

6.0 EVALUATION

A primary challenge the strategy group have identified is how we know what we are doing is making a difference. Initial consideration has been given to how to evaluate the impact of the actions being taken within the Dementia Strategy work, both within the service areas, and within the locality of Gourock as the pilot area. It is anticipated that the Social Attitudes survey 2015 will provide some baseline information, alongside the outcome of the Citizens' Panel with respect to the wider community. Organisations within the pilot area will contribute to this as part of their development of providing a dementia friendly environment. The services are reviewing existing measures, both of a quantitative and qualitative nature. The use of personal stories and experiences has been captured in previous consultations with our community and this will continue to inform the overall picture.

Evaluation work does require some dedicated support, and this is reflected within the resource considerations currently as indicated in section 6 below. Consideration is also being given to other resources locally, for example within CVS and approaches are being made to other organisations, for example IRISS.

7.0 IMPLICATIONS

FINANCE

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

- Alzheimer Scotland Link Worker: £30,000.

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

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

Continued investment of £35,000 is required to enable the community development work to continue.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

As part of the 2016/18 budget setting process the Members' Budget Working Group have agreed that an EMR will be progressed for £115,000 to fund the Inverclyde Dementia Strategy. It is proposed that this is funded from the £250m funding allocated to the Integration Joint Board, as part of the 2016/17 Budget.

LEGAL

7.2 There are no legal issues within this report.

HUMAN RESOURCES

7.3 Currently, employment of a Senior Community Development worker on a fixed terms basis for 12 months.

EQUALITIES

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

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

Has an Equality Impact Assessment been carried out?

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

8.0 CONSULTATION

- 8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with:

Launch of Inverclyde Dementia Strategy Consultation April 2013

Getting it right for people with dementia, their families and carers: Working Towards a Dementia Friendly Inverclyde May 2014.

Ongoing engagement with people with dementia through Your Voice

Ongoing engagement with carers through Inverclyde Carers centre.

There is further engagement within focus groups and events specific to the work streams within the wider Dementia Strategy.

9.0 BACKGROUND PAPERS

- 9.1 CHCP Sub Committee Report January 2013.

CHCP Sub Committee Report September 2013.

CHCP Sub Committee Report January 2014.

SOA Programme Board Report May 2015.

Inverclyde Alliance Board Update Report February 2016.

National Dementia Strategy 2013-16; Scottish Government.

Creating a Dementia-Friendly York, a Joseph Rowntree Foundation report.

Developing dementia-friendly communities; Local Government Association.

Dementia Friendly Yorkshire First Steps in the Journey 2014.

Improving the design of housing to assist people with dementia: CIH.

How to help people with dementia: A customer facing staff guide.

Research into dementia services in Inverclyde for SAMH: Red Circle Communications: 2014.

Presentations from Getting it right for people with dementia their families and Carers: Working towards a dementia friendly Inverclyde 16th May 2014.

Health and Social Care Subgroup (Dementia Strategy) Work Plan. February 2016.

TOPIC	ACTION REQUIRED	LEAD RESPONSIBILITY	DATE TO BE COMPLETED	COMPLETED / COMMENTS
1. Repeat 'Dementia Standards Check List'	Checklist used as self rating tool to allow areas to consider performance against the standards. This was done in 2011. To repeat; review progress and identify areas for further improvement.	Service Manager Mental Health	June 2016	
2. Implement Dementia Care Pathways, including access from acute services	Continue to build on existing good practice in relation to working with people experiencing dementia across different locations and organisations. Outline routes into dementia pathway.	Service Managers HSCP, Acute sector	Ongoing	Dementia Service Framework [Clinical Services Review] provides basis for ongoing work. Dementia pathway within MH services now fully developed, screening process, SPOA meetings. New Consultants recruited and fully involved in this process.
	Development work progressing to review role of Argyll Unit (formerly known as Day hospital) in relation to fast track assessment, memory clinic, associated specialist assessment and development of therapeutic work, and how these services integrate effectively with wider community supports for older people	Lead OT/ Health Team Lead OPMHT	April 2016	Initial review completed; proposal being drawn together. Staff engaged with review; further consultation with wider stakeholders once proposal complete.
	Pathway for people with early onset dementia	Service Manager Mental Health		Difficulty identifying scale of difficulties via Social work records. Request has been

