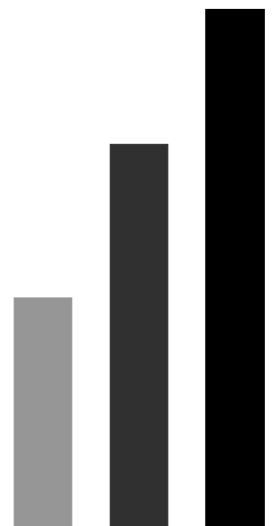


Agenda 2017

Inverclyde Integration Joint Board

For meeting on:

14	March	2017
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PLEASE NOTE VENUE OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 2 March 2017

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 14 March 2017 at 3pm within the Scott Walker Room, Holiday Inn Express, Cartsburn West, Greenock PA15 1AE.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
**Copy to follow		
1.	Apologies, Substitutions and Declarations of Interest	Page
2.	Presentation by Acting Chief Executive Officer and Chair of Board of Ardgowan Hospice	
3.	Minute of Meeting of Inverclyde Integration Joint Board of 24 January 2017	p
4.	Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 24 January 2017 (for noting)	p
5.	Financial Monitoring Report 2016/17 – Period 9	
**	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
6.	Indicative IJB Budget 2017/18	
**	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
7.	Inverclyde Community Justice Outcomes Improvement Plan 2017-2022	
	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	HSCP Property Asset Management	
	Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

9.	Planning with Acute Sector Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
10.	Inverclyde Integration Joint Board Corporate Support Arrangements – Service Level Agreement Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
11.	Strategic Risk Register Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
12. **	Appointment of New Chief Officer Report by Chief Executive, Inverclyde Council and Chief Executive, NHS Greater Glasgow & Clyde	
13.	Chief Officer’s Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph 6 of Part 1 of Schedule 7(A) of the Act.		
14.	Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services	p

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

INVERCLYDE INTEGRATION JOINT BOARD – 24 JANUARY 2017

Inverclyde Integration Joint Board

Tuesday 24 January 2017 at 3pm

Present: Councillors J Clocherty, V Jones, J McIlwee and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Cowan, Dr H Macdonald, Ms S O'Rourke, Dr C Jones, Mr B Moore, Ms S McAlees, Ms L Aird, Ms R Garcha, Ms D McCrone, Ms M Telfer, Mr I Bruce, Ms C Boyd and Ms S McLeod.

Chair: Councillor McIlwee presided.

In attendance: Ms H Watson, Head of Planning, Health Improvement & Commissioning, Ms B Culshaw, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms G Robb (Health & Social Care Partnership), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

In attendance also: Mr T Yule, Audit Scotland.

- | | | |
|----------|--|----------|
| 1 | Apologies, Substitutions and Declarations of Interest | 1 |
| | An apology for absence was intimated on behalf of Ms D McErlean. | |
| | Ms McLeod declared an interest in agenda item 8 (Chief Social Work Officer Annual Report 2015/16). | |
| 2 | Mental Health Services in Inverclyde | 2 |
| | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the Mental Health service provision within Inverclyde. | |
| | The Board heard a presentation on this subject by Ms Gillespie and Ms Robb who then answered a number of questions from Members. | |
| | Decided: that the Board note the contents of the report and the presentation. | |
| 3 | Minute of Meeting of Inverclyde Integration Joint Board of 8 November 2016 | 3 |
| | There was submitted minute of the Inverclyde Integration Joint Board of 8 November 2016. | |
| | Decided: that the minute be agreed. | |
| 4 | Membership of the Inverclyde Integration Joint Board Audit Committee | 4 |
| | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval to (1) a proposed change to the terms of reference of the Inverclyde Integration Joint Board Audit Committee (IJB Audit Committee) and (2) revised membership arrangements for the IJB Audit Committee. | |

INVERCLYDE INTEGRATION JOINT BOARD – 24 JANUARY 2017

Decided:

- (1) that the Board approve the amended terms of reference of the IJB Audit Committee as detailed in appendix 1 of the report;
- (2) that Councillor Jim Clocherty be appointed as an Inverclyde Council voting member and Mr Alan Cowan be appointed as a Greater Glasgow & Clyde NHS Board voting member to serve on the IJB Audit Committee; and
- (3) that Mr Simon Carr be appointed as Chair and Councillor Luciano Rebecchi as Vice-Chair of the IJB Audit Committee.

5 Financial Monitoring Report 2016/17 – Period to 31 October 2016, Period 7

5

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 7 to 31 October 2016.

Decided:

- (1) that the Board note the Period 7 position for 2016/17 as set out in appendices 1-3 of the report;
- (2) that the Board approve the proposed 2016/17 Health savings detailed in paragraphs 6.3 and 6.4 of the report;
- (3) that the Board approve the proposed budget realignments and virements set out in appendix 4 and authorise Officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures contained in appendix 5;
- (4) that the Board agree to the proposed use of the Social Care Fund in 2016/17 and 2017/18 as set out in appendix 6;
- (5) that the Board note the current position for the Integrated Care Fund and Delayed Discharge monies as set out in appendix 7;
- (6) that the Board note the current Capital position as set out in appendix 8; and
- (7) that the Board note the current Earmarked Reserves position as set out in appendix 9.

6 Child Protection Committee Annual Report

6

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the work of the Inverclyde Child Protection Committee for the year 2015/16 and the ongoing business plan for 2016/17.

Decided: that the Board 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.

7 Inverclyde Adult Protection Committee Biennial Report

7

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the work of the Inverclyde Adult Protection Committee for the years 2014-16 and the ongoing priority focus for 2016-2018.

INVERCLYDE INTEGRATION JOINT BOARD – 24 JANUARY 2017

Decided: that the Board note the contents 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.

8 Chief Social Work Officer Annual Report 2015/16 8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Chief Social Work Officer Annual Report for approval and endorsement and for submission to the Office of the Chief Social Work Adviser to the Scottish Government.

Ms McLeod declared a non-financial interest in this item as an employee of River Clyde Homes. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision making process.

Decided: that the Board note the Inverclyde HSCP Chief Social Work Officer Annual Report for 2015/16.

9 Update on Winter Planning 9

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising the Board of activity in relation to preparation for winter and (2) providing an update on ongoing activity.

Decided: that the Board note the arrangements for responding to winter pressures on the Health & Social Care system in Inverclyde.

10 Planning with Acute Sector 10

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of planning arrangements with the Acute Sector.

Decided: that the Board note the proposed planning process as detailed in the report.

11 Inverclyde Integration Joint Board Corporate Support Arrangements – Service Level Agreement 11

There was circulated a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on general corporate support arrangements within the Health & Social Care Partnership and (2) seeking approval for a Service Level Agreement between Inverclyde Council and Inverclyde Integration Joint Board in relation to the additional corporate support arrangements required to support the Board.

Decided: that consideration be continued to the next meeting of the Board.

12 Chief Officer's Report**12**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership updating the Board on a number of workstreams which are ongoing.

Decided: that the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 24 JANUARY 2017

Inverclyde Integration Joint Board Audit Committee

Tuesday 24 January 2017 at 5.25pm

Present: Councillors J Clocherty and L Rebecchi, Mr A Cowan, Mr S Carr, Mr I Bruce and Ms R Garcha.

Chair: Mr Carr presided.

In attendance: Mr B Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms B Culshaw, Head of Community Care & Health, Ms H Watson, Head of Planning, Health Improvement & Commissioning, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms S McAlees, Head of Children's Services & Criminal Justice, Ms L Aird, Chief Financial Officer HSCP, Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

- | | | |
|----------|---|----------|
| 1 | Apologies, Substitutions and Declarations of Interest | 1 |
| | No apologies for absence or declarations of interest were intimated. | |
| 2 | Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 18 August 2016 | 2 |
| | There was submitted the minute of the Inverclyde Integration Joint Board Audit Committee of 18 August 2016.
Decided: that the minute be agreed. | |
| 3 | Financial Regulations | 3 |
| | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of revised Financial Regulations which detail the responsibilities of the Integration Joint Board for its own financial affairs.
Decided: that the Committee note the report and approve the revised Financial Regulations as set out in appendix 1. | |
| 4 | Strategic Risk Register | 4 |
| | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of the Integration Joint Board's Strategic Risk Register.
Decided:
(1) that the contents of the report be noted;
(2) that agreement be given to a final version of the Integration Joint Board Strategic Risk Register incorporating the proposed changes set out in paragraph 5.6 of the report; and
(3) that the final version of the Strategic Risk Register incorporating the changes as set out in (2) above be submitted to the next meeting of the Integration Joint Board for final consideration and approval. | |

5 Internal Audit Annual Plan 2016-2017**5**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of the Internal Audit Annual Plan for 2016-2017.

Decided: that approval be given to the Internal Audit Annual Plan for 2016-2017 as detailed in the report.

Report To:	Inverclyde Integration Joint Board	Date:	14th March 2017
Report By:	Brian Moore (Corporate Director) Chief Officer Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/10/2017/SMcA
Contact Officer:	Sharon McAlees Head of Criminal Justice and Children's Services	Contact No:	715282
Subject:	INVERCLYDE COMMUNITY JUSTICE OUTCOMES IMPROVEMENT PLAN 2017-2022		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Inverclyde Integration Board 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 Integration Joint Board:
- a) Notes and gives comment on the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022.
 - b) Approves submission of the Plan to the Scottish Government, pending the addressing of any amendments necessary following comment from the Integration Joint Board 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 24th 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:

Structural Outcome	Portfolio Lead
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 on-going. This highlights the temporary nature of funding and the need to articulate at appropriate national forums the case for mainstreaming funding for ensuring the successful implementation of the community justice agenda.
- 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 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.

- 5.7.1 How does this report address our Equality Outcomes?

Improving access to services is one of the common outcomes of Community Justice and this encompasses removing any potential barriers, with a particular emphasis on ensuring equality of access. There is also recognition of the multi-layered nature of potential barriers faced by some people. Highlighting this has formed part of the engagement activity already undertaken by the Community Justice Partnership, for example, using empathy map to explore this.

- 5.7.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.
- 5.7.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.
- 5.7.1.3 People with protected characteristics feel safe within their communities.
- 5.7.1.4 People with protected characteristics feel included in the planning and developing of services.

- 5.7.1.5 HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.
- 5.7.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.
- 5.7.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.8 The Community Justice Partnership Memorandum of Understanding details clear governance arrangements (see attached).

5.9 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

The community justice national common outcomes and Outcomes Improvement and Performance Framework strongly align with the national wellbeing outcomes. There is a clear focus on reducing health inequalities and capacity-building while adopting a recovery model.

As demonstrated with some of the engagement activity; a vital aspect in taking community justice forward is engaging with local communities, including families of those affected by criminal justice, victims and witnesses. As outlined in the Community Justice Communication and Engagement Strategy, we have adopted a co-production approach in planning and local implementation of community justice.

- 5.9.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5.9.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 5.9.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 5.9.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5.9.5 Health and social care services contribute to reducing health inequalities.
- 5.9.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- 5.9.7 People using health and social care services are safe from harm.
- 5.9.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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，製作成其他語言或特大字體版本，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

अनुमोद 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，製作成其它語言或特大字體版本，也可製作成錄音帶。

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 ਵਿਕਸਾਰ 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 مہر ہے۔

Inverclyde HSCP, Hector McNeil House
7-8 Clyde Square, Greenock PA15 1NB
01475715372
communityjustice@inverclyde.gov.uk



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.

Safe	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.
Healthy	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.
Achieving	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.
Nurtured	Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.
Active	Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
Respected & Responsible	Respected and share responsibilities. Citizens are involved in decision making and have an active role in improving the community.
Included	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 31st March 2017, with local community justice partners having responsibility from 1st 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
Total	38,054	41,446	79,500

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%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

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.

Ethnicity	%
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.

Religion	%
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%
Most Dominant Industry		
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%
Most Dominant Occupation Grouping		
% 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 3rd highest in Scotland;
- Introduction of Personal Independent Payments (PIP), Inverclyde is the UK 20 worst affected local authorities and 3rd highest in Scotland;
- Current Employment Support Allowance (ESA) reforms, Inverclyde is in the UK 20 worst affected local authorities and 3rd highest in Scotland;
- ESA new reforms, Inverclyde is the UK 20 worst affected local authorities and 5th 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
All Domains	3.9%	4.5%	4.3%	36%	40%	38.2%
Income	3.7%	4%	4.1%	34.2%	35.5%	36.4%
Employment	3.7%	4.3%	4.3%	34.2%	38.2%	38.2%
Health	4%	4.8%	4.7%	36.8%	42.7%	41.8%
Education	2.6%	2.6%	2.4%	23.7%	22.7%	20.9%
Housing	1.9%	2%	-	17.5%	18.2%	-
Access	1%	1.4%	3.9%	9.6%	12.7%	34.5%
Crime	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

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		Shoplifting		
		Other theft		
		Fraud		
		Other Dishonesty		

Table 2: Offences

Group 6: Miscellaneous offences	Group 7: Motor vehicle offences
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

	Non-Sexual Crimes of Violence	Sexual Crimes	Crimes of Dishonesty	Fire-Raising, Vandalism, etc.	Other Crimes	Total Crimes
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

	Miscellaneous Offences	Motor Vehicle Offences	Total Offences
Inverclyde	2263	1664	3927

Source: Recorded Crime in Scotland 2015-2016

Table 5: Percentage of crimes cleared up by the police

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

Source: Recorded Crime in Scotland 2015-2016

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

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

Source: Recorded Crime in Scotland 2015-2016

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

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

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”.

