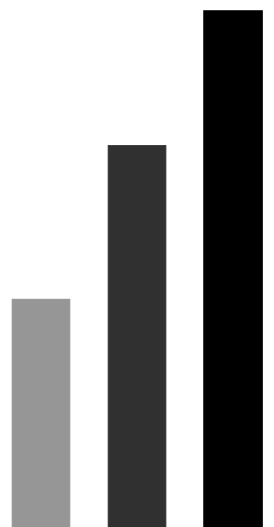


## Agenda 2017

# Health & Social Care Committee

For meeting on:

23	February	2017
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**A meeting of the Health & Social Care Committee will be held on Thursday 23 February 2017 at 3pm within the Municipal Buildings, Greenock.**

GERARD MALONE  
Head of Legal and Property Services

**BUSINESS**

1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>PERFORMANCE MANAGEMENT</b>		
2.	<b>Revenue and Capital Budget Report 2016/17 – Period 9 as at 31 December 2016</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	<b>p</b>
3.	<b>Joint Inspection of Children’s Services</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Health &amp; Social Care Partnership Corporate Directorate Improvement Plan Performance Report</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Inverclyde Community Justice Outcomes Improvement Plan 2017-2022</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
6.	<b>Inverclyde Adult Protection Committee Biennial Report</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Child Protection Committee Annual Report</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
8.	<b>Learning Disability – Outreach and Community Supports Service</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

9.	<b>Inverclyde Learning Disability Support and Care at Home/Supported Living Service – Care Inspection Report</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		<b>p</b>
10.	<b>Care Inspectorate Report on Hillend Respite Unit</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		<b>p</b>
<b>NEW BUSINESS</b>			
11.	<b>Personal Independence Payments (PIP)</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		<b>p</b>
12.	<b>Inverclyde Integration Joint Board Corporate Support Arrangements – Service Level Agreement</b> Report by Head of Legal & Property Services		<b>p</b>
13.	<b>Update on the Provision of Caladh House and Redholm Supported Accommodation Service</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		<b>p</b>
<b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.</b>			
<b>PERFORMANCE MANAGEMENT</b>			
14.	<b>Governance of HSCP Commissioned External Organisations</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned social care services	<b>Para 6</b>	<b>p</b>
<b>NEW BUSINESS</b>			
15.	<b>Scoping of Care Homes Market</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an initial analysis and overview of the current issues in relation to the provision of care home places in Inverclyde	<b>Para 9</b>	<b>p</b>

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

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>23 February 2017</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>FIN/15/17/AP/FMCL</b>
	<b>Alan Puckrin Chief Financial Officer</b>		
<b>Contact Officer:</b>	<b>Fiona McLaren</b>	<b>Contact No:</b>	<b>01475 712652</b>
<b>Subject:</b>	<b>Revenue &amp; Capital Budget Report 2016/17 – Period 9 as at 31 December 2016</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the position of the Revenue and Capital budgets for the current year as at Period 9 to 31 December 2016.

## 2.0 SUMMARY

- 2.1 The Social Work revised budget is £48.779 million with a projected underspend of £125,000, which is a decrease in spend of £301,000 since the last report. The main elements of the underspend are:

- Vacancies in internal homecare of £147,000,
- Vacancies and slippage in other services of £74,000,
- Additional one off income received within Residential & Nursing of £152,000,
- Projected underspends within Children & Families on respite (£50,000), kinship (£40,000) and Children & Young Peoples Act (£45,000).

Offset in part by:

- Residential & Nursing overspend of £152,000 reflecting the increased numbers of beds in use. This is offset by the additional one off income of £152,000,
- Homecare overspend of £117,000 on external homecare reflecting the increased hours of care provided. This is offset by vacancies on internal homecare above,
- A projected overspend of £129,000 in Learning Disabilities on client care packages. This is partially linked to the move to Redholm.

- 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. There have been some changes to the Council's budget relating to corporate budgets for transport and utilities. These are detailed in Appendix 7.
- 2.3 The IJB has provided additional budget of £1,504,000 during the year and this is 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, of which £55,000 has still to be identified on an ongoing basis.

- 2.5 The Social Work capital budget is £1,414,000, with spend to date of £508,000. There is projected slippage of £332,000 (23.5%) and expenditure equates to 35.9% of the revised budget.
- 2.6 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, £2,437,000 is projected to be spent in the current financial year. To date £1,278,000 spend has been incurred which is 52.4% of the projected 2016/17 spend.
- 2.7 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.
- 2.8 It should be noted that in the event the Committee underspends then this underspend will be retained by the IJB in line with the approved Funding Agreement.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the current year revenue budget and projected underspend of £125,000 for 2016/17 as at 31 December 2016.
- 3.2 That the Committee note the current projected capital position.
- 3.3 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 £125,000 underspend.

## 5.0 2016/17 CURRENT REVENUE POSITION: Projected £125,000 (0.26 %) underspend

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.

The IJB has provided additional budget of £1,504,000 during the year and this is reflected in this report. This additional budget has been provided for the following:

Included in approved budget:

- Homecare	500,000	
- Elderly pressures	245,000	
- Homelessness	150,000	
- Fostering	150,000	
- Adoption	24,000	
- Children's residential accommodation	200,000	
	<hr/>	
		1,269,000

Approved at IJB meeting 18 August 2016

- NCHC uplift	494,000	
- National Living Wage	293,000	
- Sleepovers	278,000	
- Dementia strategy	115,000	
- Section 12 payments	1,000	
- Changes to charging thresholds	110,000	
-	<hr/>	
		1,291,000

Approved at IJB meeting 8 November 2016

- Mental Health Officer	8,000	
- Legal fees	100,000	
- Transport Co-ordinator	35,000	
- Equipment investment (one off)	70,000	
	<hr/>	
		213,000

Total additional budget 1,504,000

Total IJB budget received 2,773,000

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 £120,000 (1.12%) underspend

The projected underspend is £167,000 more than reported previously and comprises:

- A projected overspend on employee costs of £114,000 (a reduction of £15,000) 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.
- A projected underspend of £45,000 (an increase of £15,000) on Children and Young People Act funding due to delays in projects starting this year,
- A projected underspend in kinship of £40,000 due to additional funding received for parity with foster carers
- A projected underspend of £48,000 on respite which is an increase of £25,000 since period 7,
- A projected underspend of £59,000 on a number of areas which have only been identified

at period 9.

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 9 there was a projected net underspend on fostering, adoption and children's external residential accommodation of £394,000 which would be added to the Earmarked Reserve at the end of the year if it continues.

**b. Older People: Projected £11,000 (0.04%) overspend**

The projected overspend is £39,000 less than previously reported and comprises:

- A projected underspend on employee costs of £100,000, an increase in spend of £12,000. £147,000 relates to vacancies in Homecare and this is offsetting a projected overspend on external homecare costs.
- A projected overspend of £117,000 on external homecare costs and domiciliary respite, a minor reduction in costs of £9,000 since last reported to Committee.
- A projected overspend in Residential & Nursing on care home beds of £152,000 which is fully offset by one off income below. The projection assumes 626 beds from February 2017.
- Residential & Nursing also has additional one off income received for charges of £152,000, an increase of £26,000.

**c. Learning Disabilities: Projected £82,000 (1.22%) overspend**

This is a decrease of £55,000 in the projected position mainly due to one client now being funded by North Ayrshire saving £39,000 and additional turnover savings of £28,000 being achieved.

**d. Assessment & Care Management: Projected £23,000 (1.46%) underspend**

This mainly relates to a projected underspend on employee costs.

**e. Mental Health: Projected £52,000 (3.99%) underspend**

This relates to a projected underspend of £36,000 on employee costs due to additional turnover savings being achieved, projected underspend within client package costs of £37,000 offset by a projected overspend of £25,000 on agency staff. There is additional spend relating to the Neil Street project which is fully funded by Health.

**f. Addictions: Projected £26,000 (2.4%) underspend**

The projected underspend consists of a projected underspend on employee costs due to vacancies, a projected overspend on property costs and a projected underspend on client package costs due to changes in packages.

**g. Homelessness: Projected £18,000 (2.22%) overspend**

The projected overspend consists of a projected underspend on employee costs due to vacancies offset by a projected overspend 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 Universal Credit.

**h. Planning, HI & Commissioning: Projected £30,000 (1.75%) underspend.**

The projected underspend consists of a £13,000 projected underspend on employee costs due to vacancies and a £24,000 projected underspend in core funding within Welfare Reform due to anticipated slippage.

**6.0 2016/17 CURRENT CAPITAL POSITION – (£332,000) 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 projected slippage in the 2016/17 budget of £332,000 (23.5%) against the Neil Street Children's Home replacement. Expenditure on all capital projects to 31 December is £508,000 (35.9% of the revised budget). Appendix 4 details capital budgets.

6.3 Progress on the Neil Street Children's Home replacement is as follows:

- Building external fabric nearing completion.
- Road infrastructure in progress.
- External works in progress but encountering poor ground conditions with saturated ground and soft spots.
- Contractor has intimated five week slippage to programme.
- Programme completion date 31 March 2017. Anticipated completion May 2017.
- Late completion does not affect the agreed occupation date of June 2017.

6.4 Progress on the Crosshill Children's Home is as follows:

- Design in progress.
- Decant to Neil Street anticipated August 2017.
- Crosshill demolition on vacant possession.
- Construction of new Crosshill October 2017 to June 2018.

6.5 Progress on the John Street project is as follows:

- Works to fire alarm system, door locks, lift, fire-fighting equipment and sundry minor works now completed.
- Sprinkler system installation in progress with completion January 2017.
- Internal alterations in progress.
- Anticipated completion end of March 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, £2,437,000 is projected to be spent in the current financial year. To date £1,278,000 spend has been incurred which is 52.4% of the projected 2016/17 spend. This is £141,000 (9.9%) behind the phased budget. Appendix 5 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
<b>Total funding</b>	<b>1,308</b>

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 There are no virement requests in this report.

## 9.0 OTHER FINANCIAL MATTERS

9.1 The Criminal Justice Service is currently funded via a specific grant from the Scottish Government, received via the Criminal Justice Authority. From 1 April 2017 this grant will be allocated directly to the Council as part of the settlement, but remain ring fenced. The methodology used to allocate the grant has also been changed and the allocation shows a grant reduction of 25% for Inverclyde over the next five years. Work is currently being undertaken to identify how this will be addressed for 2017/18 and to draw up a five year plan to address the overall reduction. Updates on this work and details of the final budget allocations will be reported to this committee.

9.2 The living wage rate will increase to £8.45 from 1 April 2017. It is estimated that this would require an uplift to providers of 1.39%, potentially costing £180,000. These costs will be funded by the IJB.

## 10.0 IMPLICATIONS

### 10.1 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					

### 10.2 Legal

There are no specific legal implications arising from this report.

### 10.3 Human Resources

There are no specific human resources implications arising from this report

### 10.4 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.

#### 10.5 **Repopulation**

There are no repopulation issues within this report.

#### 11.0 **CONSULTATIONS**

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

#### 12.0 **LIST OF BACKGROUND PAPERS**

12.1 There are no background papers for this report.

**Social Work Budget Movement - 2016/17****Period 9: 1st April - 31 December 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	(56)	0	436	0	10,695	(436)	10,258
Criminal Justice	0	0	0	0	0	0	0	0	0
Older Persons	22,033	0	61	0	1,398	0	23,492	(1,398)	22,094
Learning Disabilities	6,327	0	(60)	0	425	0	6,692	(425)	6,267
Physical & Sensory	2,062	0	(14)	0	98	0	2,146	(98)	2,048
Assessment & Care Management	1,563	0	18	0	1	0	1,582	(1)	1,581
Mental Health	1,117	0	(37)	0	217	0	1,298	(217)	1,081
Addiction / Substance Misuse	1,038	0	24	0	11	0	1,073	(11)	1,062
Homelessness	624	0	28	0	151	0	803	(151)	652
Planning, HI & Commissioning	1,730	0	(26)	1	35	0	1,740	(35)	1,705
Business Support	2,006	0	25	0	0	0	2,031	0	2,031
Totals	<u>48,815</u>	<u>0</u>	<u>(37)</u>	<u>1</u>	<u>2,773</u>	<u>0</u>	<u>51,552</u>	<u>(2,773)</u>	<u>48,779</u>

**Supplementary Budget Detail**

£000

External ResourcesInternal Resources

Welfare reform

1

Savings/Reductions1

SOCIAL WORKREVENUE BUDGET PROJECTED POSITIONPeriod 9: 1st April - 31 December 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	26,018	25,797	(221)	(0.85%)
1,356	Property costs	1,170	1,212	1,182	(30)	(2.50%)
875	Supplies and Services	727	811	912	101	12.39%
473	Transport and Plant	337	380	414	34	9.03%
911	Administration Costs	667	748	849	100	13.43%
35,062	Payments to Other Bodies	35,280	36,420	36,847	427	1.17%
(14,488)	Income	(13,790)	(14,038)	(14,574)	(536)	3.82%
<b>49,336</b>	<b>TOTAL NET EXPENDITURE</b>	<b>50,084</b>	<b>51,552</b>	<b>51,426</b>	<b>(125)</b>	<b>(0.24%)</b>
	Contribution from IJB	(1,269)	(2,773)	(2,773)	0	0.00%
<b>49,336</b>	<b>TOTAL NET EXPENDITURE including IJB contribution</b>	<b>48,815</b>	<b>48,779</b>	<b>48,653</b>	<b>(125)</b>	<b>(0.26%)</b>

2015/16 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Outturn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
10,102	Children & Families	10,688	10,694	10,574	(120)	(1.12%)
-0	Criminal Justice	0	0	0	0	0.00%
22,192	Older Persons	22,778	23,492	23,502	11	0.04%
6,709	Learning Disabilities	6,327	6,692	6,774	82	1.22%
2,033	Physical & Sensory	2,062	2,146	2,159	13	0.59%
1,574	Assessment & Care Management	1,563	1,582	1,559	(23)	(1.46%)
961	Mental Health	1,117	1,298	1,246	(52)	(3.99%)
1,028	Addiction / Substance Misuse	1,038	1,073	1,047	(26)	(2.40%)
884	Homelessness	774	803	821	18	2.22%
1,755	Planning, Health Improvement & Commissioning	1,730	1,740	1,709	(30)	(1.75%)
2,097	Business Support	2,006	2,031	2,035	3	0.16%
<b>49,336</b>	<b>TOTAL NET EXPENDITURE</b>	<b>50,084</b>	<b>51,552</b>	<b>51,426</b>	<b>(125)</b>	<b>(0.24%)</b>
	Contribution from IJB	(1,269)	(2,773)	(2,773)	0	0.00%
<b>49,336</b>	<b>TOTAL NET EXPENDITURE including IJB contribution</b>	<b>48,815</b>	<b>48,779</b>	<b>48,653</b>	<b>(125)</b>	<b>(0.26%)</b>

## Notes:

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

SOCIAL WORKMATERIAL VARIANCESPeriod 9: 1st April - 31 December 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
	<b>Employee Costs</b>						
5,258	Children & Families	5,367	3,813	3,848	5,482	115	2.14%
7,405	Older People	7,910	5,585	5,869	7,810	(100)	(1.26%)
<u>12,663</u>		<u>13,277</u>	<u>9,398</u>	<u>9,717</u>	<u>13,292</u>	<u>15</u>	<u>(1.37%)</u>
	<b>Other Variances</b>						
0	Children & Families - Kinship care	555	416	342	515	(40)	(7.21%)
45	Children & Families - C&YPA	193	145	0	148	(45)	(23.32%)
3,090	Older People - Homecare external providers	3,221	2,416	1,931	3,338	117	3.63%
12,992	Residential & Nursing purchased places	13,818	10,364	10,031	13,970	152	1.10%
(284)	Residential & Nursing income	(109)	(82)	(272)	(272)	(163)	149.54%
7,178	Learning Disabilities - client commitments on support packages	7,238	5,429	4,342	7,380	142	1.96%
2,212	Mental Health - client commitments on support packages	1,246	935	872	1,209	(37)	(2.97%)
0	Homelessness - bad debt provision	6	5	0	40	34	566.67%
<u>25,233</u>		<u>26,168</u>	<u>19,626</u>	<u>17,246</u>	<u>26,328</u>	<u>160</u>	<u>0.61%</u>

## APPENDIX 4

### SOCIAL WORK - CAPITAL BUDGET 2016/17

**Period 9: 1st April - 31 December 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 31/10/16</u>	<u>Est 2017/18</u>	<u>Est 2018/19</u>	<u>Future Years</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
<b>SOCIAL WORK</b>								
Neil Street Childrens Home Replacement	1,991	228	1,132	800	464	882	81	0
Crosshill Childrens Home Replacement	1,682	0	57	57	2	750	750	125
John Street, Gourcock	225	0	225	225	42	0	0	0
<b>Social Work Total</b>	<b>3,898</b>	<b>228</b>	<b>1,414</b>	<b>1,082</b>	<b>508</b>	<b>1,632</b>	<b>831</b>	<b>125</b>

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

**APPENDIX 5**

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>c/f Funding 2015/16</u>	<u>New Funding Other 2016/17</u>	<u>Total Funding 2016/17</u>	<u>Phased Budget To Period 9 2016/17</u>	<u>Actual To Period 9 2016/17</u>	<u>Projected Spend 2016/17</u>	<u>Amount to be Earmarked for 2017/18 &amp; Beyond</u>	<u>Lead Officer Update</u>
		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Alan Brown	43	0	43	0	0	11	32	This supports the continuing promotion of SDS. Required to be reviewed 31/03/2017.
Growth Fund - Loan Default Write Off	Helen Watson	27		27	1	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	1,129	1,044	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	3	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	12	10	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	42	39	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	235	181	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.
		<b>990</b>	<b>1,594</b>	<b>2,584</b>	<b>1,419</b>	<b>1,278</b>	<b>2,437</b>	<b>147</b>	

**Report To:** Health & Social Care Committee  
**Date:** 23<sup>rd</sup> February, 2017

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care Partnership (HSCP)  
**Report No:** SW/19/2017/SMcA

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

**Subject:** Joint Inspection of Children's Services

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## 1.0 PURPOSE

1.1 The purpose of this paper is to advise members of the preparation taking place in relation to the pending Joint Inspection of Children's Services

## 2.0 SUMMARY

2.1 It is anticipated that Inverclyde will shortly receive notification of a Joint Inspection of Children's Services

2.2 The focus of the inspection will be the arrangements in place by Community Planning Partners for the provision of services to all children in Inverclyde. However, the inspection will also have a focus on services to the most vulnerable children in Inverclyde.

2.3 The inspection will be led by the Care Inspectorate and will include representatives from Education Scotland, Health Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland, lay inspectors and young inspectors.

2.4 Preparation for activity in relation to the inspection is detailed in the narrative of the report.

## 3.0 RECOMMENDATIONS

3.1 The inspection process requires the direct involvement of members and the recommendations to members from this report are:

- To note the content of the report
- To familiarise themselves with the inspection preparation activity
- To attend members briefings
- To support the inspection process

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



## 4.0 BACKGROUND

- 4.1 At the request of Scottish Ministers the Care Inspectorate is leading joint inspection of children's services for children and young people across Scotland
- 4.2 To date 28 of 32 community planning partnership areas have been inspected. It is anticipated that Inverclyde will receive notification of inspection imminently. The inspection cycle for Scotland will conclude by end December 2017
- 4.3 The focus of inspection is services provided to children in the community planning partnership area. The inspection will be concerned to examine the impact of services on the lives of all children but will also have a focus on the most vulnerable children in the community.
- 4.4 A suite of quality indicators are used to inform the inspection. These are based on evidence informed quality assurance models. The inspection handbook 2016/17 is available to read at  
<http://www.careinspectorate.com/images/documents/2704/Joint%20Inspection%20of%20Children%E2%80%99s%20Services%20handbook%20-%20October%202016.pdf>
- 4.5 The inspection team consists of inspectors from the Care Inspectorate (Health and Social Work) Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Associate inspectors, clinical partners, lay inspectors and volunteer young people contribute to a strategic assessment team. It is anticipated that the team will consist of 15-20 members (excluding young people)
- 4.6 The inspection footprint takes place over 35 weeks commencing with notification and continues to publication of the inspection report.
- 4.7 Key stages in the pre-assessment process are as follows:
- Preparation which includes submission of a pre-inspection return, preparation of a validated self-evaluation against specified quality indicators including position statements in relation to the following areas:
    - Getting it Right for Every Child
    - Child Sexual Exploitation
    - Corporate Parenting
  - Submission of good practice examples that the community planning partnership would want to showcase.
  - Completion and submission of a staff survey.
  - Compilation of outcomes evidence in support of all submissions to the care Inspectorate.
- 4.8 In addition to the pre-inspection activity outlined above, the inspection will follow a number of stages and includes the following:
- Initial scoping and detailed analysis by the care inspectorate of all materials submitted by the community planning partnership which will take place off site.
  - Engagement with the CPP to refine the scope of the inspection which will take place on site.

- Reviewing multi-agency partnership practice through case file reading (90-110 case files). This will be carried out on site.
- A final stage on site is entitled the “Proportionate phase”– where further enquiry, testing and triangulation of evidence takes place. This includes further detailed analysis of 20-30% of the case files sampled to include meeting with the child, parent and staff involved. Other focus groups and meetings will take place during this time.

4.9 At key points during the process, 5 high level meetings entitled professional discussions will take place. Each professional discussion has a particular focus and generally acts as the main partnership dialogue between community planning partners and inspectors.

4.10 The inspection process will conclude with the publication of a graded inspection report and action plan.

## **5.0 PERFORMANCE**

5.1 The vast majority of previous and current inspection activity in Inverclyde has concluded that services are mainly in the very good category. These inspection outcomes are regularly reported to the Health & Social Care Committee.

5.2 The work of the Child Protection Committee is scrutinised by the Chief Officers Group. The Chief Officers Group is chaired by the Chief Executive of the Council and includes representative of the Chief Constable and the Chief Executive of NHS Greater Glasgow and Clyde.

5.3 The annual report and business plan of the Child Protection Committee is submitted to members for scrutiny.

5.4 The community planning partnership scrutinises the work of the strategic children’s service planning group which is SOA6, “Best Start in Life”.

5.5 Wider performance and quality assurance information is contained in regular performance reports to committee.

5.6 A detailed inspection preparation plan has been developed. This plan is updated on a week by week basis. An example of this plan is available to view @

<http://www.careinspectorate.com/images/documents/2704/Joint%20Inspection%20of%20Children%E2%80%99s%20Services%20handbook%20-%20October%202016.pdf>

5.7 The above plan involves preparation activity for the following key areas:-

- Completion of the self-evaluation
- Preparation of agencies case files for case file reading
- Preparation of staff for participation in focus groups, team around the child meetings and completion of the staff survey
- Preparation of children, young people and families to engage in the inspection process
- Preparation of members and officers for participation in focus groups, one to one interviews and involvement in the profession discussions.

## **6.0 PROPOSALS**

- 6.1 Preparation for inspection across a broad range of areas is underway and it is proposed that this continues.
- 6.2 Completed self-evaluation, position statement and good practice examples will be circulated to members by means of inspection briefings.
- 6.3 Members will be updated as the inspection process develops.

**7.0 IMPLICATIONS**

**Finance**

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.
- 7.2 It should be noted that activity to support inspection is resource intensive.
- 7.3 Arrangements will be required to be made to accommodate the 15-20 inspectors in Inverclyde during the process. This will be met within existing resources.

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**

- 7.4 N/A

**Human Resources**

- 7.5 N/A

**Equalities**

- 7.6 Has an Equality Impact Assessment been carried out?

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

## **Repopulation**

7.7 There are no repopulation issues within this report.

## **8.0 CONSULTATION**

8.1 N/A

## **9.0 BACKGROUND PAPERS**

9.1 N/A

**Report To:** Health & Social Care Committee      **Date:** 23 February 2017

**Report By:** Brian Moore, Corporate Director, (Chief Officer), Inverclyde Health and Social Care Partnership      **Report No:** SW/20/2017/HW

**Contact Officer:** Helen Watson, Head of Service: Strategy and Support Services      **Contact No:** 01475 715825

**Subject:** Health and Social Care Partnership Corporate Directorate Improvement Plan Performance Report

### 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Committee on the progress on achievement of key objectives in the Health and Social Care Partnership Corporate Directorate Improvement Plan (CDIP) 2016/19.
- 1.2 The report focuses on improvement actions that sit within Health and Social Care Partnership Services.

### 2.0 SUMMARY

- 2.1 This report advises of progress on the Health and Social Care Partnership CDIP.
- 2.2 The current status of the CDIP improvement actions is

Status	blue - complete	red - significant slippage	amber - slight slippage	green - on track
December 2016	2	0	2	27

### 3.0 RECOMMENDATIONS

- 3.1 It is recommended that Health & Social Care Committee notes the progress made in implementing the Health and Social Care Partnership CDIP 2016/19; noting that our main plan, as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is our HSCP Strategic Plan. This can be accessed at [www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan](http://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan)

**Brian Moore**  
**Corporate Director (Chief Officer), Health and Social Care Partnership**

## 4.0 BACKGROUND

- 4.1 CDIPs are a key component of the Council's Strategic Planning and Performance Management Framework. Although the HSCP is a separate legal entity from both the Council and Health Board, it retains strong functional links with both. The HSCP has responsibility for areas of business that cut across the whole of Inverclyde Council.
- 4.2 The HSCP CDIP 2016/19 aims to distil some key development areas from the Strategic Plan, with a focus on developments that could have an impact on the wider business of the Council.
- 4.3 Improvement actions have been allocated a 'BRAG' status:  
blue - complete; red - significant slippage; amber - slight slippage; green - on track.

## 5.0 PROGRESS

- 5.1 The updates within this report, using BRAG status, indicate overall performance thus:

Status	blue - complete	red – significant slippage	amber - slight slippage	green - on track
December 2016	2	0	2	27

- 5.2 Appendix 1 provides full details of the status of each improvement action, together with commentaries from the appropriate services.
- 5.3 Good progress has been made in delivering most of the improvement actions examples of which include:
- The resettlement of 10 Syrian and 12 Afghan families.
  - The 'New Ways' in Primary Care initiative-tests of change to help transform how primary care is set up and used by patients and
  - The new purpose-build inpatient accommodation for people with complex mental health care needs
- 5.4 There has been slight slippage with only 2 improvement actions, these being the development of a robust monitoring framework for veterans' support, and implementation of Named Person.

## 6.0 IMPLICATIONS

- 6.1 Financial implications - one-off costs:

Cost centre	Budget heading	Budget year	Proposed spend this report	Virement from	Other comments
n/a	n/a	n/a	n/a	n/a	n/a

Financial implications - annually recurring costs/(savings):

Cost centre	Budget heading	With effect from	Annual net impact	Virement from	Other comments
n/a	n/a	n/a	n/a	n/a	n/a

- 
- 6.2 Human Resources: There are no direct human resources implications arising from this report.
  - 6.3 Legal: There are no direct legal implications arising from this report.
  - 6.4 Equalities: There are no direct equalities implications arising from this report.
  - 6.5 Repopulation: Provision of Council Services which are subject to close scrutiny with the aim of delivering continuous improvement for current and potential citizens of Inverclyde support the Council's aim of retaining and enhancing the area's population.

## **7.0 CONSULTATION**

- 7.1 Updates on progress with the CDIP's implementation have been provided by the lead officer of each improvement action.

## **8.0 BACKGROUND PAPERS**

- 8.1 Inverclyde Health and Social Care Partnership Corporate Directorate Improvement Plan 2016/19.

## **9.0 CONCLUSION**

- 9.1 This report shows that the new Health and Social Care Partnership is bedding in and beginning to reshape how services are commissioned and delivered.

# **Health & Social Care Partnership Improvement Plan**

## **Corporate Improvement Actions 2016 – 17**



**Corporate Improvement Actions: Although the HSCP is a separate legal entity from both the Council and Health Board, it retains strong functional links with both. The HSCP has responsibility for areas of business that cut across the whole of Inverclyde Council.**

Ref no	Where do we want to be?	How will we get there ?	BRAG Status	Commentary	SOA and National Wellbeing Outcome
<b>CD1</b>	Information Governance: All staff understand their responsibilities for information security; the implications of a security breach; and know what to do if they discover a security breach.	All staff will undergo mandatory information governance training and associated refresher training as required. This will be built into induction training for all new staff.	Green	Information governance training is now available on the Brightwave e-learning platform as part of the mandatory suite of induction training. Safe Information Handling is now a foundation course on Learn pro. These courses are also available as refresher courses and require that key information governance policies are accessed and read. Reports on compliance are included in quarterly service reports.	<ul style="list-style-type: none"> <li>•SOA 8</li> <li>•NWO 3, 8.</li> </ul>
<b>CD2</b>	Complaints: A clear system for complaints handling is in place and is adhered to by all HSCP staff.	Staff will be appropriately trained.	Green	The integrated complaints procedure has become fully embedded. .In 2016, 120 frontline staff trained in Getting Complaints Right. In addition, 90 staff who could potentially act as investigating officers were trained	<ul style="list-style-type: none"> <li>•SOA 8</li> <li>•NWO 3, 8.</li> </ul>
<b>CD3</b>	Refugees and Resettlement: We want to complete our commitment and then review the resettlement programme to identify if there is capacity or sufficient resource to offer resettlement to any other families.	Evaluation of the programme, and feedback from resettled families and their immediate communities.	Green	By the end of December 2016 we will; have completed our original commitment to resettle 10 Syrian families and 12 Afghan families. Resettlement has been successful and the Council has approved extending the original commitment of 22 families to 44 families over the next 4 years.	<ul style="list-style-type: none"> <li>•SOA 1, 6, 8</li> <li>•NWO 4, 5, 8.</li> </ul>
<b>CD4</b>	Veterans: We want to have a documented account of the main supports that are needed to ensure that ex-Armed Forces personnel	The Veterans Advice and Support Officer is working with the HSCP Quality and Development Service to develop a service activity	Amber	The Corporate Management Team agreed to adopt the Defence Employer Recognition scheme in November 2016, and an application will be submitted during 2017.  12 Afghan interpreters for the British Army have been	<ul style="list-style-type: none"> <li>•SOA 1, 4, 8</li> <li>•NWO 4, 5, 8.</li> </ul>

	can continue to resettle in Inverclyde.	monitoring framework that will provide the required information.		resettled In Inverclyde, along with their families. Full monitoring framework still to be developed.	
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# **Cross-HSPC Improvement Actions 2016 - 17**

## 6.2 Cross-HSCP Improvement Actions:

Ref no	Where do we want to be?	How will we get there (including timescale)?	BRAG Status	Commentary	National Wellbeing Outcome
CD1	<b>Housing issues:</b> To have a clear picture of housing need for now and into the future. The HSCP locus is, with regard to housing needs related to homelessness or particular needs around support or access.	There will be a clear Housing Contribution Statement that defines the role and responsibilities of local Registered Social Landlords (RSLs) in contributing to delivery of the nine national outcomes. There will be a shared approach and policy for designating housing renewal areas and a strategy for improving housing in line with the Council's Scheme of Assistance.	Blue  Green	The Housing Contribution Statement has been agreed by the IJB, and the Housing Partnership Group has been set up to oversee its implementation.	2, 4, 5.
CD2	<b>Alcohol and Drugs:</b> Reduced harm done to individuals, families and communities by the inappropriate or excessive use of alcohol and/or drugs.	<ul style="list-style-type: none"> <li>Improved support to individuals, families and communities, with a stronger focus on prevention and early intervention.</li> <li>A positive culture of responsible attitudes towards the use of alcohol and drugs will be fostered.</li> </ul>	Green  Green	<p>Drug and Alcohol services continue to develop enhanced services for those who require treatment and support in recovery.</p> <p>Our services continue to develop early intervention in acute and primary care and offer comprehensive alcohol education to all schoolchildren in Inverclyde</p>	1, 4, 5, 7.
CD3	<b>Commissioning:</b> A clear view of what we need to commission and de-commission to enable the HSCP to deliver the National Wellbeing Outcomes, based on our Strategic Needs Assessment, which is a companion document to the HSCP Strategic Plan 2016-19.	Develop a Market Facilitation Statement by March 2017	Green	The Market Facilitation Statement has been drafted and presented to the Strategic Planning Group at its October 2016 meeting. A finalised version will be taken to the IJB for approval by the March 2017 deadline.	4,5,7,9
CD4	<b>Property Assets Management Plan:</b> A plan for the future that allows services to have appropriate presence in each of the three Inverclyde wellbeing localities, but	Complete the current scoping work then use it to develop our Property Assets Management Plan, by March 2017.	Green	Agile working within the HSCP has allowed services/staff to work from a variety of buildings/places which brings the service closer to the service user and reduce Inverclyde's carbon footprint.	3,7,8,9

	without an over-reliance on buildings and premises.				
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**HSCP Service Improvement Actions  
2016 - 17**

## 6.3 HSCP Improvement Actions

Ref no	Where do we want to be?	How will we get there?	BRAG Status	Commentary	National Wellbeing Outcome
01	<b>Children &amp; Families and Community Justice</b> Strategy actions implemented to promote the wellbeing of children and young people who are looked after, and care leavers up to the age of 26 years.	<ul style="list-style-type: none"> <li>Implement the Strategy actions, overseen by the Steering Group.</li> <li>Looked after children and care leavers voices and views will be at the heart of policy and decision-making.</li> </ul>	<p>Green</p> <p>Blue</p>	<p>A young person's participation group has been established "Proud2Care (which links directly to the Corporate Parenting Strategy). This will provide a means for consulting and engaging young people to influence policy &amp; decision making.</p> <p>Young People's Advocacy workers are now in post (Who Care's, a national voluntary organisation and Barnados)</p>	1, 3, 4, 5, 7.
02	Children and young people are equipped to overcome the negative aspects of key social problems.	<p>Deliver an action plan to improve outcomes in the following key priority areas:</p> <ul style="list-style-type: none"> <li>Children affected by parental substance misuse;</li> <li>Children affected by parental mental health problems;</li> <li>Children affected by domestic abuse;</li> <li>Child sexual exploitation;</li> <li>Participation in child protection.</li> </ul>	Green	There are a number of strategies in place to support families where domestic abuse is a concern. Social workers have been trained in delivery of the "Safe Lives Risk Indicator checklist" which specifically assesses risk in these circumstances. Direct work is also being undertaken with the victim and the perpetrator using a prescribed programme of work devised for Inverclyde. There has been a steady decrease in the number of referrals with the stated issue of domestic abuse. This suggests that these strategies are beginning to deliver results.	3, 4, 5, 7.
03	Improved children's wellbeing from a much earlier stage, from birth to their 18th birthday.	Implement the Named Person Service, overseen by the Steering Group. Named persons identify children's needs at an early stage, and these are addressed appropriately.	Amber	Due to Supreme Court Hearing, Scottish Government has delayed the implementation of parts 4 and 5 of the Children & Young People Act 2014 as it relates to Named Person Service and child's plan. Across Inverclyde children's services there has been a decision to continue to implement the Inverclyde GIRFEC pathway with a focus on early help and support through the assessment of wellbeing at the earliest point. EMIS (electronic record for children) health has been implemented as part of this programme to provide an electronic tool for health visitors to support early	3, 4, 5, 9.

				assessment of wellbeing at universal level.	
04	We will have a plan in place that will support prevention of offending and reduce re-offending.	The new model of Community Justice will be developed under the auspices of the steering group and will be effective from 1st April 2017.	Green	The Community Justice Implementation plan is out for consultation with a closing date of 6 <sup>th</sup> January 2017	3, 5, 9.
05	MAPPA arrangements extended to Category 3 Offenders.	Category 3 offenders will have a co-ordinated approach to their supervision in the community.	Green	Multi-agency arrangements are in place to manage Category 3 offenders in the community, which are supported by NSCJA MAPPA Unit, hosted by Inverclyde HSCP. These arrangements were effective from 1.4.16 and are targeted at a critical few high risk offenders.	6, 9.
06	<b>Mental Health, Addictions and Homelessness (MHAH)</b> The existing inpatient facility will be closed, to be replaced by a new-build facility The old Ravenscraig Hospital site will close completely.	New build will proceed in May 2016, and conclude early in 2017.	Green	Work commenced on schedule. Build due for completion in May 2017 with a 6 week lead- in period and patients transferring August 2017.	3, 4.
07	The Dementia Strategy aims to create a better understanding and awareness of dementia in Inverclyde.	<ul style="list-style-type: none"> <li>•There will be better respect and promotion of rights in all settings.</li> <li>•Communities will be more dementia-aware and dementia-friendly.</li> <li>•Stigma will be reduced.</li> </ul>	Green	Extensive co-produced learning and development, communication and community development programmes delivered in achieving this aim across Inverclyde. Community learning and development programmes have effectively complemented integrated staff training programmes at various levels in line with national learning programmes. A wide range of learners have made specific pledges to reducing stigma by actively promoting and working towards a dementia friendly Inverclyde.	1, 2, 3, 4, 5, 6, 7.
08	<b>Health and Community Care</b> To have a clear picture of the full range of supports that older people are likely to need, and how these should be commissioned and organised in light of projected future need.	Support to individuals, families and communities will be improved, with a stronger focus on prevention and early intervention. Access to services will be organised in a way that is responsive to how older people and their carers would like to use them.	Green	As part of a local partnership between the HSCP and the third sector Your Voice is hosting a community connector service on a pilot 12 month basis. Community Connectors will: <ul style="list-style-type: none"> <li>• Meet and assist people to increase social Interaction</li> <li>• Connect people to local community services, support and activities of their choice.</li> </ul>	2,3,4,5





12	<p><b>Planning, Health Improvement and Commissioning</b> Develop a clear overview of the skills and leaning that will be needed so that our staff are equipped to support the delivery of outcomes, rather than focusing on systems' outputs and the previous associated targets.</p>	<p>Targets culture will be replaced by an outcomes-focused culture. Carers and third sector providers will have access to our staff training and development programmes, recognising that they are equal partners in care.</p>	Green	<p>Adopting an inclusive approach to 'workforce planning.' with a multi- agency People Planning Working Group established. Stakeholder Engagement event held on 21<sup>st</sup> November 2016 to assist in scoping out needs/direction of travel moving forward.</p>	4, 6, 8, 9.
13	<p><b>The Strategic Plan</b> sets out our approach to commissioning for outcomes, and the five strategic commissioning themes that will guide our future commissioning. We aim to embed the required shift in staff and managers' thinking, away from systems outputs and targets, towards what actually makes a difference in the lives of the people who need our services.</p>	<p>Staff will be trained and supported to think in terms of outcomes, and develop ways to evidence this beyond the nine national outcomes and their 23 associated indicators. The range of services and support available from the HSCP will change, in line with what is needed to deliver the outcomes that service users and carers tell us are most important to them.</p>	Green	<p>Outcomes focussed training is being delivered by Quality &amp; Learning section A review of the Strategic Plan is being undertaken with supportive development sessions for SPG members.</p>	1, 2, 3, 4, 5, 8, 9.
14	<p><b>'Making Wellbeing Matter' - the Inverclyde Mental Health Improvement Strategy</b> All our staff should recognise that early mental health intervention can make a real difference in outcomes, such as keeping people in work, or reducing the need for more complex care if mental illness worsens.</p>	<ul style="list-style-type: none"> <li>•Mentally healthy environments will be created.</li> <li>•Stigma and discrimination will be tackled.</li> <li>•The health inequalities gap will be reduced.</li> </ul>	Green	<p>This Strategy is due for renewal which will be done within the wider umbrella of recovery, anti-stigma, and with a human rights approach.</p>	3, 4, 5.
15	<p><b>The Active Living Strategy</b> aims to put in place supports to make the Inverclyde population the most active population in Scotland by 2022.</p>	<p>Inverclyde employers will have programmes in place to support an active workforce. All Inverclyde residents and visitors will have opportunities to access green space.</p>	Green	<p>The Active Living Strategy group continues to meet and is currently reviewing the outcomes initially set.</p>	1, 4, 5.

# **Capital Projects 2016-17**

## 6.3 Capital Projects

Ref no	Where do we want to be?	How will we get there?	BRAG Status	Commentary	National Wellbeing Outcome
01	<b>MHAH</b> Current inpatient accommodation is of poor quality and in need of replacement .New, purpose-build inpatient accommodation is required for people with complex mental health care needs.	Agreement for new-build has been secured and building is due to commence in May 2016, with an anticipated occupation date of August 2017.	Green	Work commenced on schedule. Build due for completion in May 2017 with a 6 week lead -in period and patients transferring August 2017.	3, 7, 8.
02	Current Greenock Health Centre is no longer fit for purpose in terms of size; layout and fabric of the building. New, purpose-built Health & Care Centre is required.	Initial Agreement approved by SG (March 2016). OBC due by October 2016; FBC 2017; Financial Close December 2017; construction begins March 2018; Completion July 2019.	Green	OBC due February 2017.FBC November 2017. Completion November 2019. Design options discussed and approved with stakeholders.	3, 7, 8.
03	Two Children's Units are no longer fit for purpose. New, purpose-built Children's Units are required.	Replacement approved April 2014; design phase commenced March 2015; completion due March 2017.	Green	Work has commenced on the replacement build for Neil St Children's Unit. The build is to the same specification as Kylemore Children's Unit and is scheduled to open June 2017. That will be followed by Crosshill Children's Unit decanting to Neil St whilst Crosshill is demolished and rebuilt at the original site with completion due summer 2018.	3, 5, 7

# **Corporate Governance Improvement Actions 2016-17**

## 6.4 Governance Improvement Actions

Ref no	Where do we want to be?	How will we get there (including timescale)?	BRAG Status	Commentary	National Wellbeing Outcome
01	<p><b>Governance and Accountability</b> Full clarity amongst all partners (IJB/ Council/ Health Board) as to their inter-relationships, authority and accountabilities.</p>	<p>Board Seminars and IJB Development Seminars focused on accountability and governance.</p> <p>However we still need to clarify roles and responsibilities around saving issues and the respective roles of council versus IJB.</p>	Green	Scheduled sessions have taken place throughout 2016. A new plan has been scoped out for 2017	4, 8

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>23 February 2017</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/11/2017/SMcA</b>
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Criminal Justice and Children's Services</b>	<b>Contact No:</b>	<b>715282</b>
<b>Subject:</b>	<b>INVERCLYDE COMMUNITY IMPROVEMENT PLAN 2017-2022</b>	<b>JUSTICE</b>	<b>OUTCOMES</b>

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health & Social Care Committee the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022.

## 2.0 SUMMARY

- 2.1 The Community Justice (Scotland) Act was given royal assent in March 2016. This provides the statutory framework for implementation of the new model of community justice. The Act stipulates adherence must be given to the National Strategy for Community Justice; the 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.
- 2.2 This is a high level plan and outlines key building blocks from which a range of actions will be determined during the lifespan of this plan. Progress on this plan will be reported on an annual basis.
- 2.3 An easy read version was also developed that encapsulates the main points. This was used during the period of consultation.
- 2.4 The Inverclyde Community Justice Outcomes Improvement Plan needs to be submitted to the Scottish Government on 31st March 2017 while also being made available online. Full local responsibility for community justice will commence on 1st April 2017.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee:
- Note and give comment on the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022.
  - Approve submission of the Plan to the Scottish Government, pending the addressing of any amendments necessary following comment from the Health and Social Care Committee and partners.

