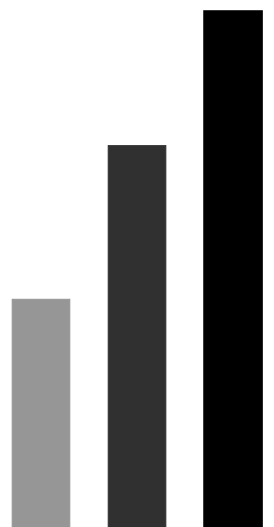


Agenda 2016

Health & Social Care Committee

For meeting on:

20	October	2016
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A meeting of the Health & Social Care Committee will be held on Thursday 20 October 2016 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

1.	Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT		
2.	Chief Social Work Officer Annual Report 2015/16 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership NB There will also be a presentation on this item	p
3.	Revenue and Capital Budget Report 2016/17 – Period 5 as at 31 August 2016 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	p
4.	Care Inspectorate Inspection of Inverclyde Council Adoption and Fostering Services 2016 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Inspection of Inverclyde Residential Child Care Services Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6.	Inverclyde Community Justice Transition Group – Progress Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
NEW BUSINESS		
7.	Historic Child Abuse Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

<p>8. Cross Party Working Group to Explore NHS Greater Glasgow and Clyde Service Changes Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>9. Ethical Care Charter Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>10. Tendering of Advocacy Service Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership</p>	<p>p</p>
<p>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph 6 of Part I of Schedule 7(A) of the Act.</p>	
<p>PERFORMANCE MANAGEMENT</p>	
<p>11. Governance of HSCP Commissioned External Organisations 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</p>	<p>p</p>

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

Report To:	Health and Social Care Committee	Date:	20 October 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/53/2016/DP
Contact Officer:	Derrick Pearce Service Manager – Quality and Development, HSCP	Contact No:	01475 715375
Subject:	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015/16		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health and Social Care Committee the 2015/16 Chief Social Work Officer Annual Report for approval and endorsement for submission to the office of the Chief Social Work Advisor to the Scottish Government.

2.0 SUMMARY

- 2.1 There is a statutory requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collection of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisory allows for the development of a picture of social work and social care practice across the country. This is vital to us in benchmarking our performance in terms of implementation of legislation, development of innovative practice and, now crucially, in respect of health and social care integration.

3.0 RECOMMENDATION

- 3.1 It is recommended that Committee members approve the Inverclyde HSCP Chief Social Work Officer Report for 2015/16 for submission to the Office of the Chief Social Work Advisor in the Scottish Government.
- 3.2 It is recommended that the report is remitted to the Inverclyde Council for consideration.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Under the Social Work (Scotland) Act 1968, there is a long standing requirement for all Scottish local authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Revised guidance for Chief Social Work Officers and a new template were developed in March and May 2016 respectively, by the office of the Chief Social Work Advisor to the Scottish Government. This guidance and template were endorsed by COSLA.
- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to help Integrated Joint Boards (IJBs) to understand the CSWO role in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services.
- 4.4 The Inverclyde Chief Social Work Officer's report for 2015/16 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. There is an emphasis on the partnership and governance structure and its links to the Council and Health Board reporting processes. The report sets out the assets we have in Inverclyde and the development of our ambitious, co-produced 'People Plan' in terms of a whole systems approach to workforce planning and development.
- 4.5 As we go forward as a fully integrated partnership, the report takes the opportunity to reinforce the achievements of collaborative relationships we have established over the past 5 years in which social work practice and values have had a significant impact. Social Work has a vital role to play in the development of new partnerships into the future, while addressing challenges and delivering better outcomes for the people of Inverclyde.

5.0 PROPOSALS

- 5.1 It is proposed that Committee members endorse the attached annual report for the period 2015/16, detailing the position of Inverclyde HSCP in respect of social work and social care practice, performance and compliance with statutory responsibilities.

6.0 IMPLICATIONS

Finance

- 6.1 There are no financial implications from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications from this report.

Human Resources

6.3 There are no Human Resources implications from this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

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

Repopulation

6.5 There are no repopulation implications from this report.

7.0 LIST OF BACKGROUND PAPERS

7.1 The role of the Chief Social Work Officer, Guidance issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, revised version - March 2016.

7.2 Annual Report by Local Authority Chief Social Work Officers, Suggested Template and related guidance for production of 2015-16 report – May 2016.

8.0 CONSULTATIONS

8.1 No consultations have taken place in the production of this report.

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICERS

**2015-2016 REPORT FROM INVERCLYDE HEALTH AND SOCIAL CARE
PARTNERSHIP (IHSCP)**



1. Summary Reflection – Key Challenges and Developments in the past year

Welcome to the Annual Chief Social Work Officer's Report from Inverclyde Council and Inverclyde Health and Social Care Partnership for 2015/16. This is my last report as Chief Social Work Officer. Since assuming the role of Chief Officer of the Inverclyde Integration Joint Board and HSCP I have passed on the role of Chief Social Work Officer to my Head of Children's Services and Criminal Justice. This report marks the formal handover of responsibilities from myself to Sharon McAlees.

Readers will be aware that under section 3 of the Social Work (Scotland) Act 1968, local authorities are required to appoint a Chief Social Work Officer (CSWO). The function of the CSWO is to provide appropriate professional advice to the local authority, to provide strategic leadership, governance and continuous improvement on all statutory social work provision and service delivery as stated in section (5) (B) of the Act. This requirement has not been changed with the advent of integrated health and social care arrangements. In Inverclyde we have been integrated since the inception of our Community Health and Care Partnership (CHCP) in 2010, and we have been a formally established HSCP and Integration Joint Board since 1st April 2016. In line with statutory officer requirements Sharon, as Chief Social Work Officer, will have 6 monthly access to the Council's Chief Executive and quarterly access to the Council's Corporate Management team to fulfil advisory and governance functions.

2015/16 has been a very busy year with Inverclyde having to bear its share of challenging fiscal and demand pressures. My report highlights the opportunities, developments and challenges which have impacted on social work services and social work practice over this period in our area. My report also sets out our successes in terms of delivering the HSCP's core vision of 'Improving Lives' for the people, communities and localities in Inverclyde through our planning, involvement or interventions, most recently re-stated through our HSCP Strategic Plan 2016 – 2019.

1.1 Integration and Values

Our social work values are crucial to achieving our commitment to "Improving Lives" for people who use our services, carers, families, local people and communities. They are the fundamental principles which underpin our practice and approach. These values have been embedded into the "Nurturing Inverclyde" brand which runs through our Single Outcome Agreement (SOA) and guides our Community Planning Partnership. Our SOA, and indeed our HSCP Strategic Plan, pledges a commitment

that the people of Inverclyde are safe, healthy, achieving, nurtured, active, respected, responsible and included. They drive our approach to collaboration and 'putting people first' by focusing on the individual, their networks and communities as assets and potential solutions to need. Placing the person at the centre of all that we do and working in partnership with them is essential in identifying alternatives to statutory interventions and achieving better outcomes. This approach enables us to empower people to challenge inequality and discrimination and overturn the effects of socio-economic deprivation experienced in Inverclyde.

1.2 Partnership and Collaborative Working.

We have long established and embedded joint working relationships in Inverclyde. We have built on this collaborative approach further with the implementation of the health and social care integration agenda. Our experience of establishing our IJB, Strategic Planning Group and related structures has been positive and relatively straight forward. The culture of working together that exists in Inverclyde has been a major factor in this, as has our incremental and steady approach. Integration and joint working for us reaches into primary care with our GP colleagues and across the NHS system with our colleagues in secondary care. Our central role in the local Community Planning Partnership (Inverclyde Alliance) has been further enhanced by the advent of our IJB.

We established our Strategic Planning Group (SPG) successfully with service user and carer representation, staff partnership involvement, independent, third sector, housing and NHS acute sector engagement. The SPG has delivered on its remit to develop, consult, produce and publish the HSCP 2016 – 2019 Strategic Plan by 1st April 2016. This group will continue to be the reviewing body for all subsequent Strategic Plans and service specific plans prior to them being presented to the IJB for approval. It will also be the main reporting vehicle to the HSCP Integration Joint Board (IJB) on strategic planning matters in terms of development, implementation, monitoring and review.

We have worked collaboratively with colleagues from Scottish Government's Information Services Division (ISD) and NHS Clyde Sector to develop a strategic needs assessment which informed the Strategic Plan and is a living body of evidence for future strategic and operational planning.

1.3 Social Work and Social Care Practice

This year we reviewed, revised and launched our Supervision Policy covering social work and social care staff in the HSCP. As an integrated partnership committed to collaboration in practice, we are comfortable in recognising uni-professional requirements so have put this policy in place to respond to the need for guidance in supervising social work and social care practice. Similar guidance already existed prior to this development for other professional groups. The policy is now being embedded across relevant service areas, with learning and development delivered jointly with the Social Care Institute for Excellence (SCIE) planned to start in Autumn 2016.

1.4 GIRFEC

We have worked hard to prepare for the implementation of the statutory functions as set out in the Children and Young People (Scotland) Act 2014. The new functions introduce the 'Named Person' responsibility which was planned to take effect from 1st September 2016. This has been delayed as a consequence of a supreme court judgement relating to information sharing aspects of the legislation. We will continue to develop our systems processes and practice in line with GIRFEC which includes wellbeing assessment, early help, working to effectively support children and their families. This also includes complaints about the Named Person function under parts 4 and 5 of the Act.

1.5 Complaints

There has been ongoing consultation around the repeal of the Social Work (Representations Procedures) (Scotland) Directions 1996 (SWSG5/1996) and the removal of the Social Work Complaint Review Committee appeal stage. Complaints about Social Work Services will fall into the Scottish Public Services Ombudsman's (SPSO) generic public sector model complaints handling procedure. This significant change to social work complaints process is due to be implemented by April 2017. However, further consultation and engagement will take place with the SPSO and Scottish Government to debate and finalise the timescales for specific social work complaints.

In the interim, we have developed an aligned health and social care complaints procedure in collaboration with SPSO to meet the spirit of the integration agenda. This has brought together the statutory social work and the NHS Greater Glasgow and Clyde (NHSGGC) procedures. Investigative complaint training was co-delivered to Heads of Service, Service Managers and Team Leaders by the SPSO and our complaints officer over May, June and July 2015.

Frontline resolution training was delivered by our Quality and Learning Team targeted at practitioners through to business support and administration staff in June, July and August 2015. Feedback was positive from attendees and our revised processes are embedding well.

1.6 Community Justice Arrangements

In January 2016, I submitted a Community Justice Transition plan to the IJB in response to the Community Justice (Scotland) Bill which was introduced to the Scottish Parliament on 7th May 2015. The Community Justice Division provided the outline of what is required in a local plan with a submission of 31st January 2016. Our local plan was approved by the IJB and submitted within the timescale.

In preparation for enactment, we appointed a Community Justice Lead Officer in September 2015 funded by the Community Justice Transitional monies. A Transition Group has been established and includes both the statutory partners outlined in the Community Justice (Scotland) Bill and other key partners from the third sector.

1.7 Child Sexual Exploitation (CSE)

Following the publication in November 2014 of Scotland's National Action Plan to Tackle Child Sexual Exploitation, Inverclyde Child Protection Committee (CPC) has taken forward a proactive approach through the CSE Strategic Working Group which was established in April 2015. The CSE Strategic Working Group has developed and continues to progress an Inverclyde wide work plan based around core themes of: Prevention, Intervention, Recovery and Disruption. A local multi-agency CSE operational group has been established to map the available recovery services across Inverclyde and NHSGGC referral pathways, identify the types of support and gaps in provision to assist in the support provided to young people at the right time.

Significant work has been undertaken during this period to provide staff training including foster carers and kinship carers. The CSE working group also developed a local public awareness-raising initiative to complement the national campaign. Collaborative work has also been undertaken on national and local developments in education for young people.

Our Inverclyde Child Protection Committee (CPC) annual conference key themes focused on the local CSE work plan which was positively received by participants.

1.8 Mental Health Officer Arrangements

Provision of Mental Health Officers services within Inverclyde has continued to be challenging in 2015/16 because of high levels of demand. We have responded to this in a number of different ways, principal amongst which has been a major service review of the MHO service which I expect to make specific recommendations about sustaining this work into the future. To provide capacity to deliver we have recruited two full time Mental Health Officers to fill vacancies, we have one sessional Mental Health Officer to boost capacity at points of high demand and we are training more Mental Health Officers from within our pool of social work staff (one this year and two next year).

1.9 Refugee and Migrant Resettlement

Inverclyde Health and Social Care Partnership is currently participating in two Government Refugee Schemes and is in discussions to welcome other refugees and asylum seekers to the area.

The two refugee schemes are the Afghan Locally Engaged Staff Ex-Gratia Scheme and the Syrian Vulnerable Persons Relocation Scheme. The Afghan scheme involves local authorities in the UK settling former interpreters from Afghanistan, and their families, who served on the front line with British Forces in that country. As part of their redundancy package, the interpreters are given the option of coming to the UK with their families where there are concerns about their safety in Afghanistan. The second scheme is designed to allow refugees who have fled Syria - are living in countries near the Syrian border and are deemed to be vulnerable - to come and settle in the UK.

In the reporting period, Inverclyde agreed to take twelve Afghan families and accommodate and support them in our area. This figure has now been reached. All of our new families have settled well in our area and continue to integrate into the local community. All of the men speak good English and have been actively seeking work since their arrival in the area. Three of the men are now employed full time and the others continue to seek employment. All of the women, none of whom are able to read or write in their own language, are involved with local English classes and are progressing at a steady pace. A number of the children are attending nursery or school and are enjoying their first taste of formal education. Early reports indicate that they are doing well at class work and have made lots of friends, many of whom live in the local community.

There are now a total of 24 adults and 29 children from this cohort of resettled people or refugees living in our area, with four of those children having been born here. The Home Office has recently asked the Council to consider taking additional families. This request is currently under review. The Syrian scheme was initially launched in January 2014 with no set level being placed on the number of refugees the UK would take. However, following an announcement by the Prime Minister in September 2015, it was agreed that the UK would take 20,000 refugees from countries surrounding Syria where refugees had fled to. Families coming to the UK through the scheme have to meet vulnerability criteria set by the Government and have to be assessed against the criteria by the United Nations High Commission for Refugees. Inverclyde agreed to take ten families and already has 6 living in the area. The numbers are likely to be increased in the near future. None of the families were able to speak English on arrival and all of the adults are currently involved in English classes.

1.10 Integrated Children and Young People's Services Plan

We have well developed and embedded joint working across children's services in Inverclyde, with excellent operational level collaboration. I believe, however that our joint planning of services for children could be improved upon. To that end with the Corporate Director for Education I have established a Children's Services Plan Working Group, under the Best Start in Life Outcome Delivery Group, to improve our integrated planning processes and deliver a new Integrated Children and Young People's Services Plan. We anticipate the plan being an on-line document, with interactive functionality to enable children, young people, families and others to engage with developmental work and inform our strategic direction. We anticipate the Plan being ready for sign off by the relevant governance structures by the end of 2016/17.

1.11 Review and Redesign

During the reporting period, a number of internal service reviews and redesigns have been underway. Services such as Older People's Day Care, Physical Disability Services, Learning Disabilities Services and Homelessness Services have all been subject to review and redesign. We also successfully transformed our support services in 2015/16 with the advent in September 2015 of our new Quality and Development Service, developed to streamline strategic support provision to services, improve efficiency and meet the financial challenges faced by the Council and NHS Board. We have also taken forward various strands of work with third and independent sector colleagues in relation to the implementation of the living wage.

1.12 Conclusions

The challenges and successes we have faced in 2015/16 are discussed in much more detail throughout this report. I am proud of what the HSCP has achieved in 2015/16 and feel confident in our abilities to continue to rise to the challenges that face us as we move forward. We are an innovative and solution focussed partnership with dedicated and skilled staff, a local population keen to work in partnership with us and partner agencies who want to join us in our core vision of Improving Lives.

I hope you will find this report useful and informative and that it will help to continue the debate about the pivotal role of social work in modern health and social care delivery, in public sector reform, tackling inequality and improving outcomes for people.

Brian Moore
Chief Social Work Officer
September 2016

2. Partnership Structures/ Governance Arrangements

On 1st April 2015 Inverclyde Health and Social Care Partnership (HSCP) was established as a legal entity in line with the Public Bodies (Joint Working) (Scotland) Act 2014. Our HSCP replaced the former Community Health and Care Partnership (CHCP) arrangements between Inverclyde Council and NHS Greater Glasgow and Clyde Health Board (NHSGGC) which had been in place since 2010.

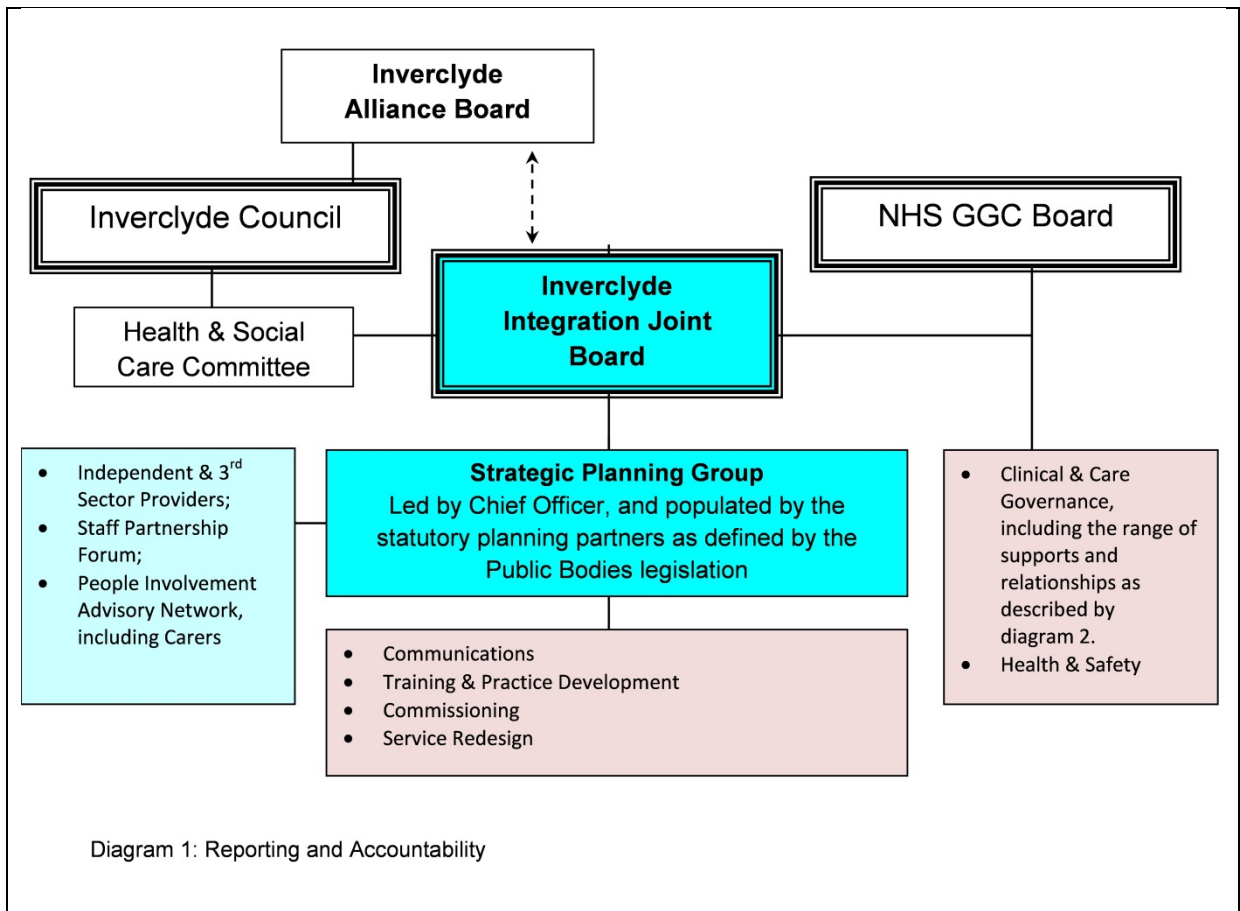
The requirement of the 2014 act was to establish a shadow Integrated Joint Board (IJB) through an Integration Scheme and establishment plan. At this point, the delegated responsibility and governance arrangements were not fully transferred to the IJB from the Council and NHSGGC. Instead, an interim shadow IJB arrangement was set in place until 1st April 2016 when the IJB assumed the full delegated governance, delivery, budget and planning of health and social care services for Inverclyde.

The membership of the IJB has brought together a diverse range of individuals with a wide breadth of experience, knowledge and skills. This has enriched the governance and scrutiny process through conversations, debate, challenge and decision making as an important factor in our drive for continuous improvement.

To ensure effective and professional leadership, a structured and accountable Clinical and Care Governance process proposal was accepted by the IJB in May 2016, with an implementation date of 1st October 2016. The CSWO function will influence the direction of travel in respect of social work practice governance. This integrated process sets out the approach to managing and providing advice on professional matters to the IJB, NHSGGC Board and Inverclyde Council.

In light of the new organisational arrangements for Inverclyde Health and Social Care Partnership (HSCP), we are continuing to review our existing performance framework to ensure that we make significant progress on the National Outcomes for Health and Social Care and the Integration Principles. The structure which has been implemented to help measure and report on progress, challenges and improvements as outlined in the Strategic Plan 2016-2019 includes a commitment to track change in need and demand through performance management arrangements. Every service undergoes a quarterly service review, chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives.

The diagram below shows our partnership governance arrangements.



3. Social Services Delivery Landscape

Inverclyde HSCP provides social care through a mixed economy of provision with both internal and external services. Internally the HSCP has thirteen services registered with the Care Inspectorate providing a diverse range of social care provision such as Children's Residential Units, Respite Unit, Day Care and a variety of Care at Home Services to approximately 1700 service users. We also purchase services from 136 external providers that deliver 193 services. These services are purchased via national contracts, individual contracts, framework agreement(s), individual placement agreements, spot or call off contracts, and grants to voluntary organisations.

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

This section describes the mixed market of social care delivery in each of the service area groups;

1. **Children & Families and Criminal Justice** –
we support 44 children and young people via externally contracted services
2. **Adult Learning Disabilities** –
we support 166 adults with a learning disability via externally contracted services
3. **Older People** –
we support 1869 older people via externally contracted services
4. **Physical Disability** –
we support around 20 individuals with a physical disability via externally contracted services
5. **Mental Health, Addictions and Homelessness** –
we support around 350 service users in this service category via externally contacted services

It is our intention in 2016/17 to realign our commissioning arrangements to our 5 key Strategic Commissioning Themes as set out in our Strategic Plan, to move away from service areas or client group silos towards collaborative strategic commissioning across the HSCP.

The 5 key Strategic Commissioning Themes are:

- Employability and meaningful activity
- Recovery and support to live independently
- Early intervention, prevention and Reablement
- Support for families
- Inclusion and empowerment

3.1 Children & Families and Criminal Justice

We currently contract with 12 external providers, who provide 16 services to children and families and people in the criminal justice system. See the breakdown in table below:

Table 2

Children & Families	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	4	5	Family Support/Short Breaks/ Sitter Service/Child Care/Residential
Out with Inverclyde	8*	11	Fostering/School Care Accommodation/Secure Care /Care Home Service Residential School Care & Education
Total	12	16	

*One provider also delivers services within Inverclyde

Inverclyde HSCP Children and Families Service and the Strategic Commissioning Team contributed to the implementation of national contractual arrangements led by Scotland Excel which are now in situ covering the three main areas of external Children and Young People provision. All three National Frameworks are in contract extension periods and Inverclyde HSCP is continuing to contribute to the development of the new Frameworks which are:

- National Framework Agreement for Secure Care.
- National Framework Agreement for the provision of Children’s Residential Services (which includes short break services, education and day placements).
- National Framework Agreement for Foster Care.

Over the last year Inverclyde HSCP has purchased placements in respect of all areas of provision with new placements purchased under the terms and conditions of the contract/frameworks. Work is progressing in migrating existing placements onto the new framework agreements.

The HSCP currently has 44 children and young people placed in external care provision:

- 10 young people receiving a residential service this may also include education provision.
- 2 young people with learning disability receiving residential care home provision.
- 7 children and young people receiving foster care services.
- Approximately 25 young people receive short breaks provision per annum.
- 3 services currently deliver a service in the form of hours to children and young people.

The reason for the increased use of external placements is due to the level of demand and complexity of need. However, in the past year we have seen a decrease in our use of secure care.

Currently all external children and family providers have a Care Inspectorate grading of 4 (good) or 5 (very good) with 2 services gaining grades in some themes of 6 (excellent) indicating high levels of quality of service delivery. Care Inspectorate gradings for internal residential children’s services are all 5 (very good).

Inverclyde HSCP provides quarterly secure care monitoring information to Scotland Excel who manage the frameworks on behalf of participating Local Authorities. Residential and Fostering Providers also submit quarterly information to Scotland Excel which is collated and reported to Local Authorities. This data is also use to inform the development of the new frameworks. A detailed report is produced quarterly for commissioners on the delivery of each contract, highlighting any areas of concern and examples of good practice.

3.1.1 Future Challenge for Children’s Residential Services

On 26 November 2015 the Scottish Government announced a requirement for the residential child care workforce to be qualified to SCQF level 9 (degree level) by 2017. Inverclyde’s internal residential children’s services workforce are qualified to a high level and the majority are compliant with this new requirement. Plans are in place to ensure compliance for those who currently do not hold degree level qualifications or equivalent. External providers we currently commissioning from have expressed that this will be a major future challenge for them, their staff and funding arrangements, but it is universally recognised that this change reflects the complex and challenging quality nature of the work of residential child care, warranting specific qualification requirement. Phased registrations will begin on 1st October 2017.

3.2 Adult Learning Disabilities

We currently contract with 36 providers, providing 49 services to Adults with a Learning Disability. See the breakdown in table 3 below:

Table 3

Adults Learning Disability Provision	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	8	20	Supported Living Services Housing Support/ Supported Employment/Job Coaching /Care Home Service/ Alternatives to Day Opportunities
Out with Inverclyde	28*	29	Supported Living Service/ Housing Support/ Care Home Service
Total	34	49	

*2 providers also deliver services within Inverclyde

3.2.1 The National Framework Agreement for Care Homes for Adults with Learning Disabilities, developed in response to recommendation 6 of the Scottish Government's "The Keys to Life" strategy commenced on the 29th June 2015, led by Scotland Excel. Since the beginning of this contract we have placed two residents. Discussions are on-going with a view to migrate the existing residents within Care Homes that are part of the Framework over to the contractual terms of the agreement. The HSCP currently has around 40 care home placements for adults with learning disability at a cost of around £1,701,169 per annum.