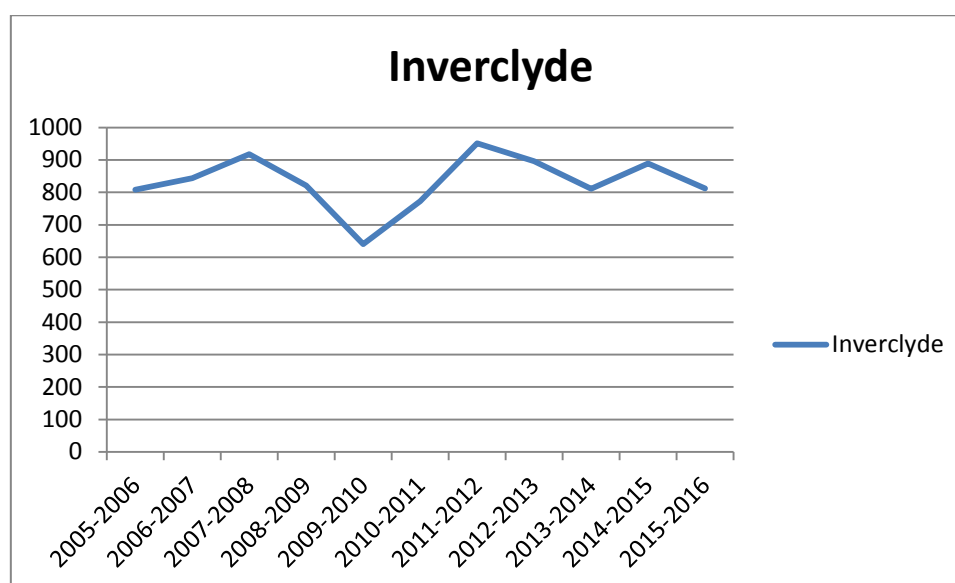
Source: Statistical Bulletin – Criminal Justice Series. Domestic Abuse Recorded by the Police in Scotland 2015 / 2016

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

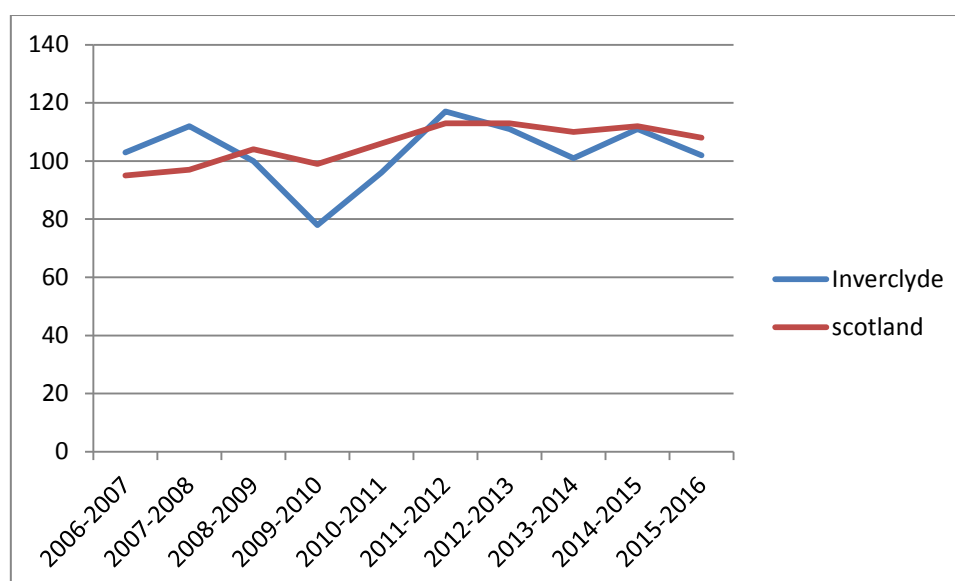
In 2014 / 2015 there were 59,882 incidents of domestic abuse recorded by the police in Scotland. In 2015 / 2016 there were 58,104 incidents of domestic abuse recorded by the Police in Scotland, a decrease of 2.97% from 2014 / 2015. This decrease is also reflected in Inverclyde during this period where 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

	Number of Incidents	% of incidents leading to a crime or offence	% of incidents not leading to a crime or offence
Inverclyde	812	48%	52%
Scotland	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
Scotland	42193	28.3	0.51

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
	Scotland	35,005	10,295	29.4	18,476	0.53
Female all ages	Inverclyde	125	24	19.2	36	0.29
	Scotland	7,188	1,644	22.9	3,094	0.43

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
	Scotland	5391	1836	34.1	3262	0.61
21-25 years	Inverclyde	124	35	28.2	47	0.38
	Scotland	8292	2430	29.3	4111	0.50
26-30 years	Inverclyde	114	36	31.6	52	0.46
	Scotland	7219	2235	31.0	4064	0.56
31-40 years	Inverclyde	190	68	35.8	122	0.64
	Scotland	11037	3332	30.2	6311	0.57
Over 40 years	Inverclyde	196	35	17.9	54	0.28
	Scotland	10254	2106	20.5	3822	0.37

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
	Scotland	11221	2495	22.2	3948	0.35
Sexual Crime	Inverclyde	10	1	-	2	-
	Scotland	709	73	10.3	109	0.15
Dishonest	Inverclyde	132	54	40.9	95	0.72
	Scotland	7815	3231	41.3	7313	0.94
Damage	Inverclyde	25	12	48.0	21	0.84
	Scotland	1928	604	31.3	1056	0.55
Drug Crime	Inverclyde	152	54	35.5	91	0.60
	Scotland	5590	1226	21.9	1847	0.33
Breach of Peace	Inverclyde	161	39	24.2	59	0.37
	Scotland	10966	3077	28.1	5217	0.48
Other	Inverclyde	57	15	26.3	23	0.40
	Scotland	3964	1233	31.1	2080	0.52

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
	Scotland	7108	3110	43.8	5997	0.84
CPO	Inverclyde	126	33	26.2	53	0.42
	Scotland	10551	3203	30.4	5778	0.55
PO	Inverclyde	1	0	-	0	-
	Scotland	72	5	6.9	6	-
RLO	Inverclyde	3	1	-	6	-
	Scotland	643	225	35.0	377	0.59
DTTO	Inverclyde	3	1	-	1	-
	Scotland	328	206	62.8	546	1.66
Monetary	Inverclyde	244	63	25.8	108	0.44
	Scotland	14829	3418	23.0	5635	0.38
Other	Inverclyde	201	48	23.9	68	0.34
	Scotland	8532	1765	20.7	3223	0.38

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
Total	1409	1404

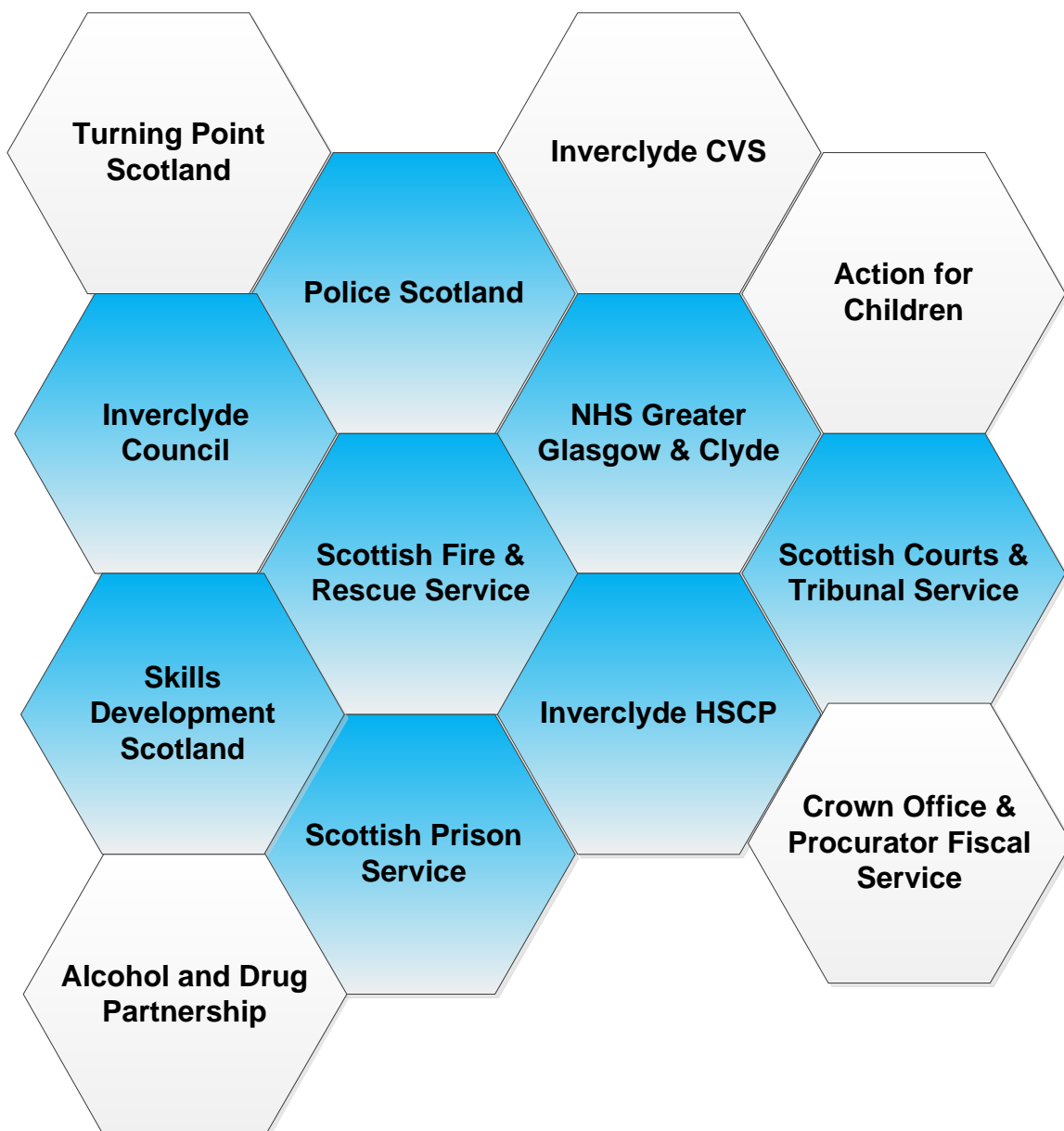
The table below outlines the age range and gender of victims.

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
Total	793	1143	643	830	1436	1973

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 1st 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 HSCP Criminal Justice Social Work hosts the Inverclyde Community Justice Lead Officer. As such, it 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.

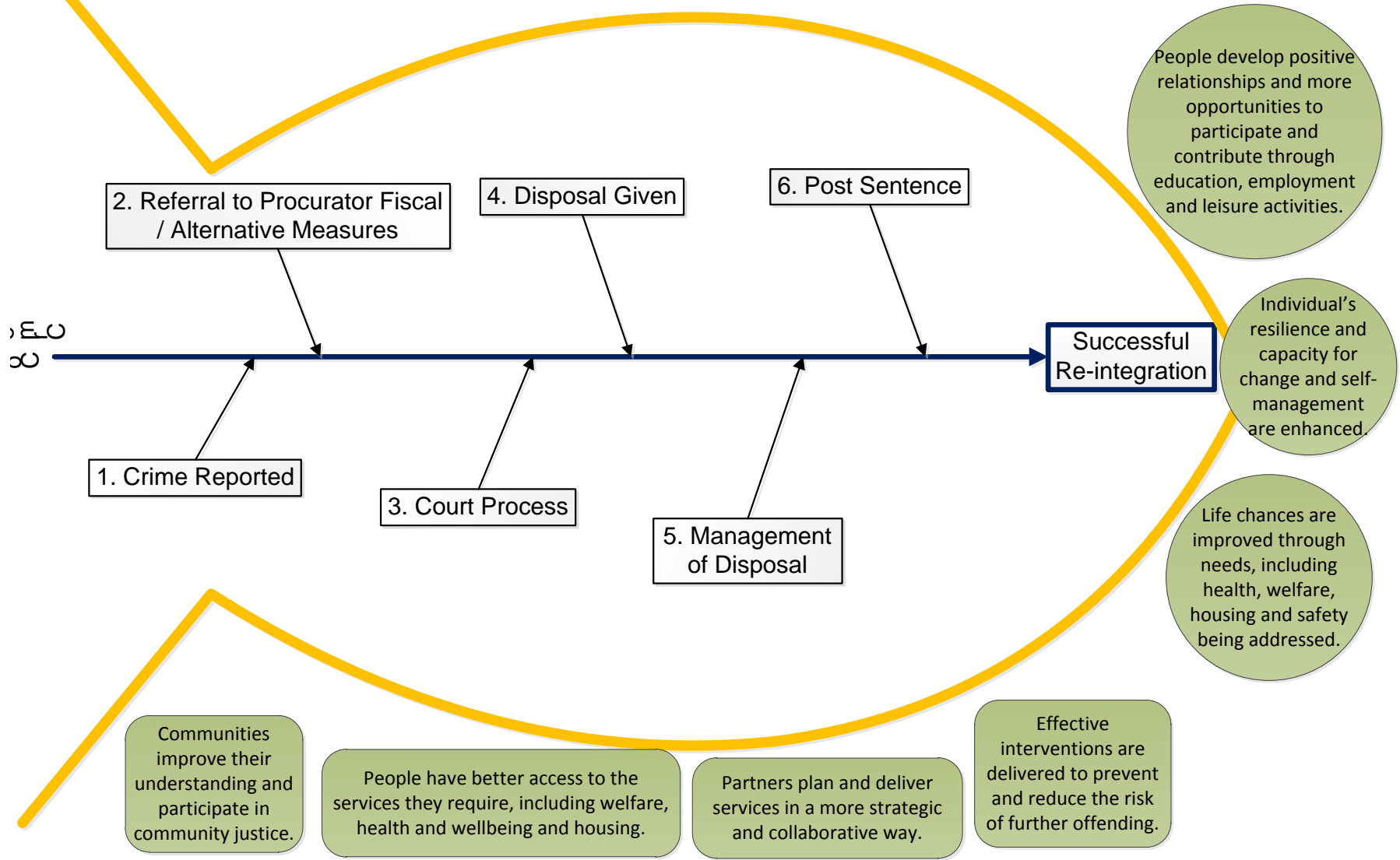
4.1 Outcomes We Want To Achieve

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.