**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. This 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.
- 4.2 The Act outlines the functions for community justice partners and expectations around local arrangements in developing a Community Justice Outcomes Improvement Plan (CJOIP).
- 4.3 The National Strategy for Community Justice; Community Justice Outcomes Performance and Improvement Framework and associated Guidance were formally launched and published on 24<sup>th</sup> November. These detail key components in the development of local CJOIPs. These include:

Component	Development
a) A Community Justice Needs Assessment	An initial Community Justice Profile for Inverclyde was prepared and information from this is incorporated into the CJOIP while information collated has also helped to identify gaps in service. This profile will be revised on an on-going basis to ensure consideration is given to the latest statistical information and trends.
b) A Participation Statement	This is included within the body of the CJOIP and outlines engagement activity undertaken to date. It also recognises this is an initial phase and a Participation Strategy and Plan have yet to be developed.
c) Cognisance of the Community Justice Outcomes Performance and Improvement Framework	Each measure is outlined alongside respective actions to address these. In addition, following two development sessions, the Inverclyde Community Justice Partnership identified a range of local outcome measures.
d) An Equality Impact Assessment	This was developed with the portfolio lead of the Community Justice Partnership responsible for “Communities improve their understanding and participation in community justice” outcome and the Inverclyde Council Equalities Officer. An easy read version of the CJOIP was also developed and used with service user engagement and in the staff focus group. It was also made available during the formal period of consultation.
e) A period of formal consultation	This commenced on 9th December and concluded on 11th January. There were responses from SSAFA (Soldiers, Sailors and Airmen Family Association, Police Scotland, Your Voice (views from 36 people) and Inverclyde Council Housing Policy Officer. Overall feedback was positive and people recognise the potential for community justice making a difference in Inverclyde; however, there was also a request for more detail in the implementation of the CJOIP.

- 4.4 Minor amendments have been made to the CJOIP following the consultation period. There will also be opportunity to develop more detail around key actions during further engagement events planned over the coming year.
- 4.5 An implementation structure has been agreed by the Inverclyde Community Justice Partnership whereby there is a portfolio lead for each of the four structural community justice outcomes. This is outlined below:

<b>Structural Outcome</b>	<b>Portfolio Lead</b>
1. Communities improve their understanding and participation in community justice.	Alex Meikle Inverclyde CVS
2. Partners plan and deliver services in a more strategic and collaborative way.	Andy Lawson Police Scotland
3. People have better access to the services they require, including welfare, health and wellbeing, housing and employability.	Andrina Hunter HSCP
4. Effective interventions are delivered to prevent and reduce the risk of further offending.	Audrey Howard HSCP

- 4.6 In addition, the Inverclyde Community Justice Partnership is at the early stages of leading on the development of a regional Early Intervention Strategy and planning a joint event with the RSL Liaison Group and the Housing Partnership Group.
- 4.7 The whole essence of the new Community Justice model is in being able to develop local services based on local need. This is an opportune time with the changes introduced by the Community Empowerment (Scotland) Act 2015 and the development of Health and Social Care Partnerships, which also focus on locality planning, to adopt a whole systems approach. It is also an opportunity to work collaboratively with community justice partners.

## **5.0 IMPLICATIONS**

### **FINANCE**

- 5.1 A Community Justice Lead Officer was appointed in September 2015 using the Scottish Government's transition funding allocation of £50,000 to Inverclyde. There is however an annual shortfall and Criminal Justice Social Work budget is currently being utilised to meet these costs.
- 5.2 A further funding allocation of £50,000 was agreed by the Scottish Government for the period 2016 / 2017 and more recently 2017 / 2018. However, no further funding has at this stage been agreed by the Scottish Government although discussions are ongoing. 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.
- 5.3 The CJOIP may need to be revised if future funding is not secured to support the local implementation of Community Justice.
- 5.4 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 Partnership has requested all community justice statutory partners to identify resources in kind that they can commit to local arrangements.



Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## LEGAL

- 5.5 The Community Justice (Scotland) Act was given royal assent in March 2016. This provides the legal framework to support the new model.

## 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)

## 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 None.

# Inverclyde Community Justice Outcomes Improvement Plan 2017-2022



**Inverclyde Community  
Justice Partnership**

## This document can be made available in other languages, large print, and audio format upon request.

### Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

### Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

### Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air talp ma tha sibh ga iarraidh.

### Hindi

अनुोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छापाई और सुनने वाले माध्यम पर भी उपलब्ध है।

### Mandarin

本文件也可應要求，製作成其它語文或特大字体版本，也可制作成录音带。

### Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

### Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਵਿਕਲਪ ਵੀ ਦਿੱਤਾ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

### Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی مہر ہے۔

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Inverclyde Community  
Justice Partnership

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## 1. 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 Outcomes Improvement Plan.

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 Plan strengthens local partnership arrangements and demonstrates a local commitment by partners in delivering positive community justice outcomes from the outset of this new partnership.

## 2. Introduction

Welcome to the first Inverclyde Community Justice Outcomes Improvement Plan that embraces the Inverclyde Alliance vision of “Getting it Right for Every Child, Citizen and Community” and developing a Nurturing Inverclyde approach.

During the period of shadow arrangements alongside North Strathclyde Community Justice Authority (NSCJA) the focus has been on developing the Inverclyde Community Justice Partnership and ensuring a smooth transition into the new model of community justice.

This Plan will make a significant contribution towards delivering the wellbeing outcomes where we want all our children, citizens and communities to be safe, healthy, nurtured, active, respected, responsible and included. These aspirations reflect the National Strategy for Community Justice (2016) vision that:

“Scotland is a safer, fairer and more inclusive nation where we reduce reoffending by addressing its underlying causes, while safely and effectively managing those who have committed offences, to help them integrate into the community and realise their potential for the benefit of all citizens.”

This Plan is outcome focused and will strengthen local partnership working, community capacity, engagement and involvement of a full range of stakeholders.

I am confident that this plan includes all the necessary building blocks for a robust and successful local model of community justice and I look forward to working with all the partners and wider stakeholders to bring this into fruition.

**Sharon McAlees,**

**Chair of Inverclyde Community Justice Partnership**

## 2.1 Vision

The Scottish Government's vision for community justice is that

“Scotland is a safer, fairer and more inclusive nation where we:

- Prevent and reduce further offending by addressing its underlying causes, and
- Safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens.”

National Strategy for Community Justice, (2016)

This vision is underpinned by the following principles:

- People must be held to account for their offences, in a way that recognises the impact on victims of crime and is mindful of risks to the public, while being proportionate and effective in preventing and reducing further offending.
- Re-integrating those who have committed offences into the community and helping them to realise their potential will create a safer and fairer society for all.
- Every intervention should maximise opportunities for preventing and reducing offending as early as possible, before problems escalate.
- Community justice outcomes cannot be improved by one stakeholder alone. We must work in partnership to address these complex issues.
- Informed communities who participate in community justice will lead to more effective services and policies with greater legitimacy.
- High quality, person-centred and collaborative services should be available to address the needs of those who have committed offences, their families, and victims of crime.

National Strategy for Community Justice, (2016)

Inverclyde Alliance vision is “Getting it Right for Every Child, Citizen and Community: A Nurturing Inverclyde.” In applying this approach, the wellbeing outcomes are used as outlined below.

<b>Safe</b>	Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.
<b>Healthy</b>	Achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.
<b>Achieving</b>	Being supported and guided in lifelong learning. Having opportunities for the development of skills and knowledge to gain the highest standards of achievement in educational establishments, work, leisure or the community.
<b>Nurtured</b>	Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.
<b>Active</b>	Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
<b>Respected &amp; Responsible</b>	Respected and share responsibilities. Citizens are involved in decision making and have an active role in improving the community.
<b>Included</b>	Overcoming social, educational, health and economic inequalities and being valued as part of the community.

Inverclyde Community Justice Partnership vision is “Improving Lives, Strengthening Communities”. This vision embraces the wellbeing outcomes and encapsulates the mutual dependence of supporting individuals while having a positive impact on communities and vice versa.

Our vision is underpinned by the values that:

- We will ensure our services are delivered in such a way that the dignity and respect of service users is preserved.
- We will promote social justice.
- We will respect and value uniqueness and diversity while recognising and building on the strengths of the individual.
- We will promote people’s right to choice, privacy, confidentiality and protection.
- We will assist people to improve the quality of and increase the control over their lives.



- We will operate in a manner that does not stigmatise or disadvantage individuals, groups or communities.
- We will promote equality of opportunity and access to services and not discriminate people or groups on grounds of protected characteristics of age; sex; sexual orientation; disability; religion or belief; race; marriage and civil partnership; pregnancy and maternity or gender reassignment.
- We will work in partnership with service users, their families and other providers of services, to ensure continuous improvement in the provision of services.

## 2.2 The Purpose and Scope of this Community Justice Outcomes Improvement Plan

The purpose of the Community Justice Outcomes Improvement Plan is to ensure the implementation of the new model of community justice in Inverclyde as detailed in The Community Justice (Scotland) Act 2016, National Strategy for Community Justice (2016), Community Justice Outcomes, Performance and Improvement Framework and related guidance by:

- Working together in planning for and delivering improved outcomes for community justice in Inverclyde.
- 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 this Plan.
- Establish local partnership arrangements for the strategic planning and delivery of community justice in Inverclyde.
- Driving an improvement culture ensuring services are high quality and offering assurance of this.

While this is a five year plan, it will evolve over time and be revised as necessary. This is a reflection of community justice being a new national model where there are several key developments that will impact on community justice planning. These include:

- The extension of the presumption against short term sentences.
- The proposed intention of reducing the use of remand.
- The review of the Scottish Prison Service women's estate.
- The expansion of electronic monitoring.

All of these initiatives will potentially reduce the use of custody and increase the use of community alternatives.

More specific to progressing the community justice agenda will be the establishment of a new national body, Community Justice Scotland. The primary focus of this organisation will be in providing national leadership, developing an innovation and development hub and commissioning.

In addition to this, at a local level the Inverclyde Local Outcomes Improvement Plan will be developed towards the end of 2017. This will replace the existing Single Outcome Agreement. It will be important to ensure there is synergy between these local plans.

### 2.3 Cross Cutting Themes

Community Justice does not sit in isolation and there are several key cross-cutting themes where community justice can make a considerable contribution as illustrated in the diagram below. Appendix A details a broader range of legislation and policy frameworks that cross-cut with community justice.



### 3. Where Are We Now?

#### 3.1 National Context

The Community Justice (Scotland) Act 2016 provides the statutory framework for implementation of the new model of community justice in Scotland. The Act formerly dis-establishes existing Community Justice Authorities on 31<sup>st</sup> March 2017, with local community justice partners having responsibility from 1<sup>st</sup> April 2017.

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)

The definition of community justice is:

“The collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the Third Sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship.”

National Strategy for Community Justice, (2016)

There are seven common outcomes that consist of four structural outcomes and three person-centric outcomes. These are outlined in the diagram below. These form the basis of the Workplan section of this Plan.

**Community Justice Outcomes**

**Communities improve their understanding and participate in community justice.**

**Partners plan and deliver services in a more strategic and collaborative way.**

**People have better access to the services they require, including welfare, health and wellbeing, housing and employability.**

**Effective interventions are delivered to prevent and reduce the risk of further offending.**

**Life chances are improved through needs, including health, welfare, housing and safety being addressed.**

**People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.**

**Individual's resilience and capacity for change and self-management are enhanced.**



### 3.2 Local Context

Inverclyde is located in West Central Scotland covering 61 square miles stretching along the south bank of the estuary of the River Clyde.

Inverclyde is one of the smallest local authorities in Scotland with the main towns of Greenock, Port Glasgow and Gourock sitting on the Firth of the Clyde.

The towns provide a marked contrast to the small coastal settlements of Inverkip and Wemyss Bay, which lie to the South West of the area, and the picturesque rural villages of Kilmacolm and Quarrier's Village which are located further inland, offering a further dimension to the area's diversity.



A strong sense of community identity exists in Inverclyde and local residents are proud of the area and its history, which is steeped in centuries of maritime and industrial endeavour. There is also a strong community spirit and opportunity to further enhance this with the Community Justice agenda and the aim of building on local capacity to co-produce local responses.

Inverclyde is going through a period of transformation with improvements taking place in the physical infrastructure including further improvements in the existing well developed transport links to Glasgow and the rest of Scotland, new residential developments, leisure and retail facilities, cultural and arts centres and a new and refurbished schools estate being established that will help further renew and regenerate Inverclyde and more importantly, its communities. Inverclyde is also strengthened with West College Scotland situated over two local campuses. With regards to health facilities, Inverclyde is served with Inverclyde Royal Hospital and sixteen GP practices; HMP Greenock that includes both male and female prison population; Greenock Sheriff Court; Greenock Police Office (including the West of Scotland Custody Centre); three Community Fire Stations (including Greenock that incorporates the Marine Incident Response Group). These are all

considered as key assets within Inverclyde and in meeting the aspirations of how Community Justice is developed locally.

### 3.3 Demographic Profile

#### Population

According to the latest official statistics from the National Records of Scotland the estimated population of Inverclyde is 79,500 people. The breakdown of this figure into age groups and sex is shown in the table below. There are more women than men in every age group except for those aged 0-15. The percentage of the population in older age groups is higher in Inverclyde than in Scotland.

Age Band	Males	Females	Total
0-15	6,685	6,281	12,966
16-44	13,168	13,576	26,744
45-59	9,041	9,826	18,867
60-74	6,472	7,235	13,707
75+	2,688	4,528	7,216
<b>Total</b>	<b>38,054</b>	<b>41,446</b>	<b>79,500</b>

Source: Mid-year population estimates (2015), National Records of Scotland

The projected trend for the population of Inverclyde is to continue to shrink as illustrated in the table below. This will impact on the future needs of the local population in determining local service planning, resourcing and delivery of services.

Age Band	2012		2022		2032		2037	
	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
<b>Total</b>	<b>80,680</b>	<b>100%</b>	<b>75,286</b>	<b>100%</b>	<b>68,910</b>	<b>100%</b>	<b>65,014</b>	<b>100%</b>

Source: Population Projection 2012 – 2037 (2015), National Records of Scotland,

## Ethnicity

While the largest ethnic group in Inverclyde is 93.8% White Scottish (compared to 84% of Scotland population), over recent years there has been a small increase from other ethnic groups as outlined in the table below.

<b>Ethnicity</b>	<b>%</b>
White Scottish	93.8%
White Other British	3%
White Irish	0.9%
White Polish	0.1%
White Other	0.8%
Asian, Asian Scottish, Asian British	0.9%
Other Ethnic Group	0.4%

Source: Area Profile, Scotland's Census 2011

## Religion

Historically, there were a high number of local churches and chapels that have played a significant role in local communities. While there has been a decline in these in recent years, they continue to play an active role in supporting local communities.

<b>Religion</b>	<b>%</b>
Church of Scotland	33%
Roman Catholic	37%
Other Christian	4.1%
Muslim	0.2%
Other Religions	0.5%
No Religion	19.2%
Not Stated	5.9%

Source: Area Profile, Scotland's Census 2011

## Labour Market

Measure	Inverclyde	Scotland
Percentage of households with at least one person aged 16 to 74 who is unemployed (and not a full-time student) or long-term sick or disabled.	20.3%	14.6%
Economic activity - All persons aged 16 to 74	60,893	3,970,530
% Economically active	64.2%	69%
% Employees - part-time	13.8%	13.3%
% Employees - full-time	37%	39.6%
% Self-employed	5%	7.5%
% Unemployed	5.2%	4.8%
% Never worked	12%	13.9%
% Economically inactive	35.8%	31%
% Long-term sick or disabled	8.9%	5.1%
<b>Most Dominant Industry</b>		
Human health and social work activities	18.8%	15%
Wholesale and retail trade, repair of motor vehicles and motorcycles	15.5%	15%
Manufacturing	10.2%	8%
<b>Most Dominant Occupation Grouping</b>		
% Associate professional and technical occupations	12.9%	12.6%
% Elementary occupations	12.7%	11.6%

As outlined in the Skills Development Scotland (SDS) *Skills Assessment for Inverclyde, (2016)*, job losses following the economic downturn were delayed until 2011 in Inverclyde, when the area then experienced a sharp fall in the number of jobs. Since 2012, however, total employment has increased in Inverclyde by 6%, faster than the Scottish and GB growth rates. The health sector accounts for the largest proportion of jobs at 25%. Fewer Inverclyde residents in work are employed in professional occupations at 17%. The employment rate in Inverclyde in 2014 was 70%. This is 3% lower than for Scotland and GB. In 2014 / 2015 there were 2,900 ILO (International Labour Organisation definition of unemployment covers those of working age who are out of work, want to work and are actively seeking and available to start work), up from 2,600 in 2013 / 2014. The ILO rate in 2014 / 2015 was 8% in Inverclyde, compared to 6% in Scotland and GB.



In addition 24% of Inverclyde households were workless in 2013, compared to 20% in Scotland and 17% in GB. 42% of those at school in Inverclyde are entitled to free school meals, above the national average of 39%.

The on-going welfare reforms are continuing to have a detrimental impact on the lives of people in Inverclyde. The latest update from *Sheffield Hallam University (March, 2016)* highlights:

- Increase in non-dependent deductions, Inverclyde is in the UK 20 worst affected local authorities and 3<sup>rd</sup> highest in Scotland;
- Introduction of Personal Independent Payments (PIP), Inverclyde is the UK 20 worst affected local authorities and 3<sup>rd</sup> highest in Scotland;
- Current Employment Support Allowance (ESA) reforms, Inverclyde is in the UK 20 worst affected local authorities and 3<sup>rd</sup> highest in Scotland;
- ESA new reforms, Inverclyde is the UK 20 worst affected local authorities and 5<sup>th</sup> highest in Scotland.

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

There is a significant gap between our more affluent areas and those which experience high levels of poverty and deprivation. In our most deprived and disadvantaged areas, people face multiple problems such as ill-health; high levels of worklessness; poor educational achievement/attainment; low levels of confidence and low aspirations; low income; poor housing and an increased fear of crime. In addition, Inverclyde has particular issues relating to alcohol.

Alcohol misuse is a particular problem in Inverclyde, particularly amongst the more disadvantaged population, where deaths and hospital admissions related to alcohol misuse are more than double the national average. In a Citizens' Panel survey carried out in autumn 2015, 60% of respondents take the view that alcohol in their neighbourhood is either a major (27%) or minor issue (33%). These figures were slightly higher for the most deprived datazones.

The estimated number of individuals with problem drug use and the corresponding prevalence rates for 2012 / 2013 indicates the council areas with the highest prevalence rates of problem drug use in Scotland are Inverclyde 3.20%, Dundee City 2.80% and Glasgow City 2.76% - For Scotland as a whole the figure is 1.68%. (Percent of populations aged 15-64). *Inverclyde ADP Strategic Plan 2014-2015*

From the Autumn Citizen's Panel in 2015 30% of respondents indicated drug misuse was a major issue in their neighbourhood and this increased to 41% in most deprived datazones. Of note is that 30% of respondents also specified that crime is an issue arising from drug misuse compared to 11% indicating an increase of violence and crime arising in their neighbourhood due to overconsumption of alcohol.

In addition, a significant number of Inverclyde residents presenting at emergency homeless services have alcohol and drug problems.

All of these conditions impact on community justice and highlight the multi-layered and complex nature of issues facing our community.

### **Scottish Index of Multiple Deprivation (SIMD) 2016**

In the context of the SIMD, deprivation is defined more widely as the range of problems that arise due to lack of resources or opportunities, covering health, safety, education, employment, housing and access to services, as well as financial aspects. The SIMD uses data relating to multiple aspects of life in order to gain the fullest possible picture of deprivation across Scotland. Seven different domains are identified and data from these domains are combined to produce the index. The domains are made up of 38 indicators.

It is important to remember that the SIMD identifies deprived *areas* not individuals, so not everyone living in a deprived area is deprived, and not all deprived people live in deprived areas. Two out of three people who are income deprived do not live in deprived areas. Just fewer than one in three people living in a deprived area are income deprived.

For the purposes of the SIMD 2016, Inverclyde is split into 114 datazones. 44% of these datazones are amongst the most deprived 20%, while 13% are amongst the 21-40% most deprived. This compares to 48% of datazones in Glasgow City amongst the 20% most deprived and 17% amongst the 21-40%.

The table below shows the changes in the national and local share between SIMD 2009, SIMD 2012 and 2016. These figures are not directly comparable from 2012 to 2016, as there are 471 new datazones across Scotland and 4 locally.

SIMD Domain	National Share (%) of 15% Most Deprived Datazones			Local Share (%) of 15% Most Deprived Datazones		
	2016	2012	2009	2016	2012	2009
<b>All Domains</b>	3.9%	4.5%	4.3%	36%	40%	38.2%
<b>Income</b>	3.7%	4%	4.1%	34.2%	35.5%	36.4%
<b>Employment</b>	3.7%	4.3%	4.3%	34.2%	38.2%	38.2%
<b>Health</b>	4%	4.8%	4.7%	36.8%	42.7%	41.8%
<b>Education</b>	2.6%	2.6%	2.4%	23.7%	22.7%	20.9%
<b>Housing</b>	1.9%	2%	-	17.5%	18.2%	-
<b>Access</b>	1%	1.4%	3.9%	9.6%	12.7%	34.5%
<b>Crime</b>	2.7%	2.7%	2	24.6%	23.6%	18.2%

## Recorded Crime and Offences

### Classification of Crimes and Offences

Table 1: Crimes

Group 1 Non-Sexual Crimes of Violence	Group 2 Crimes of Indecency	Group 3 Crimes of dishonesty	Group 4 Fire-Raising, Vandalism etc	Group 5 Other crimes
Homicide etc	Rape & Attempted Rape	Housebreaking	Fire-raising	Crimes against public justice
Attempted Murder and serious assault	Sexual Assault	Theft by opening a lockfast place (OLP)	Vandalism etc	Handling an offensive weapon
Robbery	Crimes Associated with Prostitution	Theft from a motor vehicle by OLP		Drugs
Other	Other	Theft of a motor vehicle		Other

## Positive Lives, Strengthening Communities

		Shoplifting		
		Other theft		
		Fraud		
		Other Dishonesty		

Table 2: Offences

<b>Group 6: Miscellaneous offences</b>	<b>Group 7: Motor vehicle offences</b>
Common assault	Dangerous and careless driving
Breach of the peace etc.	Driving under the influence
Drunkenness and other disorderly conduct	Speeding
Urinating etc.	Unlawful use of vehicle
Other	Vehicle defect offences
	Seat belt offences
	Mobile phone offences
	Other

Source: Recorded Crime in Scotland 2015-2016

### Recorded Crime Comparisons 2015-2016

Table 3: Number of crimes by category recorded by the police

	<b>Non-Sexual Crimes of Violence</b>	<b>Sexual Crimes</b>	<b>Crimes of Dishonesty</b>	<b>Fire-Raising, Vandalism, etc.</b>	<b>Other Crimes</b>	<b>Total Crimes</b>
Inverclyde	163	98	1414	947	1436	4058

Source: Recorded Crime in Scotland 2015-2016

Table 4: Number of offences by category recorded by the police

	<b>Miscellaneous Offences</b>	<b>Motor Vehicle Offences</b>	<b>Total Offences</b>
Inverclyde	2263	1664	3927

Source: Recorded Crime in Scotland 2015-2016

Table 5: Percentage of crimes cleared up by the police

	<b>Non-Sexual Crimes of Violence</b>	<b>Sexual Crimes</b>	<b>Crimes of Dishonesty</b>	<b>Fire-Raising, Vandalism, etc.</b>	<b>Other Crimes</b>	<b>Total Crimes</b>
Inverclyde	72.4%	68.4%	38.8%	12.1%	95.2%	<b>54.6%</b>
<b>Scotland</b>	<b>82.3%</b>	<b>74.1%</b>	<b>38.0%</b>	<b>24.3%</b>	<b>96.0%</b>	<b>51.6%</b>

Source: Recorded Crime in Scotland 2015-2016

Table 6: Number of Crimes Recorded by the Police per 10,000 Population

<b>Local authority area</b>	<b>Non-sexual crimes of violence</b>	<b>Sexual crimes</b>	<b>Crimes of dishonesty</b>	<b>Fire-raising, vandalism, etc.</b>	<b>Other crimes</b>	<b>Total crimes</b>
Inverclyde	21	12	178	119	181	<b>510</b>
<b>SCOTLAND</b>	<b>13</b>	<b>19</b>	<b>216</b>	<b>101</b>	<b>110</b>	<b>458</b>

Source: Recorded Crime in Scotland 2015-2016

Table 7: Number of Offences Recorded by the Police per 10,000 Population

<b>Local authority area</b>	<b>Miscellaneous offences</b>	<b>Motor vehicle offences</b>	<b>Total offences</b>	<b>Total crimes and offences</b>
Inverclyde	285	209	<b>494</b>	<b>1,004</b>
<b>SCOTLAND</b>	<b>314</b>	<b>317</b>	<b>631</b>	<b>1,090</b>

Source: Recorded Crime in Scotland 2015-2016

Compared to 2014-2015 (4340 crimes) to 2015-2016 (4058 crimes) there has been a 6% fall in total crimes. There has been a 30% increase in non-sexual crimes of violence (from 125 to 163); a 32% increase in sexual crimes (from 74 to 98); however there has also been an 11% fall in crimes of dishonesty (from 1583 to 1414) and a 4% fall in fire-raising and vandalism etc. (from 984 to 947) as well as a 9% fall in other crimes (from 1574 to 1436). During the same period there has also been a reduction of 20% in the number of offences committed (from 4924 to 3927 offences).

## Domestic Abuse

The definition of domestic abuse used by Police Scotland is:

“Any form of physical, sexual or mental and emotional abuse [that] might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere”.

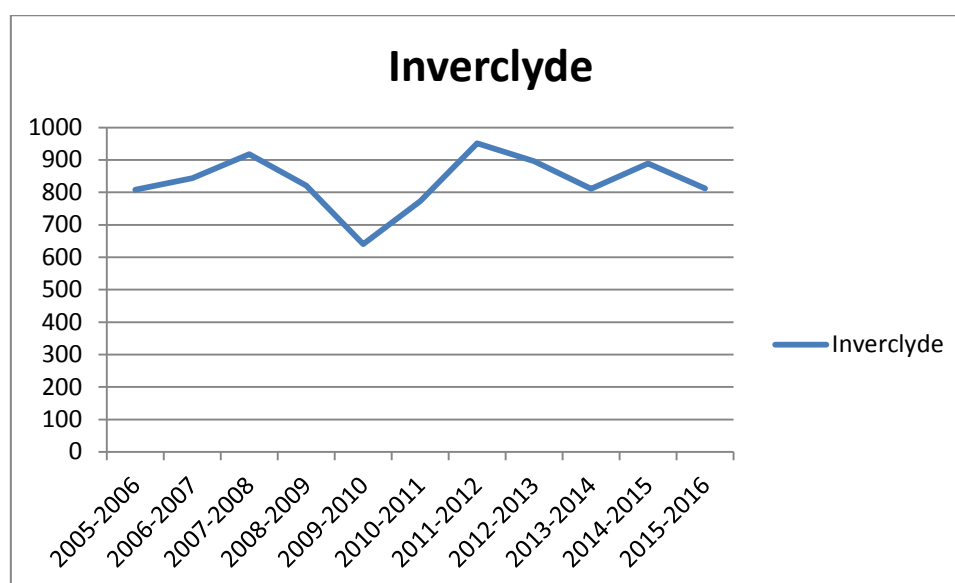
Source: Statistical Bulletin – Criminal Justice Series. Domestic Abuse Recorded by the Police in Scotland 2015 / 2016

Table 8: Domestic Abuse recorded by the police

Local Authority	2013-2014		2014-2015		2015-2016	
	No of Incidents	Rate per 10,000	No of Incidents	Rate per 10,000	No of Incidents	Rate per 10,000
Inverclyde	811	101	889	111	812	102
Scotland	58,439	110	59,882	112	58,104	108

Source: Statistical Bulletin – Criminal Justice Series. Domestic Abuse Recorded by the Police in Scotland 2015 / 2016

Graph 1: Incidents of Domestic Abuse Recorded by the Police 2005-2006 to 2015-2016



Source: Statistical Bulletin – Criminal Justice Series. Domestic Abuse Recorded by the Police in Scotland 2015 / 2016

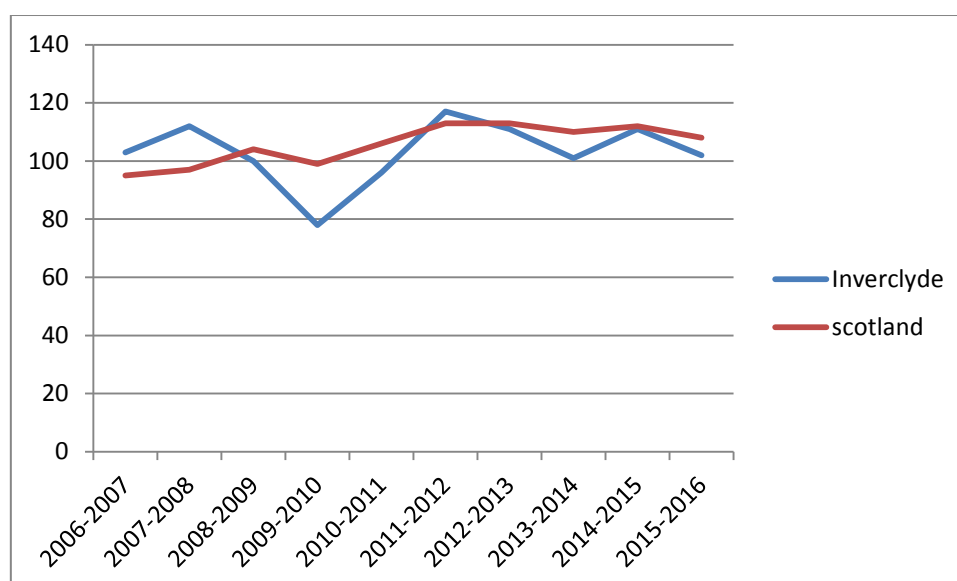
In 2014 / 2015 there were 59,882 incidents of domestic abuse recorded by the police in Scotland. In 2015 / 2016 there were 58,104 incidents of domestic abuse recorded by the Police in Scotland, a decrease of 2.97% from 2014 / 2015. This decrease is also reflected in Inverclyde during this period where incidents of domestic abuse fell by 8.66% (77). While there is a degree of fluctuation in the number of incidents year on year; in comparison to the national picture, Inverclyde remains very similar to the national trend pattern.

Table 9: Incidents of domestic abuse recorded by the police and whether they resulted in a crime or offence 2015-2016

	<b>Number of Incidents</b>	<b>% of incidents leading to a crime or offence</b>	<b>% of incidents not leading to a crime or offence</b>
<b>Inverclyde</b>	812	48%	52%
<b>Scotland</b>	58,104	51%	49%

The graph below outlines the rate of incidents of domestic abuse recorded by the police per 10,000 population in Inverclyde and compares this to the Scottish figure.

Graph 2: Rate of Incidents of Domestic Abuse Recorded by the Police per 10,000 Population (Inverclyde and Scotland)



Source: Statistical Bulletin – Criminal Justice Series. Domestic Abuse Recorded by the Police in Scotland 2015 / 2016

Incidents of domestic abuse recorded by the Police are more common at weekends with 36% of all incidents in 2015 / 2016 occurring on a Saturday or Sunday. The remaining 64% is spread fairly evenly from Monday to Friday. This pattern has been consistent over the past ten years.

## Reconviction Rates

There are key messages about reconviction rates detailed in *Reconviction Rates in Scotland: 2013-2014 Offender Cohort, (2016)*, Scottish Government and generally Inverclyde reflects the national picture.

- In 2013-2014 28% of offenders were reconvicted within one year of serving their sentence.
- Men are more likely to reoffend than women.
- Reconvictions are the lowest for seventeen years.
- While there has been a fall in youth reoffending; there has been an increase in those over 30 years of age.
- Of those released from a custodial sentence of six months or less; 57% are reconvicted within a year and 38% are back in prison within a year.
- Community sentences offer better opportunities to address the underlying causes of offending, whereas short prison sentences provide limited access to rehabilitative services addressing drugs, alcohol and mental health issues.
- Evidence also suggests that imprisonment may in fact increase long-term offending by weakening social bonds and decreasing job stability (Sapouna, M. et al (2015) *What Works to Reduce Reoffending: A Summary of the Evidence*).



The following tables provide an outline of local reconviction rate information and compare this to the Scottish figures. These statistics are derived from the Criminal Proceedings in Scotland data.

Table 10: Overall reconviction rate

Local Authority	Number of offenders	Reconviction rate	Average number of reconvictions per offender
Inverclyde	704	29	0.48
<b>Scotland</b>	<b>42193</b>	<b>28.3</b>	<b>0.51</b>

Reconviction rates in Scotland: 2013-2014 Offender Cohort

Table 11: Reconviction Rate by Gender

Gender	Local Authority	Number of offenders	Number of offenders reconvicted	Reconviction Rate	Number of reconvictions	Average number of reconvictions per offender
Male all ages	Inverclyde	579	180	31.1	301	0.52
	<b>Scotland</b>	<b>35,005</b>	<b>10,295</b>	<b>29.4</b>	<b>18,476</b>	<b>0.53</b>
Female all ages	Inverclyde	125	24	19.2	36	0.29
	<b>Scotland</b>	<b>7,188</b>	<b>1,644</b>	<b>22.9</b>	<b>3,094</b>	<b>0.43</b>

Reconviction rates in Scotland: 2013-2014 Offender Cohort

Table 12: Reconviction Rate by Age

Age	Local Authority	Number of offenders	Number of offenders reconvicted	Reconviction Rate	Number of reconvictions	Average number of reconvictions per offender
Under 21	Inverclyde	80	30	37.5	62	0.78
	<b>Scotland</b>	<b>5391</b>	<b>1836</b>	<b>34.1</b>	<b>3262</b>	<b>0.61</b>
21-25 years	Inverclyde	124	35	28.2	47	0.38
	<b>Scotland</b>	<b>8292</b>	<b>2430</b>	<b>29.3</b>	<b>4111</b>	<b>0.50</b>
26-30 years	Inverclyde	114	36	31.6	52	0.46
	<b>Scotland</b>	<b>7219</b>	<b>2235</b>	<b>31.0</b>	<b>4064</b>	<b>0.56</b>
31-40 years	Inverclyde	190	68	35.8	122	0.64
	<b>Scotland</b>	<b>11037</b>	<b>3332</b>	<b>30.2</b>	<b>6311</b>	<b>0.57</b>
Over 40 years	Inverclyde	196	35	17.9	54	0.28
	<b>Scotland</b>	<b>10254</b>	<b>2106</b>	<b>20.5</b>	<b>3822</b>	<b>0.37</b>

Reconviction rates in Scotland: 2013-2014 Offender Cohort

The reconviction rate for Under 21s years of age is 3.4 points higher in Inverclyde than Scotland. This pattern is also reflected in the 31-40 years of age group with the Inverclyde reconviction rate being 5.6 points higher than Scotland.

Table 13: Reconviction Rate by Type of Crime

Type of Crime	Local Authority	Number of offenders	Number of offenders reconvicted	Reconviction Rate	Number of reconviction	Average number of reconviction per offender
Violent Crime	Inverclyde	167	29	17.4	46	0.28
	<b>Scotland</b>	<b>11221</b>	<b>2495</b>	<b>22.2</b>	<b>3948</b>	<b>0.35</b>
Sexual Crime	Inverclyde	10	1	-	2	-
	<b>Scotland</b>	<b>709</b>	<b>73</b>	<b>10.3</b>	<b>109</b>	<b>0.15</b>
Dishonest	Inverclyde	132	54	40.9	95	0.72
	<b>Scotland</b>	<b>7815</b>	<b>3231</b>	<b>41.3</b>	<b>7313</b>	<b>0.94</b>
Damage	Inverclyde	25	12	48.0	21	0.84
	<b>Scotland</b>	<b>1928</b>	<b>604</b>	<b>31.3</b>	<b>1056</b>	<b>0.55</b>
Drug Crime	Inverclyde	152	54	35.5	91	0.60
	<b>Scotland</b>	<b>5590</b>	<b>1226</b>	<b>21.9</b>	<b>1847</b>	<b>0.33</b>
Breach of Peace	Inverclyde	161	39	24.2	59	0.37
	<b>Scotland</b>	<b>10966</b>	<b>3077</b>	<b>28.1</b>	<b>5217</b>	<b>0.48</b>
Other	Inverclyde	57	15	26.3	23	0.40
	<b>Scotland</b>	<b>3964</b>	<b>1233</b>	<b>31.1</b>	<b>2080</b>	<b>0.52</b>

Reconviction rates in Scotland: 2013-2014 Offender Cohort

Inverclyde has a higher reconviction rate by 16.6 points for the reconviction rate related to damage type of crimes than the reconviction rate for Scotland.

Table 14: Reconviction Rate by Disposal Type

Disposal Type	Local Authority	Number of offenders	Number of offenders reconvicted	Reconviction Rate	Number of reconviction	Average number of reconviction per offender
Custody	Inverclyde	126	58	46.0	101	0.80
	<b>Scotland</b>	<b>7108</b>	<b>3110</b>	<b>43.8</b>	<b>5997</b>	<b>0.84</b>
CPO	Inverclyde	126	33	26.2	53	0.42
	<b>Scotland</b>	<b>10551</b>	<b>3203</b>	<b>30.4</b>	<b>5778</b>	<b>0.55</b>
PO	Inverclyde	1	0	-	0	-
	<b>Scotland</b>	<b>72</b>	<b>5</b>	<b>6.9</b>	<b>6</b>	<b>-</b>
RLO	Inverclyde	3	1	-	6	-
	<b>Scotland</b>	<b>643</b>	<b>225</b>	<b>35.0</b>	<b>377</b>	<b>0.59</b>
DTTO	Inverclyde	3	1	-	1	-
	<b>Scotland</b>	<b>328</b>	<b>206</b>	<b>62.8</b>	<b>546</b>	<b>1.66</b>
Monetary	Inverclyde	244	63	25.8	108	0.44
	<b>Scotland</b>	<b>14829</b>	<b>3418</b>	<b>23.0</b>	<b>5635</b>	<b>0.38</b>
Other	Inverclyde	201	48	23.9	68	0.34
	<b>Scotland</b>	<b>8532</b>	<b>1765</b>	<b>20.7</b>	<b>3223</b>	<b>0.38</b>

Reconviction rates in Scotland: 2013-2014 Offender Cohort

In Inverclyde the reconviction rate of custody compared to a Community Payback Order is 19.8 points more.

### Level of Service / Case Management Inventory (LSCMI)

The Level of Service / Case Management Inventory is a comprehensive general offending risk / need assessment and case management planning method. This approach is used in Scotland to aid decisions on the level and focus of intervention with people aged 16+ years. It is a tiered approach that involves an initial assessment, a detailed examination of risk and needs and a scrutiny of risk of serious harm indicators and risk management plan.

The information in the diagram below has been extracted from the report "Level of Service / Case management Inventory in Practice: Inverclyde Criminal Justice Social Work (2013). The demographic information relates to all assessments, whilst the needs and risks profile relate to full assessments which are carried out once a Court Order is made.

## LS/CMI Information (2013)

### Age

- 3% were 17-17 years of age.
- 20% were 18-21 years of age.
- 14% were 22-25 years of age.
- 16% were 26-30 years of age.
- 46% were over 30 years of age.

### Other Issues

- 34% had financial problems.
- 27% were a victim of physical assault.
- 24% showed evidence of emotional distress.
- 20% had accommodation issues.
- 18% had a mental disorder.
- 50% had problem solving deficits.
- 34% anger management was an issue.

### Anti-Social Pattern

- 67% of cases had an official record of violence / assault.
- Physical assault is most commonly perpetrated against extra familial males and there is a noticeable recording of the use of a knife.

### Criminal History

- 79% of individuals had two or more episodes of offending.
- 25% had been arrested or charged under aged 16.
- 42% breached the requirements of prior community supervision.



### Companions

- 72% had some criminal acquaintances.
- 40% had few anti-criminal acquaintances.

### Pro-Criminal Attitude

- 32% have an unsatisfactory attitude toward being supportive of crime.
- 20% indicated as having a poor attitude toward their sentence.

### Family / Marital

- 33% have criminal family / spouse relationships.
- 22% have an unsatisfactory marital or equivalent situation.
- 21% have unsatisfactory parental relationships.

### Gender

- 85% Male
- 12% Female

### Education / Employment

- 76% were currently unemployed.
- 63% left school at minimum leaving age.

### Leisure / Recreation

- 64% had an absence of organised activity.
- 54% indicated a better use of time was warranted.

### Alcohol / Drug Problem

- 58% had an alcohol problem at some point.
- 24% recorded a current alcohol problem.
- 57% had a drug problem at some point.
- 31% indicated a current drug problem.

Where a current substance problem was identified:

- 99% involved law violation.
- 75% the problem had affected the marital / family situation.
- 62% education / work had been affected.

## Victims and Witnesses

Victim Support has provided the following information extracted from their new information system. The first table outlines feedback from victims and witnesses and how they feel after receiving support from Victim Support, focusing on outcomes.

Office	Improved Health and Wellbeing	Feeling Informed	Increased Safety Perception	Re-Integration	Other
VS Inverclyde	12	623	3	0	229
WS Greenock	88	31	0	0	11

The following gives a breakdown of the types of crime that Victim Support Inverclyde receives referrals for:

Crime Type	Number 2014 / 2015	Number 2015 / 2016
Dishonesty	449	424
Indecency	46	14
Violence	346	382
Vandalism / Fire-raising	337	342
Other	231	242
<b>Total</b>	<b>1409</b>	<b>1404</b>

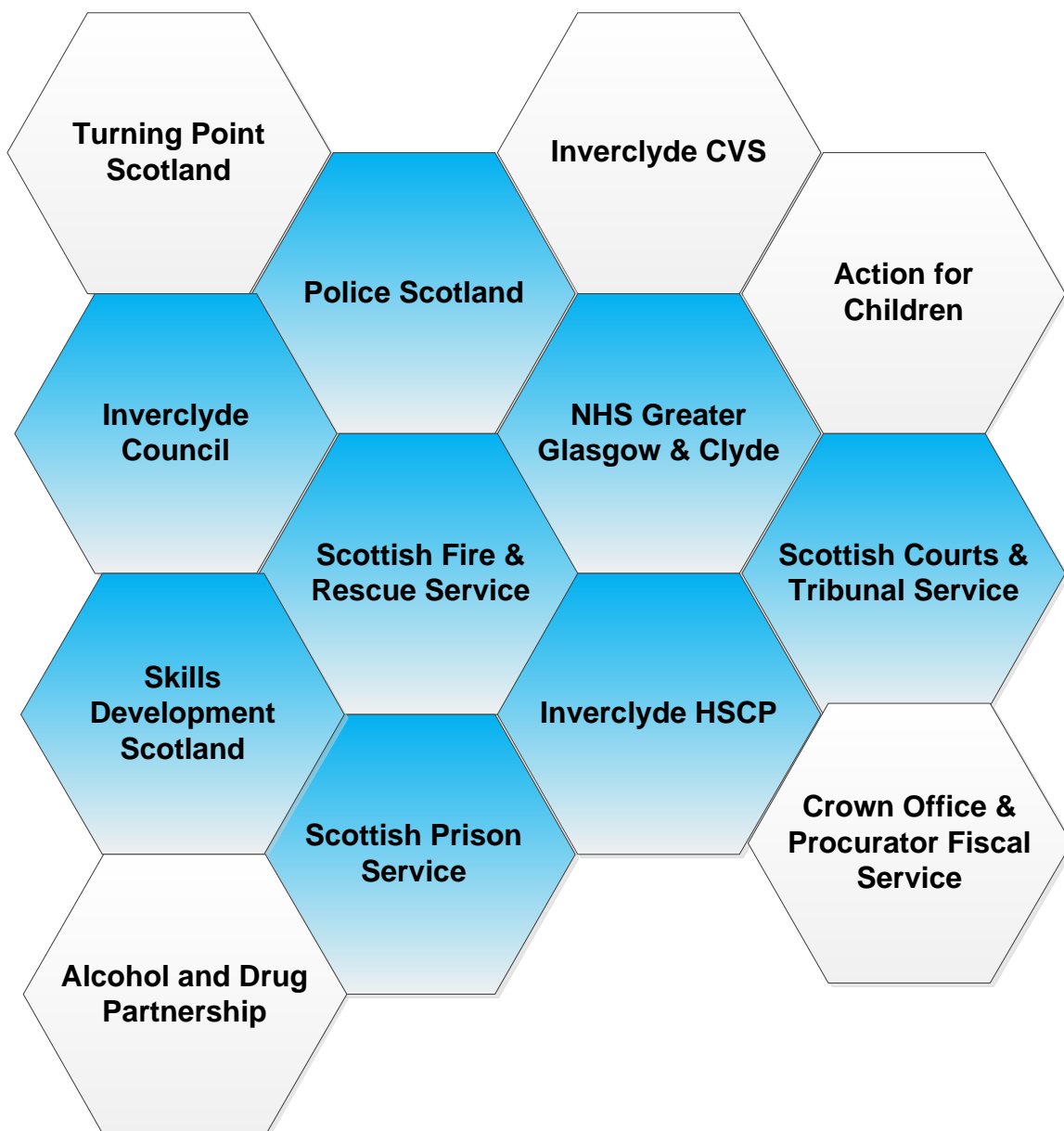
The table below outlines the age range and gender of victims.