During 2016/17 the HSCP will continue evaluating the contracts and service provision currently delivered under the framework arrangements, this will include the contractual arrangements that are required in terms of supported living across all service user groups, and in line with SDS and integration.

The HSCP currently has around 126 learning disability service users receiving a service at a cost of approximately £4,483,390. The supported living framework delivers support to a range of service user groups including older people, physical disabilities, mental health, addictions and homeless service users. In terms of external learning disability services, only one contracted provider, with whom the HSCP is working closely in partnership, has been graded by the Care Inspectorate as 3 (adequate) and 2 (poor). All other HSCP contracted services are graded higher, with the majority at 4 (good) and 5 (very good).

3.2.3 Future challenges for Learning Disabilities Services

As described earlier in this report a learning disability redesign is currently underway within Inverclyde HSCP which will influence the development of a three year Strategic Commissioning Plan for Learning Disability 2016-2019. The HSCP vision is 'Improving Lives of people with a learning disability and their families should:

- Have choice and control in their daily lives;
- Have access to good quality services that deliver good outcomes for people making them healthy with positive mental wellbeing.
- Have positive things to do to achieve their potential;
- Feel safe and respected and feel included in their community and- ;
- Their family carers feel well supported.

At a recent engagement event with local people with Learning Disabilities and their family carers, it was evident that what people want is good, flexible support to access activities and personal development opportunities that they have choice and control over. People expressed how important that keeping healthy was to them and their families and with some support they could access local leisure facilities more often. Younger people at the event reflected on their experience of leaving school and transitioning into adult life. They advised that getting accessible up to date information regarding what is available to them in advance would have helped make transitioning a more positive experience. Our learning disabilities Strategic Commissioning Plan will recognise the significant challenges in public funding at a time when the population is changing resulting in an increase in demand for services.

3.3 Older People

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

Table 4

Older People	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	32	50	Care At Home Housing Support Care Homes Transport Day Care Information/Advice
Out with Inverclyde	36*	48	Care homes
Total	64	98	

*4 providers provide a service within and out with Inverclyde

There are National Care Home Framework Contracts in place with all 15 older people **care homes** locally, providing a service to 590 individuals. Inverclyde HSCP also funds 44 individuals placed in older people care homes out with Inverclyde. In 2015-16 the actual spend on the 15 local care homes was £11.67m. The fee increase was 3.8% and this included:

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

There are currently 8 **Care at Home** providers and our annual spend on these contracts, is £2,689,801 per annum. Provision is arranged around 7 geographical lots due to the transportation costs linked to geographical dispersion and to create competition amongst smaller suppliers. The geographic breakdown as follows:

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

The new contracts commenced on 1st of April 2015.

There are four **Day Care** providers operating within Inverclyde. A review of Day Care services has been completed, and a preferred option for future provision has been chosen. There will be a period of public and service user consultation.

The option chosen will include:

- Day Care for Older People with critical and substantial needs
- Specialist Day Care for individuals with dementia;
- A single point of access to day care with an emphasis on personal choice, reablement and outcomes

It is anticipated that the Day Care Tender exercise will begin in October 2016 with contracts being awarded in March 2017, with a start date for the services of April 2017.

3.4 Physical Disability

We currently contract with 5 providers, providing 5 services to people with a Physical Disability. See the breakdown in table below:

Table 5

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	2	2	Housing Support, Care Home Service
Out with Inverclyde	3	3	Housing Support, Supported Living Service
Total	5	5	

3.4.1 Within the next reporting period the HSCP will review the current provision and financial package for placements as part of the on-going review of Physical Disability services. A review of the physical disability service is being undertaken. The scope of the review is:

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

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

3.5 Mental Health, Addictions and Homelessness

3.5.1 In Mental Health Services we are currently contracting with 12 providers, providing 16 services to adult service users. Three of the providers included also provide services to other client groups (Addiction, Learning Disability) and are therefore included in those figures.

Table 6

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	6	10	Advocacy, Housing Support, Care at Home, Day Care, Supported Employment,
Out with Inverclyde	6	6	Housing Support, Care at Home
Total	12	16	

3.5.2 In Mental Health, the 8 individuals with more complex support needs have moved from the Adult NHS continuing care provision on the Ravenscraig site into their own tenancies with specialist support. This collaborative partnership project involving Inverclyde Council/HSCP, River Clyde Homes and Turning Point Scotland has proved highly successful, with all those identified for the project settling well to their own respective tenancies. The collaboration between the organisations continues to work well, and each individual continues to move forward with their recovery focused support plans. The Governance and Steering Group for the project to meet regularly to monitor the progress the project is making.

3.5.3 The remaining 42 NHS continuing care beds will be re-provided on the IRH site adjacent to the existing hospital. This is being taken forward via the Scottish Futures Trust West Hub Co. Once this is complete the Ravenscraig Hospital site will close. Due to delays related to a procurement matter the timescale for the new unit to open is September 2017.

3.5.4 In Addiction Services we are currently contracting with 4 providers, providing 4 services to adult service users. Two of the providers tabled below also provide services to other care groups (Mental Health and Homelessness).

Table 7

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	3	3	Housing Support
Out with Inverclyde	1	1	Housing Support, Care at Home, Care Home
Total	4	4	

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

Table 8

Adults	Number of Providers	Number of Services	Type of Provision
Within Inverclyde	3	3	Housing Support, Advice & Information
Out with Inverclyde	2	2	Housing Support, Care at Home
Total	5	5	

3.6 Conclusions and Future Challenges in relation to commissioned services

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

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

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

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

The governance process and reporting has been appreciated by the care providers and are contributing to better communication and relationships being developed between providers and the HSCP. There are regular governance reports to both the Health and Social Care Committee and the Integration Joint Board.

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

3.7 In-House Services

Frontline in-house services are delivered through a variety of integrated teams, operating on either an Inverclyde-wide basis or loosely in alignment with our three health and wellbeing localities. Inverclyde is a small area both in terms of population and land-mass so we do not operate a defined locality model for operational delivery in the majority of our in house services.

We have been working for some time to create an agreed access to service framework for application across the piece with the intention of streamlining our access arrangements principally to help people navigate services and to get the support they need more quickly and efficiently from the right person or team. There are already a number of service area specific single points of access (Mental Health, Addictions, Physical Disability) with work underway to develop others such as in Specialist Children's Services. Access to services out of hours within Health & Community Care has been improved by co-location of services and the use of a single point of contact for General Practitioners to access support to enable an increase in health or social care out of hours.

Performance in relation to in house services, and what we delivery in relation to our statutory obligations are explored in more detail in sections 5 and 6.

4. Finance

The 2015/16 Social Work revenue budget of £48.767 million was net of £1.191million savings and ended the financial year with a relatively small underspend of £451,000 being 0.91% of the budget.

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

Older People's Services ended the year with an overspend of £195,000 which is 0.89% of the £21.996 million budget. This was due to increased costs of homecare and also increases in the costs of residential & nursing care due to increased numbers of clients. This reflects a national trend and additional pressure funding of £745,000 has been included in the 2016/17 budget to address these pressures.

Physical & Sensory Services underspent by £141,000 which is 6.48% of the £2.174 million budget mainly due underspends on the costs of client care packages.

Mental Health Services ended the year with an underspend of £110,000 which is 10.25% of the £1.071 million budget, mainly due to underspends on the costs of client care packages.

Children & Families underspent by £410,000 which is 3.9% of the £10.513 million budget. This was due to continued difficulty in filling vacancies, and underspends on some new funding streams due to delays in establishing projects.

Homelessness overspent by £209,000 which is 30.95% of the £675,000 budget. 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.

Revenue Reserves of £1.030 million were carried into 2016/17 to fund a number of projects, mostly under the Integrated Care Fund.

The Social Work Capital Budget for 2015/16 was £156,000 and included the commencement of works to replace the Neil Street Children's Home.

5. Service Quality and Performance

Continuous improvement is core to our aims and objectives. This is reinforced by strong leadership of service performance across the partnerships, and underpinned by arrangements to help identify areas of concern, and success, and to facilitate measures to improve. A twice yearly performance Improvement Exceptions Report (PIER) is presented to the Integration Joint Board and the Health and Social Care Committee. An annual performance report in relation to the 9 National Outcomes and 23 health and social care indicators is also produced. Our performance arrangements also include our Quarterly Service Review (QSR) arrangements, routine management information reports, performance returns and work streams to maximise our intelligence in relation to improvement. We have also in 2015/16 started a process of developing quality improvement capacity supported by NHS Education for Scotland, the Scottish Government and colleagues in NHS GGC. In addition we have benefitted from our engagement with Health and Social Care benchmarking network and a range of other benchmarking and peer learning fora.

Team leaders and Senior Social Workers are responsible for ensuring that the quality of case recording including measurable outcomes to meet appropriate standards. The Performance and Information Team provide monitoring reports to allow the responsible person to address any issues with recording appropriate information.

The transition from reporting outputs to outcomes will ensure that people are at the forefront of all that we do from an outcomes-based assessment of need through to the eventual achievement of personal outcomes.

Data demonstrating the performance of our services is split across this section and the following section on statutory duties.

5.1. Health, Community Care and Primary Care

Table 1 Core activity

Community Care	2014-15	2015-16
Number of people accessing Self Directed Support	1441	2509
Number of service user requests for Aids for Daily Living (ADL) equipment	4054	4000
Number of new care home admissions	210	232
Number of completed Community Care Assessments for 65+ population	755	843
Total number of people in receipt of care at home	1882	2027
Total number of hours of care at home provided	493216	532743
Numbers of people in receipt of Reablement	851	881
%age of those in receipt of Reablement going to require mainstream care at home	45	43
Numbers of people accessing telecare (community alarms etc) (all ages)	678	1287

The number of residents in Long Term Care (LTC) has increased in the last year. These figures can be partly attributed to the fact that people are living longer. The number of discharges from care homes due to death has decreased significantly but the demand for the service is still increasing as the over 65 age group grows. The current trend is being monitored and plans put in place to deal with the resulting demand for services.

There has been a very small reduction in the requests for equipment provision (1.3%). Equipment is provided following a professional assessment. As part of the assessment all other solutions are exhausted (such as techniques and advice) prior to the prescription of equipment.

The Joint Equipment Store has reviewed the equipment it provides. As more small inexpensive pieces of equipment have become easily available through local retailers, the service has moved away from supplying this type of equipment and used the resources to support the increased demand for complex equipment solutions such as hoists, profiling beds and more specialist equipment solutions to maximise individuals' abilities and their carers' safety in relation to moving and handling solutions.

Table 2: Delayed Discharges

Delayed Discharge (65+)	2014-2015 (cumulative actuals)	2015-2016 (cumulative actuals)
Number of acute bed days lost to delayed discharges (including Adult With Incapacity (AWI))	3,462	1560
Number of acute bed days lost to delayed discharges for AWI	31	0

From 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; this provides a more complete picture of the impact of hospital delays.

We continue to maintain positive performance in relation to the 14 day Delayed Discharge target. Consistently achieving zero delays over 2 weeks since April 2015 up to and including May 2016. Despite an increase in delays and bed days lost during the winter period (in Inverclyde as well as the rest of GG&C) we are achieving the overall target of reducing bed days so far this financial year reaching a 76.8% reduction on Bed Days Lost against the 2009-10 baseline, 1.8% better than the target set for us.

Table 3: Emergency Admissions

Emergency Admissions (65+)	2014-2015 (cumulative actuals)	2015-2016 (cumulative actuals)
Number of emergency admissions 65+	4,828	4,542
Emergency admissions 65+ Rate /1,000 pop	313	289

Good progress has been made in the last year on continuing to drive down local use of secondary care on an avoidable, emergency basis. We have a number of work streams in place jointly between the HSCP and our acute colleagues to continue with the downward trend in performance in respect of emergency admissions for people over 65.

5.2 Children and Families & Criminal Justice

Table 4: Looked After and Accommodated Children (LAAC)

LAAC	2014-15	2015-16
Number of children LAAC at 31 st March	213	197
% looked after in the Community	85.6%	83.2%

There has not been a significant change in the number of children looked after between 2014/15 and 2015/16. In 2014/15 15.3% of those who were looked after were looked after in a Residential Placement Type. 84.7% were looked after in a Community Placement. 2015/16 shows a decrease in looked after children in a Residential Placement Type to 11.8%, and an increase in looked after in a Community Placement to 88.2%.

There is a rise in the number of young people remaining in care post 18 years old. This will further increase with the new Continuing Care legislation.

Table 5: Children's Hearing (Scotland) Act (2011)

Children's Hearing (Scotland) Act	2014-15	2015-16
Number of new compulsory supervision orders issued	53	27
% of children seen within timescales	100%	92.6%
Number of Children's Hearing Reports completed	930	795
% submitted within timescale	72.1%	76.7%

The implementation of Early and Effective Intervention Screening Groups has reduced the number of referrals to the Children's Reporter. Youth crime has also reduced.

5.3 Criminal Justice Social Work (CJSW)

Table 6: Court Reports (CJSWR, CJSWR Supplementary & Section 203 only)

Court Reports	2014-15	2015-16
Number of CJ Court Reports submitted to Courts	472	469
% submitted within timescales	100%	100%

There has been a small reduction in Court Reports requested and submitted by CJ social workers between 2014-15 and 2015-16. This reduction is due to falling crime figures nationally, resulting in lower volumes of work going through our local courts. There have also been policy/procedural changes which have impacted on the business going through Courts, such as Greenock Sheriff Court, relating to Fiscal marking which has seen cases diverted to the Justice of the Peace Court and the impact of direct measures.

Table 7: Community Payback Orders (CPO)

Community Payback Orders	2014-15	2015-16
Number of CPO orders issued	292	347
Number with unpaid work element attached to the Order	230	265

The number of Community Payback Orders (CPOs) issued in 2014-15 has increased from the previous year by 19% from 292 to 347. A closer analysis of the 2015-16 figures show that CPOs with an Unpaid Work requirement increased 152% on the previous year's figure (from 230 to 265. Although we are seeing a reduction in the number of Criminal Justice Court Reports requested this is not being met by a reduction in the number of community social work sentences being imposed by Courts. Rather the reverse is true. From a CJSW perspective this would suggest a better targeting/deployment of resources.

5.4 Mental Health, Addictions and Homelessness

Much of the work undertaken by Mental Health Services is rooted in the delivery of statutory functions, hence the more detailed information relating to mental health services is in section 6.

5.4.1 Addictions

Table 8: Drug and Alcohol Team Activity

Drug and Alcohol Services	2014-15	2015-16
Referrals to drug and alcohol services	1221	1146
Drugs and Alcohol - % of patients seen < 3 weeks	94%	86.9%
Alcohol Brief Interventions (HEAT Target):		
Priority Settings	331	760
Wider Settings	141	23
Total Alcohol Brief Intervention	472	783

Between March and July 2015 performance within the drug service against the 90% target dropped due to a number of issues, including an increase in referrals. In order to address this situation safely cases are prioritised; people with child care responsibilities and those injecting are seen quickly. The service has negotiated alternative routes to support for non-urgent cases and those not requiring medical intervention, for example Cannabis users. Service users can now be referred to organisations that can support them appropriately. By taking a more targeted and focussed approach the performance is now improving.

The number of Alcohol Brief Interventions (ABI) undertaken showed a significant increase from the previous year (up to 66%). Inverclyde's target for the number of ABIs to be delivered was reviewed and increased from 441 to 612 for 2015/16, To achieve this at least 80% (490) of the target for ABI's must be carried out within the priority settings of; Primary Care, Accident & Emergency and Antenatal Care. Any ABI's delivered outside these setting are defines as "Wider Settings" and include areas such as the Wellpark centre and homelessness services.

5.4.2 Homelessness Service

Table 9: Homelessness

Homelessness Services	2014-15	2015-16
Homelessness presentations: plus section 11 (homelessness etc. (Scotland) Act 2003)	264 (169 Section 11)	243 (169 Section 11)
% of decision notifications issued within 28 days of initial presentation	92.39%	96.2%
Number of households provided with Housing Options advice and assistance not requiring statutory homeless assessment	916	740

Homelessness presentations nationally and locally have been reducing year on year. This has been attributed mainly, to the increased activity around prevention work, housing options and the work of the Housing Options Hubs initiated by the Scottish Government.

The reduction in the number of households requiring statutory assessments can be attributed to the recent implementation of Choice Based Lettings by all the Registered Social Landlords (RSL's). This is resulting in homeless people receiving an offer of housing earlier.

5.5 Planning, Health Improvement and Commissioning

5.5.1 Advice Services

Table 10: Advice First Triage Services

Advice First Triage Services	2015-16
Number of enquires	10945
Number of appointments	2776

The Advice First telephone line is the single point of access to Advice Services. 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 also a monitored email address where referrals are received from other agencies, clients and other HSCP services.

In the financial year 2015-2016 the total financial gains achieved on behalf of clients by Advice Services was £4,782,663 :-

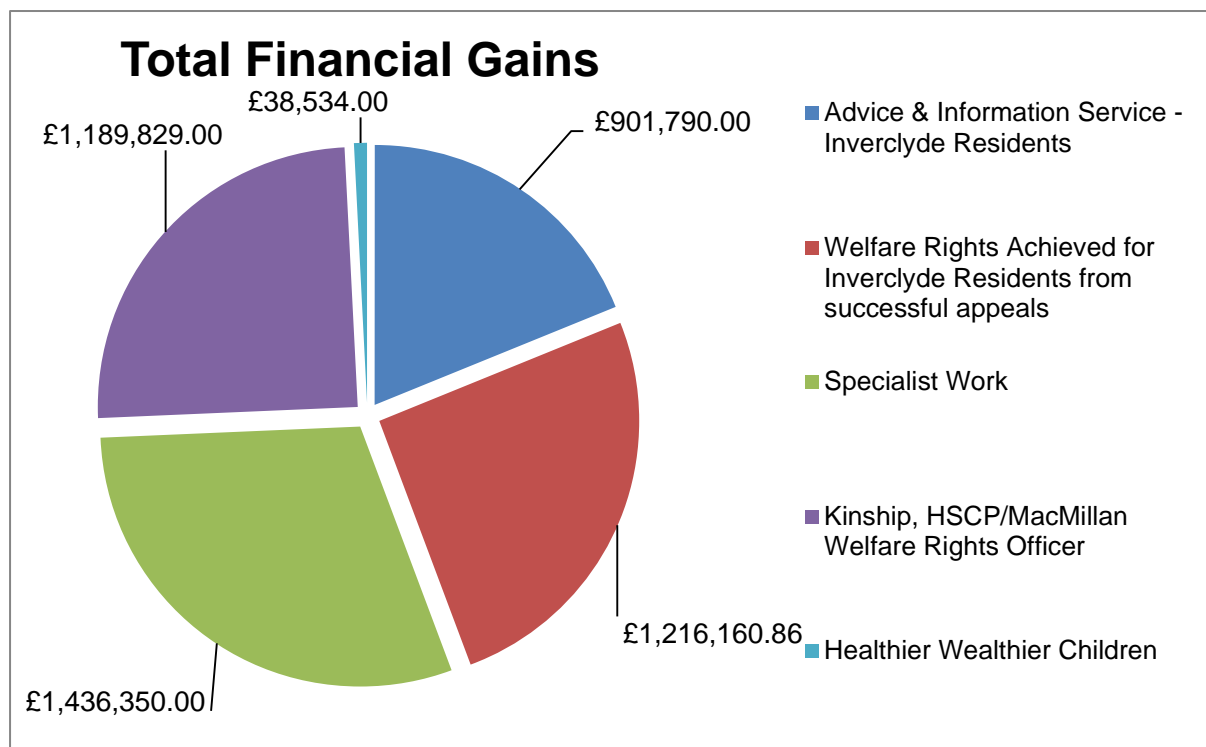


Table 11: Advice Services - Appeals

Advice Services	2015-16
Total Clients Seen	698
Total Financial Gain Achieved	£1,216,160

Welfare Rights Officers represent on behalf of the appellant when an appeal is being made against a benefits decision.

Of the 698 scheduled appeals 516, (74%) had a positive outcome in favour of the appellant.

Advice Services also provide a variety of specialist services to clients in Inverclyde. One example of this type of service is the work that has been carried out since 2009 with kinship carers to ensure that they are supported to continue in their caring role. Following a referral a Welfare Rights Officer (WRO) contacts the carer to arrange an income maximisation check. This is followed up 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

In addition, funding from the Big Lottery allowed for the employment of an Advice Worker with a remit of working with hard to reach client groups. 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.

Table 12: Advice Services - Outreach Worker Vulnerable groups

Advice Services	2015-16
Total clients seen	315
Total Financial Gain achieved (£)	£1,436,3503

5.5.2 The 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 effective 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.

Table 13: Debt Advice

Debt Advice	2015-16
Interventions	258
Total Debt Advice	1,393,712

The Debt Advice Service is established 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.

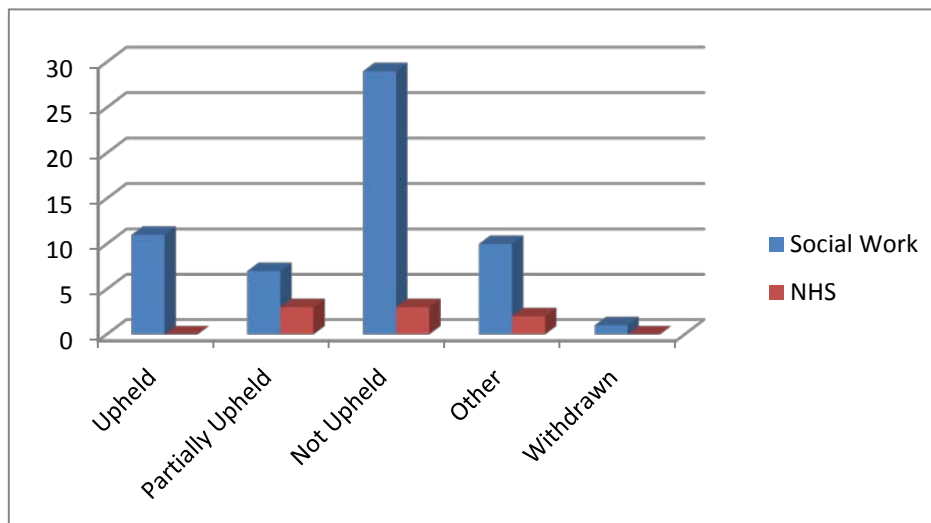
People in poverty pay more for goods and services. This is often termed the 'poverty premium'. Debt Advice seeks to address this by helping clients make informed decisions in relation to accessing financial services and making arrangements for best payment options in relation to utilities. Clients requiring 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, works and the earlier people access the help on offer the better their chances of reaching good outcomes for themselves and their families.

The service is looking forward to the next 12 month period. The firm expectation is that demand for Advice Services will increase to reflect the ongoing roll out of Personal Independence Payment and other scheduled changes to Disability Benefits. A further key objective for the service going forward will be to seek accreditation for the Scottish National Standards for Information and Advice Providers recently reconstituted by the Scottish Government under the auspices of the Scottish Legal Aid Board.

5.5.3 Complaints, Freedom of Information (FOIs) and Subject Access Requests (SARs)

Table 14: Complaints

Complaints		2015/16*includes FLR and Investigated Complaints			2014/15^ Investigated Complaints Only		
		Met	Not Met	% within timescale	Met	Not Met	% within timescale
Social Work	Acknowledged within Timescale	54	4	93.1%	48	3	94.1%
	Completed within Timescale	39	19	67.2%	34	17	66.7%
NHS	Acknowledged within Timescale	8	0	100%	15	0	100%
	Completed within Timescale	7	1	87.5%	11	4	73.3%



There were 66 complaints received in 2015/2016. This is a reduction of nearly 20% from the 82 received the previous year. Fifty eight complaints related to Social Work and eight related to community NHS services. This year's figures also include the complaints resolved as Frontline Resolutions. Going forward it is important that we create a culture of resolving and learning from complaints at the frontline. This will be further examined in the Annual Complaints Report.

Meeting timescales is an important aspect of effectively managing complaints. Despite this year's amended timescales and the complex, multi-factorial element of complaints there has been a slight improvement in the % of complaints completed within the designated timescales.

Table 15: Freedom of Information (FOI) Requests

FOI Requests	2014-2015	2015-2016
Number of requests received	165	166
% dealt with within legal timescales	100%	89%
% related to children and families services	43%	29%

The number of Freedom of Information requests has remained steady but continues to put additional pressure on staff due to the timescales and range of requests being received. Staff continue to respond to these requests to the best of their ability sometimes to the detriment of other work plans. To alleviate some of this pressure, the service are getting better at understanding that people can be signposted to information if it is already published in the public domain.

Table 16: Subject Access Requests (SARs)

SAR Requests	2014-2015	2015/2016
Number of request received	16	21

We experienced an increase in the number of Subject Access Requests in the last year. We have delivered training for key officers who participate in SARs and our SARRS lead has participated in an event held up the Information Commissioners Officer to help build our capacity to respond. In the vast majority of cases we have been able to response to SARs within the timescale, the expectation to this being where cases are very complex when we work closely with the applicant.

6. Delivery of Statutory Functions

The principal function of the Chief Social Work Officer (CSWO) is to take an authoritative and informed decision on behalf of the local authority with respect to a range of Social Work matters, including for example; adoption, secure accommodation decisions; emergency transfer of placement; Welfare Guardianship Orders (Local Authority), and Welfare Guardianship Orders (Private Individuals).

The CSWO holds wider responsibilities in respect to practice standards and statutory functions of the services, in particular to those delivered through the registered social worker workforce relating to matters of public protection. Such decisions require judgements about rights, need and risk both in respect of individuals and the wider community.

The delivery of these functions is supported by governance, performance and workforce development arrangements described elsewhere in this report. The following tables and commentary provide information of key functions.

6.1 Public Protection

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

6.1.1 Multi-Agency Public Protection Arrangements (MAPPA)

Since September 2014, the MAPPA Unit has been co-located within Inverclyde Health and Social Care Partnership premises within our Public Protection Hub.

On average, 40 sex offenders were managed in the community of Inverclyde during 2015-16. This is an increased average from 38 in 2014/15 and represents 11.6% of the total registered sex offenders within the North Strathclyde Criminal Justice Authority.

The MAPPA Unit for NSCJA is hosted by Inverclyde Criminal Justice Social Work (CJSW) Services and supports the risk assessment and risk management of Registered Sex Offenders (RSOs) and mentally disordered offenders (restricted patients) through facilitating the sharing of information between responsible authorities.