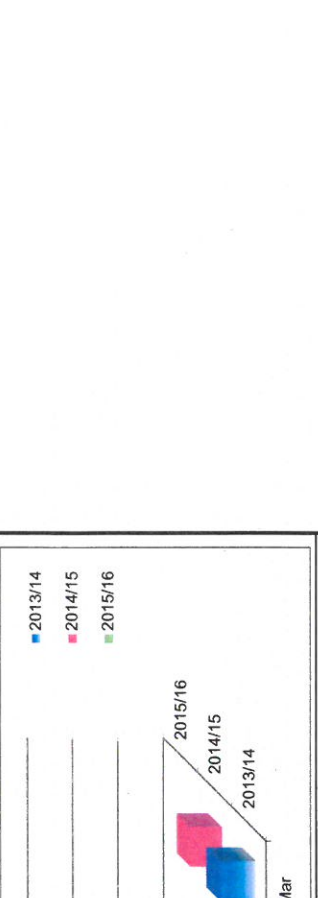
	Work required to clarify current arrangements and identify any gaps			made to look at PIMs records also. Circulated referral criteria for Young Onset Dementia Service Link with Alzheimers Scotland YD service
	Pathway for dementia, people with Learning Disability Work required to understand work taking place at present	Wider GGC wide group looking at pathway for people with dementia. Local link to this via one of nurses. Consultant Led within GGC.		Dementia Ambassadors within LD service It was noted that older carers of people who have LD might also experience dementia, and that this can be a challenge to LD services All staff within LD team have completed dementia training There is work taking place led by Dr Moira Phillips in relation to dementia and LD.
	Link with dementia within addictions services	Team Lead, Addictions	Current	Discussion about dementia training within addictions services, and relationship with ARBD. Clarification of access to PDS required for ARBD.
	Pathway for people who are in medical acute wards	Dementia Champion Acute Sector; Service Manager Mental Health		Good links in place, utilising mental health liaison nurse, supporting people on acute wards, and managing transfer to ward 4 when required. It was noted that making diagnosis not usually appropriate at this stage, due to complications of medical conditions. Average age of people in acute wards over 80, which means that wards are often supporting people with dementia. Further work required in relation to role of dementia ambassadors within wards

	Care home liaison, in reach into care homes	Service Manager Mental Health; Team Leads OPMHT; Consultant Psychologist	March 2016	New Liaison Psychiatry Post is currently being recruited Nursing liaison post is currently extremely busy and unable to manage rising demand. Consideration being given to expanding this service PDS model available to those who are diagnosed whilst in care homes. Training for Care staff around 5 pillars model available. Discussions taking place around the provision of 'Stress and Distress' training for staff within care homes, as a means of supporting good care and practice
3. Support GP led early diagnosis	GPs appear NOT to be diagnosing in primary care, but continue to refer to memory clinic/consultants. Review of GP dementia register information	Wider GGC work with GPs	Ongoing	Local focus on maintaining good relationships between primary care and OPMH, in order to provide a good basis for effective diagnosis and support.
4. Liaison nurses supporting staff to recognise signs of dementia aligned with mental wellbeing strategic outcomes	On going recruitment of liaison consultant psychiatrist to support this work. Link with delayed discharge work.	Service Manager/HoMH	March 2016	Already have liaison nurses in place for both care home and acute hospital situations. New Liaison Psychiatry post being recruited
5. Dementia Ambassadors in different services	Work required to clarify penetration of dementia ambassadors and to ensure that their role within different service sectors is well	Learning and Development subgroup.	April 2016	

	understood and promoted			
6. Ensure end of life and palliative care strategy includes actions in relation to people with dementia	Pathway has been developed	Lead Nurse Inpatients	Ongoing	Involvement with ongoing groups developing this work further. Focus needs to extend out with inpatient setting. Anticipate development at national level.
7. Continue to develop support plans maximising use of Assistive Technology, Telecare, Telehealth (RCOP)	Work to promote better understanding of assistive technology in relation to the enabling and support of people with dementia	Lead OT	Ongoing	Lots of work happening in relation to this; community alarms etc. There is a good understanding across services of the use of visual prompts, memory boards , orientation and visual cue strategies. Discussion is happening around the use of 'talking mats' to facilitate communication. New build properties (housing association) increasingly are pre installed with networking cables etc to allow telecare solutions in the future
8. Implement asset based and outcome focussed assessment and support planning including pillars of support models	Training still to be developed- work ongoing to incorporate SHANARRI outcomes planning.	Service Manager Assessment and Care Management	Spring 2016	Link with Outcome focussed person centred work in OPMHT SHANARRI training not yet rolled out
9. Ensure Guardianship, POA and related matters are discussed at an early stage of care planning	GGC TV/Website/Leaflet campaign Plan to sustain focus within HSCP via website and press releases.	HoMH/ Communications HSCP	Current	Publicity re POA- e- notice boards MHO service has been involved in giving advice Leaflets available. PDS planning process includes this POA guides re circulated Outcome information from December campaign awaited.
10. Maximise evidence based practice in service development and redesign in respect	Bring together work streams as above	All	Ongoing current	Person centred collaborative work, OPMHT

of dementia care				
11. Develop links to national networks to inform local developments	Scottish government, SWS, NHS Quality Improvement, Planning and strategy groups etc	All	Current	Person centred collaborative work, OPMHT
12. Ensure the Learning Disability Strategy enhances action for people with LD and dementia	Referral pathway work within LD on going.	Team Lead LD	Current	LD redesign groups continue to meet. TL and SM attend steering group and so can contribute to discussion around Dementia.
12. Driving and Dementia, information	Request from Carers centre to provide information to give clarity in relation to law and driving for people with dementia	PDS Linkworker.	March 2016	

