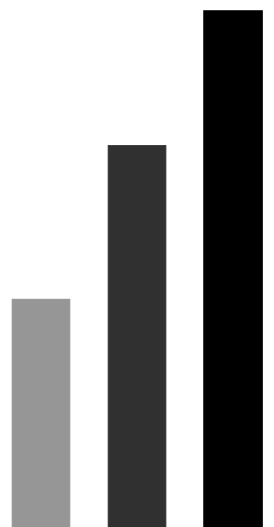


# Agenda 2016

# Health & Social Care Committee

For meeting on:

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

GERARD MALONE  
Head of Legal and Property Services

**BUSINESS**

**\*\* copy to follow**

1. <b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
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**PERFORMANCE MANAGEMENT**

2. <b>Health &amp; Social Care Committee – Revenue Outturn 2015/16 and 2016/17 as at Period 3 to 30 June 2016</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	<b>p</b>
3. <b>Advice Services Team Annual Report 2015</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4. <b>HSCP Complaints Annual Report 2015/16</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5. <b>Delayed Discharge Performance</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

**NEW BUSINESS**

6. <b>Disability Living Allowance (DLA) Migration to Personal Independence Payment (PIP)</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
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7.	<b>Self Directed Support</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		<b>p</b>
8. **	<b>Inverclyde Review of Day Services for Older People - Update</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		
<p><b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.</b></p>			

#### **NEW BUSINESS**

9.	<b>Living Wage</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the implications of implementing the Living Wage in relation to the provision of Adult Care	<b>Paras 9 &amp; 12</b>	<b>p</b>
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#### **PERFORMANCE MANAGEMENT**

10.	<b>Governance of HSCP Commissioned External Organisations</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	<b>Para 6</b>	<b>p</b>
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Enquiries to - **Sharon Lang** - Tel 01475 712112

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>25 August 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>FIN/82/16/AP/FMcL</b>
	<b>Alan Puckrin Chief Financial Officer</b>		
<b>Contact Officer:</b>	<b>Fiona McLaren</b>	<b>Contact No:</b>	<b>01475 712652</b>
<b>Subject:</b>	<b>Health &amp; Social Care Committee – Revenue Outturn 2015/16 and 2016/17 as at Period 3 to 30 June 2016</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the 2015/16 Revenue Outturn and of the Revenue and Capital Budget for the current year as at Period 3 to 30 June 2016. The 2015/16 outturn is provisional subject to audit of the year end accounts.

## 2.0 SUMMARY

- 2.1 In 2015/16 the Social Work revenue budget was £49,787,000 with a final underspend of £451,000 (0.91%). The main elements of this underspend are:

- Vacancies within internal Homecare of £297,000.
- Additional turnover of £393,000 across the rest of the service.
- An underspend of £143,000 on new funding for the Children & Young People Act due to delays in establishing projects.
- An underspend of £63,000 on kinship care due to additional funding being received for parity of payment with foster carers.
- An over-recovery of charges within Older People of £120,000.
- An underspend on external providers costs in Learning Disabilities, Physical & Sensory and Mental Health of £401,000 due to changes in client packages.

Offset by:

- An overspend on external provider costs in Homecare of £318,000.
- An overspend of £212,000 within Residential & Nursing purchased places.
- An under-recovery of income in Learning Disabilities of £66,000.
- An overspend in Homelessness of £209,000 due to under occupancy in the Inverclyde Centre and temporary accommodation.

- 2.2 The movement since the last reported position at Period 11 was a positive variance of £306,000, due to:

- Delays in filling vacancies of £147,000.
- Changes in client packages resulting in a net decrease of £113,000.
- Additional charging order income received at the year end of £65,000.

- 2.3 The outturn also includes £460,000 transferred from the Residential Accommodation and Adoption, Fostering & Kinship Care Earmarked Reserves to Children & Families at the end of the year.

- 2.4 For 2016/17 the Council budget for Social Work was delegated to the Integrated Joint Board (IJB). At its meeting on 26 June 2016, the IJB agreed to delegate a budget of £50,084,000 (with £48,815,000 contributed by the Council and £1,269,000 for budget pressures from the Social Care Fund operated by the IJB) to the Council to be spent in line with the IJB's Strategic Plan. The projected outturn on this budget is currently an underspend of £6,000.
- 2.5 It should be noted that the 2016/17 budget includes agreed savings for the year of £1,043,000.
- 2.6 An increase in the National Care Home Contract (NCHC) rate of 6.4% has been costed at £494,000 for 2016/17 with a full year cost of £747,000 in 2017/18. The budget does not include any allowances for the costs of paying the living wage to personal assistants and to providers for care at home services and day services. These are subject to a separate report on this agenda and will be reflected in future monitoring reports to this committee. All the above matters are, subject to agreement by the IJB, to be funded from the Social Care Fund.
- 2.7 The Social Work capital budget is £1,189,000, with spend to date of £1,000.
- 2.8 The Social Work Earmarked Reserves for 2016/17 total £2,624,000 with £2,507,000 projected to be spent in the current financial year. To date, £305,000 spend has been incurred which is 13.8% of the projected 2016/17 spend.
- 2.9 It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:
- Children's Residential Care, Adoption & Fostering.
  - Deferred Income.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the 2015/16 revenue budget outturn underspend of £451,000 as at 31 March 2016.
- 3.2 That the Committee note the position of the current year revenue budget as at 30 June 2016.
- 3.3 That the Committee approve the virements listed in Appendix 4.
- 3.4 That the Committee note that the IJB are considering delegating a further £1.065 million to the Council in 2016/17 to meet the cost of the NCHC uplift, National Living Wage costs and sleepovers from 01/04/16 plus the Scottish Living Wage from 01/10/16.
- 3.5 That the Committee note the current projected capital position.
- 3.6 That the Committee note the current Earmarked Reserves position.

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

**Alan Puckrin**  
Chief Financial Officer

## 4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the 2015/16 revenue outturn position, the current position of the 2016/17 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2016/17 outturn position. The 2015/16 outturn is subject to year end audit.

## 5.0 2015/16 REVENUE OUTTURN: £451,000 UNDERSPEND (0.91%)

5.1 The table below sets out the 2015/16 provisional outturn to budget for Social Work and the movement in projected spend since last reported to the Health & Social Care Committee, as at Period 11 to 28 February 2016.

5.2

	Revised Budget 2015/16	Outturn 2015/16	Variance to Budget		Movement since Period 11
	£'000	£'000	£'000	%	£'000
Children & Families	10,513	10,102	(410)	(3.90%)	(98)
Criminal Justice	0	0	0	0.00%	0
Older People	21,996	22,192	195	0.89%	(195)
Learning Disabilities	6,638	6,709	71	1.07%	118
Physical & Sensory	2,174	2,033	(141)	(6.48%)	(70)
Assessment & Care Management	1,644	1,574	(71)	(4.30%)	(10)
Mental Health	1,071	961	(110)	(10.25%)	(29)
Addictions / Substance Misuse	1,081	1,028	(52)	(4.84%)	(12)
Homelessness	675	884	209	30.95%	(4)
Planning, Health Improvement & Commissioning	2,065	1,848	(93)	(5.03%)	10
Business Support	2,147	2,097	(49)	(2.30%)	(17)
<b>Total</b>	<b>49,787</b>	<b>49,336</b>	<b>(451)</b>	<b>(0.91%)</b>	<b>(306)</b>

5.3 The key reasons for the overall underspend and the movements since last reported to Committee at Period 11:

### a. Children & Families: £410,000 (3.90%) underspend

The underspend is comprised of:

- Turnover of £103,000 due to posts identified as 2016/17 savings not being filled. This was an increase of £11,000 due to delays in filling vacancies.
- An underspend of £143,000 on new funding for the Children & Young People Act due to delays in establishing projects.
- An underspend of £63,000 on kinship care due to additional funding being received for parity of payment with foster carers.
- An underspend on respite of £50,000 due to reduced demand.

This position is net of a transfer of £460,940 from the Children's Residential Care, Adoption & Fostering EMR to offset overspends incurred during 2015/16 on all these areas.

### b. Older People: £195,000 (0.89%) overspend

The overspend is comprised mainly of:

- Additional external provider costs in Homecare of £318,000 (a decrease of £166,000 due to changes in client packages and adjustments to previous assumptions).
- An overspend of £212,000 within Residential & Nursing purchased places due to an increased number of clients receiving care (an increase of £162,000 due the increased numbers).
- An overspend of £50,000 on respite within Residential & Nursing and domiciliary respite

within Homecare (a decrease of £7,000).

Offset in part by:

- Turnover in internal homecare of £297,000 (an increase of £129,000 due to delays in filling vacancies and additional funding received from the Integrated Care Fund).
- An over-recovery of charges within Residential & Nursing of £175,000 offset an under-recovery of charges in Homecare of £55,000 (an increase of £67,000 due to charging order income received in March).

**c. Learning Disabilities: £71,000 (1.07%) overspend**

The overspend is comprised of:

- An overspend on employee costs of £31,000 due to additional support costs (an increase of £4,000).
- An overspend on property costs of £27,000 due in part to refurbishment costs at the Fitzgerald Centre.
- £62,000 overspend on transport due to external hires and non routine vehicle costs (an increase of £7,000).
- An underspend of £129,000 on payments to other bodies (a decrease of £81,000 due to changes in client packages).
- £41,000 shortfall in income received from other local authorities (as previously reported),
- £25,000 shortfall in income from internal and external service users (as previously reported).

**d. Physical & Sensory: £141,000 (6.48%) underspend**

The underspend is comprised of:

- Turnover of £34,000 (a increase of £24,000 due to a contribution to a post from Health).
- An underspend of £108,000 on client package costs (an increase of £65,000). Most of the increase relates to a direct payment which has ceased due to the death of a client (£39,000) with the balance relating to changes in packages.

**e. Assessment & Care Management: £71,000 (4.30%) underspend**

The underspend is due to turnover from vacancies of £94,000 and an under-recovery of income recharges of £21,000.

**f. Mental Health: £110,000 (10.25%) underspend**

The underspend is comprised of:

- An underspend of £164,000 on client commitments (an increase of £52,000 mainly due to a resolution of a service provision issue and changes to client packages),
- An overspend on property costs of £50,000.

**g. Addictions / Substance Misuse: £52,000 (4.84%) underspend**

The underspend is comprised of:

- Turnover of £30,000,
- An underspend of £32,000 on supplies & services and administration costs.

**h. Homelessness: £209,000 (30.95%) overspend**

The overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a trend continuing from 2014/15. Work has been undertaken to realign the budget for 2016/17 to reflect this trend, including the budget adjustment agreed as part of the 2016/17 budget setting process.

**i. Planning, Health Improvement & Commissioning: £93,000 (5.03%) underspend**

The underspend mainly related to vacancies. There was a reduction of £10,000 in the projection since Period 11 due to unexpected costs. There were costs incurred in this area for the Afghan Resettlement and Syrian Refugee Schemes which fully funded by Central Government.

**j. Business Support: £49,000 (2.30%) underspend**

The underspend is comprised of:

- turnover of £65,000 (an increase of £6,000),
- overspends on property and administration costs of £30,000.

## **6.0 2016/17 CURRENT REVENUE POSITION: Projected £6,000 (0.01%) underspend**

6.1 For 2016/17 the Council budget for Social Work was delegated to the Integration Joint Board (IJB). At its meeting on 26 June 2016, the IJB agreed to delegate a budget of £50,084,000 (with £48,815,000 contributed by the Council and £1,269,000 from the Social Care Fund managed by the IJB) to the Council to be spent in line with the IJB's Strategic Plan.

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

6.3 The main elements of this projected outturn are:

- projected overspends on employee costs of £68,000.
- projected overspend on property and supplies & services costs of £40,000
- projected overspends on transport costs of £53,000.
- projected overspend on administration costs of £72,000.
- projected income overall over-recovery of £73,000.
- projected underspends on payments to other bodies and client package costs of £166,000.

The material projected variances are identified, per service, below:

### **a. Children & Families: Projected £67,000 (0.65%) overspend**

The projected overspend comprises :

- A projected overspend on employee costs of £210,000 mainly relating to residential accommodation where there is a requirement for certain staffing levels. This is a continuing pressure area which was offset in 2015/16 by a number of vacancies within Children & Families. Some of the posts were removed from the budget as agreed savings and other posts have now been filled.
- A projected underspend on respite costs of £66,000 reflecting the continued reduction in demand.
- A projected underspend in kinship of £36,000 due to additional funding received for parity with foster carers.

### **b. Older People: Projected £42,000 (0.19%) underspend**

The projected overspend comprises:

- A projected underspend on employee costs of £103,000. This is mostly in Homecare due to vacancies and continues the trend from 2015/16.
- £45,000 projected overspend on transport in day centres due to ongoing issues with routes and vehicles. This area is included in the social transport review.
- A projected overspend on respite of £71,000 reflecting the continued increase in demand.
- A projected underspend of £17,000 on external homecare costs. Additional pressure funding of £500,000 has been included in the 2016/17 budget for homecare to alleviate the pressure identified in 2015/16.
- A projected underspend in Residential & Nursing on care home beds of £11,000. These figures assume that £490,000 will be provided by the IJB for the inflationary increases on the National Care Home Contract. Additional pressure funding of £245,000 and £240,000 funding from the delayed discharge EMR have been included in the 2016/17 budget for care home beds. This is to offset the existing pressure identified in 2015/16 and the increased number of beds being used in 2016/17.
- Residential & Nursing also has additional one off income received for charges of £37,000.

### **c. Learning Disabilities: Projected £31,000 (0.48%) underspend**

This relates to a projected overspend on employee costs of £18,000, which is offset by a projected underspend of £47,000 on client package costs.

### **d. Physical & Sensory: Projected £8,000 (0.38%) underspend**

The projected underspend mainly relates to client package costs. There is additional spend on disability aids which is offset by additional income from Health.



- e. **Assessment & Care Management: Projected £34,000 (2.16%) overspend**  
This relates to a projected overspend on employee costs of £12,000 and a projected under-recovery of income recharges of £21,000.
- f. **Mental Health: Projected £24,000 (2.12%) underspend**  
This relates to a projected underspend on client package costs of £92,000, partially offset by a projected overspend on property costs of £55,000. There is additional spend relating to the Neil Street project which is fully funded by Health.
- g. **Planning, Health Improvement & Commissioning: Projected £16,000 (0.93%) overspent**  
This consists of a projected overspend on employee costs of £8,000 and a projected overspend on payments to other bodies of £6,000.
- h. **Business Support: Projected £14,000 (0.72%) underspend**  
This mainly consists of a projected underspend on payments to other local authorities based on changes in service.

## 7.0 2016/17 CURRENT CAPITAL POSITION – £nil Variance

- 7.1 The Social Work capital budget is £3,567,000 over the life of the projects with £1,189,000 for 2016/17, comprising:
- £1,132,000 for the replacement of Neil Street Children's Home,
  - £57,000 for the replacement of Crosshill Children's Home.
- 7.2 There is no projected slippage in the 2016/17 budget and expenditure to 30 June is £1,000. Appendix 2 details capital budgets. As reported to committee on 21 April 2016, a tender for the Neil Street Children's Home replacement has been accepted. Work has begun on site. The design stage of the replacement of Crosshill Children's Home will be undertaken during 2016/17.
- 7.3 There are potential capital costs to be incurred relating to John Street, Gourrock. These will be reported to committee once they have been confirmed.

## 8.0 EARMARKED RESERVES

- 8.1 The Social Work Earmarked Reserves for 2016/17 total £2,624,000 with £2,507,000 projected to be spent in the current financial year. To date £305,000 spend has been incurred which is 13.8% of the projected 2016/17 spend. Appendix 3 details the individual Earmarked Reserves.
- 8.2 Within the Earmarked Reserves for 2016/17 is £1,308,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,700,000, with the balance funding a number of NHS projects. The funding has been allocated as follows:

Project	£000
Reablement	700
Carers	150
Telecare	100
Community connectors	95
Additional posts to support various projects	93
Third sector integration & commissioning	65
Children & Families transitions	40
Independent sector integration partner	29
Housing	25
Strategic needs analysis admin support	11
<b>Total funding</b>	<b>1,308</b>

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

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

**9.0 VIREMENT**

9.1 Appendix 4 details the virements that the Committee is requested to approve. The virements have been reflected within the report.

**10.0 OTHER INFORMATION**

10.1 Work has been undertaken to assess the financial implications of the national living wage and sleepovers from 01/04/16 in addition to the impact of the Scottish Living Wage from 01/10/16. This is the subject of a separate report on this Committee agenda and it is anticipated that the funding for this will come from the Council’s share of the additional £250 million provided to IJB as part of the 2016/17 budget settlement.

**11.0 IMPLICATIONS**

**11.1 Finance**

All financial implications are discussed in detail within the report above

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

**11.2 Legal**

There are no specific legal implications arising from this report.

**11.3 Human Resources**

There are no specific human resources implications arising from this report

**11.4 Equalities**

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

No a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### 11.5 **Repopulation**

There are no repopulation issues within this report.

## 12.0 **CONSULTATIONS**

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

## 13.0 **LIST OF BACKGROUND PAPERS**

13.1 There are no background papers for this report.

**Social Work Budget Movement - 2016/17****Period 3: 1st April - 30 June 2016**

Service	Approved Budget	Movements				Revised Budget
	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	10,314	0	0	0	0	10,314
Criminal Justice	0	0	0	0	0	0
Older Persons	22,033	0	(188)	0	0	21,844
Learning Disabilities	6,327	0	(60)	0	0	6,267
Physical & Sensory	2,062	0	137	0	0	2,199
Assessment & Care Management	1,563	0	(2)	0	0	1,561
Mental Health	1,117	0	(32)	0	0	1,085
Addiction / Substance Misuse	1,038	0	(9)	0	0	1,029
Homelessness	624	0	31	0	0	655
Planning, HI & Commissioning	1,730	0	(1)	0	0	1,729
Business Support	2,006	0	125	0	0	2,131
<b>Totals</b>	<b>48,815</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48,815</b>

**Supplementary Budget Detail**

£000

External ResourcesInternal ResourcesSavings/Reductions

0

SOCIAL WORKREVENUE BUDGET PROJECTED POSITIONPeriod 3: 1st April - 30 June 2016

2015/16 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Outturn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
25,148	Employee Costs	25,693	25,865	25,934	68	0.26%
1,356	Property costs	1,170	1,170	1,180	10	0.89%
875	Supplies and Services	727	729	758	30	4.11%
473	Transport and Plant	337	380	433	53	13.83%
911	Administration Costs	667	659	731	72	10.98%
35,062	Payments to Other Bodies	35,280	35,815	35,379	(436)	(1.22%)
(14,488)	Income	(13,790)	(14,533)	(14,337)	197	(1.35%)
<b>49,336</b>	<b>TOTAL NET EXPENDITURE</b>	<b>50,084</b>	<b>50,084</b>	<b>50,079</b>	<b>(6)</b>	<b>(0.01%)</b>
	Contribution from IJB	(1,269)	(1,269)	(1,269)	0	0.00%
<b>49,336</b>	<b>TOTAL NET EXPENDITURE including IJB contribution</b>	<b>48,815</b>	<b>48,815</b>	<b>48,810</b>	<b>(6)</b>	<b>(0.01%)</b>

2015/16 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Outturn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
10,102	Children & Families	10,688	10,688	10,755	67	0.63%
-0	Criminal Justice	0	0	0	0	0.00%
22,192	Older Persons	22,778	22,734	22,692	(42)	(0.19%)
6,709	Learning Disabilities	6,327	6,267	6,236	(31)	(0.49%)
2,033	Physical & Sensory	2,062	2,054	2,046	(8)	(0.41%)
1,574	Assessment & Care Management	1,563	1,561	1,595	34	2.16%
961	Mental Health	1,117	1,085	1,061	(24)	(2.19%)
1,028	Addiction / Substance Misuse	1,038	1,029	1,029	1	0.08%
884	Homelessness	774	805	802	(4)	(0.45%)
1,755	Planning, Health Improvement & Commissioning	1,730	1,729	1,745	16	0.00%
2,097	Business Support	2,006	2,131	2,117	(14)	(0.67%)
<b>49,336</b>	<b>TOTAL NET EXPENDITURE</b>	<b>50,084</b>	<b>50,084</b>	<b>50,079</b>	<b>(6)</b>	<b>(0.01%)</b>
	Contribution from IJB	(1,269)	(1,269)	(1,269)	0	0.00%
<b>49,336</b>	<b>TOTAL NET EXPENDITURE including IJB contribution</b>	<b>48,815</b>	<b>48,815</b>	<b>48,810</b>	<b>(6)</b>	<b>(0.01%)</b>

## Notes:

- 1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.
- 2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.