Age Range	Male		Female		Total	
	2014 / 2015	2015 / 2016	2014 / 2015	2015 / 2016	2014 / 2015	2015 / 2016
0-12	9	6	3	6	12	12
13-15	22	29	15	9	37	38
16-17	18	21	22	14	40	35
18-64	634	966	522	710	1156	1676
64+	110	121	81	91	191	212
<b>Total</b>	<b>793</b>	<b>1143</b>	<b>643</b>	<b>830</b>	<b>1436</b>	<b>1973</b>

### 3.4 Inverclyde Community Justice Partnership

An Inverclyde Community Justice Transition Group was formed in October 2015 to ensure a smooth period of transition during the shadow arrangements. This will become the Inverclyde Community Justice Partnership as from 1<sup>st</sup> April 2017.

It 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; the local Community Safety and Wellbeing Manager, Corporate Policy and Partnership Manager and ADP Co-ordinator.



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.

The governance structure for the partnership is that it reports to Inverclyde Single Outcome Programme Board followed by Inverclyde Alliance (the Community Planning Partnership). This may change following the introduction of the Local Outcome Improvement Plan towards the end of 2017.

The partnership has agreed a Terms of Reference (see Appendix B) and a Memorandum of Understanding.

Inverclyde Criminal Justice Social Work hosts the Inverclyde Community Justice Lead Officer. As such, is based in the Health and Social Care Partnership. This extends the governance arrangements to the Integrated Joint Board, Health and Social Care Committee and HSCP Strategic Planning Group. The Chair of the partnership is the Head of Service for Children's Services and Criminal Justice Social Work.

Each community justice partner will also have their own respective governance arrangements for reporting on community justice.

#### **4.0 Where Do We Want To Be?**

The Community Justice Partnership has agreed to develop a “Portfolio Leads” approach whereby there is a partner who will lead on each of the structural outcomes. These will all cross-cut with the three person-centric outcomes and will be evidenced through our quality assurance framework.

The remit of a Portfolio Lead is to provide strategic leadership to progress and deliver on the respective actions of their portfolio detailed in the Community Justice Outcomes Improvement Plan. They will also provide updates to the Community Justice Partnership and governance bodies.

#### **4.1 Outcomes We Want To Achieve**

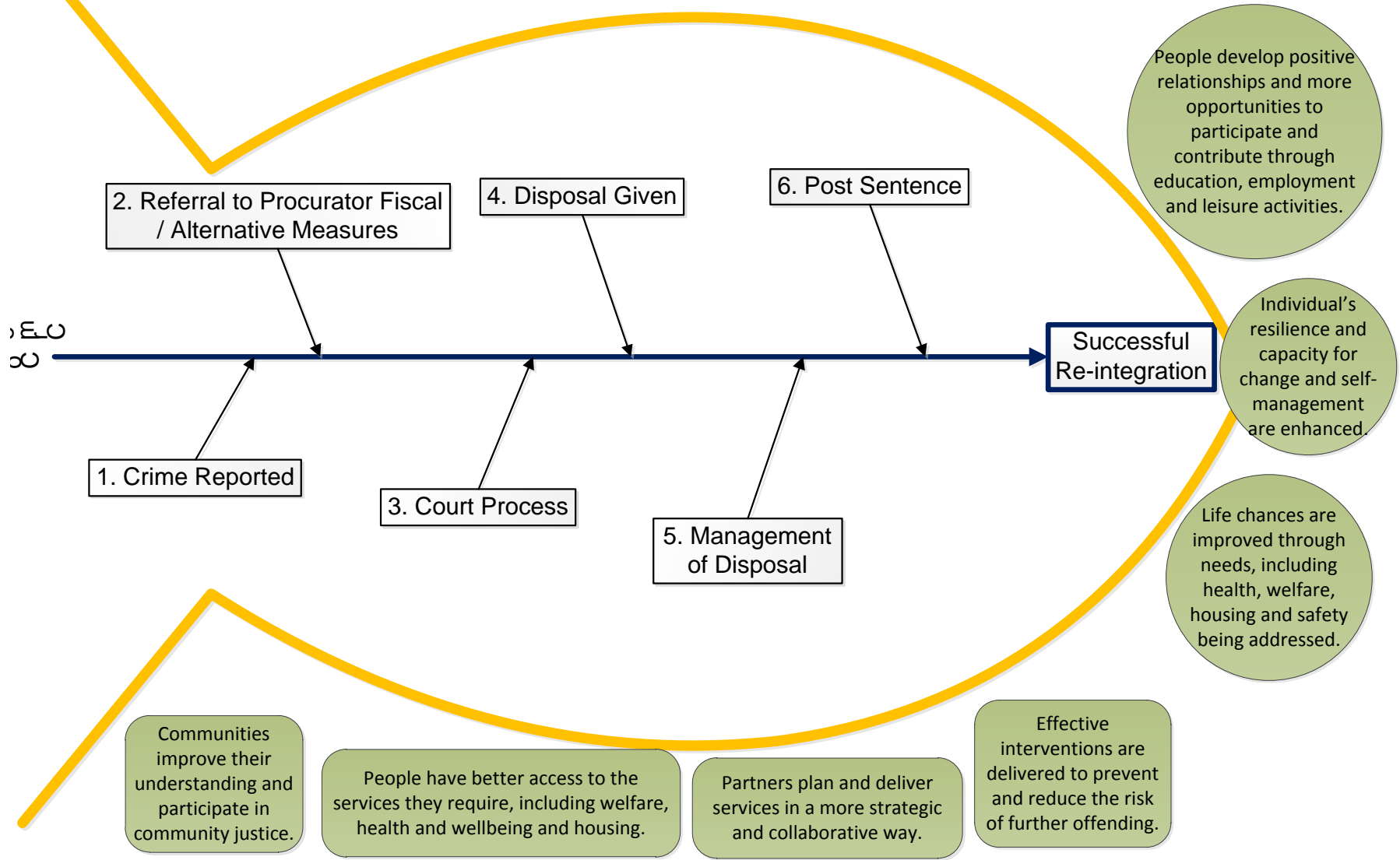
Besides the common outcomes as outlined in the national Community Justice Strategy; the Inverclyde Community Justice Partnership has also agreed several key local outcomes as outlined in the Workplan.

To assist in developing these, consideration was given to understanding the full community justice pathway as illustrated in the diagram below. Each of the six stages are transition points where there are opportunities to demonstrate the structural outcomes so that ultimately the person-centric outcomes are met for each individual and no-one is “lost in the system”.

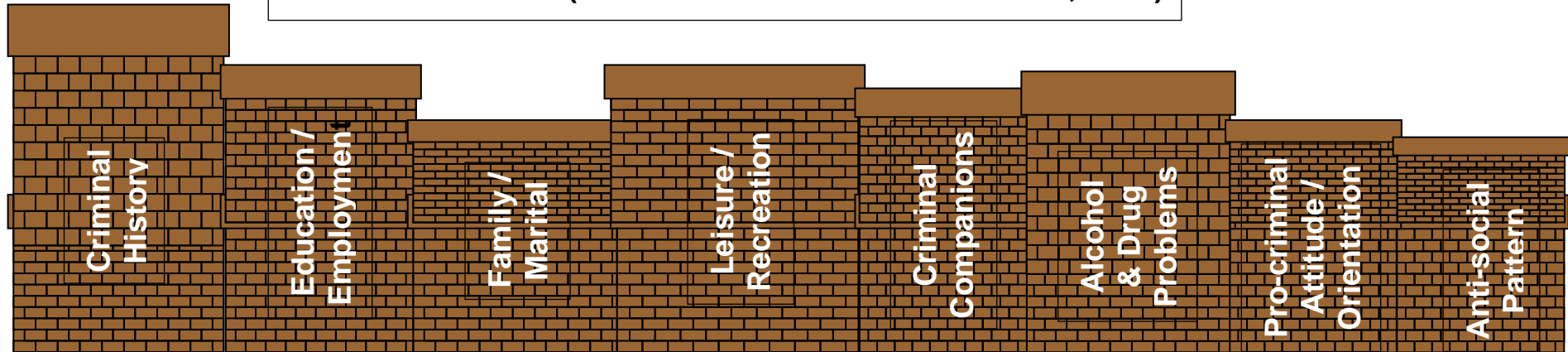
The “Wall of Recidivism” diagram below outlines the “wall” of various complexities that people face and struggle to overcome. Incorporated into this diagram are the three levels of interventions. Traditionally there has been an emphasis given to the more targeted and intensive range of interventions. Community justice provides an opportunity to re-address the balance of interventions to ensure universal and community supports are fully explored in the first instance. This will ensure an earlier focus on re-integrating into their own community at an early stage as possible, while also ensuring people are not “maintained” in the criminal justice system so as to access services.



# Community Justice Pathway



Wall of Recidivism (Extracted from LS/CMI Handbook, 2006)

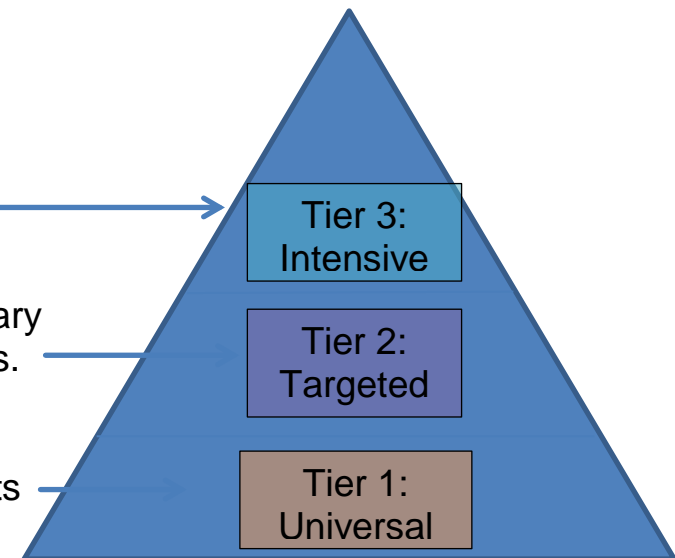


Level of Interventions

Custody / Criminal Justice Intervention

Specialist Service (Health, Addiction etc.) and criminal justice diversionary measures.

Generic service, including community supports



## 5.0 How Will We Get There

### 5.1 Participation Statement

We recognise the importance of ensuring all stakeholders have a voice in taking community justice forward in Inverclyde. As such, one of the first tasks undertaken by the Inverclyde Community Justice Partnership was to develop a Communication and Engagement Strategy. This reflects the principles outlined in the Inverclyde Alliance Community Engagement Strategy and incorporates the revised National Standards for Community Engagement (2016) as detailed below:

- **Inclusion** – We will identify and involve people and organisations that are affected by the focus of the engagement.
- **Support** – We will identify and overcome any barriers to participation.
- **Planning** – There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.
- **Working Together** – We will work effectively together to achieve the aims of the engagement.
- **Methods** – We will use methods of engagement that are fit for purpose.
- **Communication** – We will communicate clearly and regularly with the people, organisations and communities affected by the engagement.
- **Impact** – We will assess the impact of the engagement and use what we have learned to improve our future community engagement.

Consultation on this draft Plan has been taking place as part of the shadow arrangements during 2015 / 2016 and in accordance with requirements of the Community Justice (Scotland) Act 2016 and the related Guidance. While this is the initial phase of consultation, it builds on current on-going dialogue with stakeholder groups.

All responses received during this consultation will be reviewed and taken into consideration in the production of the final Plan.

In addition, key actions of this Plan are to develop a Communication and Engagement Plan and a Participation Strategy.

The table below outlines a range of activities.

<b>Stakeholders</b>	<b>Activities</b>	<b>Dates</b>
Statutory Partners	The Inverclyde Community Justice Transition Group was formed on 13 <sup>th</sup> October 2015 and has representation / points of contact from all community justice statutory partners.	13.10.15 26.11.15 06.01.16 18.02.16 23.06.16 05.08.16
	In addition, the Community Justice Lead Officer has met with each partner.	12.10.16 19.01.17 16.03.17
	In addition to regular meetings, the Community Justice Transition Group also had two Development sessions. The focus of these was specifically on the development of this Plan.	28.04.16 05.09.16
Public Sector	The Community Justice Lead Officer has met with a variety of local public sector partners including: Community Safety Violence Against Women Co-ordinator Alcohol and Drug Partnership Co-ordinator Child Protection Co-ordinator Adult Protection Co-ordinator DWP Inverclyde Leisure West College Economic Development Children's Rights Officer Community Learning and Development Clinical Director	On-going

	Advice Services	
Reporting	<p>Regular reports have been provided to a range of meetings as part of our governance arrangements. These include:</p> <p>Corporate Management Team SOA Programme Board SOA Programme Board SOA Programme Board SOA Programme Board Inverclyde Alliance Board Inverclyde Alliance Board Inverclyde Alliance Board Inverclyde Alliance Board Health &amp; Social Care Committee Health &amp; Social Care Committee Health &amp; Social Care Committee Health &amp; Social Care Committee Inverclyde Integration Joint Board Inverclyde Integration Joint Board Inverclyde Integration Joint Board Inverclyde Integration Joint Board Inverclyde Integration Joint Board HSCP Transformation Board HSCP Transformation Board HSCP Transformation Board HSCP Strategic Planning Group</p> <p>In addition to these meetings, Community Justice has also been discussed at various partnership meetings including the:</p> <p>Alcohol Drug Partnership, Integrated Women Offenders Strategic Group, Housing Partnership and Registered Social Landlord Liaison Group Community Engagement and Communication Benchmarking Network Adult Literacy Group Offender and Prison Health Improvement Group HSCP Communication Group HSCP Extended Management Group Violence Against Women Multi-Agency</p>	<p>05.11.15 06.11.15 19.08.16 04.11.16 10.02.17 14.12.15 21.03.16 03.10.16 20.03.17 07.01.16 25.02.16 20.10.16 23.02.17 26.01.16 15.03.16 18.08.16 08.11.16 14.03.17 15.04.16 16.05.16 15.08.16 25.10.16</p>

	Partnership	
Workforce	<p>HSCP Staff Briefing</p> <p>HSCP Staff Briefing</p> <p>A briefing and presentation was also made available to Community Justice partners to cascade through their own respective organisation.</p> <p>Market Street event for HSCP staff</p> <p>Criminal Justice Social Work Team Meeting</p> <p>Criminal Justice Social Work Team Meeting</p>	<p>January 2016</p> <p>October 2016</p> <p>28.10.15</p> <p>20.11.15</p> <p>19.10.16</p>
Third Sector	<p>There is strong Third Sector involvement in the Community Justice Partnership including representation of Action for Children and Turning Point. The local Third Sector Interface is also represented via CVS Scotland. In going forward they will be the Portfolio Lead for one of the common outcomes.</p> <p>The Community Justice Lead Officer has started meeting with various Third Sector organisations including:</p> <p>Action for Children, Turning Point, Faith in Throughcare, WEvolution, Trust Volunteering Inverclyde, SAMH, Your Voice, Victim Support Tomorrow's Women SHINE New Routes Carers Centre</p>	On-going
Public Engagement	<p>Community Justice Communication displayed in 23 locations across Inverclyde via Solus Screens.</p> <p>Doors Open Day Events where there were</p>	<p>May-June 2016</p> <p>10.09.16</p>

	<p>a Community Justice Information Stall</p> <p>CVS Annual Conference where a workshop was delivered on Community Justice</p> <p>Your Voice engaged with a range of community groups on Community Justice.</p> <p>Citizen's Panel</p>	<p>14.19.16</p> <p>September 2016</p> <p>November 2016</p>
Victims and Witnesses	<p>Engagement and local information received from Victim Support.</p> <p>Other organisations will be contacted as part of on-going consultation and engagement including Women's Aid, Family Support Group, Families Outside and via local Children's Rights engagement.</p>	On-going
Service Users	<p>The Community Justice Lead Officer has met with both male and female service users via the following services:</p> <p>People serving a custodial life sentence</p> <p>People serving a custodial short term sentence</p> <p>People on remand</p> <p>People on an Unpaid Work Order</p> <p>People attending a Constructs Group</p> <p>Integrated Women's Service</p> <p>People having recently completed an order</p> <p>The Community Justice Partnership has developed an information and consent leaflet to be given to people involved in the criminal justice system during the exit planning stage as part of a feedback mechanism that will focus on the whole community justice pathway.</p>	On-going

## 5.2 Our Workplan

### **Common Outcome 1: Communities improve their understanding and participation in community justice.**

#### **Why is this outcome important?**

Communities themselves have a key role in ensuring the success of community justice and as outlined in the Christie Commission, the way to address negative outcomes experienced by people living in the most deprived communities is to build capacity of the people living in these communities. There are a range of people living in communities that will have a role in community justice including:

- People who have committed offences;
- Victims and witnesses of crime;
- Families of both those who have committed offences and of victims and witnesses;
- People who live in communities;
- Local businesses;
- Community assets and organisations.

It is fundamental that Community Justice Partners have an understanding of the lived experience of people living in our communities, as well as improving the understanding of communities about community justice. Community engagement follows on from community capacity building, where communities are more able to engage with Community Justice Partners to help develop services that better meet their needs in their local area.

With a view to simplifying the planning structure in line with various locality planning drivers and the Community Empowerment (Scotland) Act 2015; it was agreed at Inverclyde Alliance SOA Programme Board on 6<sup>th</sup> November 2015 that there will be three “Wellbeing Localities” in Inverclyde. These will be known as Inverclyde East, Inverclyde Central and Inverclyde West (Refer to Appendix C). The concept of “wellbeing localities” reinforces our vision of Getting it Right for Every Child, Citizen and Community and the role of the wellbeing indicators that are embedded in the partnership’s planning structure.



With regards to implementing Community Justice the locality planning arrangements will be applied. This will enable a common language to be used by all partners around wellbeing, while also considering data specific to Inverclyde as a whole, right down to individual ward information where partnership resources can be targeted to ensure they make the maximum impact and services can be localised and flexible.

### **What have communities told us?**

From Police Scotland *Your View Counts*” report for Renfrewshire and Inverclyde (April-June 2016), when asked “what is your perception of crime in your local area over the past year” respondents indicated:

- Increased a lot 19.8% (96);
- Increased a little 21.4% (104);
- Remained the same 38.1% (185)
- Decreased a little 8.6% (42)
- Decreased a lot 4.3% (21)
- No reply 7.8% (38)

*Mental Health in Focus: A profile of mental health and wellbeing in Greater Glasgow & Clyde*, (2011) produced by the Glasgow Centre for Population Health states in the Inverclyde Profile.

“In Inverclyde perceptions of local crime were 36% higher than the Scottish average (an estimated 78% of Inverclyde adults reported that crime was “very or fairly common in their area” compared to 57% in Scotland). This contrasted with the relatively low level of both acquisitive crime (170 in Inverclyde versus 238 per 10,000 in GG&C) and offenders and victims of violent crime (30% and 22% lower in Inverclyde compared to GG&C).”

From initial public engagement activity undertaken by the Community Justice Partnership:

- 40.51% indicated “I’m not aware of community justice”;
- 37.80% of respondents indicated “I think I’ve heard about community justice” and
- 18.82% of respondents indicated “I am aware of community justice”.

When asked “how confident are you that community justice will make a difference in Inverclyde”

- 14.12% indicated they were “not at all confident”;
- 21.18% indicated they were “slightly confident”;
- 48.24% indicated “on balance, I think it should make a difference”;
- 10.59% indicated “I think it will make a significant difference”.

### **What early and preventative approaches are we taking?**

There are many existing early intervention and prevention initiatives in Inverclyde that will cross-cut with implementing the community justice agenda locally. Some of these include:

- Early and Effective Intervention Group targeting young people;
- Whole Systems Approach to tackle offending and re-offending in youth justice that is now being extended into the adult criminal justice approach;
- The Shine mentoring post for women at risk of breaching their court order and women leaving prison following serving a short sentence to support them in accessing local services;
- Mentors in violence prevention, hosted by Community Safety as part of the Violence Against Women Strategy 2012-2017 targeting young people;
- Arrest Referral / Persistent Offenders Partnership works to prevent further offending and custodial sentences with the aim of breaking the cycle of alcohol and drug misuse and crime.
- Development of community facing community justice approach to make a visible difference in local communities, for example, on projects with people serving community payback orders or on a custodial sentence.

The Inverclyde Community Justice Partnership has initiated and has a lead role in developing a regional Early Intervention Strategy alongside neighbouring local authorities of Renfrewshire, East Renfrewshire, West Dunbartonshire, East Dunbartonshire and Argyll and Bute.

### **What will be different for communities in ten years?**

- All of our local communities will have a good understanding of community justice.
- People from local communities will be actively involved in developing community justice in Inverclyde.
- People will recognise the difference community justice has made in improving their community.
- There will be a reduced local perception of crime.
- People have developed new skills as part of community capacity building.
- There are a wide variety of local supports available including from the public, private, third sector and community organisations.

### **What resources are available to achieve this outcome?**

- Each Community Justice Partner is committed to delivering this outcome and the Portfolio Lead will consider potential resources and include these as part of the Community Justice Strategic Commissioning Strategy.
- While Scottish Government has provided transitional funding for local implementation of community justice; there is no indication as yet to continuing this funding beyond this period. Partners individually and collectively continue to make the case for this funding to be recurring and mainstreamed.

## Mapping of this Outcome

National Outcome	SOA / LOIP Outcome	Wellbeing Indicator
We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.	<b>Safe</b> - Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.
We live our lives safe from crime, disorder and danger.	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.	<b>Nurtured</b> - Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.
Our public services are high quality, continually improving, efficient and responsive to local people's needs.	Our public services are high quality, continually improving, efficient and responsive to local people's needs.	<b>Respected &amp; Responsible</b> - Respected and share responsibilities. Citizens are involved in decision and making and play an active role in improving the community.

**1. Communities improve their understanding and participation in community justice.**

<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
1.1	Activities carried out to engage with “communities” as well as other relevant constituencies.	a. Develop Communication & Engagement Strategy.	CVS Inverclyde	Complete	Green
		b. Develop Communication & Engagement Plan.		April 2017	
		c. Develop local measures and feedback process. Link this to an improvement cycle.		2017	
1.2	Consultation with communities as part of community justice planning and service provision.	a. Develop a consultation process that feeds into the planning and improvement cycle.	CVS Inverclyde	2017	
		b. Develop a specific consultation process for Unpaid Work and other service users; victims and witnesses, families and children and young people affected by the criminal justice system.		2017	
		c. Map consultation for partner plans and link to Community Justice (Inverclyde Communication and Engagement and Capacity Building Network, HSCP, Police, Fire & Rescue, ADP, Housing etc.)		2017	
1.3	Participation in community justice,	a. Develop a Participation Strategy and Plan.	CVS Inverclyde	2017	

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	such as co-production and joint delivery.	b. Develop an asset based approach and community capacity building.		2017-2018	
		c. Explore opportunities for joint delivery using community assets.		2017-2018	
1.4	Level of community awareness of / satisfaction with work undertaken as part of a CPO.	a. Evaluate the effectiveness of community consultation and customer feedback and link to an improvement cycle.	CVS Inverclyde	2018-2019	
		b. Incorporate customer / community feedback as part of Community Justice Quality Assurance reporting.		2017-2018	
1.5	Evidence from questions to be used in local surveys / citizens panels etc.	a. Develop a question set that includes awareness, visibility, understanding, confidence and participation.	CVS Inverclyde	Complete	Green
		b. Outline in the Communication and Engagement Plan a programme of opportunities when the question set will be used. (This should link with Inverclyde Communication and Engagement and Capacity Building Network activity)		April 2017	
1.6	Perceptions of the local crime rate.	a. Incorporate this as part of a local community justice performance framework.	CVS Inverclyde	2017	

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<b>Local Outcomes and Indicators</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
1.7	Raise the profile and promote community justice.	a. Capture examples of good practice and positive case studies to use in communique. (See 1.1)	CVS Inverclyde	2017-2018	
1.8	Strengthen links with local employers.	a. Identify employment opportunities / placements and skills / training / volunteering opportunities that employer's need.	CVS Inverclyde	2018-2019	

## **Common Outcome 2: Partners plan and deliver services in a more strategic and collaborative way.**

### **Why is this outcome important?**

Community justice involves complex matters and aims to address multi-faceted issues faced by people who live in our local communities. This cannot be accomplished by any single agency, but rather, will only be achieved through partnership working. A Community Justice Partnership has been established in Inverclyde where there is a strong commitment from each of the Community Justice Partners to work together to ensure the delivery of the community justice outcomes. This is further evidenced in the development of a Memorandum of Understanding and Terms of Reference which forms a strong foundation for the Community Justice Partnership.

The new model of community justice brings opportunities for local decision-making as part of community planning while also ensuring collective accountability to local communities. Inverclyde Community Justice Partnership has adopted a collaborative leadership model where there are Portfolio Leads for each of the four structural common outcomes who will feed into the overarching Community Justice Partnership. This will ensure there is strong local leadership from various Community Justice Partners.

### **What have communities told us?**

From initial public engagement, when asked “how confident are you that community justice will make a difference in Inverclyde”

- 14.12% indicated they were “not at all confident”;
- 21.18% indicated they were “slightly confident”;
- 48.24% indicated “on balance, I think it should make a difference”;
- 10.59% indicated “I think it will make a significant difference”.

### **What early and preventative approaches are we taking?**

The Community Justice Partnership will build on the strong partnership working that already exists in Inverclyde, together with the Community Safety Partnership, Alcohol and Drug Partnership, Financial Inclusion Partnership as well as strengthening public protection arrangements including child protection, adult protection, MAPPA and the Violence Against Women MAP.



The Inverclyde Community Justice Partnership has initiated and has a lead role in developing a regional Early Intervention Strategy alongside neighbouring local authorities of Renfrewshire, East Renfrewshire, West Dunbartonshire, East Dunbartonshire and Argyll and Bute.

**What will be different for communities in ten years?**

- There will be a strong Community Justice Partnership, where there is evidence of leverage and pooling resources to deliver innovative and high quality services.
- A strategic approach to commissioning has been developed that recognises the role of public, private, third sector and community organisations, is outcome focused, demonstrates collaborative practice while meeting local needs.
- Services will be more efficient and effective, receiving positive feedback from people who access these services.
- Community Justice Partner's workforce feels recognised and supported in their role of delivering excellent services.

**What resources are available to achieve this outcome?**

- Each Community Justice Partner is committed to delivering this outcome and the Portfolio Lead will consider potential resources and include these as part of the Community Justice Strategic Commissioning Strategy.
- While Scottish Government has provided transitional funding for local implementation of community justice; there is no indication as yet to continuing this funding beyond this period. Partners individually and collectively continue to make the case for this funding to be recurring and mainstreamed.

## Mapping of this Outcome

National Outcome	SOA / LOIP Outcome	Wellbeing Indicator
Our public services are high quality, continually improving, efficient and responsive to local people's needs.	Our public services are high quality, continually improving, efficient and responsive to local people's needs.	<b>Safe</b> - Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.
We live our lives safe from crime, disorder and danger.	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.	<b>Nurtured</b> - Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.
We have tackled the significant inequalities in Scottish society.	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.	<b>Respected &amp; Responsible</b> - Respected and share responsibilities. Citizens are involved in decision and making and play an active role in improving the community.

**2. Partners plan and deliver services in a more strategic and collaborative way.**

<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
2.1	Services are planned for and delivered in a strategic and collaborative way.	a. A high level self-evaluation will be undertaken on an annual basis as part of a quality assurance cycle.	Police Scotland	2017	
		b. A regional (across six NSCJA Local Authorities) Prevention and Early Intervention Strategy will be developed.		2017	Amber
		c. A Community Justice Strategic Commissioning Strategy will be developed. This will include identifying potential opportunities for tests of change.		2018	
		d. Develop a Participation Strategy and Plan. (See 1.3)		2017	
		e. Ensure transition planning is in place, including for young people and that this is reflected in both community justice and integrated children's service planning.		2017	
2.2	Partners have leveraged resources for community justice.	a. A Community Justice Strategic Commissioning Strategy will be developed. (See 2.1)		2018	
		b. The Community Justice Partnership will explore every opportunity for leverage of		2017	

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		resources and report on this as part of the performance framework. (See 1.6)			
2.3	Development of community justice workforce to work effectively across organisations / professional / geographical boundaries.	a. A Workforce Plan will be developed and incorporated into the Strategic Community Justice Commissioning Strategy. This will take cognisance of existing community justice partner's workforce developments. (See 2.1)	Police Scotland	2018	
2.4	Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA.	a. Existing arrangements will continue with regards to the delivery of MAPPA. These will be reviewed on an annual basis.	Police Scotland	2017	

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<b>Local Outcomes and Indicators</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
2.5	Improve partnership information sharing.	a. Map existing information sharing protocols and review these where appropriate.	Police Scotland	2017-2018	
		b. Develop opportunities to share good practice and for joint training. (See 2.3)	Police Scotland	2017	

## **Common Outcome 3: People have better access to the services they require, including welfare, health and wellbeing, housing and employability.**

### **Why is this outcome important?**

The Scottish Index of Multiple Deprivation measures a number of factors across seven domains including employment, income, health, and education to give an overall score of deprivation for small geographic areas of roughly equal population sizes called data zones.

The key points to emerge from SIMD 2016 include:

- The number of Inverclyde datazones in the 5% most deprived in Scotland has fallen by 3 from 14 to 11. This equates to 9.6% of all 114 Inverclyde datazones in the 5% most deprived category.
- The number of Inverclyde datazones in the 15% most deprived in Scotland decreased by 3 from 44 to 41. This equates to 36% of Inverclyde's datazones featuring in the 15% most deprived. This compares to 40% in SIMD 2012.
- The most deprived datazone in Inverclyde is SO1010891 which is found in Greenock Town Centre and East Central. It is ranked 23 in the overall ranking for Scotland.
- The least deprived datazone in Inverclyde is S01010821 which is found in Kilmacolm, Quarriers, Greenock Upper East/Central. It is ranked 6741 in the overall ranking for Scotland.
- Both income and employment deprivation continue to be higher in Inverclyde than Scotland as a whole. Inverclyde is second behind Glasgow in overall levels of deprivation (local share of datazones which are in the top 20% most deprived).

The on-going welfare reforms are continuing to have a detrimental impact on the lives of people in Inverclyde. The latest update from Sheffield Hallam University (March, 2016) highlights:

- Increase in non-dependent deductions, Inverclyde is in the UK 20 worst affected local authorities and 3<sup>rd</sup> highest in Scotland;
- Introduction of Personal Independent Payments (PIP), Inverclyde is in the UK 20 worst affected local authorities and 3<sup>rd</sup> highest in Scotland;

- Current Employment Support Allowance (ESA) reforms, Inverclyde is the UK 20 worst affected local authorities and 3<sup>rd</sup> highest in Scotland;
- ESA new reforms, Inverclyde is the UK 20 worst affected local authorities and 5<sup>th</sup> highest in Scotland.

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

There is a significant gap between our more affluent areas and those which experience high levels of poverty and deprivation. In our most deprived and disadvantaged areas, people face multiple problems such as ill-health; high levels of unemployment and economic inactivity; poor educational achievement / attainment; low levels of confidence and low aspirations; low income; poor housing and an increased fear of crime. In addition, Inverclyde has particular issues relating to alcohol.

Housing provision is a key outcome in the context of community justice, where it is recognised that there is a link between finding and / or keeping stable accommodation and reducing re-offending. Furthermore, it is also recognised that housing impacts on health (both physical and mental health); drug or alcohol use and overall wellbeing. These in turn can then create barriers for employment opportunities. In a recent study, *Housing and Reoffending: Supporting People Who Serve Short-Term Sentences to Secure and Sustain Stable Accommodation on Liberation* (2015), Scottish Government, a common message from people who had committed offences was that housing issues made desistance from offending less likely and that they had committed further offences directly or indirectly as a result of their housing circumstances.

### **What have people who have committed offences told us?**

- “It would be good if I could get support doing a job search...I don’t know how to go about college...I need a routine as boredom is a major issue.”
- “I need something productive to do and need help to look for a job.”

- Someone being released from prison the following week from being interviewed advised “I have seen my Drugs Worker and my Housing Worker (from community). I’ll be going to the homelessness centre on release and seeing my GP on day of release too...I’ll plan to go to the benefits office.”
- “I would like to do hairdressing at college”
- “Community justice sounds interesting. My problem is loneliness.”

### **What early and preventative approaches are we taking?**

The HSCP has identified five strategic commissioning themes that are cross-cutting with this outcome. These include:

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

Also, there is an existing Access to Services workstream within the HSCP.

Economic Development in partnership with the HSCP is in the process of developing an Inclusion Group where the focus will be on employability.

### **What will be different for communities in ten years?**

- Access to services will be organised in a way that is responsive to how people would like to use them.
- Barriers to accessing services will be addressed.
- People will experience a smooth transition at key stages of their journey.
- There will be a range of community supports available as part of a recovery model.

### **What resources are available to achieve this outcome?**

- Each Community Justice Partner is committed to delivering this outcome and the Portfolio Lead will consider potential resources and include these as part of the Community Justice Strategic Commissioning Strategy.



- While Scottish Government has provided transitional funding for local implementation of community justice; there is no indication as yet to continuing this funding beyond this period. Partners individually and collectively continue to make the case for this funding to be recurring and mainstreamed.
- Much of this agenda can be joined to existing workstreams being taken forward across the HSCP where there is a particular focus on diversity and equality of access.

## Mapping of this Outcome

National Outcome	SOA / LOIP Outcome	Wellbeing Indicator
We live longer, healthier lives.	The health of local people is improved, combating health inequality and promoting healthy lifestyles.	<b>Healthy</b> – Achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.
We have tackled the significant inequalities in Scottish society.	The area’s economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.	<b>Achieving</b> - Being supported and guided in lifelong learning. Having opportunities for the development of skills and knowledge to gain the highest standards of achievement in educational establishments, work, leisure or the community.
We live in well-designed, sustainable places where we are able to access the amenities and services we need.	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.	<b>Active</b> – Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
		<b>Included</b> – Overcoming social, educational, health and economic inequalities and being valued as part of the community.

**3. People have better access to the services they require, including welfare, health and wellbeing, housing and employability.**

**Common Outcomes and Indicators**

<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
3.1	Partners have identified and are overcoming structural barriers for people accessing services.	a. Barriers are identified and included in the Community Justice Profile and self-evaluation. (See 2.1)	HSCP	2017	
		b. Develop an Improvement Plan detailing appropriate steps to address each barrier.		2017	
3.2	Existence of joint-working arrangements such as processes / protocols to ensure access to services to address underlying needs.	a. Review existing arrangements, including processes and protocols ensuring appropriate access to services at every part of the recovery journey. This will include welfare, health and wellbeing, housing and employability. (See 2.1)	HSCP	2017-2019	
		b. Develop an Improvement Plan detailing appropriate steps to address any gaps and barriers to services. (See 3.1)		2017	
3.3	Initiatives to facilitate access to services.	a. Consider the responsiveness of services and local supports available to aid access to services. (See 2.1 and 3.1)	HSCP	2017	
		b. Review current pathways in place on specific initiatives including mentoring, throughcare, employability, education and other pro-social activities. (See 2.1		2017-2018	

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		and 3.1)			
		c. Develop performance measures and include these in the performance reporting framework. (See 1.6 and 2.2)		2017-2018	
3.4	Speed of access to mental health services.	a. 90% of patients to commence psychological therapy based treatment within 18 weeks of referral, recognising that the data will include the whole community. (See 1.6, 2.2 and 3.3)	HSCP		Green HEAT Target GG&C 95.8% HSCP 100%
3.5	Speed of access to drug and alcohol services.	a. 90% of clients will wait no-longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery, recognising the data will include the whole community.(See 1.6, 2.2, 3.3 and 3.4)	HSCP		Green HEAT Target GG&C 97.9% HSCP 98%
3.6	% of people released from a custodial sentence: <ul style="list-style-type: none"> <li>• Registered with a GP;</li> <li>• Have suitable accommodation;</li> <li>• Have had a benefits eligibility check.</li> </ul>	a. Incorporate these measures into the performance reporting framework and improvement cycle. (See 1.6, 2.2, 3.3, 3.4 and 3.5)	HSCP	2017	

<b>Local Outcomes and Indicators</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
3.7	Improve access to housing for those involved in the criminal justice system.	a. Strengthen links with local housing providers and strategic housing forum.	HSCP	2017	
		b. Develop an annual practitioner forum to promote best practice relating to homelessness and housing. (See 2.3)		2017	
3.8	Enable people to engage with services.	a. Gain a better understanding of the barriers that exist that prevent engagement with services.	HSCP	2017-2018	
3.9	Staff providing universal and specialist adult services have an understanding of community justice.	a. Raise the profile of community justice across universal and specialist adult services. (See 2.3)	HSCP	2017-2019	
		b. Develop “ambassadors” of community justice in key services.			
3.10	Explore local health and wellbeing resources.	a. Strengthen links with local leisure / sports providers and community organisations.	HSCP	2017-2019	

## **Common Outcome 4: Effective interventions are delivered to prevent and reduce the risk of further offending.**

### **Why is this outcome important?**

Currently there is a wide spectrum of interventions, provided by a range of Community Justice Partners. There is also increasing research to indicate “what works”. There are key national developments that will impact on the use of interventions including reducing short-term prison sentences, reducing the use of remand and an increased use of electronic monitoring using new available technologies. The Scottish Government is seeking to see a reduction in the use of custody and an increase in the use of community alternatives.

There are key messages from research that suggests the direction for delivering effective interventions. These include:

- Interventions are more effective when they are person-centred.
- Short term sentences are not designed to address an individual needs, but rather, may actually have a detrimental impact on employment, family contact and housing.
- How interventions are delivered and processed can have a negative impact and keep people in the criminal justice system.
- Increasing efforts of providing low-level supports at an early stage as part of an early intervention approach is more effective.
- Relationships can have a significant impact on the success of an intervention, including family relationships and social networks. The importance of the quality of the relationship with staff, particularly when delivering supervision is crucial.
- Adopting an asset and strength based approach to the delivery of an intervention may be more effective where a recovery model is being adopted.

At a local level it is important to know the range of available interventions across all Community Justice Partners and the effectiveness of each of these. This will also inform future resource deployment and commissioning decisions.

There is also a need to track and identify the timeline for several key national initiatives and how these will impact on any increase in demand for community interventions. These include the extension of the

presumption against short term sentences; electronic monitoring; reducing the use of remand and changes in the women's custody estate.

### **What have communities told us?**

An important message from people in our local communities is that there is a lack of understanding of the range of interventions and the effectiveness of these. The traditional intervention people feel most familiar with is custody and there is an opportunity to have community conversations promoting existing community interventions, while also outlining various interventions delivered as part of a custodial sentence.

Current feedback mechanisms would suggest that service users are generally satisfied with their experience of interventions.

Further engagement with victims and witnesses will assist in our understanding of their perceptions of the range of interventions.

### **What early and preventative approaches are we taking?**

- The Inverclyde Community Justice Partnership has initiated and has a lead role in developing a regional Early Intervention Strategy alongside neighbouring local authorities of Renfrewshire, East Renfrewshire, West Dunbartonshire, East Dunbartonshire and Argyll and Bute.

### **What will be different for communities in ten years?**

- Interventions will be person-centred to ensure we maximise their effectiveness.
- Interventions will be evidence-based.
- There will be robust evidence around the efficiency of how we are deploying resources in the delivery of effective interventions.
- People in communities will have a better understanding of the range of available interventions.
- More early intervention approaches will be developed.

**What resources are available to achieve this outcome?**

- Each Community Justice Partner is committed to delivering this outcome and the Portfolio Lead will consider potential resources and include these as part of the Community Justice Strategic Commissioning Strategy.
- While Scottish Government has provided transitional funding for local implementation of community justice; there is no indication as yet to continuing this funding beyond this period. Partners individually and collectively continue to make the case for this funding to be recurring and mainstreamed.



## Mapping of this Outcome

National Outcome	SOA / LOIP Outcome	Wellbeing Indicator
We have improved the life chances for children, young people and families at risk.	The health of local people is improved, combating health inequality and promoting healthy lifestyles.	<b>Healthy</b> – achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.
We live our lives safe from crime, disorder and danger.	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.	<b>Active</b> – Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
Our public services are high quality, continually improving, efficient and responsive to local people's needs.	Our public services are high quality, continually improving, efficient and responsive to local people's needs.	<b>Included</b> – Overcoming social, educational, health and economic inequalities and being valued as part of the community.

**4. Effective interventions are delivered to prevent and reduce the risk of further offending.**

<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
4.1	Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending.	a. Map existing intervention options and evaluate the effectiveness of these.	HSCP	2017-2019	
		b. Identify gaps and develop an Improvement Plan. (See 2.1 and 3.1)		2017-2019	
		c. Develop a Community Justice Strategic Commissioning Strategy, including targeted interventions and community capacity building opportunities. (See 2.1 and 3.1)		2018	
4.2	Use of “other activities requirement” in CPO’s.	a. Evaluate the current use of “other activities requirement” in CPO’s, ensuring these are person-centred.	HSCP	2017-2018	
		b. Identify community capacity opportunities and develop an Improvement Plan. (See 2.1 and 3.1)		2017-2018	
4.3	Quality of CPO’s and DTTO’s.	a. Develop a quality assurance and reporting framework. (See 1.4 and 2.1)	HSCP	2017	

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4.4	<p>Reduced use of custodial sentences and remand:</p> <ul style="list-style-type: none"> <li>• Balance between community sentences relative to short custodial sentences under 1 year.</li> <li>• Proportion of people appearing from custody who are remanded.</li> </ul>	<p>a. Develop a quantitative measure to outline the impact of initiatives to shift the balance between custody and non-custodial measures and sentences. Incorporate this into the Community Justice Performance Framework. (See 1.6, 2.2, 3.3, 3.4, 3.5 and 3.6)</p>	HSCP	2018	
4.5	<p>The delivery of interventions targeted at problem drug and alcohol use.</p>	<p>a. Develop a measure to report on the number of Alcohol Brief Interventions delivered in criminal justice healthcare settings. Include this in the Community Justice Performance Framework. (See 1.6, 2.2, 3.3, 3.4, 3.5, 3.6 and 4.4)</p>	HSCP	April 2017	<p>Primary Care 101</p> <p>Wider Setting 18</p>
		<p>b. Develop a measure to report on the number of referrals from criminal justice sources to drug and alcohol specialist treatment. Include this in the Community Justice Performance Framework. (See 1.6, 2.2, 3.3, 3.4, 3.5, 3.6, 4.4 and 4.5)</p>		2017	

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4.6	Numbers of police recorded warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPO's, DTTO's and RLO's).	a. Capture the number of police recorded warnings; police diversion; fiscal measures, (including fines, fiscal work orders, fiscal compensation order and fixed penalty notice), fiscal diversion to social work; supervised bail and community sentences. Include this in the Community Justice Performance Framework. (See 1.6, 2.2, 3.3, 3.4, 3.5, 3.6, 4.4, and 4.5)	HSCP	2017-2018	
4.7	Number of short-term sentences under 1 year.	a. Capture a measure to profile the risks and needs of people and identify projected demand in services related to the number of custodial sentences imposed where the full term was for less than 12 months. Include this in the Community Justice Performance Framework. This will be informed by the national timeline of this national agenda. (See 1.6, 2.2, 3.3, 3.4, 3.5, 3.6, 4.4, 4.5, and 4.6)	HSCP	2017	

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<b>Local Outcomes and Indicators</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
4.8	Adopt a recovery model approach in interventions.	a. Consider current recovery models and apply learning from these.	HSCP	2017-2018	
		b. Develop an asset based and strength based model of recovery.		2017-2018	
4.9	Identify gaps in services.	a. Evaluate current provision relating to domestic abuse and consider ways to enhance supports. (see 2.1)	HSCP	2018	
		b. Identify appropriate options as tests for change.		2018	
4.10	Consider early intervention on a regional basis.	a. Develop a regional Early Intervention Strategy. (See 2.1)	HSCP	2017	Amber

The following three person-centric outcomes and measures will be delivered as part of elements being progressed under the previous four structural outcomes and as such will be led by the Community Justice Partnership Portfolio Leads.