As a result of the first formal review of MAPPA in Scotland, which commenced in October 2014 and was carried out by the Care Inspectorate and HM Inspectorate of Constabulary for Scotland (HMICS), an action plan has been developed to address all of the recommendations listed in the report. In addition to this a Short Life Working Group has been established to review the progress of the actions and also to prepare a comprehensive report which will be submitted to the Strategic Oversight Group, Scottish Government and also the Thematic Review Team.

6.1.2 Child Protection

Child Protection	2014-15	2015-16
Number of new referrals received	169	144
Pre-Birth as % new referrals	17.2%	19.4%
Number of children on Child Protection Register at 31 st March	41	25
Number of child protection orders issued (Section 37)	6	10
Number of serious case reviews undertaken	0	0
Number of appeals against CP registration	1	0

There has been a decrease of Child Protection (CP) Referrals between 2014/15 and 2015/16, however an increase in pre-birth referrals.

The numbers of children on the Child Protection register as at 31.3.15 (41) and 31.3.16 (28) shows a significant decrease. Between these dates, there were 69 children registered and 82 de-registered. The Child Protection Performance Management Group will be undertaking analysis to understand the reasons for these changes.

The CP register snapshot of 31.3.15 has a high amount of sibling groups (11). This breaks down to 9 sibling groups of 2 children, 1 of 3 children and 1 of 4 children. The CP register snapshot of 31.3.16 has 5 sibling groups. This breaks down to 1 sibling group of 2, 3 of 3 children and 1 of 5 children.

A process has been implemented within SWIFT to ensure more robust recording in relation to Child Protection Orders which may be the reason for the increase in Child Protection Orders from 2014/15 to 2015/16 figures.

6.1.3 Adult Support and Protection

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

Adult Protection	2014-15	2015-16
Adult Protection (AP) referrals received	621	270
(AP) Investigations dealt with during	34	27
(AP) Case Conferences held	11	13
(AP) Initial Case Conferences held	2	7
(AP) Review Case Conferences held	8	6

The referral figures above show a decrease in the number of adult protection referrals received however this needs to be considered in the context of changes introduced by Police Scotland. Police Scotland introduced a new Vulnerable Persons Database (VPD) and since 18th March 2014, Inverclyde received Police Concern Reports. The introduction of this system resulted in a significant increase in the number of reports received relating to adults. The number of police adult concern reports received continues to significantly increase totalling 766 in 2015/16. The police reviewed their working practices marking those viewed by the police as adult protection. The figure of 270 AP referrals received includes 181 police reports marked as adult protection. If working practices had not changed the referral figure would have been 855. Social Work continues to assess all police adult concern reports and whilst the majority do not require intervention under the auspices of adult protection they are followed up under the auspices of other legislation.

The number of adult protection investigations has reduced; however, the conversion rate from referral to investigation is now 10% and is a return to the rate prior to 2014/15. Protection Orders continue to be sought where that level of action is required as part of a plan. In 2015/16 2 Full Banning Orders both with power of arrest were taken having a significant beneficial impact on the safety and wellbeing of the adults concerned.

There has been a decrease in the number of adult protection meetings. The number of case conferences has continued to significantly decrease. The reasons for this are being considered.

6.3 Mental Health Service and Mental Health Officer Activity

Within the last year the already high level of demand on MHO services in Inverclyde has continued to increase. This experience is replicated across Scotland, where numbers of practicing MHOs, in context of an ageing MHO workforce, has been the cause of considerable discussion and concern. Individual local authorities are responding to this concern by reviewing numbers of MHOs, their remuneration workload, and their location within the service structure.

	2015-2016	Comments
Welfare Guardianship (ongoing)	28	Up from 24 in 2014/15
Welfare and Financial Guardianship (ongoing)	22	
	TOTAL 50	
Welfare Guardianship (Granted in period)	16	Up from 15 in 2014/15
Welfare and Financial Guardianship (granted in period)	5	
	TOTAL 21	
Orders for which CSWO is Guardian	17	Up from 8 in 2014/15
Assessments by MHO for Welfare Guardianship	39	Up from 21 in 2014/15
Compulsory treatment orders, Granted	28	Down from 32 in 2014/15
Compulsory Treatment Orders(Already subject to before 01/04/2015)	54	Up from 46 in 2014/15
Emergency Detention	18 with consent 23 by Stand By MHO (with consent) 29 no consent TOTAL 70	Up from 50 in 2014/15
Short Term Detention	89	Up from 68
Social Circumstances Reports	28	Down from 38 in 2014/15
Assessments completed by MHOs (MHA)**	171	Up from 143 in 2014/15

** Assessments include detention assessment, social circumstances report assessment and compulsory treatment order assessments.

Mental Health Services	2014-15	2015-16
Number of Legal orders for short term admission (MH (Scotland) Act 2003)	68	89
Number of Assessments undertaken by Mental Health Officer's (MHO) MH Care & Treatment Scotland Act 2003 (number reduced, but still reflective of high levels of activity) increased	143	171
Number of Welfare Guardianship Assessments (private applications and those taken by Local Authority)	15	21
Number of Guardianship Orders (where CSWO is Guardian)	8	17

A review of Inverclyde's MHO service has been conducted in the last year, making specific recommendations that are currently under consideration by senior management. If accepted, these recommendations will expand the capacity of MHOs to undertake key statutory functions under relevant legislation. In particular, these proposed recommendations will attempt to address the following challenges;

- The MHO service is undertaken by both specialist and dispersed workers (who perform MHO tasks alongside their wider social work role.) The majority of dispersed workers are at Team Leader level, and as such have greater limitations on capacity due to already remanding roles these people perform.
- Overall numbers of MHOs have reduced over the past years
- Our current workload projections exceed our capacity

The service manages these challenges by careful prioritising of resources. It has also been possible to recruit a sessional MHO who is able to take on short term pieces of work.

It is hoped that three social work candidates from Inverclyde will complete the MHO course this year, which will be a significant addition to our local workforce.

In terms of the overall demands on the services, it should be noted that numbers of admissions to hospital under short term admission have increased from what was already a high level. Overall, the numbers of assessments undertaken by MHOs in respect of Mental Health Care and Treatment (Scotland) Act (2003) shows a considerable increase, reflective of the increasing volume and complexity of the work across a wide range of client groups.

Numbers of emergency admissions also show a considerable increase. This has been identified nationally as a cause for concern; as such detentions often happen without MHO consent, thereby lacking wider scrutiny. The current high level of such orders within Inverclyde is in part reflective of the fact that the local Intensive Psychiatric Care Unit (IPCU) provides a service to patients from outside of the Inverclyde area, most of whom would have an MHO involved from their own area. The majority of emergency detentions occur out of office hours, but it is encouraging to note that almost half of these detentions proceeded with Stand By MHOs having consented to the detention.

Overall numbers of new Compulsory Treatment Orders (CTO) have reduced slightly, but the ongoing work around managing long term CTOs within hospital and community settings has increased, leading to no significant change to this area of work.

In terms of actions under the Adults with Incapacity (Scotland) Act (2000), there has also been a significant increase in overall activity during the last year. This is reflective of the fact that services within Inverclyde are increasingly being provided to an ageing population. These people therefore require additional supports in relation to managing lost capacity around financial and welfare decisions. It is anticipated that this demand will continue to increase.

The number of completed social circumstances reports within the last year has declined. This is reflected in MHO practice across Scotland, where the provision of these reports has often been affected by rising workloads and workload capacity. Within Inverclyde, we have decided to implement a monitoring and reminding process, to more closely manage performance. This will remain part of our local action plan in order to promote best practice.

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

6.4 Adoption and Family Placement

The following activity took place within the Fostering & Adoption Service: For the period 1st April 2015 – 31st March 2016 :

- 16 adoption enquiries
- 2 adopter approvals – 1 on behalf of another local authority
- 5 permanent fostering applications – 4 for specific children
- 3 children matched for permanent fostering
- 4 children matched for adoption
- 11 children registered for permanence, 4 children's circumstances reviewed
- 5 Adoption Orders Granted;
- 39 Approved Foster Carers at 31st March 2016;
- 26 Fostering enquiries received during 2015/6
- Advice panel on fostering application, 4 deregistration's, 1 temporary fostering applications, 3 skills to foster progression, 1 respite carer application.

Kinship Carers at July 2016

- 24 kinship carers looking after 36 children (Section 83);
- 41 kinship carers looking after 56 children (Section 11).

6.5 Secure Accommodation and Emergency Transfers

The Chief Social Work Officer has a specific responsibility in respect of the authorisation of emergency transfers of placement for looked after and accommodated children and the authorisation of secure care. During the period 2015-16, seven emergency transfers and four secure placement authorisations were granted.

At 31st March 2016, 213 children in total were looked after or accommodated by this local authority under the Children's Hearing (Scotland) Act 2014 and/or the Children's (Scotland) Act 1995.

6.6 Significant Case Reviews

The CSWO Officer has a responsibility to ensure that significant case reviews are undertaken into all critical incidents either resulting or which may have resulted in death or serious harm. This responsibility is shared with Adult and Child Protection Committee Chairs and the Chair of the MAPPA Strategic Oversight Group. SCRS are kept under continuous review.

7. User and Carer Empowerment

Our HSCP has developed and embedded well-established cultures of engagement, co-production and partnership in practice and in the local community. Our guiding principles, which we have reinforced through the publication of our Strategic Plan this year, remain centred around facilitating better outcomes for service users and their carers, making closer connections with community resources, and enabling individuals to feel that they are making a contribution to their community.

In 2015/16 our People Involvement Advisory Network has gone from strength to strength, increasing its reach and growing in member numbers. There are currently in excess of 2500 local people linked to the HSCP People Involvement Network. The Network is steered by our People Involvement Advisory Group, supported by Your Voice (our engagement partners), consists of twelve public partners who meet regularly with managers of the HSCP to discuss issues raised across the 12 health and social care thematic groups. The Advisory Group provides a clear and transparent route for individuals to raise concerns or offer suggestions for improvement relating to health and social care services.

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

At an individual level, as part of assessment and support planning, individual reviews are conducted on a regular basis. This provides the opportunity for individual service users and their carers to engage in determining outcomes and how these can be achieved, particularly given the new opportunities since the implementation of Self Directed Support (SDS).

In 2015/16 the Inverclyde Youth Participation Strategy was developed and will go forward to form a cornerstone of our approaches to developing our Integrated Children and Young People's Services Plan. In addition, practice-led approaches have been developed around the engagement of children and young people.

The SDS team continues to work closely within the local community to ensure that SDS and the benefits it can bring are highlighted and embedded. We have developed a Community Connector's pilot in the last year to help local people access community resources which can augment or help avoid statutory care plans where appropriate. This links to the embedding of Self Directed Support as more local people will be supported to consider alternatives to core or traditional services in support plans.

8. Workforce

8.1 Workforce Planning

8.1.1 Inverclyde HSCP People Plan

In our HSCP we have a rich and diverse assets base in our communities and localities. This comes from a committed workforce of individuals, groups, professionals, independent, third sector and housing providers, employed, non-employed and volunteers who contribute directly or indirectly to the provision of health and social care services in Inverclyde Building on the strong tradition we have of integrated workforce development and planning we have used the creation of the IJB and development of our Strategic Plan to set up a People Planning Group (PPG). The PPG has membership from across the statutory, independent, voluntary, housing and community sectors with input from staff side. The People Plan Group will develop our HSCP People Plan (workforce development plan, workforce profile and integral organisational development plan) by April 2017.

8.1.2 Promoting Attendance

We have a well embedded process in place to ensure that absence management information is provided routinely to management teams to ensure that our targets are monitored and improvement steps taken to address any issues affecting our performance. In 2015 an audit was undertaken for all absences over 4% focussing on:

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

A centralised logging system for all council HR paperwork has now been implemented to ensure better and more efficient processes are in place to monitor and track recruitment and vacancy management. A new integrated Workforce Management Report is maturing in its development for reporting to our Staff Partnership Forum.

8.1 Workforce Development

In delivering the Learning and Development Plan during 2015/16 , HSCP staff:

- engaged in just over 1524 Brightwave e-learning courses (257 staff). It is estimated that at least further 1000 courses were accessed by Inverclyde HSCP staff on the NHS Learn-pro platform
- took up 2031 places on 110 different in house and external short courses;
- supported 51 staff to achieve qualifications;

In 2015/16 we offered practice learning placements to approximately 90 students of which 18 were social workers and 6 were social care staff. The remainder were nurses, health visitors and occupational therapists.

There have been collaborative approaches to learning and development in place across the HSCP. Examples delivered during 2015 include courses and other learning events on Adult Support and Protection, Child Protection, Alcohol and Drugs, Suicide Prevention, Welfare Reform and Health Improvement. Further examples of this approach include multi agency training covering the new GIRFEC arrangements and a co-produced multi agency approach to learning which has been successfully piloted by our Dementia Strategy Learning and Development Group.

Our HSCP has its own SQA approved SQA Centre to help staff meet SSSC registration requirements. Over the past 7 years 277 staff have gained SVQs through our SVQ Centre. During 2015 the HSCP supported 27 staff to achieve SVQs related to social services and health care at levels 2, 3 and 4. The Centre has introduced and delivered the Professional Development Award in Health and Social Care Supervision to nine Home Support Seniors. In 2015 a new Centre Co-ordinator was appointed.

The Centre has been granted additional funding to deliver a further 40 SVQ level 2 and 3 qualifications in Social Services to independent sector care at home staff.

Currently 96.4% of our Residential Child Care staff are fully qualified, but we are considering how the Centre might develop the capacity to facilitate the transition to the new qualification requirements at SCQF level 9 which have been recently announced by SSSC and SQA.

The Staff Development Management System (SDMS) which is a learning and development database covering all HSCP staff has recently been upgraded to enable more comprehensive training data and analysis about learning and development activity across the HSCP. This will help to identify gaps in learning and inform future workforce development plans.

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

Leadership Development is important in our HSCP; there is a set of established programmes to enable HSCP supervisors and managers to build on their leadership capabilities. These programmes include qualifications such as the Chartered Management Institute (CMI) Certificate in Leadership and the Professional Development Award (PDA) in Health and Social Care Supervision along with programmes such as NHSGGC's "Ready to Lead".

9. Improvement Approaches and examples/case studies of improvement activities

We are an innovative partnership that seeks to make improvements in the way we do things, learning from others and sharing our experiences. In 2015/16 there have been a number of service improvements to report on, these include:

9.1 Special Needs In Pregnancy Service (SNIPS)

In order to support best practice in relation to offenders and maternity care an improvement was identified around information sharing to minimise risk. Given the often complex nature of offending, it was agreed that access to professional insight on criminal behaviour/ offending and supportive background information would enhance decision making and support any required pre-birth assessment.

9.2 Complaints Handling and Investigation

In April 2015 we identified issues in consistency of approach to complaint handling and investigation. We introduced an aligned HSCP complaint procedure combining the Statutory Social Work Complaints Procedure Directions and NHS Greater Glasgow and Clyde Health Board model complaint handling procedure. The aligned procedure assured consistency of approach and process in complaints handling and was co-presented with the Scottish Public Services Ombudsman (SPSO). Investigative training was targeted at Head of Service, Service Managers and Team Leader levels across the HSCP and frontline resolution sessions were provided to all qualified social work and health colleagues and support staff.

9.3 Quality Framework

We developed the Inverclyde HSCP Children's Services Quality Assurance and Improvement Framework, which was implemented in April 2016. This document describes the quality assurance and improvement activity being undertaken by the children and families service and supports the effective delivery of improvements to wellbeing and child protection practice in Inverclyde. This has identified and produced the following improvements:

- A revised supervision policy for registered and non-registered staff;
- Case file reading tools and guidance have been developed for social work supervisors;
- Case file reading and practice observations have been implemented;
- The children and families first quarterly Quality Assurance Report is anticipated to be available in Autumn 2016

We plan to use the learning from this programme to develop and roll out an HSCP wide Quality Assurance process across all services in 2016/17.

9.4. Getting It Right For Every Child (GIRFEC)

Our workforce readiness to meet the statutory requirements of the Children and Young Persons (Scotland) Act 2014 was on target to meet the implementation date of 1st September 2016. The formal implementation of the Named Person Service has been delayed as a consequence of the supreme court ruling. Inverclyde Council and partners are, nevertheless, fully committed to building upon the excellent practice developments achieved to date in preparation for full implementation of the Act. The key cornerstones of the Getting it Right for Every Child approach - the wellbeing assessment and the offer and provision of early help to children and their families is thus being implemented as planned and as outlined in the Inverclyde GIRFEC Pathways in the Inverclyde GIRFEC Practice Guidance.

9.5 Support Planning

Supporting people to work toward their individual outcomes has been aided by the introduction of Self Directed Support (SDS) legislation since April 2014. The principles of SDS being that people should be given the choice to direct their agreed support to suit their individual needs. To facilitate this process and to ensure consistent recording and reporting of the change to people's lives, a support plan has been developed and implemented across the teams in adult services. The format of this document and the processes to support the recording of information has been established to allow the service to capture:-

- Eligibility Criteria
- Assessed Need/Problem/Risk
- Shanarri outcomes
- Met or unmet need
- carers contribution to the persons package
- Informal Care
- Financial contributors
- Service provided
- Support Plan Review

9.5 Community Connectors

We know that helping people make connections with local activities and resources is key to helping them stay active in their local community, live independently, achieve their personal outcomes and avoid admission to hospital. We have a lot of evidence to suggest that despite the very vibrant third sector locally, connections are not as strong as they could be between community activities and resources and more established services in the HSCP.

Agreement has been reached to run a Community Connectors Pilot. Access to the Community Connectors resource will be for all adults (over 16) in Inverclyde who may benefit from it. This may include people who are in receipt of HSCP services, who have accessed support from a third sector organisations or who have personally identified they could benefit from input from the Community Connector to help them maximise their independence or prevent isolation. This may also include people who have or who have not been formally assessed as requiring a service or who

have articulated their personal outcomes. We intend that Community Connectors will assist the HSCP in supporting independence, promoting choice, encouraging prevention and establishing positive change.

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

9.6 Transitions

A gap was identified in the support provided to young people with learning disabilities when leaving school and making the transition to adult services. Evidence indicates that people with learning disability experience significant unmet health needs compared to the general population. Due to this health inequality, a transition pilot project was undertaken in 2015. The aim of this project was to ensure that young people with learning disabilities are provided with health screening before leaving school. This information is shared with partners in our Specialist Children's services, NHS GGC Learning Disability Liaison Team, The Community Learning Disability Team and Social Work Assessment & Care Management services to monitor this in adulthood with the outcome of reducing health inequalities and improving lives for adults with learning disabilities.

9.7 Inverclyde Integrated Women's Service

In 2015/16 Inverclyde HSCP Criminal Justice Social Work (CJSW) Service in partnership with Action for Children (AFC) continued to develop and enhance its approach to working with women in the Criminal Justice System which began in 2014. Our approach is informed by the findings of the Commission on Women Offenders (2012) in terms of providing greater co-ordinated support to women, and does so in a way that holistically looks at women's well-being and is collaborative and asset based. The Service has a variety of components: referral group; drop-in; individual and outreach work and group work.

In 2015/16, 17 women were referred to the service and a total of 34 women were worked with over the year, i.e., half the women referred during the previous year were still engaging with the project in 2015/16. Using the GIRFEC indicators, the women who engaged with the service experienced a 68% increase in their wellbeing over the year. We believe this is real evidence of improving some of the most potentially vulnerable lives in Inverclyde.

An Annual Report on the Inverclyde Women's Service for 2015 / 16 is being finalised and key developments for 2016 /17 will include introduction and systematic use of a new outcomes tool – again, based on the GIRFEC outcomes – and looking at further ways of helping women move on through the service through opportunities presented in terms of the Community Justice agenda.

10. Conclusions

Social Work, by its very nature, is focussed on the alleviation of inequality and the achievement of equality for all based on rights. My Chief Social Work Officer's Report, therefore, reflects the activity undertaken across our partnership and with partners external to the HSCP, which directly and indirectly is aimed at the achievement of our equalities outcomes driver by our partnership vision of Improving Lives.

The 6 National Wellbeing Outcomes came into being during the reporting period to which this report relates. Our performance Reporting and our strategic/operational planning is now aligned to the National Outcomes. Individual support planning also reflects these outcomes via their relationships to Talking Points and SHANARRI. My intention would be that as we progress our outcomes agenda, future reports will be more closely based around our delivery of work to address the national wellbeing outcomes with individuals and communities across Inverclyde.

As I said in my foreword to this report, 2015/16 has been a challenging but rewarding year across the HSCP. We can be confident that we have continued to advance our core aim of Improving Lives and have delivered some innovative practice developments. We have sought to learn and grow as an integrated partnership and can be confident in our ability to set a bar for national comparison. 2016/17 is certainly proving to be another challenging year but we are looking ahead with confidence and positivity.

Report To:	Health & Social Care Committee	Date:	20 October 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No:	FIN/100/16/AP/FMcL
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Fiona McLaren	Contact No:	01475 712652
Subject:	Revenue & Capital Budget Report 2016/17 – Period 5 as at 31 August 2016		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the position of the Revenue and Capital budgets for the current year as at Period 5 to 31 August 2016.

2.0 SUMMARY

- 2.1 The Social Work revised budget is £48.816 million with a projected overspend of £129,000, which is an increase in spend of £135,000 since the last report. The main elements of the overspend are:
- Residential & Nursing overspend of £220,000 reflecting the increased numbers of beds in use. This is partially offset by the additional income below,
 - Homecare overspend of £56,000 on external homecare reflecting the increased hours of care provided. This is offset by vacancies on internal homecare below,
 - A projected overspend of £90,000 on domiciliary respite due to increased usage,
 - A projected overspend of £54,000 in Learning Disabilities on client care packages. This is linked to the move to Redholm,
 - Overspends in other areas of £52,000 due to increased turnover targets.

Offset in part by:

- Vacancies in internal homecare of £181,000,
 - One off income in Residential & Nursing of £77,000,
 - Projected underspends on client packages of £165,000 across Physical & Sensory, Mental Health and Addictions.
- 2.2 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 allocate 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 and directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan.
- 2.3 In the report to this Committee on 25 August 2016 it was noted that the IJB were to consider allocating a further £1.065 million to cover the cost of the NCHC uplift, National Living Wage costs, sleepovers, plus the Scottish Living Wage from 1 October 2016. This was agreed at the IJB meeting on 18 August. A further £226,000 was allocated to cover the costs of the dementia strategy, section 12 payments and changes to charging thresholds at the IJB meeting on 16 September. These changes have been reflected in this report.

- 2.4 It should be noted that the 2016/17 budget includes agreed savings for the year of £1,043,000.
- 2.5 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as opportunities arise.
- 2.6 The Social Work capital budget is £1,414,000, with spend to date of £23,000.
- 2.7 At the Policy & Resources Committee on 20 September 2016 it was agreed that the Social Work Earmarked Reserves for 2016/17 totalling £2,584,000 be transferred to the IJB. Of the total, £2,469,000 is projected to be spent in the current financial year. To date £449,000 spend has been incurred which is 18.2% of the projected 2016/17 spend.
- 2.8 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption & Fostering.
 - Deferred Income.

3.0 RECOMMENDATIONS

- 3.1 That the Committee note the current year revenue budget and projected overspend of £129,000 for 2016/17 as at 31 August 2016.
- 3.2 That the Committee note that the Corporate Director (Chief Officer) and Heads of Service will continue work to contain the overspend within the overall Social Work budget for the year.
- 3.3 That the Committee approves the virements listed in Appendix 4.
- 3.4 That the Committee note the current projected capital position.
- 3.5 That the Committee note the current Earmarked Reserves position.

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

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

- 4.1 The purpose of the report is to advise the Committee of the current position of the 2016/17 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2016/17 projected £109,000 overspend.

5.0 2016/17 CURRENT REVENUE POSITION: Projected £109,000 (0.22%) overspend

- 5.1 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 from the Social Care Fund managed by the IJB) to the Council to be spent in line with the IJB's Strategic Plan.

In the report to this Committee on 25 August 2016 it was noted that the IJB were to consider delegating a further £1.065 million to cover the cost of the NCHC uplift, National Living Wage costs, sleepovers, plus the Scottish Living Wage from 01/10/16. This was agreed at the IJB meeting on 18 August. A further £226,000 was delegated to cover the costs of the dementia strategy, section 12 payments and changes to charging thresholds at the IJB meeting on 16 September. These changes have been reflected in this report.

- 5.2 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:

a. Children & Families: Projected £20,000 (0.18%) overspend

The projected overspend is £47,000 less than reported previously and comprises:

- A projected overspend on employee costs of £113,000 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. This is a reduction of £98,000 since period 3 due to additional turnover,
- A projected underspend on Children and Young People Act funding due to delays in projects starting this year,
- Respite is now projected to outturn on budget, a movement of £65,000 following a review of the rates used for commitments,
- A projected underspend in kinship of £43,000 due to additional funding received for parity with foster carers.

Any over/ underspends on adoption, fostering and children's external residential accommodation are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above overspend. The reserve had a balance of £682,000 carried forward from 2015/16 and £133,000 of that was set aside to contribute to the additional costs for the replacement of the Neil Street Children's Home. Overall at period 5 there was a projected net underspend on fostering, adoption and children's external residential accommodation of £227,000 which would be added to the Earmarked Reserve at the end of the year if it continues.

b. Older People: Projected £222,000 (0.95%) overspend

The projected overspend is £264,000 more than previously reported and comprises:

- A projected underspend on employee costs of £140,000, an increase of £37,000. £181,000 relates to vacancies in Homecare and this is offsetting a projected overspend on external homecare costs,
- A projected overspend on domiciliary respite of £90,000 (an increase of £19,000) reflecting the continued increase in demand,
- A projected overspend of £56,000 on external homecare costs. This is an increase of £73,000 due to changes in packages and an increase in hours of care provided,
- A projected overspend in Residential & Nursing on care home beds of £220,000 (an increase of £231,000 since period 3). This movement is due to the increased numbers of care home beds in use. There are currently 643 beds required (628 at the end of 2015/16) and the projection assumes that this will fall to 637 by November 2016,

- Residential & Nursing also has additional one off income received for charges of £77,000, an increase of £40,000,
- A projected under-recovery of Homecare charging income of £43,000 due to a reduction in the services that can be charged for.

c. Learning Disabilities: Projected £47,000 (0.70%) overspend

This is an increase of £78,000 in the projected position and is due to additional costs incurred related to the move of clients to Redholm and changes to client packages.

d. Physical & Sensory: Projected £69,000 (3.31%) underspend

The projected underspend mainly relates to client package costs and is an increase in the underspend of £61,000 since period 3. There is additional spend on disability aids which is offset by additional income from Health.

e. Assessment & Care Management: Projected £13,000 (0.83%) underspend

This relates to a projected underspend on employee costs.

f. Mental Health: Projected £47,000 (3.80%) underspend

This relates to a projected underspend on client package costs of £72,000 and a projected overspend of £23,000 on agency staff. There is additional spend relating to the Neil Street project which is fully funded by Health.

g. Addictions: Projected £39,000 (3.76%) underspend

The projected underspend consists of £27,000 projected underspend on employee costs due to vacancies and a projected underspend of £24,000 on client package costs due to changes in packages.

h. Homelessness: Projected £33,000 (4.09%) overspend

The projected overspend consists of a projected underspend on employee costs due to vacancies offset by a projected overspend on property costs. There is a projected overspend of £40,000 on bad debt provision. The bad debt provision is currently under review in light of changes in the number of properties and the impact of Welfare Reform.

i. Business Support: Projected £26,000 (1.23%) underspend

This consists of a projected underspend on employee costs of £22,000 due to additional turnover, an overspend on telephone charges of £25,000 and a projected underspend on payments to other local authorities of £29,000 based on changes in service.