Performance Measure	Referrals to PDS												Service Area & Lead:	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target	Direction
2013/14	11	8	7	7	5	2	3	3	3	3	6	8		
2014/15	6	5	6	4	4	6	4	13	8	7	7	7		
2015/16	5	8	12	19	19	21	27	18	25					



ACTION

UPDATE

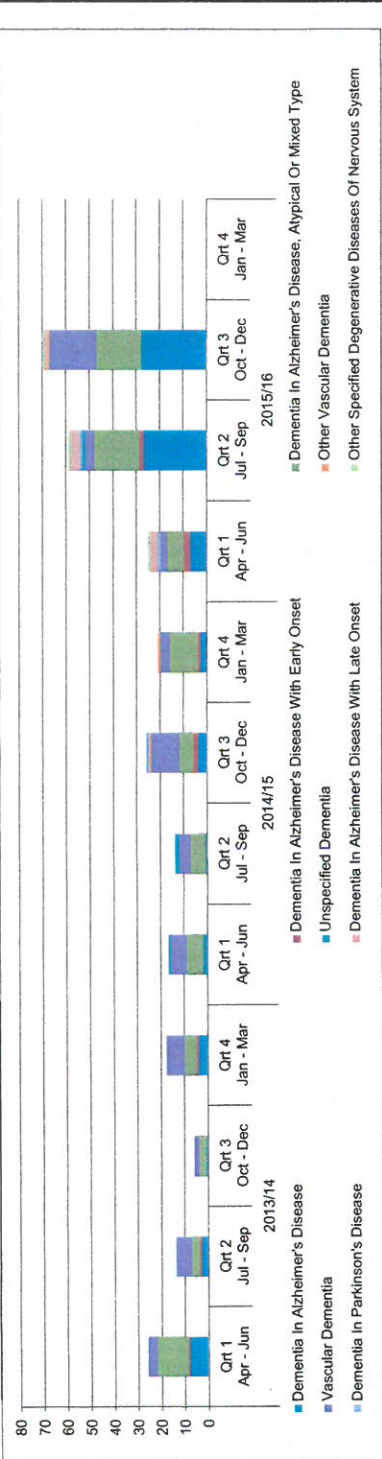
Performance Measure	Stage of illness when referred																Service Area & Lead:	
	2013/14				2014/15				2015/16				Target	Direction				
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		
Mild	15	8	2	11	6	6	11	7	14	30	33							
Moderate	9	5	3	5	6	5	12	12	8	28	33							
Severe	1	1	0	0	0	0	2	2	1	1	4							
NK Undetermined	1	0	1	1	5	2	0	0	2	0	0							

Year	Q1	Q2	Q3	Q4
2013/14	15	8	2	11
2014/15	6	6	11	7
2015/16	14	30	33	

Stage	2013/14 Q1	2013/14 Q2	2013/14 Q3	2013/14 Q4	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4
Mild	15	8	2	11	6	6	11	7	14	30	33	
Moderate	9	5	3	5	6	5	12	12	8	28	33	
Severe	1	1	0	0	0	0	2	2	1	1	4	
NK Undetermined	1	0	1	1	5	2	0	0	2	0	0	