**SOCIAL WORK****MATERIAL VARIANCES****Period 3: 1st April - 30 June 2016**

2015/16 Actual £000	Budget Heading	Revised Budget 2016/17 £000	Proportion of budget £000	Actual to 31/5/16 £000	Projected Outturn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	<b>Employee Costs</b>						
5,258	Children & Families	5,394	1,330	1,344	5,604	210	3.89%
7,405	Older People	7,898	1,948	2,068	7,796	(102)	(1.29%)
12,663		13,292	3,278	3,412	13,400	108	(1.37%)
	<b>Other Variances</b>						
0	Children & Families - Respite	171	43	17	104	(67)	(39.18%)
0	Children & Families - Kinship care	555	139	147	469	(86)	(15.50%)
45	Children & Families - C&YPA	193	48	0	153	(40)	(20.73%)
201	Older People - Respite & domicilliary respite	44	11	23	116	72	163.64%
182	Older People - transport costs at day centres	137	34	10	182	45	32.85%
12,992	Residential & Nursing purchased places	13,572	3,393	2,899	13,613	41	0.30%
(284)	Residential & Nursing income	(109)	(27)	(72)	(147)	(38)	34.86%
7,178	Client commitments on support packages	6,920	1,730	1,038	6,871	(49)	(0.71%)
2,212	Mental Health - client commitments on support packages	2,110	528	482	2,018	(92)	(4.36%)
22,526		22,867	5,717	4,380	22,806	(61)	(0.27%)

## APPENDIX 4

### SOCIAL WORK - CAPITAL BUDGET 2016/17

#### Period 3: 1st April - 30 June 2016

<u>Project Name</u>	<u>Est Total Cost</u>	<u>Actual to 31/3/16</u>	<u>Approved Budget 2016/17</u>	<u>Revised Est 2016/17</u>	<u>Actual to 30/06/16</u>	<u>Est 2017/18</u>	<u>Est 2018/19</u>	<u>Future Years</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
<b>SOCIAL WORK</b>								
Neil Street Childrens Home Replacement	1,991	228	1,132	1,132	0	631	0	0
Crosshill Childrens Home Replacement	1,682	0	57	57	1	1,535	90	0
<b>Social Work Total</b>	<b>3,673</b>	<b>228</b>	<b>1,189</b>	<b>1,189</b>	<b>1</b>	<b>2,166</b>	<b>90</b>	<b>0</b>

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

**APPENDIX 5**

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>c/f Funding 2015/16</u>	<u>New Funding Other 2016/17</u>	<u>Total Funding 2016/17</u>	<u>Phased Budget To Period 11 2016/17</u>	<u>Actual To Period 3 2016/17</u>	<u>Projected Spend 2016/17</u>	<u>Amount to be Earmarked for 2017/18 &amp; Beyond</u>	<u>Lead Officer Update</u>
		<u>£000</u>	<u>£000</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	43	0	43	0	0	43	0	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Helen Watson	27		27	0	1	2	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund/ Delayed Discharge	Brian Moore	704	1288	1,992	333	269	1,992	0	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. The total funding will change 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	50		50	0	0	50	0	This is the balance of one off NHS funding for equipment which was not fully spent in 2015/16.
Veterans Officer Funding	Helen Watson	37		37	0	0	12	25	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils.
CJA Preparatory Work	Sharon McAlees	120		120	16	13	55	65	This reserve is for two years to cover the preparatory work required for the changes due in Criminal Justice.
Welfare Reform - CHCP	Andrina Hunter	9	306	315	82	52	315	0	New Funding of £306k was allocated from P&R Committee. The funding is being used for staff costs and projects, including IHeat, Starter Packs, ICOD and Financial Fitness.
Specialist Post - Information Governance to 31/03/17	Helen Watson	40		40	9	11	40	0	The spend relates to the Council's Information Governance Officer.
		<b>1,030</b>	<b>1,594</b>	<b>2,624</b>	<b>440</b>	<b>346</b>	<b>2,509</b>	<b>115</b>	



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

	<b>Budget Heading</b>	<b>Increase Budget</b>	<b>(Decrease) Budget</b>
		£'000	£'000
1	Corporate Director - Payments to Other Bodies		(31)
1	Homelessness - Employee Costs	31	
2	Various services - Income		(156)
2	Corporate Director - Payments to Other Bodies	156	
3	Learning Disabilities - Transport		(43)
3	Learning Disabilities - Income		(74)
3	Learning Disabilities - Payments to Other Bodies	117	0
4	Physical & Sensory - Equipment	12	
4	Physical & Sensory - Payments to Other Bodies		(12)
		<b>316</b>	<b>(316)</b>

## Notes

- 1 Temporary virement to fund service review
- 2 Reallocation of Resource Transfer inflation across service
- 3 Temporary reallocation of pressure funding within Learning Disabilities to address ongoing budget issues
- 4 Reallocation of funding not required for NHS physio service to equipment

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>25 August 2016</b>
<b>Report By:</b>	<b>Brian Moore, Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership</b>	<b>Report No:</b>	<b>SW/32/2016/AH</b>
<b>Contact Officer:</b>	<b>Andrina Hunter Service Manager, Health Improvement Inequalities &amp; Personalisation</b>	<b>Contact No:</b>	<b>01475 715285</b>

**Subject:           ADVICE SERVICES TEAM ANNUAL REPORT 2015**

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Health & Social Care Committee on the role and activities of the Inverclyde HSCP Advice Services team.

## **2.0 SUMMARY**

- 2.1 The Advice Services Team is an integral team within the Planning, Health Improvement and Commissioning Service area of Inverclyde Health and Social Care Partnership.
- 2.2 The Advice Services team provides welfare benefits and money/debt information, advice and support and representation to many of Inverclyde's most vulnerable members of the community.
- 2.3 The team have supported many clients to successfully navigate the welfare benefit system and achieve the financial support they require.

## **3.0 RECOMMENDATIONS**

- 3.1 The Health & Social Care Committee is asked to note the Annual Report for 2015/16 for the Advice Services Team.

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

## 4.0 BACKGROUND

- 4.1 Inverclyde HSCP Advice Services team was established in 2013 following an amalgamation of the three teams that provided welfare benefits advice, money advice and welfare rights representation and appeals.
- 4.2 The vision of Inverclyde HSCP Advice Services is to provide an accessible and free, fit for purpose, advice service at point of need for the people of Inverclyde. This vision is underpinned by the values of accessibility, accountability, confidentiality, effectiveness, impartiality, independence and quality. The services provided cover a range of interventions from advice and information through to debt advisory schemes and representation at appeal tribunals.
- 4.3 The Inverclyde Advice Services Team's work plans and priorities are aligned to the Inverclyde HSCP priorities and are all underpinned by the National Wellbeing Outcomes, the five HSCP Strategic commissioning themes and local need identified within the HSCP Strategic Needs Assessment.
- 4.4 The Team is supported by the recent development of an integrated case management system. The system mirrors the model of a single point of access and has allowed Advice Services to refresh and revitalise the way in which it delivers the service and to help mitigate the impacts of the welfare reform agenda.
- 4.5 Key outcomes for April 2015 to March 2016:
- 10,945 Advice First telephone calls were handled with approximately 68% of calls resolved over the telephone.
  - Information and Advice Workers confirmed financial gains of £901,790 for Inverclyde Residents
  - 698 Welfare Rights appeals scheduled
  - 74% of appeal cases with a final outcome decision were found in favour of the appellant
  - Confirmed financial gains of £1,216,160.86 achieved for Inverclyde Residents from successful appeals
  - 258 interventions carried out with clients requiring money/debt advice and £1,393,712 of multiple debt managed.
- 4.6 In addition a range of specialist services for clients with addictions and homelessness issues, those with a cancer diagnosis and specialist support for children and families are all delivered by the Advice Services Team.

## 5.0 IMPLICATIONS

### FINANCE

- 5.1 There are no financial implications in this report.

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 There are no legal issues within this report.

**HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

**EQUALITIES**

5.4 This service deals with vulnerable clients, the majority of whom will be covered by protected characteristics including socio economic status. Therefore the service is likely to have a positive impact on these client groups.

Has an Equality Impact Assessment been carried out?

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

**Repopulation**

5.5 None.

**6.0 CONSULTATIONS**

6.1 This report has been prepared by the Advice Services Team, Inverclyde Health and Social Care Partnership (HSCP)

**7.0 LIST OF BACKGROUND PAPERS**

7.1 None.

Inverclyde Health and Social Care Partnership (HSCP)  
Advice Services  
Annual Report 2015



## Foreword

It is with great pleasure that I present the 2015 Annual Report of the Inverclyde Health and Social Care Partnership (HSCP) – Advice Services Team. This 2015/16 report is the first of its kind produced by the HSCP Advice Services Team. This report outlines the services we deliver and our key achievements in supporting many of the vulnerable members of the Inverclyde community.

It has been a challenging but interesting year with changes in staffing; development of the triage advice line, underpinned with the introduction of a new caseload management system; funding constraints; welfare reforms and the move towards full integration across health and social care, however the team has continued to deliver a high quality, effective and professional approach to working towards the Inverclyde HSCP vision of Improving Lives.

I hope you enjoy reading this report and finding out more about the work of the Advice Services team.

Brian Moore  
Chief Officer  
Inverclyde Health and Social Care Partnership

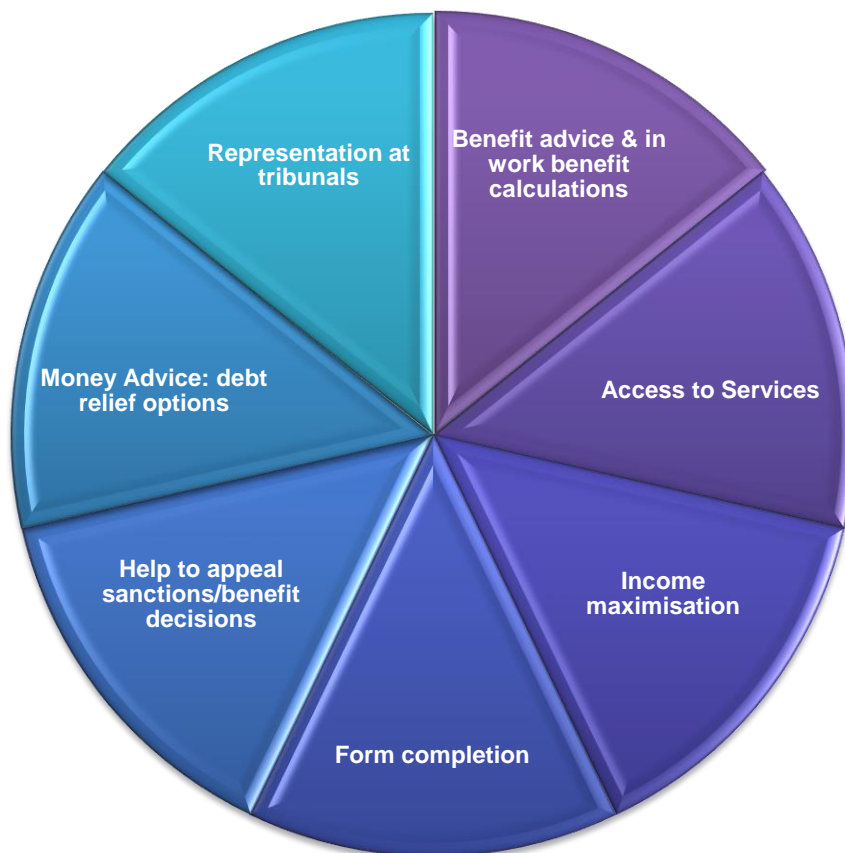
April 2016

## Introduction

Inverclyde HSCP Advice Services team was established in 2013 following an amalgamation of the three teams that provided welfare benefits advice; money advice and welfare rights representation and appeals.

The Advice Service is predicated on a rights-based approach that contributes to the alleviation of poverty and effects of debt in the Inverclyde community, making a positive difference to the lives of many. It is imperative for the well-being of vulnerable claimants and also for the wider Inverclyde economy to ensure that people receive the support they require during a period of change and uncertainty as a result of continuing austerity, devolution of aspects of the social security system and wider welfare reform. The provision of an effective advice service is directly relevant to the duty of the HSCP to provide social welfare and the wider efforts to improve health and well-being.

The vision of Inverclyde HSCP Advice Services is to provide an accessible and free, fit for purpose, advice service at point of need for the people of Inverclyde. This vision is underpinned by the values of accessibility, accountability, confidentiality, effectiveness, impartiality, independence and quality. The services provided cover a range of interventions from advice and information through to debt advisory schemes and representation at appeal tribunals.



### **Integration Legislation**

From 1st April 2016 Inverclyde became a fully integrated Health and Social Care Partnership laid down in statute by the integration legislation and its associated guidance. That guidance highlights that every HSCP must produce a Strategic Plan, outlining what services will be included, noting key objectives and how partnerships will deliver improvements. These improvements will be gauged on the nine national wellbeing outcomes, designed to help partnerships demonstrate the difference that joined up services make to the lives of the people who use those services.

The nine National Wellbeing Outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively in the provision of health and social care services.

### **Inverclyde HSCP Strategic Plan**

The Inverclyde Strategic Plan 2016 -19 has been developed by the HSCP's Strategic Planning Group, including representatives of local people, users of services and carers, third and independent sector partners and acute services. The Strategic Plan will deliver against the five commissioning themes:

- ▶ Employability and meaningful activity
- ▶ Recovery and support to live independently
- ▶ Early Intervention, prevention and reablement
- ▶ Support for families
- ▶ Inclusion and empowerment

Going forward, Inverclyde Advice Services work-plans and priorities will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes.



### **Impacts of Welfare Reforms**

Inverclyde continues to rank in the top 5 of local authorities in Scotland with the highest levels of income deprivation, with 40% of Inverclyde's data zones in the 15% most deprived data zones in Scotland (SIMD, 2012).

The range of welfare reforms introduced over the last few years is significant. The increase in conditionality and sanction regimes; introduction of benefit cap and universal credit will all impact on the local community. However the introduction of, and migration to, Personal Independence Payments (PIP) is likely to be the biggest challenge presented by on-going welfare reform changes in 2016.

The latest update from Sheffield Hallam University, March 2016, highlights that the Inverclyde community is significantly affected by the latest welfare reform changes:

- ▶ Increase in non-dependent deductions: Inverclyde in UK 20 worst affected local authorities, 3rd highest in Scotland
- ▶ Introduction of PIP: Inverclyde in UK 20 worst affected local authorities, 3rd highest in Scotland
- ▶ Current ESA reforms: Inverclyde in UK 20 worst affected local authorities, 3rd highest in Scotland
- ▶ ESA new reforms: Inverclyde in UK 20 worst affected local authorities, 5th highest in Scotland

## Fundamental Causes of Inequalities

The links between poverty and health are well documented and for many years now Inverclyde has been characterised by some notably unequal health and socio-economic outcomes. The causes of inequality are well-evidenced in terms of economic and work-related opportunities; levels of education; access to services and societal or cultural norms. Health inequalities are therefore inextricably linked to the unequal distribution of a range of opportunities.

In addressing inequalities and the challenges we have within Inverclyde, action is required at all three levels, fundamental, wider and individual level. Inverclyde's Single Outcome Agreement (SOA), delivered through the Inverclyde Alliance, aims to address these determinants, by improving quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

The Advice Services team have a clear role by improving the quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

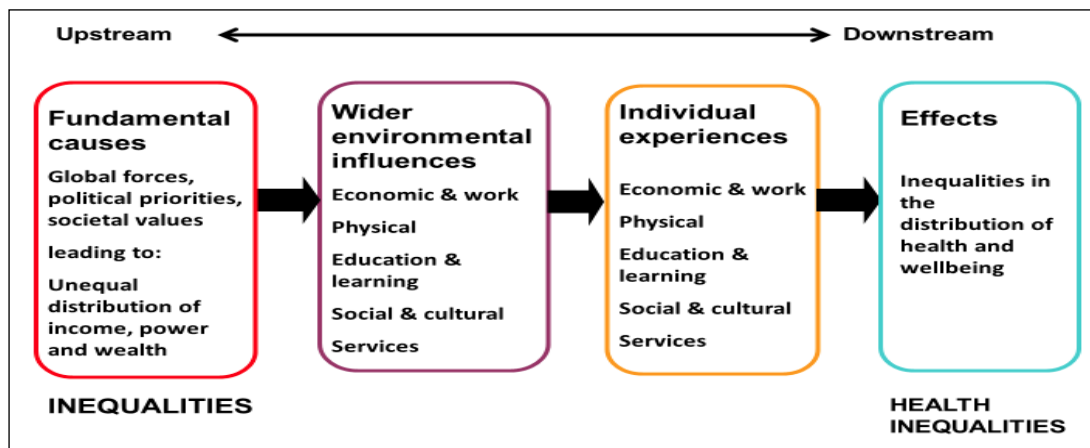


Figure 1 Health Inequalities: Theory of Causation (reproduced with permission from NHS Health Scotland: this info is © NHS Health Scotland).

The HSCP commitment to integration should in addition help translate into an operational reality one of the key policy drivers identified in 'The Impact of Welfare Reform – Tracking Study 3' produced for the Scottish Government. That report says:

*“There should be more joined-up practice between health, social care and welfare services. Health and social care professionals need not be experts, but should at least be aware of the kind of support that people might be entitled to, and referral mechanisms between health and social care, and advice services should be established.”*

This in turn compliments the findings of a Report from the Low Commission, 'The Role of Advice Services in Health Outcomes' published in the Summer of 2015. Although produced with a focus on the English legislative requirements of the Health and Social Care Act 2012 and the Care Act 2014, it nevertheless merits close consideration in terms of the Scottish Health and Social Care Integration agenda predicated on the Public Bodies (Joint Working) (Scotland) Act 2014.

*“Improving the financial, material and social circumstances of people presenting at primary care can underpin sustainable improvements in health relating to poverty and deprivation, providing a means by which primary care organisations can address the social, economic and environmental influences on the health of their population.”*

*“Stronger partnership between advice services and health care partners has the potential to affect system change in order to challenge and change policies that are exacerbating health inequalities and creating demand for health provision.”*

## Service Activity Analysis

### **The Service**

Whilst Advice Services is one integrated service it provides three distinct areas of work:

- ▶ Advice and Information
- ▶ Welfare Rights Representation
- ▶ Debt Support

All 3 teams are supported by the recent development of an integrated case management system. The system mirrors the model of a single point of access and has allowed Advice Services to refresh and revitalise the way in which we deliver the service and to help mitigate the impacts of the welfare reform agenda.

As well as supporting the provision of an efficient, quality service to users - the system ensures that our service keeps clear, concise records of advice given and actions taken, and we are able to generate data that will allow the monitoring of the types of work undertaken by advisers and the time taken on each case. The system provides an immediate view of current case numbers to ensure work is fully represented, that advisers work within their capacity, and reports fully on financial gain achieved by the service on behalf of clients. The system has time bound triggers to allow the service to follow up on the outcome of a benefit application or if a client has challenged an adverse decision, ensuring we are providing an efficient wraparound service.