6.0 2016/17 CURRENT CAPITAL POSITION – £nil Variance

6.1 The Social Work capital budget is £3,898,000 over the life of the projects with £1,414,000 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,
- £225,000 for the conversion costs associated with John Street, Gourrock.

The costs of £225,000 associated with John St, Gourrock are being met by funding from the IJB and the additional costs for Neil Street Children's Home replacement of £133,000 are being met from the Children's Residential Care, Adoption & Fostering EMR.

6.2 There is no projected slippage in the 2016/17 budget and expenditure to 31 August is £23,000. Appendix 2 details capital budgets. Work is continuing on site for the Neil Street Children's Home replacement. The design stage of the replacement of Crosshill Children's Home will be undertaken during 2016/17 with an anticipated start date on site of October 2017.

7.0 EARMARKED RESERVES

7.1 At the Policy & Resources Committee on 20 September 2016 it was agreed that the Social Work Earmarked Reserves for 2016/17 total of £2,584,000 be transferred to the IJB. Of the total,

£2,469,000 is projected to be spent in the current financial year. To date £449,000 spend has been incurred which is 18.2% of the projected 2016/17 spend. This is £122,000 (4.9%) behind the phased budget. Appendix 3 details the individual Earmarked Reserves.

7.2 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
Total funding	1,308

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

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

8.0 VIREMENT

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

9.0 IMPLICATIONS

9.1 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					

9.2 Legal

There are no specific legal implications arising from this report.

9.3 Human Resources

There are no specific human resources implications arising from this report

9.4 Equalities

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.

9.5 Repopulation

There are no repopulation issues within this report.

10.0 CONSULTATIONS

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

11.0 LIST OF BACKGROUND PAPERS

11.1 There are no background papers for this report.

Social Work Budget Movement - 2016/17**Period 5: 1st April - 31 August 2016**

Service	Approved Budget	Movements					Revised Budget		Revised Budget
	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000	IJB Funding Income £000	2016/17 £000
Children & Families	10,314	0	(6)	0	376	0	10,685	(376)	10,308
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	22,033	0	(39)	0	1,398	0	23,391	(1,398)	21,993
Learning Disabilities	6,327	0	(53)	0	425	0	6,699	(425)	6,274
Physical & Sensory	2,062	0	(8)	0	28	0	2,082	(28)	2,054
Assessment & Care Management	1,563	0	18	0	1	0	1,582	(1)	1,581
Mental Health	1,117	0	(37)	0	169	0	1,250	(169)	1,081
Addiction / Substance Misuse	1,038	0	(11)	0	11	0	1,038	(11)	1,027
Homelessness	624	0	31	0	151	0	806	(151)	655
Planning, HI & Commissioning	1,730	0	4	1	0	0	1,735	0	1,735
Business Support	2,006	0	101	0	0	0	2,107	0	2,107
Totals	48,815	0	0	1	2,560	0	51,376	(2,560)	48,816

Supplementary Budget Detail

£000

External ResourcesInternal ResourcesSavings/Reductions

0

SOCIAL WORKREVENUE BUDGET PROJECTED POSITIONPeriod 5: 1st April - 31 August 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	26,025	25,896	(129)	(0.50%)
1,356	Property costs	1,170	1,169	1,186	17	1.46%
875	Supplies and Services	727	741	772	32	4.26%
473	Transport and Plant	337	380	385	5	1.35%
911	Administration Costs	667	651	698	48	7.33%
35,062	Payments to Other Bodies	35,280	36,549	36,455	(95)	(0.26%)
(14,488)	Income	(13,790)	(14,138)	(13,887)	251	(1.78%)
49,336	TOTAL NET EXPENDITURE	50,084	51,376	51,505	129	0.25%
	Contribution from IJB	(1,269)	(2,560)	(2,560)	0	0.00%
49,336	TOTAL NET EXPENDITURE including IJB contribution	48,815	48,816	48,945	129	0.26%

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	10,685	10,704	20	0.18%
0	Criminal Justice	0	0	0	0	0.00%
22,192	Older Persons	22,778	23,391	23,613	222	0.95%
6,709	Learning Disabilities	6,327	6,699	6,746	47	0.70%
2,033	Physical & Sensory	2,062	2,082	2,013	(69)	(3.31%)
1,574	Assessment & Care Management	1,563	1,582	1,569	(13)	(0.83%)
961	Mental Health	1,117	1,250	1,203	(47)	(3.80%)
1,028	Addiction / Substance Misuse	1,038	1,038	999	(39)	(3.76%)
884	Homelessness	774	806	839	33	4.09%
1,755	Planning, Health Improvement & Commissioning	1,730	1,735	1,737	2	0.00%
2,097	Business Support	2,006	2,107	2,081	(26)	(1.23%)
49,336	TOTAL NET EXPENDITURE	50,084	51,376	51,505	129	0.25%
	Contribution from IJB	(1,269)	(2,560)	(2,560)	0	0.00%
49,336	TOTAL NET EXPENDITURE including IJB contribution	48,815	48,816	48,945	129	0.26%

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 5: 1st April - 31 August 2016**

2015/16 Actual £000	Budget Heading	Revised Budget 2016/17 £000	Proportion of budget £000	Actual to 31/08/16 £000	Projected Outturn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	Employee Costs						
5,258	Children & Families	5,394	2,157	2,162	5,506	112	2.08%
7,405	Older People	7,898	3,159	3,316	7,758	(140)	(1.77%)
12,663		13,292	5,316	5,478	13,264	(28)	(1.37%)
	Other Variances						
0	Children & Families - Kinship care	555	231	254	512	(43)	(7.75%)
45	Children & Families - C&YPA	193	80	0	153	(40)	(20.73%)
201	Older People - Respite & domicilliary respite	49	20	42	139	90	183.67%
2,899	Older People - Homecare external providers	3,171	1,321	981	3,227	56	1.77%
12,992	Residential & Nursing purchased places	13,818	5,758	5,257	14,039	221	1.60%
(284)	Residential & Nursing income	(109)	(45)	(171)	(186)	(77)	70.64%
7,178	Learning Disabilities - client commitments on support packages	7,238	3,016	2,303	7,293	55	0.76%
2,212	Mental Health - client commitments on support packages	1,192	497	373	1,120	(72)	(6.04%)
0	Homelessness - bad debt provision	6	3	0	40	34	566.67%
25,198		25,365	10,569	8,785	25,672	307	1.21%

APPENDIX 4

SOCIAL WORK - CAPITAL BUDGET 2016/17

Period 5: 1st April - 31 August 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 31/08/16</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>
SOCIAL WORK								
Neil Street Childrens Home Replacement	1,991	228	1,132	1,132	10	631	0	0
Crosshill Childrens Home Replacement	1,682	0	57	57	1	1,535	90	0
John Street, Gourrock	225	0	0	225	12	0	0	0
Social Work Total	3,898	228	1,189	1,414	23	2,166	90	0

**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 5 2016/17</u>	<u>Actual To Period 5 2016/17</u>	<u>Projected Spend 2016/17</u>	<u>Amount to be Earmarked for 2017/18 & 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	392	348	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	24	22	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	155	78	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.
		990	1,594	2,584	571	449	2,469	115	

HEALTH & SOCIAL CARE COMMITTEE**VIREMENT REQUESTS**

	Budget Heading	Increase Budget	(Decrease) Budget
		£'000	£'000
1	Criminal Justice - various	0	0
2	PHIC - employee costs	174	
2	PHIC - income		(174)
3	PHIC - payments to other bodies	36	
3	PHIC - payments to other bodies		(36)
4	Various services - payments to other bodies	1,180	
4	Various services - income		(1,180)
		1,390	(1,390)

Notes

- 1 Realignment of budgets to reflect additional grant income in 2016/17
- 2 Creation of budgets for externally funded staff
- 3 Post filled by Council rather than Health employee
- 4 Funding received from IJB offset by increased income budgets

Report To: Health and Social Care Committee **Date:** 20 October 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/49/2016/SM

Contact Officer: Sharon McAlees
Head of Children & Families and
Criminal Justice Services **Contact No:** 01475 715282

Subject: CARE INSPECTORATE INSPECTION OF INVERCLYDE COUNCIL
ADOPTION AND FOSTERING SERVICES 2016

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of inspections carried out by the Care Inspectorate in respect of Inverclyde's Adoption and Fostering Services completed on 12th August 2016.

2.0 SUMMARY

- 2.1 Inverclyde Adoption and Fostering Services are subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body who regulate care services across Scotland ensuring that service users receive a high level of care and support.
- 2.2 A full public report of the inspection and grades is published on the Care Inspectorate website.
- 2.3 Both services were graded with how they performed against two quality themes.

The summary of grades awarded to Adoption and Fostering were:

Quality of Care and Support grade 5 very good
Quality of Staffing grade 5 very good

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the outcome of the Inspection report.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde's Adoption and Fostering Services are registered with the Care Inspectorate and inspected on a regular basis. A short notice announced inspection was carried out over a three week period and concluded on 12th August 2016.
- 4.2 Inverclyde Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents for children who cannot live with their birth parents or extended family. The service also provides formal post adoption support for families.
- 4.3 The Fostering Service provides a family placement resource for children and young people from birth to 18 years with this potentially increasing to 21 years to take account of young people's right to "Continuing Care" as defined within the Children and Young People (Scotland) Act 2014. At the time of inspection there were 38 approved fostering households and there were 38 children in placement.
- 4.4 During 2016/17 the Care Inspectorate is scoping child sexual exploitation (CSE) practice across children's services in Scotland. This will form the Care Inspectorate's contribution to Scotland's National Action Plan to tackle CSE. During the formal feedback session, Inverclyde's progress in developing a strategy around CSE was positively reported on.

5.0 PERFORMANCE

5.1 Adoption

In respect of the quality themes inspected at this inspection the outcome was as follows

Quality of care and support grade 5
Quality of staffing grade 5
Requirements none
Recommendations none

5.1.1 What the service does well

The Care Inspectorate noted that the Adoption Service continues to drive the permanency planning agenda forward and had further developed robust processes to support this with some promising outcomes for children evident. There was evidence of sensitive communication with birth parents ensuring all relevant views were gathered. Staff and management presented as committed to good outcomes for children and were effective in delivering opportunities for this to be achieved.

5.1.2 What the service could do better

Adopters highlighted that they would like to see more involvement of experienced adopters in the preparation stages. Later Life letters are an important way of offering children an account of their early history and birth family. The service does consider these during the permanency process however recognise that a more formalised system would ensure that these letters are completed within agreed timescales.

5.2 Fostering

In respect of the quality themes inspected at this inspection the outcome was as follows:

Quality of care and support grade 5
Quality of staffing grade 5
Requirements none
Recommendations 2

5.2.2 **What the service does well**

The Care Inspectorate noted that foster carers were very well trained and supported to meet children's needs and the service ensured children remained central to decision making processes. The inspection found assessments for potential foster carers to be rigorous and very well written. A competency framework within the assessment identified potential areas requiring support and relevant checks were always carried out to give assurance that applicants were suitable to foster children.

5.2.3 **What the service could do better**

Areas for improvement that were highlighted included more consistent approaches to safe caring policies and individual risk assessments and notifications to the Care Inspectorate. The areas identified for improvement did not call into question the overall good practice found during the inspection.

5.2.4 **Recommendations**

1. The service should ensure that risk assessments and management plans to reduce any identified risk are implemented for children and young people in foster care.
2. The service should develop a system to ensure that reportable events are notified to the Care Inspectorate.

6.0 PROPOSALS

6.1 Adoption and Fostering Services will continue to take forward the areas of strength identified within the self-assessment and inspection findings. The areas for improvement have been noted along with the recommendations in respect of the Fostering Service and plans to address these have been progressed as follows

6.1.2 **Recommendation 1**

HSCP assessment and care planning procedures are being implemented. These incorporate the National Practice Model for risk assessment and toolkits for assessment. The Child's Plan will reflect all areas of unmet need and risk along with actions to reduce and manage risk.

6.1.3 **Recommendation 2**

A planned service development day will include a briefing session for all fostering and adoption relation supervising social workers in relation to all incidents that require to be notified to the Care Inspectorate and the relevant manager will ensure these are completed within 24hrs.

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 There are no specific legal implications from this report.

Human Resources

7.3 There is no specific HR implications form this report.

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.

8.0 CONSULTATION

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 Care Inspectorate Reports

Inverclyde Council Adoption Service Adoption Service

Inverclyde HSCP
Hector McNeil House
7 - 8 Clyde Square
Greenock
PA15 1NB

Telephone: 01475 715365

Type of inspection: Announced (short notice)
Inspection completed on: 12 August 2016

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Care service number:
CS2005087048

About the service

Inverclyde Council's Adoption Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011. They provide a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children who cannot live with their birth parents or extended family members, and whose needs have been assessed.

Since the last inspection, the service have approved six adopter households with a three further three potential adoptive households undergoing assessment. Four children have been approved for adoption, and two adopters were waiting for children to be placed. The service also provides formal post adoption support for two families.

Inverclyde Council Fostering Service was inspected at the same time and a separate report is available.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

What people told us

For this inspection, we received completed care staff questionnaires from five members of staff. We spoke with 10 more members of staff some individually and some in a group. The majority of staff informed us that they had very good opportunities for training and development, and that they felt generally valued by the service.

Staff members informed us:

'We find the group supervision beneficial, it allows us to share practice issues and come together to discuss referrals and reflect on our work'

'Inverclyde is a very child centred authority, and will go above and beyond to try and ensure that any decisions taken are in the best interests of the child'

'We have good working relationships with the area teams, and have regular three way meetings for more complex cases. This is one of the good things about being in a small authority, you get to know people well'

One adopter returned a completed questionnaire, and we spoke to a further eleven adopters during home visits and also in a group. Adopters spoke highly about the staff that supported them, and said that the organisation as a whole was very respectful and child centered in their approach.

Adopters informed us:

'The preparation groups were very informative and interactive, the staff were very professional and realistic about the adoption process in terms of timescales and what was required.

'The support network meeting was great, it was held in our house. It really helped our immediate family to be involved in the process, and they had lots of relevant questions to ask'

'An activity day took place for us all to the safari park. It was a great opportunity for us as potential adopters to meet experienced adopters and their children. It really helped our birth children to meet and mix with adopted children, and in a way it relieved some of their anxieties'

'Following the adoption order being granted, we were not left to 'just get on with it', our worker was always at the end of the phone if we needed any information or advice'

'The staff group are a good strong team, and know what they are talking about. Our experience of the assessment process was positive, we never felt rushed and our worker explained what would happen at panel'

'We have attended trauma training post approval, and have found this to be very helpful in terms of taking a particular approach to our child'

'We met with the birth parent, and were fully supported to do this by our social worker and the child's social worker. A venue was sought for our meeting outwith the council offices, and that was very helpful. We found the meeting to be beneficial for us all and we will be able to keep the information provided and share it with our child later at an appropriate time'

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider.

The information provided reflected what the service thought it did well and gave examples of areas where they thought they could improve, and showed how the service intended to do this. The provider told us how the people who use the service had taken part in the self assessment process and how their feedback directed the development of their plans for improving the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Since the last inspection effective recruitment of staff had been undertaken and the team was now at full capacity. This increase in resources had created opportunities to improve the service available to prospective and approved adopters, and helped contribute towards better outcomes for children.

Inverclyde Council Adoption Service continued to drive the permanency planning agenda forward and had further developed robust processes to support this with some promising outcomes for children evident. A clear example of this was the reduction in timescales from when a child was first accommodated to the time that they were registered for alternative permanent living arrangements. This approach enabled family finding to take place for children at an earlier stage and helped to prevent drift.

Where appropriate, birth parents and adoptive parents were encouraged to meet and discuss children at relevant stages of the adoption process. Adopters told us that they valued these introductions as they felt it would benefit children in terms of their identity, if they were able to describe birth parents first hand to their children when they got older.

We found evidence of birth parents being invited to pre permanency planning meetings, and also being given the opportunity to meet individually with panel members and the manager of the adoption service. In addition, information leaflets were provided to all birth parents highlighting support and counselling that they could receive from the staff team. This sensitive way of working encouraged open communication to help ensure that all relevant views were gathered in an appropriate manner. This assisted in making sure decisions reached were sound and in the child's best interests.

The service regularly explored the potential to match adoptive families with children using forums such as resource meetings with neighbouring local authorities, adoption exchange days and adoption activity days. These approaches also help to prevent lengthy waiting times for approved adopters to have a child placed with them. Adopters told us that they and their children bonded quickly and attributed this to good matching. We observed very good attachments between adopters and their children when we met with them in their homes and also in a group setting.

Adopters told us that introductions for children had been well planned and sensitively co-ordinated with all key individuals involved. In general, we found that plans within the casefiles contained detailed records, and reflected a very good level of support and advice being offered to adopters during this period. Some foster carers, who had supported children transition to adoption, remained in contact in recognition of the importance of the attachment that the children had with foster carers.

All adopters spoke highly of staff within the service, and in particular about their ability to carry out assessments in a professional manner. Assessments for adopters we examined, were comprehensive and very well written with a clear analysis of the strengths and abilities of potential adopters to meet the needs of vulnerable children and young people.

Second opinion visits were also carried out routinely by managers. Reports we examined were robust and clearly addressed any vulnerabilities in terms of the potential adopters parenting capacity that had been highlighted during assessment. This thorough approach also gave potential adopters the opportunity to give feedback about their experience of the assessment process directly to management within the service.

The fostering and adoption team have had several changes in staffing arrangements since the last inspection. Newly appointed staff told us that they had a suitable induction and that they were given the opportunity to shadow established members of the staff team during routine practice. Staff were getting used to agile working arrangements, and peer support was reported to be very good. New management and supervision arrangements for staff were becoming embedded in practice and as a result, morale appeared to have improved since the last inspection.

Staff and management presented to us as committed to providing good outcomes for children and young people and were effective in delivering opportunities for this to be achieved. The service ensured that children and young people remained central to the decision making process, and had close links with area teams to support permanence planning. The service was led by a strong staff team who were knowledgeable and highly skilled in all aspects of adoption.

What the service could do better

Adopters told us that they would like to see more involvement from experienced adopters at the preparation stages to share experiences and learn from their unique perspective. We discussed this with the manager who intended to take this forward.

Later life letters offer the child a personal account of their early history, including information about their birth family. This helps children to understand the events of his or her early life at an appropriate time. We noted that later life letters for children and young people had been considered during the permanency process. However, for one case we tracked this had not been progressed for the child. The adoption team intend to review, and formalise their system to ensure that timescales for completing these important letters are always taken forward.

The adoption service intend to continue to drive forward their focus on post adoption support for adopters and birth families. We were impressed by the work that had already taken place, and the service is well positioned to build on this area of strength.

The manager informed us that a tool kit is being designed at present to further enhance the positive transitions already taking place for children moving from foster care to adoption. We will look at this area during the next service inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings								
8 Jan 2015	Announced (short notice)	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	5 - Very good									
14 Mar 2014	Announced (short notice)	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	4 - Good
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	4 - Good									

Date	Type	Gradings	
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Inverclyde Council Fostering Service Fostering Service

Hector Mc Neil House
7-8 Clyde Square
Greenock
PA15 1NB

Telephone: 01475 714060

Type of inspection: Announced (short notice)
Inspection completed on: 12 August 2016

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Care service number:
CS2005087054

About the service

Inverclyde Council's Fostering Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011.

The service provides a fostering and family placement resource for children and young people aged from birth to 18 years who are assessed as needing the service. The service recruits and supports carer families to provide a range of fostering placements including temporary and permanent foster care and respite care. Three foster carer households had been approved since the last inspection.

At the time of the inspection 38 children from Inverclyde Council were placed within Inverclyde's 38 approved foster care households. Seven children had also been placed with external registered foster carers on a permanent basis. Inverclyde Council have a large number of children in kinship care placements. Kinship carers are assessed and provided with on-going support from the family placement team. Kinship care arrangements are provided by a child's extended family or by a close friend who had a pre-existing relationship with the child.

Inverclyde Council Adoption Service was inspected at the same time and a separate report is available.

The fostering service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

What people told us

For this inspection, we received completed care staff questionnaires from five members of staff. We spoke with 10 more members of staff some individually and some in a group. The majority of staff informed us that they had very good opportunities for training and development, and that they felt generally valued by the service.

Placing social workers informed us:

'The foster carer is very experienced and knows a lot about the importance of attachment. She is able to provide the child with structure and appropriate boundaries, which has resulted in the child making great progress at school'

'The foster carer has done a fantastic job with the baby, she is flexible in her approach and has built a positive and appropriate relationship with the birth mother'

Staff members informed us:

'We find the group supervision beneficial, it allows us to share practice issues and come together to discuss referrals and reflect on our work'

'Inverclyde is a very child centred authority, and will go above and beyond to try and ensure that any decisions taken are in the best interests of the child'

'We have good working relationships with the area teams, and have regular three way meetings for more complex cases. This is one of the good things about being in a small authority, you get to know people well'

Two foster carers returned completed questionnaires, and we spoke to a further ten foster carers during home visits and in a group. Foster carers spoke highly about the staff that supported them, and said that the organisation as a whole was very respectful and child centred.

Foster carers informed us:

'We have very good training, and share training with staff and other foster carers from neighbouring authorities. There is always a good uptake, and we can request any particular training we think might be beneficial'

'Supervising social workers are very knowledgeable and skilled, they come to the house at least once a month and there is an excellent response to any requests for advice or support'

'Some of us help with preparation groups for foster carers, and sit on the adoption and fostering panel as members'

'The staff are considering holding training at a 'twilight' time following feedback to help those of us with babies and young children to attend'

'We have very good planning for having children coming to us on respite and for planned placements. If it is an emergency placement, we get the information as soon as possible, and we can have review meetings for children in our homes to pass on all information'

We observed very young children who had been fostered during this inspection. They all presented as healthy and meeting developmental milestones. The children interacted in a manner that would suggest that they had developed secure attachments. Foster carers were also noted to be emotionally warm and nurturing in their approach to the children in their care.

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider.

The provider identified what it thought the service did well and gave examples of areas where they thought they could improve, and showed how the service intended to do this. The provider told us how the people who use the service had taken part in the self assessment process and how their feedback directed the development of their plans for improving the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Foster carers were very well trained and supported to meet children's needs, and the service ensured that children remained central to decision making processes.

Foster carers we spoke with informed us that they had very positive relationships with their supervising social workers and regular open communication. Cases we tracked evidenced some very good outcomes for young people in terms of their attendance at school, and being supported through alternative educational provision when required.

Inverclyde Council Fostering Service had developed its' own system to monitor and review the progress of permanency planning for all children within foster care. This included monthly senior manager' meetings and working with external partners to track progress and consider any further supports that may be required to ensure delays were managed effectively. As a result of this we saw a reduction in delays for some children and young people.

Annual foster carer reviews were mainly up to date, and we were impressed by information gathered from third party health professionals to contribute to these reviews. This approach helped to ensure that foster carers were accessing all suitable healthcare provision for children, and also confirmed that children had attended important medical appointments.

Where appropriate children and young people maintained contact with their birth family, and where appropriate, plans had been put in place prior to the placement beginning. A number of foster carers told us that they had very good communication with birth parents and this included facilitating contact when this had been agreed. This collaborative approach helped to enable children to maintain important family links whilst in placement and to form a positive identity.

Advocacy for children and young people had recently been identified as a priority by the service. A Children's Rights Officer, and Advocacy Worker had developed a robust consultation plan to make necessary improvements that should enable the views of all children to be heard more appropriately. We welcomed this pro-active approach by the service, as it is important that children and young people are fully involved when important decisions are being made about their living arrangements. We will look at this area again during the next service inspection.

A new and valued development since the last inspection, was the introduction of a support network for foster carers. Foster carers told us that they found this initiative beneficial and it helped their immediate family members and close friends to gain a better understanding of the fostering task. We acknowledged the strong benefits of this development with managers, and suggested that they should review the network during the foster carer annual review to ensure consistency was being maintained.

Staff were motivated and very experienced in all areas of fostering and they were all registered with the Scottish Social Services Council (SSSC). Staff were supported to meet the training and development requirements of the SSSC, and they received regular and focused supervision from managers.

The SSSC is the regulatory body for workers working in social care settings (www.sssc.com)

We found assessments for potential foster carers to be rigorous and very well written. They provided a clear picture of the strengths of the prospective foster carers along with a detailed analysis of their life experience and how this could benefit looked after young people. The competency framework within the assessments was used to identify areas where support was required and outlined how these should be met. Relevant checks were always carried out to give assurance that applicants were suitable to foster children.

Foster carers informed us that they were very well supported to carry out their role, and that communication at all levels of the service was open and transparent. It was clear that staff were confident about being able to provide the necessary practical and emotional support to foster carers, children and young people.

What the service could do better

Not all children and young people had placement agreements in the files we examined. Individual placement agreements should provide clarity and assurance about roles and responsibilities for everyone involved in the child's plan. Managers advised us that they intend to review this area to ensure that all key individuals, including the child remain central to planning and decision making.

During discussion with staff members, it was identified that supervising social workers were not routinely invited to Children's Hearings. We were given at least one example of where this had caused a difficulties. Where supervising social workers are able to provide relevant input at hearings, it is important that they are given the opportunity to do this. It would be helpful if managers could liaise with the reporters service to try and address this issue.

Following the loss of the dedicated LACC co-ordinator role and the introduction of a new arrangement ,we discussed with managers the importance of maintaining an independent view in terms of reviewing foster carers. The service manager advised us that plans were already in place to review the current system.

In the cases we examined, individual safer caring policies had been implemented appropriately for children and young people, However, the service did not have a consistent approach to carrying out specific risk assessments for young people alongside their safer caring plans. We discussed this with managers, who agreed that their procedures were not robust in this area, and that more clarity and joined up working alongside young people, foster carers and placing social workers was required. This will form a recommendation.