**Common Outcome 5: Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.**

<b>5. Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
5.1	Individuals have made progress against the outcome.	a. As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome. (See 1.4, 2.1 and 4.3)	All Portfolio Leads	2017	
<b>Local Outcomes and Indicators</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
5.2	Explore models of supported employment.	a. Consider personal placement and individual support programme models. (See 1.8)	CVS Inverclyde	2018	

**Common Outcome 6: People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.**

<b>6. People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
6.1	Individuals have made progress against this outcome.	a. As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome. (See 1.4, 2.1, 4.3 and 5.1)	All Portfolio Leads	2017	

**Common Outcome 7: Individual’s resilience and capacity for change and self-management are enhanced.**

<b>1. Individual’s resilience and capacity for change and self-management are enhanced.</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
7.1	Individuals have made progress against this outcome.	a. As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome. (See 1.4, 2.1, 4.3, 5.1 and 6.1)	All Portfolio Leads	2017	
<b>Local Outcomes and Indicators</b>					
<b>Ref</b>	<b>Indicator</b>	<b>Action / Measure</b>	<b>Lead</b>	<b>Timescale</b>	<b>RAG Status</b>
7.2	Better understanding of reasons for offending to ensure appropriate interventions are provided.	a. Develop a recovery model that is person-centred and incorporates trauma informed practice.	HSCP and Police Scotland	2018	
		b. Develop training opportunities for staff and any necessary guidance. (See 2.3 and 3.7)		2018-2019	
		c. Explore peer support and mentoring opportunities as part of an intervention support. (See 2.3, 3.7 and 7.2)		2018-2019	



## **6. Going Forward**

While we recognise there is increasing pressures on public services and the services commissioned by them; community justice is offering a positive way forward. There is a strong commitment from each of the community justice partners in delivering this plan locally and more importantly bringing the vision of “positive lives, strengthening communities” into a reality.

We are at the initial phase of ensuring all the necessary building blocks are in place, both at a local and national level. Thereafter there will be strong leadership and partnership working to further develop community justice with people who have committed offences and are involved in a stage of the community justice pathway; with the victims of crime and witnesses of it; with children and families affected by it as well as people from local communities themselves.

We also look forward to working with the newly formed Community Justice Scotland to develop examples of innovation and collaborative practice.

## **Appendix A Key National Strategies and Legislation for Community Justice**

### **Legislation Summary**

Social Work (Scotland) Act 1968

The National Health Service (Scotland) Act 1978

The NHS and Community Care Act 1990

Carers (Recognition and Services) Act 1995

The Community Care and Health (Scotland) Act 2005

Public Services Reform (Scotland) Act 2010

The Adult Support and Protection (Scotland) Act 2007

Carers (Scotland) Act 2016

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

Sexual Offences (Scotland) Act 2009

Children's Hearings (Scotland) Act 2011

Children and Young People (Scotland) Act 2014

Children (Scotland) Act 1995

Victim & Vulnerable Witness (s) Act 2014

Criminal Procedure (Scotland) Act 1995

Criminal Justice (Scotland) Act 2003

The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015

Disabled Persons (Employment) Act 1944

Chronically Sick and Disabled Persons Act 1970

Human Rights Act 2000

Equality Act 2010

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

Housing (Scotland) Act 1987

Housing (Scotland) Act 2001

Homelessness etc. (Scotland) Act 2003

Public Bodies (Joint Working) (Scotland) Act 2014

Local Government (Scotland) Act 2003

Community Empowerment (Scotland) Act 2015

Adults with Incapacity (Scotland) Act 2000

Mental Health (Care and Treatment) (Scotland) Act 2003

Social Care (Self-Directed Support) (Scotland) Act 2013

Education (Additional Support for Learning) (Scotland) Act 2004

Welfare Reform (Further Protection) (Scotland) Act 2012

Police and Fire Reform (Scotland) Act 2012

## **National Policy Framework**

Crown Office & Procurator Fiscal Service Strategic Plan

Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls

Better health, Better Lives for Prisoners: A Framework for Improving the Health of Scotland's Prisoners

Healthier People Safer Communities: Working Together to Improve Outcomes for Offenders

Review of Health Care Needs of Prisoners in Relation to Throughcare

Shaping Scotland's Court Services

Evaluation of Community Payback Orders, Criminal Justice Social Work Reports and the Presumption Against Short Sentences

Evaluation of Sixteen Women's Community Justice Services in Scotland

Joint Thematic Review of MAPPA in Scotland

Creating a Fairer Scotland: A New Future for Employability Support in Scotland

The Criminal Justice Pathway for People with Learning Disability

Commission on the Future Delivery of Public Services

Commission on Women Offenders

Development of Electronic Monitoring

Strategic Police Priorities

Police Scotland Crime Prevention Strategy

Road Safety and Road Crime Strategy

Youth Justice Strategy

Scottish Fire and Rescue Strategic Plan

### **Relevant Inverclyde Plans**

Single Outcome Agreement

HSCP Strategic Plan

Community Safety Strategic Assessment

Housing Strategy

Violence Against Women Multi-Agency Strategy

Integrated Children's Services Plan

Inverclyde Local Policing Plan

Local Fire and Rescue Plan for Inverclyde

Corporate Directorate Improvement Plans

Skills Development Scotland Inverclyde Skills Assessment

Inverclyde Parenting Strategy

Looked After Children's Strategy

GIRFEC Strategy and Implementation Plan

Youth Justice Strategy

HSCP Integrated Care Plan

Alcohol & Drug Partnership Strategy and Delivery Plan

Inverclyde Dementia Strategy

The Mental Health Strategy for Scotland (Local Implementation)

People Involvement in Inverclyde CHCP: A Framework

“Making Well-Being Matter in Inverclyde” Mental Health Improvement  
Delivery Plan

Suicide Prevention and Mental Health Improvement

Active Living Strategy

Financial Inclusion Strategy

**Appendix B** Inverclyde Community Justice Partnership Terms of Reference



**Inverclyde Community Justice Partnership  
Terms of Reference**

<b>Version</b>	1.0
<b>Date</b>	26.11.15
<b>Review Date</b>	12.10.16
<b>Produced by</b>	Ann Wardlaw

### Introduction

The Scottish Government’s National Strategy for Community Justice (Draft, July 2016) defines community justice as:

“The collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the third sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship.”

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 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.

The national Community Justice Outcomes, Performance and Improvement Framework (Draft July 2016) details four structural outcomes and three-person-centric outcomes as outlined below.

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

These terms of reference define the remit and focus of the Community Justice Partnership in preparing for local implementation of the Community Justice (Scotland) Act 2016.

### Aim

The aim of the Community Justice Transition Group is to ensure a seamless period of transition whereby a model of community justice is developed that reflects both the needs and strengths of Inverclyde.

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

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

In addition there are key non-statutory partners including the third sector. The Community Justice Partnership has representation from all of the statutory partners and key non-statutory partners.

Underpinning the emerging model of community justice in Inverclyde are the principles of Best Value; efficiency, effectiveness and equity of service provision across all partners.

### Group Membership

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
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)



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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 partnership for specific projects as appropriate.

### Scope and Methodology

The group will work across a wide range of partners and stakeholders in Inverclyde and will use the following to inform methodology:

- Community Justice (Scotland) Bill
- Consultation Events by Criminal Justice Division
- Local Community Justice Engagement Events
- Community Justice Strategy (when published)
- Community Justice Performance Framework (when published)
- Community Justice Guidance (when published)
- Community Empowerment (Scotland) Act 2015
- Best Value Toolkits
- GIRFECC approach across Inverclyde and SHANARRI Wellbeing Indicators
- Logic Modelling Toolkits
- Benchmarking
- Research on good practice examples
- Research on desistance and reducing re-offending
- The values of holding the people and communities of Inverclyde as the primary focus; recognising partners work better together; that all partners strive to improve and each partner individually and as a collective ensure transparency and accountability.

### Reporting

The partnership will report to the SOA Programme Board and Inverclyde Alliance. Each partner will also report within their respective organisational governance structures.

### Meetings

The partnership will meet on an eight-weekly basis and the quorum required will be that a minimum of three different agency partners are in attendance.

There is a clear expectation that this partnership will be required to make decisions and each partner has a responsibility to have an appropriate representative in

attendance who can contribute to this process. Where there are occasions where a partner is unable to have representation in attendance at a meeting; that partner has responsibility for ensuring they have submitted their feedback on matters being taken forward.

### **Structure**

The partnership has agreed to develop a “Portfolio Leads” approach whereby there is a partner who will lead on each of the structural outcomes. These will all cross-cut with the three person-centric outcomes and will be evidenced through our quality assurance framework. The remit of a Portfolio Lead is to provide strategic leadership to progress and deliver on the respective actions of their portfolio detailed in the Community Justice Outcomes Improvement Plan. They will also provide updates to the Community Justice Partnership and governance bodies.

It is at the Portfolio Lead's discretion to consider how they progress each action; developing a sub-group or specific short-life working groups.

The Community Justice Lead Officer will support each Portfolio Lead.

### **Data Analysis**

Data will be shared and collated across all partners in order to undertake all aspects of logic modelling and benchmarking, as well as being able to identify the impact of service delivery.

### **Dispute Resolution**

Where there is a disagreement on a particular matter, in the first instance attempts should be made to resolve this within the partnership. Where this is not possible it may be necessary for the respective partner(s) and the chair of the group to meet out with the meeting to attempt resolution. A further option would be for the respective partners and the chair of the partnership to identify and agree to approach an independent person to act as a mediator. The final stage where all other steps have been fully exhausted is that the matter is considered at the SOA Programme Board for arbitration, whereby a final decision will be reached. An appropriate partner with expertise regarding the specific matter may be co-opted onto the SOA Programme Board for this purpose.

### **Recommendations**

- That the terms of reference are used to steer the partnership during the implementation period of the Community Justice Outcomes Improvement Plan.
- As community justice is progressed the terms of reference may need periodic review.

## Timescales

The following milestone dates have been identified:

<b>Timescale</b>	<b>Milestones</b>
1 <sup>st</sup> April 2016	Partners will assume their responsibilities under the new model as a shadow year alongside the current Community Justice Authorities.
24 <sup>th</sup> November 2016	The Community Justice Strategy; Community Justice Outcomes, Performance and Improvement Framework and Community Justice Guidance will be formally launched and published.
31 <sup>st</sup> March 2017	The Community Justice Partnership will submit and publish the first Community Justice Outcomes Improvement Plan.
31 <sup>st</sup> March 2017	Community Justice Authorities are formally dis-established.
1 <sup>st</sup> April 2017	The new model for Community Justice comes fully into effect.

## How will we know we are getting there?

As well as by meeting the milestones identified, qualitative achievements would include:

1. There is an enhanced understanding among statutory and non-statutory partners of the concept of community justice and their role in progressing this within the communities of Inverclyde.
2. The model of community justice in Inverclyde is outcome-focused and person-centred.
3. The communities of Inverclyde are recognised as having a wide range of strengths on which to build on.
4. The foundations of effective partnership working are established with regards to community justice.

## Appendix C Wellbeing Localities

Wellbeing Locality	Wellbeing Community	Wellbeing Neighbourhood	LEARNING COMMUNITY CLUSTER	COMMUNITY COUNCILS	WARD
<b>Inverclyde East Wellbeing Locality</b>	Kilmacolm & Quarriers Village	<ul style="list-style-type: none"> <li>• Kilmacolm</li> <li>• Quarriers Village</li> </ul>	Port Glasgow High/Joint Campus	Kilmacolm	Ward 1 (Inverclyde East)
	Port Glasgow	<ul style="list-style-type: none"> <li>• Devol</li> <li>• Slaemuir</li> <li>• Oronsay</li> <li>• Woodhall/Kelburn</li> <li>• Park Farm</li> <li>• Parkhill</li> <li>• Clune Park</li> <li>• Lilybank</li> <li>• Town Centre</li> <li>• Chapelton</li> <li>• Kingston Dock</li> </ul>		Port Glasgow East Port Glasgow West	Ward1 (Inverclyde East) Ward 2 (Inverclyde East Central)
<b>Inverclyde Central Wellbeing Locality</b>	Greenock Central and East	<ul style="list-style-type: none"> <li>• Gibshill</li> <li>• Strone</li> <li>• Weir Street</li> <li>• Cartsdyke</li> <li>• Bridgend</li> <li>• Greenock Town Centre</li> <li>• Well Park</li> <li>• Drumfrochar</li> <li>• Broomhill</li> <li>• Propecthill</li> </ul>	Inverclyde Academy	Greenock East Greenock Central	Ward 2 (Inverclyde East Central) Ward 3 (Inverclyde North)
	Greenock South and	<ul style="list-style-type: none"> <li>• Bow Farm</li> </ul>	Inverclyde	Holefarm &	Ward 4

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<b>Wellbeing Locality</b>	<b>Wellbeing Community</b>	<b>Wellbeing Neighbourhood</b>	<b>LEARNING COMMUNITY CLUSTER</b>	<b>COMMUNITY COUNCILS</b>	<b>WARD</b>
	South West	<ul style="list-style-type: none"> <li>• Grieve Road</li> <li>• Neil Street</li> <li>• Whinhill</li> <li>• Overton</li> <li>• Pennyfern</li> <li>• Peat Road</li> <li>• Hole Farm</li> <li>• Cowdenknowes</li> <li>• Barrs Cottage</li> <li>• Fancy Farm</li> <li>• Branchton</li> <li>• Braeside</li> <li>• Larkfield</li> </ul>	Academy	Cowdenknowes  Greenock South West  Larkfield, Braeside & Branchton	(Inverclyde South) Ward 6 (Inverclyde South West)
<b>Inverclyde West Wellbeing Locality</b>	Greenock West and Gourock	<ul style="list-style-type: none"> <li>• Greenock West End</li> <li>• Cardwell Bay</li> <li>• Midton</li> <li>• Gourock Town Centre</li> <li>• Ashton</li> <li>• Levan</li> <li>• Trumpethill</li> </ul>	Clydeview Academy	Greenock West and Cardwell Bay  Gourock	Ward 3 (Inverclyde North) Ward 5 (Inverclyde West)
	Inverkip & Wemyss Bay	<ul style="list-style-type: none"> <li>• Inverkip</li> <li>• Wemyss Bay</li> </ul>	Inverclyde Academy	Wemyss Bay & Inverkip	Ward 6 (Inverclyde South West)

# Inverclyde Community Justice Outcomes Improvement Plan 2017-2022

## Summary Version



Inverclyde Community  
Justice Partnership

## This document can be made available in other languages, large print, and audio format upon request.

### Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

### Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

### Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

### Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

### Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

### Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

### Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

### Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔



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# Welcome

Welcome to Inverclyde Community Justice Partnership  
1st Inverclyde Community Justice  
Outcomes Improvement Plan 2017-2022.

This is a five year plan, but we will look at it every year to check what we've done and what we still need to do.



**Our Vision + Values =**  
Positive Lives,  
Strengthening Communities



# The Community Justice (Scotland) Act 2016

The Community Justice (Scotland) Act 2016 introduces this new model for community justice. There is also a National Strategy for Community Justice; an Outcomes Performance and Improvement Framework and Guidance.

**These documents give an outline of:**

- 1 What the term community justice means; and
- 2 What it aims to do.

## What do we mean by community justice?

It is the collection of people, agencies and services that work together to support people who have committed an offence on the community justice pathway.



**In Inverclyde we have developed Inverclyde Community Justice Partnership to help us do this.**



# Inverclyde Community Justice Partnership

## The partner organisations are:

Inverclyde Health & Social Care Partnership

Inverclyde Council

NHS Greater Glasgow & Clyde

Action for Children

Crown Office & Procurator Fiscal Service

Scottish Prison Service

Turning Point Scotland

Scottish Fire and Rescue Service

Police Scotland

Scottish Courts & Tribunal Service

Skills Development Scotland

CVS Inverclyde



Inverclyde Community Justice Partnership

# What does community justice aim to do?

There are four key things:

1. Communities are involved in community justice.
2. Partners work together to plan services.
3. Effective activities are delivered to prevent and reduce the risk of further offending.
4. People have better access to welfare, health and wellbeing, housing and employability.



## How will we know we have achieved this?

1. People have better opportunities in life as their health, welfare, housing and safety needs have improved.



2. People have better connections with education, employment and leisure activities in their local community.



3. People feel stronger within themselves to change and manage any future difficulties.



# What is Inverclyde Community Justice Partnership going to do during 2017 – 2022?

We will start to put in place the key building blocks:



## Commissioning Strategy

- List all the things that are currently available to help support people.
- See if there are any gaps in supports.
- Plan how we can improve local supports.



## Participation Strategy

- Involve people from local communities in community justice.
- Let people know about community justice.
- Ask people about the supports they receive and how they can be better.



## Quality Assurance Framework

- Make sure supports are of a high standard and make a difference in people's lives and in our local communities.
- Provide training to staff from across the different agencies involved in community justice.



## Partnership

- We will strengthen links with local housing providers, employers and community supports.



## Activities

- Activities and supports will be focused on each individual's needs.
- We will learn from supports that have

helped people to recover from alcohol, drugs and mental health difficulties.

- We will try new ways of supporting people, including how people with lived experience of community justice can help.
- Where possible, offer support at an earlier stage.



## Values we will use in delivering this plan



- We will ensure our services are delivered in such a way that the dignity and respect of service users is preserved.
- We will promote social justice.
- We will respect and value uniqueness and diversity while recognising and building on the strengths of the individual.
- We will promote people's right to choice, privacy, confidentiality and protection.
- We will assist people to improve the quality of and increase the control over their lives.
- We will operate in a manner that does not stigmatise or disadvantage individuals, groups or communities.
- We will promote equality of opportunity and access to services and not discriminate people or groups on grounds of protected characteristics of age; sex; sexual orientation; disability; religion or belief; race; marriage and civil partnership; pregnancy and maternity or gender reassignment.



## Equality Impact Assessment

This document should be completed at the start of policy development or at the early stages of a review. This will ensure equality considerations are taken into account before a decision is made and policies can be altered if required.

### SECTION 1 - Policy Profile

1	<b>Name/description of the policy, plan, strategy or programme</b> Inverclyde Community Justice Outcomes Improvement Plan 2017-2022
2	<b>Responsible organisations/Lead Service</b> Inverclyde Community Justice Partnership
3	<b>Lead Officer</b> Ann Wardlaw
4	<b>Partners/other services involved in the development of this policy</b> Inverclyde Integration Joint Board and Health and Social Care Partnership Inverclyde Council NHS Greater Glasgow & Clyde Crown Office & Procurator Fiscal Service Scottish Prison Service Scottish Fire and Rescue Service Police Scotland Scottish Courts & Tribunal Service Skills Development Scotland CVS Inverclyde Action for Children Turning Point Scotland
5	<b>Is this policy:</b> New <input checked="" type="checkbox"/> Reviewed/Revised <input type="checkbox"/>
6	<b>What is the purpose of the policy (include any new legislation which prompted the policy or changes to the policy)?</b> The Community Justice (Scotland) Act 2016 details the statutory partners who are responsible for ensuring the development of a local Community Justice Outcomes Improvement Plan. In addition there is statutory guidance that outlines the required process for developing local plans. The over-arching purpose of the new model for community justice is to



	reduce re-offending.
<p><b>7 What are the intended outcomes of the policy?</b></p>	<p>The National Strategy for Community Justice and the Outcomes, Performance and Improvement Framework indicates the intended outcomes, incorporating four structural outcomes resulting in three person-centric outcomes, are:</p> <ul style="list-style-type: none"> <li>• Communities improve their understanding and participation in community justice.</li> <li>• Partners plan and deliver services in a more strategic and collaborative way.</li> <li>• Effective interventions are delivered to prevent and reduce the risk of further offending.</li> <li>• People have better access to the services they require, including welfare, health and wellbeing, housing and employability.</li> <li>• Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.</li> <li>• People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.</li> <li>• Individuals' resilience and capacity for change and self-management are enhanced.</li> </ul>
<p><b>8 Geographical area (Inverclyde wide or a specific location)</b></p>	Inverclyde wide
<p><b>9 Is the policy likely to have an impact on any of the elements of the Council equality duty (if yes, please tick as appropriate)?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</li> <li><input checked="" type="checkbox"/> Advance equality of opportunity between people from different groups</li> <li><input checked="" type="checkbox"/> Foster good relations between people from different groups</li> </ul>

**10 Will those who may be directly or indirectly affected by this policy be involved in its development?**

Yes, a series of service user interviews and focus groups have been undertaken (including a staff focus group). Details of these are given in the Participation Statement included in the Plan.  
The Plan also gives further detail of how engagement and co-production will be further developed.

SECTION 2 – Impact on Protected Characteristics

Which of the protected characteristics will the policy have an impact upon? (see guidance for examples of key considerations under each characteristic)

Protected Characteristic	Impact					Reason/Comments
	Positive High	Low	Neutral	Negative High	Low	
Age	✓					A key focus of the plan is on prevention and early intervention. This includes working more closely with youth justice, ensuring a smooth transition into the adult criminal justice system. In addition, a further key action is that services are person-centred and people have equal access to services. This includes, for example, the older population of people who commit offences.
Disability	✓					As outlined above, the plan stipulates the intention of delivering a person-centred approach and ensuring equal access to services. This includes identifying any barriers to services.
Gender Reassignment			✓			There is no available evidence relating to this particular protected characteristic.
Pregnancy and maternity		✓				While there is a national focus on developing a new female custodial estate that will include pregnancy and maternity services; there is no specific actions identified in our local plan.
Race			✓			There is limited available evidence relating to this particular protected characteristic.
Religion or Belief			✓			There is limited available evidence relating to this particular protected characteristic.

<b>Sex (Male or Female)</b>	✓					There is a particular focus on evaluating current provision relating to domestic abuse with the intention of enhancing this.
<b>Sexual Orientation</b>			✓			There is no available evidence relating to this particular protected characteristic.
<b>Other groups to consider (please give details)</b> <b>People who have multiple complex difficulties including for example learning disability, mental health issues, addiction.</b>	✓					There is a wide range of research that indicates the multiple inequalities and the impact of these on people who have committed offences. A key focus of the plan is in improving joint-working with the intention of reducing these inequalities.

SECTION 3 – Evidence

What evidence do you have to help identify any potential impacts of the policy? (Evidence could include: consultations, surveys, focus groups, interviews, projects, user feedback, complaints, officer knowledge and experience, equalities monitoring data, publications, research, reports, local, national groups.)

Evidence	Details
Consultation/Engagement (including any carried out while developing the policy)	Please refer to the attached Participation Statement
Research	<ul style="list-style-type: none"> <li>• Inverclyde Community Justice Profile includes a wide range of both primary and secondary data. Key information from this has been included in the Plan. Consideration was given to including limited information available regarding refugees; however, in view of the numbers being very low a decision was made not to include this to ensure such information could not be identifiable to individuals.</li> <li>• What Works research on reducing re-offending and effective interventions.</li> </ul>
Officer's knowledge and experience (including feedback from frontline staff).	Please refer to the attached Participation Statement
Equalities monitoring data.	Where this has been available. There is an opportunity to raise this with Scottish Government and respective statutory partners with a view to ensure such information is recorded and made available.

<p>User feedback (including complaints)</p>	<p>Please refer to the attached Participation Statement. In addition, a key action in the Plan is developing a quality assurance framework that will incorporate service user feedback, not simply relating to service delivery, but moreover ensuring there are clear pathways and supports at transition periods and a “joined-up” approach.</p>
<p>Stakeholders  Other</p>	<p>The consultation process will also be used to engage and involve a wide range of stakeholders.</p>
<p>What information gaps are there?</p>	<p>As indicated in the Participation Statement, this is the initial phase of gathering views from a broad range of stakeholders and collating data as part of a profile of information. During 2017 further engagement activity will be planned with stakeholders, including families affected (both adults and children), victim groups. There are currently gaps in information around certain protected characteristics including pregnancy and maternity, gender reassignment, sexual orientation and race.</p>

## SECTION 4 – CONSEQUENCES OF ANALYSIS

<b>What steps will you take in response to the findings of your analysis? Please select at least one of the following and give a brief explanation.</b>		
<b>1. Continue development with no changes</b>		
<b>2. Continue development with minor alterations</b>	✓	As outlined in the Participation Statement, there has been extensive engagement and a period of consultation. Minor amendments have already been made to the plan to reflect these.
<b>3. Continue development with major changes</b>		
<b>4. Discontinue development and consider alternatives (where relevant)</b>		
<b>How will the actual effect of the policy be monitored following implementation?</b>		
<p>There are several key actions outlined in the plan that will help to monitor the effect following implementation. These include:</p> <ul style="list-style-type: none"> <li>• Developing a performance framework for reporting purposes.</li> <li>• Developing a quality assurance framework to ensure continuous improvement.</li> <li>• Developing a Participation Strategy.</li> <li>• Undertake an annual self-evaluation.</li> <li>• Prepare and submit an Annual Report to Community Justice Scotland.</li> </ul>		
<b>When is the policy due to be implemented?</b>		
The plan will be submitted to Scottish Government on 31 <sup>st</sup> March, with the plan formally commencing on 1 <sup>st</sup> April. This is a five year plan.		

**When will the policy be reviewed?**

The plan will be reviewed on an annual basis.

**What resources are available for the implementation of this policy? Have these resources changed?**

Scottish Government has provided transitional funding for the period 2015 / 2016 and 2016 / 2017, with a commitment this may continue for 2017 / 2018 dependent on the Spending Review.

Scottish Government has placed an emphasis on “leverage of resources” for statutory partners to demonstrate in their community justice planning.

**Name of Individual(s) who completed the Assessment**

Name(s): Ann Wardlaw, Alex Meikle, Janice Boyd  
 Position: Community Justice Lead Officer, Partnership Integration Manager (CVS), Equalities Officer  
 Date: December / January 2016 / 2017

**Authorised by**

Name: Sharon McAlees  
 Position: Chair of Inverclyde Community Justice Partnership  
 Date: 19.01.17

Please send a copy of all completed forms to Janice Boyd, Equalities Officer at [janice.boyd@inverclyde.gov.uk](mailto:janice.boyd@inverclyde.gov.uk)



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**Report To:** Health & Social Care Committee      **Date:** 23 February 2017

**Report By:** Brian Moore  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)      **Report No:** SW/14/2017/BC

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

**Subject:** Inverclyde Adult Protection Committee Biennial Report

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the work of the Inverclyde Adult Protection Committee for the years 2014 – 2016 and the ongoing priority areas of focus for 2016 – 2018.

## 2.0 SUMMARY

- 2.1 The attached report describes how the Inverclyde Adult Protection Committee fulfilled its statutory functions of continuous improvement, strategic planning, and public information during 2014 – 2016 and includes the Business Plan for 2016 – 2018.
- 2.2 The report demonstrates that Inverclyde Adult Protection Committee has delivered its core functions and progressed the key priority areas during 2014 – 2016. This has been achieved through the work carried out by the committee itself, short life working groups and the actions of individual members and agencies they represent.
- 2.3 Adult Protection Committees are required to submit such a report to the Scottish Ministers every two years. The attached report was submitted on the 1<sup>st</sup> of November 2016.

## 3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the content of the report and acknowledge that the Inverclyde Adult Protection Committee has continued to pursue its functions to ensure standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to improve the identification of adults at risk of harm, to provide support to them when needed and to provide the means to protect them from preventable harm.

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

## 4.0 BACKGROUND

4.1 The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

4.2 There are five national priorities for adult support and protection. These are:-

- Adult Support and Protection in care home settings.
- Adults at risk of financial harm.
- Service users' and carers' involvement in Adult Support and Protection.
- National data collection.
- Adult Support and Protection in A&E settings.

4.3 Some of the individual pieces of work highlighted in the report which support these priorities and the functions of the committee are:-

- Development of Good Practice Guidance in joint working between Inverclyde Adult Protection Committee and Care Home Providers.
- Leading on development of West of Scotland Guidance for investigations in care homes.
- Financial Harm event leading to a jointly developed (Police, Trading Standards, HSCP, with input from Office of the Public Guardian) Multiagency Financial Harm course.
- Development in conjunction with service users and carers of ten adult support and protection DVDs which demonstrate the five main types of harm <https://www.youtube.com/channel/UCvJ2hbsJ1ieDgfePOoOhHDg>
- Multiagency guidance on responding to Forced Marriage and Honour Based Violence.
- Multiagency and professional training programme.
- Partnership working with Scottish Government and other local authority areas to develop a national dataset.

4.4 Inverclyde Adult Protection Committee aims to continue to fulfil its core functions in 2016 – 2018 and beyond through the work carried out by the Adult Protection Committee and short life working groups, and the actions of individual members and agencies they represent.

4.5 Priority areas of focus for 2016 – 2018 have been identified:-

- Performance monitoring to ascertain whether service users and carers are continuing to experience positive outcomes.
- Continued improvement in joint working and cooperation, developing stronger links with A&E and acute hospital sector.
- Continued monitoring of effectiveness of public information and public awareness campaigns.
- Continued improvement in practice, and learning from practice within and across agencies.
- Improving engagement and participation of service users and carers.

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

## 5.0 IMPLICATIONS

### FINANCE

5.1 **Financial Implications:**

There are no proposals for any change in the Adult Protection Committee support budget for 2016 – 2018.

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

Annually Recurring Costs/ (Savings)

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

## LEGAL

5.2 There are no legal issues within this report.

## HUMAN RESOURCES

5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## REPOPULATION

5.5 There are no repopulation issues within this report.

## 6.0 CONSULTATION

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

## 7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde Biennial Report 2014 – 2016.



## Inverclyde Adult Protection Committee

# Biennial Report

2014 to 2016



SCOTTISH  
FIRE AND RESCUE SERVICE  
Working together for a safer Scotland



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## 1. Executive Summary

**Adult Protection Committee membership** – Although reorganisations in some of the public sector bodies has led to some disruption and changes in representation this has not had a major impact on the operation of the committee or its work.

**Developmental agenda** – The committee remains committed to the organisation of learning events for staff across agencies who have a responsibility for adult support and protection, providing a link between the committee and the role of frontline workers. These are in addition to the more regular staff training programmes. Along with the programme of learning events the committee is also committed to a programme of open events that include representation from a wide range of interests including service users and carers. Although these open events have often included service users and carers in delivery and presentations it is intended that future events also involve them more in the planning and production of such events.

**Public information** – The committee views the importance of the involvement of service users and carers in the development of public information on adult support and protection as crucial. The service user and carer input into the range of leaflets and posters and the production of the Inverclyde Understanding Harm Campaign series of DVDs contributed to very successful productions. The effectiveness of public information and public awareness campaigns will continue to be monitored through the Citizens and Your Voice Panels.

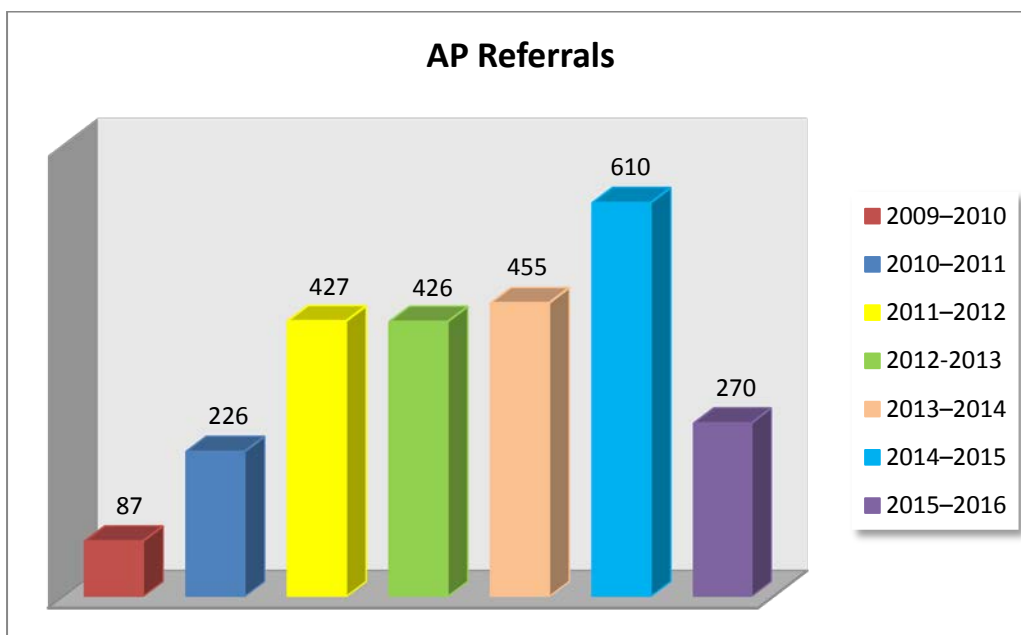
**Co-operation** – In participation in the committee, in the organisation of the various learning and open events sponsored by the committee and in attendance at these events there has been a high level of co-operation across public sector and voluntary/Third Sector bodies. This has also included co-operation with private sector care providers as illustrated in the development and adoption of the Care Homes Good Practice Guide. Audit exercises that have been undertaken have also found good multi-agency working and appropriate sharing of information. Although there are good links with community based health services an area where it is hoped to focus in the coming year is in relation to developing stronger links with A&E and the Acute Hospital sector.

**Performance monitoring** – Although the continued monitoring and examination of referrals, investigation, case conferences and orders along with practice and case file audits provide important aspects of performance monitoring evaluations of service users and carers experience of adult support and protection are critical in ascertaining whether they are experiencing positive outcomes from the processes and interventions. The service user and carer perspective will be an important area of evaluation in the coming year.

## 2. Performance

The development of a national dataset has been one of the Scottish Governments five 'National Priorities' for adult support and protection. In response to this the Adult Protection Support Unit has been working with the Health and Social Care Partnership SWIFT Team to make adjustments to the SWIFT AP Module (Management Information System) to ensure that agreed data can be collated. Although data available to date has been helpful the finalised national dataset should assist local and national analysis. The performance information provided in this report is based on the national dataset with some additions to aid analysis of local performance.

### 2.1 Adult Protection Referrals

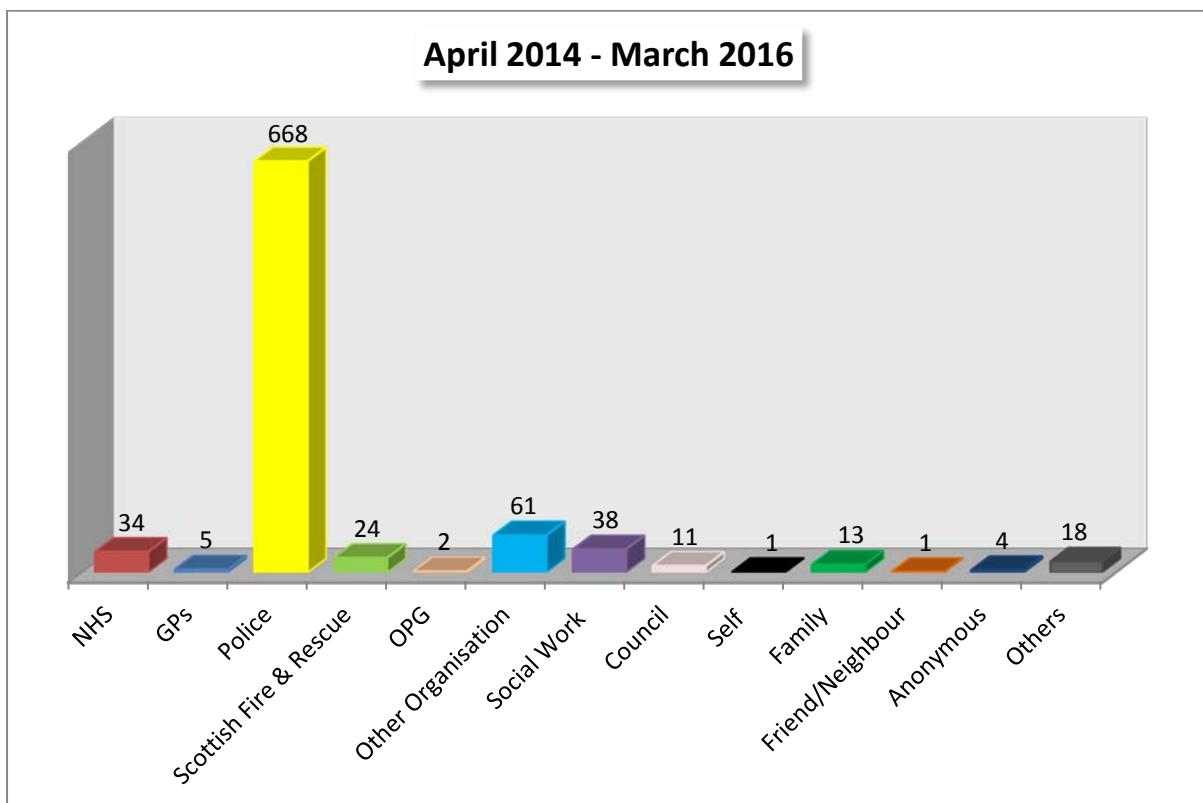
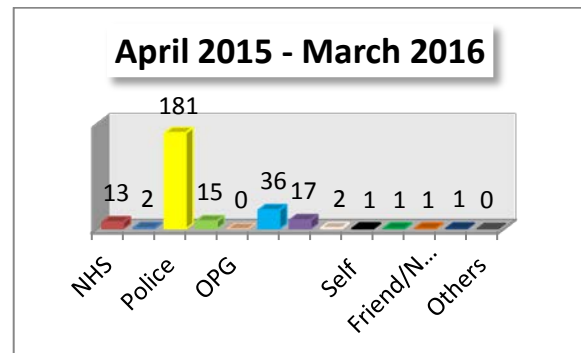
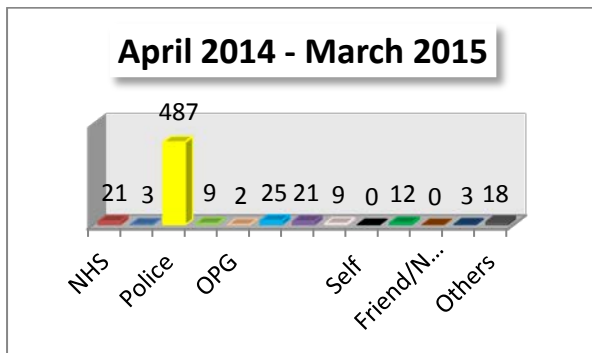


As is clearly outlined in the table above referrals received have increased since 2009 with this trend ending in 2015/16. From 2011 to 2014 the rate of referral had remained fairly consistent averaging 436 per year. The referral rate for the period of this biennial report has fluctuated considerably with 610 referrals in the first year and 270 in the latter. This equates to a 44% decrease which is primarily related to changes made by Police Scotland to their processes.

Police Scotland introduced the Vulnerable Persons Database and this went live for Inverclyde in March 2013. Both adult protection and adult wellbeing concerns are shared. There has been an increase in police adult concern reports overall with 766 adult concern reports being shared in 2015/16. This is as a result of higher numbers of individuals living and being cared for in the community, an aging population and an increase in the number of adults the police come into contact with who have or may have mental health issues. However the number assessed by the police as meeting the criteria for adult protection has significantly reduced. This is following officers receiving additional training and inputs from the Police Public Protection Unit in respect of risk assessment and submission of adult concern reports.



## 2.1.2 Referral Sources

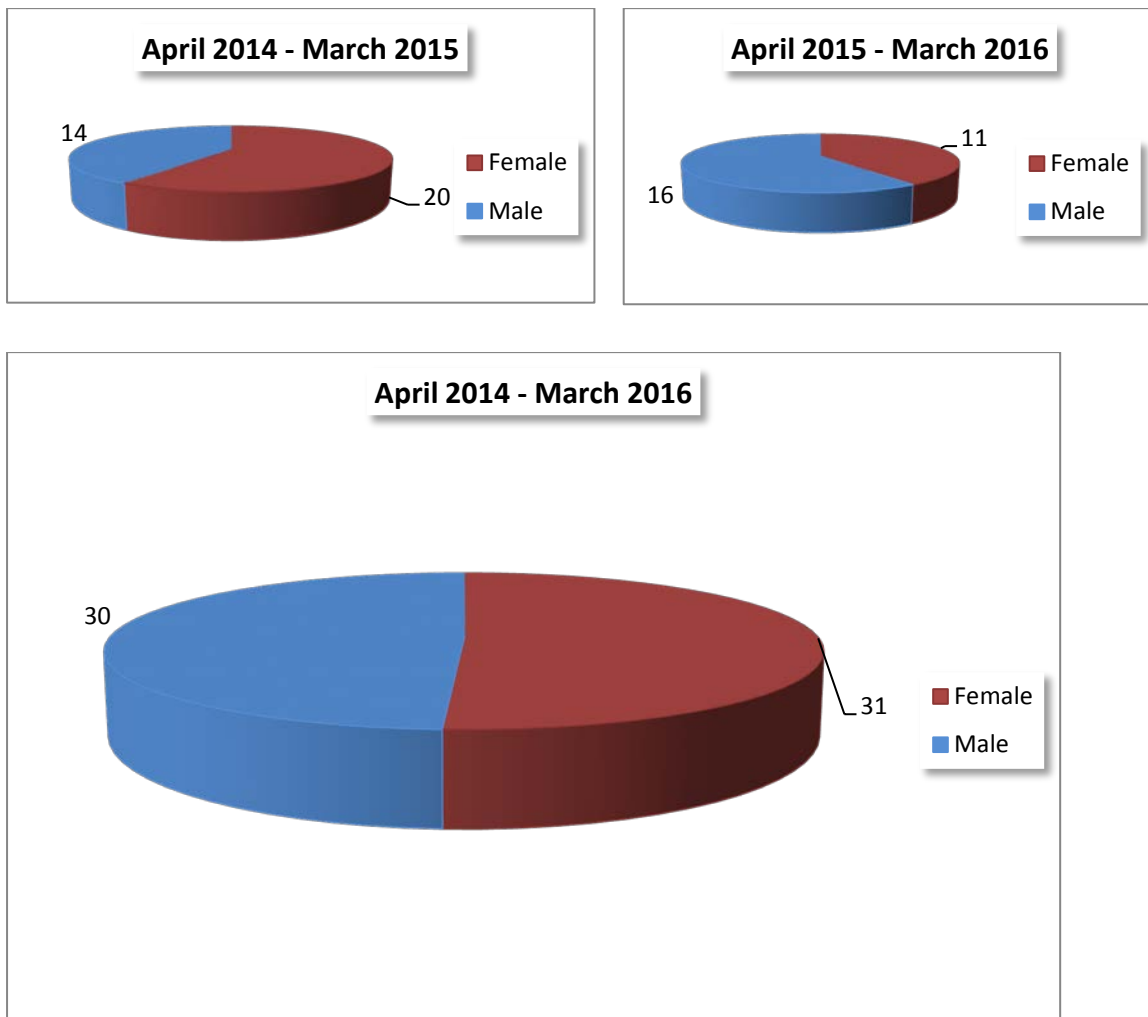


As in all years the police continue to be the primary source of referral of adults at risk of harm and this is replicated nationally. Excluding 'other organisation' and 'other' the two main sources of referral are social work and health (including GPs). Health referrals include those from NHS24, hospital nurses and community nursing. 'Others' and 'other organisations' include Social Work Standby, voluntary organisations, third sector, and care homes. In 2014/15 care homes referred 11 adults and 4 the following year. There has been considerable amount of joint work undertaken with local care home providers and this is viewed to have impacted on figures (section 3.1.1). Referrals from self, family or friends/neighbours have decreased by 75% in the two years. This requires further consideration but in previous years fluctuations in figures have been linked with recording issues.