### **Advice First Telephone Triage Service**

The Advice First telephone line is the single point of access to Advice Services and the range of services that are predicated on Advice First. Many of the clients who are contacting the service often have multiple issues, many of which could be resolved over the telephone, thus either negating the need for an appointment or addressing some of the issues prior to attending an appointment. To ensure the service is as accessible as possible, there is a monitored email address where referrals are received from other agencies, clients and other HSCP services.

**10,945 Advice First telephone calls were handled from April 2015 to March 2016**

**Approximately 68% of calls presented to Advice First were resolved over the telephone**

### **Advice and Information Service**

The single biggest role for Advice/Information Workers is related to assistance given in the completion of benefit applications. Given the complexity of the benefit system, claimants often fail to include all the necessary information required by the Department of Work and Pensions (DWP). Advice and Information workers are familiar with the claims and decision making process and are aware of what is relevant to an application. The nature of the support provided by Advice/Information workers to claimants has changed over the past couple of years, becoming more intensive with increasing numbers of claimants requiring enhanced levels of ongoing support over many months. The one-off advice intervention is being replaced with the need to remind claimants of the continuing obligations to furnish DWP with information and certificates such as sick lines; of the two stage process of challenging decisions, and the strict statutory time limits involved and assistance with the long term management of claims in general. The Advice and Information Service is committed to assisting Inverclyde residents to navigate the welfare benefits system successfully.

**For the period April 2015 to March 2016 Information and Advice Workers confirmed financial gains of £901,790 for Inverclyde Residents\***

**2776 appointments scheduled between Greenock and Port Glasgow HSCP Offices**

**214 home visits**

**1443 follow-ups completed**

### **Access to Service**

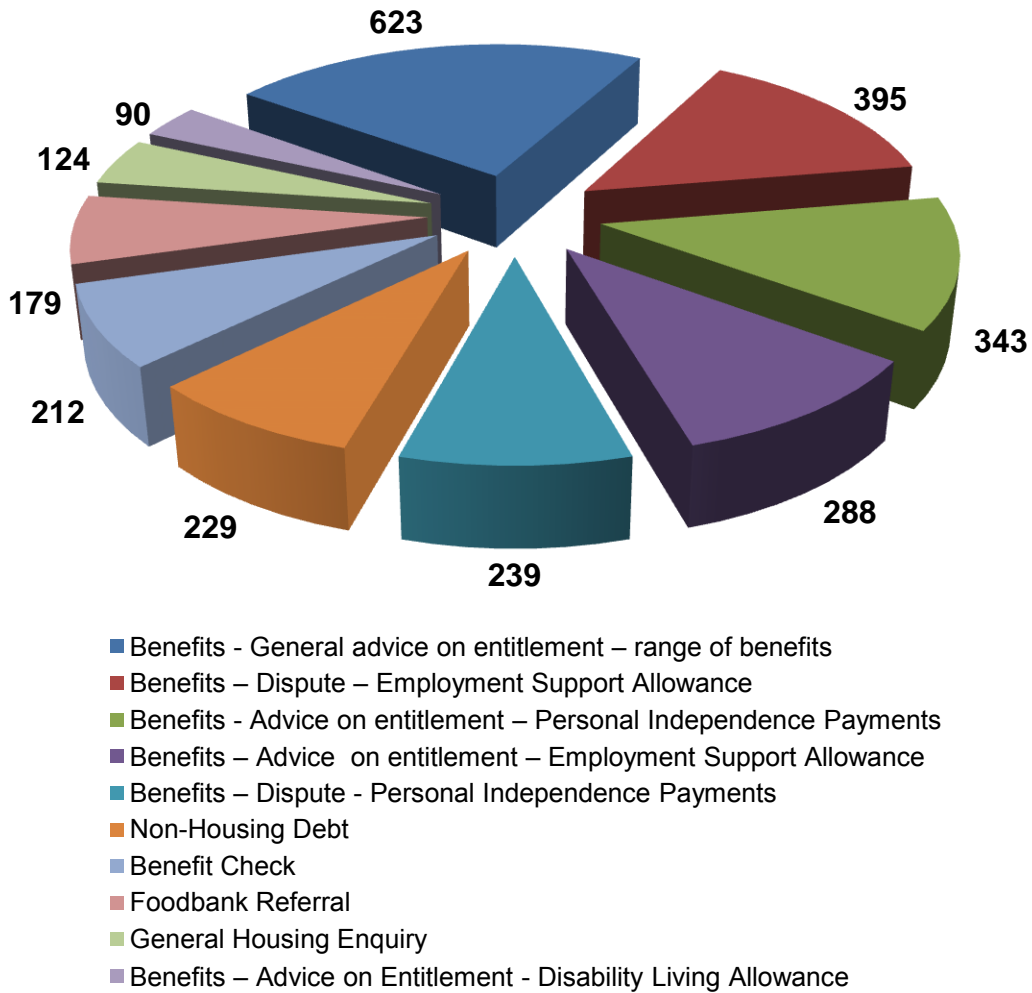
Another key aspect of the Advice and Information Service is providing a single point of access for people who need assistance with daily living tasks and activities to support them to live as independently as possible at home. Service is available to people living within the community whether alone or as a member of a family. Services include: homecare; reablement; community alarm; telehealthcare and respite at home.

**194 Access to Service referrals completed**

**An average of 31 queries per month have been handled and referred to the appropriate Homecare/Community Care Services**

\*Unlike the specialist advisors, who carry out intensive casework, the advice/information workers operate on a duty rota basis and once clients have received support it can prove more difficult to capture actual financial gains due to disengagement with the service. For this reason the gains are probably under-represented.

This chart demonstrates the top 10 most common enquiries to Advice Services for the period April 2015 to March 2016.



The most common query was on a range of benefits, with 17% of clients contacting for this reason. Almost 40% of all enquiries were in relation to sickness and disability related benefits such as Personal Independence Payments/Disability Living Allowance which is in line with expectations.

## Welfare Rights

The core task of Welfare Rights is to help claimants prepare for appeal by:

- ▶ Gathering evidence and researching relevant case law
- ▶ Preparing submissions and providing representation for claimants at oral hearings
- ▶ Finding errors of law in the statement of reasons
- ▶ Preparing submissions to and attending hearings before the UT

The driver of demand for representation is DWP policy and practice. Changes in DWP inflows and outflows from benefit caseloads have a clear correlation to the demand for Tribunal representation.

Where appropriate, Welfare Rights Officers also provide representation at the Upper Tribunal (Administrative Appeals Chamber). This is a superior court of record whose decisions are binding so we often contribute to changing the law generally in favour of claimants.

Two examples of this were: in case *CSE/17/2014* the UT accepted our argument that attendance at a psychiatric day-care centre was medical treatment and not work-related activity so that such individuals were no longer to be treated as capable of work-related activity. In case *CSE/430/2012*, the UT accepted our argument that in considering whether a claimant could reasonably be expected to use a wheelchair, consideration had to be given to where they lived.

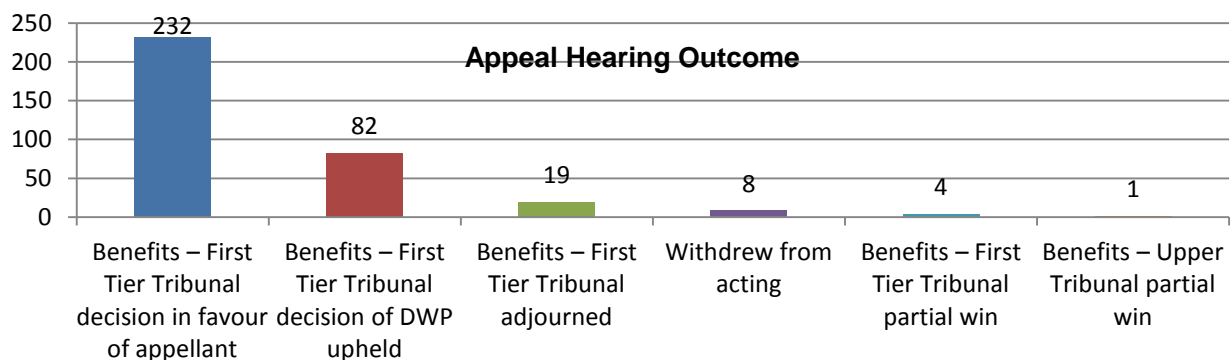
Appeals to the UT are based on legal argument alone and the respondent is ordinarily represented by an Advocate instructed by the Office of the Solicitor to the Advocate General. The appellant is represented by a Welfare Rights Officer.

The appeal hearing outcomes are always lower than the amount of Welfare Rights appeals scheduled. Due to the complexity of the casework there may be more than one appeal hearing required per client. Part of the ongoing development of the caseload management system is the ability to capture and quantify the level of work involved in Welfare Rights, and a focus will be on data capture of the amount of hearings, both First-tier and Upper, required before there is an outcome.

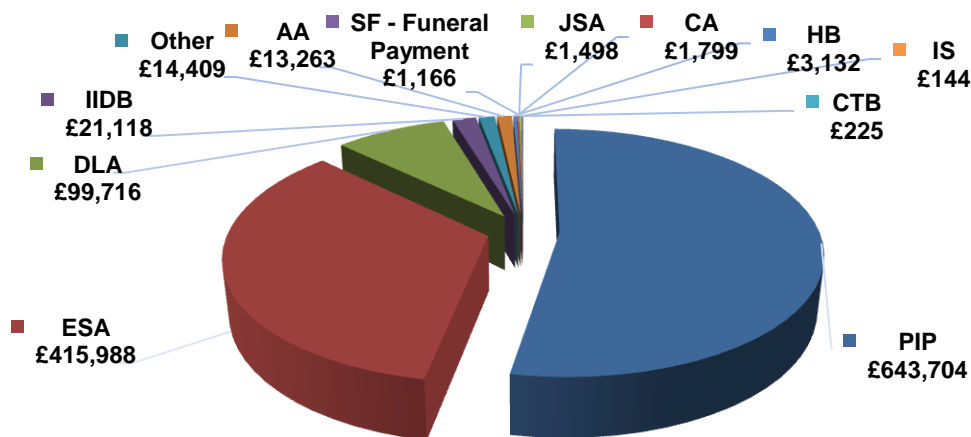
**From 1 April 2015 to 31 March 2016 confirmed financial gains of £1,216,160.86 achieved for Inverclyde Residents from successful appeals**

**698 Welfare Rights appeals scheduled**

**74% of cases with a final outcome decision were found in favour of the appellant**



As seen below the chart demonstrates the financial gain generated from Welfare Rights appeals based on benefit type:



Perhaps one of the largest pieces of work will be the continued roll out of the Personal Independence Payment (PIP) and in particular the migration of Disability Living Allowance (DLA) claimants to PIP. PIP has replaced DLA for working age claimants. DLA was introduced in recognition of the additional costs incurred by claimants with disabilities or health conditions, who as a result required additional heating, special diet, increased cost of travel etc. PIP like DLA is neither means tested nor based on national insurance contributions but awarded on the basis of need. All new claims are now for PIP, while existing DLA claimants in Inverclyde were invited to apply for PIP from October 2015. If a claimant fails to respond to their invitation to claim PIP they will lose their DLA. It is important to note that PIP does not directly replace DLA but is a completely different benefit. This means existing DLA claimants have to apply for PIP and their current receipt of DLA, even of the highest level of an indefinite or life time award does not automatically entitle them to PIP. One of the stated aims of Government when PIP was introduced was to reduce the numbers receiving disability benefits. There are approximately 4,000 working age DLA claimants in Inverclyde who will be subject to the migration process. DWP produced the first set of DLA to PIP reassessment statistics in December 2015. The figures for Inverclyde showed over a third (32%) of those reassessed had lost all entitlement to disability benefit. Of the 68% who secured an award of PIP there is no guarantee the award was similar to that received by way of DLA. Successful but reduced awards of PIP can still result in substantial financial loss, loss of benefit to carers and loss of Motability vehicles. Challenges to PIP decisions made by DWP is the single biggest appeal jurisdiction for the Ministry of Justice at 38%. Early indications are that this will be reflected at an Inverclyde level. Of the 101 Tribunal Hearings scheduled with Welfare Representation in the first two months of 2016, 48 are PIP appeals.

**Benefit Key**

AA	Attendance Allowance	HB	Housing Benefit
DLA	Disability Living Allowance	CA	Carers Allowance
IIDB	Industrial Injuries Disablement Benefit	IS	Income Support
JSA	Jobseekers Allowance	CTB	Child Tax Benefit
PIP	Personal Independence Payment	SF	Social Fund

## Money/Debt Advice

People in poverty pay more for goods and services, for example in accessing fuel or arranging credit. This is often termed the 'poverty premium'. Money/Debt Advice seeks to address this by helping clients make informed decisions in relation to accessing financial services and making arrangements for best payment options in relation to utilities. Clients requiring a specialist and ongoing debt/money advice service are provided with timely and appropriate advice and case work intervention. People trying to manage debt while living on a low income experience stress and depression. Money/Debt Advice, however, works and the earlier people access the help on offer the better their chances of reaching good outcomes for themselves and their families.

Inverclyde HSCP Advice Services Money Advice is the only licensed local operator/provider of the Debt Arrangement Scheme (DAS). The Debt Arrangement Scheme Scotland is a Debt Management Plan set up by the Scottish Government and administered by The Accountant in Bankruptcy (AIB). It was set up in 2004 for people who had multiple debts and have some disposable income to repay the debts. It has had many changes since then, beneficial for both the creditors and debtors and now includes one or multiple debts with all interest and charges frozen from the outset. The DAS has been very successful in Inverclyde with 257 live cases currently maintained on DASH (Debt Arrangement Scheme Hub) with 23 new live cases from April 2015 to March 2016. The total amount of debt for those 23 cases is approximately £400,000 averaging £17,391 per person. This is money being paid back to creditors and gives the debtors more financial capability and enables them to get back in control of their finances. The debtor is supported throughout the process by the money advisor until the debts have been repaid. Specialist approved and accredited money advisors oversee the DASH system, applying variations and payment breaks should the debtor require this over the term of the DAS.

It offers debtors protection from diligence from creditors whilst in the scheme, and ensures the debts are repaid in full.

At a national level statistics indicate non-priority debt (credit card debt and other unsecured credit such as pay day loans) is decreasing. Below are statistics based on the reporting period of August 2015 to 31 March 2016, that show the type of debt Inverclyde residents are presenting with.

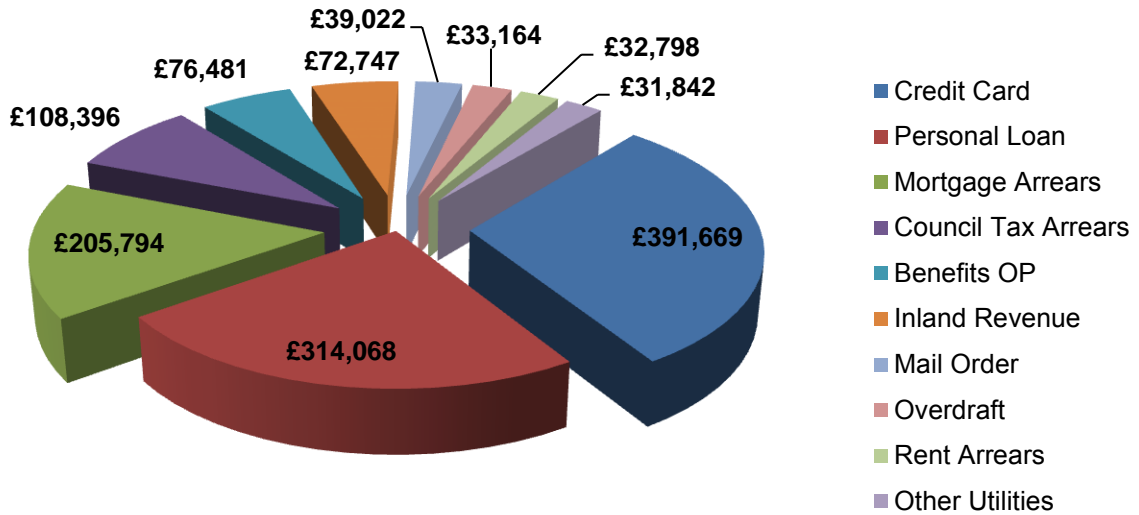
**Amount of multiple debt managed from August 2015 to March 2016: £1,393,712**

**63 cases currently being progressed**

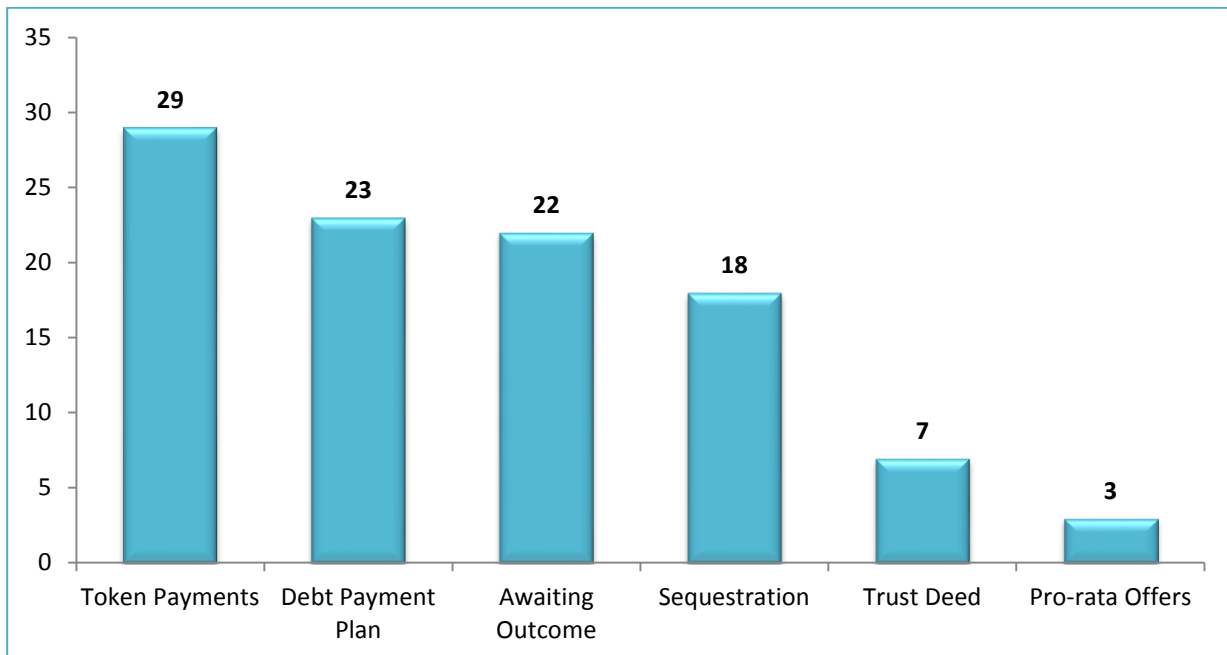
**258 interventions carried out with clients**



Shown are the top 10 types of debt clients have presented with from August 2015 to March 2016.



This chart demonstrates some of the debt relief options clients have opted for over the same period.



## Specialist Work

### **Advice Outreach for Hard to Reach Groups**

Funding from the Big Lottery allowed for the employment of an Advice Worker with a locus of working with hard to reach client groups. The funding from the Big Lottery came to an end in August 2015, however Inverclyde Council Welfare Reform money has allowed for the continuation of the post on a temporary basis. As indicated the service delivery focus is on hard to reach client groups, specifically vulnerable clients with chaotic lifestyles (Drugs/Alcohol/Homelessness). The post has proved particularly effective with the establishment of strong links with the Community Drugs Team, Alcohol and Homelessness Teams.