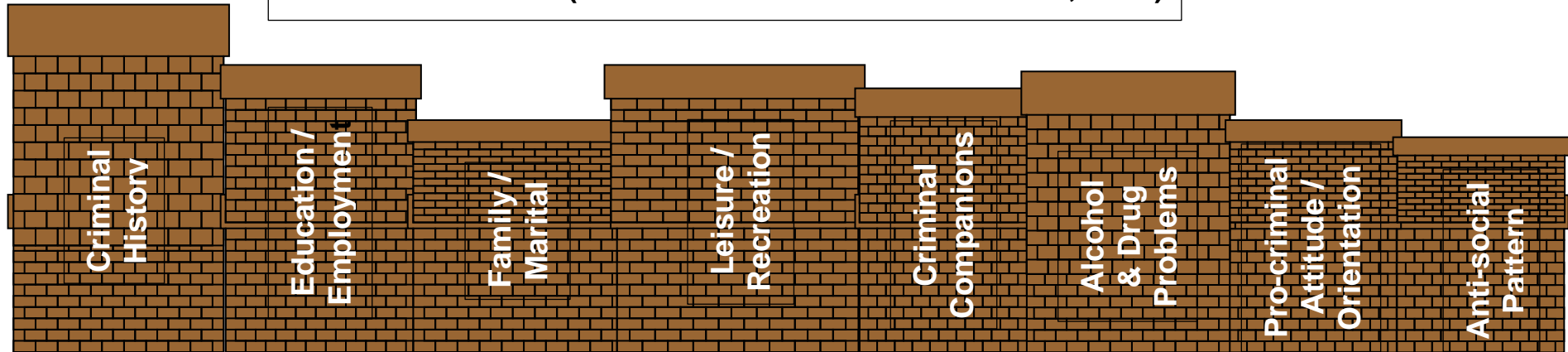
To assist in developing these, consideration was given to understanding the full community justice pathway as illustrated in the diagram below. Each of the six stages are transition points where there are opportunities to demonstrate the structural outcomes so that ultimately the person-centric outcomes 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



Tier 3:
Intensive

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

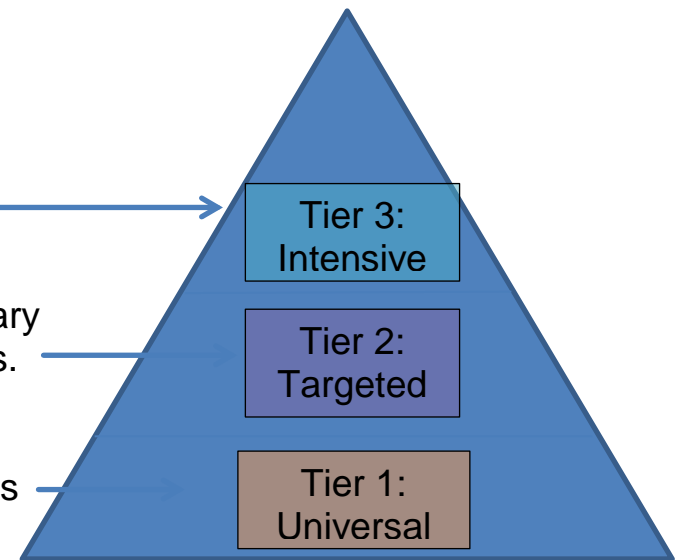


Tier 2:
Targeted

Generic service, including community supports



Tier 1:
Universal



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 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.

Stakeholders	Activities	Dates
Statutory Partners	The Inverclyde Community Justice Transition Group was formed on 13 th 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	Regular reports have been provided to a range of meetings as part of our governance arrangements. These include:	
	Corporate Management Team	05.11.15
	SOA Programme Board	06.11.15
	SOA Programme Board	19.08.16
	SOA Programme Board	04.11.16
	SOA Programme Board	10.02.17
	Inverclyde Alliance Board	14.12.15
	Inverclyde Alliance Board	21.03.16
	Inverclyde Alliance Board	03.10.16
	Inverclyde Alliance Board	20.03.17
	Health & Social Care Committee	07.01.16
	Health & Social Care Committee	25.02.16
	Health & Social Care Committee	20.10.16
	Health & Social Care Committee	23.02.17
	Inverclyde Integration Joint Board	26.01.16
	Inverclyde Integration Joint Board	15.03.16
	Inverclyde Integration Joint Board	18.08.16
	Inverclyde Integration Joint Board	08.11.16
	Inverclyde Integration Joint Board	14.03.17
	HSCP Transformation Board	15.04.16
	HSCP Transformation Board	16.05.16
	HSCP Transformation Board	15.08.16
	HSCP Strategic Planning Group	25.10.16
	In addition to these meetings, Community Justice has also been discussed at various partnership meetings including the:	
	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	

	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 6th 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.	Safe - 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.	Nurtured - 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.	Respected & Responsible - 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.

Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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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Local Outcomes and Indicators					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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.	Safe - 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.	Nurtured - 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.	Respected & Responsible - 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.

Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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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Local Outcomes and Indicators					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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 3rd highest in Scotland;
- Introduction of Personal Independent Payments (PIP), Inverclyde is in the UK 20 worst affected local authorities and 3rd highest in Scotland;

- Current Employment Support Allowance (ESA) reforms, Inverclyde is the UK 20 worst affected local authorities and 3rd highest in Scotland;
- ESA new reforms, Inverclyde is the UK 20 worst affected local authorities and 5th 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.	Healthy – 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.	Achieving - 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.	Active – Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
		Included – 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

Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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"> • Registered with a GP; • Have suitable accommodation; • Have had a benefits eligibility check. 	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	

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Local Outcomes and Indicators					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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.	Healthy – 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.	Active – 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.	Included – 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.

Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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"> • Balance between community sentences relative to short custodial sentences under 1 year. • Proportion of people appearing from custody who are remanded. 	<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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Local Outcomes and Indicators					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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.

5. Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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	
Local Outcomes and Indicators					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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.

6. People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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.

1. Individual’s resilience and capacity for change and self-management are enhanced.					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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	
Local Outcomes and Indicators					
Ref	Indicator	Action / Measure	Lead	Timescale	RAG Status
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**

Version	1.0
Date	26.11.15
Review Date	12.10.16
Produced by	Ann Wardlaw

Introduction

The Scottish Government's National Strategy for Community Justice 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 details four structural outcomes and three-person-centric outcomes as outlined below.

Structural Outcomes	Person-Centric Outcomes
<ul style="list-style-type: none"> • Communities improve their understanding and participation in community justice. 	<ul style="list-style-type: none"> • Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed. • 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.
<ul style="list-style-type: none"> • Partners plan and deliver services in a more strategic and collaborative way. 	
<ul style="list-style-type: none"> • Effective interventions are delivered to prevent and reduce the risk of further offending. 	
<ul style="list-style-type: none"> • People have better access to the services they require, including welfare, health and wellbeing, housing and employability. 	

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:

Timescale	Milestones
1 st April 2016	Partners will assume their responsibilities under the new model as a shadow year alongside the current Community Justice Authorities.
24 th November 2016	The Community Justice Strategy; Community Justice Outcomes, Performance and Improvement Framework and Community Justice Guidance will be formally launched and published.
31 st March 2017	The Community Justice Partnership will submit and publish the first Community Justice Outcomes Improvement Plan.
31 st March 2017	Community Justice Authorities are formally dis-established.
1 st 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
Inverclyde East Wellbeing Locality	Kilmacolm & Quarriers Village	<ul style="list-style-type: none"> • Kilmacolm • Quarriers Village 	Port Glasgow High/Joint Campus	Kilmacolm	Ward 1 (Inverclyde East)
	Port Glasgow	<ul style="list-style-type: none"> • Devol • Slaemuir • Oronsay • Woodhall/Kelburn • Park Farm • Parkhill • Clune Park • Lilybank • Town Centre • Chapelton • Kingston Dock 		Port Glasgow East Port Glasgow West	Ward1 (Inverclyde East) Ward 2 (Inverclyde East Central)
Inverclyde Central Wellbeing Locality	Greenock Central and East	<ul style="list-style-type: none"> • Gibshill • Strone • Weir Street • Cartsdyke • Bridgend • Greenock Town Centre • Well Park • Drumfrochar • Broomhill • Propecthill 	Inverclyde Academy	Greenock East Greenock Central	Ward 2 (Inverclyde East Central) Ward 3 (Inverclyde North)
	Greenock South and	<ul style="list-style-type: none"> • Bow Farm 	Inverclyde	Holefarm &	Ward 4

Positive Lives, Strengthening Communities

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

How will we know we have achieved this?

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

Values we will use in delivering this plan



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 Name/description of the policy, plan, strategy or programme	Inverclyde Community Justice Outcomes Improvement Plan 2017-2022
2 Responsible organisations/Lead Service	Inverclyde Community Justice Partnership
3 Lead Officer	Ann Wardlaw
4 Partners/other services involved in the development of this policy	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 Is this policy:	New <input checked="" type="checkbox"/> Reviewed/Revised <input type="checkbox"/>
6 What is the purpose of the policy (include any new legislation which prompted the policy or changes to the policy)?	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>7 What are the intended outcomes of the policy?</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"> • Communities improve their understanding and participation in community justice. • Partners plan and deliver services in a more strategic and collaborative way. • Effective interventions are delivered to prevent and reduce the risk of further offending. • People have better access to the services they require, including welfare, health and wellbeing, housing and employability. • Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed. • People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities. • Individuals' resilience and capacity for change and self-management are enhanced.
<p>8 Geographical area (Inverclyde wide or a specific location)</p>	Inverclyde wide
<p>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)?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 <input checked="" type="checkbox"/> Advance equality of opportunity between people from different groups <input checked="" type="checkbox"/> Foster good relations between people from different groups

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.

Sex (Male or Female)	✓					There is a particular focus on evaluating current provision relating to domestic abuse with the intention of enhancing this.
Sexual Orientation			✓			There is no available evidence relating to this particular protected characteristic.
Other groups to consider (please give details) People who have multiple complex difficulties including for example learning disability, mental health issues, addiction.	✓					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"> • 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. • What Works research on reducing re-offending and effective interventions.
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

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.		
1. Continue development with no changes		
2. Continue development with minor alterations	✓	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.
3. Continue development with major changes		
4. Discontinue development and consider alternatives (where relevant)		
How will the actual effect of the policy be monitored following implementation?		
<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"> • Developing a performance framework for reporting purposes. • Developing a quality assurance framework to ensure continuous improvement. • Developing a Participation Strategy. • Undertake an annual self-evaluation. • Prepare and submit an Annual Report to Community Justice Scotland. 		
When is the policy due to be implemented?		
The plan will be submitted to Scottish Government on 31 st March, with the plan formally commencing on 1 st 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



Inverclyde Community Justice Partnership Memorandum of Understanding

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

Positive Lives, Strengthening Communities

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8. Self-evaluation of the Community Justice Partnership
9. Information Sharing
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Foreword

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

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

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

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

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

1. Introduction

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

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

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

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

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

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

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

2. Aim

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

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

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

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

3. i. Inverclyde Community Justice Partnership

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

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

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

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

ii. Membership

The partner representation of the Inverclyde Community Justice Partnership is:

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

² Section 13 Community Justice (Scotland) Act 2016

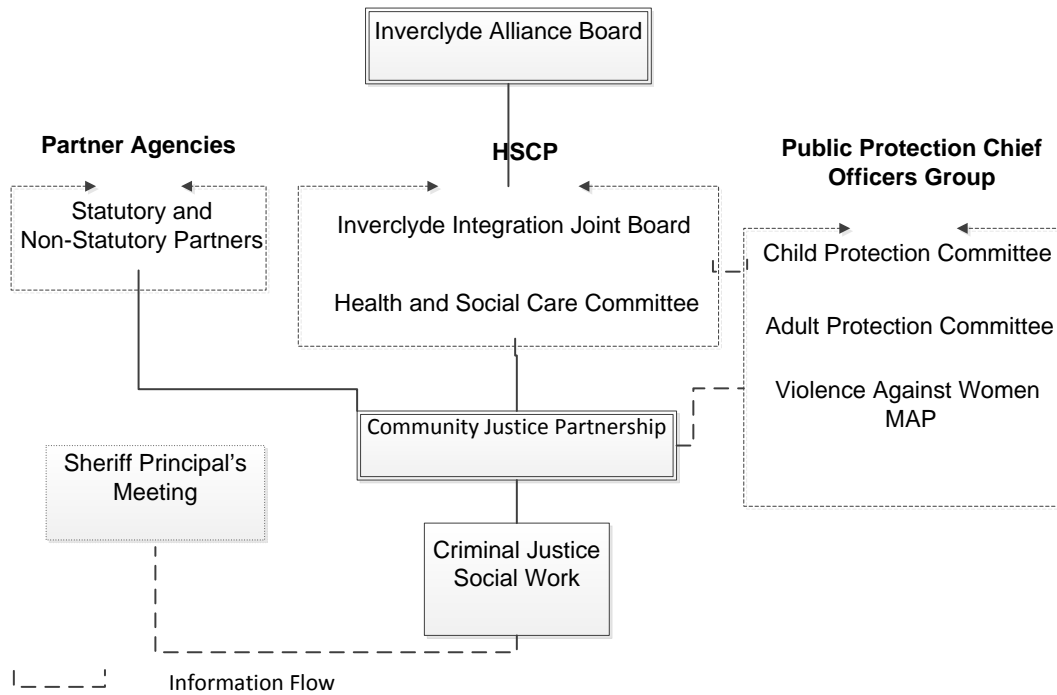
Community Justice Health Improvement Lead	Greater Glasgow & Clyde Health Board
Service Manager	HSCP Criminal Justice
Community Justice Lead Officer	Community Justice Partnership
Corporate Policy & Partnership Manager	Inverclyde Council
Legal Services Manager	Inverclyde Council
Service Manager	HSCP Youth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

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

4. Governance Arrangements

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

Governance Structure



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

5. Functions

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

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

6. Duty of Co-operation

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

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

7. Resourcing of Community Justice

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

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

⁴ Section 35 Community Justice (Scotland) Act 2016

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

A key aim of the Transition Funding is to

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

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

8. Self-Evaluation of the Community Justice Partnership

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

9. Information Sharing

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

10. Role of the Community Justice Lead Officer

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

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

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

In pursuance of this function the Lead Officer will:

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

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

11. Review of the Memorandum of Understanding

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

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

Report To: Inverclyde Integration Joint Board **Date:** 14th March 2017

Report By: Brian Moore
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/11/2017/HW

Contact Officer: Helen Watson
Head of Service
Strategic & Support Services **Contact No:**
01475 715285

Subject: HSCP PROPERTY ASSET MANAGEMENT

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on the current status of the HSCP Estate.