## 2.2 Investigations

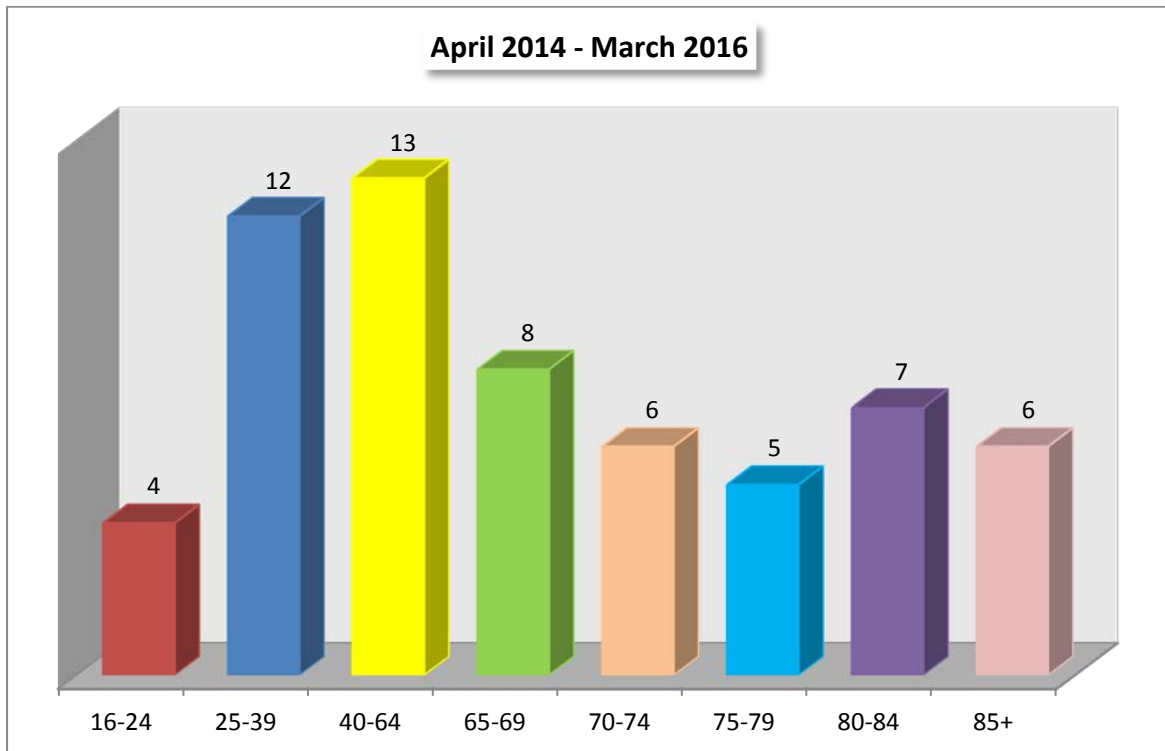
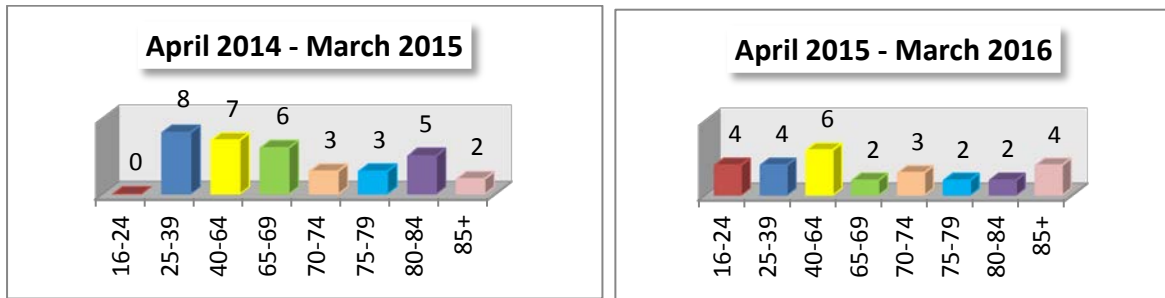
For the 2012/14 biennial report the conversion rate for referral to investigation was 10%. In 2014/15 there were 34 investigations with 27 in 2015/16. Although the number of investigations has decreased between the two years by 20% the conversion rate from referral to investigation has double from 5% to 10% returning to previous level. This may indicate that changes made by Police Scotland have assisted in improving identification of situations requiring investigation. There have also been a number of protection orders taken during the period of this report and there were none for the previous report.

### 2.2.1 Gender



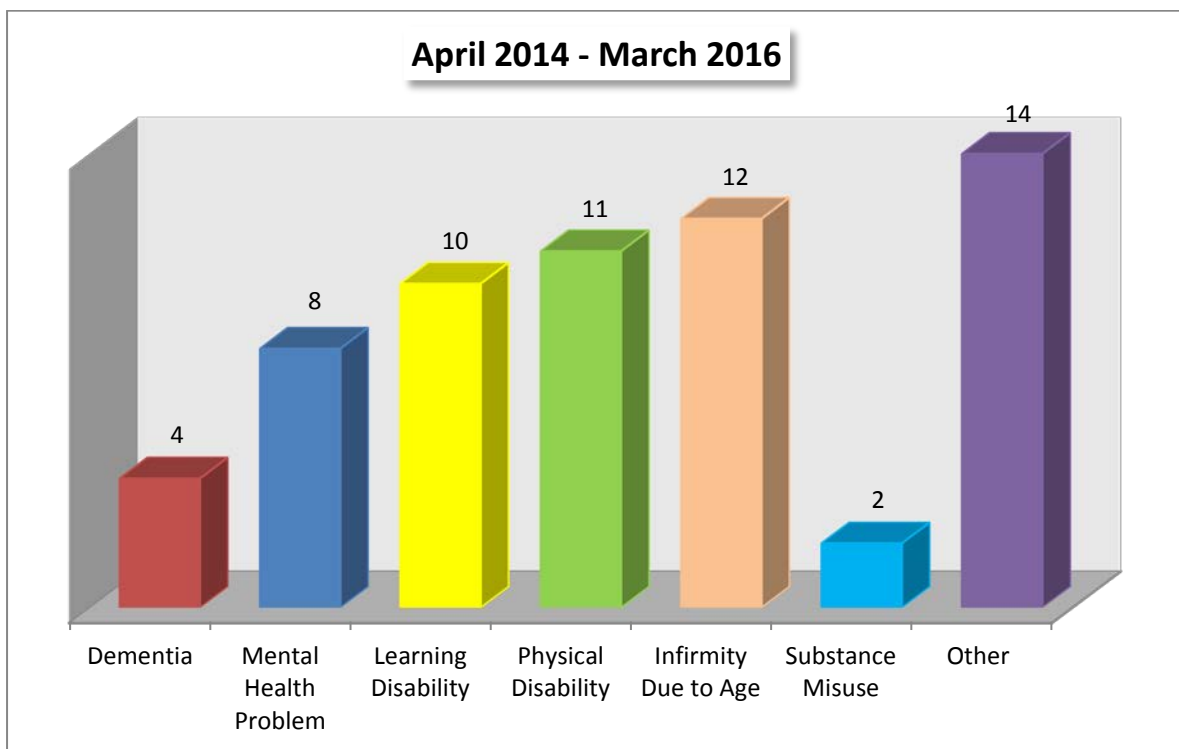
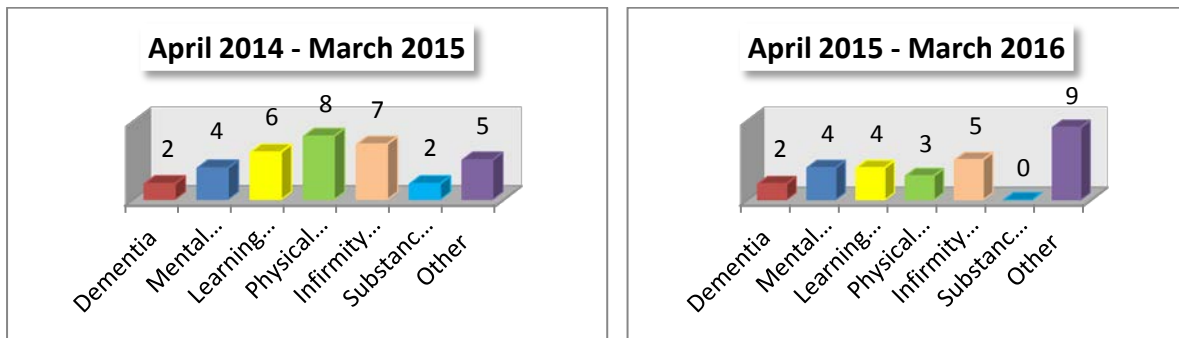
Since the first Inverclyde biennial report for 2008/10 females have consistently been identified as 20% to 50% more likely to be the adult at risk of harm where an investigation has taken place. This was also reflected in national statistics. For the first time in 2015/16 men were identified as 25% more likely to have been harmed where an investigation was required. Over the two year period this has resulted in the figures demonstrating that men and women have been equally at risk in Inverclyde. The reasons for this are unknown. It is anticipated that this will not be a trend and that both locally and nationally women will continue to be more at risk of harm than men but this will be monitored.

### 2.2.2 Age Groups



Since 2008 adult protection investigations have been most commonly required for the over 65 year's age group however for the 2014 to 2016 period there is a more even split. The under 65 were represented in 29 investigations compared with 32 for the over 65 age group. It is too early to speculate the reasons for this but will subject to examination in the forthcoming year.

### 2.2.3 Client Categories

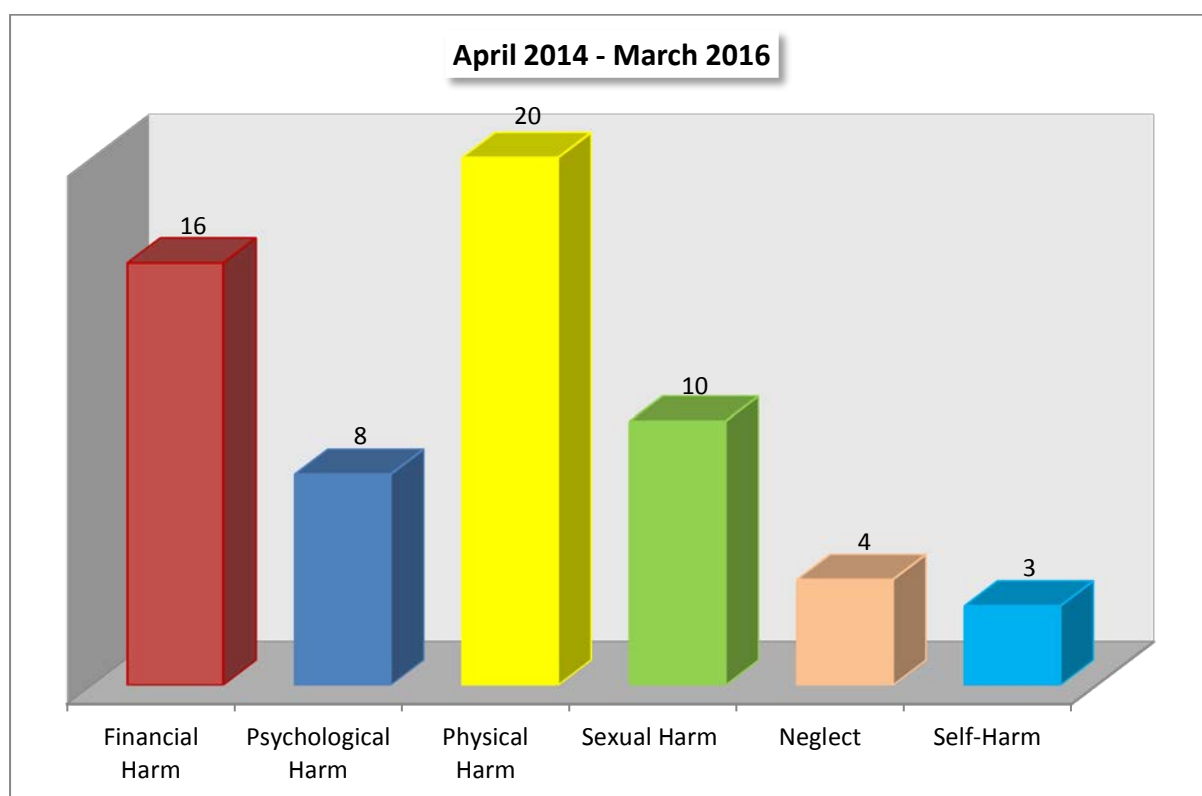
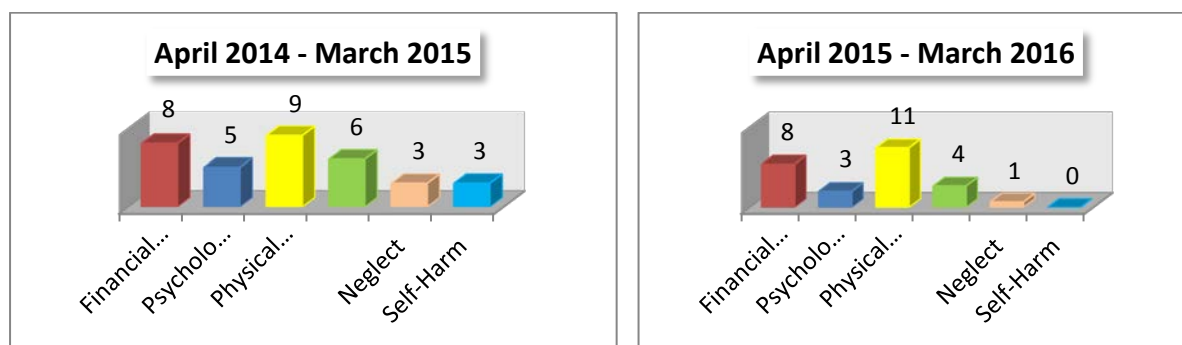


With the introduction of the Adult Protection SWIFT Module as part of the Management Information System the adult protection client category options were increased from 7 to 15. This has since been reviewed. There are two reasons for this.

With the introduction of the National Dataset the request was to report on 7 categories as listed above and a mapping exercise was undertaken to map the 15 categories previously reported on to the seven requested. The category of 'other' has therefore been introduced to cover all categories not specifically reported on.

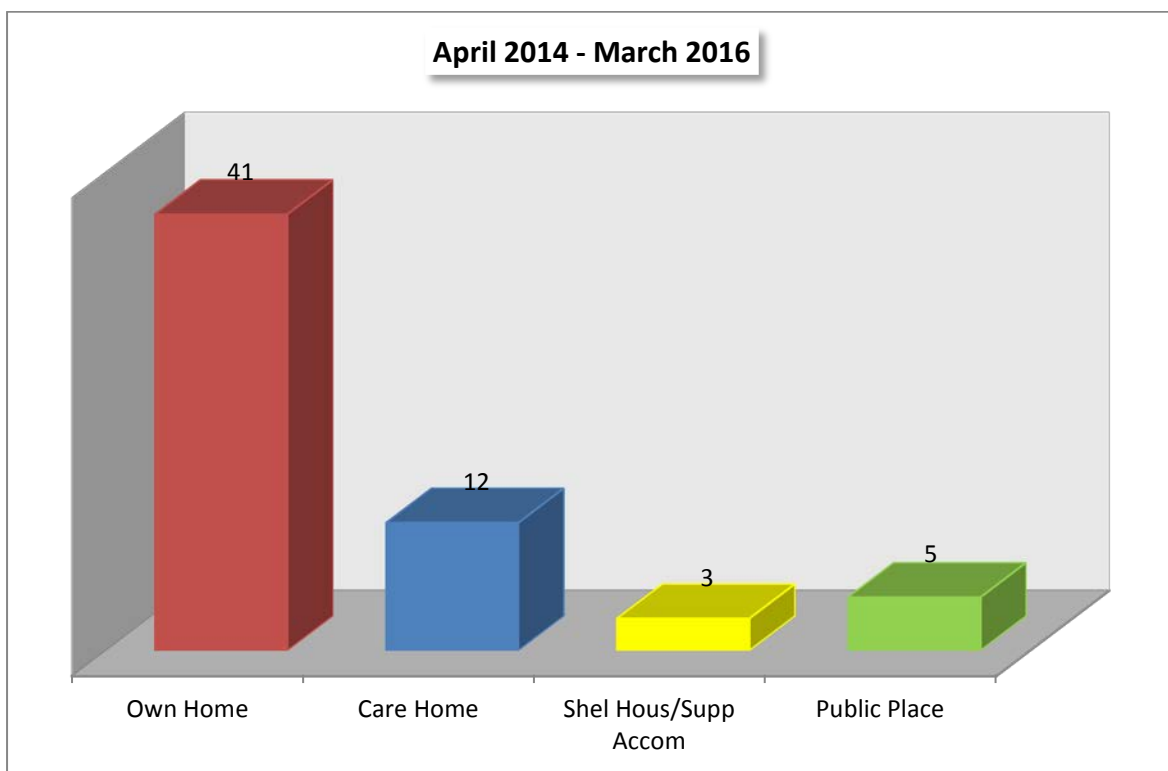
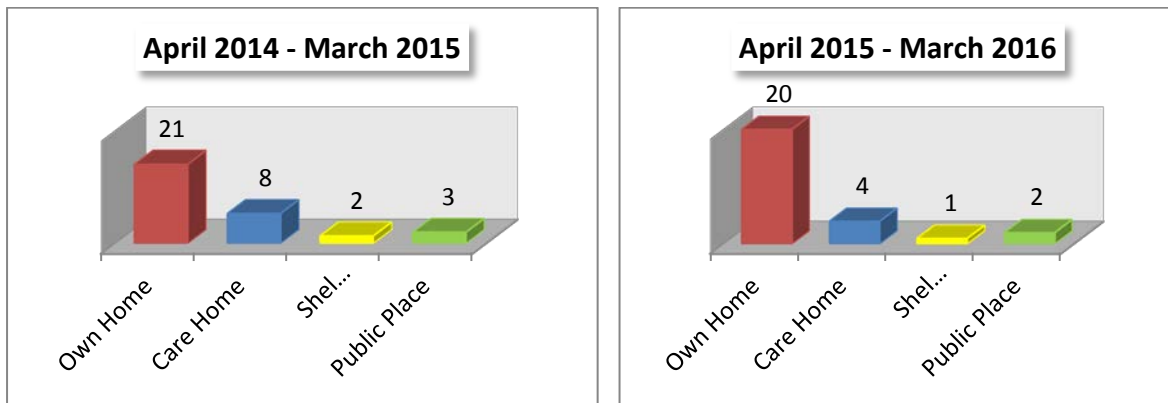
Within HSCP social work categories are also being reviewed. The drop down client categories list is accessed by staff across social work services and incorporates all categories required by all service areas. This list is now viewed as too extensive and for adult protection has not aided accuracy as was anticipated as it became increasingly difficult for staff to identify all possible relevant categories before selecting a category.

## 2.2.4 Harm Types



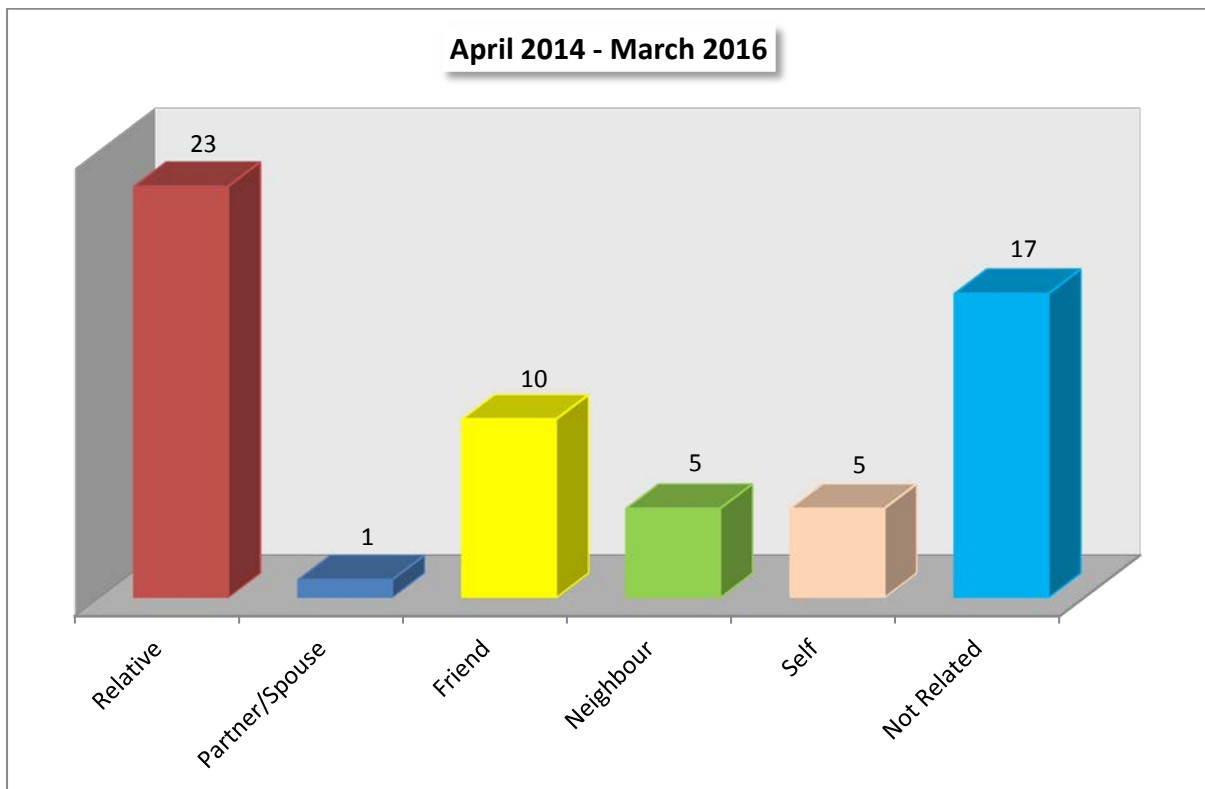
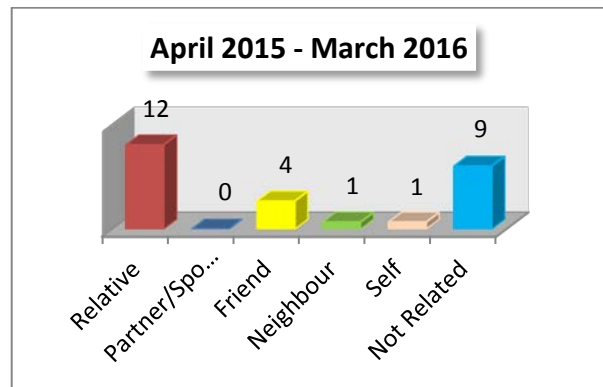
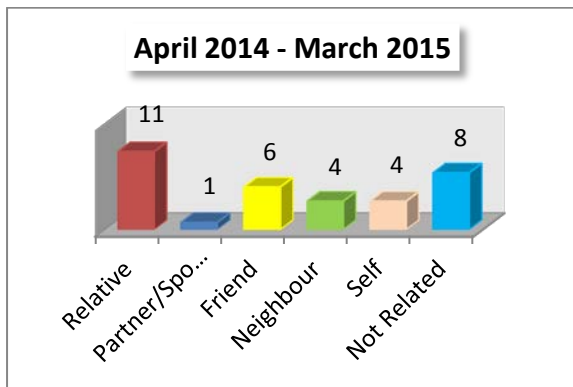
Since 2008 physical and financial have remained as two of the three main categories of harm. The third main category had been psychological harm and for the last biennial report was the second most common harm type accounting for 26% of all investigations. For the period of this biennial report psychological harm only accounts for 10% of all investigations. Financial harm both locally and nationally is increasingly being recognised as the 'tip of the iceberg' as commonly coexists with other harm types. This change may be accounted for by the primary harm type being recorded as financial harm rather than the psychological harm of verbal abuse and threats of violence that often accompanies this harm type. Sexual harm is now one of the main category types and now accounts for 16% of all investigations. This is a rise of 5% since the last report. Further consideration of this is required however the rise in reports of sexual harm could be linked to an increase in investigations relating to the under 65 age group and Inverclyde Learning Disability Health Team being proactive in their use of routine sensitive inquiry.

### 2.2.5 Location of Harm



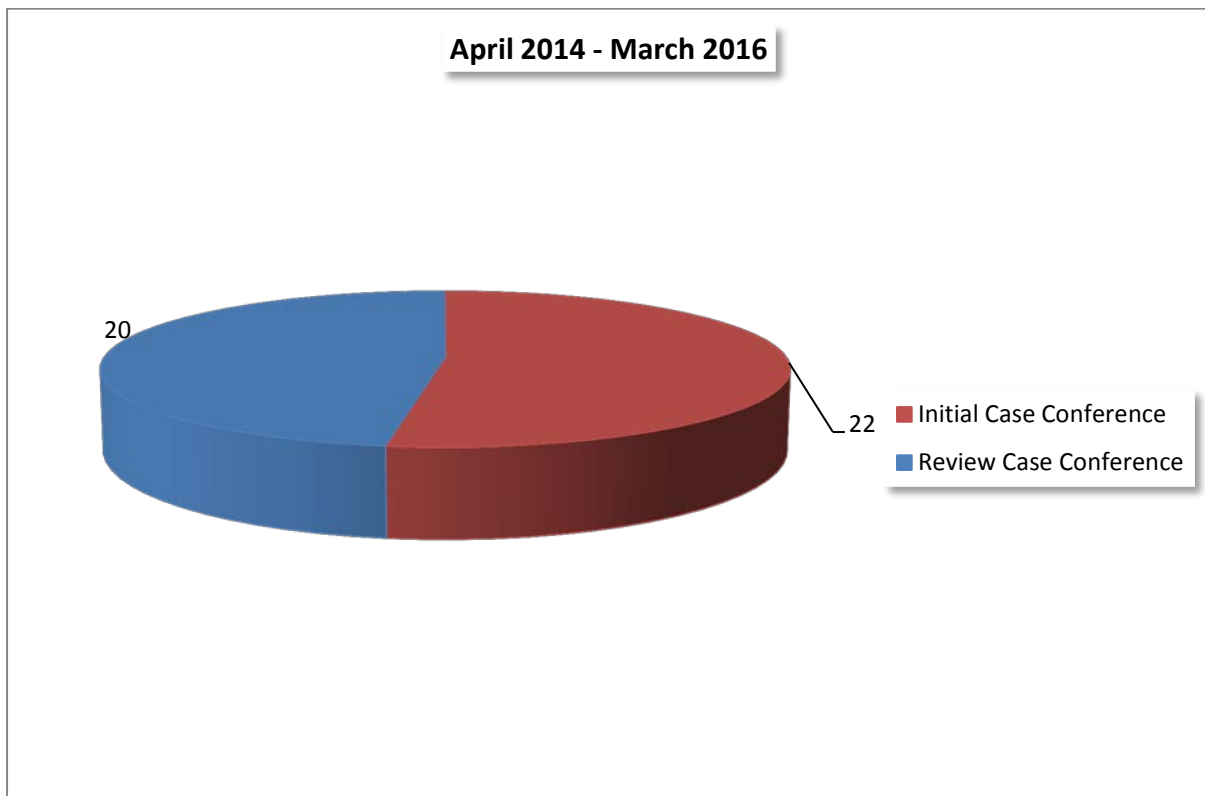
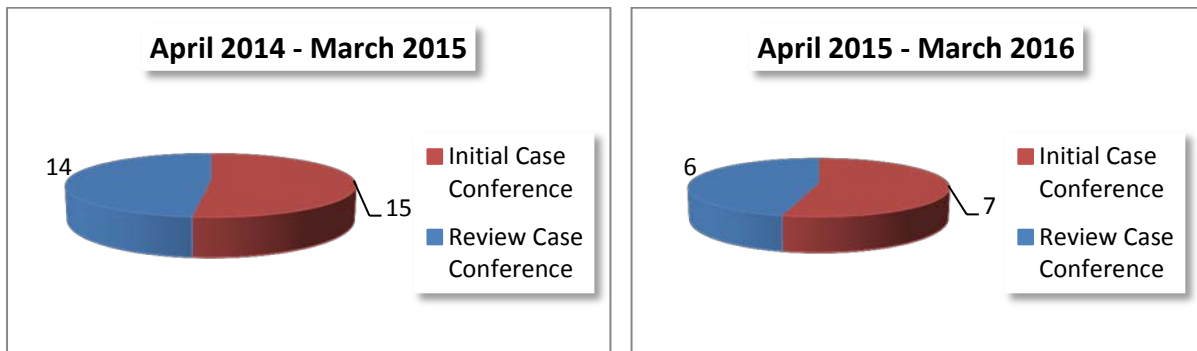
Private address and care homes continue to be the primary locations where harm has taken place when the investigation was initiated. For period of last biennial report private address accounted for 52% of investigations and care homes accounted for 31%. For the period of this report the figures are 61% and 20% respectively. Sheltered housing and supported accommodation are also people's private address however the figures potentially demonstrate they are safer given additional support provided. There have been a number of local initiatives in relation to adult support and protection in care homes which are likely to have impacted on statistics (section 3.1.1). Overall locally and nationally adults are at greatest risk within their own homes.

### 2.2.6 Sources of Harm



As illustrated above adults are at greatest risk in their own home and from people closest to them such as partners/spouses, relatives, friends and neighbours. Most adults would rely on such people to support and protect them. This is also reflected in national statistics.

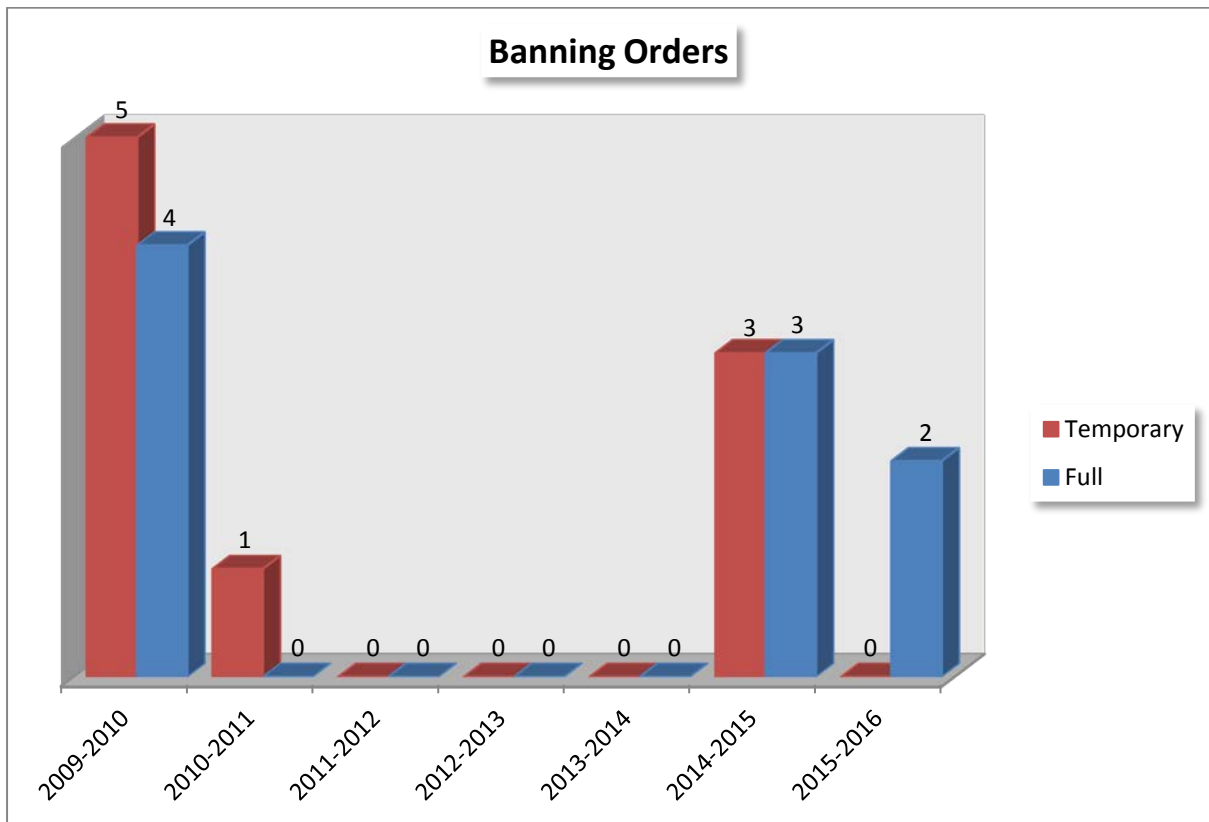
### 2.2.7 Case Conference Type



Since the period of the last biennial report there has been a significant decrease in the number of adult protection meetings overall and for both initial and review case conferences. At this point it would not be appropriate to speculate as to the reasons for this and will be subject to examination in the coming year.



### 2.2.8 Protection Orders



Although referral rates, conversion rates to investigations and numbers of adult protection meetings were higher for the biennial report period 2012 to 2014 there was no situation where protection orders were viewed as necessary. However 8 orders were applied for and granted in the last two years that significantly benefited the adults at risk concerned. The statistics suggest that there is better identification of those most at risk that require investigation and the most complex cases have resulted in protection orders.

## 3. Actions

### 3.1 Scottish Government National Priorities

In addition to the National Dataset the Scottish Government identified 4 other national priorities.

#### 3.1.1 Adult Protection in Care Homes

Inverclyde was selected by the Scottish Government (SG) to be a pilot area with the remit of considering prevention of harm in care homes. As part of the pilot a working group was established the majority of who were service users and carers but included Scottish Care, nursing home, health and social work representatives.

As can be seen from performance information the number of investigations in care home settings has reduced. The working group identified a number of initiatives in place or in development. Although they were not directly related to adult protection they were aimed at supporting good quality care for residents. The working group viewed that these initiatives impacted positively to prevent harm in care homes. Some issues and gaps were identified that have since been taken forward. These included:

#### 1. Training

- Adult Support and Protection Training. In addition to homes providing in-house training care home staff at all levels have access to half day Multi-Agency Initial Awareness Adult Protection training (section 3.3.3).
- My Home Life training has been made available to all care home managers and has been funded by Health and Social Care Partnership (HSCP).
- Provision of specialist/specific training for universal experiences and common conditions e.g. end of life care and dementia training.

#### 2. Health Services

- Anticipatory Care Planning.
- Development of CPN Psychiatric Care Home Liaison Service.
- Development of District Nurse Care Home Prevention and Support Team.

#### 3. Advocacy

- Independent Advocacy for residents of care homes.
- Peer Support via Carers Centre and Your Voice Community Care Forum.

#### 4. Quality Assurance Team and Governance Arrangements

- Announced and unannounced visits undertaken by contract monitoring officers.
- Significant Event reporting by care homes using a bespoke tool.

The local culture was also viewed as having a positive impact. Care home providers and the HSCP view each other as partners with regular Provider Forums with agreed agendas. Care Home Managers readily contact HSCP staff for advice and guidance or to advise them of issues identified by them and actions taken. An indicator of concern can be isolation. Local

care homes aim to be connected and part of the community to avoid this. An impact of My Home Life training has been that care home managers advise and support each other whereas in the past they viewed each other primarily as competitors.

Since the working group other developments have taken place. These include:

- Development of Good Practice Guidance in joint working between Inverclyde APC and Care Home Providers. All care home places in Inverclyde are provided by the third sector. They all have an adult support and protection procedure, but it was recognised that there can be issues with that procedure being appropriate, accurate and up-to-date in a local context. Instead of the AP Coordinator advising on each procedure this guidance was jointly developed. It is anticipated that all care homes will be party to the document which covers adults at risk and adults with changing needs.
- Utilising the University of Hull Early Indicators of Concern framework.
- Establishment of Care Home Residents Review Team. The review team work with the District Nurse Care Home Prevention and Support Team, CPN Psychiatric Care Home Liaison Service and residents and their families to identify and address concerns at an earlier stage.
- Development of West of Scotland guidance for investigations in care homes which clarifies the roles and responsibilities of all key agencies including the care provider.

### **3.1.2 Financial Harm**

As can be seen under performance information financial harm continues to be the second most common type of harm. The Adult Protection Committee (APC) held a financial harm event in February 2015. Presentations were provided by police, trading standards, Royal Bank of Scotland (RBS) and the adult protection coordinator. This event was well attended and received.

Two of the main suggestions from the audience were the provision of a succinct fact sheet with key contact details and the development of multi-agency financial harm training. Both are currently in development and the adult protection coordinator has been working with training, trading standards and police colleagues to develop both. The aim is for the fact sheet to be relevant to both staff and service users and carers and for the financial harm course to commence from January 2017 and to be available to as wide an audience as possible. There will also be briefings for staff such as home helps who will be provided with the fact sheet.

The local branch of RBS also held a 'vulnerable customer's event' and this was supported by key agencies including adult protection, who worked together on the day to provide the best advice possible. A number of adults sought assistance with some very vulnerable customers having lost very substantial sums of money to people close to them or to scammers. This event created an opportunity for vulnerable bank customers to obtain assistance most of whom would not have directly contacted relevant agencies.

It is recognised that financial harm goes beyond the remit of the adult support and protection legislation however it is likely many of those adults who do remain unknown. The aim in the

coming two years is to identify other opportunities to reach adults who are not known or who would not contact agencies direct and to work with partner agencies to better educate the public and staff about the issues. It is hoped that this will assist to prevent issues but may also mean that ASP referrals in respect of financial harm are likely to increase as identification improves.

### **3.1.3 Service User and Carer Involvement**

Engaging, involving and supporting the local community continue to be an ongoing priority. Service user and carer representatives continue to be members of the APC and link with the Your Voice Adult Protection sub group (appendix 1). There is also crossover membership with the HSCP Integrated Joint Board which has been beneficial.

The majority of developmental events organised by the APC have been open to and well attended by service users and carers. They are largely publicised via the Your Voice Network and the Carers Centre. To date service users and carers have not been involved in co-production of these events. The adult protection coordinator has been asked to be a member of the working group with the purpose of refreshing the Anti-Stigma Partnership. The aim is for an event being planned by them to be coproduced. It is hoped that the APC can take the learning from this approach and apply for use in forthcoming APC events.

Local public information on adult support and protection such as leaflets and posters have always been developed using service user and carer focus groups. Service users and staff identified that there was a lack of film material that depicted harm types. Ten short videos were commissioned and produced by the APC. The aim of the project was to produce material which would clearly demonstrate the five main types of harm adults at risk may experience and increase awareness of these issues within the vulnerable community, local services and wider population of Inverclyde. In order to maximise effectiveness, the stories and scripts for the ten, two minute videos were developed by the production company working in conjunction with a focus group involving service users across client groups, carers and support staff. The videos use real life examples. Based on the experience of the focus group, the key messages identified were:

- If it doesn't feel right, it isn't right for me and I won't put up with it.
- Feel empowered to report incidents of harm.
- This used to happen to me but it doesn't now – it's sorted.

Casting included adults who themselves had disabilities in relevant roles with the project working closely with People First who gave advice and made suggestions which were incorporated.

The videos form the basis of the Inverclyde Understanding Harm Campaign. A launch event was held in January 2016. The videos will used at training, shown at events and are running on all HSCP screens in reception areas and are available on YouTube. DVDs have been distributed to local third sector service providers as well as to other agencies and APCs.

**The Adult Protection – Understanding Harm videos can be viewed on Inverclyde Council's dedicated You Tube channel –**

<https://www.youtube.com/channel/UCvJ2hbsJ1ieDgfePOoOhHDg>

In addition to the videos information regarding adult support and protection is available on the Council website with both local public information and nationally produced publicity having been circulated to relevant public venues. There has also been information in the local press. However it is recognised that many people will remain unaware of adult protection. Identifying opportunities to raise awareness of adult support and protection within the community and with adults at risk is an ongoing priority. This particularly given our local statistics demonstrate that adults at risk are most at risk in their own home and from those closest to them.

### ***3.1.4 Adult Support and Protection A&E***

As can be seen from performance information and source of referral collectively health colleagues make the same number of referrals to those made by social work staff. Within Inverclyde it is recognised that there has been a stronger focus on ASP in the context of community health services given the move to becoming a CHCP and then a fully integrated HSCP.

The national working group developed bespoke A&E settings Adult Support and Protection training toolkit. NHS Greater Glasgow and Clyde supported this initiative. The adult support and protection agenda within A&E and acute sector will have a stronger focus in the business plan for 2016-18.

## ***3.2 Policies and Procedures***

### ***3.2.1 Good Practice Guidance in joint working between Inverclyde Adult Protection Committee and Care Home Providers***

As referred to previously has been developed (section 3.1.2).

### ***3.2.2 A Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Social Housing Providers in Inverclyde***

This has also been developed and agreed with all housing associations. The guidance covers both adult protection situations and those relating to adults in need.

### ***3.2.3 Forced Marriage and Honour Based Violence: responding to those at risk. Multi-agency Guidance***

The adult protection coordinator was part of a multi-agency group to develop local procedures in respect of forced marriage. This procedure has assisted staff but was promptly reviewed to include honour based violence following learning identified from case work undertaken under the auspices of adult protection. The aim is to use this experience to create a learning opportunity for identified staff with lead responsibilities.

### ***3.2.4 Child Protection and Adult Protection***

Child care and adult protection colleagues are working together to develop local procedure given that the protection of 16 and 17 year olds will potentially come under both the Children and Young Persons (Scotland) Act 2014 and the Adult Support and Protection (Scotland)

Act 2007. This procedure will be incorporated into both the local Child and Adult Protection Procedures.

### ***3.2.5 West of Scotland Guidance for investigations involving allegations against staff in care settings***

Experience across the west of Scotland indicated that such investigations had been challenging. The adult protection coordinator chaired a multi-agency working group. This guidance was developed outlining the roles and responsibilities of key agencies, prompts to need for well-coordinated investigations and provides guidance to Council Officers regarding interviewing staff.

### ***3.2.6 Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures***

It was planned that this document would be reviewed as part of the business plan for 2014 – 16. This has been delayed and will now be undertaken in 2016/17 given a number of factors. There has been a delay in finalising the refreshed West of Scotland Guidance. Over the period of this biennial report Inverclyde became an HSCP with all teams now integrated with no separate social or health premises. The review group will now include staff from both health and social work including business support staff. The legal responsibility remains with Council Officers however organisational and structural changes require to be reflected in the document. This is to ensure clarity for both health and social work staff including reception staff that will often be the first point of contact. Health professionals have regularly acted as second worker in investigations and this also requires to be reflected in the procedure. The finalised procedure for child and adult protection in respect of 16 and 17 year olds will also be incorporated.

## ***3.3 Learning and Development***

Improving the skills and knowledge of public bodies and officers holders has continued to be a priority. Since the majority of staff received core training there has been a wealth of experience gained from translating the theory into practice. Courses been developed utilising the learning from this experience and meeting identified gaps. Two examples of this already provided in this report are in respect of Financial Harm training and learning from Forced Marriage and Honour Based Violence concerns.

### ***3.3.1 Procedures Training***

During the period 2010 to 2012 there was an on-going programme of one day Procedures Training. All CHCP social work and health staff who would act as Council Officers or second worker for investigations and their managers attended this training. The view of Council Officers was that those involved in investigating concerns required to be trained to the same standard. This approach has been viewed as beneficial with frontline social work and health staff having a clearer understanding of the legislation and a greater clarity as to their roles and responsibilities. This course is currently under review and a new 2 day course is being piloted. Given the level of practice experience gained since the original training was delivered the content has been augmented to include being more relevant for health staff,

greater emphasis on engagement and person centred practice, risk assessment and enablement and outcomes. This course will be compulsory for both new and existing HSCP staff involved in investigations. The course is also being designed so that it complements assessment and care management training.

### ***3.3.2 Recording and Defensible Decision Making***

From previous audits it was viewed that staff from both Health and Social Work involved in adult support and protection cases would benefit from this training. The course was very well evaluated creating an opportunity for staff to further develop their skills and practice.

### ***3.3.3 Multi Agency Initial Awareness Training***

This course has now been running in Inverclyde for the last five years. It is open to any member of staff working for any agency or public body. This includes staff from the private and voluntary sector, and Registered Social Landlords. The course aims to help staff to become aware of signs that adults may be being harmed and to know how to respond and report. The course is run for multiagency groups of staff to support participants to work together across services in order to effectively support and protect adults. Those attending are also provided with a 'Quick Guide' to adult protection which details key information and local contact details.