**315 clients provided with assistance**

**Financial gains of £1,436,350 achieved from April 2015 to March 2016**

### **Kinship**

The involvement of a Welfare Rights Officer has been an integral feature of the operation of Kinship Care Allowances in Inverclyde since 2009. On receipt of a referral from the Family Placement Team, the WRO contacts the carer to arrange for an income maximisation check. This is not a one off intervention but is followed by regular reviews to ensure full benefit entitlement remains in place. This income maximisation intervention was held up as a model of good practice by the Scottish Government for other Local Authorities to consider implementing. On the downside Inverclyde Advice Service has flagged the possible detrimental operation of the legislative provisions of Universal Credit on Kinship Carers and their entitlement to benefit.

### **Inverclyde HSCP/Macmillan Welfare Rights Officer**

This initiative continues to provide a pathway for cancer patients which maximises income for vulnerable clients, improving access to essential goods and services and reducing the financial burden of cancer. The service is firmly embedded as an integral part of IRH Oncology with strong ties maintained with Ardgowan Hospice. The service model is invaluable both in terms of direct net financial gain for patients and their families as well as the supplementary gains of improved quality of life, well-being and empowerment.

**370 clients provided with assistance**

**Financial gains of £1,189,829 achieved from April 2015 to March 2016**

### **Healthier Wealthier Children**

As part of Inverclyde's strategy to tackle child poverty and improve lives, Advice Services have continued to deliver the Healthier Wealthier Children project. The main focus is to maximise the income of pregnant women and families with children under the age of five years. Referrals are received from community and hospital midwives; health visitors and GPs.

**107 referrals received and 61 clients engaged**

**Financial gains of £38,534 from April 2015 to March 2016**

## Partnership Working

Inverclyde residents are facing many challenges which may affect their ability to become financially included. As the UK recovers from the recession and international banking crisis, there are still existing issues with employment, debt and sustainability of housing. This coupled with the reforms to the welfare system already highlighted have resulted in profound effects for the Inverclyde population. All of these challenges have brought about a higher demand on financial inclusion services.

It is therefore essential that to give the Inverclyde community the best possible support, Advice Services work in partnership with a range of organisations to explore areas where joined up working can maximise the much needed advice and support.

Many of these initiatives have developed through being a key member of Inverclyde's Financial Inclusion Partnership. This partnership is made up of a range of public and 3rd sector organisation who work towards:

"Ensuring that everyone's incoming money is maximised; that they have access to appropriate financial services and products which enable them to manage their money on a day to day basis; and that they can plan for the future and deal effectively with unexpected financial pressures".

The following highlights some of Advice Services' achievements through working with others.

### **HMP Greenock**

In August contact was established with HMP Greenock to explore the feasibility of offering a Money Advice outreach programme within the prison. A meeting with the prison's Education Manager was followed by a further meeting with prisoners in October. Feedback from the meeting was positive and a final meeting with prison staff is scheduled to discuss the operational practicalities. The aim of the initiative is to help stabilise family finance, resolve debt crisis matters and provide an input on financial education and advice on financial planning.

### **Glenbrae Family Centre**

Inverclyde has one of the highest Child Poverty rates in Scotland at 25.6%. The highest concentration of child poverty in Inverclyde is found in Greenock East/Central at 31%. Advice Services are working with Education Services to consider specific action to tackle child poverty by way of income maximisation coupled with money/debt advice. A programme of activity has been agreed, focused on the Glenbrae Family Centre serving Greenock East/Central. The first part of the programme was the delivery of benefits awareness training for staff at Glenbrae Family Centre followed by the establishment of weekly advice drop in sessions. The initiative has allowed the development of a direct online referral process between Glenbrae Family Centre and Advice Services that can be replicated for use in other establishments.

### **Universal Credit Inverclyde Roll Out**

Universal Credit was introduced to Inverclyde in October 2015 and although small numbers are affected at present, it will bring about more changes to the way benefits are processed and issued and will most certainly have further significant impacts on our residents. In order to support the roll out, HSCP Advice Services co-delivered training and awareness sessions with DWP staff covering the local arrangements, aimed at making the operation of the mechanics run as smoothly as possible in Inverclyde. In excess of 400 individuals representing 20 different services or organisations attended the training which was acknowledged by DWP as an exemplar of good practice for other areas to follow.

*"It was very useful having an experienced JCP member of staff to explain the reality of the introduction of UC. HSCP: very useful hearing about the support services and avoiding difficulties."*

**Development of Referral pathways**

Discussion with the Council's Revenue and Benefits service revealed through their housing benefits data systems that they were able to identify clients known to them who had been sanctioned for noncompliance with the DWP conditionality arrangements and also those clients who had been negatively affected by the migration from Disability Living Allowance (DLA) to Personal Independence Payments (PIP). This information is now passed through a secure email, with the client's consent, to Advice Services who then contact the client to offer support with financial issues and offer advice with challenging adverse decisions if applicable. This is all underpinned by a robust data sharing agreement between the services.

**Benefits for Migrants**

Inverclyde is currently involved with two central government initiatives to bring individuals and families who have already been given refugee status into the UK. The rules on eligibility for benefits for people coming to the UK from abroad are one of the most complex areas of welfare rights law. Whether or not a person can claim benefits and, if so, which benefits, may depend on a number of factors. These include: nationality, immigration status (and any conditions attached to it), the circumstances under which a person arrived in the UK, whether they are deemed "habitually resident", whether they are in work or looking for work; and whether they arrived alone or with other family members. Many other factors may be relevant. This has been an increasing feature of advice services work in 2015 and is likely to increase further in 2016 as we work to integrate more families into Inverclyde.

## Scottish National Standards

The Scottish Government has re-launched the Scottish National Standards for Information and Advice Providers (SNSIAP), placing responsibility for the development of a new accreditation and audit model in the hands of the Scottish Legal Aid Board. A priority task for Advice Services in 2016 will be to work towards implementing the standards and seeking accreditation. This will act as a guarantee for clients using the service that the information they can expect to receive is appropriate, accurate, timely and fit for purpose. The SNSIAP provides a benchmark that is clear, consistent and capable of facilitating continuous improvement and, importantly, is auditable. In seeking accreditation there is the necessity to ensure effective arrangements are in place to support service delivery. This will encompass the provision of training, consistency and competency in case work and case work management along with clear and comprehensive recording of case work activity. We will therefore look to ensure the necessary IT systems are in place to support a successful audit for accreditation. Digital and telephony services offer innovative methods of service delivery providing clients with speed and ease of access to advice, whilst at the same time both preserve and free up appointment times for vulnerable clients and/or those with complex advice needs who require face to face assistance. We will therefore continue to increase and promote the use of digital and telephony services in 2016.

## Case Studies

Advice Services assists clients on a daily basis with multiple issues. Below are just a few examples of some of the assistance we have provided:

Client A had previously accessed Advice Services and was having issues with their benefits. They contacted Advice First telephone triage and advised that their ESA had stopped, having failed to attend a medical. An appointment was made with an Advice Worker who identified that the client should be in receipt of Pension Credits due to their age. Client made an application over the telephone for Pension Credits, which will be backdated to the day after the ESA had stopped. The Advice Worker also contacted Customer Service for Housing and Council Tax benefits to advise of this change. Client A will receive an annual financial gain of almost £8,000 and was very happy with the assistance given.

Client B met with a Money Advisor on the day of their hearing. They were self-employed and were about to be sequestrated for non-payment of a significant amount of tax to HMRC. The client was advised that the service may be able to assist via the Debt Arrangement Scheme which would stop action from creditors and allow the debt to be paid over a reasonable period of time. The Sheriff extended the hearing to allow the client to seek support from the Money Advice team and a follow up appointment was made.

Money Advice lodged a Moratorium which formally gives notice of your intention to apply for a statutory debt relief option and gives six weeks protection from diligence. A full review of Income and Expenditure was carried out and the DAS application submitted. The client had a small amount of council tax arrears outstanding and the council tax office agreed to the DAS on the condition that a direct debit was set up for the current liability. HMRC rejected the DAS proposal stating the balance submitted on the application was incorrect. They claimed they had not received the client's SE tax returns and therefore could not accept this offer of repayment when the total amount of money due to them could not be fully determined and the client had been uncompliant.

The case at the Sheriff Court called again and was extended for another two weeks, by which time the client had submitted their Self-Employment Tax returns to HMRC and balances were confirmed, however HMRC still wanted to pursue sequestration and maintained their decision to reject the DAS payment offer.

A Fair and Reasonable assessment was then carried out by the DAS Administrator, Accountant In Bankruptcy (AIB), as HMRC (the majority creditor in this application) refused to partake in the proposal offered. The AIB requested detailed information which the service provided. The AIB ruled in favour of client as they felt the offer was fair and reasonable and would be repaid over 5 years, this is the time limit for business debts. The decision allowed the client to continue with the business. It also safeguards the business, assets and their property and during the term of the DAS whilst they maintains payments.

The Sheriff was informed of the DAS outcome and the case was dismissed.

## Service User Feedback

Questionnaires were sent to a cross section of service users to gain feedback on their experience of the service they received. Below are examples of some of the comments we received:

"I was referred to HSCP and I was grateful for the help and support I got. As stated, everything that was done on my behalf was very helpful. Filling in forms, letting me know what I should and shouldn't do. I couldn't have got to where I'm now without their help"

"I received good, sound advice from what is clearly dedicated and professional people and caring people.

HSCP services are excellent. The officers are very helpful and understanding. They do not judge. I am very grateful to this team and know they are there to assist me, thank goodness."

"My advisor was outstanding and very knowledgeable and made me feel supported and put me at ease from the day I met him. First class."

"I think the services are excellent and very helpful and make you understand things in a different way of thinking yourself."

"I am extremely grateful for the help and care I received by my Money Advisor. At a time I felt really ashamed of myself, she was able to put my mind at rest by giving me options available."

### Testimonial:

"I have found the Money/Debt Advice to be a real lifeline to me in what has been one of the most difficult times of my life. I never felt judged by the level of debt I had accumulated and the professional, honest advice I received was second to none. Nothing was ever too much trouble and just having someone to talk to and to help me to deal with my creditors made all the difference and helped me keep my sanity!! Dealing with the pressures of debt and the constant juggling to make ends meet can take its toll on your health and having been through it personally, I would advise anyone going through financial issues to take that first step and contact Money/Debt Advice. I couldn't have managed without them."

## Conclusion

From 1st April 2016, the Integration Joint Board (IJB) has formal delegated responsibility from NHS Glasgow and Clyde and Inverclyde Council for the services and functions specified in the Health and Social Care Partnership (HSCP) Strategic Plan. The Strategic Plan 2016-19, which was developed with local partners, outlines the proposals for taking forward a more joined up approach to delivering Health and Social Care services in Inverclyde in partnership with other agencies and the people who use our services and their families.

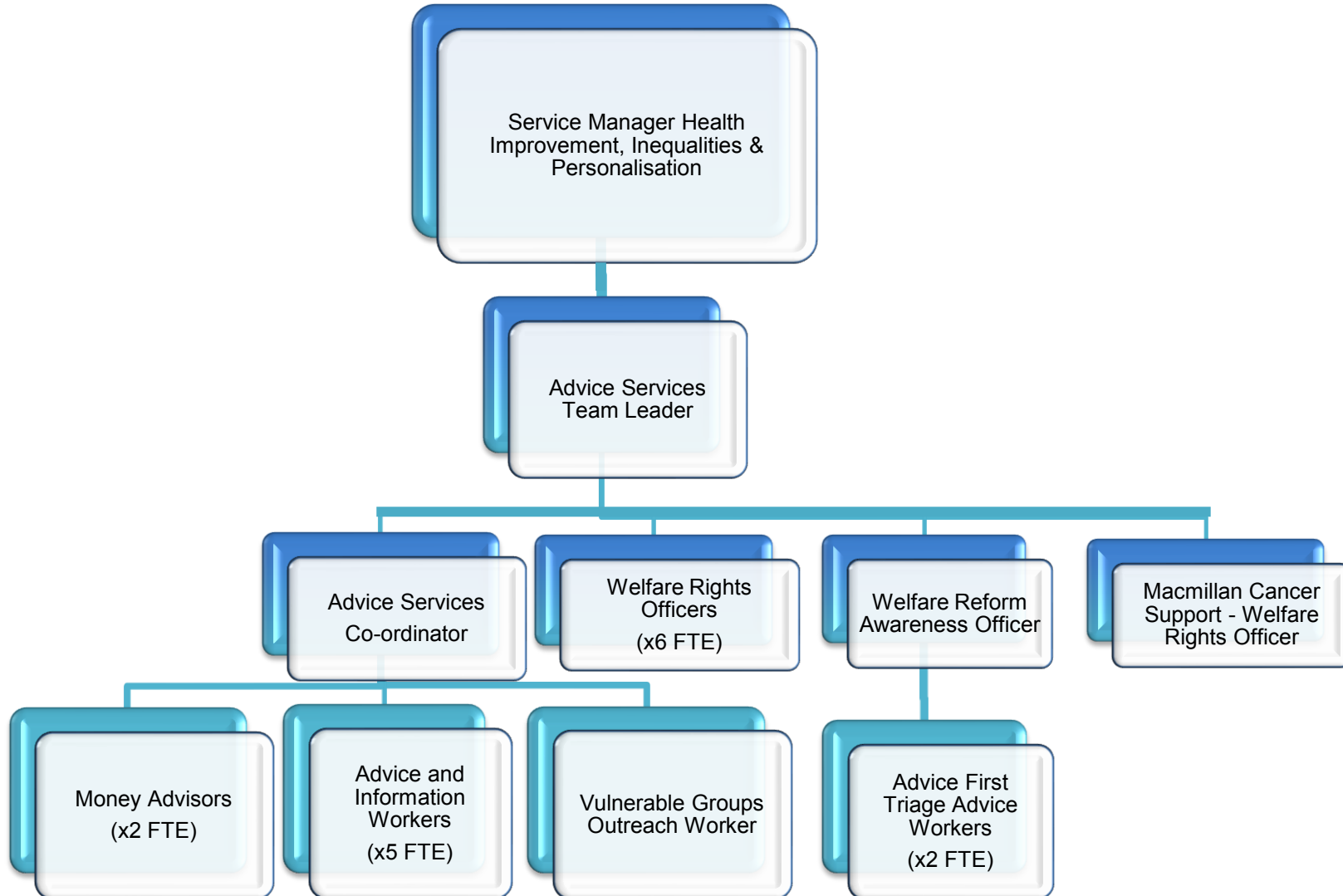
Inverclyde Advice Services' future planning will need to take account of the changing climate and further welfare reforms and the challenges and opportunities this may bring, but without losing sight of the major contribution that Advice Services make to better health and reduced inequalities. Our future priorities and work plans will be aligned to the Strategic Plan, the National Wellbeing Outcomes and the five strategic commissioning themes. In addition, information and evidence from the Inverclyde Strategic Needs Assessment and local and national data intelligence will assist in ensuring future priorities meet the needs of our community.

The introduction of a Scottish Social Security system will undoubtedly have an impact on how Advice Services will require to operate in the future. We await further information as to how it will deal with the devolved benefits including Disability Living Allowance, Personal Independence Payments and the housing element of Universal Credit, including the Social Sector Size Criteria, and also the new powers to make discretionary payments in any area of welfare without the need to obtain prior permission from the Department of Work & Pensions.

The service is committed to continuing the professional and essential work we do to support Inverclyde HSCP in its vision of Improving Lives.



## HSCP Advice Services Organisation Chart



**Report To:** Health & Social Care Committee      **Date:** 25 August 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)      **Report No:**  
SW/37/2016/HW

**Contact Officer:** Helen Watson,  
Head of Planning, Health  
Improvement and Commissioning      **Contact No:**  
01475 715385

**Subject:** HSCP COMPLAINTS ANNUAL REPORT 2015/16

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of the annual performance of the Inverclyde Health and Social Care Partnership (IHSCP) following implementation of the new Integrated Complaints Handling Procedure.

## 2.0 SUMMARY

- 2.1 This report describes and analyses performance in handling complaints from 01 April 2015 to 31 March 2016. The annual report provides the following information:
- i. Performance Information
  - ii. Analysis of Complaints Activity
  - iii. Future Proposals

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee members note the annual performance of the Inverclyde HSCP Integrated Complaints Procedure and comment as required.
- 3.2 It is recommended that the Health and Social Care Committee note the changes to legislation which will require amendments to the local procedure in due course.

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

## **4.0 BACKGROUND**

- 4.1 The purpose of this report is to inform the Health and Social Care Committee of the annual performance of the Inverclyde HSCP Integrated Complaints Procedures which encompasses NHS and Statutory Social Work complaints.
- 4.2 The Inverclyde HSCP Integrated Complaints Procedure issued by the Chief Officer became operational in the 2015/16 reporting period. It supports the Public Bodies (Joint Working) (Scotland) Regulations 2014 to more closely align the respective complaints handling processes of health complaints and social work complaints.
- 4.3 In line with statutory requirements there is still an additional stage for social work complaints procedure:  
Stage 1 – Frontline resolution whereby the complaint is dealt with directly at point of service  
Stage 2 - Complaint requires formal investigation and response  
Stage 3 – Referral to independent Complaint Review Committee (CRC) for social work complaints only
- 4.4 Complainants have the legal right of referral to the Scottish Public Service Ombudsman (SPSO) to appeal NHS complaint outcomes. For social work complaints, only maladministration of the procedure can currently be investigated by the SPSO.
- 4.5 The Quality and Development Service has lead responsibility to manage, co-ordinate and record complaints across IHSCP in line with the Integrated Complaints Procedure.
- 4.6 There are two electronic administrative systems which log health and social work complaints. However there is one central point within IHSCP where all complaints are logged which enables us to report collectively.
- 4.7 Complaints information is one of several sources of feedback about staff and service performance used to inform service improvements. This is generally obtained locally at the frontline with an overview of these collated within this report.
- 4.8 The Annual Complaints Report details the following:
- ❖ Performance of Frontline Resolution and Investigated Complaints
  - ❖ Analysis in respect of:
    - Complaint Outcomes
    - Complaint Themes
    - Learning from Complaints
  - ❖ Learning from Complaints
  - ❖ Positive Feedback.

## **5.0 PROPOSALS**

- 5.1 The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 will fully align social work complaints with other public bodies. It repeals the Complaints Review Committee element of the current process and the appeal process will be fully administered by the SPSO, including determining the professional judgement of social work. This is due to come into force in April 2017.
- 5.2 The Children and Young People (Scotland) Act 2014 (Part 4 and Part 5 Complaints) Order 2016 gives SPSO the authority to consider the merits of professional decisions made relating to the named person and child's plan when dealing with complaints.
- 5.3 Once guidance is received in relation to both areas of legislation, the HSCP will need

to determine what support, processes and consultation is required in order to implement this new legislation locally.

## 6.0 FINANCE

6.1 Financial Implications: There are no financial issues within this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## LEGAL

6.2 There are no legal issues within this report.

## HUMAN RESOURCES

6.3 There are no human resources issues within this report.

## EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## REPOPULATION

6.5 There are no repopulation issues within this report.

## 7.0 CONSULTATION

7.1 None

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 None.

**Inverclyde Health and Social Care Partnership  
Annual Complaints Report 2015 – 2016**

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# 1. Introduction

## 1.1 Background

Inverclyde Health and Social Care Partnership (IHSCP) is a fully integrated partnership incorporating functions and services from Inverclyde Council and NHS Greater Glasgow and Clyde Health Board, to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. This brings together community and primary healthcare, social work and social care services. Inverclyde HSCP goes beyond the minimum requirements of the Act, in that it includes Children & Families and Criminal Justice Services as well as adult services.