2.0 SUMMARY

- 2.1 The HSCP Property Asset Management Plan's objectives are to rationalise the number of buildings throughout the HSCP and co-locate teams to enhance integration, working towards the new Health and Care Centre due for complete November 2019.

The HSCP Property Asset Management Plan includes the closure of the following sites between February 2017 and November 2019.

- Boglestone Clinic, Dubbs Road
- Cathcart Centre, Cathcart Street
- Larkfield Children and Family Centre, Larkfield Road
- Inverclyde Centre Independent Living, Gibshill Road

- 2.2 The new Health and Care Centre will include a number of services currently located in the above sites. A number of staff moving to the new development will be equipped with electronic devices to allow mobile working. The building will run with a 6:10 ratio desk occupancy.
- 2.3 Condition surveys were carried out for a number of Council properties by Drivers Jonas in 2009 with the most recent surveys completed by Watts Group Plc. in 2014. See attached appendix 1 summarising the findings and suitability. For NHS buildings the most recent surveys carried out was by McKenzie Partnership in 2007.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board notes the information contained within this report.

4.0 BACKGROUND

- 4.1 The purpose of this report is to advise the Integration Joint Board on the current status of the HSCP Estate.

5.0 HSCP ESTATE

- 5.1 Over three hundred staff will move to the new Greenock Health and Care Centre including the five GP practices. This new development will extend our current integrated working and develop additional multidisciplinary teams by co-location. The 2020 vision for Health and Social Care report highlights over the next few years that the demands for health and social care will be radically different and with these new developments, we will be able to provide the high quality of health and care services the people expect.

Progress work is underway and Site Investigation works have been carried out that also include the adjacent football pitch. There have been several meetings over the past few months with all GP practices and Services to discuss the design of the new development focusing on the floor plans and accommodation requirements.

The design of the new health centre has been presented to the Integration Joint Board / Health Centre Project Board / Health Centre Delivery Group / Staff Partnership forum / GPs and the residents of the Broomhill area, the feedback was very positive and the local community are really excited to see the design come together.

Through the Arts Strategy group there have been a number of projects that have been explored in discussion with staff and community representatives. The main theme throughout the Arts Strategy will be Lochs / Rivers / Seas and all suggestions and ideas will be included as a connecting theme such as: light, water, colour, movement etc. The group will focus on developing a supportive design for people with dementia as we know this can significantly improve the experience for people with dementia by reducing agitation and maximising their independence and engagement in their care. A dementia friendly design is likely to assist everybody who uses the health centre to read and navigate the building. Members of the Arts group are engaging with the staff, wider community groups, schools and colleges and local artists to try and unearth stories buried in the community and in people's memories

We are due to submit the Outline Business Case to the Health Board in April and thereafter the Scottish Government Capital Investment Group in May.

- 5.2 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.
- 5.3 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.
- 5.4 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. 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.

- 5.5 Crown House is the main hub for Mental Health and Homelessness Teams. The building is leased until 2024. There are 132 staff based within Crown House. The teams are currently working 100% desk occupancy with a plan to progress to new ways of working.
- 5.5 A number of staff across the HSCP are now successfully working agile/mobile allowing them access to the same information now electronically whilst mobile. This is a new way of working for some staff and some teams have seen the benefits gained from changing their work practices. The vision is that our buildings in the future will provide a hot desking area with Wi-Fi facility. The new health and care centre will provide conference/meeting rooms available through a new booking system available to our community partners.
- 5.6 We are progressing mobile working with the remainder of the HSCP staff on a phased basis. Mobile working requires a level of ICT investment and this will be progressed through the HSCP Transformation Board.

6.0 DECOMMISSIONING

- 6.1 The Decommissioning Process for Boglestone Clinic is currently underway, this involves devising a plan for the effective vacation of the accommodation and the removal of all portable equipment, and furniture. The boards Decommissioning Team, Property and Estates have been involved in this process and in the follow up inspection stage.
- 6.2 Inspection checklist have been completed which identifies areas that have been cleared and any items/records found.
- 6.3 Boglestone Clinic was formerly declared surplus to requirements at the Board's Property Committee. This now commences a formal trawl process amongst the other Scottish Government Directorates. Following the completion of the trawl process (and if no interests are declared) then the property will be marketed for sale. Marketing agents will be appointed to sell the property once the trawl is completed.

7.0 CONDITION SURVEYS

- 7.1 NHS GG&C arranged a formal survey to be undertaken by the McKenzie Partnership in 2007. This report is regularly referred to, to try to address any outstanding large maintenance issues.

The EAMS system, which is populated from information provided by local Estates teams, calculates an overall score regarding the standard / suitability of the building.

- A, Excellent/ as new condition (Generally less than 2 years old)
- B, Satisfactory condition with evidence of only minor deterioration
- C, Poor condition with evidence of major defects
- D, Unacceptable condition reached the end of its useful life
- X, Supplementary rating added to D only to indicate it is impossible to improve without replacement

All of the HSCP NHS buildings came under B / C .

For our Council owned property please refer to appendix 1.

8.0 FUTURE DEVELOPMENTS

- 8.1 Orchard View is a 42 bedded continuing care facility built on the site of the old nurses residences off Larkfield road in Greenock . The build commenced in May 2016 with an expected handover date of 30th June 2017. The unit is split into two distinct ward areas with patients from the existing Dunrod G taking up the smaller 12 bedded unit, 10 patients will transfer and the remaining 2 beds will be available to the community mental health team which we currently provide in Ravenscraig . The other larger ward area will accommodate those patients transferring from Dunrod E/F approx 30 patients Orchard View has been designed to be a dementia friendly environment thus future proofing the build to meet the needs of the people living in Inverclyde .
- 8.2 Building work is well underway for the new Children's Home at Cardross Crescent. Whilst there are some ground work / drainage issues the commissioning period is still on target for end of June when the staff and children from the Neil Street Unit will move across. Towards August the Neil Street building will then be refreshed and ready for the staff and children from Crosshill Unit to move down. The existing Crosshill Unit will then be due for demolition. The planning application will be submitted in March for the new Crosshill Unit development.

9.0 IMPLICATIONS

FINANCE

9.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

- 9.2 There are no legal issues within this report.

HUMAN RESOURCES

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

EQUALITIES

- 9.4 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.

9.4.1 How does this report address our Equality Outcomes.

9.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.

Not applicable

9.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

Not applicable

9.4.1.3 People with protected characteristics feel safe within their communities.

Good quality estate enhances the environment for everyone, including those with protected characteristics.

9.4.1.4 People with protected characteristics feel included in the planning and developing of services.

Not applicable

9.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.

Not applicable

9.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

Not applicable

9.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

9.5 There are no governance issues within this report.

9.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes.

9.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

The new health and care centre will provide easier access to services.

- 9.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Our estate development focuses on taking opportunities to expand options for independent living.

- 9.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

Not applicable

- 9.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Our estate development focuses on taking opportunities to improve quality of life.

- 9.6.5 Health and social care services contribute to reducing health inequalities.

The new health and care centre will provide easier access to services.

- 9.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The new health and care centre will provide easier access to services.

- 9.6.7 People using health and social care services are safe from harm.

High quality modern premises are easier to clean and maintain thus reducing the risk of care acquired infection.

- 9.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

High quality work environment makes staff feel valued and motivated.

10.0 CONSULTATION

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

11.0 LIST OF BACKGROUND PAPERS

- 11.1 None.

The main indicators used in Asset Management are outlined below:

Condition

Recording and monitoring the condition of assets is fundamental to assessing risks / liabilities to the Council and establishing investment needs and priorities across the estate. The collection of this data is not only best practice in terms of asset management it is also a statutory requirement. Externally procured elemental condition surveys (based on Scottish Government Guidance) are undertaken on the basis of a 5 year rolling programme with an annual review carried out by Property Services to provide an overall rating reported as part of the range of performance indicators. The surveys also provide an indication of the backlog maintenance and priorities for investment over a ten year projection. The first condition surveys were carried out by Drivers Jonas in 2009 with the most recent surveys completed by Watts Group Plc. in 2014.

Definitions

Rating	Score	Description	Definition
A	> 85%	Good	Performing well and operating efficiently
B	61–85%	Satisfactory	Performing adequately but showing minor deterioration
C	40-60%	Poor	Showing major defects and/or not operating adequately
D	< 40%	Bad	Economic life expired and/or risk of failure

Suitability

Also known as 'fitness for purpose', suitability refers to how well the asset supports Service delivery and is suited to its current use. Suitability surveys are completed for all properties (taking into account the views of service users) and are reviewed annually to provide a rating that is reported as part of the range of statutory performance indicators. The current HSCP property surveys were undertaken through Property Assets in conjunction with a representative from each establishment with the majority of current surveys having been undertaken in 2014/15 (surveys are refreshed on a 5 year cycle with annual review each year to capture any significant changes). The surveys also incorporate an assessment of how accessible the asset is to those with disabilities (linked to Equality Act/DDA).

Definitions

Rating	Description	Definition
A	Good	Suitable. Performing well and operating efficiently (the buildings and grounds support the delivery of services)
B	Satisfactory	Not completely suitable, can be improved. Performing adequately but with minor problems (the buildings and grounds generally support the delivery of services)
C	Poor	Not completely suitable, cannot be improved without significant expenditure. Showing major problems and/or not operating optimally (the buildings and grounds impede the delivery of services)
D	Bad	Unsuitable. Does not support the delivery of services (the buildings and grounds seriously impede the delivery of services)

Resource Centres

Service:	Health & Social Care Partnership	Property:	Fitzgerald Centre
CONDITION			
Score	68.6%	Rating	B - Satisfactory
SUITABILITY			
Score	72	Rating	B - Satisfactory
<p>Condition Summary - Fabric generally in satisfactory condition except roof covering and associated drainage which is poor. Services are generally in good condition. External areas require a number of repairs. Internal ceilings require attention.</p>			
Estimated Investment Required		Priority Spend:	
Years 1-5	£272,607	Roof clean/overhaul including rainwater goods. Main access corridor flooring replacement. Suspended ceiling tile replacement. Plant room door replacement.	
Years 6-10	£730,509		
Total	£1,003,116		
<p>Capital Investment since date of survey 2014-2016 Partial toilet upgrade 9-10 (15-105) - Core Property Services Allocation (DDA) 2016/17 £52K.</p> <p>Committed / Planned Capital Investment N/A</p>			

Service:	Health & Social Care Partnership	Property:	Golf Road Resource Centre
CONDITION			
Score	74.7%	Rating	B - Satisfactory
SUITABILITY			
Score	65	Rating	B - Satisfactory
<p>Condition Summary - Generally all elements are satisfactory. Predominantly minor upgrade and cyclical painterwork required.</p>			
Estimated Investment Required		Priority Spend:	
Years 1-5	£10,647	Minor roof repairs. Replace skylight. Consider soffit & fascia replacement or painting. Replace store door. Painterwork generally to external timber and rainwater goods.	
Years 6-10	£12,102		
Total	£22,749		
<p>Capital Investment since date of survey 2014-2016 N/A</p> <p>Committed / Planned Capital Investment N/A</p>			

Service:	Health & Social Care Partnership	Property:	Hillend Centre
CONDITION			
Score	75.0%	Rating	B - Satisfactory
SUITABILITY			
Score	86	Rating	A - Good
<p>Condition Summary - All elements are generally in satisfactory condition with exception of heating, hot/cold water systems and emergency lighting. Building has had phased investment / extension and therefore some systems are partially new.</p>			
Estimated Investment Required		Priority Spend:	
Years 1-5	£286,943	Emergency lighting. Heating and hot/cold water systems. Possible ventilation system overhaul/replacement. Detailed services survey required.	
Years 6-10	£136,912		
Total	£423,855		
<p>Capital Investment since date of survey 2014-2016 Fire Detection System Replacement – Core Property Budget Statutory Duties FRA 2016/17 £10K</p> <p>Committed / Planned Capital Investment Emergency lighting (16-021) – Core Property Budget Statutory Duties (£TBCK) Sprinkler installation (16-029) – HSCP Funded (£TBCK)</p>			