ACTION
UPDATE

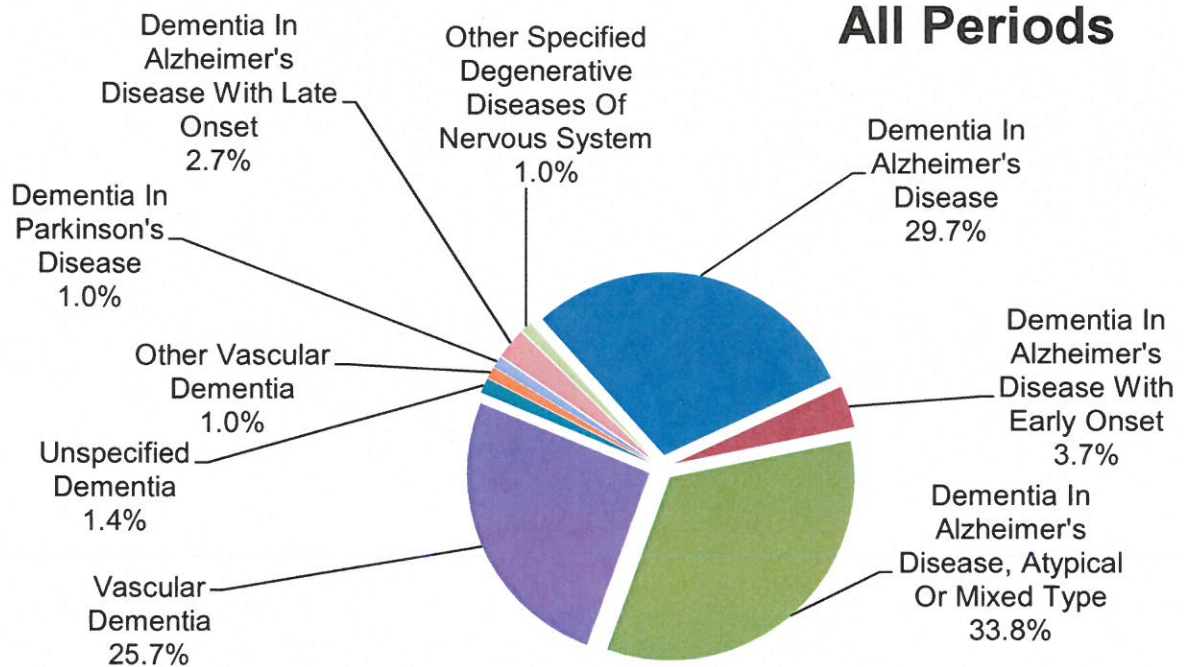
Performance Measure	Diagnosis at referral																Service Area & Lead:	
	2013/14				2014/15				2015/16				Target	Direction				
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar		
Dementia In Alzheimer's Disease	8	3	1	4	2	1	4	3	7	27	28							
Dementia In Alzheimer's Disease With Early Onset	1	1		1			2	1	3	2								
Dementia In Alzheimer's Disease, Atypical Or Mixed Type	13	3	3	5	7	6	6	12	7	19	19							
Vascular Dementia	4	7	2	8	7	5	12	4	3	4	20							
Unspecified Dementia					1	2	0			1								
Other Vascular Dementia							1	1			1							
Dementia In Parkinson's Disease							1		1	1								
Dementia In Alzheimer's Disease With Late Onset									3	4	1							
Other Specified Degenerative Diseases Of Nervous System									1	1	1							



ACTION

UPDATE

All Periods



Dementia Friendly Inverclyde
Progress Report
May 2015 - February 2016

Introduction

The Community Led Initiative has played an integral part in working towards a Dementia Friendly Inverclyde as part of the work undertaken by the Dementia Strategy Local Implementations group and as outlined in the Inverclyde Dementia Action Plan 2013-2016. This report outlines the main progress made for the period May 2015 to February 2016.

What do we mean by Dementia Friendly?

Definitions nationally and internationally attempt to explore what we mean by 'Dementia Friendly' and include descriptions put forward by people living with dementia and their carers.

A Dementia Friendly community may be defined as being a place:

- In which it is possible for the greatest number of people with dementia to live a good life.
- Where people with dementia are enabled to live as independently as possible and to continue to be part of their community.
- Where they are met with understanding and given support where necessary. It is a place where the society or community acts consciously to ensure that people with dementia (along with all its citizens) are respected, empowered, engaged and embraced into the whole. To be dementia friendly, a community addresses the needs and aspirations of people with dementia across several domains.

Creating a Dementia Friendly Inverclyde

It was important for the Community Led Initiative to develop a phased programme and initially focus on individual geographical areas and localities within Inverclyde. This allowed us to adapt our approaches for a specific locality and target key areas, organisation and businesses within the locality that people living with dementia & their carers had identified as important to them in their everyday lives.

Publicity and Marketing: Branding

Branding was crucial and we wanted our 'Working Towards a Dementia Friendly Inverclyde' branding to be clear, strong and to complement current national social action movements to maximise and increase awareness of dementia and to address the stigma experienced by many people living with it.

We incorporated the forget me not flower to promote Dementia Friends Scotland which is a social action movement lead by Alzheimer's Scotland to add strength to the campaign.

Making a start

We chose Gourock as our pilot area because it has a wide range of shops, business, organisations, faith communities and forms of transport.

It was important to hear the voice of people living with dementia and their carers so we adapted questionnaires from *"Developing Dementia-Friendly Communities (Learning and guidance for local authorities)"*

Good partnership working with the Inverclyde Carers Centre, Alzheimer's Scotland &

Inverclyde Council Community Learning & Development Service helped identify 30 Gourock residents living with dementia & their carers to pilot a questionnaire. The questionnaire asked what was important to them in regards to maintaining good community connections and what barriers that they may face within the community of Gourock.