During the planning of the inspection, we noted that the service had not submitted all notifications to the Care Inspectorate. We discussed with management the need to develop a more robust system to ensure accidents and incidents are reported in a timely manner. We provided managers with a copy of all notifications that should be sent to the Care Inspectorate, and requested that this be shared with staff members and foster carers to ensure consistency. This will form a recommendation.

The areas we have identified for improvement did not call into question the overall very good practice highlighted within this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that risk assessments and management plans to reduce any identified risk are implemented for children and young people in foster care.

National Care Standards, foster care and family placement services, Standard: 2 Promoting good quality care.

2. The service should develop a system to ensure that reportable events are notified to the Care Inspectorate.

National Care Standards, foster care and family placement services.
Standard 13: Management and Staffing

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
8 Jan 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
28 Feb 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

Date	Type	Gradings	
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

To find out more

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Report To: Health and Social Care Committee **Date:** 20 October 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/50/2016/SM

Contact Officer: Sharon McAlees
Head of Service
Children & Families and Criminal
Justice **Contact No:** 01475 715282

Subject: INSPECTION OF INVERCLYDE RESIDENTIAL CHILDCARE SERVICES

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of inspections carried out by the Care Inspectorate in respect of Kylemore and Neil St Children's residential childcare services completed on 30th June 2016.

2.0 SUMMARY

- 2.1 Inverclyde Residential Childcare Services are subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body which regulates care services across Scotland ensuring that service users receive a high level of care and support.
- 2.2 A full public report of the inspection and grades is published on the Care Inspectorate website.
- 2.3 Both services were graded with how they performed against two quality themes and statements.
The summary of grades awarded to Kylemore and Neil St were as follows:

Quality of Care and Support grade 5 very good
Quality of Management and Leadership grade 5 very good

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the outcome of the Inspection report.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 All of Inverclyde's residential childcare services are registered with the Care Inspectorate and inspected on a regular basis. A low intensity inspection was carried out on Kylemore and Neil St over the course of two days during May and June 2016. These inspections are carried out when the Care Inspectorate is satisfied that services are providing consistently high standards of care.

4.2 The inspection focused on two quality themes.

Quality of Care and Support
Quality of Management and Leadership

Both quality areas were graded 5 very good and there were no recommendations or requirements made.

4.3 During 2016/17 the Care Inspectorate is scoping child sexual exploitation (CSE) practice across children's services in Scotland. This will form the Care Inspectorate's contribution to Scotland's National Action Plan to tackle CSE. Inverclyde's progress in developing a strategy around CSE was positively reported on.

5.0 PERFORMANCE

5.1 Kylemore.

In respect of the quality themes inspected at this inspection the outcome was as follows

Quality Theme 1. Quality of Care and Support grade 5 very good
Statement 3 grade 5
Statement 5 grade 6

Quality Theme 4 Quality of Management and Leadership grade 5 very good
Statement 2 grade 5
Statement 4 grade 5
Recommendations None
Requirements None

5.1.2 ***What the service does well***

The Care Inspectorate noted that Kylemore provides excellent person centred care and support for young people. A highly motivated team make sure young people take part in education and decisions affecting their lives. Further evidence of the excellent provision for young people was the Scottish Institute of Residential Child Care award for the manager of Kylemore.

5.1.3 ***What the service could do better***

The inspection found a highly effective staff supervision process, which included an annual performance review, had supported an inclusive leadership culture. However, an area for improvement identified was to ensure that there was a consistent approach to the regularity of supervision. The service has addressed this by implementing the HSCP Supervision Policy

5.1.4 ***What the service has done since the last inspection***

The inspection noted that the service had made excellent progress with the Rights Respecting Units work which focused on including young people in key developments.

5.2 Neil St

In respect of the quality themes inspected at this inspection the outcome was as follows

Quality Theme 1 Quality of Care and Support grade 5 very good
Statement 3 grade 5
Statement 4 grade 6

Quality Theme 4 Quality of Management and Leadership grade 5 very good
Statement 3 grade 5
Statement 4 grade 5
Recommendations None
Requirements None

5.2.2 **What the service does well**

The Care Inspectorate noted that the service provides very good support for young people to achieve their goals. A highly committed staff team work well together to promote a wide range of opportunities for young people to support their involvement in the community based activities which enhance their skills and abilities. Person centred approaches were a key strength of the service.

5.2.3 **What the service could do better**

The Care Inspectorate did review a number of documents and speak with staff and young people which provided very good evidence of self-evaluation however the service had not submitted an updated self-assessment prior to the inspection. The service has subsequently updated and submitted the formal self-assessment.

5.2.4 **What the service has done since the last inspection**

The service has continued to improve the ways in which it communicates and consults with people using the service.

5.3 The inspection noted the strong ethos of prompting and respecting children's rights. In recognition of this Kylemore, and Neil St achieved the Recognition of Commitment from UNICEF. This is a significant achievement with all of Inverclyde's children's residential services having achieved this level of achievement a first in the United Kingdom.

5.4 The inspection noted that Inverclyde Council has a well embedded policy and strategy in relation to CSE. The Inverclyde CSE Strategy Group ensures that staff are kept informed of developments and training across all staffing groups and ensures all staff have a high level of awareness of the potential risks to young people and their responsibility to highlight concerns.

6.0 PROPOSALS

6.1 There were no recommendations or requirements made during the inspection. The service will continue to evaluate and develop the quality of service provided to looked after children and young people, ensuring that their rights and views are fully considered and promoted.

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 There are no legal implications for this report

Human Resources

7.3 There are no HR implications.

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.

8.0 CONSULTATION

8.1 N/A.

9.0 BACKGROUND PAPERS

9.1 Care Inspectorate Reports

Care service inspection report

Full inspection

Kylemore Care Home Service

13 Kylemore Terrace
Greenock



HAPPY TO TRANSLATE

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2003001106

Inspection Visit Type: Unannounced

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Summary

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

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

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment		N/A
Quality of staffing		N/A
Quality of management and leadership	5	Very Good

What the service does well

Kylemore provides excellent person centred care and support for young people living at the service. A highly motivated staff team make sure that young people take part in their education, welfare and decisions affecting their lives. The service has achieved the Recognition of Commitment from UNICEF, the global charity who champion the rights of children across the world.

What the service could do better

The service should make sure that all staff receive formal supervision in line with the provider's policy.

What the service has done since the last inspection

The service had made excellent progress with the Rights Respecting Units work, which focussed on including young people in key developments. Staff and young people were more involved in deciding how young people should be supported.

Conclusion

Kylemore continues to offer young people high quality care and support. A focus on continuous improvement helps to make sure that everyone involved with the service, contributes to identifying and implementing improvements.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Kylemore is purpose-built single storey property located in a residential part of the town of Greenock. The service is owned and managed by Inverclyde Council. The property is of bespoke design, offering very high standards of accommodation for up to six children and young people. The house comprises two large lounges, dining room, sun room, kitchen, laundry room and communal toilet. Individual bedrooms, with en-suite facilities are spacious and well furnished. The large garden is enclosed, offering decking and grassed areas to the rear of the property.

The aims and objectives of the service include:

"To provide a person centred approach which will incorporate a holistic assessment of needs for each individual young person, taking into account their own life experiences. In doing so, individual care plans will be tailored to meet these needs effectively, within an environment that promotes safe caring practices."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

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

Requirements

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

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

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - N/A

Quality of staffing - N/A

Quality of management and leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We inspected this service on 11 May between the hours of 1pm and 6.15pm and 26 May between 11.45am and 6pm. During this inspection, we gathered evidence from a range of sources including relevant sections of policies, procedures and other documents. These included:

- Certificates of Registration and Insurances
- Care plans
- Monthly summaries
- Person centred plans (young people's chosen design)
- Individual management plans
- Risk assessments
- Medication procedures
- Rights Respecting Units audit and action plan
- Staff supervision procedures
- Staff supervision files
- Staff records of continued professional development
- Staff team meeting minutes
- Staff development day agenda and analysis of outcomes
- Young people's Eco plans
- Healthy eating guidance
- Health assessments
- Education reports
- Review meeting minutes
- Stakeholder feedback forms.

We reviewed six Care Inspectorate questionnaires from young people and seven questionnaire responses from staff working at the service.

We spoke with:

- Three young people
- Two parents
- The manager
- The deputy manager
- Four members of staff
- One social worker
- The external manager.

We also reviewed feedback from one other social worker.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

Every year all care services are required to submit a self assessment form, telling us how they think their service is performing. We check to make sure this is accurate.

The Care Inspectorate received a self assessment document from the service provider. We were satisfied with the way the provider had completed this with the relevant information included for each heading that we grade under. The provider identified what they thought they did well, some areas for improvement and any changes they had planned. The provider told us that people who used the service had taken part in self assessment processes.

Taking the views of people using the care service into account

We spoke with three young people and observed one other young person during this inspection process. Young people told us that they were very happy with the support they received. They commented about the positive relationships they had with staff and said that staff helped them to reach their goals. Young people were observed to be enjoying their time spent at the service, playing in the garden with their parent and sibling.

Taking carers' views into account

We spoke with two parents who were visiting their children and the service. Both commented about how pleased they were that their children were happy

and well supported. Parents said that staff were welcoming and friendly and that they were supported to develop positive family relationships.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at how young people were supported to lead positive lifestyles, which enhanced their health and well being, to assess this statement. Additionally, in the 2016/17 inspecting year, the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to ' Scotland's National Action Plan to tackle Child Sexual Exploitation', and focusses on frameworks of CSE practice, staff understanding and care planning outcomes. We have reported on the evidence gathered under this quality statement.

All young people living at Kylemore had an individualised plan which was updated monthly, helping them to see how they were making progress toward their goals. For some young people, passing their driving test meant that they were working toward becoming more independent and this improved their self confidence. We saw that young people were being supported to attend for college and job interviews and by coaching and helping young people to identify their own strengths, they could feel proud of their achievements.

We spoke with young people who told us that staff were very committed to helping them to lead active and positive lives. They said that staff always ask them for their views and try hard to give them advice and guidance to make positive choices. Examples of this included helping young people to understand how to respond more positively to challenging situations in their lives and one example involved a young person whose diet had improved within the nurturing and supportive environment at Kylemore. Through a whole team approach, including the Cook, the young person had been more open to trying new foods, resulting in gaining weight, to support their general health and well being.

Family involvement was strongly promoted, where appropriate, and we chatted with two parents who were visiting their children. They told us that:

"Staff are really nice. It's been hard for me to come here and see XX but they make it good for me and him."

"It's great here. XX is really settled and they're very welcoming."

We also noted that where young people spent in the family home, staff were aware of their role in supporting parents and carers to respond consistently to meeting the needs of their child or family member. By working with families, staff helped young people to understand that all adults involved in their care had a responsibility to promote their well being.

Where young people experienced specific health conditions, the service showed compassion and patience when supporting young people to take control of their well being. In one instance, we saw that a period of hospitalisation was supported by staff who were genuinely committed to helping the young person to accept medical care and learn more about how they could self manage their health in future. Similarly, young people who were encouraged to take their medication and to understand how this helped them to stay well and healthy. A robust medication procedure ensured effective practices and where young people were able to self medicate, this was supported by the service.

Young people continued to be supported to attend school and we found that a very positive ethos of learning and development helped young people to achieve and attain. School attendance was extremely high and this provided structure and positive routines in young people's daily lives, promoting good sleep patterns and a healthy diet. To further demonstrate the positive healthy culture within the service, we noted that there were no instances of bullying or restraint recorded and this confirmed our view that respect and positive relationships were central to everyday experiences for young people.

Inverclyde Council has a well embedded policy and strategy in relation to CSE. A formal strategy group ensured that staff were kept abreast of developments and staff training in CSE, further ensured a full awareness of the potential risks facing young people. We spoke with members of the staff team and found that they demonstrated a good understanding of their responsibilities to highlight concerns to managers and other agencies, where necessary. Training in child protection practices for ancillary staff, meant that they were also aware of the importance of protecting young people and their role in doing so.

We found clear evidence of staff effectively implementing procedures to protect young people in their care. The case tracking sample evidenced that young people at risk had been appropriately identified and that there were care plans in place to maximise the safety of these young people. These were regularly reviewed in conjunction with other agencies and this ensured that young people were supported by those who were responsible for their safety and well being.

Areas for improvement

The service should continue to progress their intention to achieve the Healthy Living Award. This award is part of the Scottish Government's drive to tackle health inequalities and for young people who live within the nurturing and supportive environment of Kylemore, this will help to promote their continued health and well being.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

“We respond to service users' care and support needs using person centered values.”

Service strengths

At this inspection, we found that the performance of the service was excellent for this statement. We looked at how the service promoted person centred values such as, individuality, independence, choice and rights and how this practice influenced the continued commitment to achieving Rights Respecting Unit status with UNICEF, to assess this statement.

The service demonstrated excellent work by involving young people in decisions affecting their lives by demonstrating a strong commitment to listening to and acting upon the views of young people. In 2015, Kylemore became the first service in Scotland to achieve Rights Respecting Unit status with UNICEF, the global charity whose principles are based on the United Nations Convention on the Rights of the Child (UNCRC). The Children and Young Peoples(Scotland) Act 2014, places a responsibility on services to further embed the requirements of the UNCRC and in 2016, the service continued to build upon this commitment by being the first service in the world to gain the Recognition of Commitment award, recognising the involvement of young people in on going self evaluation of the service.

To evidence their involvement, young people created art displays for the unit and contributed to the ongoing evaluation of how well the service supported them, to show how they wished to be supported by managers and staff. We found that the standards expected of a Rights Respecting Unit, such as young people's right to play an active role in their learning and to have their views taken seriously, were embedded within the service development plan, staff training and respectful practices of the whole staff team. An example of the firm commitment to continue with this work was evidenced through compassionate approaches that had helped one young person to improve their diet, where they had previously refused to eat, while for others, intensive support to prepare for job interviews, had promoted self confidence and a positive sense of self worth.

Additionally, links with local agencies allowed one young person to undertake bereavement counselling, supporting their feelings of loss. These positive outcomes meant that young people were highly regarded by those working at the service.

Young people's individuality was promoted through child centred practices which allowed young people to make their own choices and establish their own ideas about how to lead their lives. By encouraging young people to contribute to their plans, we saw that progress was recorded in areas such as, personal identity, with young people choosing their own clothes and determining their own style. We also found that some young people were encouraged to explore their interest in animals, by owning and caring for their own pet, while others attended local youth clubs where they had developed appropriate peer relationships, giving them a sense of personal identity, within their group of friends, who called to visit them at the service. These examples of inclusive practice showed that young people were encouraged to make positive choices and decisions about their lives, which helped them to feel valued and respected.

We saw a clear focus on supporting young people to be as independent as possible, with regular advice and guidance given by staff. Examples of young people determining how they wished to spend time with their family, showed respect for their right to be listened to and for one young person, being supported to feel safe and secure, enabled them to attend their review meeting for the first time. Through nurturing practices, the service had created the right conditions for young people to express themselves and say how they wished to be supported.

Further evidence of the excellent provision for young people was celebrated through the achievement of the Scottish Institute of Residential Child Care (SIRCC) award for the manager of Kylemore.

Voted best Residential Child Care worker of the year, nominated by a young person who had resided at the service over a long period, the manager was rewarded for making a significant difference to the life of this young person. The young person said:

"Even after I moved on from Kylemore, XX has continued to provide me with emotional and practical support and is an excellent example of what a corporate parent should be, but XX does this not because she is a corporate parent, she does it because she cares about me. She is part of my family and is now part of my baby's and whatever hurdles we meet along the way."

We met with this young person who said:

"When I was in hospital XX stayed with me. She gave up her own time. Not many people would do that. She didn't want me to be alone."

We saw that during the challenging transition from living at Kylemore to living in her own flat, this young person's relationships with the manager and other staff working at the service, played a crucial role in her success.

Areas for improvement

The service should continue to provide the excellent standards of care and support, evidenced within this quality statement. This will ensure that all young people receive the person centred care that helps them to feel valued and respected.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Quality theme not assessed

Quality Theme 3: Quality of Staffing

Quality theme not assessed

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service was very good for this quality statement. We considered how the service had continued to involve staff in the plans to improve the service for young people, to assess this statement.

At the last inspection, we found that the service needed to do more to encourage all members of the staff team, to be involved in future developments. By reviewing evidence and speaking with managers and staff during this inspection, we found that very good progress had been made to maximise the involvement of members of the team. This meant that there was more innovation and consistency when supporting young people and when achieving the key objectives set by the service.

In our discussions with managers, we were advised of an improved morale and commitment by staff working at Kylemore. Our conversations with staff confirmed this view. Staff were able to speak fully about their work with young people and did so in a very positive manner. We learned about how their ideas had helped to shape improvements. Examples included the idea from one member of the staff team, to show how the well being indicators of SHANARRI (safe, healthy, achieving, nurtured, active, respected and responsible) evidenced young people's independent living skills. By considering how to encourage young people to lead more independent lifestyles, where appropriate, a new recording format was created to capture young people's progress, in areas such as budgeting and daily living skills. This allowed those young people to prepare for life beyond the service and to support a successful transition, at the appropriate time.

A highly effective staff supervision process, which included an annual performance review, had supported the inclusive leadership culture within the service. This meant that staff were guided and encouraged to be involved in key developments, such as seeking the Healthy Living Award for the service and progressing the Rights Respecting Unit status through their involvement in identifying priorities within the audit and action plan necessary for this framework. We also noted that staff understood how, through developing their own knowledge of areas such as welfare benefits, they could support parents to maximise entitlements to help support their families.

In our discussions with members of the staff team, we found that improved morale had resulted from their increased involvement, with examples of staff coaching young people for job and college interviews and by implementing effective key working roles in supporting families. Staff told us:

"I think managers are more open and trusting of our abilities. I'm an ideas person and I'm putting these in place. I spoke with the young people about designing a rights board". We saw that this had been displayed on the walls within the unit and this showed young people and staff, how their ideas had influenced the work of the service. Other staff said, " I feel more empowered. Things have moved on."

"I think almost all staff are on board with how we work. Staff are valued and managers are proactive."

We looked at the focus of the recent development day and saw that key aspects included the role of staff as corporate parents and how the service promoted person centred work with young people. By being fully involved in this event, staff were able to contribute to improving their knowledge and skills to support young people in their care. Some staff told us:

"The development day was great. I got a lot out of it."

We thought that the development of staff continued to play a key role in young people achieving positive outcomes.

Areas for improvement

The service should continue to provide staff with opportunities to identify improvements and to contribute to decisions about how the service supports young people. This will ensure that all the skills and abilities of those working at Kylemore can be maximised to the benefit of young people living at the service.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service strengths

At this inspection, we found that the performance of the service was very good for this quality statement. We looked at how the service had improved through the use of feedback from everyone involved with the service, to assess this statement.

Kylemore continued to implement effective quality assurance practices to influence improvements. We saw that very good self evaluation of what worked well and what could be improved, was central to identifying improvements. In order to achieve Rights Respecting Unit status, young people and staff had contributed to a detailed audit and learned more about how human rights influenced the lives of young people and their involvement helped to agree priorities for the year ahead. To ensure that the views of everyone who used the service, were taken into account, questionnaires and regular communication, with parents and representatives from children's rights, Police Scotland and social workers who visited young people at the service, were gathered and evaluated. By doing so, meeting young people's needs remained a priority for all involved.

We spoke with one social worker during our inspection visit. They commented very positively about the service and about how their work with a particular family had helped to support an improved family dynamic. The social worker also spoke of the positive communication with the service and how this ensured consistent approaches were maintained. Other feedback from professionals also highlighted that they believed that Kylemore staff and leadership "come top rate in my book", going on to say that the service had done excellent transition work with one young person living at the service. These positive comments helped to demonstrate that the collaborative work with others, involved in young people's care, helped to promote the person centred practices evidenced throughout this report.

A recent staff development day further embedded the principles of children's rights and explored how young people could be supported to achieve their goals. By being aspirational for young people, we saw that the service encouraged them to aim high and succeed in what they chose to do. As positive role models, staff embraced an ethos of inclusion and respect, and managers were keenly aware of their role in leading and developing the staff team. We spoke with young people and staff, who told us:

"Staff are great. They are really interested in listening to what you have to say and trying their best to help. They do what they say they'll do."

While staff commented:

"I thought the development day was great. We looked at corporate parenting and this was really interesting. I think we've moved on a lot and the team are really positive."

This time set aside for staff, helped them to reflect on what worked well and how they could improve their support for young people in their care.

Managers continued to play a key role in raising standards. With a focus on improving young people's plans, ensuring that medication was administered and recorded properly and by developing very good team work, managers ensured that those living and working at the service were supported to achieve. To supplement internal quality assurance measures, the external manager completed a six monthly audit and we saw from records that this manager provided feedback on how the service was performing. Many examples of very good practice were highlighted through this audit process and this helped to demonstrate the quality of provision for young people and their families.

As a means of thinking about how the service could improve, managers continued to work collaboratively with social care colleagues from another local authority. A quarterly forum allowed managers to share information and experiences which could be utilised with young people.

We saw from records that the service was exploring how they could better measure outcomes from young people's involvement in activities. It had been identified that this may help to promote the improved health and well being of those living at Kylemore. We will review progress at the next inspection.

Areas for improvement

Although we found that the service operated to a high standard across the quality themes looked at as part of this inspection process, we reminded the manager of the importance of ensuring that all staff receive formal supervision in line with the provider's policy. While we found that the supervision format was highly effective, we noted some gaps in frequency of formal meetings. We discussed this with the manager and external manager at inspection feedback, who told us of their plan to address this issue. We were satisfied with the plan to remedy any shortfalls and will review progress at the next inspection. By improving upon opportunities for all staff to regularly reflect on their practice, each member of the staff team will be supported to improve outcomes for young people.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
15 May 2015	Unannounced	Care and support Environment
		5 - Very Good 5 - Very Good

		Staffing Management and Leadership	5 - Very Good 5 - Very Good
29 Jul 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 5 - Very Good
3 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 6 - Excellent 5 - Very Good
28 Feb 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
31 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent Not Assessed Not Assessed
24 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
27 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed 6 - Excellent
19 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent Not Assessed

5 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
11 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
15 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good

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Care service inspection report

Full inspection

Neil Street Childrens Unit Care Home Service

41 Neil Street
Greenock



HAPPY TO TRANSLATE

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2003001105

Inspection Visit Type: Unannounced

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

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

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Summary

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

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

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment		N/A
Quality of staffing		N/A
Quality of management and leadership	5	Very Good

What the service does well

The service provides very good support for young people to achieve their goals. A highly committed staff team work well together to promote a wide range of opportunities for young people to support their involvement in community based activities which enhance their skills and abilities.

Person centred approaches were a key strength of the service.

What the service could do better

The service should submit an updated self assessment to the Care Inspectorate, to evidence how the service is evaluating its performance. This forms part of the regulatory process for inspection and supports on going improvement.

What the service has done since the last inspection

The service had continued to improve the ways in which it communicates and consults with people using the service.

The development of stronger links with other professionals had created improved supports for young people at critical times in their lives.

Conclusion

Neil Street operates to a high standard across all areas of support for young people. Significant focus on creating a nurturing and safe environment, had resulted in opportunities for young people to flourish and develop.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Neil Street Children's Unit provides accommodation for up to six children and young people. The service is located in a residential part of Greenock. Good transport links make the town and surrounding areas easily accessible. The service is accessed via several flights of steps, leading down to the garden and patio area. Further outside space is located at the front of the property.

The internal accommodation comprises a large lounge/dining area, well equipped kitchen, play room, individual bedrooms and shared bathrooms. A lower floor provides for additional space for family visits and meetings. This area is also adaptable and in specific circumstances, through agreement with the Care inspectorate, can be used to accommodate other young people, where required.

The ethos of the service includes:

"We aim to provide an environment for young people which actively promotes positive growth and change within a caring and structured residential setting, with caring and motivated staff."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

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

Requirements

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

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

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - N/A

Quality of staffing - N/A

Quality of management and leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We started this inspection on 26 May between 6.45pm until 7.15pm and again on 20 June between 11am and 6.30pm. We delivered feedback on 27 June at 1pm.

During this inspection, we gathered evidence from a range of sources including relevant sections of policies, procedures and other documents. These included:

- Certificates of registration and insurances
- Young people's personal plans
- Rights Respecting Units self evaluation and action plan
- 'Chat Zone' records
- Service improvement plan
- Manager's Practice Development Forum minutes
- Staff training materials
- Stakeholder questionnaires
- Neil Street newsletters
- Safeguarding policies
- Educational outcomes
- Young people's weekly planners
- Quality assurance records.

We spoke with:

- Four young people
- The manager
- The deputy manager

- Four members of staff
- The external manager
- Children's Rights Worker
- Visiting professionals including two teaching staff and one group worker.

We reviewed feedback from two parents and two social workers.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

Every year all care services are required to submit a self assessment document, telling us how they think their service is performing. We check to make sure this is accurate.

We had not received an updated self assessment prior to this inspection and advised the provider that this should be completed as soon as is practicable. We were able to review other documents which provided very good evidence of self evaluation. These have been identified throughout this report. It was clear that the views of people using the service were central to identifying and implementing improvements.

Taking the views of people using the care service into account

We spent time in the company of four young people. We observed warm and supportive relationships between young people and those providing support. Young people who chose to speak with us, commented that they were happy living at the service, that they felt very supported by staff and that they liked their bedroom and how they were able to personalise this space. Some young people had just returned from an overnight trip and were happy to tell us what they enjoyed about their experience. We observed an evening activity where young people took part in creating 'vision boards', which helped to capture their aspirations for the future. We saw that young people enjoyed the activity and spent time happily chatting to others involved.

Taking carers' views into account

We did not speak directly with any parents/carers but we did review several questionnaires issued by the service. These provided very good evidence of how parents felt the service supported their children/family member. Many comments expressed high levels of satisfaction with how the service supported young people and their families.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at how young people were supported to lead healthy, active lives, to assess this statement. Additionally, in the 2016/17 inspecting year, the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to 'Scotland's National Action Plan to tackle Child Sexual Exploitation' and focusses on frameworks of CSE practice, staff understanding and care planning outcomes. We have reported on the evidence gathered under this quality statement.

A key element of the highly effective work with young people living at the service included positive relationships between young people and staff, which were based on trust and respect. We saw that nurturing and warm relationships, built over time, meant that young people flourished and thrived in their lives. Many examples of young people living active lives, where play and fun helped them to grow and develop, showed the true strength of this service. We saw that holidays which included all young people, offered new and memorable experiences, while involvement in local clubs and chosen interests, meant that young people chose to take part in activities which promoted their well being.