Previous work undertaken within the Inverclyde Community Health Care Partnership (ICHCP) has provided a strong foundation on which to embed the new legislation and further improve joint working within and for the benefit of our communities.

Our vision of Improving Lives is underpinned by the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

## 1.2 Our People

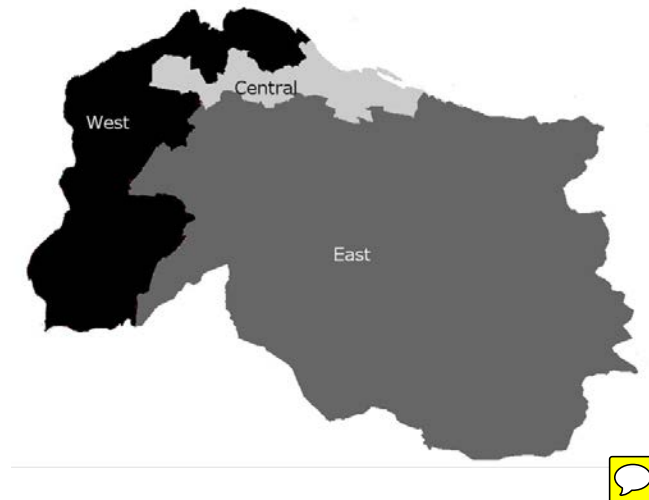
Inverclyde Health and Social Care Partnership has 1,666 members of staff employed by both NHS Greater Glasgow and Clyde Health Board and Inverclyde Council to serve a population of 79,860.

## 1.3 Our Place

Inverclyde is divided into three wellbeing localities of East, Central and West which are set out in the map below, with Inverclyde East being the largest wellbeing locality in terms of geography.

The Community Planning Partnership for Inverclyde has made a commitment to Getting it Right for Every Child, Citizen and Community. This is a whole population approach that strives to support everyone in Inverclyde to be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.





Within Inverclyde Health and Social Care Partnership our staff strive to work in partnership with individual service users, carers, patients and the local community to ensure that services are user led and co-produced. To support this there are a number of involvement opportunities at strategic, service and on a general level across Inverclyde.

The Health and Social Care Partnership Advisory Group membership is drawn from the broader HSCP People Involvement Network and formally represent service users and carers on the Inverclyde Integrated Joint Board (IJB) and the Inverclyde Alliance (our Community Planning Partnership).

There are service specific arrangements to support ongoing engagement with the people using services and their carers to bring about continuous improvements and change.

Complaints form a valuable part of this continuum of service development and improvement and provide a vital source of information to help analyse a situation or service and pinpoint any recurring, underlying or potential problems. Collectively these can help identify performance within a service or team in order to identify areas for improvement based on sound evidence.

#### **1.4 Current Procedures**

The Quality and Development Service has lead responsibility to manage, co-ordinate and record all complaints across the HSCP, including contracted services. A key aspect of the development of the procedure is to focus on the learning from complaints and feedback.

The HSCP Integrated Complaints Procedure based on the Scottish Public Service Ombudsman Model Complaints Handling Procedure became operational in 2015 - 2016. The aim is to provide a quick, simple, streamlined process with a strong focus on local, early resolution by empowered, well trained staff. This enables complainants to have their issues or concerns dealt with close to the event which gave rise to making the complaint.

As far as possible the complainant should be actively and positively engaged with the process from the outset.

**Frontline Resolution:** Frontline resolution should be attempted where there are straightforward issues, potentially easily resolved with little or no investigation. This should be completed within 5 working days.

**Investigation Stage:** Where complaints are not resolved at the frontline stage, are complex, serious or high risk a thorough investigation will be undertaken. This typically requires more thorough examination in order to establish facts prior to reaching a conclusion. This should be completed within 20 working days.

**Complaints Review Committee:** This is a statutory social work review process only, and comprises a formal “tribunal” approach overseen by Elected Members.

**Scottish Public Service Ombudsman:** NHS appeals of complaints outcomes are reviewed by the SPSO. Currently maladministration of Social Work complaints can be investigated by the SPSO.

## 1.5 Governance Arrangements

Governance arrangements are in place to report and analyse complaints within the HSCP as follows:

- Heads of Service Meetings;
- HSCP Management Team Meetings;
- Clinical and Care Governance;
- Quarterly Service Reviews (QSRs).

There are also reporting systems within our partner organisations NHS Greater Glasgow and Clyde Health Board and Inverclyde Council which the Inverclyde HSCP contributes to.

Health and social work complaints are logged in two systems, however there is a central point of contact for recording and administering the process.

## 2. Summary of Performance

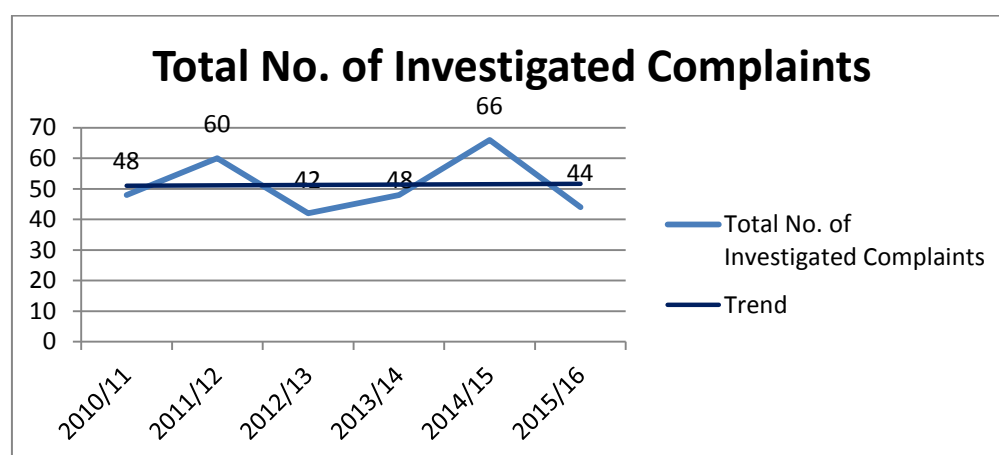
### 2.1 Number of Complaints

The IHSCP received a total of 66 complaints during the reporting period 2015/16. This is a reduction of sixteen on the previous year. 58 relate to social services and 8 relate to community NHS services. 22 were resolved as frontline resolutions and 44 required to be fully investigated.

	Number of Front Line Resolution 2015/16	Number of Investigated Complaints 2015/16	Number of Front Line Resolution 2014/15	Number of Investigated Complaints 2014/15
<b>Social Work</b>	22	36	13	51
<b>NHS</b>	0	8	3	15
<b>Total</b>	<b>22</b>	<b>44</b>	<b>16</b>	<b>66</b>

### 2.2 Complaint Trends

The number of investigated complaints is down by a third from 66 to 44. This in turn has slightly reduced the annual trend down from an average of 52 to 51 complaints per year.



### 2.3 Timescales

Along with changes to procedural arrangements, timescales for reporting were also streamlined. Following implementation of the new procedure, a number of frontline and investigated complaints did not meet the designated timescales. Guidance to investigating officers is in place from the outset with additional reminders throughout the process to support this.

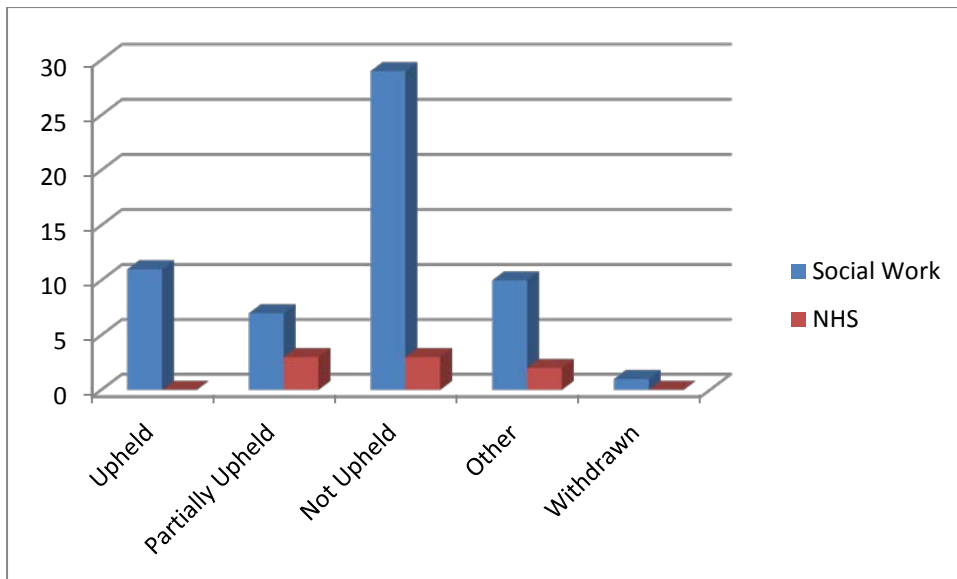
		2015/16	
		Timescale Met	Timescale Not Met
Social Work	Investigated Complaints Acknowledged within Timescale	36	0
	Investigated Complaints Completed within Timescale	23	13
	FLR Complaints Acknowledged within Timescale	18	4
	FLR Complaints Completed within Timescale	16	6
NHS	Complaints Acknowledged within Timescale	8	0
	Complaints Completed within Timescale	7	1

## 2.4 Complaint Outcomes

Of the 66 complaints received between NHS and Social Work, 32 (48%) were not upheld. Ten (15%) were logged but later removed from the complaints procedure as it was deemed that other avenues for investigation were more appropriate.

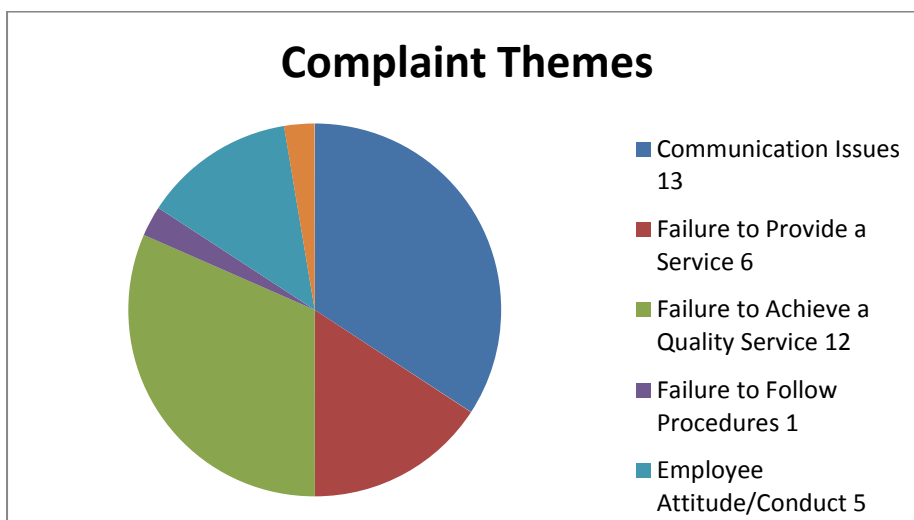
For example those which involved commissioned services, services hosted by other Health and Social Care Partnerships were handled through appropriate service processes, and some of those which related to staff conduct were appropriately investigated through disciplinary procedures. One complaint was withdrawn from the process by the complainant.

Of the 58 Social Work complaints, 11 were upheld and 7 were partially upheld. Of the 8 health complaints, 3 were partially upheld. Two social work complaints were reviewed by the Complaints Review Committee.



## 2.5 Complaint Themes

The 21 complaints which were upheld or partially upheld were examined for key themes. Multiple themes are evident in 14 of these, whilst 7 specifically related to a single factor. Communication issues followed by a failure to achieve a quality of service are the two main factors resulting in complaints.



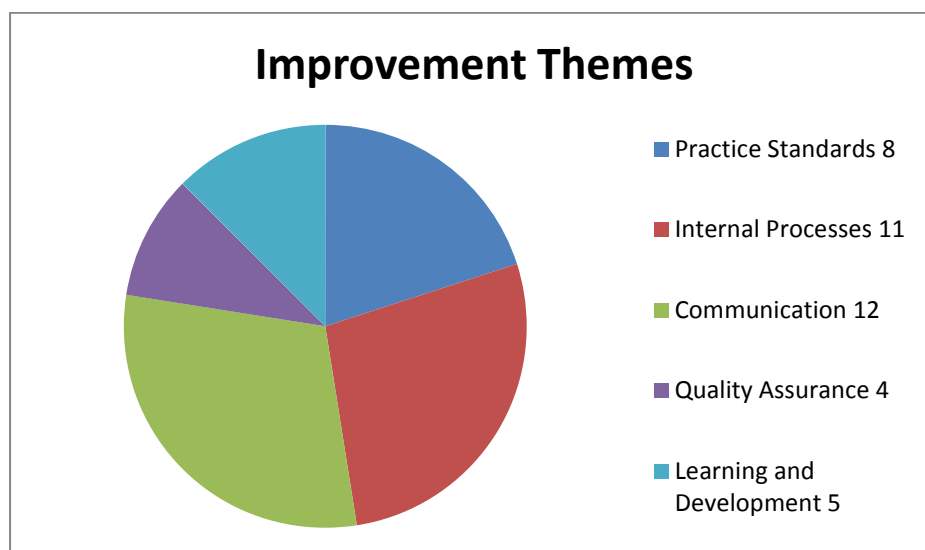
## 2.6 Learning from Complaints

Inverclyde HSCP is committed to reflecting on occasions when we may not get it right in order to highlight opportunities for improvement. As such where a complaint has been upheld or partially upheld, the service should determine what actions are required to support continuous improvement.

Of the 18 social work complaints upheld or partially upheld, only one generated a full Service Improvement Plan with two recommendations.

However, on reviewing outcome letters to complainants it is reassuring to see that as the new procedures have embedded, some services are adopting a “what happened, what should have happened and what will happen now” approach.

Services were able to advise complainants that they had taken immediate action or that action was imminent so a full service improvement plan was not required. In response to the multiple complaint themes there are also a number of complaints with multiple improvement themes.



## 2.7 Appeals

Following an investigation and written response, if a complainant remains dissatisfied with the outcome of an investigation they have the right to appeal that decision. For NHS complaints the appeal is directly to the Scottish Public Service Ombudsman.

For Social Work complaints, under the Statutory Complaint Procedure for Social Work Services the appeal process is firstly by Independent Review by the Social Work Complaints Review Committee.

In the reporting period 2015/16, two complaints were reviewed by the Complaints Review Committee. Both related to Children’s Services and Criminal Justice, and both were assessed by the Review Committees as not upheld.

There were no complaints investigated by the SPSO from the Inverclyde HSCP in this period.

### **3. Future Developments**

#### **3.1 Social Work Complaints Procedure**

To further align social work complaints with other public sector complaints procedures, The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 sets to abolish the existing social work complaints process.

It removes the current Social Work Complaints Review Committee and allows the Scottish Public Service Ombudsman to undertake the review procedure. Thus, taking into account the professional judgement of Social Work exercised on behalf of local authorities. It also allows for the sharing of information between the SPSO, Care Inspectorate and the Scottish Social Services Council when appropriate.

Guidance has not yet been received from the SPSO but the order is due to come into force on 1 April 2017. The SPSO has announced that it will be working with key stakeholders both in developing the new process and in preparation of their new role.

#### **3.2 Named person and child's plan**

The Scottish Parliament also recently passed the Children and Young People (Scotland) Act 2014 (Part 4 and Part 5 Complaints) Order 2016. This order will give the SPSO the ability to consider the merits of decisions when dealing with complaints made under parts 4 and 5 relating to the named person and child's plan. Further guidance is awaited on the SPSO role and their approach.

Inverclyde HSCP will, in due course, undertake consultation to ensure that local people are informed of these changes.

## 4. Contracted and Commissioned Services Complaints

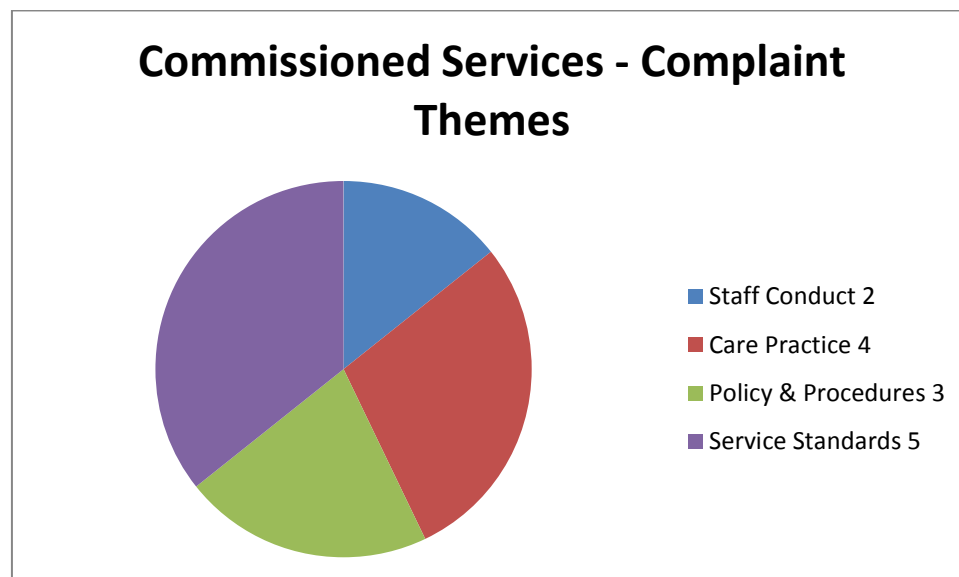
### 4.1 Commissioned Services Complaints

The HSCP contracts with 137 external care providers who deliver 194 services ranging from Care and Support at Home to Care Homes that meet a range of needs (including Older People; Learning Disability); Supported Accommodation (such as Sheltered Housing and group living accommodation), and some therapeutic services.

There is a notable reduction in the number of complaints received.

Outcome	2015/16		2014/15	
	Number	%	Number	%
Upheld	11	37%	22	46%
Partially Upheld	3	10%	6	13%
Not Upheld	14	47%	15	31%
Withdrawn	2	6%	4	8%
Ongoing	0	0%	1	2%
Total	30	100%	48	100%

Of the 14 upheld and partially upheld complaints, service standards and care practice are the two main themes for making a complaint.



### 4.2 NHS GG&C Contracted Health Services

Independent providers such as GPs, Pharmacists, Optometrists and Dental Practitioners are contracted to deliver community health services on behalf of the NHS.

Independent Contractors have their own processes for responding to complaints and undertaking service improvements in response. This complaint activity is monitored

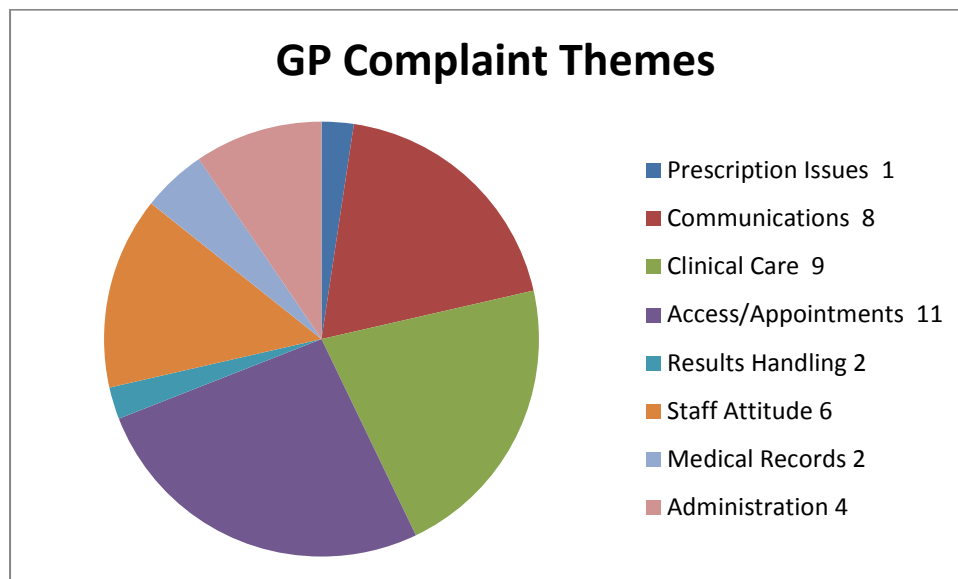


and reported via the Clinical and Care Governance Group where recommendations can be made. One optometry complaint was received which was not upheld. There were no other complaint reports received.