Service:	Health & Social Care Partnership	Property:	Inverclyde Centre
CONDITION			
Score	67.5%	Rating	B - Satisfactory
SUITABILITY			
Score	63	Rating	B - Satisfactory
<p>Condition Summary - All elements are generally in satisfactory condition with exception of external walls and internal decoration.</p>			
Estimated Investment Required		Priority Spend:	
Years 1-5	£253,622	Internal redecoration. Various minor repairs to external walls. Overhaul windows (seals & mastic).	
Years 6-10	£789,633		
Total	£1,043,255		
<p>Capital Investment since date of survey 2014-2016 Fire Detection System Upgrade to L2 – Core Property Budget Statutory Duties FRA 2015/16 £7K</p> <p>Committed / Planned Capital Investment N/A</p>			

Service:	Health & Social Care Partnership	Property:	Inverclyde Centre for Independent Living
CONDITION			
Score	60.8%	Rating	B - Satisfactory
SUITABILITY			
Score	97	Rating	A - Good
Condition Summary - Fabric (roofing and external walls) is generally poor. Services installations are all generally good or satisfactory with isolated elements requiring attention.			
Estimated Investment Required		Priority Spend:	
Years 1-5	£243,211	Resource store roof replacement. External metal cladding replacement. Partial window replacement. Ventilation overhaul / replacement. Partial rewiring (store).	
Years 6-10	£598,925		
Total	£842,136		
Capital Investment since date of survey 2014-2016 Automatic doors (14-086) – Core Property Allocation DDA Budget 2014/15 £8K.			
Committed / Planned Capital Investment N/A			

Service:	Health & Social Care Partnership	Property:	McPherson Resource Centre
CONDITION			
Score	64.2%	Rating	B - Satisfactory
SUITABILITY			
Score	63	Rating	B - Satisfactory
Condition Summary - All elements are generally in satisfactory condition with exception of mechanical and electrical installations and internal decoration.			
Estimated Investment Required		Priority Spend:	
Years 1-5	£177,701	Numerous minor repairs. Internal redecoration. Floor finishes towards end of 5 year period.	
Years 6-10	£486,082		
Total	£663,783		
Capital Investment since date of survey 2014-2016 Partial Toilet Refurbishment (15-035) – Core Property Allocation DDA budget 2016/17 £24K			
Committed / Planned Capital Investment N/A			

Service:	Health & Social Care Partnership	Property:	Wellpark Centre
CONDITION			
Score	89.4%	Rating	A - Good
SUITABILITY			
Score	87	Rating	A - Good
Condition Summary - All elements are generally in good or satisfactory condition.			
Estimated Investment Required		Priority Spend:	
Years 1-5	£35,084	No significant priority works identified other than render issues now addressed as below.	
Years 6-10	£93,484		
Total	£128,568		
Capital Investment since date of survey 2014-2016 Room 3.01 Electrics & IT (14-090) – HSCP Funded (£6K) Render coating & flashing remedial works (14-096) – Core Property Allocation 2014/15 (£19K)			
Committed / Planned Capital Investment Current feasibility study on internal alterations to provide increased accommodation (16-049).			

Children's Units

Service:	Health & Social Care Partnership	Property:	Crosshill House
CONDITION			
Score	68.8%	Rating	B - Satisfactory
SUITABILITY			
Score	93	Rating	A - Good
Condition Summary - All elements are generally in good or satisfactory condition with exception of roof, sanitary services and external areas which are poor. The overall rating of 68.8% is satisfactory although all building services and finishes currently in satisfactory condition will require renewal in the medium term.			
Estimated Investment Required		Priority Spend:	
Years 1-5	£431,429	N/A – Routine maintenance only due to planned replacement. Note high projected year 1-5 costs associated mainly with major building services and finishes renewal.	
Years 6-10	£49,707		
Total	£481,136		
Capital Investment since date of survey 2014-2016 N/A			
Committed / Planned Capital Investment N/A. Demolition planned late summer/autumn 2017 with new facility constructed Oct 2017 to June 2018.			

Service:	Health & Social Care Partnership	Property:	Kylemore Terrace
CONDITION			
Score	95.6%	Rating	A - Good
SUITABILITY			
Score	100	Rating	A - Good
Condition Summary - All elements are in good condition. Building constructed new in 2012.			
Estimated Investment Required		Priority Spend:	
Years 1-5	£25,392	N/A – Routine / cyclical maintenance only due to age of asset.	
Years 6-10	£89,821		
Total	£115,212		
Capital Investment since date of survey 2014-2016 N/A			
Committed / Planned Capital Investment N/A.			

Service:	Health & Social Care Partnership	Property:	Neil Street
CONDITION			
Score	57.5%	Rating	C - Poor
SUITABILITY			
Score	65	Rating	B - Satisfactory
Condition Summary – A number of elements are satisfactory and only a few good with roofs, sanitary services and external areas poor.			
Estimated Investment Required		Priority Spend:	
Years 1-5	£180,503	N/A – Routine maintenance only due to planned replacement.	
Years 6-10	£76,741		
Total	£257,243		
Capital Investment since date of survey 2014-2016 N/A			
Committed / Planned Capital Investment N/A. Replacement unit under construction to allow transfer summer 2017. Building will be used as temporary decant for Crosshill until summer 2018 with disposal / demolition thereafter.			

Report To: Inverclyde Integration Joint Board **Date:** 14th March 2017

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/13/2017/HW

Contact Officer: Helen Watson
Head of Service
Strategy & Support Services **Contact No:** 01475 715285

Subject: Planning with Acute Sector

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Inverclyde Integration Joint Board members on our developing planning arrangements with the Acute Sector.
- 1.2 There is a statutory requirement for joint working between HSCPs and hospitals to plan for:
- Accident and Emergency services provided in a hospital;
 - Inpatient hospital services relating to:
 - General medicine
 - Geriatric medicine
 - Rehabilitation medicine
 - Respiratory medicine
 - Palliative care services provided in a hospital.
- 1.3 Since the last report to the IJB on this topic in January 2017, IJB members attended a session exploring some of the issues in more depth (15th February), with a view to setting a robust foundation upon which to plan for future hospital bed usage. Alongside this work, the Chief Officers of the six HSCPs within the boundaries of NHS Greater Glasgow and Clyde have been working through the key conditions under which such transformational change can take place.

2.0 SUMMARY

- 2.1 This report sets out the agreements that need to be in place so that HSCPs and the Acute Sector can plan together effectively, creating a shift in care to the right place, at the right time and from the right professional.

3.0 RECOMMENDATION

- 3.1 That the Inverclyde Integration Joint Board members approve the proposed planning process, and comment to the Chief Officer as required.

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

4.0 BACKGROUND

4.1 There is a statutory requirement for joint working between HSCPs and hospitals to plan for:

- Accident and Emergency services provided in a hospital;
- Inpatient hospital services relating to:
 - General medicine
 - Geriatric medicine
 - Rehabilitation medicine
 - Respiratory medicine
- Palliative care services provided in a hospital

4.2 Within this requirement there is also an expectation that we should set out how we will rebalance care with a view to reducing unnecessary use of hospital services, ensuring whenever possible that care is delivered in the right place, at the right time, and by the right people.

4.3 As noted in the January 2017 report, how we approach this is shaped by a number of policy statements including:

- The Inverclyde HSCP Strategic Plan;
- The Scottish Government Unscheduled Care Improvement Programme;
- The National Clinical Services Strategy;
- The NHS Greater Glasgow & Clyde Clinical Services Strategy;
- The emerging NHSGGC Strategy for Acute Services – Transforming the Delivery of Acute Services;
- The NHSGGC Unscheduled Care Performance Improvement Programme;
- New Ways of Working in Primary Care;
- The Scottish Government's Health and Social Care Delivery Plan, and
- The Chief Medical Officer for Scotland's report, Realistic Medicine.

5.0 FEBRUARY IJB SESSION

5.1 At the IJB session on 15th February 2017, it was recognised that shifting the balance of care with the aim of reducing usage of hospital bed days will require a focused effort between both the acute sector and HSCPs. If joint planning is not robustly developed and implemented, there is a clear risk that any capacity that might be created in hospital will immediately be taken up by increased hospital activity.

5.2 It was noted at the session that there is a tension between reducing hospital bed usage, and funding alternative care from community-based services in the absence of a clear mechanism for releasing and transferring money and staff from the hospital. It was also noted that there would be a need to fund relocated care in advance of any resource transfer, and that in the current financial context, this would be extremely challenging.

5.3 IJB members noted that to effect a sustainable change in the balance of care, there needs to be a reduction in acute hospital bed usage, with a clear programme of bed closures alongside this reduced usage, so that staff and financial resources can be released into community services. This carries a risk to the future viability of the local hospital, so a clear strategic approach is required so that communities can be part of a process that redefines how and for what purpose the local hospital should be used, going into the future. It was acknowledged that there needs to be a transformational programme that ensures that those services that can be delivered safely in the community are transferred, and that the people of Inverclyde have confidence that we are effecting recalibrated health and care services rather than implementing reduction. The health inequalities that are evident in Inverclyde underscore the need for transformational change that delivers improved outcomes for local people.

5.4 Key transformation requirements noted within the January 2017 IJB paper included:

- We need to gain a better understanding of demand, and establish what can and should change;
- We need to clearly identify the improvements we want to make, and we need to know what these improvements will look like;
- We need a framework by which these improvements can be measured, and
- The financial framework that will support change needs to be clear, agreed and secure.

6.0 ACUTE COMMISSIONING INTENTIONS

6.1 The requirements at 5.4 are still valid, but the six Chief Officers have also agreed a suite of Acute Commissioning Intentions, framed on the basis that there is a shared acknowledgement of the joint responsibilities across Acute Services, Primary Care and HSCPs to effect change. This suite of acute sector actions will be augmented by locally-defined HSCP-specific and proposed primary care actions. By working together to create a common set of directions, the Chief Officers recognise that the NHS Board needs to be supported to develop consistent and systemic change. The common directions to the NHS Board and acute sector are as follows.

6.1.1 Communication - acute and community services

- Establish mechanisms whereby GPs can access advice from senior acute medical staff pre-admission relating to the need for admission and/or options other than admission (e.g. potential hot clinics).
- Establish a consistent system whereby HSCPs are alerted by acute services, at the point of admission, of all patients already identified as at risk of unnecessary admission.

6.1.2 Unplanned admissions

- HSCPs and acute services will identify a joint scoring matrix for identifying patients at risk of unnecessary admission.
- Establish GP access to a range of options for patients at the point of pre-admission, for example urgent next day outpatient appointment by speciality and direct access to diagnostics.
- Review and optimise admissions pathways across acute sites with a view to reduce inappropriate variation.

6.1.3 Occupied bed days for unscheduled care

- Acute Services to demonstrate progress in working towards delivering the externally benchmarked upper quartile length of stay across all sites and specialties.
- Optimise discharge processes across all sites and specialties to create an earlier in the day discharge profile and increase weekend discharges.

6.1.4 A&E performance

- Create and implement redirection pathway back to minor injury units and primary care. (Note: recognise that HSCPs need to agree with GP Quality Clusters and/or LMC [via Primary Care Support] a process for seeing redirected patients).
- Review the balance of staffing in A&E departments to ensure that frail older patients have speedy access to appropriate clinical support and imaging and investigations.
- Establish a process whereby GPs are able to access agreed imaging investigations to support diagnosis and decision-making.

6.1.5 Delayed discharges

- Establish a system whereby community staff, SSA and acute clinicians routinely use anticipatory care plans and the summary recorded on ekiss as part of assessment process to avoid admission and to expedite discharge.

- Strengthen discharge planning between acute discharge planning and community hospital teams including rehabilitation communication.

6.1.6 End of life care

- Establish a consistent system in place whereby HSCPs are given early notice by acute services of patients who require end of life care.

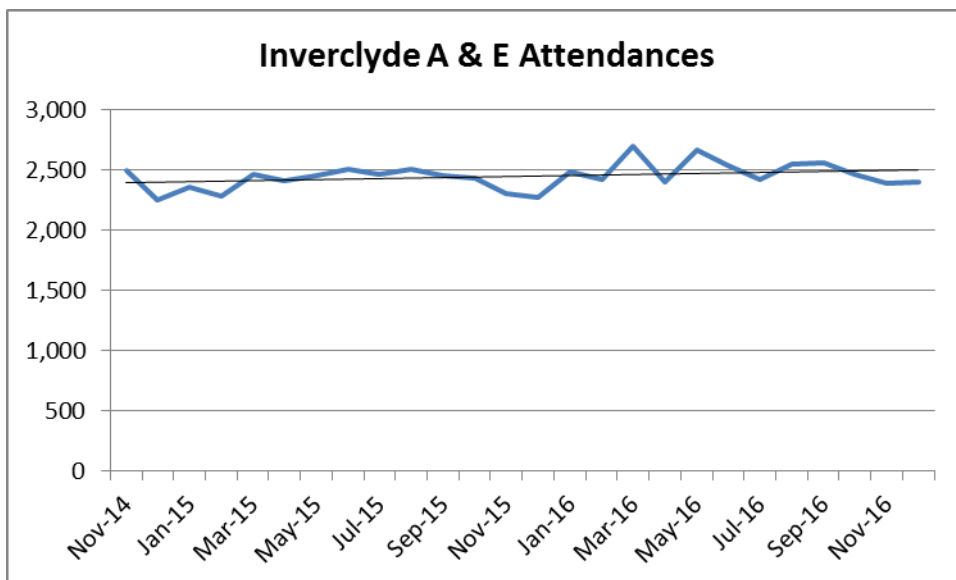
6.1.7 Balance of Spend - for both HSCP and Acute

- Acute services to review and ensure effective medicines management at point of admission and discharge.
- Agree a way of working between acute sites and all six HSCP community services through which a proportion of set aside budgets is used to support development of interface services out-with acute sites.