Personal plans for young people conveyed their individuality and highlighted their strengths and goals. We saw that for some young people, expressing their identity through school plays, meant that they could develop positive relationships with their peers and this focus continued for young people, who spent time with friends in the community. For others continued involvement of specialist services, including children and young people mental health services (CAMHS), allowed young people to feel supported when dealing with difficult issues. This work continued within the service, where the very good insight of staff, ensured that young people were given the time and space to express themselves within a safe environment.

As a means of supporting young people to develop their understanding of appropriate relationships, we saw that the service had recruited the help of an external agency. A dedicated worker, alongside identified staff from Neil Street, worked with young people to explore their views about the important aspects of healthy relationships. We met with this worker during the inspection. They commented about how positively young people were engaged in this work and how they showed maturity and were self aware. This approach to helping young people to learn how to respect and value others, showed the commitment of the service to support young people's growth and development.

We joined young people for lunch and dinner during inspection and saw that varied diets were catered for, while ensuring a balanced menu. Freshly cooked foods and fresh fruit were prepared by the cook and a focus on healthy eating and dining together at mealtimes, supported a caring and nurturing environment in which young people could feel a sense of belonging. Meal time was a relaxed experience and we saw young people and staff engaged in natural conversation about young people's day and their plans for the coming weeks and months.

A culture of involvement and inclusion supported very positive school attendance. With all young people engaged in full time education and one young person preparing to attend college, it was clear that the service carried out its corporate parenting duties in line with Inverclyde Council's commitment to work collaboratively with others to promote young people's education. This

commitment continued after school with help to complete homework and support for young people participating in school plays.

Inverclyde Council has a well embedded policy and strategy in relation to CSE. A formal strategy group ensured that staff were kept abreast of developments and staff training in CSE, further ensured a full awareness of the potential risks facing young people. We spoke with members of the staff team and found that they demonstrated a good understanding of their responsibilities to highlight concerns to managers and other agencies, where necessary. Training in child protection for ancillary staff, meant that they were also aware of the importance of protecting young people and their role in doing so.

We found clear evidence of staff effectively implementing strategies to protect young people in their care. Where risks had been identified, care plans, including risk assessments, were reviewed regularly, in conjunction with other agencies and this helped to promote the active involvement of those responsible for the safety and well being of young people at risk of harm.

Areas for improvement

The service placed great importance on the role that food plays in the everyday care of young people. During inspection, we were told that the service was considering how reflective workshops for staff, may be able to raise awareness of food, beyond nutrition. By exploring how food influences communication and interaction between young people and adults, the service will further improve the health and well being of young people living at the service. We will review progress at the next inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

“We respond to service users' care and support needs using person centered values.”

Service strengths

At this inspection, we found that the performance of the service was excellent for this statement. We looked at how the service promoted person centred values such as, individuality, independence, choice and rights and how this practice continued to promote excellent outcomes for young people, to assess this statement.

The service continued to include young people in decisions affecting their lives. Last year, the service achieved Rights Respecting Unit (RRU) status with UNICEF, the global charity whose principles are based on the United Nations Convention on the Rights of the Child (UNCRC). Being a RRU, requires the involvement of everyone living and working at the service to respect the rights of one another. Similarly, the Children and Young People's (Scotland) Act 2014 also places a responsibility on services to further embed the requirements of the UNCRC, and in 2016 the service was one of the first in the world to gain the Recognition of Commitment award, showing their continued commitment to respecting the views and choices of young people living at the service, evidenced through their involvement in on going evaluation of the service.

We spoke with the Children's Right Officer, who explained that through activity sessions with young people, they were able to determine young people's awareness of their rights and how these were promoted by the service. During one activity, young people had been enabled to discuss their views about the introduction of comments cards, which were intended to gather the views of visitors to the service. Young people felt strongly that this was not typical of other family situations and therefore voiced their opinion that these should not be used in their home. This clear example of young people exercising their right to be heard, helped to influence decisions and promote the principle of Article 12 of the UNCRC and of a Rights Respecting Unit.

Further examples of young people's involvement included a focus on promoting individuality through person centred plans which highlighted how young people described their own personalities and identity. For some young people, this was about their ability to know their own mind and to express themselves clearly. We chatted with one young person who told us that they were saving for a holiday and we saw that their commitment to employment in order to save for this experience, showed a strong sense of identity and self worth. Young people were also supported to recognise their individual strengths and qualities, such as being a positive role model for other young people. An example of this involved an older young person who, with more life experience, had helped some of the younger children to prepare for community events, by instilling confidence in their appearance and abilities.

A significant achievement for some young people, was evidenced through their participation in school plays. Through sustained involvement, those young people had contributed admirably to the overall success of these events and had enjoyed recognition for their efforts alongside their peers. It was clear that each young person had gained a great deal in self confidence and had created positive memories for their future.

Young people were encouraged to be as independent as possible, whether this related to keeping their bedrooms tidy or making choices about when to spend time with friends and family. During the inspection visit, we saw that one young person was at a friend's home, while another was spending time with their parent. Strong efforts to encourage young people to make choices about how they wished to spend their lives out with the service, were also highlighted through involvement in team sports and local clubs. For young people who showed particular skill in their chosen sport, this had resulted in an opportunity to be involved in a national sporting event, as part of their football team, where they could take pride in this outstanding achievement and celebrate their success with their team mates.

Similarly it was clear from our observations of an evening group activity, that young people felt secure and able to express themselves positively and with self determination, to ensure that their views were heard. By organising an evening activity where young people could create 'vision boards', with the support of colleagues from the Looked After and Accommodated (LAAC) teaching team, young people chose to share their views about what was important and relevant for them as individuals and chose to cooperate with others, while compiling a visual reminder of how they felt and what they wished for in their lives.

By showing young people that their views and lives were important, we saw that a culture of mutual respect formed the basis of the excellent evidence presented for this statement. Young people received care and affection from a highly committed staff team, who were acutely aware of the needs of those in their care. We saw that staff created the right conditions in which young people learned to respect one another. This was highlighted in our discussion with visiting professionals, who advised that young people were very supportive of one another, while participating in sensitive and evocative discussion, during group work and who were similarly complimentary about the work of the staff team, in supporting young people to achieve all that they can.

Areas for improvement

The service should continue to provide the excellent standards of care and support evidenced within this quality statement. This will ensure that all young people receive person centred care that helps them to feel valued and respected.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Quality theme not assessed

Quality Theme 3: Quality of Staffing

Quality theme not assessed

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service strengths

At this inspection, we found that the performance of the service was very good for this quality statement. We looked at how the leadership values of the provider were implemented and how staff took responsibility for improving outcomes for young people, to assess this statement.

We found that managers and staff were committed to making a difference to the lives of young people in their care. Support for young people, was tailored to their individual needs and by routinely measuring outcomes, staff helped young people to understand their progress and develop an improved self esteem and self worth.

By practicing with integrity, another of the provider's values, staff advocated for young people and maintained their dignity and privacy, when discussing matters of a personal nature. Young people told us that staff speak for them when they find this difficult, for example at meetings, when this has been agreed in advance. This practice demonstrated the commitment to adhere to the principles of positive leadership values and to act responsibly on behalf of young people in their care.

The positive culture of inclusion was also encouraged within the staff team. Through supportive leadership, staff were enabled to play active roles in developing the service and we saw that staff played lead roles in areas such as, participation, staff training, healthy eating and the development of weekly planners. We spoke with members of the staff team who told us that their work on participation, helped to ensure that young people's views were known to those who make decisions.

To ensure that young people's views were heard, the service had implemented the 'Chat Zone', an opportunity for young people to say how they feel and to suggest ideas. We saw from notes of these meetings that young people discussed a range of topics including, children's rights and how they could show respect for one another.

We also noted that leadership roles were encouraged, with Promoting Positive Behaviour trainers leading on practice, within the staff team. This allowed staff to remain up to date with best practice when supporting young people during times of crisis, while a focus on successful transitions for young people moving to secondary school, was taken forward by managers and staff, who understood how the continued involvement of teaching staff influenced the critical support needed by young people during times of change.

Other examples of positive leadership included the development of weekly planners for young people. Individualised planners, designed with young people's choice of graphics, helped to promote positive structure and routine. By making a difference to how young people organise and spend their time, staff conveyed that planners supported young people's sense of achievement, while improving daily routines such as sleep patterns and regular meals. Some planners highlighted young people's abilities to travel independently and to commit to weekly sports involvement, some distance away. Staff commitment to supporting young people to attend out of area activity, was commendable and this and other examples of staff going above and beyond what was expected of them, showed young people how they were valued and cared about by staff.

Areas for improvement

Although we found several very good examples of staff leading on specific practices, we would encourage the continued devolvement of responsibility for identifying improvements. This will help to promote leadership at all levels and enhance the skill base of every member of the staff team.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service strengths

At this inspection, we found that the performance of the service was very good for this quality statement. We looked at how the service had improved through the use of feedback from everyone involved with the service, to assess this statement.

Neil Street continued to implement effective quality assurance practices to influence improvements. Significant consideration had been given to how to continue to improve opportunities for young people to be involved in their plans. Improvements to finding solution focussed interventions, a task undertaken at a recent staff development day, meant that young people contributed to plans which included more information about their strengths, goals and behaviours. By encouraging young people to identify what they do well and how they can achieve their goals, we saw that outcomes were clear. For example, from plans sampled during inspection, we saw that young people who were preparing for adult life beyond the service, had been allocated a through care worker to support this transition, at an appropriate time. Similarly, where potential career options had been explored, those young people were supported to consider college courses which would promote their interests and future lives.

Collaborative work with other professionals remained an integral part of young people's support. Managers and staff, were keenly aware of the importance of linking with colleagues in education, for example, when young people were transitioning from one school to another. Close working relationships with teaching staff, helped to ensure that young people were given the help they needed, with examples of additional supports being implemented to promote a positive experience. We also saw that links with Police Scotland continued to reduce the risk of young people becoming involved in concerning behaviours.

There was on going collaboration to evaluate the impact of implemented strategies.

The service routinely requested feedback from people involved with the service. Comments from education professionals included:

"The communication and support from Neil Street has been excellent. The relationship between school and Neil Street has been developed with the help of the caring and nurturing team of people."

While social work colleagues commented:

"Overall the young person is receiving a high standard of care at Neil Street Children's Unit."

This feedback helped the service to identify what worked well and how it could continue to improve.

The views of parents/carers were also seen as important and we saw that comments such as:

"We are really happy with how well our son is progressing and how far he's come along."

Other parents spoke of the helpful advice that was available to them and that they felt that their views were listened to and acted upon. By ensuring that families played an active role in the lives of the young people, where appropriate, the service was able to consider how their feedback could help to further improve the very good standards achieved throughout this report.

Areas for improvement

Although we found very good evidence of self evaluation to inform improvements, we had not received an updated self assessment for some time. We advised the service to provide a current self assessment, which identifies how outcomes for young people are being promoted through the work of the staff team. This will support on going evaluation and will support the development of the continuous improvement plan for the service.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
31 Aug 2015	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
29 Jul 2014	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good
16 Jan 2014	Unannounced	Care and support	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good
17 Jan 2013	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	6 - Excellent
		Management and Leadership	6 - Excellent
24 Aug 2011	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
28 Jan 2011	Unannounced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
26 Aug 2010	Announced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	6 - Excellent

20 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent Not Assessed
10 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
8 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
11 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Report To:	Health & Social Care Committee	Date:	20th October 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/45/2016/SMcA
Contact Officer:	Sharon McAlees Head of Criminal Justice and Children's Services	Contact No:	01475 715282
Subject:	INVERCLYDE COMMUNITY JUSTICE TRANSITION GROUP – PROGRESS REPORT		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health & Social Care Committee an update of progress at both a national and local level with regards to Community Justice.
- 1.2 Following royal assent being given to the Community Justice (Scotland) Act 2016, the Inverclyde Community Justice Transition Group has agreed in principle to a Memorandum of Understanding (see attached) that is presented as part of this report.

2.0 SUMMARY

- 2.1 The Community Justice (Scotland) Act 2016 was given royal assent in March 2016. This legislates for the establishment of a new national organisation, Community Justice Scotland while also detailing statutory Community Justice partners for local authority areas. It likewise indicates the involvement of third sector organisations being necessary in the development of community justice.
- 2.2 The Act stipulates adherence must be given to the National Strategy for Community Justice; Community Justice Outcomes Performance and Improvement Framework and associated Guidance in the development of a local Community Justice Outcomes Improvement Plan and subsequent Annual Reports.
- 2.3 The Act formerly dis-establishes existing Community Justice Authorities on 31st March 2017, with local community justice partners having responsibility from 1st April 2017.
- 2.4 Inverclyde Community Justice Transition Group, in taking cognisance of the Act, has developed a Memorandum of Understanding (see attached). The purpose of this is to strengthen the commitment of local statutory and non-statutory partners in having a shared understanding of their respective role in taking forward the community justice agenda in Inverclyde.
- 2.5 At a local level Inverclyde Community Justice Transition Group continues to meet on a six-weekly basis. In addition to this a Development Day was held on 28th April, a meeting with the Care Inspectorate regarding the development of a self-evaluation tool for community justice on 29th April and a Data Summit on the 11th May.
- 2.6 A Communication and Engagement sub-group also meet on a six-weekly basis and have developed a range of communication materials and engagement activities.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Health and Social Care Committee:

- a. Note the progress of Community Justice with regards to both national and local developments.
- b. Approve the Inverclyde Community Justice Partnership Memorandum of Understanding.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for implementation of the new model of community justice in Scotland.
- 4.2 The new model will enable local strategic planning and delivery of community justice services with a focus on collaboration and involvement at a locality level and with people who use services.
- 4.3 The statutory Community Justice Partners include:
- Local Authorities
 - Health Boards
 - Police Scotland
 - Scottish Fire and Rescue Service
 - Skills Development Scotland
 - Integration Joint Boards
 - Scottish Courts & Tribunal Service
 - Scottish Ministers (Scottish Prison Service and Crown Office and Procurator Fiscal Service)
- 4.4 Inverclyde Community Justice Transition Group includes representation of all of the statutory partners as well as from key third sector organisations including Inverclyde Council for Voluntary Service (Third Sector Interface for Inverclyde), Action for Children and Turning Point.
- 4.5 The Act outlines the functions for community justice partners, expectations around local arrangements in developing a Community Justice Outcomes Improvement Plan and Participation Statement as well as the subsequent Annual Reports. The Act also specifies a duty of co-operation of community justice partners. These are all summarised in a local Inverclyde Community Justice Partnership Memorandum of Understanding that has been agreed in principle by the Inverclyde Community Justice Transition Group and is in the process of being signed-off by each respective partner.
- 4.6 The final draft of the National Strategy for Community Justice; Community Justice Outcomes Performance and Improvement Framework and associated Guidance were made available via the Knowledge Hub platform on 5th July. These will be formally launched and published on 24th November.
- 4.7 These national documents detail the community justice common outcomes that consists of four structural outcomes and three person-centric outcomes.

These include:

Structural Outcomes	Person-Centric Outcomes
<ul style="list-style-type: none">• Communities improve their understanding and participation in community justice.	<ul style="list-style-type: none">• Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.
<ul style="list-style-type: none">• Partners plan and deliver services in a more strategic and collaborative way.	<ul style="list-style-type: none">• People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.
<ul style="list-style-type: none">• Effective interventions are delivered to prevent and reduce the risk of further offending.	<ul style="list-style-type: none">• Individuals' resilience and capacity for change and self-management are enhanced.

<ul style="list-style-type: none"> • People have better access to the services they require, including welfare, health and wellbeing, housing and employability. 	
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- 4.8 Central to the new model for community justice is driving improvement through quality and assurance. One element of doing this is in undertaking self-evaluation. Inverclyde has agreed to test part of the self-evaluation tool currently being developed by the Care Inspectorate, with a view to undertaking further self-evaluation activity during 2017.
- 4.9 Inverclyde Community Justice Transition Group held a Development Day on 28th April. The focus of this day was in developing a collective response in the development of the local Community Justice Outcomes Improvement Plan, where four of the common outcomes were considered. A further session is being scheduled to consider the remaining three common outcomes.
- 4.10 An initial logic model was also formulated as part of the Development Day and this will be further enhanced and incorporated into the local Community Justice Outcomes Improvement Plan.
- 4.11 An additional element of the local Community Justice Outcomes Improvement Plan is a Community Justice Profile. A Data Summit was held on the 11th May, bringing together people with a responsibility for performance reporting from the various statutory partners. There was also representation from Scottish Government Criminal Justice Analytical Division. The summit enabled an agreed approach to progress the Community Justice Profile.
- 4.12 An essential component of the local Community Justice Outcomes Improvement Plan is a Participation Statement. The Communication and Engagement sub-group have developed a range of communication materials to ensure public awareness of community justice and opportunities to be actively involved. A series of engagement activities are also being arranged including focus groups, individual interviews, participating in local events and giving presentations to local organisations.
- 4.13 These initial events will lay the foundation of co-production where it will be the future intention to build capacity where stakeholders are involved in decision-making, have an active role in community justice and are supported to develop user-led forums.

5.0 IMPLICATIONS

FINANCE

- 5.1 The Scottish Government's transition funding allocation of £50,000 to Inverclyde was used in taking forward the Transition Plan. A Community Justice Lead Officer was appointed in September 2015 who will support the co-ordination of activity and the Community Justice Transition Group.
- 5.2 A further funding allocation of £50,000 has been agreed by Scottish Government for the period 2016 / 2017, with potential for funding in 2017 / 2018. However, no further funding has at this stage has been agreed by the Scottish Government although discussions are on-going. This highlights the temporary nature of funding and the need to articulate at appropriate national forums the case for mainstreaming funding for ensuring the successful implementation of the community justice agenda. Inverclyde Community Justice Transition Group made a recent submission to the Scottish Government (see attached) including a logic model of activity undertaken locally during 2015 / 2016 and emphasising the pivotal role of the funding allocation in

achieving this progress.

- 5.3 As outlined in the National Strategy for Community Justice, the Community Justice Outcomes, Performance and Improvement Framework and associated Guidance, there is an expectation that partner resources will be leveraged to support change and local innovation. Inverclyde Community Justice Transition Group has agreed to ask all statutory partners to identify resources in kind that they can commit to local arrangements.

Financial Implications:

At Full Council in March 2016 Criminal Justice was awarded £100,000 being £50,000 for each of 2016/17 and 2017/18, although the funding has not been formally agreed by the Scottish Government.

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

- 5.4 The Community Justice (Scotland) Act was given royal assent in March 2016. This provides the legal framework to support the new model.
- 5.5 Inverclyde Community Justice Transition Group has developed a local Memorandum of Understanding (see attached) that incorporates the requirements of Community Justice partners as detailed in the Act and includes the role of the Community Justice Lead Officer in supporting local arrangements.

HUMAN RESOURCES

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

EQUALITIES

- 5.7 Improving access to services is one of the common outcomes of Community Justice and this encompasses removing any potential barriers.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
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✓	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.
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REPOPULATION

5.8 There are no repopulation issues within this report.

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 Community Justice (Scotland) Act 2016.



Inverclyde Community Justice Partnership Memorandum of Understanding

Version	1.0
Date	15.03.16
	23.05.16
	23.06.16
Review Date	(Draft)
Produced by	Ann Wardlaw

Positive Lives, Strengthening Communities

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10. Role of the Community Justice Lead Officer

Foreword

Councillor Stephen McCabe, Leader of Inverclyde Council and Chair of Inverclyde Alliance Board

As Chair of the Inverclyde Alliance Board, the Inverclyde Community Planning Partnership, I welcome the Inverclyde Community Justice Partnership Memorandum of Understanding.

The new model for community justice, underpinned by the Community Justice (Scotland) Act 2016, has placed community justice at a local level where the planning for this landscape and decisions can be made from a local perspective. While a legal duty is placed on statutory Community Justice Partners; partnership working is central to improving community justice outcomes and the Inverclyde Alliance has an important role to play in facilitating this.

Inverclyde Community Justice Partnership are driving forward in implementing community justice at a local level and very much using existing local strategies and the principles of Getting it Right for Every Child, Citizen and Community as a strong foundation. This Memorandum of Understanding strengthens local partnership arrangements and demonstrates a local commitment by partners in delivering positive community justice outcomes from the outset of this new partnership.

**Councillor Stephen McCabe
Chair of Inverclyde Alliance Board
Leader of Inverclyde Council**

1. Introduction

The Scottish Government's Future Model for Community Justice in Scotland consultation paper (2014) defined community justice as:

“The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance.”

The Community Justice (Scotland) Act 2016 is the legislative vehicle for implementing this new model whereby responsibility will transfer to local strategic planning and delivery partners while disbanding the current Community Justice Authorities.

The Community Justice Division has identified four key themes in the national Community Justice Strategy and that are also reflected in the national performance framework, both of which are currently being progressed. These include:

- Improved community understanding and participation.
- Strategic planning and partnership working.
- Effective use of evidence-based interventions.
- Equal access to services.

This Memorandum of Understanding sets out the working framework of the Inverclyde Community Justice Partnership as detailed in the Community Justice (Scotland) Act 2016. It has been developed in consultation with all of the statutory partners included in this legislation who have collectively, through the Inverclyde Community Justice Partnership, endorsed this Memorandum of Understanding.

The Community Justice Partnership sits under the umbrella of Community Planning, reporting directly to Inverclyde Alliance. The focus of the Community Justice Partnership very much aligns to existing strategies and local priorities and aligns to the principles of Getting it Right for Every Child, Citizen and Community and will contribute to the delivery of the wellbeing outcomes.

2. Aim

The aim of the Community Justice Partnership is to ensure the implementation of the new model of community justice in Inverclyde as detailed in The Community Justice (Scotland) Act 2016 by¹:

- Working together in planning for and delivering improved outcomes for community justice in Inverclyde.

¹ New Model for Community Justice – Transitional Funding 2016 / 2017 – Letter from Community Justice Division

- Actively involving the Third Sector, Community Based Organisations, communities, service users and their families and victims in community justice.
- Securing partners contribution towards resourcing community justice in order to achieve the outcomes identified in the annual Inverclyde Community Justice Improvement Plan.
- Contributing information in accordance with the national Performance Framework and evidencing this in the annual Inverclyde Community Justice Performance report.
- Establish local partnership arrangements for the strategic planning and delivery of community justice in Inverclyde, including with CPP, ADP and HSCP.

3. i. Inverclyde Community Justice Partnership

The Community Justice (Scotland) Act 2016 details statutory partners² to include:

- Local Authorities
- Health Boards
- Police Scotland
- Scottish Fire and Rescue Service
- Skills Development Scotland
- Integration Joint Boards
- Scottish Courts and Tribunal Service
- Scottish Ministers (Scottish Prison Service, Scottish Courts and Procurator Fiscal Service)

Inverclyde Community Justice Partnership includes involvement of all of the statutory partners and representation from Action for Children and Turning Point Scotland who both deliver local services; CVS Inverclyde who form one part of Inverclyde's third sector interface; local Community Safety and Wellbeing Manager, ADP Co-ordinator and NSCJA Policy Officer (until the dis-establishment of NSCJA).

Other Third Sector organisations and stakeholder organisations will have involvement in the planning and delivering of community justice, while not being directly represented on the Inverclyde Community Justice Partnership.

ii. Membership

The partner representation of the Inverclyde Community Justice Partnership is:

Designation	Service
Head of Children's Services & Criminal Justice	HSCP and Integration Joint Board
Head of Planning, Health Improvement and Commissioning	HSCP and Integration Joint Board

² Section 13 Community Justice (Scotland) Act 2016

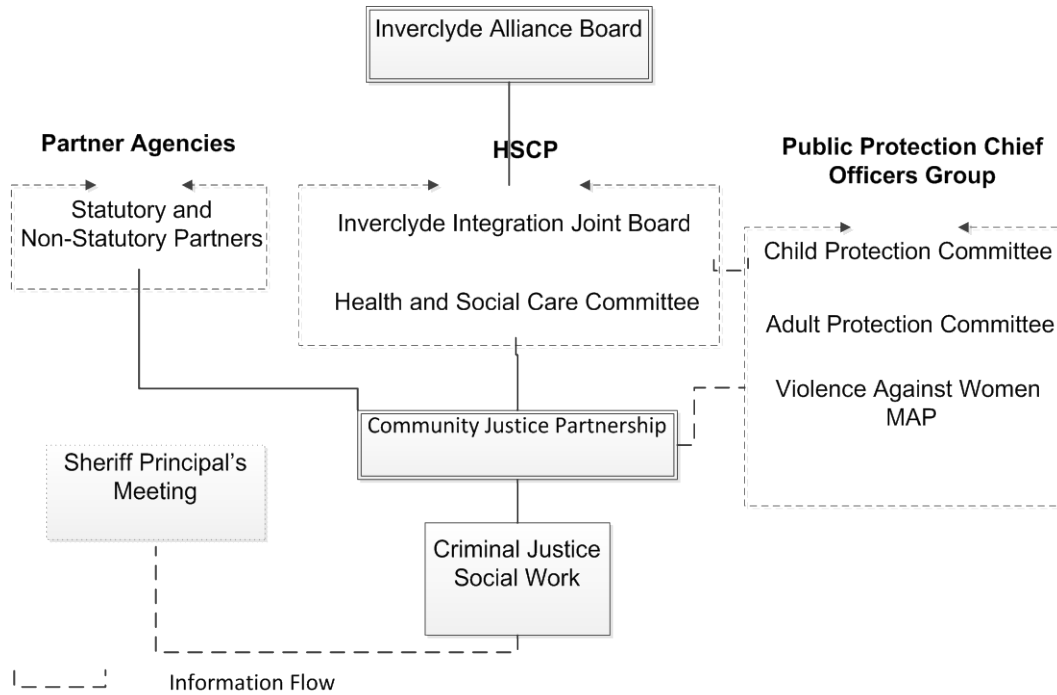
Community Justice Health Improvement Lead	Greater Glasgow & Clyde Health Board
Service Manager	HSCP Criminal Justice
Community Justice Lead Officer	Community Justice Partnership
Corporate Policy & Partnership Manager	Inverclyde Council
Legal Services Manager	Inverclyde Council
Service Manager	HSCP Youth Justice
Planning Officer	NSCJA
Single Point of Contact	Scottish Court Service
Single Point of Contact	Procurator Fiscal
Team Leader	Skills Development Scotland
Governor, HMP Greenock	SPS (Representative for Community Justice)
Chief Superintendent	Police Scotland
HSCP Integration Facilitator	CVS Inverclyde
Group Manager	Scottish Fire and Rescue Service
Service Manager	Action for Children
Operations Manager	Turning Point
Community Safety and Wellbeing Manager	Housing, Safer & Inclusive Communities, Inverclyde Council
ADP Co-ordinator	Inverclyde ADP

Other members will be co-opted onto the group for specific projects as appropriate.