### 4.3 GP Practices

There were 60 complaints received by the 16 GP practices during the reporting period 2015/16. Of these (57) 95% were responded to within the timescales. 24 of these were fully or partially upheld. 5 complaints were irresolvable.

Of the data available the most common issues were around access to GPs and appointments, communications and staff attitudes.



## 5. Positive Feedback

### 5.1 Thank you

It is important that as individual staff members, services and as a whole organisation we learn from complaints. Equally important is when we receive positive feedback to let us know that our staff have done a good job or surpassed expectations. Compliments motivate, encourage and inspire repeat standards of excellence throughout our services.

There is no better example of integrated working than in the following thank you letter. It demonstrates an enabling, joined up approach to supporting a gentleman to remain at home with family and friends in his last few weeks of his life.

Not only were the right professional team in the right place at the right time to enable this to happen but the family were empowered to develop their own confidence and skills to support their Dad.

*“On behalf of my family and myself, I would like to nominate the following teams who cared for my late father in the final weeks, days and hours before his peaceful death.*

*The care provided by HSCP Homecare, District Nurses and Tuckdown staff was outstanding. Each individual demonstrated great professionalism, dedication, compassion, care and support for him. Each carer quickly understood his health and care requirements but equally got to know him personally and respected his preferences and requests with regards to his personal care.*

*Despite his deteriorating health both Dad and his family appreciated the positivity and humour shown by the team which helped keep his and our spirits up. We personally appreciated the updates given by the care staff following each visit. They were always friendly, honest and kept us abreast of Dad's condition, with practical advice given to us the opportunity to assist him in between their visits.*

*The care provided made the final weeks immeasurably more comfortable for all. The skill and professionalism of every carer and the collaboration between agencies meant that our dad spent those precious final days in the comforting knowledge that others were fully in control which lifted a great weight from our shoulders during a very difficult time.*

*I would be delighted to see the care teams achieve some recognition so that the challenging work they do and the positive impact they have on patients and their families can be appreciated by the wider public”.*

The Advice Service is instrumental in supporting potentially vulnerable members of the community in navigating the welfare system, maximising their income and supporting them in managing their finances.

*“I am writing to advise you of the fantastic service I received from staff at the Advice Services. Some years ago my husband had a spell of ill health and was unable to work. As a result I found myself in financial difficulty. This was a very stressful time and I did not feel that I could talk to anyone about the problems I was facing. I was therefore under a great deal of pressure trying to manage the situation and this began to have an impact on my health.*

*I made contact with Advice Services and was seen by a worker who was very empathic and understanding and led me through my options and supported me to make the right decision. I felt as though a great weight had been lifted from me.....I feel so much more in control of my financial situation. Your service not only helped me out of a spiralling debt problem, but has helped me to budget and manage my finances. I cannot praise the service enough and I ask that you pass on my thanks to your staff”.*

## **5.2 Compliments**

Here are some from the many other positive comments received across the HSCP about the people and services who support them.

*“Just wanted to say thank you to all who helped and supported our Dad over recent months. At difficult times knowing that you were there to care and speak to, helped us along the way. Many thanks”.*

*“Just to say many thanks for managing [named individual’s] care so well and with a smile”.*

*“You’re brilliant, thanks”.*

*“Just a quick note to say thank you for the level of care you provided my dad. Thank you again”.*

*“The kindness and thoughtfulness you have shown will always be remembered, thank you very much”.*

*“To all thank you for all the support and help”.*

*“For the wonderful care and attention received by my husband during his illness, it was very much appreciated. Thank you once again”.*

*“You are just the sort of person whose kindness means more than you could ever know”.*

*“All the family want to say thank you very much for all your help with my sister. We are very grateful for all your hard work”.*

### **5.3 Award Winning Staff**

Although every member of staff strives to achieve the best outcomes possible for the people whom they support, special mention must go to Donna MacIntyre who recently received recognition at the SIRCC Residential Childcare Awards 2016.

The Residential Childcare Worker of the Year, nominated by the young people, recognises workers who are a bit extra special, supporting and make real, positive differences to the young people in their care.

In the words of Annie who nominated Donna:

*“Donna has always encouraged me to do things, she has advocated on my behalf and ensured that my needs are met. Even after I moved on from Kylemore Children’s Unit, Donna has continued to provide me with emotional and practical support and is an excellent example of what a corporate parent should be.”*

*But Donna does this not because she is a corporate parent, she does it because she cares about me”.*

## **6. Conclusion**

Inverclyde HSCP remains committed to thoroughly investigating, learning from, and taking action as a result of individual complaints where it is found that standards have fallen below the level we expect and where services could be improved. We are also committed to learning from when we get things right.

This has been a year of transition as the new Integrated Complaints Process becomes embedded. Whilst it is welcome that the number of complaints has

reduced over the year, going forward we need to examine our systems and processes to ensure that making a complaint is easy and accessible, and freely available to all who wish to do so.

We will continue to report and publicise noted improvements and as we move to the corporate recording system this will assist the Quality and Development Team to better analyse and report on findings in future.

Finally, whilst there is evidence that there are ongoing learning opportunities for individuals, services and Inverclyde HSCP as a whole, further work is needed to determine how assured complainants are on resolution of their complaint.

**Report To:** Health and Social Care Committee      **Date:** 25 August 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care Partnership (HSCP)      **Report No:** SW/40/2016/BC

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

**Subject:** Delayed Discharge Performance

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on Inverclyde's performance towards achieving the national target for Delayed Discharge.

## 2.0 SUMMARY

- 2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks on 1 April 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

## 3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the progress towards achieving the target and note the preparation for recording performance for the forthcoming year.

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

## **4.0 BACKGROUND**

- 4.1 Since April 2015 the target for Delayed Discharge decreased from 4 weeks to 2 weeks. NHS Greater Glasgow and Clyde has also reported on the number of bed days lost due to Delayed Discharges as this provides a more complete picture of the impact of hospital delays. Members will be aware that the HSCP have been working closely with partners to successfully achieve the target.
- 4.2 From July 2016 there have been some changes to how Delayed Discharges will be recorded; the census day has been moved from the 15<sup>th</sup> of each month to the last Thursday of each month and all patients in an acute hospital bed on that day will be counted as a delay breach if they have exceeded 14 days since they were medically fit for discharge. It is not thought that this change in recording will have a significant impact on performance.
- 4.3 To date, the proposed change in the target from 14 days to 72 hours has not been confirmed.

## **5.0 PERFORMANCE**

- 5.1 We continue to maintain positive performance in relation to the 14 day Delayed Discharge target (Appendix A). We achieved zero delays of more than 2 weeks at the census date for the whole of 2015/16 and have continued to maintain this performance since April this year.
- 5.2 This performance has a context of a continued high level of referrals for social care and community supports following discharge (Appendix B). During June 2016, 157 individuals were referred for social care support of which 40 people required a single shared assessment indicating complex support needs. A total of 8 individuals (at census date) were identified as being delayed following the decision they were medically fit for discharge.
- 5.3 NHS Greater Glasgow and Clyde

Despite an increase in delays and bed days lost during the winter period (in Inverclyde as well as across GG&C) we are achieving the Board target of reducing bed days lost. Across the year (April 15 to March 16), we reached a 76.8% reduction on bed days lost against the 2009/10 baseline. In terms of total beds used by these patients, this has reduced in Inverclyde from 9 (2014/15) to 4 (2015/16).

- 5.4 Greater Glasgow and Clyde monitoring of bed days lost (Older People) provides a consistent picture of improving performance across all HSCP localities. As a whole, Greater Glasgow and Clyde has had a reduction of 54% in bed days lost based on 2012/13 whilst Inverclyde has a similar reduction of 48% over the same period.

The Chart (Appendix C) illustrates Inverclyde's performance against three HSCPs which are closest in terms of population size.

- 5.5 The overall performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

## 6.0 PROPOSALS

6.1 Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package and residential care placement.

6.2 There is a continued focus to develop integrated and joint improvements to improve the hospital journey and discharge processes. Areas under discussion include development of comprehensive geriatric assessment and consideration of designating acute beds to allow a greater emphasis on older patients who only require a short hospital stay.

Inverclyde HSCP have also been piloting an intermediate care model to avoid unnecessary hospital admission and to provide rehabilitation within an alternative community environment. There have been 35 referrals to step up beds since January 2016 with 11 admissions to the end of May 2016. We are confident that these individuals would otherwise have been admitted to hospital but instead were cared for in a community setting.

6.3 We will continue to develop our performance monitoring with an emphasis on the hospital discharge pathway and in particular the outcomes for service users, their families and carers.

## 7.0 IMPLICATIONS

### Finance

7.1 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

7.2 None.

## Human Resources

7.3 There are no Human Resource implications at this time.

## Equalities

7.4 Has an Equality Impact Assessment been carried out?

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

## Repopulation

7.5 None.

## 8.0 CONSULTATION

8.1 None.

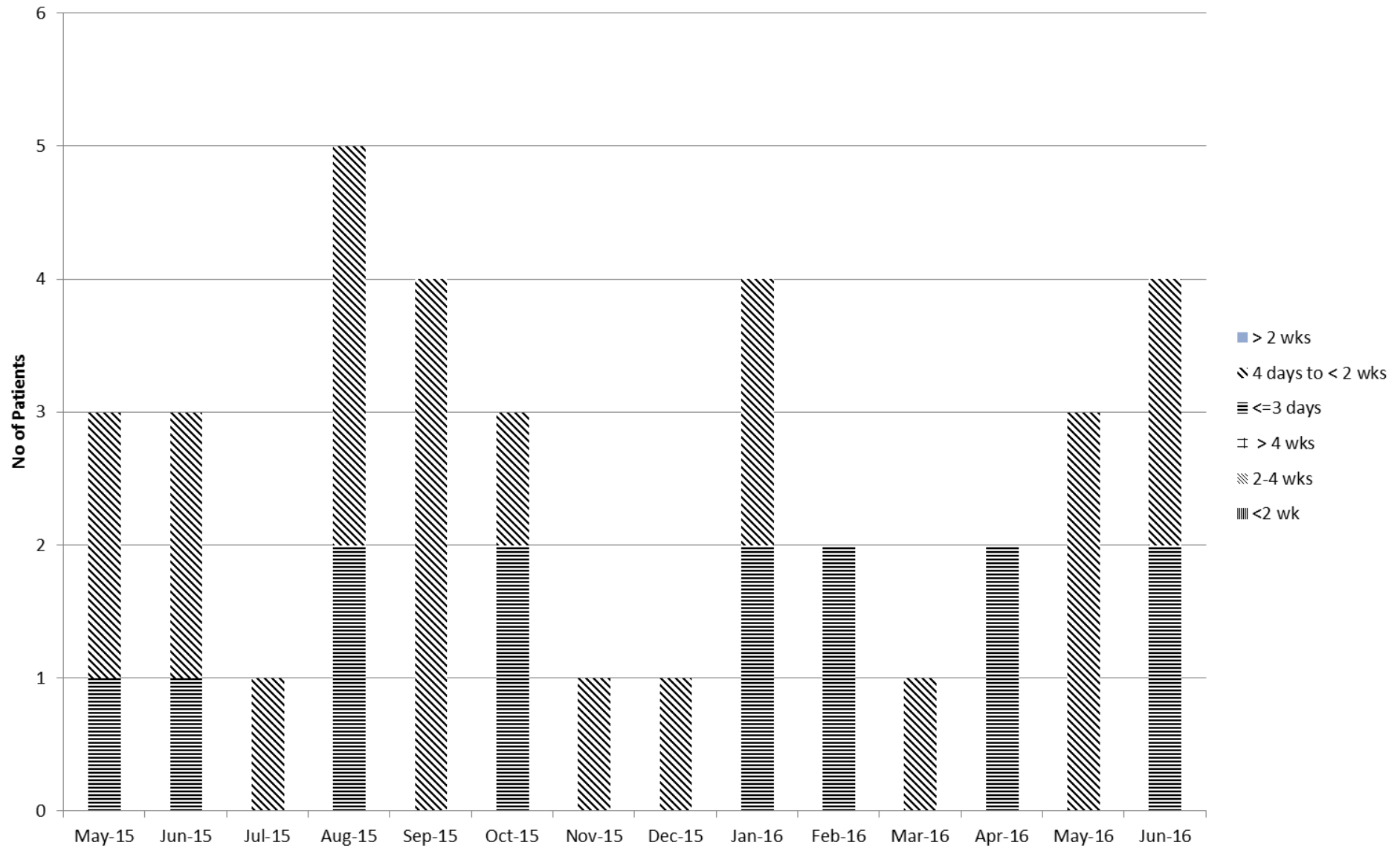
## 9.0 BACKGROUND PAPERS

9.1 None.



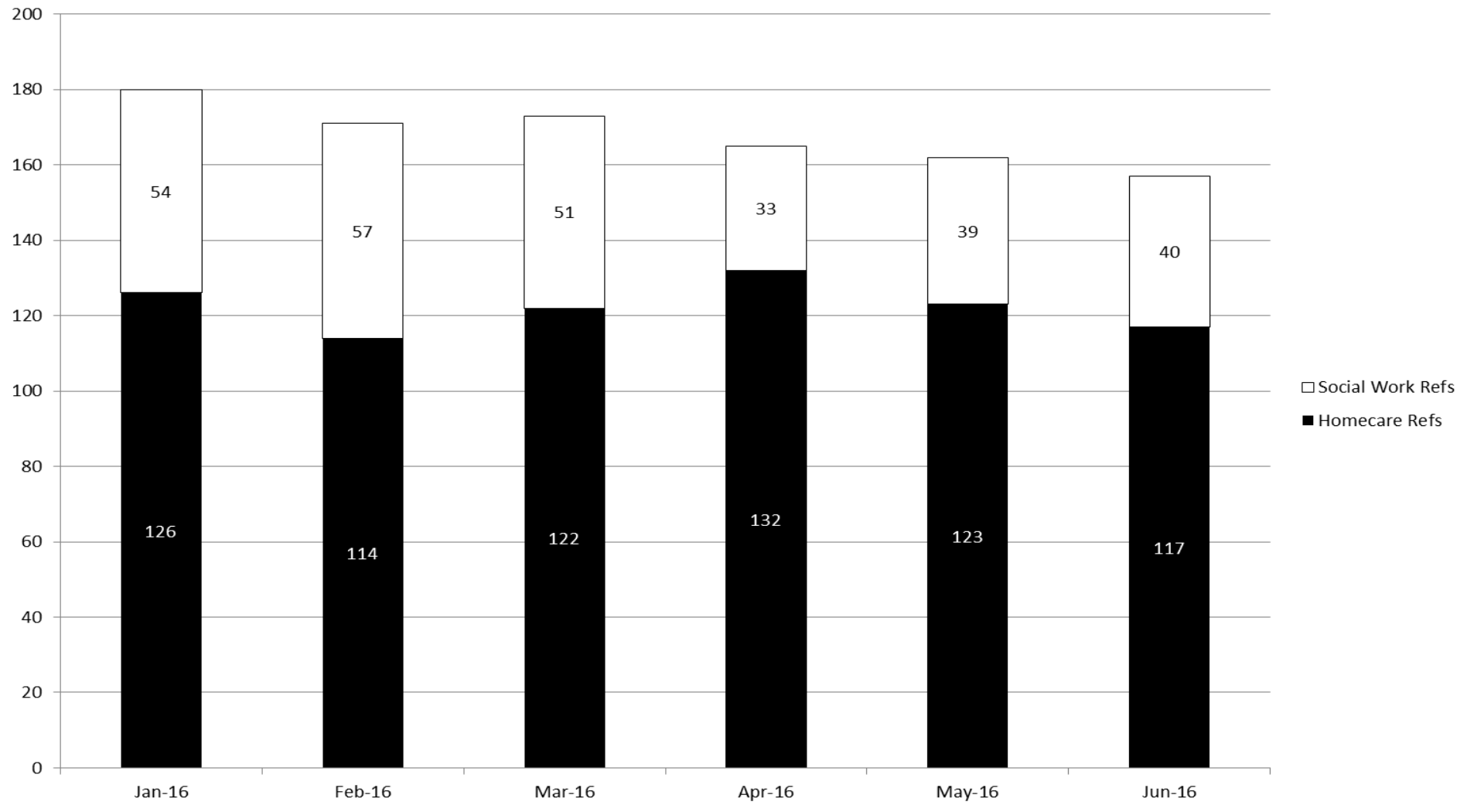
## Appendix

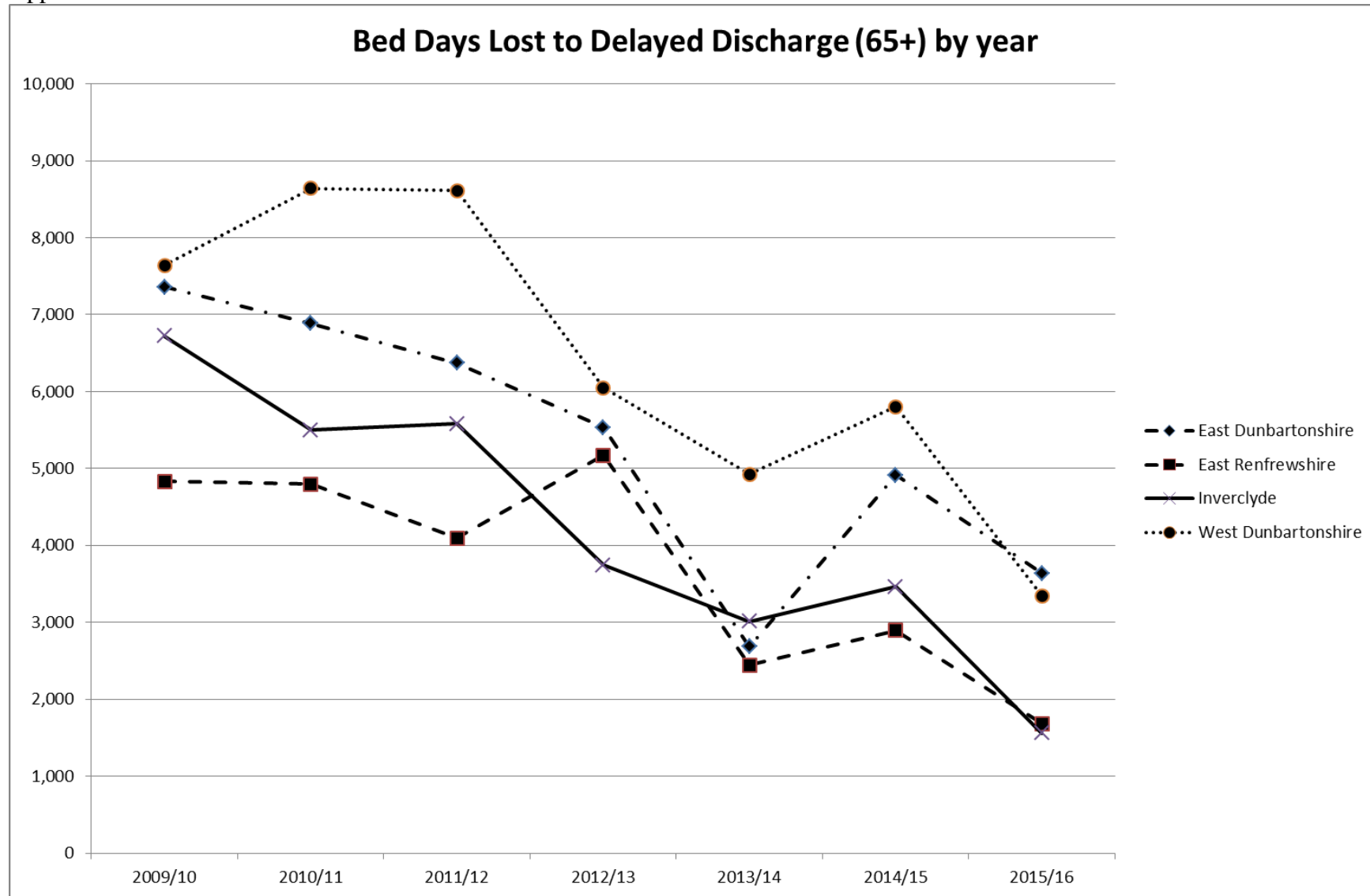
## Delayed Discharges at Census by length of delay