7.0 ACUTE BED USAGE CONTEXT

7.1 On 17th February 2017, the Scottish Government issued data to HSCP Chief Officers outlining unscheduled bed usage over a period of just over a year, from November 2014 to December 2016. During this period there were, on average, 2,446 A & E attendances by Inverclyde people per month. Graph 1 below shows that this figure is gradually increasing. The reasons for this are not clear, but will need to be explored as part of local joint planning with acute. The Inverclyde Royal Hospital A & E Department consistently meets the Government's waiting time target of 95% of A & E attendees being seen within 4 hours, so this might be driving demand upwards as an attractive 'drop-in' option.

We will work together to ascertain how to respond to demand at A & E that is neither accident-related nor an emergency, in a way that provides care in the right place at the right time, and importantly, demonstrates better value for public money than the current usage of hospital-based service.

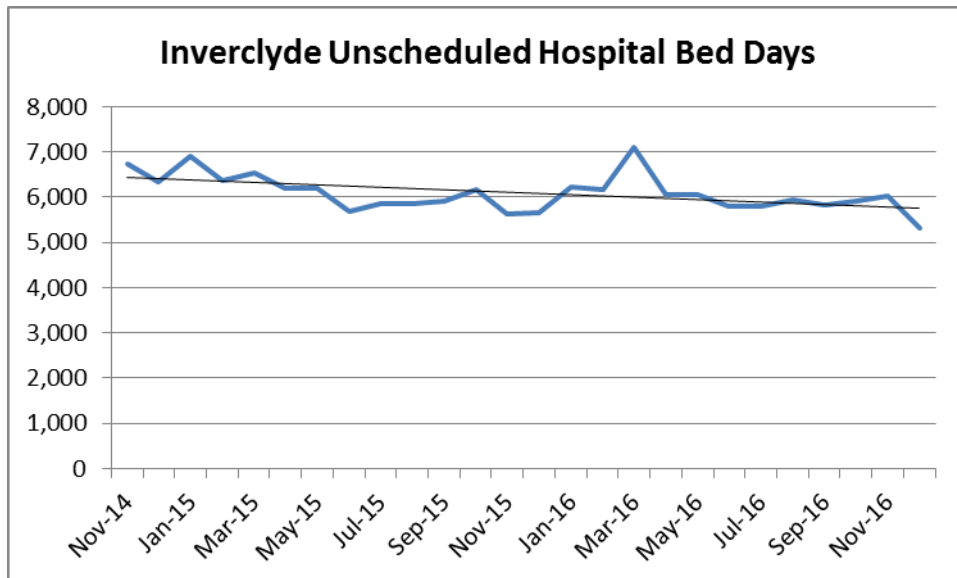


Graph 1: A & E Attendances relating to Inverclyde residents

7.2 During the same period, on average there were 637 admissions per month from A & E, in relation to Inverclyde residents. This equates to, on average, 26% of Inverclyde A & E attendances resulting in a hospital admission (which is the same as both the Scottish and NHS GGC averages). However the range in admission rates across Scotland goes from 11% in Angus to 40% in North Ayrshire (a proportion of which will be admitted to the IRH). The NHSGGC Unscheduled Care Performance Improvement Report of November 2016 highlights that the Greater Glasgow & Clyde unplanned admission rate is by far the highest in Scotland, so more work needs to be undertaken to understand this. Initial analysis suggests that there are no clear thresholds or

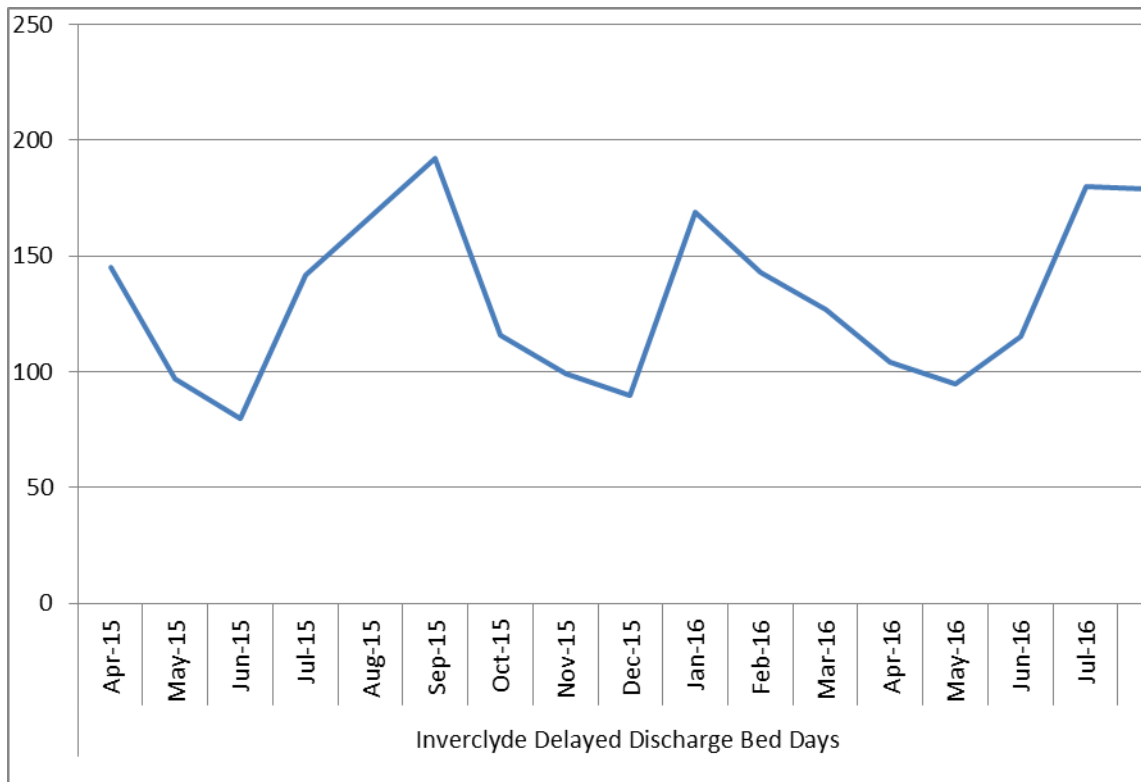
criteria for admission, which would ideally be linked to a robust understanding of levels of support that are available from community services. By developing and implementing such thresholds, it might be possible to reduce the number of unplanned admissions, with a view to bringing our performance closer to that of other Scottish Health Boards.

- 7.3 The average number of unscheduled bed days per month in the same timeframe is reported as 6,088 per month, although graph 2 below shows that this is steadily reducing. This reduction appears in part to be due to improved communication about alternatives, and a sustained focus on delayed hospital discharge, however this will be accelerated through the implementation of the directions at 6.1.



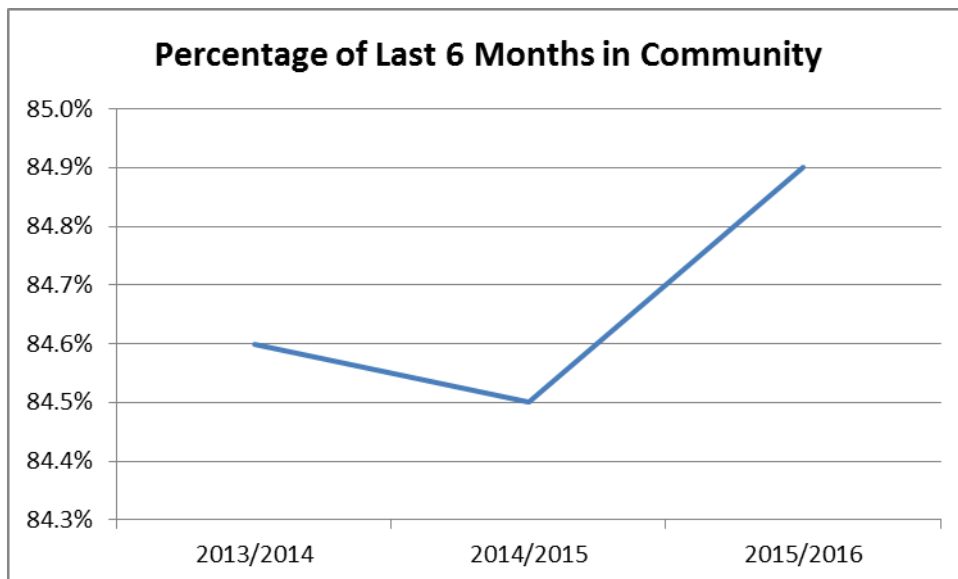
Graph 2: Inverclyde unscheduled hospital bed days

- 7.4 Delayed hospital discharge is often cited as a wasteful use of expensive hospital bed days, and indeed can have a negative influence on patients' outcomes. Inverclyde performs comparatively well in getting people out of hospital and into a more appropriate setting (ideally their own home). Graph 3 below shows bed days lost to delayed discharge between April 2015 and August 2016 average 132 beds days per month. We aim to reduce the average, with a combination of good community infrastructure and close joint working between acute and community-based services.

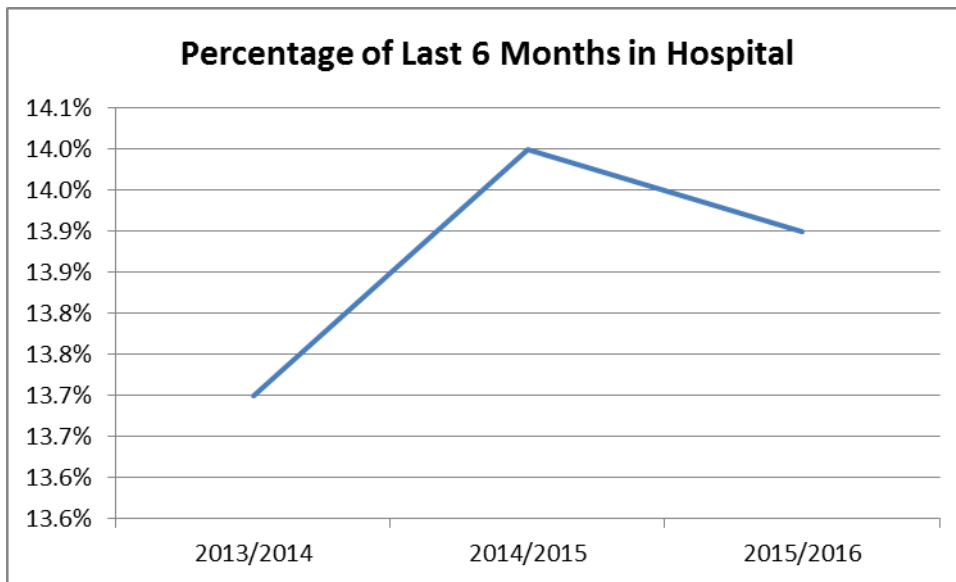


Graph 3: Inverclyde delayed discharge bed days

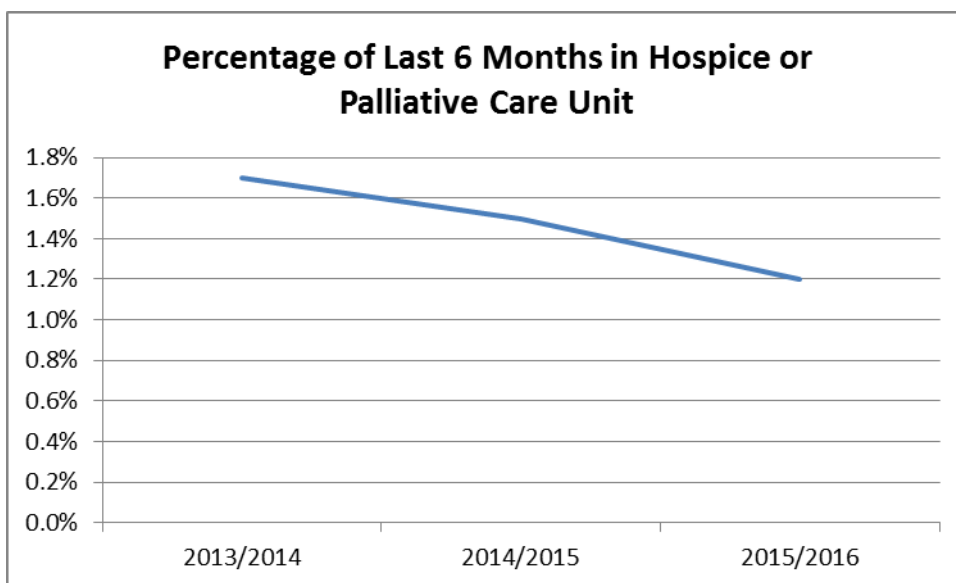
7.5 An important theme running through most of the policy drivers noted at 4.3 is the need for good quality end of life care, at home or in a homely setting. Graphs 4 – 9 below describe progress in improving end of life care through a data lens, but it should be noted that we do not currently have information about the patient’s perceived experience. Graph 4 shows that for those people whose lives ended, there has been a small increase in the percentage of their last six months spent in the community (generally regarded as the best option). We might expect this to be mirrored by a small decrease in the percentage of the last six months of life being spent in hospital, however graph 5 shows that this has not been the case. There has also been a small increase in the percentage of the last 6 months of life spent in hospital. Graph 6 indicates that there has been a decrease in the percentage of the last six months of life spent in a hospice or palliative care unit. This perhaps demonstrates that the local hospice and palliative care unit have been more successful in getting people at the end of their lives back into their homes and communities.