People told us that it was vital to keep connected to their local communities where possible through the use of local facilities & taking part in everyday activities. In order of importance to them were:

- shopping
- cafes
- religious services
- eating out
- library
- art and craft group
- walking
- bowling
- golf

People told us what helps them kept in touch with their local community:

- one-to-one support and encouragement from family was the key to helping them do these things
- having a car for transport

People told us what makes it more difficult for them to keep in touch with their local community and that they have stopped doing things within the community because:

- Their dementia had progressed and they were worried about their ability to cope
- They were worried that members of the public had a lack an understanding of dementia, for example:
 - (i) Going shopping and being forgetful on what they were shopping for
 - (ii) Using public transport due to concerns that they miss there stop
 - (iii) Using cafes and eating out in public due insufficient disabled access & toilet facilities
- There are not enough parking spaces within the Gourock Town Centre area
- The pavements are damaged and they are concerned that they may fall

People told us what might help them be more active in their community:

- members of the public having a better understating on dementia for example local shop staff, cafe staff, restaurants staff, local groups, transport staff, church members
- inclusive art and craft groups that are dementia friendly with appropriate transport
- joint activities for people living with dementia and their carers
- better parking facilities closers to shops and additional disable access parking
- repaired pavements
- support and access to activities within the community and at home

People told us that Gourock could become a more dementia friendly community by having:

- increased awareness of dementia to shops, local people and organisations
- a support group locally for people living with dementia and their carers
- day-care provision within Gourrock
- transport staff having better understanding of dementia
- services and facilities being made more accessible for people living with dementia via a dementia friendly design
- an early diagnosis of dementia via doctors

Focused Discussions

We then organised focus groups with the individuals that had taken part in the questionnaires. This assisted us tease out additional information, building from the questionnaires and identify key organisations and businesses to target within Gourrock.

Based on the feedback we identified a number of organisations to approach initially to get involved and support the initiative by piloting the information packs, and undertaking training. Once feedback and information from organisations has been collated and actioned we aim to roll out the information packs / tool kits to all other organisation and businesses in Gourrock listed below. The engagement of these organisations has been by direct contact and discussion, and has been as a result of collaborative working between the community development worker, and local Alzheimer Scotland Dementia Advisor, linking with the Alzheimer Scotland national initiative, Dementia Friends.

The organisations and outline timetable from October 2015 are within appendix 1.

Learning from experience

We recognised that there was a lot of good dementia friendly communities practice and evidence already out there and we approached North Lanarkshire's "Building Motherwell's Dementia Friendly Community initiative" and arranged a study visit.

We met with members of staff from Alzheimer's Scotland and local businesses that were involved in the Motherwell initiative. Their examples of good practice informed our approach and highlighted the need for the work to be focused on a customer care approach as all business want to maintain their customers and be known for good customer care.

We reviewed a number of different tool kits from across Scotland and created a simple information pack / tool kit that was refined based on discussions with organisation that had tried and tested the approaches.

The following key components:

- What do we mean by dementia friendly?
- Guidance for businesses
- Letter of agreement
- Letter of commitment & action plan
- Environmental Audit
- Environmental Hints & Tips poster
- Hints & Tips for customers facing staff fold out leaflet

- Dementia Friends register
- Working towards a Dementia Friendly Inverclyde door sticker

Once all agreed actions have been met organisation and businesses they receive:

- Achieved Working towards a Dementia Friendly Inverclyde door sticker
- A Certificate of achievement
- Promotion advertising
- Business advantage recognition

The Dementia Friendly Inverclyde worker will work closely with organisation and businesses to offer guidance and support throughout the information packs / tool kit process.

It is expected that organisations and businesses share and provide positive outcomes within 4/6 months of progress and support & promote agreed future campaigns where possible.

Below are some of the tools used within the information packs and will also be available online.
Inverclyde Council IHSCP web link

1. Dementia Friends online (10mins)

These videos will enable your staff to understand a bit more about dementia. They give helpful tips to improve the customer experience of people with dementia and their carers.

Relevant modules:

- Understanding dementia
- On the phone
- Travelling around
- Paying for things
- Reading & writing

<http://www.dementiafriends.org.uk/customers>

2. Dementia Friends Awareness Sessions (1hour)

Delivered by Alzheimer's Scotland across the country, you could encourage a staff member to become a Dementia Friend by completing a 45 min face to face course delivered by a Dementia Advisor.

Alzheimer Scotland, 1 Nicol Street, Greenock PA16 7EN. Tel 01475 261102

www.alzscot.org

3. Guide for customer-facing staff

This hints and tips card provides guidance for those working in a customer service role, on how they can help to support people living with dementia who they encounter in their jobs. The booklet can be downloaded for free or copies can be ordered from *Inverclyde Council web-site link (DFI-007)*

4. Changes to the physical environment

People with dementia may encounter issues around the physical environment of public places, for instance around signage, lighting or design. Here are some practical tips you could take to make a difference. Web link DFI 008 Environmental Hints and Tips

5. Checklist for dementia friendly environments

This is a simple checklist with practical advice, ideal to use when looking at your public spaces to identify small changes you could make.