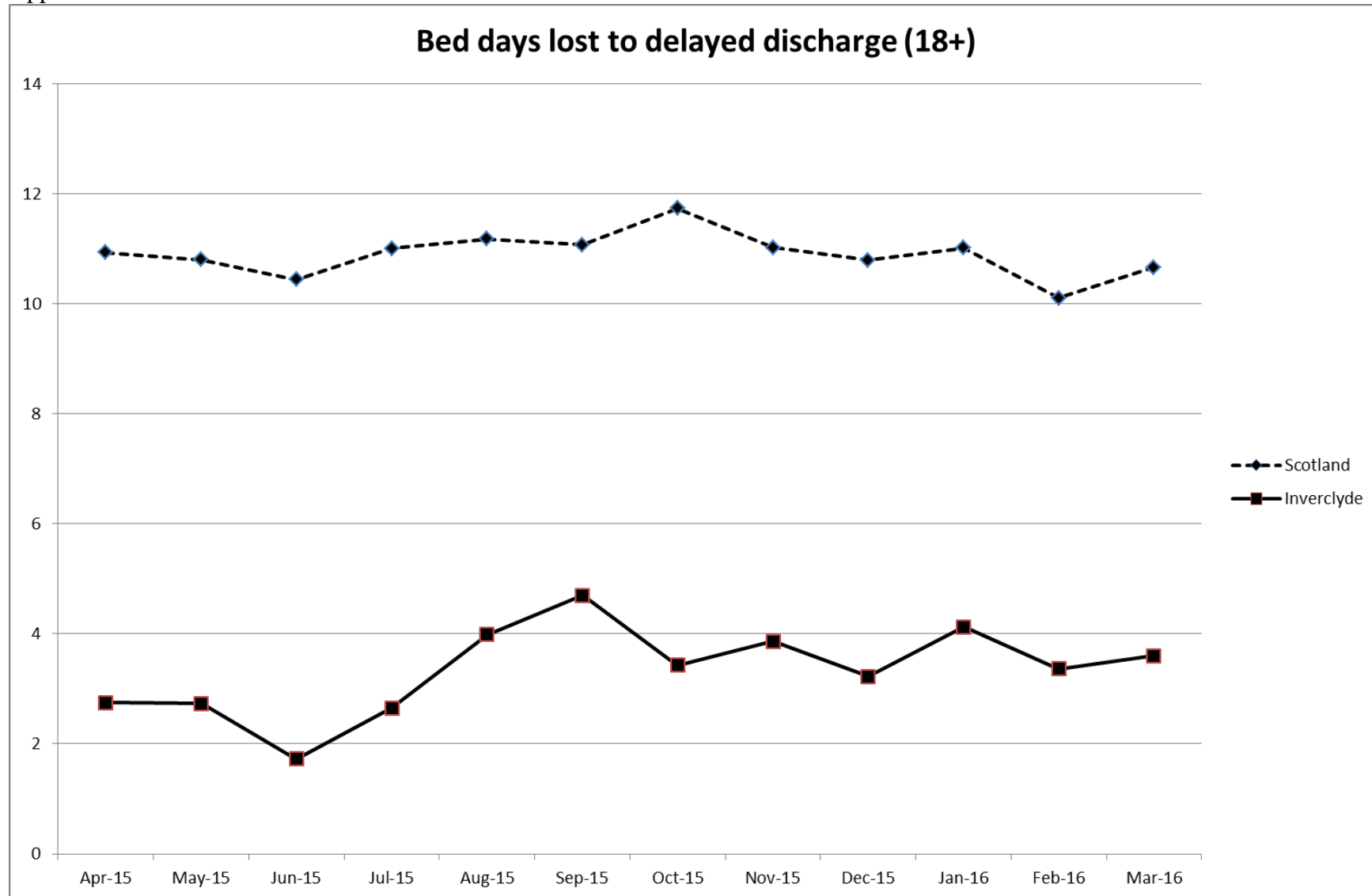
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### IRH Discharge Team - Referrals





Appendix D



The above chart shows Bed Days lost to Delayed Discharge per 1000 population of those who are 18 years and over. Population data used is the National Records of Scotland Mid-Year Estimate for 2015. This allows for effective comparison between two different population sizes.

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>25 August 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/36/2016/HW</b>
<b>Contact Officer:</b>	<b>Helen Watson Head of Service: Planning, Health Improvement &amp; Commissioning</b>	<b>Contact No:</b>	<b>01475 715285</b>
<b>Subject:</b>	<b>Disability Living Allowance (DLA) Migration to Personal Independence Payment (PIP).</b>		

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## **1.0 PURPOSE**

- 1.1 To update Committee on the introduction of the new welfare benefit Personal Independence Payment (PIP); the reassessment process for migrating working age Disability Living Allowance recipients to Personal Independence Payment; and the emerging issues and mitigation responses.

## **2.0 SUMMARY**

- 2.1 Disability Living Allowance (DLA) was introduced in 1992 in recognition of the additional costs associated with disability. Personal Independence Payment (PIP) has now replaced DLA for working age claimants. All new claims for disability support are made for Personal Independence Payments, whilst all existing working age DLA claimants in Inverclyde are being invited to apply, and be reassessed for PIP on a rolling programme between October 2015 and late 2017.
- 2.2 There are approximately 3,700 working age DLA claimants in Inverclyde. The first national DWP statistics for outcomes of DLA to PIP reassessments showed 32% of those reassessed in Inverclyde lost all entitlement to disability benefit. Analysis of initial outcome decisions for the DLA to PIP reassessment cases in Inverclyde, notified to Inverclyde Advice Services by DWP, has allowed for extrapolation from DWP caseload statistics to project possible impacts. Analysis suggests an estimated 1,357 existing DLA claimants currently receiving either High or Middle Rate Care stand to lose entitlement to PIP Daily Living Component.
- 2.3 Concerns have been raised as to the PIP claim and reassessment process in addition to decision making in general. Assessments for Inverclyde residents are by and large conducted in Glasgow, in spite of the availability of DWP assessment facilities in Greenock.
- 2.4 Of those Inverclyde claimants who challenge adverse assessment decisions at appeal with Welfare Rights representation, 73 per cent of appeals are found in the claimants favour.
- 2.5 DLA/PIP helps disabled people pay for extra costs, supports daily living and assists with them remaining independent in the community. If the income of the disabled person is reduced it will be more difficult for them to meet their basic needs and as a

result possibly increase the demand for social care to help meet those needs.

- 2.6 At the same time, DLA/PIP income that has played a part in subsidising the cost of social care through charging will no longer be available and lost to the social care system.
- 2.7 The cumulative loss of disability benefit to Inverclyde claimants, and thereby the Inverclyde economy, from the DLA to PIP reassessment process has been estimated at approximately £9 million per annum.
- 2.8 In order to best support members of the community, a range of activities have commenced in addition to the welfare benefits and appeals and representation already in place. This includes establishment of data sharing protocols; in-depth analysis of cases; and on-going research to capture and reflect the consequences of loss of disability benefit on individual claimants to inform future policy development.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the content of the report and the possible impact of the reassessment from DLA to PIP process on Inverclyde claimants, HSCP service delivery, and the wider Inverclyde economy.
- 3.2 That the Committee recommend that Inverclyde Council formally approach DWP with a request for greater utilisation of the facilities available at Duff Street in order that PIP assessments for Inverclyde claimants can be conducted in Inverclyde.
- 3.3 That the Committee note the range of proactive measures in place to support claimants and consider at a future committee the findings of the DLA/PIP monitoring exercise.
- 3.4 That the Committee await further information from the Scottish Government on the new Social Security Bill, which includes the devolvement of disability benefits to Scotland.

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

## **4.0 BACKGROUND**

- 4.1 Disability Living Allowance (DLA) was introduced in 1992 in recognition of the additional costs associated with disability: additional food costs as a result of a special diet, additional heating costs, costs to meet on-going transport needs that allow access to essential services and maintain a degree of independence and social contact.
- 4.2 Personal Independence Payment (PIP) has now replaced DLA for working age claimants. All new claims since 2015 are made for PIP. Existing DLA working age claimants in Inverclyde will be invited to apply for PIP on the basis of a rolling programme between October 2015 and late 2017.
- 4.3 It is important to note that PIP does not directly replace DLA and as it is classed as a completely different benefit, existing DLA claimants have to apply for PIP. Current entitlement to DLA at the highest levels or that a DLA award has been made for an indefinite period or on a life time basis are immaterial and offer no guarantee of securing any entitlement to PIP. If an existing DLA claimant fails to respond to their invitation to claim PIP from DWP their entitlement to DLA will nevertheless stop.
- 4.4 Although PIP is a different benefit, it shares many similarities with DLA. It is not means tested, not based on National Insurance contributions, acts as a passport to other entitlements, is based on need, is not an earnings replacement benefit and as such is available to those both in and out of work.

## **5.0 DLA TO PIP MIGRATION IMPACTS**

- 5.1 A stated aim of Government in phasing out DLA and introducing PIP was to reduce the numbers receiving disability benefit thereby reducing expenditure on welfare. The June 2010 Budget announced that reform of DLA would save more than £1 billion per year by 2014/15. (HM Treasury, June 2010). The Department of Work and Pensions (DWP) Impact Assessment published in 2012 predicted there would be 500,000 fewer people receiving PIP by 2015/16 than would have received DLA under the existing rules.

(DWP, Disability Living Allowance Reform Impact Assessment)

- 5.2 Between 2013 and 2018, 190,000 working age DLA claimants in Scotland will be reassessed to determine eligibility for PIP. On the basis of DWP projections, it is estimated that approximately 150,000 reassessed disabled claimants will lose some or all of their disability benefit by 2018 with a loss of at least £1,134 per claimant per year. Of those, 47 per cent are estimated to receive no PIP award and the remaining 53 per cent to receive a reduced PIP award. Savings stemming from a stricter test of mobility will result in a decrease of £35 per week or a loss of £57 per week for an estimated 47,000 disabled people in Scotland.

(Scottish Government, Financial Impacts of Welfare Reform on Disabled People in Scotland, August 2014)

- 5.3 Further savings will arise as under PIP there is no replacement of the lowest care component of DLA (£21.80 per week, £1,134 per year) which is currently claimed by approximately 88,630 claimants in Scotland.

(DWP Tabulation Tool)

- 5.4 The Extra Costs Commission recently published the "Driving down the extra costs



disabled people face” report which found that disabled people pay on average £550 per month more than people who are not disabled on everyday living costs. The average award of DLA/PIP is £360 per month. Disability organisations have voiced concern that losses or reductions in entitlement will lead to many current DLA claimants facing financial hardship. A UK survey conducted by the Papworth Trust found that: *“Three-quarters of disabled people would not have enough money if their DLA was cut. Six in ten would lose some of their independence [and] 86 per cent of disabled people would cut back on essentials like food and transport if their DLA was cut”*.

(Papworth Trust, Changes to Disability Living Allowance Survey Results)

5.5 Criticism has been levelled at the PIP claim process from initial claim to assessment through to appeal. Concerns nationally include:

- Application is by way of completion of a 35 page form which is perceived as too long, too complex, often requiring explanation of multiple fluctuating symptoms and cognitive difficulties.
- Participants described the process of claiming PIP as stressful and demoralising from the outset. This caused exacerbation of physical symptoms as well as added emotional distress.
- PIP assessments were perceived as adversarial, designed to be as difficult as possible, and failure inevitable.
- The impact was increased stigma and isolation from family and friends as the process left them fearful and feeling judged, ‘like a criminal’. In some cases this placed a strain on family relationships.
- The emphasis on having to prove their disability was disempowering for claimants, and incompatible with the NHS emphasis on self-management.
- Delays and frequent need for appeal tribunals left some in severe financial hardship, with increased debt and dependency.

(A Deeply Dehumanising Experience. M.E/CFS Journeys Through the PIP Claim Process in Scotland. March 2016, Newcastle University.)

5.6 Ministry of Justice statistics published on 10th March 2016 indicate an increase of 47% in the number of social security appeals from October to December 2015 compared to the same period in 2014. The same statistics reveal PIP appeals is now the largest appeal jurisdiction accounting for 39 per cent of all appeals.

## 6.0 INVERCLYDE

6.1 There are approximately 3,700 working age DLA claimants in Inverclyde who will be reassessed for PIP. The first set of DLA to PIP reassessment statistics was published by DWP in December 2015. The statistics fail to provide case load numbers but do provide percentage breakdowns of outcomes for completed reassessments.

6.2 The figures for Inverclyde show 32% of those reassessed had lost all entitlement to disability benefit. No breakdown is provided for the 68% securing an award to indicate if the award of PIP was a reduced award compared to that previously received under DLA.

(PIP: Registrations, Clearances and Awards to October 2015, DWP 16/12/15).

- 6.3 Almost 40% of all enquiries to Inverclyde HSCP Advice First were in relation to sickness and disability related benefits such as Personal Independence Payments/Disability Living Allowance.
- 6.4 In the year April 1st 2015 to March 31st 2016, Advice Services provided advice on PIP entitlement for 343 clients, assistance to challenge PIP decisions for 239 clients, and provided representation at PIP appeals for 81 clients securing entitlement of £643,704 in the process.
- 6.5 Within Inverclyde, adverse PIP decisions which are progressed to appeal and are represented by Inverclyde HSCP Welfare Rights, have a 73% success at this appeal stage. This is indicative of both poor DWP decision making at the assessment stage and the effectiveness of HSCP Welfare Rights representation at the Tribunal Hearing. For comparison, the national figure for appeals found in favour of the claimant stands at 61%.

(Ministry of Justice, Tribunal Statistics Quarterly Oct – Dec 2015, published 10/3/16)

- 6.6 Of particular concern for Inverclyde residents is that PIP assessments are most often held in Glasgow, this in spite of DWP facilities at Duff Street in Greenock being suitable for assessment. The required journey to Glasgow involving in excess of one hour's travel can exhaust claimants impairing their ability to participate in the assessment effectively.

## **7.0 EMERGING ISSUES**

- 7.1 The impact of welfare changes such as the introduction of PIP has to be set in the context of an individual's life circumstances. For example, a claimant's ability to navigate the benefits system depends on their health at that point of time. Health is a primary focus and determinant of well-being that can constrain a claimant's ability to tackle the process of applying for benefits and can pose a significant barrier to tackling the complexity of the benefits system. This may well be at a point where an individual has few material resources to fall back on, and at the same time as struggling to make ends meet due to the high costs imposed by ill-health and/ or disability. This means that even temporary delay or loss of benefit can have a substantial negative impact.
- 7.2 Inverclyde Council, in common with other local authorities, means-tests for social care to take account of a client contribution that includes an element of DLA/PIP. If service users lose entitlement to DLA/PIP the contribution towards the costs of social care from DLA/PIP is also lost. It is also possible that the cumulative effect of the loss of an award of DLA/PIP and associated passport entitlements could leave an individual less able to meet the costs of their basic needs, leave the individual potentially housebound and consequently unable to work, socialise and struggle to attend to the requirements of day to day living. It is likely in such a set of circumstances that for some disabled people the dependency on eligibility for, and access to social care will substantially increase at the same time as the client contribution towards the cost of care is reduced.
- 7.3 Receipt of PIP Daily Living Component is a core qualifying criterion in allowing for a carer to receive Carers Allowance. This is awarded in respect of care provided by the carer to the disabled person claiming PIP. If PIP entitlement is lost and as a consequence carers are rendered ineligible for Carers Allowance this could result in a significant financial burden on social care services as many carers would no longer be able to continue to provide unpaid social care, transferring the burden to the HSCP.
- 7.4 Powers over benefits for disabled people and carers are devolved to the Scottish

Parliament and it is likely that the Social Security Bill will be introduced over the coming years. Given the complexities and practicalities of the issues involved, benefits such as PIP will probably continue to exist in broadly their current form for a number of years. Consideration should be given as to how existing eligibility can be improved and how assessment should better reflect the needs of disabled people and the impact of their disability or health condition on day to day living. There is the potential to better align the ill-health, disability and carers benefits with other devolved services, especially in the health and social care field.

(Creating A Fairer Scotland. A New Future For Social Security In Scotland. Scottish Government – March 2016.)

## **8.0 MITIGATION RESPONSES**

8.1 In order to best support members of the community, a range of activities have commenced in addition to the welfare benefits appeals and representation already in place. This includes establishment of data sharing protocols; in-depth analysis of cases; and on-going research to capture and reflect the consequences of loss of disability benefit on individual claimants to inform future policy development.

## **9.0 ADVICE AND REPRESENTATION**

9.1 A number of organisations within Inverclyde provide direct support to clients who are applying for PIP or migrating from DLA to PIP. The HSCP Advice Services team provides a comprehensive support package from initial enquiry through to advice including completion of forms and also representation at appeal if required. Riverclyde Homes, Inverclyde Council on Disability and Financial Fitness all provide welfare benefits advice and in addition ICOD are funded by Inverclyde Council to support vulnerable people at their assessments if required. The latest Impact of Welfare Reform in Scotland Tracking Study Sweep 4 - June 2016 highlights the importance of practical and moral support in navigating the benefits system.

## **10.0 DATA SHARING PROTOCOL**

10.1 HSCP Advice Services and Inverclyde Council Revenue and Benefits Service have entered into a formal data sharing agreement in relation to information received by Revenue and Benefits from DWP of outcome decisions following reassessment of DLA to PIP cases. This data sharing agreement allows the HSCP Advice Service to be proactive in offering support to those affected by the DLA to PIP reassessment process in challenging adverse decision and exploring avenues of income maximisation to mitigate the impacts of the reassessment process as far as possible.

## **11.0 DETAILED ANALYSIS**

11.1 Details of the first set of outcome cases were passed to HSCP Advice Services in March. This has allowed for analysis of outcomes and by extrapolating from the most up to date DLA Claimant Count for Inverclyde (August 2015) use the DWP Tabulation Tool to project possible future impacts of the reassessment process. The analysis focused on detailed outcomes for 59 claimants going through the DLA to PIP reassessment process during the four months from January to April of this year. Results after April were not included due to restrictions in the data shared by Revenue and Benefits Service from this point that now only covers those cases where income loss has occurred as a result of the reassessment process.

Results:

- Before reassessment the total weekly DLA received by the 59 claimants was £4,962.
- After reassessment the total weekly PIP received by the 59 claimants was £2,174.
- Weekly income lost as a result of the reassessment process for the 59 claimants was £2,788 (57% of their collective entitlement to Disability Benefit).