Graph 4: Percentage of last 6 months spent in the community

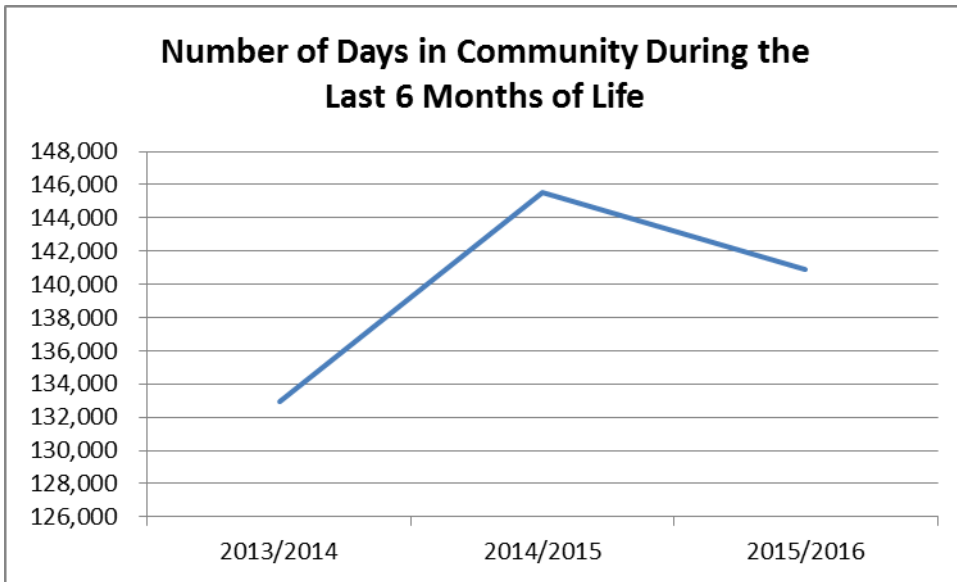


Graph 5: Percentage of last 6 months spent in hospital

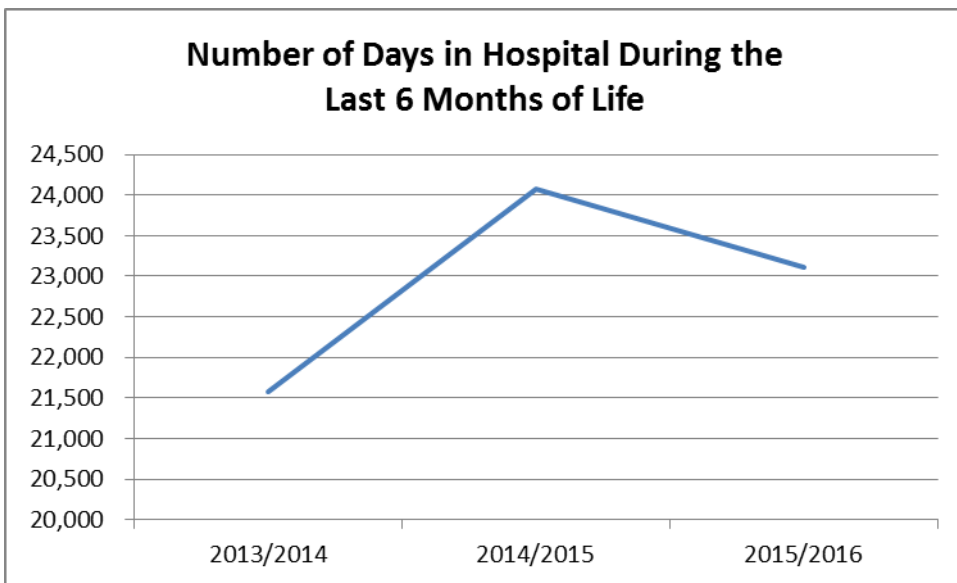


Graph 6: Percentage of last 6 months spent in a hospice or palliative care unit

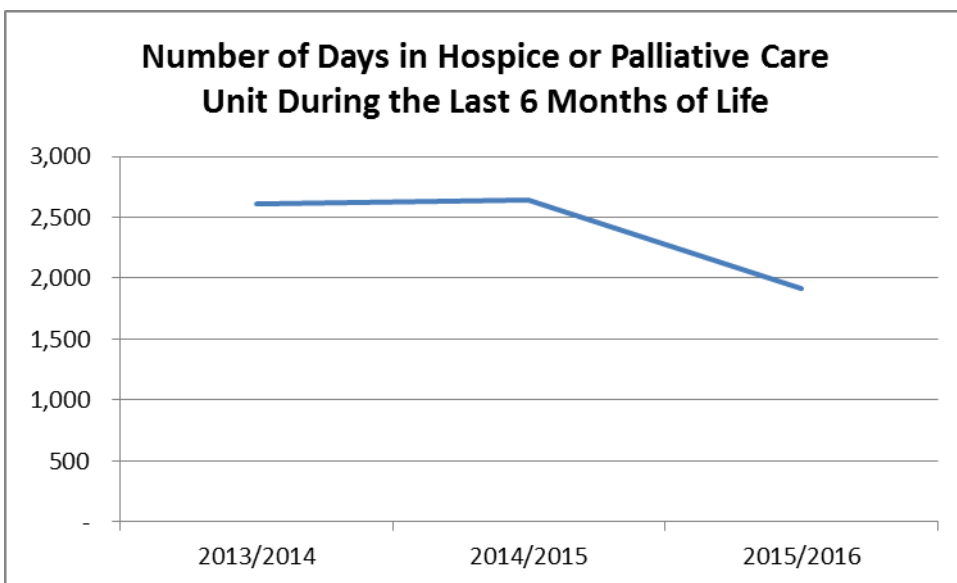
- 7.6 Our future planning depends on having a reliable sense of the number of bed days required in each setting for end of life care, and then a clear picture of what we want to change, and by how much. Graph 7 indicates that on average, each year between 2013 and 2016, community services provided 140,000 days of care and support to people who have reached the last 6 months of their lives. End of life care accounted for, on average, 23,000 hospital bed days per year (graph 8), and around 2,400 hospice or palliative care unit bed days per year (graph 9).



Graph 7: Number of days in last 6 months spent in community



Graph 8: Number of days in last 6 months spent in hospital



Graph 9: Number of days in last 6 months spent in hospice or palliative care unit

7.7 Clearly our future planning needs to encompass all care and support needs, including but not exclusively end of life care. For most people, support needs become greater as they get older, and our planning for older people's services is underpinned by the drive to keep people in their own homes or a homely setting whenever possible. The

National Clinical Strategy and the NHS Greater Glasgow and Clyde Clinical Services Strategy both highlight the advantages of care being delivered outwith a hospital environment if at all possible. Most of the support options currently established were developed in a previous context, driven by numeric systems targets and metrics rather than patient outcomes. The establishment of HSCPs represents an opportunity to reshape our thinking, and presents the challenge to statutory services to work together to re-imagine care and support so that it genuinely improves the quality of life as well as outcomes for those who need our services, while demonstrating better value for money.

7.8 These principles will underpin our planning with acute services, and our performance will be measured on the shift we make out of hospital and into more appropriate models, gauged on the metrics described within the graphs in this report.

7.9 Officers, professional care staff and clinicians from the HSCP and the acute sector will work together over the next few months to develop useful answers to the requirements described at 5.4, and in the context of the suite of acute commissioning intentions at 6.1.

8.0 PROPOSAL

8.1 The IJB is required by the legislation to oversee the development of joint planning for the service areas noted at 4.1, with a view to shifting the balance of care away from hospitals and towards communities. It is proposed that this planning is based on the information outlined within this report, and the IJB is asked to approve this approach.

9.0 IMPLICATIONS

9.1 Finance

There are no direct financial implications arising from this report, however, the work undertaken as a result of the report may lead to changes in set aside budgets longer term. Any such change would come to the IJB for approval prior to implementation.

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					

Legal

9.2 There are no legal implications in respect of this report.

Human Resources

9.3 None at this time, although recognition will be given to the wider and associated equalities agenda.

Equalities

9.4 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

9.4.1 How does this report address our Equality Outcomes?

By ensuring that people get the right care, in the right place and from the right professional, we anticipate that they will experience more equal health outcomes.

9.4.1.1 **People, including individuals from the protected characteristic groups, can access HSCP services.**

Improved access to services will be achieved for all Inverclyde residents, including those with protected characteristics.

9.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Not applicable.

9.4.1.3 **People with protected characteristics feel safe within their communities.**

Not applicable.

9.4.1.4 **People with protected characteristics feel included in the planning and developing of services.**

Planning will be led by the Strategic Planning Group and overseen by the Integration Joint Board (IJB). There is carer and service user/ public partner representation on both of these groups ensuring that people with protected characteristics are represented.

9.4.1.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

Not applicable.

9.4.1.6 **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Not applicable.

9.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Not applicable.

9.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

As we start to shift usage patterns, clinical and care outcomes will be monitored by the Clinical and Care Governance Group.

9.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

9.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Through people accessing the right care, in the right place, at the right time and from the right professional, illnesses will be detected and treated at an earlier stage, thereby mitigating their deleterious effects and offering greater scope for supported self-management.

9.6.2 **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

Through people accessing the right care, in the right place, at the right time and from the right professional, illnesses will be detected and treated at an earlier stage, thereby mitigating their deleterious effects and offering greater scope for sustaining people in their own homes for longer.

9.6.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

We will ask service users about their experience of services, and report their responses to the IJB.

9.6.4 **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

By placing emphasis on the right care, in the right place, at the right time and from the right professional, we will support a culture of person-centredness.

9.6.5 **Health and social care services contribute to reducing health inequalities.**

A focus on person-centredness and more appropriate access will contribute to reducing unequal outcomes.

9.6.6 **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Carers will have greater clarity about where and when they should take the cared-for person for health or social care. This in turn will help inform them about what services they themselves should have access to, and how to access these.

9.6.7 **People using health and social care services are safe from harm.**

Quality and safety are central to clinical and care governance processes, and this will remain the case as we work to transform local provision. The Clinical and Care Governance Group will continue to operate, ensuring that any significant incidents are reviewed and learning from them is disseminated.

9.6.8 **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

Staff will have greater opportunities to diversify their careers and develop their skills and knowledge base.

10.0 CONSULTATION

- 10.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP, and colleagues in the Acute Sector.

11.0 LIST OF BACKGROUND PAPERS

- 11.1 As detailed at 4.3 – available on request.

Report To:	Inverclyde Integration Joint Board	Date:	14 March 2017
Report By:	Brian Moore, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/021/17
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board Corporate Support Arrangements – Service Level Agreement		

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 IJB 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 Inverclyde Council's Annual Audit Report regarding clarification over Inverclyde Council's role and relationship with the IJB.
- 2.3 The Service Level Agreement was presented to and approved by Inverclyde Council's Health and Social Care Committee on 23 February 2017.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
- (1) notes the content of this report;
 - (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; and
 - (3) delegates authority to the Chief Officer to sign the Service Level Agreement on behalf of the Inverclyde Integration Joint Board.

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 the 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 Inverclyde Council's 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. Inverclyde Council's Health and Social Care Committee approved the Service Level Agreement on 23 February 2017.

6.0 PROPOSALS

- 6.1 It is proposed that the IJB 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 None.

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

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

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

Clinical or Care Governance

7.5 There are no clinical or care governance issues within this report.

National Wellbeing Outcomes

7.6 How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

8.0 CONSULTATIONS

8.1 The Corporate Director (Chief Officer) and the Chief Financial Officer of the Inverclyde Health & Social Care Partnership 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"> • Annual Internal Audit Plan • Regular progress reports on audit plan activity • Regular reports on action plan follow up • Annual Report <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

Report To: Inverclyde Integration Joint Board **Date:** 14 March 2017

Report By: Brian Moore, Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/15/2017/LA

Contact Officer: Lesley Aird **Contact No:** 01475 715381

Subject: STRATEGIC RISK REGISTER

1.0 PURPOSE

- 1.1 The purpose of this report is to seek Integration Joint Board (IJB) approval of the Strategic Risk Register.

2.0 SUMMARY

- 2.1 The IJB approved the Risk Management Policy and Strategy at its meeting of 18 August 2016. The risks and risk scores detailed in the Strategic Risk Register attached as Appendix A were then developed during a facilitated IJB session held on 16 September 2016. The draft Register was then discussed and updated at the Audit Committee of 24 January 2017 and this updated Risk Register is enclosed for IJB consideration and approval.
- 2.2 The enclosed register relates to IJB strategic risks only, separate risk registers are held for all operational activities within the Council and Health Board.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:-
- (1) discusses and approves the Integration Joint Board Strategic Risk Register in line with the content of this report; and
 - (2) notes that the register will be a standing item on the Audit Committee agenda and updated as required.

Brian Moore
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 It is essential that a robust risk monitoring framework is in place to identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the delivery of the Strategic Plan.

5.0 STRATEGIC RISK REGISTER

- 5.1 The proposed IJB Strategic Risk Register enclosed at Appendix A sets out an assessment of the likelihood and potential impact of a range of different risks that may directly affect the IJB at a strategic level.
- 5.2 The risks were developed, discussed and initially scored by IJB members at a session facilitated by Zurich Municipal on 16 September 2016. The initial draft Risk Register was considered and refined by the Audit Committee on 24 January 2017.
- 5.3 Risk scores were based on the following risk matrix, agreed as part of the IJB Risk Management Policy and Strategy. Further information on the definition of each of the following is enclosed at Appendix B.