Inverclyde council web site resources/checklist (OF/-OOS)

6. Consider long-term changes

You could include more dementia friendly design as a consideration when you next make large changes to your public spaces or signage.

7. Support for employees to relevant local organisations & service providers

With 51 % of carers still in work, you could provide support for employees who may have a family member that has dementia.

<http://www.inverclydecarerscentre.org.uk/>

8. Additional further training if required

SSSC / promoting excellence training

The Social Care Institute for Excellence has developed further guidance. While aimed at social care situations, some design choices may be relevant to your business.

<http://www.sssc.uk.com/workforce-development/supporting-your-development/promoting-excellence-in-dementia-care>

9. Practical guidance for Dementia-Friendly Churches

- Being a Dementia-Friendly Church (web link needed DFI-010)
- Ten top tips for...church buildings (web link needed DFI-011)
- Ten top tips for... prayer (web link needed DFI-012)
- Ten top tips for...worship services (web link needed DFI-013)
- Ten top tips for...communication (web link needed DFI-014)

5.2m Gourock regeneration project

As work is almost finished on the £5.2m Gourock regeneration project it is our aim to utilise Age Scotland's Walk in our Shoes/Act on our Issues packs that will provide Gourock residents living with dementia to identify issues. For example broken pavements, public toilet closures, poor street lighting, unsafe road crossings, inaccessible shops: all things that discourage people living with dementia from getting out and about in their local community of Gourock.

The materials included within the Age Scotland's Walk in our Shoes/Act packs help to create a simple map of the local community, highlighting potential issues for people living with dementia and older people with icon stickers, along with ideas and templates on how to use the simple maps.

Walk in our Shoes/Act on our Issues will be undertaken in partnership with the Gourock Community Council and will involve people living with dementia, their carers, elected members, relevant council officers and service providers.

Current Position February 2016.

The following Gourock businesses/organisations have signed up to take part in the Dementia Friendly Inverclyde initiative and are currently supporting the initiative by piloting the recently designed information packs.

- Cardwell Garden Centre
- Flava Coffee Co
- Co-operative Food
- One Cove Road Cafe
- Cup Cake Corner
- Pettigrew's Pharmacy
- St John's Church
- Gamble Halls (Inverclyde Leisure)
- Gourock Library (Inverclyde Council)

All above businesses have agreed that all customer facing staff will take part in the dementia awareness sessions as follows:-

- Cardwell Garden Centre (Gourock) x 60 staff (Training dates 23rd & 25th February)
- Flava Coffee Co (Gourock) x 30 staff (complete via online video clips)
- Co-operative Food (Gourock) x 15 staff (Training dates 16th & 23rd February)
- One Cove Road Café (Gourock) x 5 staff (Training dates 16th & 23rd February)
- Cup Cake Corner (Gourock) x 2 staff (Training dates 16th & 23rd February)
- Pettigrew's Pharmacy (Gourock) x 6 staff (Training dates 16th & 23rd February)
- Gourock Library staff x 5 & all Inverclyde library staff, full numbers to be confirmed (Wed 2nd March)
- Gamble Halls x 4 (Training dates 16th & 23rd February) with additional date to be agreed with all IC staff

Internal dementia friendly environmental audits have been agreed to be carried out within the following venues:-

- Cardwell Garden Centre
- Flava Coffee Co
- Co-operative Food
- One Cove Road Cafe
- Cup Cake Corner
- Pettigrew's Pharmacy
- St John's Church
- Gamble Halls
- Gourock Library

Internal environmental audits with each business have been agreed to take place on Wed 24th, Thu 25th & Fri 26th February as part of their involvement in the pilot initiative. The audits will be repeated at an agreed time once the business has made progress with their agreed action plan. The audit will be undertaken by Inverclyde Council on Disability (ICOD), Alzheimer's Scotland, Community Learning & Development and people living with dementia by using the agreed environmental audit framework within the information packs.

An external environmental audit of public spaces in Gourock town centre is currently being explored with the Gourock Community Council and will be undertaken via the Dementia Friendly Strategy group and will be led by Community Learning & Development (CLD) and Inverclyde Council on Disability (ICOD) and people living with dementia. The following external evaluations audit tools will be piloted.

- 1, Designing Dementia-friendly Outdoor Environments (Elizabeth Burton, Lynne Mitchell and Shibu Raman
- 2, The Dementia Friendly Communities, Environmental Assessment Tool (DFC-EAT) Richard Fleming, Kirsty A.

The preferred audit tool will be used throughout Inverclyde and will offer a comparison when using the “walk in our shoes act on our issues packs”.