### ***3.3.4 Hate Crime Awareness and Third Party Reporting Training***

This course is delivered by Police Scotland but organised via the adult protection support unit. The course is aimed at any agency that is in direct contact with the public and may require to offer advice or support in respect of Hate Crime, the making of a Third Party Report or signposting to appropriate assistance. A direct impact has been the increase in the number of Third Party Reporting Sites. Data regarding numbers of attendees from relevant organisations are made available to the Equalities Group.

### ***3.3.5 ASP Training Course Statistics***

This is available at appendix 2

## ***3.4 Mental Health Services***

The most complex adult support and protection cases have often required consideration and the use of more than one of the main pieces of legislation that can be used to protect adults at risk in Scotland and in particular the use of the Adults With Incapacity (Scotland) Act 2000.

### ***3.4.1 Crisis Response Service.***

A significant proportion of all adult protection referrals received are in respect of people who are known or believed to have mental health issues and who come to the attention of agencies when in crisis. In most instances a response under the auspices of adult support and protection is not appropriate. Inverclyde Community Mental Health Team has developed a Crisis Response Service to meet the needs of local people who experience mental health issues which dovetails with NHS GG&C Community Psychiatric Nurse Out of

Hours Service. The service has been operating since January 2015. The service works collaboratively with existing mental health and social services and the police as required and complements pre-existing services.

#### ***3.4.2 Actions under Adults with Incapacity legislation.***

Services within Inverclyde are also increasingly being provided to an ageing population, who therefore require additional supports in relation to managing lost capacity around financial and welfare decisions. In terms of actions under this legislation there has been a significant increase in overall activity over the last two years. Actions have been taken to prevent risk of harm and in response to adult protection situations where harm to an adult has happened.



## 4. Outcomes

As has been outlined in previous sections work is being undertaken in identified key areas with the aim of improving outcomes and performance. These include better:

- partnership working with care homes to support better quality care in care homes and reduce likelihood of harm (section 3.1.1)
- awareness of financial harm with those most vulnerable and staff from relevant agencies (section 3.1.2 )
- responses to people in distress and crisis (section 3.4)
- involvement of service users and carers in the work of the APC (section 3.1.3)
- community awareness of adult support and protection and of where to seek assistance (section 3.1.3)

### 4.1 Audit

Different audit types were undertaken to consider adult protection practice during 2014 -16. These were:

1. **Referrals which did not proceed to investigation** - This is the first audit focusing on referrals that did not result in formal adult protection investigation stage. The emphasis was therefore more on decision-making and early intervention. There were a number of individuals who had multiple referrals. It was agreed to identify single referral and all cases with the largest number of multiple referral would be considered. 46 referrals relating to 25 individuals were audited.
2. **Multi-agency case file audit** - The intention was to audit 9 case files but 3 files were read due to issues with consent. It was noted that some cases were highly complex.
3. **Audit of social work adult protection case files** - Eight adult protection cases were randomly selected ensuring there was a file chosen from each adult service team.

Whilst recognising there is room for improvement to ensure a consistently high level of support and protection is provided the identified key strengths in practice were:

- information was being shared appropriately
- good multi-agency working
- good user and carer involvement
- good recording
- evidence of positive personal outcomes
- service users are being protected when involved in the adult protection process

Specific areas identified for improvement:

- better recording and use of chronology
- better evidencing of supervision and line management support and oversight
- improved completion of management information systems
- ensuring adult protection procedures are followed consistently across all operational teams.
- ensuring there is appropriate conclusion and ending of the investigation.

- further clarification between adult and childcare services regarding referrals in respect of 16 to 18 year olds

In response to these identified areas work was undertaken to clarify procedures in relation to young people (section 3.2.4), the development and delivery of Recording and Defensible Decision Making (section 3.3.1) and a review undertaken of Procedures Training (section 3.3.1) with a new course being delivered. In addition refresher training has been provided to social work staff including admin staff in respect of completion of social work management information system (SWIFT).

#### ***4.1.1 Future Audits***

Planned for 2016/18 is to undertake a further multi-agency case file audit. In addition a proposal for a rolling programme of qualitative monthly case file reading is under consideration. The aim is to audit 60+ cases annually with them being undertaken by Service Managers and Team Leads. Adult protection cases and referrals not leading to investigation would be included. Consideration is also being given to thematic reviews which could include;

- chronologies
- information sharing and communication
- multi-agency working
- case transfers

#### ***4.2 Evaluation of service users and carers experience of adult support and protection.***

In 2012 and 2013 evaluations were undertaken in respect of the experience of adults who have been involved in the adult support and protection process. There have been no evaluations during the period of this report. Evaluation will be undertaken during 2016/17. For consideration will be the content of this evaluation and who undertakes. An aim would be to evaluate as to whether actions undertaken to date have impacted on service user and carer experience.

#### ***4.3 Citizens Panel and Your Voice Panel.***

The business plan will include an action to repeat questions on adult support and protection in both the Citizen and Your Voice Panels. The aim is to evaluate the impact of information regarding adult support and protection that has been in the media and public domain. This will include local impact of national media campaigns and of local material including Understanding Harm videos.

## 5. Challenges

Issues in no particular order

1. Financial climate – cuts, reorganisation, loss of experienced staff.
2. Aging population and increasing numbers of vulnerable people living in our communities.
3. Increasing range and sophistication of financial scams.
4. Making the most vulnerable aware of the legislation and help available given statistics tell us that those most at risk live alone and are at risk from those who should protect them.
5. Those most at risk and having cognitive impairment accessing justice. Unreliable witness issues.
6. Being more proactive – use of routine sensitive enquiry with those people who may find it more difficult than others to initiate conversation/disclosure.

## 6. Business Plan

Aims	Objective	Output	Outcome	Timescale	Lead Officer
<b>General</b>					
To further improve identification of adults at risk of harm, to provide support to them when it is needed and to provide the means to protect them from preventable harm.	Improve content and completion of Adult Protection Module for SWIFT.	Review content of the Adult Protection Module.  Keep under review and audit completion of the Adult Protection module.	Inverclyde HSCP/Council is meeting its duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	September 2016 and 6 monthly thereafter.	Adult Protection Coordinator and SWIFT Team Lead.
	Improve completion of NHS DATIX System in respect of adults at risk of harm.	Local review of implementation and interface of the DATIX system in respect of adults at risk of harm.	Inverclyde HSCP/Health is meeting its duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	March 2017 and annually thereafter.	Service Manager Quality and Development and Adult Protection Coordinator.
	Improve identification and referral of adults at risk of harm via Adult Concern Reports.	Undertake a review and analysis of concern reports received.	Inverclyde HSCP and Police Scotland are meeting their duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	December 2016 and annually thereafter.	Police Scotland K Division and Adult Protection Coordinator.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
<b>Quality Assurance</b>					
<ul style="list-style-type: none"> <li>▪ Safe outcomes for adults.</li> <li>▪ Practice standards and guidance.</li> <li>▪ Robust policies and procedures.</li> </ul>	<p>Continued use and framework for self and joint evaluation.</p> <p>Review interim inter-agency framework for Significant Case Reviews.</p>	<ul style="list-style-type: none"> <li>▪ Single agency monthly thematic audits.</li> <li>▪ Annual audit of referrals not leading to investigation.</li> <li>▪ Multi Agency case file audit.</li> <li>▪ Service User and Carer evaluation / Audit of experience of Adult Support and Protection.</li> <li>▪ Audit of SWIFT AP Module</li> </ul> <p>Establish an agreed criteria and procedure for such reviews.</p>	<p>To have a robust quality assurance performance framework in operation providing regular reports to both the Adult Protection Committee and appropriate stakeholders.</p> <p>Completion and submission of National Dataset to Scottish Government</p> <p>Confirmed from last business plan as national inter-agency review not yet published. Aim to incorporate recommendations.</p>	<p>Commence January 2017.</p> <p>July 2017 and 12 monthly thereafter.</p> <p>September 2017.</p> <p>June 2017 and annually thereafter.</p> <p>6 monthly till April 2017 and annually thereafter.</p> <p>By March 2018.</p>	<p>Adult Protection Quality Assurance Working Group.</p> <p>Adult Protection Coordinator</p> <p>Adult Protection Coordinator</p>

Aims	Objective	Output	Outcome	Timescale	Lead Officer
<b>Training</b>					
<p>To make, assist in or encourage the making of arrangements for improving the skills and knowledge of officers or employers of the public bodies and office holders to which this section applies.</p>	<p>Refreshed training strategy incorporating the different roles and responsibilities across statutory, voluntary and private organisations.</p>	<p>Implement training strategy.</p> <p>Provide ongoing training. This includes:</p> <ul style="list-style-type: none"> <li>▪ Multiagency Initial Adult Support and Protection Awareness</li> <li>▪ Financial Harm Training</li> <li>▪ Review procedures</li> <li>▪ Forced Marriage and Honour Based Violence learning opportunity</li> <li>▪ Self-Harm Event and learning from Significant Case Reviews</li> <li>▪ Learning from a specific ASP SCR event.</li> </ul>	<p>Staff at all levels across agencies have the necessary skills and knowledge required for their post.</p>	<p>Ongoing 2 x monthly until January 2017 thereafter monthly.</p> <p>January 2017 and monthly thereafter.</p> <p>November 2016 and quarterly thereafter.</p> <p>August 2016.</p> <p>April 2016.</p> <p>November 2016.</p>	<p>Adult Protection Training Working Group.</p>

Aims	Objective	Output	Outcome	Timescale	Lead Officer
<p>Ensure all levels of staff, service users, carers and the wider community have access to appropriate training.</p>	<p>To have events co-produced.</p>	<p>NHS Implementation of bespoke A&amp;E Training.</p>		<p>2016/17</p>	<p>NHS GG&amp;C ASP Liaison Group and Adult Protection Coordinator.</p>
		<p>Evaluation of Training.</p>		<p>Ongoing.</p>	<p>Adult Protection Training Working Group.</p>
		<p>Seminars, inputs and presentations to local bodies, service users and carers and at public events.</p>			<p>Adult Protection Training Working Group.</p>
		<p>Provide places at APC organised events as appropriate to service users, carers and community representatives.</p>	<p>Financial Harm Training.</p>	<p>January 2017 and monthly thereafter.</p>	
		<p>Provide access to appropriate training to service users, carers and community representatives.</p>	<p>Multi Agency Initial Awareness Training.</p> <p>Adult Protection/Sexual Health Training for Adults with learning disabilities.</p> <p>Safety Course – adults with learning disabilities.</p>	<p>Ongoing 2 x monthly until January 2017 thereafter monthly.</p>	

Aims	Objective	Output	Outcome	Timescale	Lead Officer
The Adult Protection Committee has the skills and knowledge to fulfil as functions		<p>Members have access to all relevant training as required.</p> <p>A minimum of two developmental sessions per year.</p>		See training dates.	



Aims	Objective	Output	Outcome	Timescale	Lead Officer
<b>Communication and Engagement</b>					
<p>To improve co-operative working in order to safeguard adults at risk in Inverclyde across statutory, non-statutory agencies and the public.</p>	<p>Update Communication Strategy.</p>	<ul style="list-style-type: none"> <li>▪ Review communications planner.</li> <li>▪ Repeat Citizen and Your Voice Panels.</li> <li>▪ Review impact of Understanding Harm DVDs – YouTube ‘hits’.</li> <li>▪ Support National campaigns.</li> <li>▪ Update website.</li> <li>▪ Consult on content of ASP website pages.</li> <li>▪ Service user evaluation.</li> <li>▪ Co-production of events.</li> </ul>	<p>To have an effective inter-agency communication strategy where everyone is aware of their role and responsibility to protect adults from harm.</p>	<p>September 2016.</p> <p>Winter / Spring 2017.</p> <p>February 2017.</p> <p>As arises.</p> <p>Ongoing.</p> <p>April 2017.</p>	<p>Adult Support and Protection Communication and Engagement Working Group.</p>

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	<p>Work in partnership with users and carers to ensure safeguarding arrangements and interventions adhere to principles of the Act and actions and services are effective.</p>		<p>Create opportunities for adults at risk to contribute to practice development.</p>		<p>Adult Support and Protection Communication and Engagement Working Group.</p>

Aims	Objective	Output	Outcome	Timescale	Lead Officer
<b>Policies and Procedures</b>					
To keep under review the procedures and practices of the public bodies and office holders to which this section applies.	Review existing Inverclyde Adult Protection Policy and Practice Guidelines in line with 2016 West of Scotland Guidance review, reviewed Code of Practice, changes to Police Scotland process and context of a fully integrated HSCP.	Review procedures.	To have a robust process of reviewing policy and procedures to reflect current research, practice, policy drivers and legislative change.	April 2017.	Adult Protection Coordinator.
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review procedures.		June 2016.	Adult Protection Coordinator and Team Leader Quality Assurance.
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review procedures.		January 2018.	Adult Protection Coordinator and Child Protection Coordinator

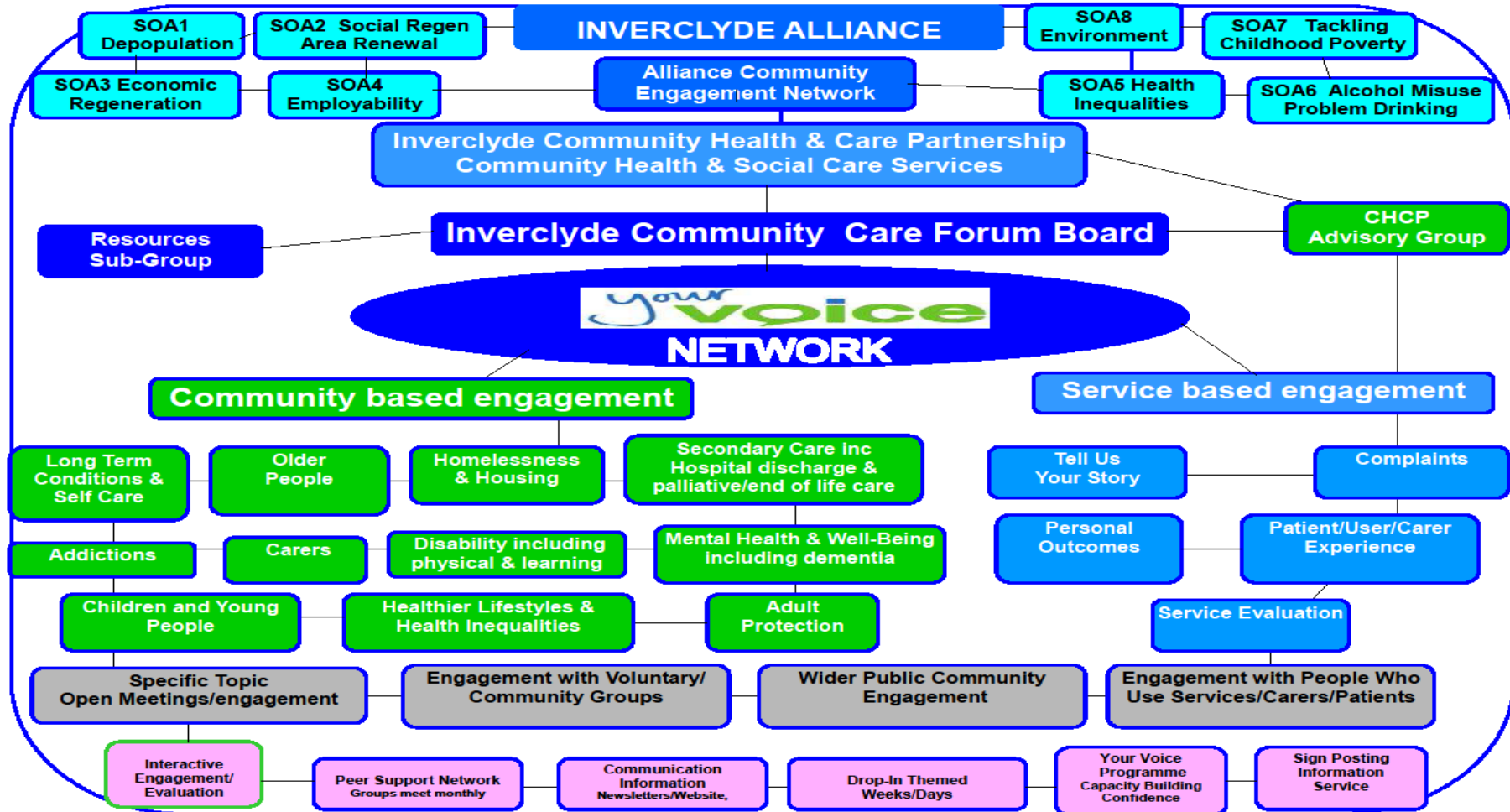
Aims	Objective	Output	Outcome	Timescale	Lead Officer
Better coordination of Public Protection agenda where there is a shared or common purpose.	Review existing Adult Protection Quick Guide.	Review document.	Establish and develop a Public Protection Network.	April 2017.	Adult Protection Coordinator.
	Extend Good Practice Guidance for use with 'other' service providers.	Adapt and develop existing guidance documents used with Registered Social Landlords and Care Home Providers.		October 2017.	Adult Protection Coordinator and Service Provider Representation.
	To develop an effective Network which supports the promotion of wellbeing; equality; diversity; effective collaboration; cooperation; communication; information sharing and joint partnership working across existing public protection fora.	When and where possible, share respective resources to deliver joint initiatives and items of mutual interest.		September 2017 and quarterly thereafter.	Chief Social Work Officer and officers with a lead or coordinating role.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	<p>To coordinate an agreed model for public information; communication and engagement by way of annual community engagement initiatives; aimed at building community capacity and confidence.</p> <p>To identify, share and exchange learning; policy and practice developments in relation to protecting vulnerable people and keeping people safe.</p>				

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	<p>To promote staff learning and development by delivering and contributing to wider Workforce Development opportunities.</p> <p>To provide a Network which promotes peer support; challenge and is focussed on continuous improvement; aimed at delivering better outcomes for vulnerable people across Inverclyde.</p>				

## 7. Appendices

### 7.1 Your Voice Network, the HSCP and the Inverclyde Alliance



## 7.2 ASP Training Course Statistics

Course Name	Agency / Service										Total
	HSCP Social Work	HSCP NHS GG&C	Inverclyde Council	NHS GG&C Acute	Housing Association	Voluntary Sector	Private Sector	Police Scotland	Scottish Fire & Rescue	Member of Public / Other	
Awareness Training	397	61		19	46	68	224	2			<b>817</b>
Procedures Training	25	10									<b>35</b>
Recording & Defensible Decision Making	38	9									<b>47</b>
Financial Harm Event	35	4		1	4	17	10				<b>71</b>
Understanding Harm Event	19	4		3	3	16		2	1	8	<b>56</b>
Hate Crime Awareness & Third Party Reporting	49	3	23		19	23	4	2	2		<b>125</b>

Note; members of the public also chose to be included under 'voluntary sector'.



**Report To:** Health & Social Care Committee      **Date:** 23 February 2017

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care Partnership (HSCP)      **Report No:** SW/13/2017/SMcA

**Contact Officer:** Sharon McAlees  
Head of Service  
HSCP & Chair of Inverclyde Child Protection Committee      **Contact No:** 01475 715282

**Subject:** CPC Annual Report

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the work of Inverclyde Child Protection Committee (CPC) for the year 2015-16 and the on-going business plan for 2016/17.

## 2.0 SUMMARY

- 2.1 The attached report describes how Inverclyde Child Protection Committee fulfilled its functions of continuous improvement, strategic planning, public information and communication during 2015-2016.
- 2.2 The report demonstrates that Inverclyde Child Protection Committee has delivered its core functions and progressed with key priority areas during 2015/16. This has been achieved through the work carried out by the CPC itself, various subgroups and short life working groups and the actions of individual members and the agencies they represent.

## 3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the contents of the Report and acknowledge that Inverclyde Child Protection Committee has continued to pursue its functions to ensure high standards are maintained, to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to strive for excellence in the protection of children.

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

## 4.0 BACKGROUND

- 4.1 The Scottish Government annual social work statistics for children's services August 2014 to July 2015, identified a 4% decrease from the previous year in the total number of children on the child protection register in Scotland. The report notes that this is against a 10 year trend of increasing child protection registrations. Inverclyde saw an increase in 2015 from the previous year in the total number of children on the Child Protection Register.
- 4.2 At 31 July 2015, there were 2,751 children on the child protection register in Scotland. On this date there were 42 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.0. The Inverclyde rate for the same date was 3.2. This is lower than our comparator authority of North Ayrshire (3.9) but higher than our comparator authorities of East Ayrshire (3.1), Renfrewshire (2.8), North Lanarkshire (1.6) and West Dunbartonshire (1.0). It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31st July 2015). During the year the number of children on the child protection register in Inverclyde at the end of each quarter fluctuated from a low of 22 on 31<sup>st</sup> October 2014 to a high of 42 on 31<sup>st</sup> July 2015.
- 4.3 The most common concerns recorded in Inverclyde were domestic abuse followed by parental mental health problems, neglect and parental alcohol misuse.
- 4.4 An annual report has been produced as a public record of the work of Inverclyde Child Protection Committee
- 4.5 Some of the individual pieces of work highlighted in the annual report for 2014/15 are:-
- We Care, We Listen, We Act evaluation
  - Inverclyde Citizens Panel Spring 2015
  - Multiagency Case Review
  - Perinatal Mental Health Activity
  - Vulnerable Young Person's Operational Group
  - Multiagency Initial Referral Discussion
  - Workforce Development in Joint Investigative Interviewing
  - Inverclyde Child Protection Practitioner's Forum
  - Joint work with Inverclyde Alcohol and Drug Partnership
  - Joint work with Violence Against Women Multiagency Partnership
- 4.6 As a partnership, Inverclyde Child Protection Committee recognises that improving outcomes for our most vulnerable children and young people is dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people is not without its challenges, with the rise in the vulnerable child and young person population and amidst a backdrop of austerity; however we believe that such challenge can spawn opportunities for innovation.

4.7 Inverclyde Child Protection Committee aims to continue to fulfil its core functions of, Public Information and Communication, Continuous Improvement and Strategic Planning in 2016/17 and beyond through the work carried out by the CPC, subgroups and short life working groups and the actions of individual members and the agencies they represent.

Priority areas of focus for 2016-2017 have been identified as

- Improving outcomes for children affected by Parental Substance Misuse
- Improving outcomes for children affected by Domestic Abuse
- Child Sexual Exploitation
- Participation of Children and Young People in Child Protection

## 5.0 IMPLICATIONS

### FINANCE

5.1 Financial Implications:

There are no proposals for any change in the Child Protection Committee support budget for 2016/17.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### LEGAL

5.2 There are no legal issues within this report.

## HUMAN RESOURCES

5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## REPOPULATION

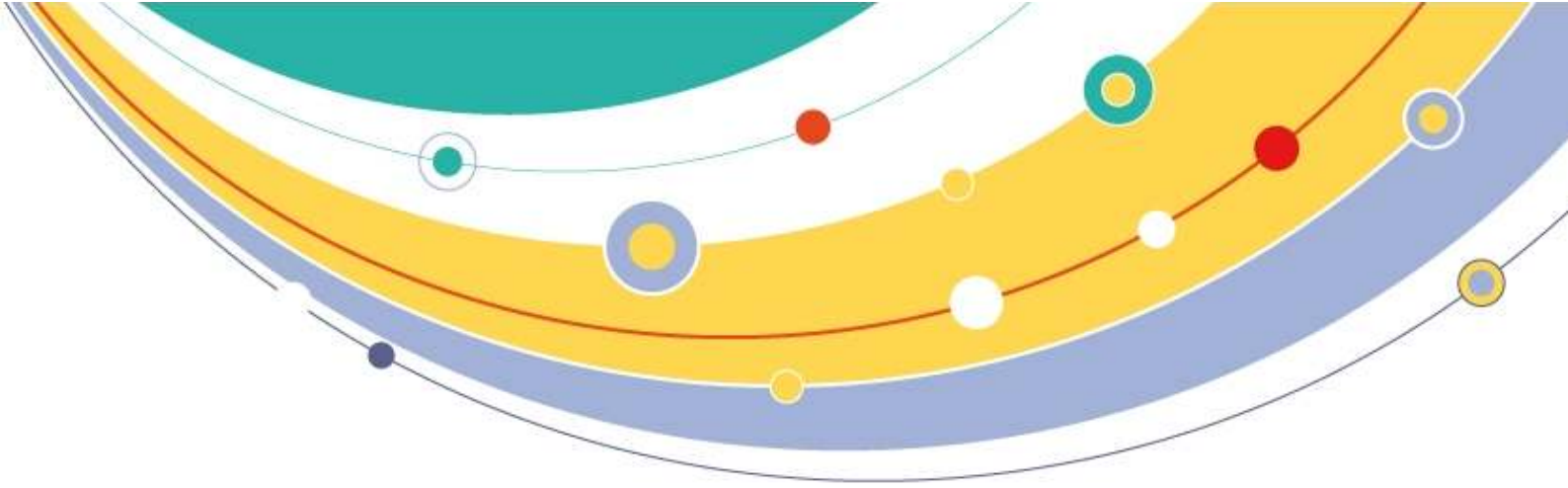
5.5 There are no repopulation issues within this report.

## 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 Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer's Group.

## 7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde Child Protection Committee Annual Report 2015/16 & Business Plan 2016/17



**ANNUAL REPORT 2015/16  
&  
BUSINESS PLAN 2016/17**

**We Care, We, Listen, We Act**



*Sharing Responsibility - Protecting Children*

Report available to download from  
[www.invercydechildprotection.org](http://www.invercydechildprotection.org)

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## 1.0 PREFACE

- 1.1 I am very pleased to present the 2015 - 2016 annual report and business plan for Inverclyde Child Protection Committee.
- 1.2 Child Protection Committees across Scotland produce an Annual Report and set out their priorities for the coming year. The following report describes how our Committee fulfilled its function and tasks during 2015-2016 as set out in guidance issued to Child Protection Committees. The improvement plan has been implemented with key areas being progressed by the work carried out by the CPC and various subgroups, which is detailed throughout the report.
- 1.3 As a partnership, we recognise that improving outcomes for our most vulnerable children and young people is dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people will not be without its challenges, with the rise in the vulnerable child and young person population and midst a backdrop of austerity however we believe that such challenge can spawn opportunities for innovation.
- 1.4 Inverclyde's CPC fully embraces the principles underpinning Getting it Right for Every Child, recognising the importance of this agenda in protecting our most vulnerable children.
- 1.5 Inverclyde's Child Protection Committee recognises the need to evidence the difference we make in keeping children safe and promoting their wellbeing. Developing this area of our work will be a priority for 2016/17 and beyond.
- 1.6 I would like to thank the committee members and the constituent subgroups of the CPC for their continued commitment to ensuring that our vision for children across Inverclyde is realised.

*Sharon McAlees*

Chair of Inverclyde Child Protection Committee



## 2.0 Context

- 2.1 Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.
- 2.2 A strong sense of community identity exists within Inverclyde and to local neighbourhoods in particular. Local citizens are rightly proud of their area, and its history which is steeped in centuries of maritime and industrial endeavour.
- 2.3 The authority has a population of approximately 79,500, of whom 17% are children under 16 years and a further 2% are young people aged 16-18 years<sup>1</sup>. By 2037 the population of Inverclyde is projected to be 65,014, a decrease of 19.4 per cent compared to the population in 2012. The population aged under 16 in Inverclyde is projected to decline by 31.6 per cent over the 25 year period.
- 2.4 Statistics from the Scottish Index of Multiple Deprivation (SIMD) tell us that Inverclyde has particular problems in regard to deprivation and poverty.
- 2.5 The key points to emerge from SIMD 2016 include:
  - Both income and employment deprivation continue to be higher in Inverclyde than Scotland as a whole. Inverclyde is second behind Glasgow in overall levels of deprivation (local share of datazones which are in the top 15% most deprived).
  - The number of Inverclyde datazones in the 5% most deprived in Scotland has however fallen by 3 from 14 in 2012 to 11 in 2016. This equates to 9.6% of all 114 Inverclyde datazones in the 5% most deprived category.
  - The number of Inverclyde datazones in the 15% most deprived in Scotland has also decreased by 3 from 44 in 2012 to 41 in 2016. This equates to 36% of Inverclyde's datazones featuring in the 15% most deprived. This compares to 40% in SIMD 2012.
- 2.6 Public service delivery is particularly challenging in the context of deprivation and depopulation.

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<sup>1</sup> National Records of Scotland Mid 2015 Population Estimates  
<http://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-15-cor-12-13-14/15mype-cahb-tab2.pdf>

- 2.7 In our most deprived and disadvantaged areas, people face multiple problems, such as high levels of worklessness, ill health, fear of crime, poor educational achievement, low aspirations, low levels of confidence, low income, poor housing and environment. The resulting poverty and deprivation limits opportunities and choice.
- 2.8 ‘Getting it right for every Child, Citizen and Community’ is the Community Planning Partnership vision for Inverclyde. To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes. One of which is ‘A nurturing Inverclyde gives all our children and young people the best possible start in life’.
- 2.9 Partners in Inverclyde Child Protection Committee recognise that parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. The development of children’s brains in the early years is crucial to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included throughout their lives.
- 2.10 Exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children who live with such stresses and those being brought up in less stressful households. These children face many risks and improving early years support is key to improving child protection.
- 2.11 Partnership approaches are being developed around supporting children in their early years, and helping to build resilience in vulnerable children and young people, to try to break the cycle of deprivation in particular areas.
- 2.12 The work of Inverclyde Child Protection Committee is set within this context while not losing sight of the need for targeted services to respond to the needs of children who are identified as being at risk of, or have experienced significant harm. Chief Officers and senior managers continue to have a ‘clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe’<sup>2</sup>.
- 2.13 Child Protection Committees are locally-based, interagency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Within Inverclyde the Child Protection Committee (ICPC) reports to the Inverclyde Public Protection Chief Officer Group who are represented on the Community Planning Partnership. Membership of both Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer Group is given in Appendices 1 and 2.

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<sup>2</sup> National Guidance for Child Protection in Scotland 2014

## **Getting It Right for Every Child**

- 2.14 Inverclyde Child Protection Committee operates within the legislative and policy framework governing the delivery of children's services. The Getting it Right for Every Child (GIRFEC) policy agenda and the related legislative elements of Children and Young People (Scotland) Act (2014) relating to the named person service and the single child's plan are having and will continue to have a significant impact on the way services for children are delivered including services for children at risk of significant harm.
- 2.15 The principles underpinning GIRFEC are fully embraced by the Child Protection Committee and inform our response to the needs of children and their families living in the Inverclyde Area. As a partnership, we recognise success is dependent on collaborative working and effective teamwork. Our developments of the GIRFEC service delivery pathway reflect the strong interagency working designed to ensure the right help at the right time. We are resolute in our approach to improving services by ensuring they are designed, developed and delivered around the needs of children, young people and their families, building on an already strong commitment to continuous improvement.
- 2.16 The successful implementation of GIRFEC is our shared task and we recognise the need to work together effectively to achieve this objective. Over the past year we have made significant progress in preparing for the implementation of the Named Person and Child's Plan provisions of the Act. We have focused on the need to provide early help and support and place the needs of children at the centre of our decision making processes based on a comprehensive wellbeing assessment.
- 2.17 Partners across the authority are working towards the introduction of a single plan to ensure that children and their families are not subjected to multiple assessment and care planning processes and to prepare for the formal introduction of the Named Person service for all young people. We continue to advance this agenda at all levels in our organisations.

### 3.0 Child Protection Statistics

- 3.1 Scottish Government publishes Children’s Social Work Statistics on an annual basis covering the period 1<sup>st</sup> August to 31<sup>st</sup> July (drawn from data provided by individual local authorities). The most recent report available covers the period from August 2014 to July 2015<sup>3</sup>. This data, supplemented with additional local data forms the basis of this section of the ICPC annual report.
- 3.2 Nationally there was a 4% decrease from the previous year in the total number of children on the Child Protection Register on 31<sup>st</sup> July. This was against the 10 year trend of increasing child protection registrations.
- 3.3 Inverclyde however saw an increase from the previous year in the total number of children on the Child Protection Register from 26 children in 2014 to 42 children in 2015. There were 59 children whose names were added to the child protection register during the year and 43 children whose names were removed from the child protection register.
- 3.4 Although overall this represents a 62% increase in the total number of children on the register at a single point in time this statistic does not give an accurate reflection of the trends in Inverclyde as the number of children on the register fluctuates from month to month. During the year the number on the child protection register at the end of each quarter fluctuated from a low of 22 on 31<sup>st</sup> October 2014 to a high of 42 on 31<sup>st</sup> July 2015.
- 3.5 Given the size of Inverclyde, a relatively small actual difference in the number of children on the register can appear like a much more significant percentage change.
- 3.6 At local authority level in 2015 the rate of children on the Child Protection Register per 1,000 children under 16 varied from 0.2 per 1,000 children in Eilean Siar to 6.3 per 1,000 children in Clackmannanshire.
- 3.7 In Inverclyde this rate increased from 2.0 in 2014 to 3.2 in 2015. The rate per 1,000 children for comparator authorities and for Scotland as a whole is shown below.

**Table 11** *Child Protection Registrations - Rate per 1,000 children under 16*

	2014	2015
<b><i>Inverclyde</i></b>	<b><i>2.0</i></b>	<b><i>3.2</i></b>
West Dunbartonshire	2.6	1.0
North Ayrshire	4.6	3.9
Renfrewshire	2.6	2.8
East Ayrshire	2.3	3.1
North Lanarkshire	1.2	1.6
<b>Scotland</b>	<b>3.2</b>	<b>3.0</b>

<sup>3</sup> Children’s Social Work Statistics Scotland, 2014-15 (Published March 2016)

- 3.8 The 2015 statistics show that Inverclyde is within 10% of the national rate for Child Protection Registrations along with comparator authorities Renfrewshire and East Ayrshire. North Ayrshire, also a comparator authority, is 30% above the National rate while North Lanarkshire and West Dunbartonshire are 47% and 66% below the national rate respectively.
- 3.9 On 31<sup>st</sup> July 2015 more than half of children on the child protection register in Scotland (51%) were aged under five. This mirrors the local picture where on the same date, 55% of children placed on the child protection were aged 5 years and under. Over the year 22% of registrations in Inverclyde took place in relation to unborn babies.
- 3.10 Scottish Government Child Protection statistics show no strong gender pattern of children on the child protection register. There is similarly no strong gender pattern in Inverclyde's statistics.
- 3.11 Scottish Government provide national statistics on the frequency with which each area of concern is identified. The most commonly reported areas of concern across Scotland in 2015 were Emotional Abuse, Neglect, Domestic Abuse and Parental Drug Misuse. Within Inverclyde the pattern was slightly different with the most commonly reported area of concern for the equivalent date being Domestic Abuse followed by Parental Mental Health problems, Neglect and Parental Alcohol Misuse. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse were all priority areas for Inverclyde Child Protection Committee during 2015/16.
- 3.12 National Statistics indicate that 2014/15 saw an increase in the number of children on the Child Protection Register for more than one year of 22%. Inverclyde recorded an increase in the number of children on the Child Protection Register for more than one year in 2014 which was sustained in 2015. Between 2008 and 2013 there was an average of one family per year on the register for more than one year while in both 2014 and 2015 there were 5 families on the register for more than one year.
- 3.13 Inverclyde can therefore be seen to be generally in line with the national picture in relation to the core statistics for which national comparison data is available. A more extensive suite of management information is reviewed routinely by ICPC and this is used to identify local trends and areas for action or further investigation.

## 4.0 Fulfilling Functions

- 4.1 The functions of the child protection committee are continuous improvement, strategic planning, public information and communication<sup>4</sup>. These are fulfilled through the work of a number of sub groups and short life working groups along with the actions of individual members and the agencies they represent. Appendix 3 illustrates the subgroup and governance structure of Inverclyde Child Protection Committee as at 31<sup>st</sup> March 2016.
- 4.2 Throughout this section there will be reference to progress in relation to the cross cutting priority areas. In particular these are: Child Sexual Exploitation, Children Affected by Parental Substance Misuse, Children Affected by Domestic Abuse, Children Affected by Parental Mental Health Problems (in particular perinatal mental health problems) and Participation of Children and Young People in Child Protection.
- 4.3 Within the illustrative examples included in the report is a focus on the impact of the work of the CPC and that of partners in protection children.

### 4.1 Public Information and Communication

- 4.1.0 The child protection committee is responsible for ensuring there is accessible public information to raise awareness of child protection and what action should be taken if an individual has concerns about a child. This not only relates to the public but also to staff within and across agencies who must be clear about their roles and responsibilities when they have concerns that a child or young person is at risk of harm.
- 4.1.1 The child protection committee also have a role to play in ensuring children, young people and their families are involved in discussions and decision making within the child protection system.
- 4.1.2 This year we have:-
- Evaluated and reported on the public awareness ‘We Care, We Listen, We Act’ campaign that was delivered in March 2015 (see illustrative example 1).
  - Developed and delivered a public awareness campaign focussed on Child Sexual Exploitation (CSE) in February / March 2016. This campaign complemented the Scottish Government campaign on CSE using national images and resources, adding value to this campaign by introducing a local focus on the prevention of Child Sexual Exploitation. Evaluation of the impact of the campaign will be reported in 2016/17.
  - Evaluated public awareness and confidence in child protection services

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<sup>4</sup> National Guidance for Child Protection in Scotland 2014

through the use of the Citizen's Panel (see illustrative example 2).

- Completed and reported on a review of the use of 'Viewpoint', a computer based tool to gather and present the views of children and young people, for those attending Child Protection Conferences. This review resulted in the suspension of the use of this tool and the development of a bespoke local alternative paper based resource by the Inverclyde Child Protection Practitioner's Forum.
- Maintained our website for the general public and professionals, achieving an average of 1,278 visits per month to the home page during 2015-16.
- Published Child Protection information for young people in a prominent position on the Inverclyde Young Scot web site incorporating an incentive whereby young people can earn rewards points for visiting the page.
- Provided information to staff regarding the National Confidential Forum, established by Scottish Government to allow adults (over 16) who have now left institutional care share their experiences, whether good or bad, in a safe and non-judgemental setting. The CPC also promoted the forum to the general public through a range of methods including posters in public buildings and information on the Child Protection Committee Website.

### *Illustrative Example 1*

#### **We, Care, We Listen, We Act – Evaluation**

The ‘We Care, We Listen, We Act’ Campaign was promoted throughout Inverclyde using a range of marketing approaches including the distribution of campaign wristbands to pupils across Inverclyde.

In order to assess the impact of the campaign for young people a qualitative evaluation approach was undertaken. This was complemented by recording the scope and scale of the campaign activities and an analysis of website and twitter statistics.

Children and young people evaluated the campaign positively, reporting a positive impression of the campaign materials and a good understanding of the basic campaign message and young people were able to recall a high level of detail of the campaign 8-10 weeks after the campaign period.

*‘Usually if someone comes into school about something you don’t tell your parents but we did this time because we had the band [promotional wristband] on and it helped to have it to talk about because they saw you wearing it and asked about it.’  
(primary pupil)*

*The image represents ‘a lonely person and then a person that cares about them, they tell them their troubles and they listen and both act together to make it better’  
(primary pupil)*

The participation of young people in the development of the campaign resulted in a high quality design that was attractive to other young people.

*‘I like the posters all over Inverclyde, you see them everywhere’ (primary pupil)*

The young people directly involved in the development of the campaign valued their experience and the recognition of their hard work.

*‘I went down to the [Arts Centre] the night they were put up and my mum took lots of photos. I saw them in the swimming pool, ice skating, in the cinema toilets, Tesco’s and in the hospital’ (poster designer)*

The evidence suggests that the campaign led to members of the public seeking out further information with a substantial increase in the number of visits to Inverclyde Child Protection Committee website during the campaign period with a high number of visits to the dedicated campaign page.

*Website visits in March 2015 showed an increase of 49% from the figure for March 2014, which coincided with the previous campaign, and was the highest single monthly total since the launch of the website in 2010. Website visits to the dedicated campaign page were 478 during the month of March with approximately 125 visits per month in the three months following the campaign.*



## *Illustrative Example 2*

### **Inverclyde Citizens Panel - Spring 2015**

Child protection questions in the citizen's panel provide a measure of public intentions in response to child protection concerns, confidence in the response of services and perception of the importance of actions to prevent children and young people.

Questions on child protection have been included in the Citizen's Panel every 2 years since 2011.

The results from the child protection questions included in the 2015 citizen's panel postal survey identified that:-

- 67% of the public would contact the police if they had a concern about a child, 47% would report concerns to a social worker, 17% would contact a teacher and a similar percentage would report concerns to a health care professional (respondents could choose more than one route for reporting concerns).
- 55% of the public reported that nothing would prevent them reporting a concern about a child however for some concerns around not having enough "evidence" or information, concerns about confidentiality being maintained, a fear of getting it wrong and fear of retaliation were all identified as reasons that would prevent them from reporting concerns.
- 74% of the public reported that they were either fairly or very confident in the response of services. The majority of the remaining respondents expressed no view (14%) with the proportion that were not / not at all confident low at 13% of respondents.
- The role for friends, neighbours, carers, and passers-by in reporting concerns was seen as very important by 73% of respondents.
- 78% of respondents reported that listening to children and young people and taking their views into account was very important in protecting children

While still positive, these results are somewhat less so than those of the 2013 survey in relation to intentions to report concerns. This may reflect the amount of negative publicity regarding the role of agencies in protecting children from abuse that has been in the national press over the past year. It is reassuring however that a high percentage of the population remain confident in the service response in Inverclyde.

#### 4.1.3 Priorities for 2016/17 will be to:-

- Develop and launch a bespoke children's 'Keeping Safe' website co-produced with young people.
- Establish a Participation Working Group to lead and co-ordinate work to ensure the 'All children and young people are given the opportunity, support and encouragement to express their views, feelings and wishes during child protection and looked after processes and to have their views considered and taken seriously in accordance with their rights under UNCRC'.
- Evaluate the impact of the introduction of the new 'Tell people what you think' resources to gather the views of young people to inform Child Protection Conferences.

## 4.2 Continuous Improvement

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

### 4.2.1 Self-Evaluation

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

4.2.1.2 During 2015/16 we have

- Produced quarterly management information reports and an annual management information report on Social Work Standby activity to assist in monitoring key activity indicators.
- Undertaken analysis of management information over the year August 2014 – July 2015 identifying key findings and recommendations for further action.
- Undertaken multiagency case reviews on all cases where a child or young person has been on the register for more than 52 weeks and considered themed reports for 2015 with recommendations for further action (see illustrative example 3).

- Undertaken and reported on a review of local practice in relation to Multiagency Special Needs in Pregnancy Processes with recommendations including the revision of local procedures.
- Adopted the ‘Test of Change’ improvement methodology in relation to the work of the Perinatal Mental Health working group to implement the recommendations from the ‘Bumps to Bundles’ research report (see illustrative example 4).
- Undertaken and reported on data analysis in relation to the interface between children subject to child protection registration and compulsory supervision orders with proposals for follow on case review activity.
- Undertaken an audit of Child Protection Orders which resulted in the development and introduction of a local protocol.

### *Illustrative Example 3*

#### **Multiagency Case Review**

Within Inverclyde a multiagency case review is automatically carried out in circumstances where a child remains on the child protection register for over 52 weeks or is re-registered within one year. The purpose of the case reviews is to consider if there are concerns about practice which have led to the prolonged period of child protection registration and if there are concerns, then to learn lessons from the way the case has been managed and services delivered during the period of registration.

During 2015 there were a total of 5 reviews undertaken in respect of 7 children. This compares to a total of 4 reviews undertaken in respect of 7 children in 2014.