Consideration of outcomes by individual component type in addition to overall outcomes has allowed for a more detailed analysis. A further longitudinal analysis will be conducted later in the year to track the claimant experience of the reassessment process allowing for consideration of more comprehensive data including the outcome of challenges to DWP decisions by way of appeal.

#### Projections:

- By the end of 2017 the expectation from DWP is that all 3,700 working age DLA claimants living in Inverclyde will be reassessed for PIP.
- The total weekly DLA received by working age claimants in Inverclyde in August 2015 was £305,000.
- If the early outcomes are indicative, the total loss to Inverclyde will be in the region of £174,000 a week, or £9,152,000 per annum.

#### Considerations:

It should be noted the above projections take no account of the loss of associated premiums and other passported entitlements awarded as a result of disability benefit than can often be of greater monetary value than the actual award of DLA/PIP itself.

- The projected loss of PIP standard rate care for existing DLA claimants means claims to Carers Allowance will no longer be applicable;
- The projected loss of PIP enhanced rate mobility for existing DLA claimants excludes applications to the Motability Scheme and loss of any current Motability vehicle;
- The projected loss of PIP mobility at any rate for existing DLA low rate mobility claimants will primarily fall on those whose current DLA low rate mobility entitlement is predicated on mental ill-health problems.

## **12.0 INVERCLYDE PIP MONITORING INFORMATION**

12.1 In order to determine an Inverclyde wide perspective on DLA to PIP demand on services, HSCP Advice Services; Riverclyde Homes, Inverclyde Council on Disability and Financial Fitness have agreed to collate on a monthly basis the numbers of clients seeking advice and support (appendix 1). The first return for all these organisations is still in the process of collation however, the return from HSCP Advice Service for the period December 1st 2015 to May 31st 2016 shows:

- 179 advice interventions relating to questions of PIP entitlement;
- 142 advice interventions dealing with PIP decision making disputes;
- 42 PIP Appeal Hearings with Welfare Rights representation; and
- 77% of Appeal Hearing outcomes found in favour of the client.

**13.0 INVERCLYDE PIP CLAIMANT EXPERIENCE QUESTIONNAIRE**

13.1 In order to inform future redesign of PIP or proposals as to the possible shape of devolved disability benefits, Inverclyde Financial Inclusion Partnership has developed a PIP monitoring questionnaire covering claimant experience of the claims, assessment and decision making process. Claimant experience should be central to establishing if the current provision of disability benefit and assessment treats claimants fairly and with dignity or if it falls short. As part of Inverclyde Council's funding arrangements, partner organisations have entered into formal service level agreements that include provision to make comprehensive use of the monitoring return. This will help ensure that the impacts of PIP on claimants in Inverclyde can be captured and reflected upon and perhaps form the basis for disabled claimants being directly involved in the co-production of the future design of devolved disability benefits in Scotland. Due to the long term timescale from initial application to appeal, the initial returns will be collated over the summer allowing for further analysis of the impact of the introduction of PIP and reassessment of existing DLA claimants in Inverclyde in the autumn. (appendix 2)

**14.0 IMPLICATIONS**

**FINANCE**

14.1 Financial Implications:

There are no financial implications in this report.

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**

14.2 There are no legal issues within this report.

**HUMAN RESOURCES**

14.3 There are no human resources issues within this report.

**EQUALITIES**

14.4 Disabled people are one of the protected characteristic groups under the national Equality legislation

Has an Equality Impact Assessment been carried out?

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

## **REPOPULATION**

14.5 There are no repopulation issues within this report.

## **15.0 CONSULTATION**

15.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with officers from the Inverclyde Financial Inclusion Partnership and HSCP Advice Service.

## **17.0 BACKGROUND PAPERS**

17.1 None.

**Personal Independence Payment Survey**

Organisation \_\_\_\_\_

Month \_\_\_\_\_

<b>New PIP Applications</b>	
Number of customers supported with application	
Number of successful applications	
Number of mandatory reconsiderations submitted	
Number of appeals	
Appeal outcome	

<b>DLA to PIP Migrations</b>	
Number of customers supported with application	
Number of successful applications	
Number of mandatory reconsiderations submitted	
Number of appeals	
Appeal outcome	
Were any awards lower than previous award? If yes, please explain	
Explain impact of loss for lower/no award	

## Inverclyde Financial Inclusion Partnership (IFIP)

### Personal Independence Payment Survey

By completing this survey you will help IFIP to respond to Government consultations, informing the Government what needs to change to improve the benefits system for disabled people.

#### Section 1: The Application Form

1. How easy or difficult did you find the questions on the claim form?			
Easy	Manageable	Difficult	Extremely Difficult
Please provide any comments			

2. How important was it to get support to complete the claim form?			
Extremely Important	Somewhat Important	Made no difference	Not important at all
Please provide any comments			

3. To what extent do you agree with the following statement? "I felt I was able to explain the impact of my impairment or health condition on all aspects of my life in the claim form"			
Strongly Agree	Agree	Disagree	Strongly Disagree

#### Section 2: The Award

4. Did you receive an award?	Yes	No

5. If you received DLA prior to the claim for PIP was the award you received:		
Lower	The same	Higher
Please provide details about how much you lost.		



6. If you received a lower award or lost your award entirely what has been, or what do you think will be, the impact? (tick all that apply)			
I lost/will lose my mobility car		I can/will no longer get around independently	
I am/will be unable to fund necessary aids and adaptations		There has been/will be an impact on other benefits myself, partner or family can now claim	
I had/will have to stop working or reduce my hours		I was in training but had/will have to give it up	
My partner has had/will have to provide care for me		I struggle/will struggle to get to medical appointments	
I struggled/will struggle to pay bills		I now don't/wont have enough money to live on	
It has negatively impacted/will negatively impact my relationships with friends/family		I am/will be more isolated and less able to see friends and family	
I have had to/will have apply for increased social care support from Inverclyde HSCP			

### Section 3: The Face to Face Assessment

7. Did you attend a face to face appointment at an assessment centre in Glasgow?	Yes		No	
--	-----	--	----	--

8. How long did your journey take?			
Less than 30 mins	30-60 mins	60-90 mins	90mins+

9. Please provide details if this journey caused you any difficulty in terms of your disability.

10. How much did your journey cost and did it cause you financial difficulty?				
£		Yes	No	

11. Did you ask for your assessment to take place any where else (ie Greenock or at home)	Yes	No
Please provide details if why the request was refused.		

12. How long did your appointment take?			
Less than 30 mins	30-60 mins	60-90 mins	90mins+

13. Tick the statement(s) which best describe your experience.	
I found the experience a stressful experience	
I found the assessment had a negative impact on my mental health	
I found the assessment had a negative impact on my physical health	
I found the assessment had no impact on my physical or mental health	

14. If you received a copy of your assessment report do you agree it reflects the impact of your impairment or health condition on your ability to undertake daily activities?					
Yes		No		N/A	

15. Would you like to add anything else about your assessment?

**Section 4: Dealing with the DWP**

16. Do you agree that the reasons for the decision on your claim to PIP were explained clearly by the DWP?			
Yes		No	

17. To what extent do you agree with the decision on your PIP claim?							
Strongly Agree		Agree		Disagree		Strongly Disagree	

18. Thinking about how DWP contacted you throughout the PIP process (including letters and calls), which of the following best describes your experience?	
The information was always clear and I understood what I needed to do	
The information was sometimes clear and only sometimes I was clear what I needed to do	
The information was rarely clear and I was often confused as to what I needed to do	

**Section 7: Other Comments**

19. Anything else you would like to tell us about your claim for PIP

Thank you for taking the time to complete this survey. The evidence you provide will help Inverclyde Financial Inclusion Partnership to make suggestions as to how the benefits system can be improved for Disabled people.

**Report To:** Health and Social Care Committee      **Date:** 25th August 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care Partnership (HSCP)      **Report No:** SW/41/2016/BC

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

**Subject:** Self-Directed Support

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the implementation of Self-Directed Support (SDS) in Inverclyde.

## 2.0 SUMMARY

- 2.1 SDS was introduced in Scotland on 1st April 2014 implementing the Social Care (Self-Directed Support) (Scotland) Act 2013. Local authorities are now required to offer people who are eligible for social care a range of choices over how they receive their social care services and support. The introduction of SDS means that everyone eligible for social care support has the right to choice, control and flexibility to meet their personal outcomes.

## 3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the progress around implementation of Self-Directed Support and to note the plan to continue this.

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

## 4.0 BACKGROUND

- 4.1 SDS was introduced in Scotland on 1st April 2014 implementing the Social Care (Self-Directed Support) (Scotland) Act 2013. Local authorities are now required to offer people who are eligible for social care a range of choices over how they receive their social care services and support. The introduction of SDS means that everyone eligible for social care support has the right to choice, control and flexibility to meet their personal outcomes.
- 4.2 Inverclyde has a positive record of supporting people with a range of flexible support that meets the individuals assessed need and to allow them to achieve agreed outcomes to meet their health and social wellbeing.
- 4.3 Since the introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013, Health and Social Care Partnership staff have been reviewing procedures, guidance and public information to ensure effective implementation of the Act.

## 5.0 PERFORMANCE

- 5.1 Since 1st April 2014, Scottish councils have a legislative duty to offer the 4 SDS options to all service users assessed as requiring social care support.

SDS allows people to choose a number of different options for getting support. The person's individual budget can be:

**Option 1** Taken as a Direct Payment.

**Option 2** Allocated to a provider that the person chooses – the Council holds the budget but the person is in charge of how it is spent.

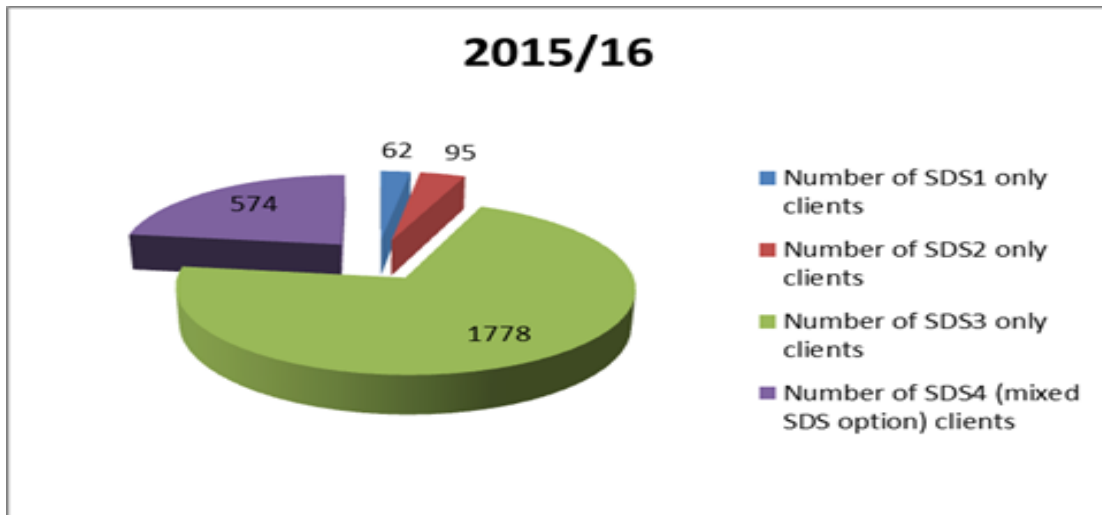
**Option 3** The person can choose a Council-arranged service.

**Option 4** The person can choose a mix of these options for different types of support.

Collating the information to evidence the choices being made and the shift in services was previously a complex change to record. Since January 2016 we have put in place an individual support plan that is able to record the SDS option chosen by service users and carers and link this to the service provided.

For 2015/16 all 2509 service users assessed or reviewed were offered a choice of the 4 SDS options and Chart A illustrates the number of individual service users who chose each option; 574 individuals chose a mix of the options offered which demonstrates the exercise of real choice and control by these individuals and the flexibility of service provision within Inverclyde.

**Chart A: Choices made by Service Users in relation to the four Self-Directed Support options.**



**Note on graph above:**

Number of SDS1 only clients - 62  
 Number of SDS2 only clients - 95  
 Number of SDS3 only clients - 1778  
 Number of SDS4 (mixed SDS option) clients – 574

There is a slight but gradual increase in number of SDS Option 1 (Direct Payment) which appears to be in line with other local authority areas.

The more marked increase is in Option 2 (individual service fund) and is related to changes in service provider following the implementation of the Homecare contract, choice around an independent day care provider for older people and re-coding services such as short breaks from Option 3 (HSCP arranged service) to Option 2.

This greater accuracy in recording support packages reflects the commitment to monitor the performance relating to SDS.

**6.0 HSCP SDS IMPLEMENTATION PLAN**

6.1 The Scottish Government identified 4 policy priorities for Self-Directed Support 2015 and 2016:-

i. My support, my choice

To ensure more individuals and carers are engaged, informed and empowered to exercise choice and control.

There is a statutory requirement to provide service users with the right information to allow them to make decisions around the choices presented by SDS. Public information has been produced in the form of a range of information booklets designed in partnership with service users and the Scottish Personal Assistant employment network.

We have specific booklets to assist with each option and have produced a Personal Assistant Employer Handbook (these are shared as part of the assessment process) and have strong links with the Scottish Personal Assistant Employer Network.

ii. Service innovation and responsive commissioning

The commissioning environment is sufficiently flexible and creative to support individuals to meet their personal outcomes

Taking a focused approach to 'Positioning the Market' will allow us to facilitate support to local communities and support them with the implementation of Self-Directed Support (SDS).

This requires a change in the relationship between Inverclyde Council/Inverclyde Health and Social Care Partnership and the social care market, with a greater understanding of market positioning and development. This is being supported through a range of initiatives such as the development of a community portal (online directory of services and supports available locally) utilising provider forums, the development of a partnership commissioning development programme, and the development of community connector model.

### **Community Portal**

Work has commenced to bring together a range of disparate directories of services that exist locally to create an online resource which can be accessed by local people and professionals. It is intended that the portal is used to help people exercise choice and control over their care by accessing services and supports which they feel best meet their needs and outcomes. The unique aspect of this portal will be the central focus on the individual with a function to build their own care and support plan.

### **Provider Forums**

There is a strong history of engagement across the public, independent and Third Sector in Inverclyde which we will continue to build on by utilising provider forums across a range of service areas. The aim of the provider forums is to build relationships and facilitate development.

Communication is and will be delivered in various formats and evidence suggests this improves relationships between all partners. Our providers' forums which have existed thus far are evaluated well by providers and have been shown to increase awareness and understanding by providers on national policies and initiatives which set out care services will be reshaped and delivered in the future.

### **Partnership Commissioning Development Programme**

Working across the range of players in the partnership we are developing a Commissioning Development Programme locally. The aim of the programme is to ensure leadership development, primarily in the Third Sector, to increase capacity for engagement in modern strategic commissioning. Building on the appetite there was locally to engagement with the Social Value Lab, Ready for Business and Partners for Change in recent years we hope to embed an ongoing culture of partnership learning and development in relation to market facilitation and commissioning, following an initial development programme funded via the Integrated Care Programme. It is hoped that this development can maximise opportunities for social enterprise and micro-enterprises to facilitate a rich market from which people can purchase their own care via SDS.

### **Community Connectors**

We have strong communities in Inverclyde and our local people have a rich history of looking after each other and supporting each other through challenges. We will capitalise on these assets and harness them to increase individual choice and control. We are piloting a model of community connectors which we intend will be used to help people avoid unnecessary engagement with statutory services where these are not best placed to meet identified needs. The emphasis is to support people to re-engage with their local community and local resources.

- iii. Empowered workforce

To support the workforce through a significant culture change to ensure people are empowered to exercise choice and control of their care and support to meet their personal outcomes.

### **Staff Training and Development**

The development of a training matrix has set a context for a series of programmed course modules which specifically relate to assessment and support planning. This has areas associated with SDS integrated into the training programme and will be mandatory for all staff depending on their remit and role within the assessment and care management process.

The training courses and briefing sessions are grouped into three main categories:

- **General workforce** - Those who as part of their job are likely to come into contact with adults, their carers and other family members. These workers will not usually be involved in any in-depth assessment work with them but may provide a support or care service.
- **Specific contact workforce** - Those who carry out direct work with adults, their carers and/or other family members, and/or form more in-depth relationships around assessment and care co-ordination with them, including an element of risk assessment and could provide specific services to them.
- **Intensive contact workforce** - Those who are working with complex cases which may well have a safeguarding element such as Adults with Incapacity or Adult Protection. These cases will certainly have a strong element of managing risk. The worker will be the Lead Professional or are Council Officers.

The first cohort of the assessment and support training is scheduled for August and September 2016.

iv. Appropriate systems and processes

To support local authorities and service providers to develop appropriate systems and proportionate processes that support personal outcomes.

### **Resource Allocation System**

The current resource allocation system has been in place since April 2015. The proposal is to continue with this model until October and review uptake and problems or barriers in its effectiveness. We will also look to bench mark against other Councils.

### **Procedures and Practice Guidance**

The past year has seen a concerted effort to review and develop the procedures and guidance required to underpin the move to an outcome focused assessment and support planning system.

The guidance has been revised in light of the SDS Act and supporting regulations and includes:-

- Service User Agreement for SDS Options
- Outcome Focused Assessment
- Support Planning for Outcomes
- Calling Up Services
- Direct Payment Guidance

- Employer handbook for service users who have chosen to employ personal assistants

### Service User Care Groups

It is not the view at this stage that the policy and procedures around Self-Directed Support will differ for any of the applicable service user care groups. This will allow for a consistency of approach, application of the policy and to allow a more cohesive recording of performance. The revised guidance takes into account the service user group specific policies. Children with Additional Support Needs are able to use this guidance within the context of GIRFEC.

Self-Directed Support requires to be further embedded into the assessment and care management process building on current progress. There are particular opportunities to have a clear focus on service users in transitions, particularly those moving from childhood to adulthood who have a learning disability.

## 7.0 IMPLICATIONS

### Finance

- 7.1 The Scottish Government have been providing non-recurring funding to all local authorities to support the implementation of Self-Directed Support. This funding is committed to continue to 2020 although a decision is taken around this on an annual basis. This year the funding of £84,000 is being utilised to provide better and clearer information to service users and additional resource to support the review of the resource allocation system and development and implementation of the Self-Directed Support strategy.

One of Costs

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

Annually Recurring Costs/ (Savings)

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

### Legal

- 7.2 None.

### Human Resources

- 7.3 There are no Human Resource implications at this time.



## **Equalities**

7.4 Has an Equality Impact Assessment been carried out?

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

## **Repopulation**

7.5 None.

## **8.0 CONSULTATION**

8.1 None.

## **9.0 BACKGROUND PAPERS**

9.1 None.

**INVERCLYDE COUNCIL  
HEALTH AND SOCIAL CARE COMMITTEE**

**AGENDA AND ALL PAPERS TO:**

Councillor McIlwee	1
Councillor Jones	1
Councillor Dorrian	1
Councillor McCabe	1
Councillor Brennan	1
Councillor McCormick	1
Councillor Ahlfeld	1
Councillor Rebecchi	1
Councillor MacLeod	1
Councillor Grieve	1
Councillor Campbell-Sturgess	1

All other Members (for information only) 9

**Officers:**

Chief Executive	1
Corporate Communications & Public Affairs	1
Chief Officer, Health & Social Care Partnership	1
Head of Children & Families & Criminal Justice	1
Head of Community Care & Health	1
Head of Planning, Health Improvement & Commissioning	1
Clinical Director	1
Head of Mental Health & Addictions	1
Corporate Director Education, Communities & Organisational Development	1
Chief Financial Officer	2
Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Property Services	1
Vicky Pollock, Legal & Property Services	1
S Lang, Legal & Property Services	1
Chief Internal Auditor	1
File Copy	1

**TOTAL 37**

**AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:**

Community Councils 10

**TOTAL 47**