4. Governance Arrangements

Interim governance arrangements have been agreed to support the immediate period of transition and implementation of the new model of community justice in Inverclyde. These will be reviewed following the revision of Inverclyde SOA in 2017.

Governance Structure



The governance structure also illustrates those specific to Criminal Justice Social Work. Each partner will have their own respective governance arrangements within their own organisation.

5. Functions

The Community Justice (Scotland) Act 2016 specifies core functions³ for community justice partners. These include:

1. Publishing a Community Justice Improvement Plan for the local authority area in relation to the nationally determined outcomes and any other local outcome measures.
2. Having due regard to the national Community Justice Strategy; the national Community Justice Performance Framework and Guidance issued by Scottish Ministers.
3. In preparing a Community Justice Improvement Plan consideration must be given to identifying which bodies are able to contribute to the preparation of this plan. The community justice partners must also consult with Community Justice Scotland and any other appropriate body or person.
4. Prepare a participation statement with regard to the preparation of the local Community Justice Improvement Plan and publish this.
5. Review the local Community Justice Improvement Plan periodically or as required and publish a revised plan.
6. Publish a Community Justice Performance Report on an annual basis.
7. Have regard to the community justice outcomes improvement plan in relation to the area of a particular local authority.
8. Comply with any direction issued by Community Justice Scotland.

6. Duty of Co-operation

In addition to the core functions, there is a duty of co-operation⁴ included in the Community Justice (Scotland) Act 2016. This may include:

- Sharing information;
- Providing advice and assistance
- Co-ordinating activities (and seeking to prevent unnecessary duplication);
- Funding activities together.

7. Resourcing of Community Justice

Recent correspondence to Community Planning Partnership Chairs from the Community Justice Division⁵ outlines guidance for preparation of Community Justice Transition Plans and update reports. These indicate the expectation that there will be leverage of partner resources to support change and innovation locally and for the work of community justice going forward beyond the transitional funding period.

³ Section 19-29 Community Justice (Scotland) Act 2016

⁴ Section 35 Community Justice (Scotland) Act 2016

⁵ New Model for Community Justice – Transitional Funding 2016 / 2017 – Letter from Community Justice Division

A key aim of the Transition Funding is to

“Secure the partners contribution of community justice funds, information, staff and other resources as is required to meet the outcomes noted in their local plan to deliver community justice outcomes.”

This is also included in the draft Community Justice National Outcomes, Performance and Improvement Framework where partners will need to evidence leverage of resources for community justice and the impact this has made in achieving outcomes.

8. Self-Evaluation of the Community Justice Partnership

The draft Community Justice National Outcomes, Performance and Improvement Framework adopts the Justice Analytical Division “*5-Step Approach to Evaluation*”⁶. It is anticipated that self-evaluation would be an integral element of performance reporting and the development of local Community Justice Improvement Plans. This would be undertaken by the collective Community Justice Partnership where all partners would have an active role and contribution. Likewise, for the preparation of any future inspection process focusing on community justice; all partners would have an active role and contribution. This would also take cognisance of broader self-evaluation processes and frameworks undertaken by the Health and Social Care Partnership, Local Authority and wider Community Planning Partnership.

9. Information Sharing

Community Justice Partners agree to work to the principles of information sharing detailed in the Community Justice (Scotland) Act 2016, the national Community Justice Strategy and the national Community Justice Outcomes, Performance and Improvement Framework.

10. Role of the Community Justice Lead Officer

The post of Community Justice Lead Officer is hosted by the HSCP Criminal Justice Social Work service on behalf of all the community justice partners in Inverclyde.

The role of Community Justice Lead Officer is in assisting Inverclyde Community Planning Partnership in bringing together and supporting the defined range of partner agencies that will be responsible for ensuring appropriate actions to address re-offending in Inverclyde. This includes the provision of the Inverclyde Community Justice Outcome Improvement Plans to Scottish Government / Community Justice Scotland, review of these Plans and regular reporting in line with the National Strategy, the National Performance Framework and any locally determined outcomes frameworks.

⁶ Designing and Evaluating Behaviour Change Interventions (2015) Scottish Government

In pursuance of this function the Lead Officer will:

1. Provide support for the transition of Community Justice to Inverclyde Community Planning Partnership arrangements and support relevant community planning groups in relation to the reducing reoffending agenda.
2. Lead on the development and provision of the annual multi-agency Inverclyde Community Justice Outcome Improvement Plans. To report on outcomes achieved and those in progress and plans to improve or maintain the current position.
3. Ensure that appropriate linkages are made with the Single Outcome Agreement, corporate plans and strategies.
4. Respond to feedback from Community Justice Scotland on their assessment of Inverclyde's performance and, to comply with any directions to update Community Justice Scotland within specified timescales of actions undertaken or plans to improve performance.
5. Engage with, liaise and support defined statutory partners who can contribute to reducing reoffending and secure and facilitate contributions from these agencies.
6. Assist with the identification of other key agencies that can contribute to the Outcome Improvement Plan and specifically assist in the delivery of agreed outcomes.
7. Engage with Community Justice Scotland, relevant community bodies and any other persons considered appropriate in the preparation of the plan.
8. Provide relevant reports to the Inverclyde Alliance Board (Community Planning Partnership) Health and Social Care and Council Boards on planning and performance and ensure processes are in place for appropriate external communications.
9. Liaise and network with similar posts nationally, participate in any relevant national group, and contribute to the sharing of good practice in reducing reoffending and to communicate this information with partner agencies.
10. Contribute to the local Commissioning Strategy, and to participate in discussions relevant to national commissioning.
11. Lead on identified areas of work on behalf of the Inverclyde Community Planning Partnership.
12. Provide local community justice partners with the findings and implications of reports, policies and research relating to reducing reoffending.
13. Establish and utilise effective systems to support liaison and feedback in relation to progress against agreed national or local objectives.
14. Lead, organise and manage local consultation events which will inform feedback on and review the Inverclyde Outcome Improvement Plan.
15. Liaise with analysts from each service/partner in relation to their information, with the aim of informing a local multi-agency needs analysis.
16. Ensure that statutory and local partners in exercising their own functions are aware of the Inverclyde Outcome Improvement Plan.
17. Undertake any other appropriate activity on behalf of the Community Justice Partnership.

The functions of the Community Justice Lead Officer will periodically be reviewed to reflect any national or local priorities.

11. Review of the Memorandum of Understanding

This Memorandum of Understanding is a working document and subject to review to reflect both national and local changing circumstances with regards to community justice.

This document will be reviewed on an annual basis and any changes will be subject to the collective agreement of the Community Justice Partnership.

Signed for and on behalf of:

Inverclyde Council

Designation

Signature

Date

Signed for and on behalf of:

Police Scotland

Designation

Signature

Date

Signed for and on behalf of:

Scottish Fire and Rescue Service

Designation

Signature

Date

Signed for and on behalf of:

Inverclyde HSCP and Integration Joint Board

Designation

Signature

Date

Signed for and on behalf of:

North Strathclyde Community Justice Authority

Designation

Signature

Date

Signed for and on behalf of:

Scottish Prison Service

Designation

Signature

Date

Signed for and on behalf of:

Greater Glasgow and Clyde Health Board

Designation

Signature

Date

Signed for and on behalf of:

CVS Inverclyde

Designation

Signature

Date

Signed for and on behalf of:

Skills Development Scotland

Designation

Signature

Date

Signed for and on behalf of:

Action for Children

Designation

Signature

Date

Signed for and on behalf of:

Turning Point Scotland

Designation

Signature

Date

Signed for and on behalf of:

Scottish Court Service

Designation

Signature

Date

Signed for and on behalf of:

Crown Office and Procurator Fiscal Service

Designation

Signature

Date

Our Ref:

Your Ref: SM/CJD

Date: 30th May 2016

Hector McNeil House
7-8 Clyde Square
Greenock
Inverclyde
PA15 1NB
Tel: 01475 715282

Justice Directorate

Community Justice Division

redesignofcommunityjustice@scotland.gsi.gov.uk

Dear Mr Harper,

NEW MODEL FOR COMMUNITY JUSTICE – TRANSITIONAL FUNDING 2016-2017

As outlined in the Inverclyde Community Justice Logic Model below, the transitional monies have been crucial to the successful short term outcomes achieved during this first year period. Evidence of this is illustrated in feedback from a range of partners following a recent Development Day indicating:

“I would just like to say that I found today very informative and inspiring...today’s event was an education on what good partnership work can achieve and set a realistic and achievable direction of travel for the Inverclyde Community Justice Partnership.”

“It was a useful opportunity to network with Inverclyde partners and develop my understanding of their services as well as their understanding of ours.”

“My initial reflections are the sense of partnership already in the room and the willingness to share as part of the discussion and it was interesting to hear the range of input. It is also heartening to see the level of commitment that comes within a small local authority where it should be more difficult to find resources to support partnership agendas, but in fact seems to work better than in some bigger local authorities.”

“I thought this was a very positive event for developing partnership understanding and joint working. There was a deepening of the members’ sense of commitment to the statutory duty we all have under the Act.”

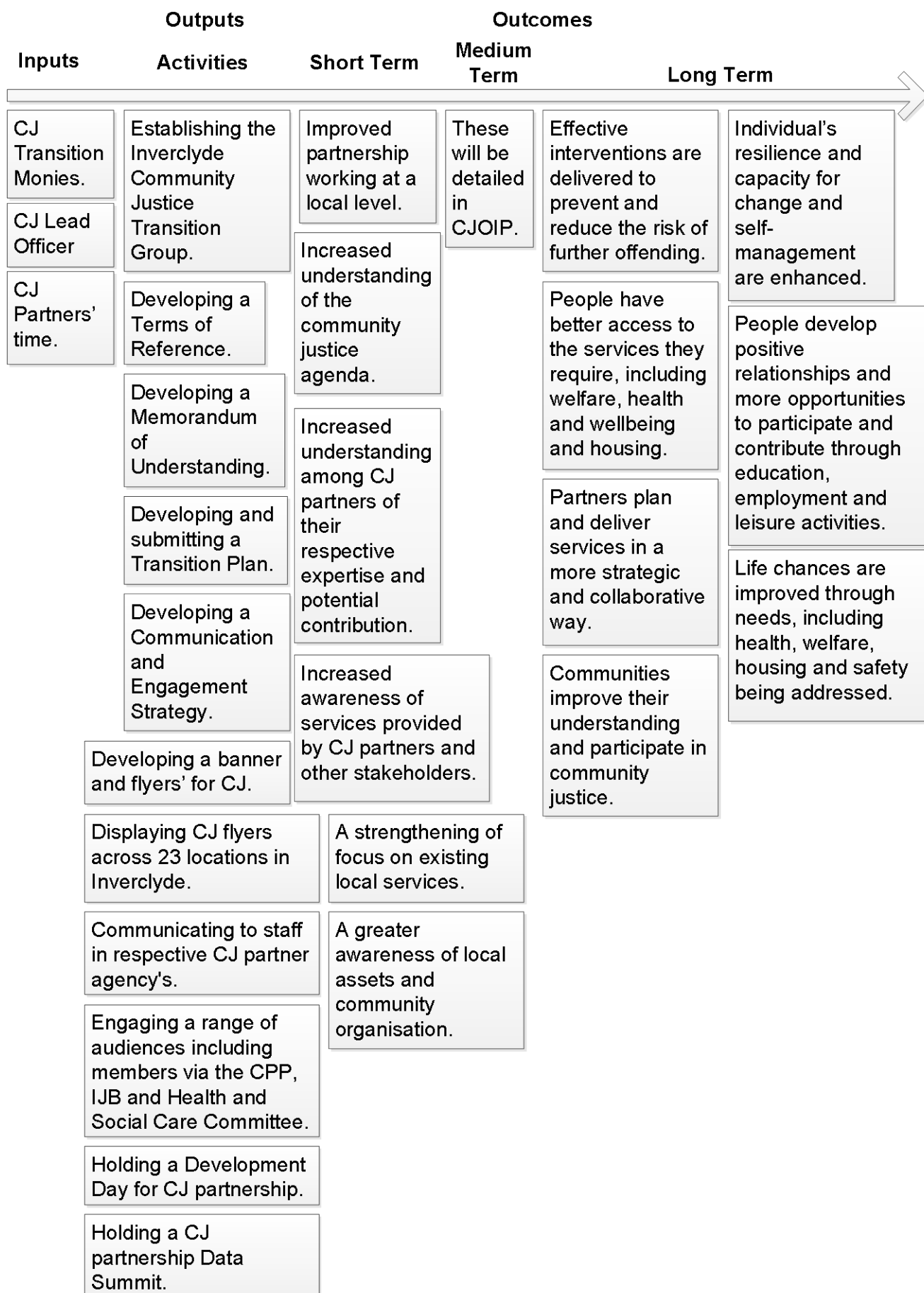
In summary, significant progress has been made in Inverclyde with regards to local planning for implementation of the Community Justice agenda. While there is a strong commitment to partnership working, there is consensus amongst Inverclyde Community Justice Transition Group that such progress would not have been possible if the transitional funding and co-ordinating role of the Community Justice Lead Officer had not been secured. There are concerns around the sustainability of the Community Justice agenda without continuing an adequate level of funding. This post is instrumental in being able to sustain both the momentum and stakeholder buy-in for local implementation of the Community Justice agenda and more significantly, achieving the long term ambitions in improving the lives of those who are involved in the criminal justice system, their local communities and ultimately reducing offending.

If you wish further detail on any aspect in this response, please do not hesitate to contact me.

Yours sincerely

Sharon McAlees
Chair of Inverclyde Community Justice Transition Group

Inverclyde Community Justice Logic Model



Report To: Health and Social Care Committee **Date:** 20 October 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/48/2016/SM

Contact Officer: Sharon McAlees
Head of Service Children's
Services and Criminal Justice **Contact No:** 01475 715282

Subject: HISTORIC CHILDHOOD ABUSE

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of key developments regarding Scottish action to address historic abuse.

2.0 SUMMARY

- 2.1 In 2014, the Scottish Human Rights Commission produced an InterAction Plan on historic abuse. The Scottish Government made a commitment to carry out the InterAction Plan. (An overview of the plan is attached as Appendix 1).
- 2.2 The InterAction Review Group was established in May 2012 to oversee the Scottish Human Rights Commission InterAction process and the subsequent progress of the Plan. The group is made up of key stakeholders, including Social Work Scotland.
- 2.3 The National Confidential Forum (NCF), set up in 2014 to enable survivors to share their care experiences, forms part of the Plan's acknowledgement measures. A revised engagement plan is being put in place to address the low uptake and awareness of the NCF.
- 2.4 A survivor support fund has been set up as part of the Plan's accountability measures. This has opened already for priority cases and is due to be launched for all other applications.
- 2.5 The Scottish Government intends to lift the three-year time bar on civil action in cases of historical childhood abuse (dating back from September 1964) in line with the Plan accountability actions. Public bodies may need to consider any financial/ insurance implications.
- 2.6 The Apologies (Scotland) Act 2016, has received Royal Assent but has not yet been brought into force. The Act will make an apology inadmissible as evidence of liability in most civil proceedings and may support public bodies in their initial approach to survivors where abuse is alleged to have taken place.
- 2.7 The Public Inquiry into Historical Child Abuse in Scotland forms part of the Plan's accountability measures. On 27th July 2016, Lady Smith, a senior judge and Head of Scottish Tribunals, was appointed as the new Inquiry Chair. This followed the resignation of Susan O'Brien QC and panel member Professor Michael Lamb.

- 2.8 The InterAction Action Plan Review Group is likely to propose to the Scottish Government that oversight of the whole InterAction Plan be placed with the Scottish Parliament and that Ministers be asked to report twice a year on progress.
- 2.9 The Inquiry commenced on 1 October 2015. The Inquiry will be asked to report to Ministers within 4 years of the date of commencement. The scope of the Inquiry is 'within living memory'.
- 2.10 In October 2015, the Inquiry Chair wrote to all organisations which are likely to be relevant to the Inquiry to request that immediate steps are taken to preserve records which may be sought by the Inquiry at a later date. This could include adult records as they may contain disclosures of childhood abuse.
- 2.11 A joint seminar is due to take place on 29th September 2016 hosted by Social Work Scotland in conjunction with SOLACE, ADES, SOLAR and COSLA. This is with a view to developing a joint approach to the planning and other activity generated by the Inquiry.
- 2.12 The Scottish Government has established a team to consider and plan for the impact of the Inquiry. They have recently written to public bodies, agencies etc to advise of this team and offer support to organisations with regards to planning and preparation.
- 2.13 Within Inverclyde, the Public Protection Chief Officer Group has agreed to establish a working group under the governance of the Child Protection Committee, chaired by Gerard Malone, Head of Legal and Property Services, to ensure Inverclyde is prepared to support the work of the inquiry and consider and plan for the potential local impact of the inquiry.

3.0 RECOMMENDATIONS

- 3.1 The Health & Social Care Committee is asked to
- note the contents of the report
 - note the establishment of an Inverclyde working group under the governance of the Child Protection Committee, chaired by Gerard Malone, Head of Legal and Property Services.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

Historic Abuse

- 4.1 Scotland is one of only a few countries to develop and implement a dedicated support strategy for survivors of historic abuse in any setting. For 10 years Survivor Scotland has delivered services to many survivors.
- 4.2 In 2010, the Scottish Human Rights Commission was funded to develop a Human Rights framework as part of work to seek remedies for historical child abuse in Scotland. This is known as the InterAction Process. The InterAction process was completed in 2014 and an InterAction Plan was produced. The Scottish Government has made a commitment to carry out its 'InterAction' Plan (an overview of the plan is attached as Appendix 1).
- 4.3 The InterAction Review Group was established in May 2012 to oversee the Scottish Human Rights Commission InterAction on Historic Abuse of Children in Care. Its membership included survivors of abuse, representatives of provider organisations, Scottish Government, CELCIS, SW Scotland and the Scottish Human Rights Commission. The Review Group facilitated collaboration across stakeholders in order that the InterAction could take place in an atmosphere of respect, dignity and support. Following the final meeting of the InterAction in October 2014, a revised remit was produced. The group continues to facilitate engagement with stakeholders in relation to fulfilling the commitments of the InterAction Action Plan and providing progress information to the Scottish National Action Plan for Human Rights (SNAP) Action Group on Justice and Safety.
- 4.4 The National Confidential Forum (NCF) was set up in 2014 as part of the Victims and Witnesses (Scotland) Act 2014 and forms part of the Plan's acknowledgement measures.
- 4.5 The NCF has been holding hearings since January 2015. People who spent time in institutional care as children have been invited to come forward and share their experiences, both good and bad. What people say at the NCF hearings will form an important record about children in care in Scotland in the past and will also inform future learning.
- 4.6 A revised engagement plan is being produced to address concerns that there is a low awareness and has been a low uptake of the NCF. To date 83 hearings have taken place.
- 4.7 Other action taken by the Scottish Government in relation to the Plan includes:
 - The setting up of a dedicated support fund for survivors of abuse placed in care by the state to enable survivors to identify their own personal goals and access the right support to achieve them. £13.5 million is to be allocated over the next five years to develop a dedicated in care support service. The fund is now open for priority cases and due to formally launch for all other applications.
 - An intention to lift the three-year time bar on civil action in cases of historical childhood abuse (dating back from September 1964). A draft Limitation (Childhood Abuse) (Scotland) Bill to that effect was published by the Scottish Government on 14 March 2016. Further review of the terminology is underway to ensure that there are no unintended consequences from this action. Public bodies may need to consider any financial/ insurance implications.
 - The Apologies (Scotland) Act 2016, which has received Royal Assent but has not yet been brought into force. The Act will make an apology inadmissible as evidence of liability in most civil proceedings, with the aim of encouraging

public bodies and others to issue such apologies where wrongdoing is alleged, without having to await the outcome of the court process.

The Scottish Child Abuse Inquiry

- 4.8 The Public Inquiry into Historical Child Abuse in Scotland forms part of the Plan's accountability measures.
- 4.9 On 17/12/14 Angela Constance, Cabinet Secretary for Education and Lifelong Learning, announced that a Public Inquiry would be undertaken into the historic abuse of children and that a consultation process would take place involving survivors and others in relation to the terms of reference and the appointment of a suitable Chair.
- 4.10 The Inquiry is to be held under the Inquiries Act 2005 ("the Act") and is a Scottish Inquiry in terms of section 1(2)(b) and section 28 of the Act. Panel members, along with the Chair, will form the Inquiry Panel in terms of the Act. The Inquiry can compel public bodies or private organisations to produce particular documents. It also has the power to summon people who were involved, such as a person providing care, to give evidence. People who make statements to a statutory inquiry are protected from some court actions, such as defamation. An inquiry is not designed to rule on anyone's civil or criminal liability and has no power to do this. It may be that liability can be inferred from facts that come out of the inquiry, or from recommendations it makes.
- 4.11 On 28/5/15 the draft terms of reference for the Inquiry were announced and Susan O'Brien QC was appointed as the Inquiry Chair.
- 4.12 The purpose of the Inquiry is to:
- To investigate the nature and extent of abuse of children whilst in care in Scotland, during the relevant time frame.
 - To consider the extent to which institutions and bodies with legal responsibility for the care of children failed in their duty to protect children in care in Scotland (or children whose care was arranged in Scotland) from abuse, and in particular to identify any systemic failures in fulfilling that duty.
 - To create a national public record and commentary on abuse of children in care in Scotland during the relevant time frame.
 - To examine how abuse affected and still affects these victims in the long term, and how in turn it affects their families.
 - The Inquiry is to cover that period which is within living memory of any person who suffered such abuse, up until such date as the Chair may determine, and in any event not beyond 17 December 2014.
 - To consider the extent to which failures by state or non-state institutions (including the courts) to protect children in care in Scotland from abuse have been addressed by changes to practice, policy or legislation, up until such date as the Chair may determine.
 - To consider whether further changes in practice, policy or legislation are necessary in order to protect children in care in Scotland from such abuse in future.
 - Within 4 years (or such other period as Ministers may provide) of the date of its establishment, to report to the Scottish Ministers on the above matters, and to make recommendations.
- 4.13 For the purpose of this Inquiry, "Children in Care" includes children under 18 years in institutional residential care such as children's homes (including residential care provided by faith based groups); secure care units including List D schools; Borstals; Young Offenders' Institutions; places provided for Boarded Out children in the Highlands and Islands; state, private and independent Boarding Schools, including state funded school hostels; healthcare establishments providing long term care; and any similar establishments intended to provide children with long term residential care. The term also includes children in foster care.

- 4.14 The term does not include: children living with their natural families; children living with members of their natural families, children living with adoptive families, children using sports and leisure clubs or attending faith based organisations on a day to day basis; hospitals and similar treatment centres attended on a short term basis; nursery and day-care; short term respite care for vulnerable children; schools, whether public or private, which did not have boarding facilities; police cells and similar holding centres which were intended to provide care temporarily or for the short term; or 16 and 17 year old children in the armed forces and accommodated by the relevant service.
- 4.15 “Abuse” for the purpose of this Inquiry is to be taken to mean primarily physical abuse and sexual abuse, with associated psychological and emotional abuse. The Inquiry will be entitled to consider other forms of abuse at its discretion, including medical experimentation, spiritual abuse, unacceptable practices (such as deprivation of contact with siblings) and neglect, but these matters do not require to be examined individually or in isolation.
- 4.16 On 1/7/15, Susan O’Brien, QC commenced in her role as Inquiry Chair. She subsequently appointed as panel members Glen Houston, Northern Ireland Chief Executive of the Regulation and Quality Improvement Authority and Michael Lamb, Professor of Psychology at the University of Cambridge.
- 4.17 On 4/7/16, Ms O’Brien announced her resignation as the Inquiry Chair. Professor Michael Lamb had days earlier resigned on 27/6/26.
- 4.18 On 27/7/16, Lady Anne Smith, a senior judge and head of Scottish Tribunals was appointed as the new Chair of the Inquiry. Lady Smith was previously the Chair of the Scottish Partnership on Domestic Abuse and previously chaired the Advocates Family Law Group and the Advocates Professional Negligence Groups.
- 4.19 The rest of the senior Inquiry team remains unchanged at this time and the remaining panel member Glen Houston has indicated his intention to remain in the post. The Inquiry team have been continuing to meet with survivors to hear their evidence. Two survivor groups – INCAS (In Care Abuse Survivors) and FGBA (Former Boys and Girls Abused of Quarriers Homes) have applied and received core participant status in the Inquiry. Core participants are expected to have a significant role in the Inquiry and will obtain access to evidence and documents which may not be available to the public.
- 4.20 In response to the concerns regarding delays in progressing the InterAction Plan and changes to the Inquiry, a proposal is likely to be put forward to the Scottish Government by the InterAction Action Plan Review Group to propose that oversight of the InterAction Plan be placed with the Scottish Parliament and that Ministers be asked to report twice a year on progress.
- 4.21 The Inquiry is in the process of drafting Protocols for handling the documents it will recover and retain for its work. In 2015 the Inquiry Chair wrote to all organisations which she believed were likely to be relevant to the Inquiry to ask that they take immediate steps to preserve records which may be sought by the Inquiry at a later date. This letter has been received by the statutory organisations within Inverclyde. The Inquiry intends to begin issuing requests for documents in the coming months.
- 4.22 The Scottish Government has recently written to key public bodies, agencies etc to advise that a government team has been established to consider and plan for the impact of the Inquiry in a ‘core participant’ sense. The focus on the group will include:
- directing searches of records
 - liaising with agencies, public bodies, third sector organisations and others on the proposed approach of the Scottish Government
 - consideration of policy implications
- 4.23 In addition, as part of the work of this group, the Scottish Government is offering to

provide advice and/or assistance to organisations in relation to planning and preparation.

4.24 Police Scotland and the Crown Prosecution and Procurator Fiscal Service have put in place single points of co-ordination and contact for the purposes of the Inquiry. In preparing for the Inquiry, a co-ordinated approach may be useful with respect to:

- Identification of any issues with regards to records retention and storage
- Supporting resources
- Ensuring a single point of contact is in place to manage Inquiry requests
- Considering any potential financial risk/ insurance matters that might arise from the Inquiry

4.25 A joint seminar hosted by SW Scotland in conjunction with SOLACE, ADES, SOLAR and COSLA is scheduled to take place on Thursday 29 September at COSLA in Edinburgh, the focus will be on developing a joint approach and issues to be discussed will include:

- Supporting victims and survivors: counselling and support services
- Compensation: dealing with claims and budgeting
- Managing information: redaction, data protection, locating files and secure transfer
- Supporting staff who may have also been victims of child abuse
- Reputational Risk

4.26 Inverclyde requires to be in a position to prepare for and respond to the issues raised by the Inquiry. In order to do this, the Public Protection Chief Officers Group has requested that the Child Protection Committee provide a governance structure for this work.