The following themes were identified across the majority of cases:-

- Significant risk posed by father or mother's male partner(s) with concerns regarding the ability of the mother to keep the child safe from this risk.
- Children identified as vulnerable at the pre-birth stage
- Parental vulnerabilities of drug / alcohol misuse and mental health problems
- Domestic abuse identified as an issue often alongside violence outwith the relationship
- Concerns or risks regarding physical care / physical neglect
- Lack of engagement or disguised compliance by parents / carers

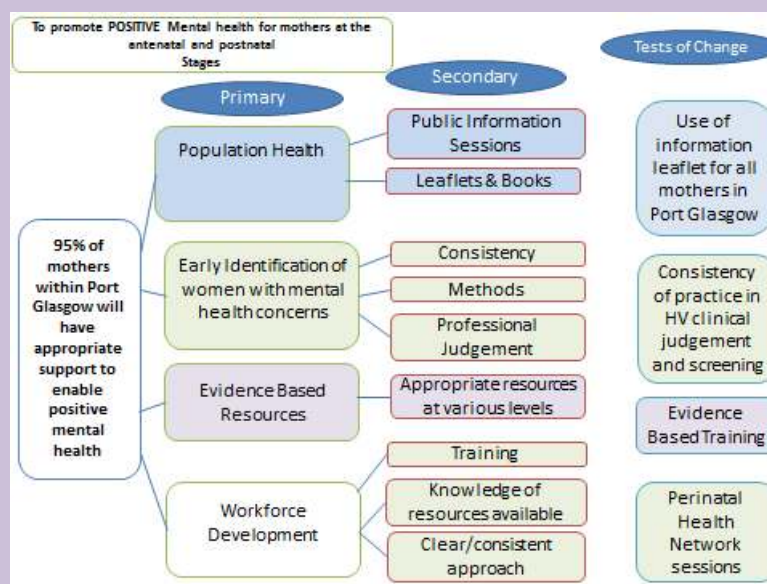
Review of practice identified good communication, joint working and high levels of support offered to the parent(s) in the majority of cases. Areas for development were also identified including further review of cases where children on the child protection register are referred to the Scottish Children's Reporters Administration and ensuring increased use of evidence based assessment tools to assess risk and need.

### Illustrative Example 4

#### Perinatal Mental Health

Bumps to Bundles was a research project undertaken by NHS Greater Glasgow and Clyde in 2012 that concluded priority areas should include: ensuring services are accessible; raising community awareness and reducing stigma; ensuring staff awareness of referral routes and local resources; improving women's mental health and wellbeing.

In responding to this research Inverclyde has established a Perinatal Mental Health group which is promoting service improvement through a test of change that is contained in the following driver diagram:-



To date the main achievements include:-

- Piloting the use of the National Practice Model in one health visiting team in a Port Glasgow practice for the assessment and early identification of women with mild to moderate mental health problems.
- Workforce development is progressing through; briefings with staff across children's services; a health visitor (seconded to the Mother and Baby Unit in Glasgow one day a week) facilitating up-skilling within the team through sharing knowledge and practice; Inverclyde's perinatal Community Psychiatric Nurse joining the Special Needs in Pregnancy Liaison Group offering specialist advice and guidance.
- Improving population mental health through public information sessions in Port Glasgow Health Centre.

#### 4.2.1.3 Priorities for 2016/17 will be to:-

- Develop a performance indicator framework for reporting with a focus on evidencing impact in relation to priority areas for improvement as identified by self-evaluation.
- Revise multiagency case review methodology to ensure consistency of approach with a link to key quality indicators.
- Undertake and report on a multiagency case review with a focus on the interface between children subject to child protection registration and compulsory supervision orders.
- Evaluate the introduction of the Initial Referral Discussion Procedure.
- Introduce and evaluate the use of the Safe Lives Dash Risk Identification Checklist as an aid to assessment when working with parents affected by domestic abuse.
- Undertake a self-evaluation of the functioning of the Child Protection Committee.

#### *4.2.2 Policies, Procedures, Protocols and Guidance*

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

4.2.2.2 During 2015/16 we have

- Contributed to the review of the West of Scotland multiagency child protection procedures and contributed to the ongoing development of West of Scotland guidance on working with resistance.
- Developed and introduced the Vulnerable Young Person's Operational group to provide a multiagency forum for discussion of cases where child exploitation is indicated (see illustrative example 5).
- Developed and introduced a local child sexual exploitation protocol

which includes the procedure to be followed by all agencies when working with an individual where there are indications of child sexual exploitation.

- Developed and introduced Multi-agency Initial Referral Discussion procedure (see illustrative example 6)
- Published practitioner guidance on ‘Fabricated and Induced Illness’
- Published practitioner guidance on ‘Child protection practice involving unborn children or infants of mothers in prison’
- Revised and published local guidance on Child Trafficking to take account of the published National Guidance and learning from practice.
- Revised and published local guidance on forced marriage to incorporate Honour Based Violence.
- Revised and published Guidance for Social Workers when applying to the Sheriff Court for a Child Protection Order
- Published revised domestic abuse protocol to take account of changes in practice.

### *Illustrative Example 5*

#### **Vulnerable Young Person's Operational Group**

The Vulnerable Young Persons Operational (VYP) group was established in September 2015 to safeguard young people who are at risk of exploitation. Oversight of the group is provided by the Child Sexual Exploitation Strategy Group (a sub group of the Child Protection Committee).

The VYP group is chaired by Police Scotland with senior managers from social work, education, health, SCRA and Barnardo's represented.

The role of the group is to work collaboratively where risks of exploitation have been identified and access early and relevant help and support. The group facilitates the sharing of information and assessment of risk associated with victims, perpetrators and locations using a proactive problem solving approach.

At each meeting an appropriate manager with knowledge and responsibility for the child or young person is invited to the meeting along with the lead professional.

A referral to the Vulnerable Young Persons Operational Group can be made by any agency following discussion with their agency representative on the group. Referrals are accompanied by a report or Risk Assessment and a current child's plan where available.

The group has met bi-monthly since it was established with 3 meetings taking place between September 2015 and March 2016. During these meetings a total of 7 young people at risk have been discussed.

Themes identified for those at risk of exploitation include:-

- Gang membership, drugs and weapons
- Young people missing from placement
- Use of social media

The group is in the early stages of becoming established however indications are that the group has been effective in identifying young people at risk, sharing information and facilitating action to reduce risk. An evaluation of the Vulnerable Young Persons Operational Group is planned for 2016/17.



### *Illustrative Example 6*

#### **Multiagency Initial Referral Discussion**

An Initial Referral Discussion is the joint decision making process which allows information to be gathered and shared to inform decision making as to whether a child is in need of protection. It is essential that this discussion takes place between key services where it has been suspected that a child or young person has suffered, is suffering or may be at risk of significant harm or abuse. It is the first stage in the process of joint child protection assessment following a notification of concern.

A protocol for undertaking IRDs was agreed between the CPCs in Inverclyde, Renfrewshire and East Renfrewshire at the end of 2015. This protocol was implemented in Inverclyde on a 3 month pilot basis starting in January 2016.

The IRD protocol introduced a standardised process for sharing and review of information and joint decision making that always involves Social Work, Health and Police alongside Education where appropriate.

The anticipated impact of the introduction of the protocol is that we will have a more effective and consistent multiagency initial response to assessing and responding to risk to ensure the safety of children and young people when they are in need of protection or at risk of significant harm.

#### 4.2.2.3 Priorities for 2016/17 will be

- Revise local guidance on conducting Initial and Significant Case Reviews in line with revised national guidance.
- Complete the development of West of Scotland Resistance Portfolio and introduce in Inverclyde.
- Contribute a multi-agency child protection perspective to the development and implementation of GIRFEC guidance and procedures around the introduction of the Named Person Service and Single Child's Plan.

### *4.2.3 Learning and Development*

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

4.2.3.2 During 2015/16 we have

- Delivered a core multiagency training programme including the training on the National Risk Assessment Framework in response to findings from case review activity.
- Produced an annual evaluation report on the training delivered to provide information on effectiveness and relevance to improving practice.
- Developed and delivered our 8<sup>th</sup> annual multiagency conference on Child Exploitation and a programme of multi-agency training on child sexual exploitation awareness to over 200 participants as part of a co-ordinated programme of work on the priority area of Child Sexual Exploitation.
- Delivered a multiagency development session for staff from children and families, alcohol and drug services to bring together addiction Psychiatrists and managers from alcohol and drug services with managers from Children and Families social work service to facilitate a shared understanding of good practice in joint working and information sharing between professional groups.
- Developed and delivered a model of refresher training for Joint Investigative Interviewing that encompasses a quality assurance element (see illustrative example 7)
- Re-established Inverclyde Child Protection Practitioner's Forum with a practitioner chair (see illustrative example 8)
- Developed and circulated a briefing document and support materials for clients on the risks associated with co-sleeping (sleeping in the same bed as your baby) to those working in alcohol and drug services following learning from the findings of Significant Case Reviews where parental substance misuse was identified as a factor.
- Maintained an oversight of the workforce development activity being delivered as part of the work of the Perinatal Mental Health group.

### *Illustrative Example 7*

#### **Workforce Development in Joint Investigative Interviewing**

Joint Investigative Interviews are undertaken with child victims or witnesses of abuse or neglect to gather evidence for criminal processes. They are undertaken by trained police officers and social workers working together.

Uniquely within Inverclyde the annual refresher training acts as both a learning opportunity and a quality assurance process with the opportunity for reflection, skills practice and assessment.

Senior social workers attend the morning session with frontline practitioners, which is a refresher of the procedures and any updates in practice.

The afternoon session centres on practice skills and involves role play with actors. Each group is facilitated by an experienced manager from police or social work background. This part of the training allows each of the practitioners to practice their skills in a supportive setting and for these skills to be assessed.

Feedback is provided in terms of preparation, understanding the staged interview process and the quality of the interview.

Where there are areas of practice improvement required or matters of competence identified feedback is given to participants and then to a senior social worker and a service manager. A plan to address these issues is then agreed with timescales for review identified.

This model has been recognised as good practice within the West of Scotland Child Protection Consortium and is being considered by a number of other local authorities in the West of Scotland.

### *Illustrative Example 8*

#### **Inverclyde Child Protection Practitioner's Forum**

The multiagency practitioners forum was re-established in November 2015 to provide an opportunity for local practitioners from a range of agencies who work with children and young people to meet together to consider topical child protection practice issues. A practitioner chair for the forum was identified who has now joined the Child Protection Committee in this capacity.

Since the Practitioners Forum was re-established it has

- Provided a direct link between CPC and multiagency child protection practitioners offering a valuable perspective to CPC discussion.
- Accepted delegated responsibility for the development of resources to support the participation of children and young people involved in child protection.
- Provided a practitioner perspective on the development of policy and practice through contribution to:-
  - Discussion on perinatal mental health services
  - Local response to the national consultation on proposals for the creation of an offence of wilful neglect or ill-treatment with regard to services for children under the age of 18
  - Local consultation on Fabricated and Induced Illness Guidance
  - Local consultation on child protection practice involving unborn children or infants of mothers in prison.

4.2.3.3 Priorities for 2016/17 will be to:-

- Continue to deliver a programme of core training and learning opportunities and to develop learning opportunities to support the delivery of work programmes for CPC priorities.
- Develop and deliver our 9<sup>th</sup> annual multiagency conference on the topic of child neglect.
- Prepare and introduce an induction and development programme for CPC members.

## 4.3 Strategic Planning

- 4.3.1 Strategic planning for child protection sits within the wider strategic planning arrangements for Inverclyde and encompasses the functions of collaboration, co-operation and making links with other planning fora. The child protection business plan is encompassed within the Single Outcome Agreement delivery plan, outcome 6 ‘A nurturing Inverclyde gives all our children and young people the best possible start in life’.
- 4.3.2 Progress on the child protection improvement priorities and other key elements of the child protection committee work plan are reported regularly to the ICPC and Inverclyde Public Protection Chief Officer Group.
- 4.3.3 The Child Protection Committee priority areas for improvement in 2015/16 were: -
- Child Sexual Exploitation
  - Participation in Child Protection
  - Children Affected by Domestic Abuse
  - Children Affected by Parental Substance Misuse
  - Children Affected by Parental Mental Health Problems

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

- 4.3.1.1 The child protection committee works closely with strategic groups at both a national and local level to make sure that the protection of children in Inverclyde does not stand alone but is central to policy planning and development.
- 4.3.1.2 During 2015/16 we have
- Contributed to the work of
    - Child Protection Committees Scotland
    - National Child Protection Committee Lead Officer Group
    - West of Scotland Child Protection Consortium
  - Continued to work closely with the Alcohol and Drug Partnership through the work of a joint sub group to deliver a programme of work to improve outcomes for Children Affected by Parental Substance Misuse (see illustrative example 9).
  - Worked in partnership with the Violence Against Women, Multiagency Partnership to establish a working group which has identified priorities for action with the aim of improving outcomes for children affected by Domestic Abuse. (see illustrative example 10)

### *Illustrative Example 9*

#### **Joint work with Alcohol and Drug Partnership**

The Child Protection Committee and Alcohol and Drug Partnership have a joint sub group with the aim of improving outcomes for Children Affected by Parental Substance Misuse.

One of the key tasks for this group over the past year has been the development and publication of a new procedure to provide a good practice framework for practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug misuse to support a consistent service response. The procedure includes a suite of flow charts to ensure that workers from any service are clear of the steps they should take to help ensure an appropriate and proportionate response. The procedures were showcased at a joint learning event attended by Addiction Psychiatrists and managers from alcohol services, drug services and children and families services.

Alongside the development of procedures the joint working group undertook a revision of the single shared assessment tool used by alcohol and drug services. This tool now includes an enhanced child-care element.

This tool has been introduced and is being used routinely by workers in Drug and Alcohol Services for every new service user to gather a wide range of information including significant information about the service user's parenting responsibilities and the impact of their alcohol and/or drug misuse on children in their care. It incorporates the wellbeing indicators and the Outcome Star for drugs and alcohol (used in Alcohol Services only). This assists workers to analyse the level of risk to a child that is associated with a service user's alcohol and/or drug misuse and allows informed decisions to be made.

### *Illustrative Example 10*

#### **Joint Work with Violence Against Women Multiagency Partnership**

Inverclyde Child Protection Committee and the Violence Against Women Multi-agency Partnership (VAW MAP) have worked collaboratively over many years. In order to give a sharper focus to this work a small working group was established in 2015 to report back to both the CPC and the VAW MAP. The group initially undertook a self-evaluation exercise to determine 'where are we now?' which found that a range of responses are in place with the aim of reducing the level of risk experienced by children affected by Domestic Abuse. These include:-

- Practice guidelines on domestic abuse and child protection published.
- A multiagency screening process considers all domestic abuse referrals from the police where a child is associated with the household.
- ASSIST service and MARAC process is established in Inverclyde with representation from children's services on MARAC and staff briefings
- Cedar service for children recovering from the effects of domestic abuse is established in Inverclyde.
- Training on Gender Based Violence and Child Protection is routinely delivered within Inverclyde.
- The Mentors in Violence Prevention programme is being rolled out across all secondary schools in Inverclyde.
- Guidance on Forced Marriage and FGM is published and awareness raising sessions have been delivered.

Despite this, the impact of domestic abuse on children remains significant. Domestic abuse was an area of concern in 78% of new CP registrations in 2014/15 and has been an identified area of concern in a number of multiagency case audits and reviews.

The working group identified the following key priorities which they are progressing.

- 1 To pilot the use of the Safe Lives (Formerly CAADA) 'Dash' Risk Identification Checklist within Children and Families as an aid to assessment with an evaluation of process, outputs and outcomes
- 2 To consider options to embed the 'Safe and Together' principles within Inverclyde
- 3 To review the multiagency screening process for domestic abuse in order to ensure it reflects good practice and takes account of the Children and Young People (Scotland) Act 2014.
- 4 To revise the Inverclyde Forced Marriage guidance to extend the scope to cover Honour Based Violence and ensure nominated leads are familiar with their responsibilities

4.3.1.3 Priorities for 2016/17 will be to:-

- Develop working arrangements across the Public Protection functions

## 5.0 CONCLUSION

- 5.1 Inverclyde Child Protection Committee continues to pursue its function to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances. The achievements summarised in this report and the programme of work for 2016/17 demonstrates our continued commitment to strive for excellence in the protection of children.



## **6.0 BUSINESS PLAN 2016-2017**

The Business Plan for 2016-17 is presented below has been updated to reflect developing priorities for Inverclyde Child Protection Committee. The Business Plan includes a summary of the Child Protection Committee's plans to deliver on both the core functions and priority areas. It is underpinned by the ongoing work of the Child Protection Committee and sub groups.

**Planning for improvement**

**CHILD PROTECTION COMMITTEE**

**Business Plan April 2016 – March 2017  
(encompassing core functions and priority areas)**

**Wellbeing Theme - SAFE**

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Public Information and Communication</b>	To maintain a high level of awareness of Child Protection with children and young people, families and the wider community through the provision of information	<p>Evaluate and report on 2016 Child Sexual Exploitation Campaign</p> <p>Distribute child's card to all primary age children in Inverclyde</p> <p>Review and update content of ICPC website</p> <p>Develop a bespoke child's 'Keeping Safe' website co-produced with children</p> <p>Plan and deliver a public awareness campaign to promote the CPC Child's website</p> <p>Issue press releases and use social media to promote local and national activities and events.</p> <p>Citizen's panel contains questions relating to child protection awareness and behaviour every 2 Years (included 2015, due 2017)</p>	<p>Evaluation report by September 2016</p> <p>Distribution by October 2016</p> <p>Review reported by December 2016</p> <p>Website and campaign launched by March 2017 with evaluation plan approved.</p> <p>Coverage in local press and social media</p> <p>Questions included in 2017 Citizen's Panel</p>	Communications sub group

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Continuous Improvement – Self Evaluation</b>	<p>A collective approach is taken to improvement in services to protect children.</p> <p>To review the quality of multiagency practice and take action to improve practice where necessary.</p> <p>Case reviews and other self-evaluation activity informs and improves practice</p>	<p>Produce quarterly management information reports with annual review / recommendations.</p> <p>Undertake a multiagency case review where a child has been on the child protection register for over 52 weeks or is re-registered within 1 year</p> <p>Complete x2 specific focus multiagency self-evaluations on agreed priority areas</p> <p>Monitor the implementation of the recommendations from self-evaluation activity.</p> <p>Revise Multiagency case review methodology</p> <p>Develop a suite of Performance Indicators</p> <p>Undertake Self Evaluation of the functioning of the Child Protection Committee</p> <p>Maintain overview over the work of the Perinatal Mental Health Group to implement and evaluate the Test for Change</p>	<p>Annual review for academic year 2015/16 produced by December 2016</p> <p>Report produced by February 2017</p> <p>Reports submitted to CPC by Sept 2016 and Feb 2017</p> <p>Reported regularly to sub group</p> <p>In place by May 2016</p> <p>Agreed by Jan 2017</p> <p>Reported by August 2016</p> <p>Updates six monthly to CPC for discussion.</p>	<p>Performance Management Sub Group.</p>

<b>Core Function</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Continuous Improvement – Policies, Procedures, Protocols and Guidance</b>	Evidence based, up to date published procedures and guidance are available and implemented in relation to core child protection business and related priority issues. As a result staff feel supported to deliver high quality services and children young people and their families receive a consistent service based on good practice.	<p>Revise local guidance on conducting Initial and Significant Case Reviews in line with revised national guidance.</p> <p>Evaluate the introduction of the Initial Referral Discussion Procedure</p> <p>Complete the development of West of Scotland Resistance Portfolio and introduce in Inverclyde</p> <p>Contribute to the redesign of the West of Scotland Child Protection Procedures</p> <p>Contribute a multi-agency child protection perspective to the development and implementation of GIRFEC guidance and procedures around the introduction of the Named Person service and Single Child’s Plan.</p>	<p>Guidance Published by October 2016</p> <p>Report by October 2017</p> <p>Introduced by March 2017</p> <p>Published by March 2017</p> <p>GIRFEC Guidance is compatible with Child Protection procedures</p>	Child Protection Lead Officer

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Continuous Improvement – Learning and Development</b>	Inverclyde has a workforce that is competent and confident to promote the well-being of children and young people, protect them from harm and improve their outcomes.	<p>Continue to deliver a programme of core training and learning opportunities on a multiagency basis</p> <p>Develop and deliver our 9<sup>th</sup> annual multiagency conference on the topic of child neglect</p> <p>Prepare and introduce an induction and development programme for CPC members</p> <p>Continue to develop the role of the Practitioner’s Forum</p>	<p>Training programme delivered and evaluated over the year up to March 2017 and reported thereafter</p> <p>Conference delivered by March 2017 and evaluated thereafter</p> <p>Development plan in place by January 2017</p> <p>Practitioner’s Forum to report to CPC quarterly</p>	Training Sub Group

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Strategic Planning - Collaboration, Co-operation and Making Links</b>	The Child Protection Committee will have in place effective mechanisms for communication, collaboration and co-operation across all services and agencies with clear links to other multiagency planning partnerships and structures	<p>Consider options ensure the work of the Child Protection Committee is communicated effectively with staff and constituent services and agencies.</p> <p>Develop working arrangements across the range of Public Protection functions</p> <p>Maintain oversight of the implementation of GIRFEC policy and the Children and Young People (Scotland) Act (2014) in Inverclyde to ensure it supports and enhances existing procedures to protect children through regular dialogue and links to the GIRFEC implementation group.</p> <p>Influence national and regional policy and practice in relation to child protection through active membership of Child Protection Committee's Scotland, the West of Scotland Child Protection Consortium and other national and regional forums as appropriate.</p>	<p>Proposals presented to Child Protection Committee by March 2017</p> <p>Public Protection Co-ordinators Network established by September 2016</p> <p>Regular updates provided for discussion at CPC throughout the year</p> <p>Regular updates provided for discussion at CPC throughout the year</p>	Child Protection Committee / Public Protection Chief Officers Group

<b><i>Priority Area</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Children Affected by Parental Substance Misuse (CAPSM)</b>	The level of risk experienced by children affected by parental substance misuse is reduced as a result of the intervention of services.	<p>Programme core training to meet the needs of the workforce.</p> <p>Pilot and review learning and development options to meet unmet needs.</p> <p>Develop and introduce performance indicators and a quality assurance framework for CAPSM.</p> <p>Maintain an oversight of service developments and potential gaps in services to support children affected by parental substance misuse and their families</p>	<p>Training delivered and evaluated</p> <p>Updates, discussion and actions agreed recorded at CAPSM sub group throughout the year</p> <p>Service development proposals 2015/16</p> <p>Updates, discussion and actions agreed recorded at CAPSM sub group throughout the year</p>	CAPSM sub group



<b>Priority Area</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Children Affected by Domestic Abuse</b>	<p>The level of risk experienced by children affected by domestic abuse is reduced as a result of the intervention of services.</p> <p>Children who have experienced domestic abuse will be offered a service that meets their need for support.</p>	<p>Pilot the use of the Safe Lives 'Dash' Risk Identification Checklist within Children and Families as an aid to assessment with an evaluation of process, outputs and outcomes</p> <p>Consider options to embed the 'Safe and Together' principles within Inverclyde</p> <p>Review the multiagency screening process for domestic abuse in order to ensure it reflects good practice and takes account of the Children and Young People (Scotland) Act 2014.</p> <p>Provide support and development opportunities for Forced Marriage and Honour Based Violence Agency Leads and Key Links to ensure nominated leads are confident in these roles.</p>	<p>Pilot commenced September 2016. Evaluation to follow 6 months following commencement of pilot.</p> <p>Updates, discussion and actions agreed recorded at Domestic Abuse and Child Protection working group throughout the year</p> <p>Reviewed by March 2017</p> <p>X2 development events by March 2016</p>	Domestic Abuse and Child Protection Working Group

<b>Priority Area</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Child Sexual Exploitation (CSE)</b>	Services take effective action to prevent Child Sexual Exploitation, protect and support children and young people who are at risk of abuse or are abused through sexual exploitation, and disrupt and prosecute those who perpetrate this form of abuse.	<p>Review and update CSE staff learning and development programme.</p> <p>Develop a introduce a comprehensive programme of education and engagement with young people on the risks of child sexual exploitation</p> <p>Promote public awareness messages via social media and other marketing opportunities</p> <p>Monitor and evaluate the Vulnerable Young Persons Group</p> <p>Scope and develop a work programme on</p> <ul style="list-style-type: none"> <li>• children who go missing</li> <li>• online risk</li> <li>• engaging with those working in the night-time economy and other business sectors</li> </ul> <p>Complete benchmarking exercise using National CSE Working Group Tool to help identify areas for further action</p>	<p>Revised programme delivered from August 2016</p> <p>Updates, discussion and actions agreed recorded at CSE strategy group throughout the year</p> <p>Messages published online throughout the year</p> <p>Evaluation report completed by March 2017</p> <p>Updates, discussion and actions agreed recorded at CSE strategy group throughout the year</p> <p>Feedback from Benchmarking exercise received by December 2016</p>	Child Sexual Exploitation Strategy Group

<b>Priority Area</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Participation of Children and Young People in Child Protection</b>	All children and young people are given the opportunity, support and encouragement to express their views, feelings and wishes during child protection and looked after processes and to have their views considered and taken seriously in accordance with their rights under UNCRC	<p>Establish a Participation in Child Protection Working Group to develop, deliver and evaluate a programme of work.</p> <p>Introduce and evaluate the impact of 'Tell people what you think' resources to gather the views of young people to inform Child Protection Conferences and LAAC Reviews.</p> <p>To work with practitioners and young people to identify assess and make available a range of tools and resources to facilitate participation of young people involved in child protection and LAAC processes.</p> <p>Develop learning and development opportunities, guidance and peer sharing of good practice to support the use of a suite of tools and resources.</p>	<p>Group established by June 2016 and meeting regularly throughout the year.</p> <p>Resources introduced by August 2016 and evaluation complete by January 2016</p> <p>New tools and resources introduced from September 2016 – March 2017</p> <p>Delivered to accompany introduction of new tools.</p>	Participation in Child Protection Working Group (in conjunction with Practitioner's Forum)

## 6.0 APPENDICES

## Appendix 1 Members of Inverclyde Child Protection Committee as at 31 March 2016

Membership	Agency
Sharon McAlees (Chair)	Inverclyde Community Health & Care Partnership
Angela Edwards (Vice Chair)	Inverclyde Council: Education and Communities
Dr Catherine Addiscott	NHS Greater Glasgow & Clyde
John Arthur	Inverclyde Council: Education and Communities
Lynne O'Brien	Barnardo's Nurture (representing 3 <sup>rd</sup> sector)
Lindy Scaife	COPFS
Nichola Burns	Police Scotland
Jane Cantley	Inverclyde Community Health & Care Partnership
Karen Gleed	NHS Greater Glasgow & Clyde
Elsa Hamilton	Inverclyde Council: Education and Communities
Anne Jamieson	Inverclyde Community Health & Care Partnership
Dr Brian Kelly	NHS Greater Glasgow & Clyde
Alan Stevenson	Inverclyde Community Health & Care Partnership
Gerard Malone	Inverclyde Council: Legal Services
Bob McLean	Inverclyde Community Health & Care Partnership (Social Work Services) (representing Inverclyde Alcohol and Drugs Partnership )
Aine McCrea	Inverclyde Community Health & Care Partnership

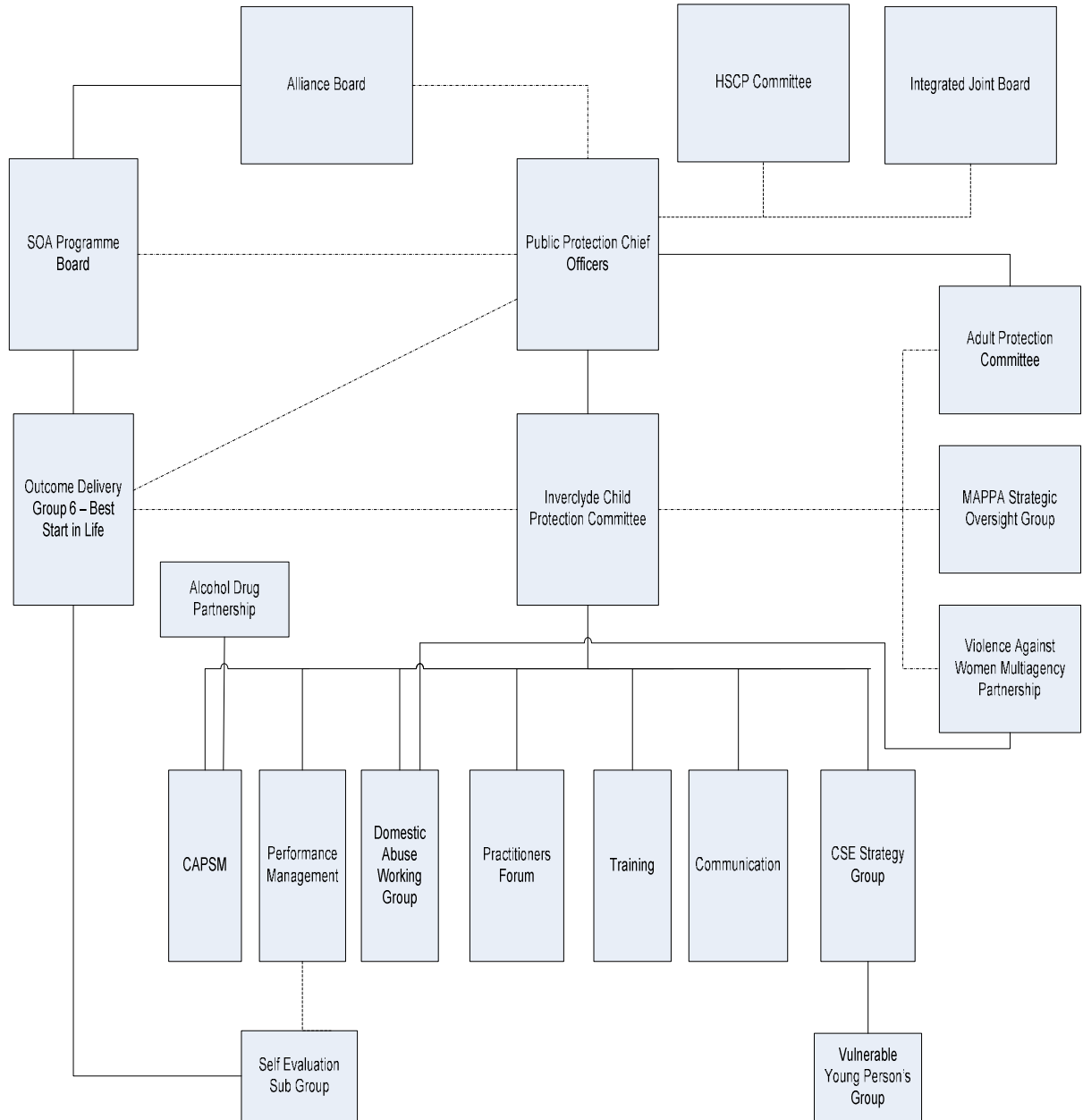
<b>Membership</b>	<b>Agency</b>
Kenneth Ritchie	Scottish Children's Reporter Administration
Jane Wallace	Riverclyde Homes (representing local housing associations)
Susan Mitchell (in attendance)	Inverclyde Child Protection Committee

**Appendix 2 Members of Inverclyde Public Protection Chief Officers Group as at 31 March 2016**

<b>Membership</b>	<b>Agency</b>
John Mundell (Chair)	Chief Executive, Inverclyde Council
Brian Moore (Vice Chair)	Director, Inverclyde Community Health Care Partnership
Wilma Bain	Corporate Director Education & Communities
Hugh Clark	Convener Adult Protection Committee
Margaret McGuire	NHS Greater Glasgow & Clyde Health Board
Sharon McAlees	Inverclyde Community Health Care Partnership
Kenneth Ritchie	Scottish Children's Reporter Administration
Jim Downie	Divisional Commander, Police Scotland

### Appendix 3

## Governance Structure of Inverclyde Child Protection Committee





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

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

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>23 February 2017</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/18/2017/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Learning Disability - Outreach and Community Supports Service</b>		

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## 1.0 PURPOSE

- 1.1 To advise the Health & Social Care Committee of the outcome of the inspection of November 2016 conducted by the Care Inspectorate in relation to the Outreach and Community Support Service.
- 1.2 To advise the Committee of the reduction in Grades for Quality of Care and Support, and Staffing and the developments that will be put in place to address this.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection of the Learning Disability Day Opportunities, Outreach and Community Supports on 3<sup>rd</sup> November 2016.
- 2.2 Questionnaires were utilised to gather feedback from service users and carers and families.
- 2.3 Summary of Grades:-
  - Quality of Care and Support – 4 – Good (Previously 5)
  - (Quality of Environment – Not assessed, remain at 5 – Very good)
  - Quality of Staffing - 4 – Good (Previously 5)
  - (Quality of Management and Leadership – Not assessed, remain at 5 – Very good)
- 2.4 The feedback received from service users, families and carers who use the service was very positive:-
  - "Could not do without the service as it has built up my confidence in reading and writing"
  - "Would like to do more activities like swimming, gym and football"
  - "Staff are nice to us at all times, always providing us with choices"
  - "Having this service has made a huge difference to my life in a very positive way"
- 2.5 The Care Inspectorate noted during their visit that the service's quality of care and support provided to service users was good. Staff and service users were observed to have developed positive relationships, built over a number of years.

- 2.6 Staff told the Care Inspectorate that they felt listened to and appreciated in their roles. They also feel that they are provided with good training with which to fulfil their responsibilities. The training offered was noted as being directly related to the needs of service users receiving support.
- 2.7 Staff reported feeling valued for their opinion and told the Care Inspectorate that the morale within the team was high as everyone is encouraged to contribute to the continuous development of the service and support being provided.

### **3.0 RECOMMENDATIONS**

- 3.1 There were no requirements or recommendations from the Care Inspectorate. The Care Inspectorate has suggested some development work that the Service could undertake to develop their grades.

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

## **4.0 BACKGROUND**

- 4.1 Learning Disabilities Day Opportunities Service provides community support to adults with a learning disability within Inverclyde.
- 4.2 Day Opportunity Services offer care and support to enhance an individual's quality of life and improve opportunities to be involved in lifelong learning, leisure/recreation, employment and social inclusion. The service promotes independence and encourages and enables individuals to participate in community based activities of their choice.

## **5.0 PROPOSALS**

5.1 To advise the Committee of the Care Inspectorate grading of 4 (Good) across all areas inspected and the areas of development that have been highlighted for the service to undertake in the next 12 months.

5.2 The service should look to develop the following in the next twelve months:-

- Care and support plans need to be audited more regularly to ensure that the latest information is held on each service user, allowing staff to provide consistent and person-centred supports.
- Streamlining quality assurance techniques is advised so that a new member of staff can read through a support plan and be sure that the information they have is appropriate and current.
- While reviews have been taking place on a more regular basis than in previous inspections, the Care Inspectorate would like to see an improvement in the product of these reviews, as at present the information gathered within the review form can be basic. There should be an emphasis on how the service aims to improve outcomes for service users.
- The service should also be mindful of ensuring that two reviews are to be conducted for each service user every year especially where the support for an individual is split between two agencies.
- The Care Inspectorate has noted that the service is working to develop its outcomes based approach to the presentation of care and support plans. Progress on developing this approach has been slower than expected resulting in only a small number of the care plans evidencing this type of outcomes focused work. The Care Inspectorate have suggested that this document is read by the management team and that a development day for service staff is arranged to ensure that all have the opportunity to understand what an outcome is and how they can make improvements in this area.
- The Service should note that the issue of quality assurance should be the responsibility of everyone in the service, not just the management team. One way to demonstrate this is for the staff to be asked to contribute to the self-assessment, which the service is obliged to submit prior to inspection each year. This can be done through the introduction of a more formal team meeting, perhaps taking place every 6-8 weeks, allowing for discussion on how the service can progress as well as passing on relevant staff information. The information gathered from the staff at these meeting should be used by the management team to develop a holistic self-assessment of the service.

## **6.0 IMPLICATIONS**

### **FINANCE**

6.1 Financial Implications

None

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

Annually Recurring Costs/(Savings)

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

## LEGAL

6.2 There are no legal issues within this report.

## HUMAN RESOURCES

6.3 There are no human resources issues within this report.

## EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## REPOPULATION

6.5 There are no repopulation issues within this report.

## 7.0 CONSULTATION

7.1 None.

## 8.0 BACKGROUND PAPERS

8.1 Care Inspectorate – Outreach and Community Supports, Support Services; November 2016.

## Outreach and Community Supports Support Service

Fitzgerald Centre  
110 Lynedoch Street  
Greenock  
PA15 4AH

Telephone: 01475 715820

Type of inspection: Unannounced  
Inspection completed on: 3 November 2016

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Care service number:**  
CS2007164625

## About the service

Outreach and Community Supports is provided by Inverclyde Council Health and Social Care Partnership and is registered to provide community based support to people with a learning disability.

There are three parts to the service - Outreach, Community Supports and Older People. The Outreach and Community Support services are community based and access a variety of resources throughout Inverclyde and the surrounding areas. The Older People's service is a building-based day service near Greenock for older people or those who prefer a quieter environment.

The services are managed by a Day Opportunities Coordinator whose office base is in the Fitzgerald Centre, Greenock.

The service states that it aims "to encourage and enable individuals to live as full a life as possible and to place at the core of service provision the need, wishes and aspirations of our service users."

## What people told us

For this inspection, we spoke individually with eight people using the service. We also received 25 completed care standard questionnaires.

From the responses gathered, 23 were either very happy or happy with the quality of care and support provided and confident that the staff team had the necessary skills to provide the support and that they always treat service users with respect.

Comments from those we spoke with included:

"Could not do without the service as it has built up my confidence in reading and writing"

"Would like to do more activities like swimming, gym and football"

"Staff are nice to us at all times, always providing us with choices"

"Having this service has made a huge difference to my life in a very positive way"

## Self assessment

The Care Inspectorate received a completed self-assessment from the provider. The provider identified what it thought the service did well and gave examples of improvements in various areas. The self-assessment clearly identified some key areas that the provider believed can be improved and showed how the service intended to do this.

We spoke with the local management team about involving more stakeholders in the development of the self assessment, including the staff and service users.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good

**Quality of management and leadership**

not assessed

## What the service does well

During our visit, we noted that the quality of care and support provided to service users was very good. Staff and service users were observed to have developed very good relationships, built over a number of years and through hard work.

The service users we spoke with told us how happy they are with the support provided and were very complimentary about the staff providing that support. We were told that they feel safe, respected, in control of their own support and are treated with dignity at all times.

Service users told us they were empowered by the staff to make their own choices, in terms of the support provided and activities they take part in.

The service continues to work well with other partnership agencies, to develop more outcomes based support plans. The transition to a more outcomes focussed care plan for each individual continues. We will make further comment on this within the following section on areas for improvement.

The care and support plans we examined were noted to be inclusive of the thoughts and feelings of those being supported.

Questionnaires have been used to gather feedback from service users and their families. The information gathered here can then be used to develop the services improvement plan and other important development documents. Again we will make further comment on this plan within the following section.

The staff told us that they felt listened to and appreciated in their roles. They also feel that they are provided with good training with which to fulfil their responsibilities. The training offered was noted as being directly related to the needs of service users receiving support.

Staff reported feeling valued for their opinion and told us that the morale within the team was high as everyone is encouraged to contribute to the continuous development of the service and supports being provided.

Staff are comfortable and familiar with the support arrangements in place for service users. We spoke with a new member of the team who talked of their thorough induction which has included shadowing more experienced members of the team. This provides very good opportunities to learn from experience while also being able to discuss any relevant issues they may have with those who know the service well.

Staff also feel well supported by their colleagues, including the local management team. An open door policy exists to ensure that a colleague is always on hand to answer questions and provide any necessary guidance.

## What the service could do better

We noted that care and support plans need to be audited more regularly to ensure the latest information is held on each service user, allowing staff to provide consistent and person centred supports.

By streamlining quality assurance techniques, a new member of staff can read through a support plan and be sure that the information they have is appropriate and current. At times when reading through the folders during the inspection we found information which dated back to 2012. The information may still be relevant, however as there was no record of a review of the documentation we could not be sure.



While reviews have been taking place on a more regular basis than in previous inspections, we would like to see an improvement in the product of these reviews.

At present the information gathered within the review form can be basic, while we would like to see more emphasis on how the service aims to improve outcomes for service users. (more to follow)

The service should also be mindful of ensuring that 2 reviews are to be conducted for each service user every year. When the support for an individual is split between two support agencies, it is imperative they work together to ensure that this is achieved.

We have seen that the service is working to develop its outcomes based approach to the presentation of care and support plans. At the last inspection we made reference to the Joint Improvement Team's document - Talking Points, focussing on improving the way staff think and provide support with regards to driving an outcomes based agenda.

Progress on developing this approach has been slow, resulting in only a small number of the care plans evidencing this type of outcomes focussed work, we would have expected to see much more in the way of this given the last inspection was over 2 years ago.

We have suggested again that this document is read by the management team and perhaps a development day of some sort for the staff is arranged to ensure that all have the opportunity to understand what an outcome is and how they can make improvements in this area.

The issue of quality assurance should be the responsibility of everyone in the service, not just the management team. One way to demonstrate this is for the Staff to be asked to contribute to the self-assessment, which the service is obliged to submit prior to inspection each year. This can be done through the introduction of a more formal team meeting, perhaps taking place every 6-8 weeks, allowing for discussion on how the service can progress as well as passing on relevant staff information.

the information gathered from the staff at these meeting should be used by the management team to develop a holistic self assessment of the service.

We found that the service improvement plan, while effective, is now 12 months out of date. The service should seek to find ways of continuously developing and measuring itself against targets set.

## 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](http://www.careinspectorate.com).

Inspection and grading history

Date	Type	Gradings								
25 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>5 - Very good</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	5 - Very good	Staffing	5 - Very good	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	5 - Very good									
Staffing	5 - Very good									
Management and leadership	5 - Very good									
26 Oct 2010	Announced	<table border="0"> <tr> <td>Care and support</td> <td>6 - Excellent</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	6 - Excellent	Environment	Not assessed	Staffing	Not assessed	Management and leadership	Not assessed
Care and support	6 - Excellent									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	Not assessed									
10 Mar 2010	Announced	<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>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	Not assessed									
10 Feb 2009	Announced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>5 - Very good</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	5 - Very good	Staffing	5 - Very good	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	5 - Very good									
Staffing	5 - Very good									
Management and leadership	5 - Very good									

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>23 February 2017</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/17/2017/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Inverclyde Learning Disability Support and Care at Home/Supported Living Service - Care Inspection Report</b>		

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## 1.0 PURPOSE

- 1.1 To advise the Health and Social Care Committee of the outcome of the Care Inspectorate inspection held on 30<sup>th</sup> November 2016 in relation to the Support & Care at Home James Watt Court/McGillvary Ave and Supported Living services.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 30<sup>th</sup> November 2016 to James Watt Court and the Supported Living team.

- 2.2 Summary of Grades:-

Quality of Care and Support – Grade 5 – Very Good

Quality of Staffing - Grade 5 – Very Good

Quality of Management and Leadership - Grade 5 – Not assessed

- 2.3 Recommendations and requirements from the last inspection in January 2016:-

There were no recommendations or requirements from the last inspection, but several suggestions for areas of improvement. What the Care Inspectorate highlighted during the inspection is detailed below:

- The service has streamlined the care and support plans used across all locations served by the team.
- Effective quality assurance procedures are now in place. This includes regular auditing of support plans and a range of observational monitoring sessions with staff.

## 3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the outcome of the inspection and the actions taken to address the areas of improvement highlighted within it.

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

## 4.0 BACKGROUND

4.1 The inspection was unannounced and carried out on a low intensity basis. These inspections are carried out when the Care Inspectorate is satisfied that the services are working hard to provide consistently high standards of care and support. This also reflects the grading history of the service.

4.2 Two Quality Themes were inspected (Quality of Care and Support and Quality of Staffing). The grades in both themes have remained Very Good.

4.3 Feedback received by the Care Inspectorate from the people who use the service, their relatives and staff:-

- Relatives commented favourably on the service. Comments included: “The management team and staff are efficient and very caring. The family is always made to feel welcome” and “The Supported Living Team is excellent. I cannot praise them enough”.
- Service users also spoke favourably about the service they receive. Everyone said that staff treated them with respect and they were given plenty of opportunity to put their opinions across on how the service can improve.
- Staff that were spoken to said they liked and valued their job. There was evidence that this ethos shone through in the work done and relationships built with service users.