The audit will be repeated later in the year when agreed actions have been met to monitor external environmental changes.

The initiative has not been officially launched however via word of mouth the following Inverclyde businesses have expressed an interest in the initiative:-

- Tesco (Greenock) x 27 staff completing dementia awareness sessions
- Tesco (Port Glasgow) x 29 staff completing dementia awareness sessions
- McGills Bus Company x 120 (Currently waiting feedback on proposed possible deliver methods of staff training)

Community groups signed up to the Dementia Friendly Inverclyde initiative & completing dementia awareness sessions:-

- The Ripe Bunch x 12 members
- The WISHES Group x 13 members
- St Bart's Art Group x 20 members
- The CHARM Group x 12 members
- WOOP! Singers x 23 members
- Gourock Community / Cardwell Bay & Greenock West Community Council x 10 members

Faith groups signed up to the Dementia Friendly Inverclyde initiative & completing dementia awareness sessions:-

- St John's Church (Gourock) x 8 members
- Port Glasgow Salvation Army x 9 members
- St Mary's Episcopal Church, Port Glasgow x 11 members
- St Andrews Church Port Glasgow x 12 members

Inverclyde Schools signed up to the Dementia Friendly Inverclyde initiative & completing dementia awareness sessions:-

- Moorfoot Primary (Gourock) x 200 pupils
- Ardgowan Primary x 63 pupils
- Notre Dame High school x 260 pupils
- West College Scotland TV Crew x 7

Youth Groups Targeted

- Inverclyde Council Youth Service Young People x 5 complete

Additional community services signed up to the Dementia Friendly Inverclyde initiative & completing dementia awareness sessions:-

- Gourock Community Police x 4 (Training dates 16th & 23rd February)
- Inverclyde Council Community Learning & Development Staff, volunteers & learners x 70
- Inverclyde Council Elected members x 12 complete
- Riverclyde Homes Sheltered Housing Forum x 12 complete
- NHS Hospital visiting service x 5 complete

Total number of people targeted to take part in Dementia awareness sessions April 2015 to Feb 2016 1066

Total number of people completing awareness sessions April 2015 to Feb 2016 845

By the end of March a total number of 1066 people have taken part in Dementia awareness sessions.

Summary and next steps

An evaluation tool is currently being finalised to enable us to measure progress against the outcomes identified for this work. Significant progress is being made with engagement of local organisations, based on a strong collaborative approach both within the subgroup leading the work, and support from the organisations themselves. Consideration now need to be given to recognising the achievements to date with these organisations, to enable shared learning, and to inform work going forward. This will be explored with the Implementation Group.

It is intended that the Initiative will be reviewed of on a 6 mothly and annual basis. Steps will be taken to address any issues relating to the acheivement of the outcomes set within the Inverclyde Dementia Action Plan 2013-2016. Consideration is also required in respect of a sustainable approach to the future.

The Community Led Initiative will continue to establish procedures and systems for self-evaluations. These are designed to meet the standards set in “How Good is Our Community”, Learning and Development 2.

It is our aim to replicate the Gourock pilot project in each Inverclyde locality:-

- Gourock - February 2016 to May 2016
- Port Glasgow - June 2016 to September 2016)
- Greenock - October 2017 to February 2018
- Kilmacolm, Inverkip, Wemeys Bay - January 2018 to March 2018

APPENDIX

The first 7 organisations have agreed to get involved and support the initiative by piloting the information packs / tool kits between November 2015 and February 2016.

Businesses	Timescale	Notes
The Co-operative Food Scot Bane Michael Grant 40 Cardwell Rd 01475 632072	November 2015 to February 2016	Agreed to pilot tool kit / dementia friendly information packs and feedback January 2016

Flava Coffee Co Kayleigh Galbraith Joseph Cannon Kempock St, Gourrock, Renfrewshire 01475 630063	November 2015 to February 2016	Agreed to pilot tool kit / dementia friendly information packs and feedback January 2016
Gamble Halls Iain Dyer / Jim Lyons 44 Shore St, Gourrock 07985120155 Jim.Lyon@inverclydeleisure.com	November 2015 to February 2016	Agreed to pilot tool kit / dementia friendly information packs and feedback January 2016
Faith Based Origination	Timescale	Notes
St John's Church Cameron Melville Anne Love Bath Street, St John's Rd, Gourrock, Renfrewshire 01475 63079 c.melville792@btinternet.com annelove4@aol.com 07904617282	November 2015 to February 2016	Agreed to pilot tool kit / dementia friendly faith community information packs
Community Groups	Timescale	Notes
Gourock Community Council Lynne Quinn Quinn.lynne@gmail.com 07747476727	November 2015	Presentation on Working Towards a Dementia Friendly Agreed to do Dementia Friendly Awareness session
Community Groups	Timescale	Notes
St Barts Art group Edith Gillen Gamble Halls corrie15@tiscali.co.uk	November / December 2015	Agreed to do Dementia Friendly Awareness session
Gourock Rotary Club c/o Royal Gourrock Yacht Club Allister Boyle John MacLeod Ashton Road, Gourrock, Renfrewshire PA19 1DA 01475 632983	November / December 2015	Presentation on Working Towards a Dementia Friendly Inverclyde / Gourrock Pilot project to identify local leaders within the community