4.27 Gerard Malone, Head of Legal and Property Services, has been tasked with chairing a working group to progress this. The group will be supported by the Head of Children's Services and Criminal Justice. It is likely that representation on the group will be drawn from service areas across the HSCP, and a range of council services including Human Resources, Legal Services, Finance etc.

4.28 It is intended that this group will produce at minimum an annual report to members and to the Public Protection Chief Officers Group to ensure full oversight.

5.0 IMPLICATIONS

Finance

5.1 Financial Implications:

There may be financial/ insurance implications in relation to civil action in cases of historical childhood abuse particularly given the Scottish Government intends to lift the three-year time bar on such actions.

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 a range of legislative issues in respect of this report and these are contained in the background.

Human Resources

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

Equalities

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

Repopulation

- 5.5 There are no repopulation issues within this report.

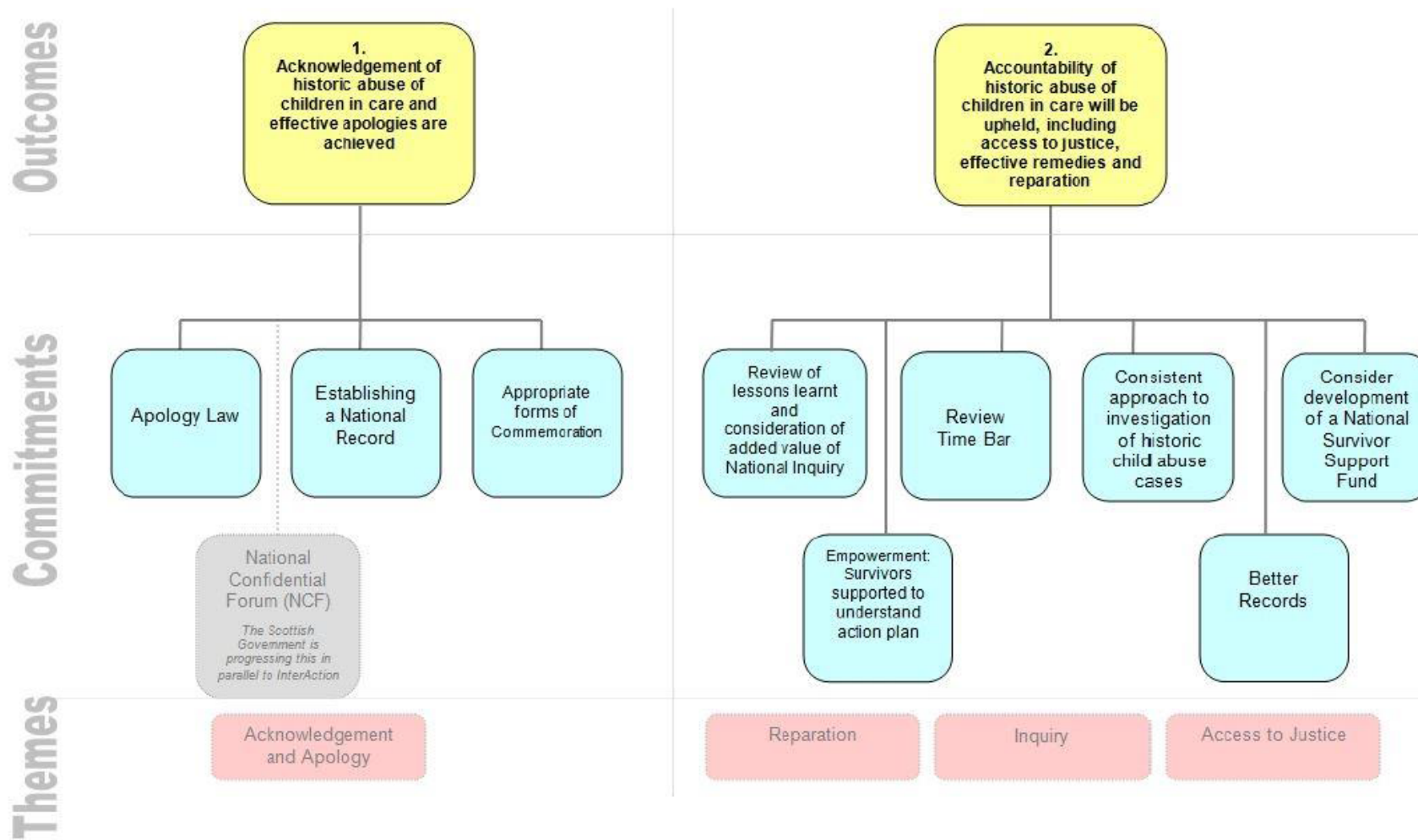
6.0 CONSULTATION

- 6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Head of Service Children's Services and Criminal Justice and Belinda McEwan, Child Protection Officer, Renfrewshire Children's Services.

7.0 LIST OF BACKGROUND PAPERS

- 7.1 Action Plan on Justice for Victims of Historic Child Abuse.

Action Plan on Justice for Victims of Historic Child Abuse



Report To:	Health and Social Care Committee	Date:	20 October 2016
Report By:	Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)	Report No	SW/52/2016/HW
Contact Officer:	Helen Watson Head of Service: Planning, Health Improvement & Commissioning	Contact No:	01475 715285
Subject:	Cross-Party Working Group to Explore NHS Greater Glasgow and Clyde Service Changes		

1.0 PURPOSE

- 1.1 To propose terms of reference for a cross-party working group to explore potential impacts and opportunities arising from the NHS Greater Glasgow and Clyde Service Changes that were agreed by the NHS Board in August of this year, and moving forward, to provide a forum to develop more meaningful discussions that inform the Council's contributions to future health service consultations.

2.0 SUMMARY

- 2.1 At the 25th August 2016 meeting of the Health and Social Care Committee, Members discussed service changes that had been agreed by the NHS Greater Glasgow and Clyde Board on 16th August 2016. The service changes of greatest interest to Inverclyde Council related to:
- Paediatric services at the Royal Alexandra Hospital;
 - Delivery Services in the Community Maternity Units.
- 2.2 The NHS Board paper highlights that the proposal to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital to the Royal Hospital for Sick Children had been agreed in 2012. Following engagement on the proposal, the preferred option was that the service should move, but this should be after the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospital's Campus.
- 2.3 Changes to the delivery services in the Community Maternity Units mean that Inverclyde women will continue to receive antenatal and postnatal care at the local hospital, but intrapartum services (i.e. services to enable the actual delivery) will no longer be available.
- 2.4 These changes will have implications for Inverclyde residents, and have highlighted the need for the Council to be able to develop considered responses to health service proposals, so that the implications of future proposals can be fully explored, and any potential opportunities can be maximised. The Health and Social Care Committee therefore agreed that a Cross-Party Health Working Group be established comprising the Provost as Chair, the Convener and Vice-Convener of the Health and Social Care Committee, Councillors MacLeod, Rebecchi, Jones and Ahlfeld to work with officers to review the proposals which are the basis of the consultation, engage with appropriate bodies, including the Scottish Government, as required, seek the views of

the local community and consider the implications in the short and longer term of any further service changes to Inverclyde Health Services.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee approves the proposed terms of reference for the Cross-Party Health Working Group.
- 3.2 It is further recommended that the Health and Social Care Committee establishes the working group on the basis of these terms of reference.

4.0 BACKGROUND

- 4.1 At the August 2016 meeting of the NHS Board, four service changes were agreed. These related to:
- Paediatric services at the Royal Alexandra Hospital;
 - Rehabilitation services at Lightburn Hospital;
 - Delivery Services in the Community Maternity Units;
 - Inpatient care at the Centre for Integrative Care.
- 4.2 Of these four areas of change, two are likely to have implications for Inverclyde residents, namely the move of paediatric services from the Royal Alexandra Hospital, and the changes to delivery services in the Community Maternity Unit at the Inverclyde Royal Hospital.

5.0 REVIEW OF PAEDIATRIC INPATIENT SERVICES AT ROYAL ALEXANDRA HOSPITAL

- 5.1 The latest NHS Board paper highlights that the proposal to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital to the Royal Hospital for Sick Children was agreed in 2012. Following engagement on the proposal, the preferred option was that the service should move, but this should be after the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospital's Campus.
- 5.2 The clinical case for change is predicated on the quality of the facilities of the new Royal Hospital for Children (RHC), the quality of clinical practice, and the enhanced opportunities for training, to support an environment of continuous improvement and clinical excellence.
- 5.3 Outpatient clinics will not be affected by the move to the RHC, however daycases, elective inpatient admissions and emergency inpatient admissions will be to the new hospital. There is no planned change to neonatal or wider maternity services provided in the RAH as a result of this proposal. The neonatal service at RAH will become consultant led by the amalgamation of the workforce across the neonatal units at the QUEH maternity unit and RAH to provide a joint workforce model of patient care.
- 5.4 Proposed Engagement

The NHS Board Paper (August 2016) sets out a two-phase approach to engagement.

- Establish an extensive programme of communication with all stakeholders to describe the proposed change and give visibility to all elements of the previous process, particularly the option appraisal. The purpose of this phase is to ensure that all of the key interests have an opportunity to understand the proposal and make further comment. This process will run from the beginning of September until mid-October with a report going to the October NHS Board for a decision on proceeding to public consultation and the approach to consultation. The Council, as an important stakeholder, might wish to contribute to that discussion.
- If the NHS Board proceeds to consultation that process will run from the end of October for 3 months with a report back to the February NHS Board for decision. Again, if such a consultation is put in place, it is likely that the Council will wish to form and submit a view.

5.5 The proposed Cross-Party Working Group will provide a forum for Elected Members to discuss issues, concerns and opportunities arising from the service changes, and thus support effective engagement of the Council with the consultation process. The Group, once established, will provide a cross-party forum to discuss the delivery of health services in Inverclyde, taking account of the views of the local people that Elected Members represent. Such a forum will allow a more considered discussion about health services provision in the round, enabling more meaningful discussion that supports a positive contribution to consultation, with an approach focuses of changes that bring about service improvement.

6.0 PROPOSED TERMS OF REFERENCE

6.1 Remit

The Cross-Party Working Group will:

- provide a cross party forum for considering response to NHS Greater Glasgow and Clyde service changes currently the subject of engagement and consultation;
- examine the case for change for current and future service changes;
- be apprised of current service delivery arrangements and changing patterns of demand for acute services in the Inverclyde area;
- be apprised of the current and future financial framework for Acute Health services;
- gain an understanding of the implications of the National Clinical Service Strategy proposals on Inverclyde Acute Health Services;
- be updated on the implications of the Greater Glasgow and Clyde Clinical Services Strategy implementation plans on Health Services in Inverclyde;
- be updated on current and longer term capital investment requirements of the local hospital;
- understand the relationship between acute hospital provision and developments in local primary care services;
- take a strategic approach to developing contributions that will improve health care and reduce health inequalities in the longer term;
- consider any performance issues regarding the provision of Health Services in Inverclyde and the health outcomes of Inverclyde residents;
- receive reports from HSCP officers regarding any of the above issues;
- report with the views and conclusions on the matters above to the Health and Social Care Committee so that consideration of the Council's formal position on any future service changes may be decided upon.

Membership

The Cross Party Working Group will be chaired by Provost Moran, and membership will include:

- the Convener and Vice-Convener of the Health and Social Care Committee
- Councillor MacLeod
- Councillor Rebecchi
- Councillor Jones and
- Councillor Ahlfeld.

The Cross Party Working Group members will work with officers to review the proposals which are the basis of consultations, engage with appropriate bodies, including the Scottish Government, as required, and seek the views of the local community and consider the implications in the short and longer term of any further service changes to Inverclyde Health Services.

Operating Principles

The Group will invite officers from the Inverclyde HSCP and Greater Glasgow and Clyde Health Board to attend the Working Group as required.

The Group will be advised of any national policy initiatives that may impact on provision of local Health Services.

The Group will be updated and advised on the role and function of the Integration Joint Board.

Frequency of Meetings

The Cross Party Working Group will meet bi-monthly for the first 12 months, subject to review thereafter.

7.0 IMPLICATIONS

FINANCE

- 7.1 Financial Implications: There are no financial implications arising from the proposals 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

- 7.2 There are no legal issues within this report.

HUMAN RESOURCES

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

EQUALITIES

- 7.4 There are no equalities issues within this report.

Has an Equality Impact Assessment been carried out?

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

7.5 REPOPULATION

There are no repopulation issues within this report.

8.0 CONSULTATION

8.1 Inverclyde Council contributed to the NHS consultation on its Clinical Services Strategy prior to its approval by the NHS Board in January 2015.

Report To: Health and Social Care Committee **Date:** 20 October 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership (HSCP) **Report No:** SW/55/2016/BC

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

Subject: ETHICAL CARE CHARTER

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with the background to the Ethical Care Charter and our response to it.

2.0 SUMMARY

- 2.1 Following concerns raised from a variety of areas, including service users, providers and homecare staff, the trade union Unison developed an Ethical Care Charter.
- 2.2 The overriding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which aid the recruitment and retention of staff through more sustainable pay, conditions and training. By achieving this, client care will fundamentally improve.

3.0 RECOMMENDATIONS

- 3.1 The Committee is asked to note and acknowledge the achievement of Inverclyde Health and Social Care Partnership in being one of the first partnerships in Scotland to achieve the recognition of the Ethical Care Charter.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 For many years we have been developing the homecare service in Inverclyde on the basis of key principles:-

- That whilst cost and affordability are considered in delivering care, user need and quality of care is central to the service;
- That provision will be through a combination of internal and external services with consistent quality and monitoring of service regardless of the provider;
- That the utilisation of an internal Reablement service focuses pathways on maximising service user independence with ongoing provision on the basis of need;
- That effective service user and staff engagement are embedded in our approach.

5.0 PROPOSALS

5.1 The principles outlined above resonate with the Ethical Care Charter leading Inverclyde HSCP Staff Partnership Forum to seek approval from Unison to become an Ethical Council by adopting the Ethical Care Charter.

5.2 The submission, prepared jointly by the local homecare management team and local Unison steward, has resulted in final approval.

6.0 IMPLICATIONS

Finance

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

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 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

6.5 None.

7.0 CONSULTATION

7.1 None.

8.0 BACKGROUND PAPERS

8.1 Ethical Care Charter

8.2 Ethical Care Charter approval

UNISON's ethical care charter



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Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
 - 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
 - 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
 - Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.
- 56.1% – had their pay made worse
 - 59.7% – had their hours adversely changed
 - 52.1% – had been given more duties
 - 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
 - Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
 - Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
 - 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

“ I never seem to have enough time for the human contact and care that these people deserve. ”

“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”

“ People are being failed by a system which does not recognise importance of person centred care. ”

“ We are poorly paid and undervalued except by the people we care for! ”

“ I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It’s appalling the care they receive now. ”

Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short-change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.

Ethical care charter for the commissioning of homecare services

Stage 1

- › The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- › The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- › Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- › Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- › Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- › Clients will be allocated the same homecare worker(s) wherever possible
- › Zero hour contracts will not be used in place of permanent contracts
- › Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing

- › All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- › Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- › All homecare workers will be paid at least the Living Wage (As of September 2012 it is currently £7.20 an hour for the whole of the UK apart from London. For London it is £8.30 an hour. The Living Wage will be calculated again in November 2012 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- › All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

Guidance for councils and other providers on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3
2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?
4. How much is staff turnover costing providers in recruitment and training costs?
5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?
7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.
2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.
3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Service monitoring

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured
2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.

UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to unison.org.uk/million

Join UNISON online today at unison.org.uk/join
or call 0845 355 0845



Appendix B

TO: UNISON

FROM: INVERCLYDE HSCP STAFF PARTNERSHIP FORUM

PURPOSE

Inverclyde HSCP is committed to becoming an Ethical Care Council facilitating a minimum standard for the safety, quality and dignity of care by ensuring appropriate employment conditions. The Home Care Service is underpinned by adequate funding and ongoing investment to meet increasing demand. In recent years there has been significant development within the service with the aim of creating a culture in which the contribution from staff is valued and respected.

The service is committed to staff engagement, has a well-trained and supported homecare team and works in partnership with external providers enabling good working practices.

Inverclyde HSCP would like to seek approval from Unison to become an Ethical Council by adopting the Ethical Care Charter.

STAGE 1

Inverclyde HSCP assess all service users through the reablement team which is a rehab focused service looking at maximising service user independence and participation in daily living. Following this assessment service users have the choice of the Self Directed Support options to ensure they are given control in how their care is provided. Therefore care is based on assessed need. During reablement, service users care packages are monitored weekly and adjusted accordingly to reflect either decrease or increase in needs.

Visit lengths are established through the reablement assessment which enables the service to allocate appropriate time. New referrals are all initially allocated 60 minutes for personal care and 30 minutes for assistance with meals, visit times are then monitored to ensure there is sufficient time allocated. 15 minute visits are only used where it has been agreed with the service user and worker that this is sufficient to meet the identified need eg. medication prompt only. During the assessment period weekly staff meetings enable staff to give their views on the service users progress.

In the longer term all care packages are reviewed 6 monthly including involvement of the service user/family/carers and workers to ensure the level of service is appropriate to meet on going needs.

Inverclyde HSCP and external Homecare workers receive payment for either mileage or public transport costs and have been supplied essential health and safety equipment such as gloves and aprons.

Appendix B

Inverclyde HSCP and contracted Homecare providers currently use the CM2000 system which is used to schedule and monitor visits to ensure there is appropriate time allocated including travel time and is used as evidence to increase visit times as needs change.

All eligible workers within Inverclyde HSCP receive occupational sick pay. All future tendering will award 10% to workforce matters and will include consideration of an occupational sick scheme.

STAGE 2

Service users are allocated to a schedule which is then allocated to a home support worker. The service is structured with each Senior Home Support Worker managing a team of approximately 12 workers which enables workers to feedback directly and receive support from colleagues within the team. At periods of absence for annual leave, sickness or training, CM2000 provides information regarding continuity for the previous two months, this ensures we are allocating to an appropriate worker to maintain good continuity for the service users and staff. Continuity is monitored by seniors and managers two weekly through workload management and reported monthly to Team Leaders. Monthly monitoring meetings are held with external providers where continuity is reported.

All external providers are required to offer staff contracted hours however, some staff choose to remain on zero hour contracts.

Any concern reported by staff is logged on CM2000/SWIFT and assigned to the appropriate person to action. There is agreement in place with external providers if staff require to stay longer with a service user the provider would be paid on an ad hoc basis.

Training courses are delivered within the working day at no cost to staff, any worker who chooses to attend on a rota day off will receive additional hours for attending. Training is a standing agenda item on quarterly supervision to identify any additional training needs as well as ensuring that mandatory training has been completed. When complex cases are transferring from reablement to either mainstream or commissioned services we will work jointly until the new team is familiar with the service user and skilled in how to approach or use moving and handling techniques. If required a member of the OT team within reablement will also jointly visit with the new care team. District nurses provide on the job training and work alongside home care especially in palliative cases. The 5 day induction course includes training from district nurses and AHPS's. External providers are able to access our moving and handling training. Training needs are identified through quarterly supervision and annual appraisal.

It is built into the contract monitoring process that providers must provide all mandatory training within the timescales agreed. This is monitored through regular governance and monitoring visits.

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Home Support Workers have the opportunity to attend team meetings every 8 weeks with their Home Support Manager, there is also drop in facilities across Inverclyde which provides staff the opportunity to discuss any concerns with a Home Care Senior or collect any PPE on a weekly basis.

Providers hold regularly team meeting and staff meetings which is monitored during the contract monitoring process.

STAGE 3

All HSCP Home Support staff are paid above the Living Wage. Contracted Home Care providers will have a legal obligation to pay front line staff the living wage by October 2016 – a plan for implementation was approved by the IJB in August and will be fully implemented by 1st October 2016.

All eligible workers within Inverclyde HSCP receive occupational sick pay. All future tendering will award 10% to workforce matters and will include consideration of an occupational sick scheme.

Seeking Agreements with Existing Providers:

Inverclyde HSCP believe we are meeting the Ethical Care Charter therefore don't require a review group, however, if this is deemed different by Unison we will be happy to set up a review group. Currently there is regular communication with commissioned services on an individual and group basis to ensure the quality of service is maintained.

A homecare assessor reviews all packages of care on a 6 monthly basis which includes a review of all external home care services. During this review the family and service user's views are sought and the home support worker is included. Through the governance process each care provider externally operates a responsible person for reviews and seeks the views of the service user, home support worker and family.

Look for Savings:

The introduction of the geographical lots through the tendering process and locality teams in house ensure staff are deployed as efficiently as possible within a small area. Internal and external providers now work jointly to allocate work within the lots according to where staff are currently working to minimise travel.

Following the implementation of the home care contract providers are more able to plan service giving more security to staff which has reduced staff turnover. We expect this to decline further as all providers from 1 October will be paying the living wage of £8.25.

Enhanced teams such as reablement, step up, community alarm and through the night, rehab teams all provide additional support within peoples own homes or within a community

Appendix B

setting to prevent hospital admission, reduce falls and prevent break down of informal care arrangements. Within Inverclyde there is a local falls initiative enabling the monitoring of falls and appropriate response by community alarm.

In terms of joint training the shared moving and handling training goes some way towards achieving this and service user specific training through reablement. There is currently ongoing work to look at how joint training can be developed further which is likely to include medication training.

The Commissioning Process:

The home care contract will run until April 2018 with the option to extend for 1 plus 1 year. As part of the evaluation of the tender aspects of staff recruitment, contracted hours, training, supervision and development were taken into account. All future tendering will award 10% to workforce matters and will include consideration of an occupational sick scheme. We are committed to ensure that the Ethical Care Charter will be embedded in the commissioning process in future.

There is a high quality of care within Inverclyde which is monitored through the inspection process and contract monitoring/governance structure.

Service Monitoring:

We would look to invite a Trade Union representative to performance meetings to discuss workforce issues and monitor compliance with the Ethical Care Charter. Currently we have regular liaison meetings with Union colleagues specifically in relation to home care service.

There is regular consultation with HSCP staff through team meetings, supervision and appraisals. Inverclyde HSCP has recently piloted the imatter consultation process for all staff which results in a team report and action plan. Through contract monitoring there is contact with staff working with external services to hear their views.

It is felt a workers panel across services would be very beneficial in enabling us to share practice and provide support. We will make a commitment to discuss with external partners to look at setting up the panel within a timescale of 6 months.

Brian Moore
Chief Officer
Inverclyde HSCP

Report To:	Health and Social Care Committee	Date:	20 October 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/54/2016/DG
Contact Officer:	Deborah Gillespie Head of Mental Health, Homelessness and Addictions Inverclyde Health and Social Care Partnership	Contact No:	01475 716150
Subject:	Tendering of Advocacy Service		

1.0 PURPOSE

- 1.1 To seek approval to change the tender weightings in relation to the forthcoming tender process for Advocacy Service in Inverclyde.

2.0 SUMMARY

- 2.1 The HSCP has a statutory responsibility, principally under the Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000, and Adult Support and Protection (Scotland) Act 2007 to provide access to independent advocacy for specific groups of people. The tender for the provision of the Advocacy Service in Inverclyde is being prepared for advertising.
- 2.2 As in all cases with Social Care service provision, the quality of the care service is of paramount importance. In light of this, it is recommended that the Advocacy Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in the Contract Standing Order 13.3.
- 2.3 The tender for the current contract used a Quality weighting of 60%. Recent Social Care tenders have also been carried out using a 60% Quality weighting. In all Social Care tenders it is important to ensure that the cost of care is balanced with high quality services. A high quality weighting discourages suppliers from bidding a low price for the service in order to guarantee their success where their quality is poor.

3.0 RECOMMENDATIONS

- 3.1 That the Committee approve the use of a 60% Quality and 40% Cost of Service weighting in the forthcoming tender for the Advocacy Service and therefore suspend contract Standing Order 13.3.

Brian Moore
Corporate Director
Inverclyde Health
and Social Care Partnership

4.0 BACKGROUND

- 4.1 The HSCP has a statutory responsibility, principally under the Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000, and Adult Support and Protection (Scotland) Act 2007 to provide access to independent advocacy for specific groups of people. The tender for the provision of the Advocacy Service in Inverclyde is being prepared for advertising.
- 4.2 The tender for the current contract used a Quality weighting of 60%. Recent Social Care tenders have also been carried out using a 60% Quality weighting. In all Social Care tenders it is important to ensure that the cost of care is balanced with high quality services. A high quality weighting discourages suppliers from bidding a low price for the service in order to guarantee their success where their quality is poor.
- 4.3 In addition to the legislative requirement to provide access to independent advocacy, recent policy for health and welfare in Scotland views patients and the public as partners in a mutual NHS. "Better Health, Better Care: An Action Plan (2007)" means that there is a requirement to treating patients and the public as partners in their care and access to independent advocacy can ensure that all individuals and groups can engage in this process. Independent advocacy ensures equality of access to services particularly for those groups which may otherwise be excluded. The provision of advocacy seeks to ensure the ability of service users to have an equal voice in consideration of response to their needs.

The specification for the service will reflect the core areas of the advocacy service to be delivered by the successful supplier during the contract term. The successful supplier will provide a service for people, aged 16 or over (including people over 65), who are resident in Inverclyde and:

- Have a level of disability which impairs their ability to advocate on their own behalf
- Are Carers to someone resident in Inverclyde
- Have complex needs and are experiencing situations which they are unable to cope with without professional support
- Or who are in receipt of prison healthcare services, within Gateside Prison Greenock

The service will work towards promoting equal opportunities for individuals with physical and learning disabilities, homeless people, older people and people with mental health issues and individuals with addiction problems. The service is expected to prioritise and target people for whom the use of legislation is being considered or is in place, as a framework of support for them.

5.0 PROPOSALS

- 5.1 As in all cases with Social Care service provision, the quality of the care service is of paramount importance. In light of this, it is recommended that the Advocacy Service contract is awarded on a 60% Quality and 40% Cost of Service weighting split to help ensure the required quality of service and best value cost of service can be procured. This is a reversal of the weighting split in Contract Standing Order 13.3

6.0 IMPLICATIONS

6.1 Finance

None

6.2 Legal

None

6.3 Human Resources

None

6.4 Equalities

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. The successful organisation/s will be expected to provide an accessible service in line with the Equality Act 2010.

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

6.5 Repopulation

There are no repopulation issues within this report.

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 None

**INVERCLYDE COUNCIL
HEALTH AND SOCIAL CARE COMMITTEE**

AGENDA AND ALL PAPERS TO:

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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

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