4.4 There were no Requirements or Recommendation from this Inspection.

4.5 Areas for improvement:-

- It was suggested that we consider the personal outcomes approach found within the Joint Improvement Team’s document of the same name. This is seen as a more effective way to gauge the outcomes achieved by adults than SHANARRI indicators, which are primarily aimed at children and young people.
- It was also suggested that we focus on staff development through more in-house training.

## 5.0 IMPLICATIONS

### FINANCE

5.1 Financial Implications

None

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

Annually Recurring Costs/(Savings)

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

## LEGAL

5.2 There are no legal issues within this report.

## HUMAN RESOURCES

5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached)
√	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 None.

## 7.0 BACKGROUND PAPERS

7.1 Care Inspectorate Report – Inverclyde Learning Disability Support and Care at Home/Supported Living Service

# Inverclyde Learning Disability Support & Care at Home Service Housing Support Service

Inverclyde Supported Living Team  
Flat G2  
36 Lyndoch Street  
Greenock  
PA15 4AE

Telephone: 01475 715816

Type of inspection: Unannounced  
Inspection completed on: 30 November 2016

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Care service number:**  
CS2004078035



## About the service

Inverclyde Learning Disability Support and Care at Home has been registered with the then Care Commission since November 2004. The service provides a Housing Support and Care at Home service to people with a learning disability living in their own homes. There were 34 people using the service at the time of the inspection.

The service provides 24 hour support to people living in three main locations in Greenock. The service also has a team of support workers who provide support to people living in their own homes throughout Inverclyde.

The service aims to "provide high quality person centred services that support and encourage people with a learning disability to live valued, fulfilling lifestyles in their own homes, as part of the community."

## What people told us

For this inspection, we spoke individually with 5 of 34 people using the service. We also received 26 completed care standard questionnaires. These questionnaires were completed by a mixture of those using the service and their family members.

We were pleased to note that all responses from stakeholders were very positive with regards to the care and support provided for this service. From those gathered, all were either very happy or happy with the quality of care and support provided. Everyone agreed that the staff in the service treated them with respect and that they were given plenty of opportunity to put their own opinions across about how the service can improve. Comments from those we spoke with included:

"All the staff are great because they help me with everyday tasks"

"I enjoy living in James Watt Court and the people who support me"

"The management team and all staff are efficient and very caring. Family are always made to feel very welcome"

"The supported living team are excellent, I cannot praise them enough"

"My sister who has a learning disability, uses the service, the care that she receives is excellent"

## 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 improvements in a number of areas.

The self-assessment clearly identified some key areas that the provider believed can be improved and showed how the service intended to do this. The provider told us how the people who used the care 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:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of staffing</b>	5 - Very Good
<b>Quality of management and leadership</b>	not assessed

## What the service does well

At the last inspection we asked the service to examine ways to streamline the care and support plans used across all locations served by the team. We were pleased to note that work has been undertaken and completed in this regard.

Care and support plans are now much more standardised across the service, allowing for person centred differences across the various locations. We saw very good evidence of all service users having regular access to essential and wide ranging medical expertise. We noted one particular instance in the service where variations in a persons mood/weight and appearance caused concern enough for support staff to ensure that swift and appropriate action was taken to ensure that the health and wellbeing of the individual was the main priority.

The staff work very well with a range of agencies to ensure that the investigations into the service users health concerns were explained to the satisfaction of all involved in the care package.

Hospital passports have been used well within the service and were found to be inclusive of the thoughts/opinions of each individual service user.

Where necessary, a range of support strategies and routines (personal to each individual) are presented within care plans. This helps to ensure that all staff are working from the same page and are being consistent in the support delivered. Six monthly reviews are taking place with the correct regularity. All meeting minutes we have seen show a multi-disciplinary approach to the continued care and support of all those being supported.

We seen effective quality assurance procedures evidenced throughout the care plans, showing senior support workers auditing on a regular basis to ensure the information presented within remains appropriate to the care and support required for each person.

Managers are completing a range of observational monitoring sessions with the staff. These sessions are conducted across a range of support tasks to ensure that the service can be sure of the quality supports delivered by its team.

Our observations of the support provided is of a very high standard. Staff we spoke with tell us they like and value their job. This ethos shines through in the work done and relationships built with all service users.

## What the service could do better

At the feedback session we discussed a number of ways in which the service can improve on its already very good service delivery.

We suggested that the service consider the personal outcomes approach found within Joint Improvement Teams document of the same name. At present the service uses the SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included) indicators. These are however aimed primarily at the care and support of children and younger people, therefore we have suggested that more effective ways to gauge the outcomes achieved by adults be used.

We also spoke about the use of language by some support staff when completing daily and monthly recordings within the care plans. Use of terms such as 'no issues' should be avoided when attempting to describe the requirements or movements of service users. Terms such as this are vague and do not tell the reader anything. More creative thinking should be used to ensure that the support being delivered to service users is appropriately documented.

The continued development of the staff team through training should be an area to focus on for the coming year within the service. We noted that the training offered to the team could be more robust in its content. We noted a number of occasions where e-learning training has been undertaken by staff and has lasted for between 15 and 45 minutes. We understand that time away from direct support of service users is scarce and therefore must be used wisely and productively. During feedback we discussed how much a member of the team can actually learn from spending such a short space of time in front of a computer answering multiple choice questions. We have suggested that the team as a whole look at ways of developing more worthwhile training opportunities for itself. The value of these courses should then be captured by completing reflective practice forms to allow staff the chance to communicate what they have learned in a training session and how they can use these new skills/knowledge to create better outcomes for service users.

## 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](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
13 Jan 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
26 Jan 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
31 Jan 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
4 Feb 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
28 Sep 2011	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
27 Jan 2011	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
26 Jan 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
19 Feb 2009	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good

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**Report To:** Health & Social Care Committee      **Date:** 23 February 2017

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

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

**Subject:** CARE INSPECTORATE REPORT ON HILLEND RESPITE UNIT

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise members of the outcome of the annual inspection of the Hillend Respite Unit.

## **2.0 SUMMARY**

- 2.1 The Care Inspectorate carried out an unannounced inspection of the Hillend Respite Service on Wednesday 5<sup>th</sup> October 2016. Reflecting the history of previous inspections, this was carried out on a low intensity basis.
- 2.2 A full public report of the inspection and grades is published for the service on the Care Inspectorate website.
- 2.3 The summary of grades awarded is:-
- Quality of Care and Support - 5 - Very Good  
Quality of Staffing - 5 - Very Good

## **3.0 RECOMMENDATIONS**

- 3.1 Members are asked to note the positive outcome of the inspections and, in particular, that no requirements were issued to the service by the Care Inspectorate.
- 3.2 In terms of areas for development it was suggested that the service could make improvements when completing the self-assessment by using examples of "positive outcomes" which will show the impact the service has had on people's lives.

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

## 4.0 BACKGROUND

4.1 Inverclyde HSCP Hillend Respite Service has been registered with the Care Inspectorate since April 2008 to provide a short break service or residential respite period to a maximum of four people at any one time.

4.2 The service aims and objectives are:-

- To provide care and support to Adults with a physical disability, learning disability or mental health illness.
- To enable carers to have a planned short break from their caring role.
- To provide as flexible a package of respite as soon as possible to meet the service user and carer's need.
- To promote independence and encourage and support a service user in activities of daily living including meeting recreational and religious choices.
- To provide an efficient and effective service that lets service users remain as independent as possible while promoting a high standard of care.
- To create a safe, welcoming and friendly environment as well as respecting the service user's right to privacy, dignity, choice, safety and self-expression.
- To promote the service to carers who can be identified at an early stage through direct referral from the HSCP and other relevant agencies.

4.3 Following refurbishment, one of the bedrooms can now be used by couples. The Care Inspectorate thought this was an example of very good practice as it ensured choice and positive outcomes for those involved.

The Care Inspectorate highlighted that:-

During the inspection we spoke with all four people on respite and two visiting family members, some of the comments detailed below:-

"The service I receive is excellent."

"The staff are very helpful, friendly and welcoming."

"I feel respected and included in my care."

"Overall the service provided by this facility is exceptional."

4.4 Whilst making no requirements, the Care Inspectorate concluded that the service has good insight into the areas for development to further improve the service as follows :-

- Improve care planning,
- Develop further supervision and appraisal
- Dementia training

4.5 What we do well:-

It was felt that the management team and staff were very good at finding out what service users wanted to do, placing an emphasis on people having a relaxed and enjoyable respite break.

It was noted the staff involved service users in planning and evaluating their care and future service development. The service carries out regular reviews and issues satisfaction questionnaires. Consultation with service users and carers is completed annually in conjunction with Your Voice.

The inspection reflected a high standard of health and safety within the unit. It was noted that regular checks were undertaken of: thermostatic mixing valves, water temperatures, hoists and electrical equipment.



The grades awarded reflect that Hillend Respite Service continues to maintain very high standards. Continuous improvements in the service have been noted by the Care Inspectorate.

## 5.0 IMPLICATIONS

### Finance

- 5.1 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

- 5.2 There are no legal issues within this report.

### Human Resources

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

### Equalities

- 5.4 Has an Equality Impact Assessment been carried out?

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

### REPOPULATION

- 5.5 There are no repopulation issues within this report.

## 6.0 CONSULTATION

- 6.1 None.

## **7.0 BACKGROUND PAPERS**

7.1 None.

## Respite Unit Care Home Service

Hillend Centre  
2 East Crawford Street  
Greenock  
PA15 2BT

Telephone: 01475 728410

Type of inspection: Unannounced  
Inspection completed on: 5 October 2016

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Care service number:**  
CS2003001081

## About the service

Inverclyde Council's Respite Unit is registered to provide a service to a maximum of four people at any one time. During this inspection we spoke to all four clients on respite.

The service aims to -

- Provide an efficient and effective service that lets service users remain as independent as possible while promoting a high standard of care.
- Create a safe, welcoming and friendly environment as well as respecting the service user's right to privacy, dignity, choice, safety and self expression.

The Respite Unit is a single story, fully accessible property with a range of private and public rooms. On the day of inspection the home was clean, well maintained and comfortably furnished.

To ensure that clients can have an enjoyable respite break one of the bedrooms can be used by couples. We thought this was an example of very good practice as it ensured positive outcomes for those involved.

We found the atmosphere very relaxed with staff being focused on making sure that clients were happy and receiving appropriate support and encouragement.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

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

## What people told us

During the inspection we spoke with all four people on respite and two visiting family members.

Care standards questionnaires returned by clients commented:

"The service I receive is excellent."

"The staff are very helpful, friendly and welcoming."

"I feel respected and included in my care."

"Overall the service provided by this facility is exceptional."

"The staff are wonderful and sensitive to my needs."

"The flexibility of the service and staff is unsurpassed."

"Nothing is too much trouble."

"I was very pleased to have these respite facilities and look forward to attending them."

"I have always felt well cared for and enjoy the company of the staff and the outings they arrange."

"Staff took time to get to know me and showed an interest in the things I like to do."

"We have meetings prior to my visit along with my parents to discuss the service available, with my personal interests noted."

"If there were activities planned ... it would be perfect."

People on respite were very positive about their support, commenting:

- "I always come in at the same time as my friend."
- "Love it."
- "Everyone is friendly."
- "Staff always have time for a chat."
- "Have a good laugh."
- "I like the trips out and visiting the day centre next door."
- "Always some thing to do."
- "Foods ok."

Care standards questionnaires returned by family members commented:

- "The staff are excellent."
- "The staff and management are wonderful and try to make it as welcoming as possible."
- "I think the lounge is too small."
- "Flexibility is unsurpassed."
- "Have tried respite more often this year and it has worked out well for both of us."
- "I am more than pleased with Hillend Respite as it is very well run."

Family members said that:

- "My daughter really looks forward to being on respite."
- "My daughter has made good friends."
- "Staff are very good at arranging dates to suit."
- "Everyone is friendly."
- "We are always treated with respect."
- "Nothing is too much bother for staff."
- "Second to none."
- "Dad talks about it all the time."
- "It's incredible."
- "Very impressed."
- "Made to feel welcome."
- "Staff relate well to people that are there."
- "Staff have had additional training to meet specific support needs."
- "Staff always phone for an update before a respite visit."
- "I think Wi-Fi would be a good idea."

## Self assessment

The Care Inspectorate received a fully completed self-assessment. The self-assessment accurately reflected the findings of the inspection.

This identified what the service did well and some areas of improvement.

During the inspection the manager told us how clients and their families influenced the service's development and improvement.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of environment</b>	not assessed
<b>Quality of staffing</b>	5 - Very Good
<b>Quality of management and leadership</b>	not assessed

## What the service does well

We decided that the management team and staff were very good at finding out what clients wanted to do, placing an emphasis on people having a relaxed and enjoyable respite break. We found examples of this when people had been supported to: use a nearby day centre, go on trips, meet friends and socialise.

Everyone using the service had a support file/plan. When we read these we found that they contained a range of information such as: individual support needs, risk assessments, and health/medical needs. We discussed how protocols could be used to outline what should be done if, for example, a client had a seizure and required medication or an ambulance to be called.

We found that staff were in regular contact with health and social care professionals, such as care managers and GPs, and had a good awareness of peoples' support and medical needs. To help with this staff had received a range of training including: medication, moving & assisting, diabetes and adult protection. An Epilepsy Nurse was speaking to the staff in the week following the inspection.

The manager and staff were aware of the need to register, with the Scottish Social Service Council (SSSC) and to keep their training up to date.

The service was very good at involving clients in planning and evaluating their care and its development. To help with this the service held regular reviews and issued satisfaction questionnaires.

The service was very good at monitoring and maintaining the safety and repair of the unit. We found that regular checks were undertaken of; thermostatic mixing valves, water temperatures, hoists and electrical equipment.

## What the service could do better

The manager should consider using examples of "positive outcomes" when completing the service's self-assessment. By doing this the service will show the impact it has had on people's lives.

## 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](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
5 Nov 2015	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
26 Nov 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
9 Dec 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
27 Nov 2012	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
7 Jan 2011	Unannounced	Care and support 5 - Very good Environment Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
14 Jul 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
25 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
3 Sep 2009	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Feb 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Oct 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good



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**Report To:** Health & Social Care Committee      **Date:** 23 February 2017

**Report By:** Brian Moore  
Corporate Director (Chief  
Officer)  
Inverclyde Health and Social  
Care Partnership (HSCP)      **Report No:**  
SW/10/2017/HW

**Contact Officer:** Helen Watson  
Head of Service  
Inverclyde Health and Social  
Care Partnership (HSCP)      **Contact No:** 715285

**Subject:** PERSONAL INDEPENDENCE PAYMENTS (PIP)

---

## 1.0 PURPOSE

- 1.1 To update Committee on the latest information regarding the impact of the introduction of Personal Independence Payments (PIP) and the on-going migration of Disability Living Allowance (DLA) to this new benefit.

## 2.0 SUMMARY

- 2.1 The introduction of Personal Independence Payment is well underway with a significant numbers of clients within Inverclyde now applying or being reassessed.
- 2.2 Information is now available both nationally and locally which shows the impacts on clients, both in terms of the assessment process, and the financial impacts of a negative decision. The financial loss to Inverclyde as a result of the replacement of DLA by PIP is estimated to be £6,274,400 per annum.
- 2.3 A range of mitigation measures to support vulnerable clients are in place and the impact of Personal Independence Payment (PIP) roll out will continue to be monitored.

## 3.0 RECOMMENDATIONS

- 3.1 That the Committee note the contents of this report and the on-going impacts of Personal Independence Payments
- 3.2 That the Committee note the mitigation efforts by Inverclyde Council, HSCP and its Financial Inclusion Partners.
- 3.3 That the Committee await further information of the new Scottish Social Security system which will replace a number of benefits, including Personal Independence Payments.

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

## **4.0 BACKGROUND**

- 4.1 Personal Independence Payment (PIP) replaced DLA for working age claimants in 2013. All new claims for disability support are made for Personal Independence Payments, whilst all existing working age DLA claimants in Inverclyde are being invited to apply, and be reassessed for PIP on a rolling programme between October 2015 and late 2017.
- 4.2 A previous report to August 2016 Committee provided a full report on the introduction of this new benefit and outlined some of the impacts known at that time
- 4.3 Statistics have now been released by DWP which highlight the outcomes for people who have either applied or migrated to Personal Independence Payment (PIP).
- 4.4 Locally, information is available from the HSCP Advice Service which highlights the outcomes and impacts for clients in Inverclyde.

## **5.0 IMPACTS AND OUTCOMES**

- 5.1 Statistics published by DWP on December 14th 2016 provided details of PIP awards in Inverclyde up to October 31st 2016. The information provided outlines that decisions have been made in relation to 3,097 applications, including 302 PIP reassessments, resulting in 1,615 awards (percentage of decisions awarded 51%).
- 5.2 DWP have yet to provide statistics that allow for local authority level analysis of the numbers of DLA to PIP reassessments that have resulted in benefit being disallowed or reduced. The statistics did, however, publish a national figure that indicated 48% of DLA to PIP reassessments have resulted in benefit being disallowed or reduced.
- 5.3 Concerns continue to be expressed at a national level as to standards of DWP decision making and use of contractors such as ATOS to conduct medical assessments for PIP. The statistics published by DWP on December 14th revealed that when asked to look at their decision again by way of a request by the claimant for mandatory reconsideration, DWP upheld their original decision in 80% of cases. This stands in contrast to the statistics giving a 65% success rate for claimants who go on to appeal at Tribunal the DWP mandatory reconsideration decision.
- 5.4 The data produced by DWP has included information at a local level of the reasons for people claiming PIP. In Inverclyde, the two conditions of psychiatric disorders and musculoskeletal disease account for 71% of all PIP claims.
- 5.5 Without a further breakdown from DWP it is difficult to extrapolate impacts at a local level. A report, however, to the Social Security Committee of the Scottish Parliament in October 2016 by Sheffield Hallam University paralleled findings made by the same University in March 2016 that allows for some estimate of the impact. The report provided a table detailing the UK's worst affected local authorities in terms of the replacement of DLA by PIP. Inverclyde ranked 11th highest in the UK and 3rd highest in Scotland.
- 5.6 The report calculated the cost of this per working age individual, per annum, in Inverclyde at £124. The Office for National Statistics gives Inverclyde a working age population of 50,600. On that basis the financial loss to Inverclyde as a result of the replacement of DLA by PIP is £6,274,400 per annum.
- 5.7 DWP have commissioned Paul Gray Chief Executive of NHS Scotland to undertake a second review of PIP as required by Section 89 of the Welfare Reform Act 2012. A call for evidence to inform the review was made in July 2016 ending in September 2016. The review is expected to be laid before Parliament by April 2017. A main

focus of the review is to consider:

“How data may be better shared across the Department and with external organisations, such as the Health and Social Care sector to support the claim process.”

- 5.8 The Disability Benefits Consortium (DBC) is a national coalition of over 60 different charities and other organisations. The response from the DBC to the call for evidence was informed by a survey of service users:

80% of respondents indicated difficulties in completing the PIP claim form;  
93% of respondents found the process of applying for PIP stressful;  
82% of respondents agreed or strongly agreed that the process of applying for PIP had a negative impact on their condition.

DBC survey respondents who had received a lower award or lost all their entitlement reported a range of negative impacts:

41% said that they could no longer get around independently;  
42% said they struggle to pay bills;  
40% said they don't have enough money to live on;  
7% said they had to stop work or reduce their hours;  
5% said their partner had to give up work in order to care for them; and  
54% reported being more isolated and less able to see friends and family.

- 5.9 Motability cars have received national press attention of late and the position with a Motability vehicle at present is that following an unsuccessful reassessment from DLA to PIP, the car is returned within 28 days or thereabouts whether or not the claimant appeals. An announcement has recently been made by the Minister for Disabled People, Health and Work that this will be reviewed and that discussions with relevant Departments are underway to enable PIP claimants to keep their vehicle pending appeal.

## **6.0 INVERCLYDE HSCP ADVICE SERVICES**

- 6.1 Advice Services are continuing to support clients and monitor the impact of PIP locally. For the period June 1st to November 30th 2016, Advice Services provided advice/assistance in relation to 276 PIP entitlement matters securing a recorded £110,270 gain in the process. In addition, support was given to 222 clients undergoing PIP disputes; and finally tribunal representation was provided at 151 PIP Appeal Hearings, generating a further entitlement of £188, 270.

- 6.2 A data sharing protocol is in place with Revenues and benefits that refer clients to Advice Services if they are alerted to a change following application/migration to PIP. A snapshot of 18 cases in October 2016 highlighted the following:

- 15 related to DLA/PIP migration cases or renewal claims;
- 3 related to new claims with all 3 resulting in a nil award.
- Of the 15 migration/renewal cases, 13 (87%) received a reduction in entitlement compared to their previous award. 2 received an increase in overall entitlement;
- Out of the 15, 7 involved consideration of previous awards of Enhanced/High Rate Mobility. On renewal all 7 were unsuccessful in terms of securing a comparable award. If on Motability, all 7 stand to lose their Motability vehicle;
- The average loss of entitlement was £67.86 per week, £3582.72 per year;
- The 2 claimants who secured an increase in entitlement both received an additional £11.50 per week, £598 per year;

- 6.3 Examples of client impact include one client whose DLA award of £139.75 per week was reduced to a PIP award of £21.80 per week. Another client's loss £55.10 of Standard Rate Care became a cumulative loss of £125.72 per week as a result of subsequent reductions in Housing benefit and Council Tax Reduction.
- 6.4 The Council currently funds an advice worker who works closely with the vulnerable groups of homeless, and those affected by drugs and alcohol. Statistics show that for those clients who engaged with the service, 59% of new PIP claims made with the assistance of Advice Services are successful; and 72% of DLA to PIP reassessments completed with the assistance of Advice Services are successful.

## **7.0 MITIGATION**

- 7.1 A formal request was made by the HSCP to DWP to increase the use of their Duff Street Greenock premises for medicals to save clients travelling to Glasgow for assessments. A response has been received from ATOS advising that the journey time from Inverclyde to Glasgow City Centre falls within the agreed threshold of 90 minutes by public transport or 60 minutes by car to attend assessments therefore they will not utilise a new site. They have also advised that clients are able to ask for a home consultation if mobility or other health conditions mean that travelling the distance required will cause them difficulty as they have a home consultation health professional based in PA14 who carries out such assessments and appointments which can easily be scheduled via their team.
- 7.2 This issue was also raised by the Leader of the Council with the Minister for Employment who has recently responded with similar information, however this also states that home visits will only be arranged when the client can provide evidence from a health professional that a home visit is required.
- 7.3 The data sharing agreement with Revenues and Benefits will continue to ensure any clients known to that service that have been adversely affected by PIP will have their details passed to Advice Services for advice and support.
- 7.4 A campaign highlighting PIP and in particular requests for home visits will shortly be launched through local and social media, highlighting the need to ensure clients obtain advice from HSCP Advice Services or another Inverclyde Financial Inclusion Partner prior to contacting DWP. Advice from Health Professionals will only be sought as and when necessary.
- 7.5 Welfare Reform earmarked reserves are currently being utilised on a temporary basis to support Inverclyde Council on Disability (ICOD) to provide clients who require support to attend medicals in Glasgow as part of their reassessments. Since April 2016, 59 clients have been supported to attend.
- 7.6 CoSLA has recently requested information on the impacts in local authorities of DLA to PIP through a national survey. This will be reported on later in the year.
- 7.7 Work is underway nationally to devise a new model for health and sickness benefits in Scotland as part of the new social security system. The HSCP Service Manager for Inequalities, Migration and Strategic Housing is a member of a national group currently reviewing what the new model could entail.

## **8.0 IMPLICATIONS**

### **Finance**

- 8.1 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

8.2 There are no legal issues

### Human Resources

8.3 There are no human resources issues

### Equalities

8.4 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.

Personal Independence Payments (PIP) by their nature affects one of the protected characteristic equality groups.

### Repopulation

8.5 There are no repopulation issues

## 9.0 CONSULTATION

9.1 None.

## 10.0 BACKGROUND PAPERS

10.1 None.

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>23 February 2017</b>
<b>Report By:</b>	<b>Head of Legal and Property Services</b>	<b>Report No:</b>	<b>VP/LP/018/17</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board Corporate Support Arrangements – Service Level Agreement</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide an update on general corporate support arrangements within the Health and Social Care Partnership (HSCP) and to seek approval for a service level agreement between Inverclyde Council and the Inverclyde Integration Joint Board (IJB) in relation to the additional corporate support arrangements required to support the IJB.

## **2.0 SUMMARY**

- 2.1 This report provides an update on general corporate support arrangements within the Health and Social Care Partnership. More specifically, it presents for approval by the Health and Social Care Committee a proposed Service Level Agreement between Inverclyde Council and the IJB which formally sets out the additional support requirements, including internal audit, which have been identified since the IJB was established.
- 2.2 The Service Level Agreement addresses an action point in the Annual Audit Report regarding clarification over Inverclyde Council's role and relationship with the IJB.
- 2.3 The Service Level Agreement will also be presented to the IJB for approval.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Health and Social Care Committee:-
- (1) notes the content of this report; and
  - (2) approves the proposed Service Level Agreement attached at Appendix 1 relating to the provision by Inverclyde Council of additional corporate support arrangements to the Inverclyde Integration Joint Board.

**Gerard Malone**  
**Head of Legal and Property Services**

## **4.0 BACKGROUND**

- 4.1 Sections 4.16 and 4.17 of Inverclyde's Integration Scheme set out that both Inverclyde Council and Greater Glasgow and Clyde NHS Board are committed to supporting the IJB through the provision of corporate support services required to support the development of the Strategic Plan and the delivery of the integration functions. It was agreed that the existing CHCP support arrangements and resources would continue to be used as a model for the corporate support arrangements of the fully integrated HSCP. The basic principle is that, where the NHS Board and the Council provide operational services as required in terms of the directions provided to them by the IJB, the parties will continue to provide the existing level of such services.
- 4.2 Section 4.18 of the Integration Scheme states that the arrangements for providing corporate support arrangements would be subject to ongoing review in the first year following the delegation of functions to the IJB.

## **5.0 ADDITIONAL CORPORATE SUPPORT ARRANGEMENTS**

- 5.1 Given the establishment of the IJB as a separate legal entity, it has been recognised that the IJB has a range of additional requirements from Inverclyde Council in order to support its operation, particularly in connection with governance matters.
- 5.2 These additional needs have included both one off establishment arrangements and ongoing IJB requirements. The one off establishment arrangements included matters which needed to be considered and put in place before 1 April 2016 such as:
- establishment of the IJB and arrangements
  - establishment of governance arrangements for the IJB, including Standing Orders etc.
- 5.3 The ongoing requirements are those areas which are not "business as usual" to the Council (i.e. they are not services it delivers in the normal course of business as part of the HSCP and as directed by the IJB) but are additional services which it is delivering directly to the IJB as a separate legal entity. These include IJB committee services and governance, internal audit, information governance and legal advice.
- 5.4 It should be noted that on 20 June 2016, the IJB agreed that the internal audit service for the IJB be provided by Inverclyde Council internal audit and that the Council's Chief Auditor be appointed as Chief Internal Auditor for the Integration Joint Board. The IJB also directed the Chief Officer to develop and implement a Service Level Agreement with Inverclyde Council's Chief Internal Auditor in relation to the internal audit arrangement for the IJB.
- 5.5 In order to provide clarity over the level of additional support being provided by Inverclyde Council to the IJB, the Service Level Agreement at Appendix 1 sets out the additional support arrangements as referred to above.
- 5.6 The development of the Service Level Agreement also addresses a specific action point in the Annual Audit Report to Members. The agreed action being that, in order to agree resource input and costs, Inverclyde Council should have a formal Service Level Agreement in place with the IJB for any services or support it is to provide.

## **6.0 PROPOSALS**

- 6.1 It is proposed that the Health and Social Care Committee agrees the Service Level Agreement as set out in Appendix 1.

## **7.0 IMPLICATIONS**

### **Finance**

- 7.1 The provision of the services detailed in the Service Level Agreement will be at no cost to the IJB. There are therefore no financial implications arising from this report.



Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

**Legal**

7.2 There are no legal issues within this report.

**Human Resources**

7.3 There are no human resource issues within this report.

**Equalities**

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

X

YES (see attached appendix)

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

**Repopulation**

7.5 There are no repopulation issues within this report.

**8.0 CONSULTATIONS**

8.1 The Corporate Director (Chief Officer) and the Chief Financial Officer of the Inverclyde Health & Social Care Partnership and the Chief Financial Officer of Inverclyde Council have been consulted in the preparation of this report.

**9.0 BACKGROUND PAPERS**

9.1 N/A

## SERVICE LEVEL AGREEMENT

between

THE INVERCLYDE COUNCIL, a local authority constituted and incorporated under the Local Government etc (Scotland) Act 1994 and having its principal offices at Municipal Buildings, Greenock PA15 1LX ("the Council")

and

INVERCLYDE INTEGRATION JOINT BOARD, constituted pursuant to Section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 and having its principal offices at Hector McNeil House, 7-8 Clyde Square, Greenock, PA15 1NB ("the IJB")

WHEREAS:-

- (a) The IJB and the Council have agreed that the Council will provide certain corporate support services to the IJB that will support the IJB in the delivery of its functions.
- (b) The IJB and the Council wish the terms and conditions relating to the provision of those corporate support services to be set down in writing.

**IT IS AGREED** as follows:

### **1. DEFINITIONS AND INTERPRETATION**

- 1.1 In this Agreement, the following terms shall have the following meanings, except where the context otherwise requires:

"Agreement" means this agreement including the schedule;

"Chief Officer" means the Chief Officer of the IJB as referred to in Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014;

"Effective Date" means 1 April 2016;

"Parties" means the Council and the IJB; "Party" will be construed accordingly;

"Period" means a period of twelve months;

“Review Group” means the group to be set up in accordance with Clause 5 of the Agreement;

“Schedule” means the Schedule of 2 parts annexed as relative hereto;

“SLA Manager” means the individual who oversees and/or provides the Service;

“Services” means the Services specified in Part 1 of the Schedule;

“Service Standards” means the standards of service specified in Part 1 of the Schedule;

“Term” means the period set out at Clause 2.1 of this Agreement;

1.2 Headings are for ease of reference only and shall not affect the construction or interpretation of this Agreement.

1.3 In this Agreement:-

1.3.1 words importing the singular shall include the plural and vice versa, words importing a gender shall include every gender and references to persons shall include firms and bodies corporate; and

1.3.2 reference to a Recital, Clause or Sub-clause is to a recital, clause or sub-clause of this Agreement and reference to a Part is to part of the Schedule;

## **2 Term**

2.1 This Agreement will be deemed (notwithstanding the dates of execution of this Agreement) to have commenced on the Effective Date and subject to Clause 3.1 shall continue in force for the Period.

## **3 Renewal and Termination**

3.1 This Agreement shall automatically renew at the end of the Term and each succeeding Period unless either Party gives written notice of its intention not to

renew, such notice to be served no later than three months prior to expiration of the current term.

#### **4. Provision of Services**

- 4.1 The Council shall provide the Services from the Effective Date at no cost to the IJB.
- 4.2 The Services shall be provided by the Council with all reasonable skill, care and diligence and reasonable endeavours will be used to ensure that, where applicable, the Services are provided in accordance with the Service Standards.
- 4.3 The IJB will assist and support the Council's provision of the Services by promptly providing all such information and documentation as the Council may reasonably require from time to time to facilitate the performance of the Services and shall co-operate fully with the Council in relation to the performance of the Services.

#### **5. MONITORING AND REVIEW**

- 5.1 The Parties will establish a Review Group which shall meet as often as may reasonably be necessary in order to effectively operate the Agreement but in any event not less than once a year to ensure that the Agreement continues to reflect the business requirements of the IJB.
- 5.2 The members of the Review Group will be the persons or the post holders set out in Part 2 of the Schedule or such other person or post holder as the relevant Party may nominate from time to time.
- 5.3 The Review Group shall review and update the Service Standards, raise issues, manage and seek solutions to issues and seek improvements in performance.
- 5.4 The Agreement shall not be varied or amended unless such variation or amendment is recorded in a written document, duly signed by a duly authorised representative of the IJB on behalf of the IJB and by a duly authorised representative of the Council on behalf of the Council.

## **6. Dispute Resolution**

- 6.1 If any dispute arises in relation to the Agreement, the Parties shall in the first instance attempt to resolve the dispute through common sense discussions involving the Chief Officer and the SLA Manager overseeing or providing the service which is the subject of the dispute.
- 6.2 In the event that the Parties are unable to settle the dispute in accordance with Clause 6.1, any outstanding issues will be considered in discussions involving the Chief Officer and the Chief Executive of the Council.
- 6.3 In the event that Parties are unable to resolve the dispute in accordance with Clause 6.2, the Parties will attempt to settle it by appointing an independent mediator and the matter will proceed to mediation with a view to resolving the matter.

## **7. Notices**

- 7.1 All notices required to be given or served under this Agreement shall be in writing and shall be deemed to be served on the relevant Party:
- 7.1.1 at the time of delivery, if delivered by hand; or
  - 7.1.2 three working days after posting, if sent by first class pre-paid post.
- 7.2 The address for service for the Parties shall be the relevant address set out in this Agreement or such other service address as the relevant Party shall by notice inform the other Party.

**8. Law and Jurisdiction**

8.1 The Agreement is governed by and shall be construed in accordance with Scots Law and the Parties hereto submit to the exclusive jurisdiction of the Scottish Courts.

IN WITNESS WHEREOF this Agreement, consisting of this and ## preceding pages

together with the Schedule in 2 parts annexed hereto, is executed as follows:-

Subscribed for and on behalf of Inverclyde Council

by

\_\_\_\_\_  
\_\_\_\_\_  
Full Name (Please Print)

at

on

before

\_\_\_\_\_  
\_\_\_\_\_  
Witness  
Full Name (Please Print)  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
\_\_\_\_\_

Subscribed for and on behalf of Inverclyde  
Integration Joint Board

by

\_\_\_\_\_  
\_\_\_\_\_  
Full Name (Please Print)

at

on

before

\_\_\_\_\_  
\_\_\_\_\_  
Witness  
Full Name (Please Print)  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
\_\_\_\_\_

**THIS IS THE SCHEDULE IN 2 PARTS REFERRED TO IN THE FOREGOING  
AGREEMENT BETWEEN INVERCLYDE COUNCIL AND INVERCLYDE INTEGRATION  
JOINT BOARD**

**Part 1**

**Services**

Corporate Support Area	Outline Description of Services	Service Standards	Lead(s)/SLA Manager
Committee Services and Governance	<p>Provision of secretariat and administrative assistance, governance advice and meeting arrangements for the IJB and its formal sub-committees to support the required governance of the decision making process.</p> <p>Provision of the Municipal Buildings, Greenock as a venue for meetings of the IJB and its sub-committees.</p>	<p>In line with current operating procedures and standards, regulatory requirements, IJB Standing Orders and the IJB Integration Scheme.</p>	<p><u>Lead</u> - Senior Committee Officer</p> <p><u>SLA Manager</u> – Legal Services Manager (Procurement/Conveyancing)</p>
Internal Audit	<p>Provision of an adequate and proportionate internal audit service to the IJB:</p> <ul style="list-style-type: none"> <li>• Annual Internal Audit Plan</li> <li>• Regular progress reports on audit plan activity</li> <li>• Regular reports on action plan follow up</li> <li>• Annual Report</li> </ul> <p>The scope of Internal Audit allows for unrestricted coverage of the IJB's activities and unrestricted access to records and assets deemed necessary by auditors</p>	<p>The Internal Audit team will operate in accordance with an established methodology that promotes quality and conformance with the Public Sector Internal Audit Standards.</p>	<p><u>Lead and SLA Manager</u> – Chief Internal Auditor</p>



	during the course of an audit.		
Information Governance	<p>Supporting arrangements for FOI in connection with: IJB Publication Scheme FOI reviews</p> <p>The Council will support the Publication Scheme for the IJB and assist with advice on compliance with FOI legislation. This is on the basis that there will be very little information held by the IJB itself other than the IJB minutes and agendas and the employment records of the two senior officers.</p> <p>Responses to IJB FOI requests will continue to be undertaken by the relevant service and arrangements for the co-ordination of FOI requests will be maintained.</p>	<p>In line with current operating procedures and standards and regulatory requirements.</p> <p>The key standards are compliance with the Freedom of Information (Scotland) Act 2002.</p>	<p><u>Lead</u> – Inverclyde Council Freedom of Information Office (with support from the HSCP Head of Administration and Business Support).</p> <p><u>SLA Manager</u> - Legal Services Manager (Procurement/Conveyancing)</p>
Legal Advice	Legal Advice to IJB IJB procedure and governance arrangements	Standards Officer – the key standard is compliance with the relevant terms of the Ethical	<u>Lead</u> – Legal Services Manager (Procurement/Conveyancing)

	Standards Officer	Standards in Public Life etc. (Scotland) Act 2000 and associated Regulations.	<u>SLA Manager</u> – Head of Legal and Property Services
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## **Part 2**

### **Review Group**

As representative(s) of the Council:-

Legal Services Manager (Procurement/Conveyancing)  
Chief Internal Auditor

As representative(s) of the IJB:-

Chief Financial Officer  
Chief Officer

<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>23 February 2017</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/21/2017/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>UPDATE ON THE PROVISION OF CALADH HOUSE AND REDHOLM SUPPORTED ACCOMMODATION SERVICE</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Health & Social Care Committee on the current position in relation to the refurbishment of and commissioning of an eleven bedded supported accommodation service in John Street, Gourrock for service users currently within residential care in Caladh House, Bank Street, Greenock.
- 1.2 To advise the Health & Social Care Committee on the current position in relation to the refurbishment of and commissioning of four supported accommodation tenancies for two service users in long term NHS care and two complex need service users from out of area placements in Redholm, Port Glasgow.
- 1.3 To inform the Health & Social Care Committee of ongoing work to ensure that these developments are fully commissioned and providing support to the Learning Disability service users by 2017.
- 1.4 To advise the Committee of the potential to scope the feasibility of the vacated Bank Street building as a respite/short break hub for people with learning disabilities and older people.

## **2.0 SUMMARY**

- 2.1 The John Street project has been delayed due to additional building work which was not identified during initial surveys. This mainly consisted of the replacement of the sprinkler system and additional structural changes required for fire safety purposes, recommended by Building Control. The completion date has been moved to March 2017 when the building will be handed over to the HSCP. Despite the delays and additional construction work, the project remains within its original budget of £193K.
- 2.2 On completion of the development in John Street and certification by Building Control in March 2017, the HSCP will apply for a House of Multiple Occupancy licence, which when granted will allow the residents from the current residential building in Bank

Street Greenock to relocate.

- 2.3 Once vacated, the Council property in Bank Street will be vacant. It is proposed that the HSCP undertakes a scoping exercise to consider use as a community hub and respite facility, potentially for multiple core groups.
- 2.4 It was originally envisaged that the four complex service users moving into Redholm, Port Glasgow, supported by Turning Point Scotland, would begin their transition and familiarisation in April/May 2016 and planning for the recruitment of staff teams was scheduled on this basis.
- 2.5 Extensive work was carried out with Inverclyde Legal and Mental Health services to facilitate the move of the four service users due to the complexities and restrictions required to support the individuals. This resulted in a delay due to issues based on legal habitual residence issues as the four service users' legal applications on behalf of the HSCP and families required to be heard by the court system in Glasgow, Renfrewshire and North Ayrshire supported by reports from MHO and NHS services from these areas. Due to the requirement of external services from other local authorities, unforeseen negotiations were required to facilitate the process which extended the timescales for the placement of service users.
- 2.6 Due to the legal delays that were not immediately apparent when planning for the move in April and May 2016, this resulted in three of the four service users taking up residence in September, October and November 2016. The fourth service user will move in mid February 2017.
- 2.7 The delay has resulted in some additional costs, despite efforts for these to be contained.

### **3.0 RECOMMENDATIONS**

- 3.1 The Health & Social Care Committee is asked to note that Inverclyde HSCP is progressing the John Street, Gourrock development for completion in March 2017.
- 3.2 The Health & Social Care Committee is asked to note the delay in the completion of the building due to additional work identified during the early construction period, and additional work post purchase due to fire safety requirements identified by Building Control.
- 3.3 The Health & Social Care Committee is asked to note the budget (£193K) for the development is balanced due to efficiencies identified during construction despite additional costs of work required.
- 3.4 The Health & Social Care Committee is asked to note the opportunity to scope out the utilisation of the vacated Bank Street building, Greenock as a respite/short break centre.

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

## 4.0 BACKGROUND

- 4.1 Caladh House, Bank Street, Greenock is a residential service for ten service users who were scheduled to relocate In January 2017 to a supported accommodation tenancy service, giving a modern spacious living environment within the local community in Gourrock. This move will give positive outcomes for the service users who wish to remain together as a community but also will give an environment that will be their own tenancy. Caladh House is a 10-bedded residential unit for clients with learning disability situated on Bank Street in Greenock. Since December 2012, Turning Point Scotland has provided this service, assuming responsibility from an independent charitable board.
- 4.2 Extensive engagement has been ongoing with Caladh service users and their families to facilitate the move. It should be noted that the service users who make up the Caladh community expressed a wish to remain together as a group and the HSCP has been able to facilitate this by commissioning the John Street development.
- 4.3 As reported to the Health & Social Care Committee in February 2016 in recognition of the need for continuity of care and support for this group of vulnerable service users, the Committee provided approval for the HSCP to negotiate directly with Turning Pont Scotland, as per Rule 3.2.3. (2) of the Rules of Procedure - Contract for Procurement of Social Care Services, for the extension of the residential contract (August 2013).

In the past 5 years, Turning Point Scotland has undertaken continuous training and development of staff, resulting in a skilled and experienced team delivering good outcomes for this group of service users. They have developed a trusting, working relationship with the families with clear transparent lines of communication. Feedback via inspection and contract management processes from service users and carers, confirms the high levels of trust and satisfaction of provision from this specific provider team.

The Care Inspectorate inspected Caladh House in November 2015 and graded the Service as:-

- Care & Support 5
- Environment 5
- Staffing 5
- Management & Leadership 5

- 4.4 The aim of the HSCP is to ensure that the current Turning Point staff team will move to John Street with the service users and remain the team who will continue to provide the care and support to these service users for the foreseeable future. It will therefore be a condition of contract between the Council and Turning Point Scotland that the current staff group supporting service users at Caladh will exclusively provide the care and support when the service is relocated to the John Street site.
- 4.5 Redholm is a former Council property which was purchased by Turning Point Scotland in late 2015 and refurbished to provide four supported living tenancies for two people with complex learning disabilities who were within long stay NHS accommodation, and two complex service users living in out of area residential care establishments.
- 4.6 All four service users have very complex needs and extensive legal provisions proscribing the support that they require through Guardianship Orders. As the four service users have lived outwith the Inverclyde area for a length of time, legally they are considered to be habitually resident in the local authority area that they resided in and as such Inverclyde's Legal, NHS and MHO services could not lead on the

process and were therefore subject to the timescales of other local authorities.

- 4.7 To provide support to the four users on an individual supported tenancy basis would be at an estimated cost annually of £471K. By utilising the Redholm development the HSCP recognises there will be better outcomes for the four service users. With economies of scale, the cost will be limited to £275k when the fourth resident takes up occupancy.

## 5.0 IMPLICATIONS

### Finance

- 5.1 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

- 5.2 There are no legal issues within this report.

### Human Resources

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

### Equalities

- 5.4 Has an Equality Impact Assessment been carried out?

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

## 6.0 CONSULTATION

- 6.1 None.

## **7.0 BACKGROUND PAPERS**

7.1 None.



**INVERCLYDE COUNCIL  
HEALTH AND SOCIAL CARE COMMITTEE**

**AGENDA AND ALL PAPERS TO:**

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

All other Members (for information only) 9

**Officers:**

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

**TOTAL 38**

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

Community Councils 10

**TOTAL 48**