Businesses	Timescale	Notes
Cardwell Garden Centre Drew Gallagher Lunderston Bay, Gourrock PA19 1BB 01475 52153	February 2016 to May 2016	Tool kit / dementia friendly information packs

Aulds Karen Henry 39-41 Kempock St, Gourock PA19 1NF 01475 631088	February 2016 to May 2016	Tool kit / dementia friendly information packs
Pettigrew's Pharmacy John McAnerney 38 Cardwell Road Gourock PA19 1UH 01475 632028	February 2016 to May 2016	Tool kit / dementia friendly information packs
Lloyds Pharmacy Jennifer Mitchell 118 Shore St, Gourock, Renfrewshire PA19 1QZ 01475 639489	February 2016 to May 2016	Tool kit / dementia friendly information packs
Royal Gourock Yacht Club Eileen McKelvie Ashton Road, Gourock, Renfrewshire PA19 1DA 01475 632983	February 2016 to May 2016	Tool kit / dementia friendly information packs
Gourock Health Centre 181 Shore St, Gourock, Inverclyde, Renfrewshire PA19 1AQ Phone:01475 634617	February 2016 to May 2016	Tool kit / dementia friendly information packs SSSC / promoting excellence training
Strands Hairdressing Lynne Stewart Kempock St 01475 632282	February 2016 to May 2016	Tool kit / dementia friendly information packs
Remix Hairdressing Scott Cannon 10 Kempock Street 01475 634477	February 2016 to May 2016	Tool kit / dementia friendly information packs
Transport	Timescale	Notes
Gourock Train Station Station Road Gourock	February 2016 to May 2016	Tool kit / dementia friendly information packs
McGills Bus Services Larkfield Industrial Estate, Greenock PA16 0EQ 01475 711122	February 2016 to May 2016	Dementia Friends Awareness Session
Argyll Ferries Gourock 01475 650226	February 2016 to May 2016	Tool kit / dementia friendly information packs
Western Ferries McInroy's Point Ferry service McInroy's Point Cloch Road 01369 704452	February 2016 to May 2016	Tool kit / dementia friendly information packs

Port Glasgow Voluntary Transport Christine Dunn Block 8, Units 48 – 50 Industrial Estate Port Glasgow PA14 5XS 01475 743150 Christinedunn579@hotmail.com	February 2016 to May 2016	Dementia Friends Awareness Session
Local Services	Timescale	Notes
Gourock Fire Service Gerry Clark George Road PA19 1YT 01475 632222	February 2016 to May 2016	Dementia Friends Awareness Session
Community Police Laura Stewart Com Police Allister McDonald Com Police Ross McCartney Greenock Police Office 160 Rue End Street GREENOCK PA15 1HX Tel: 101. InverclydeWestCPT@scotland.pn n.police.uk	February 2016 to May 2016	Dementia Friends Awareness Session
Community Wardens Drew Hall Inverclyde Council 40 West Stewart Street GREENOCK PA15 1YA	February 2016 to May 2016	Dementia Friends Awareness Session
Gourock Library Kempock Pl, Gourock 01475 712340	February 2016 to May 2016	Tool kit / dementia friendly information packs
Faith Based Originations	Timescale	Notes
Old Gourock & Ashton Parish Church 41 Royal St, Gourock PA19 1PW 01475 633496	February 2016 to May 2016	Tool kit / dementia friendly faith community information packs
Gourock Baptist Church 4 King Street, Gourock, Inverclyde, PA19 1PU 08000152921	February 2016 to May 2016	Tool kit / dementia friendly faith community information packs

Local Schools	Timescale	Notes
Moorfoot Primary School Primary School 01475 715701	September 2015 August 2016	Dementia Friends Awareness Session Dementia Awareness School

		Packs / Curriculum for Excellence
Gourock Primary School Primary School Davidson Dr 01475 631733	February 2016 August 2016	Dementia Friends Awareness Session Dementia Awareness School Packs / Curriculum for Excellence
St Columba's High No reviews - School 01475 715250	March 2016 August 2016	Dementia Friends Awareness Session Dementia Awareness School Packs / Curriculum for Excellence
Clydeview Academy Secondary School Burnside Rd 01475 715050 Open until 15:00	April 2016 August 2016	Dementia Friends Awareness Session Dementia Awareness School Packs / Curriculum for Excellence



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