Risk Impact	Likelihood
1 – Insignificant	1 – Rare
2 – Minor	2 – Unlikely
3 – Moderate	3 – Possible
4 – Major	4 – Probable
5 – Catastrophic	5 – Almost Certain

- 5.4 This Strategic Risk Register aims to:
- Identify risks that pose a threat to the business objectives of the IJB
 - Identify the potential consequences of each risk
 - Recognise the control measures that already exist to address these risks
 - Propose new controls to further mitigate each risk
- 5.5 The Strategic Risk Register is a live document that should be regularly reviewed and updated. As such the Strategic Risk Register, once agreed will be placed as a standing agenda item on the IJB Audit Committee Agenda.
- 5.6 Officers have developed a list of additional control mitigation actions aimed at further minimising the higher scoring IJBs Strategic Risks. The Register enclosed carries a note of the proposed actions, responsible officers and deadline for each action.
- 5.7 The IJB is asked to approve the proposed amended wording for the following risk descriptions.

Risk 2 – Performance Management Information

Current Description: “Risk due to lack of quality, timeous performance information systems to inform strategic & operational planning & decision making.”

Proposed Description: “Risk due to resource intensive, conflicting performance reporting demands which are inconsistent and can lead to seemingly conflicting data being produced.”

Rationale for change: There is a large quantity of timeous, high quality data produced relating to performance information. Problems arise when there are numerous requests for similar data which are phrased in different ways or in different timeframes or contexts which leads to apparently inconsistent poor quality data eg if you analyse bed days over the past week that data is time sensitive and will have changed by the following week. There are numerous examples of this in relation to performance data. Time, context and specific wording of queries are all important, the risk is that these are not managed well and ad hoc queries or reports appear to contradict standing reports and data. This is why the current controls are so vital.

Risk 3 – Complaints Process

Current Description: “Risk of ineffective complaints process due to process complexity & the need to put complaints in writing.”

Proposed Description: “Risk of ineffective complaints process due to process complexity.”

Rationale for change: The revised complaints process allows for verbal complaints.

6.0 IMPLICATIONS

6.1 FINANCE

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

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

6.5 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance issues within this report.

6.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None

Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 CONSULTATION

- 7.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer and Heads of Service have been consulted.

8.0 BACKGROUND PAPERS

- 8.1 None.

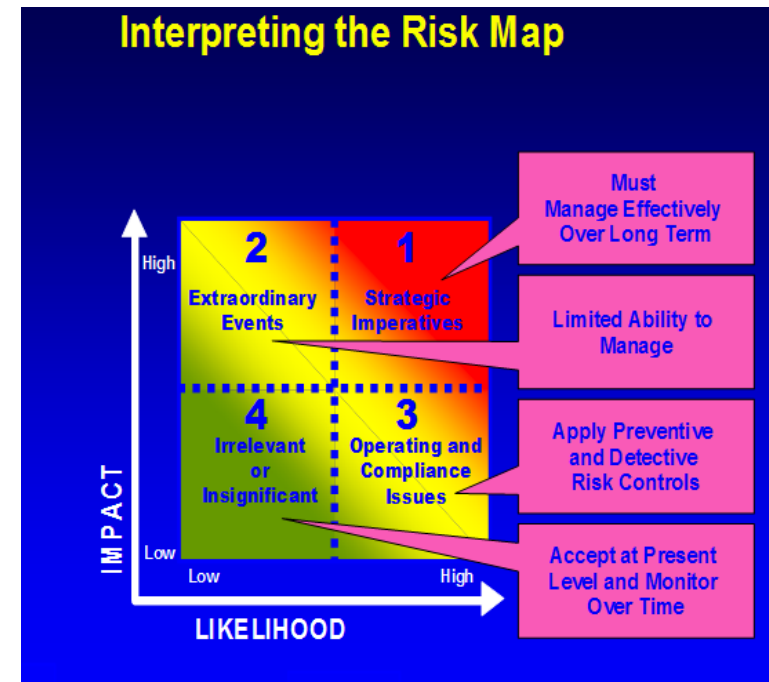
DRAFT IJB RISK REGISTER/RISK MAP FORMAT

Organisation	Inverclyde Integration Joint Board
Date:	24/01/2017

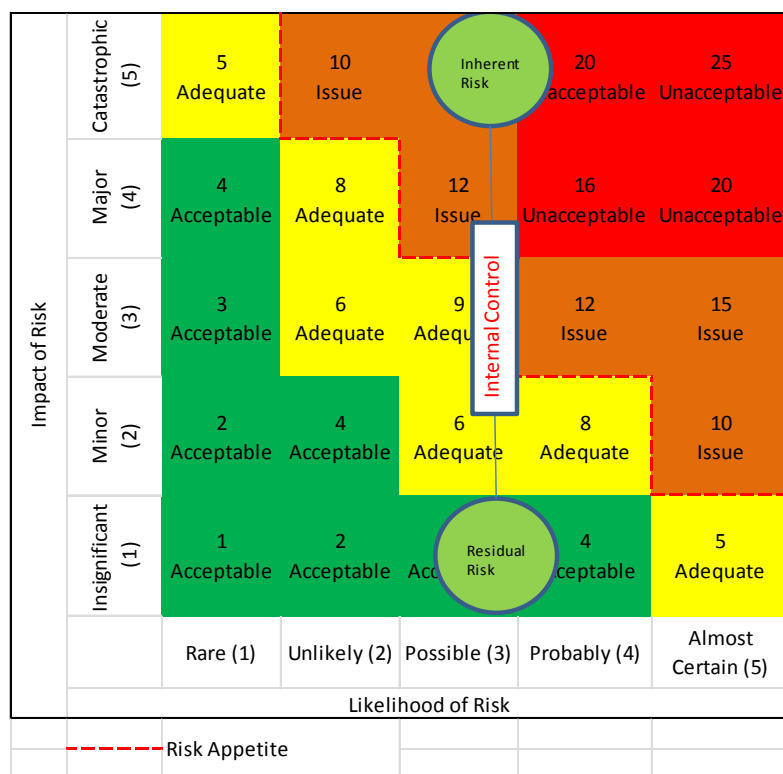
Risk No	*Description of RISK Concern (x,y,z)	IMPACT	LHOO D	Quartile	Risk Score	Current Controls	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
1	<p>Workforce Sustainability Risk due to changing workforce demographics & the type of skills required to deliver services in the future the workforce may not have the skill, experience or capacity to deliver the type & quality of services the community needs. This could be compounded by lack of resources available to invest in training our people.</p> <p>Potential Consequences: Don't attract or retain the right people, don't have an engaged & resilient workforce, service user needs not met, strategic plan not delivered, & reputational damage.</p>	4	3		12	<ol style="list-style-type: none"> 1. Strategic Plan 2. Workforce Planning 3. Individual development plans 4. Training budgets 	Development of a People Plan - end July 2017	Head of Strategy and Support Services
2	<p>Performance Management Information Risk due to lack of quality, timeous performance information systems to inform strategic & operational planning & decision making.</p> <p>Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, & community needs not met.</p>	3	2		6	<ol style="list-style-type: none"> 1. Performance management infrastructure and reporting cycle 2. Regular financial monitoring reports showing performance against budget and projected outturns 3. Locality planning arrangements 4. Robust budget planning processes 5. Quarterly Performance Reviews 6. Data repository regularly updated 7. Quality strategy and self evaluation processes 	Review of Performance reporting frameworks - end July 2017	Head of Strategy and Support Services
3	<p>Complaints Process Risk of ineffective complaints process due to process complexity & the need to put complaints in writing.</p> <p>Potential Consequences: Missed opportunities to learn from perceived & real errors or mistakes, missed opportunity to address perceived or real problems at earliest opportunity & possibly leading to more serious complaints & litigation later, services do not respond as they should to service user needs, & reputational damage.</p>	3	2		6	<ol style="list-style-type: none"> 1. Complaints process 2. Complaints reporting - including the Annual Complaints report which goes to the Health & Social Care Cttee and IJB 3. Performance management 4. Service user engagement & feedback processes 5. Complaints handling training 6. Complaints Officer 	Transition to new Complaints Processes due to be complete by April 2017	Head of Strategy and Support Services
4	<p>Financial Sustainability / Constraints / Resource Allocation Risk due to increased demand for services, potentially not aligning budget to priorities, or anticipated future budget cuts to our funding partners which means that the level of funding provided by the funding partners to the IJB becomes insufficient to meet national & local outcomes & to deliver Strategic Plan Objectives</p> <p>Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget</p>	4	3		12	<ol style="list-style-type: none"> 1. Strategic Plan 2. Due Diligence work 3. Close working with Council & Health when preparing budget plans 4. Regular budget monitoring reporting to the IJB 5. Regular budget reports and meetings with budget holders 6. Regular Heads of Service Finance meetings 7. Close working with other HSCPs to deliver a whole system approach to financial planning and delivery 	Development of Medium Term Financial Strategy/Plan - end Sept 2017	Chief Financial Officer

Risk No	*Description of RISK Concern (x,y,z)	IMPACT	L'HOOD	Quartile	Risk Score	Current Controls	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
5	<p>Effective Governance Risk through partner organisational restructures causing additional governance complexity, not having the right skills mix on the IJB, lack of clarity of role & ability to make decisions, lack of effective horizon scanning, inability to review the performance of Board, poor communications, or perceived lack of accountability by the public.</p> <p>Potential Consequences: Poor decision making, lack of critical skills lead to 'blind spots' or unanticipated risks, partners disengage from the IJB, dysfunctional behaviours, fail to deliver the strategic plan.</p>	4	2		8	<ol style="list-style-type: none"> 1. IJB themed development sessions carried out throughout the year to update members on key issues 2. Code of Conduct for members 3. Standards Officer appointed 4. Chief Officer is a member of both Partner CMT's & has the opportunity to influence any further governance mechanism changes 5. Regularly planning/liaison meetings between Chief Officer and Chair/Vice Chair 6. Internal and External Audit reviews of governance arrangements 		Chief Officer
6	<p>Understanding Needs of the Community Risk due to lack of quality data about the needs of service users in order to inform decision making & allocation of resources to deliver the Strategic Plan</p> <p>Possible consequences: Poor quality decision making, don't address health inequalities or understand root causes of why they persist, lack of understanding about future needs & service demands, unable to allocate resources appropriately to deliver the strategic plan, high levels of disease, drug & alcohol misuse consume ever more resources.</p>	4	2		8	<ol style="list-style-type: none"> 1. Community Engagement 2. Health Education Programmes 3. Locality planning to enhance local targeting of services 4. Strategic Planning Group 5. Equalities Outcomes as part of the Strategic Plan 6. Strategic Needs Assessment Work which is advanced at a community and care group level 7. The above informs work across care groups and partnership working 	Develop a Community Engagement Strategy for the HSCP - aligned with the CPP - end Dec 2017	Head of Strategy and Support Services
7	<p>Relationship with Acute Partners Risk due to partnership breakdown caused by different priorities & pressures from external stakeholders, lack of trust or effective communication.</p> <p>Potential Consequences: relationship breakdown, dysfunctional working relationships, cannot affect or influence change or priorities, resources skewed towards acute care away from preventative, unable to deliver strategic plan.</p>	4	3		12	<ol style="list-style-type: none"> 1. HSCP/Acute joint working groups 2. CO on HB CMT along with Acute Colleagues 3. Developing commissioning plans in partnership with Acute colleagues 4. Workstreams have been developed within the commissioning framework 	<p>Development of Market Facilitation Plan - Sept 2017</p> <p>Development of Commissioning Plan for Acute - Sept 2017</p>	<p>Head of Strategy & Support Services</p> <p>Head of Adult and Community Care</p>
8	<p>Strategic Capacity Risk due to constrained resources within partner organisations, loss of key people, or lack of commitment to IJB priorities</p> <p>Potential Consequences: partners do not engage or consult with IJB, short term pressures mean long term strategic thinking & planning is neglected, poorer health outcomes for the community, do not address long term entrenched health problems, or deliver the strategic plan</p>	4	2		8	<ol style="list-style-type: none"> 1. Strategic Planning Process 2. Performance Monitoring 3. Workforce development plan 4. Close working of CO and SMT with Senior Officers of HB and Council 5. Staff Partnership Forum 6. IJB Oversight of performance 7. Planning framework 		Head of Strategy and Support Services
9	<p>Legislative/Policy Developments A risk of further legislative or policy development or change which impacts the IJBs ability to deliver its strategic plan</p> <p>Potential Consequences: IJB unable to deliver Strategic Plan, additional unfunded cost pressures, reputational damage</p>	4	2		8	<ol style="list-style-type: none"> 1. Ongoing work of the Strategic Planning Group 2. Close working of the CO and SMT with Senior Officers of HB and Council 3. Horizon scanning through SMT network groups 4. Regular liaison of senior officers with Scottish Government 5. Childrens Services Plan 		Chief Officer

- Unacceptable/Requires active management.**
 High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level. Very High (16-25)
- Issue/Contingency plans.**
 A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan. High (10-15)
- Adequate/Good Housekeeping.**
 May require some risk mitigation to reduce likelihood if this can be done cost effectively, but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same. Medium (5-9)
- Acceptable/Review periodically.**
 Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed. Low (1-4)



Inverclyde Integration Joint Board Risk Scoring Guide



Risk Impact	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with severe costs/fine	Public fines and censure, regulatory veto on projects/ withdrawal of funding. Major adverse corporate litigation
Operational/ Continuity	An individual service or process failure	Minor problems in specific areas of service delivery	Impact on specific customer group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups
Likelihood	1	2	3	4	5
	Rare	Unlikely	Possible	Probable	Almost Certain
Definition	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next 3 years	Likely to occur in the next year	Very likely to occur in the next 6 months

4.0 BACKGROUND

4.1 This report highlights workstreams that IJB Members should be alert to.

4.2 New Chief Officer

IJB Members will be aware of my imminent retirement. I am pleased to advise that selection and interview has taken place in line with the process approved by the IJB in November 2016. The preferred candidate is Louise Long, who started her career in 1998 as a social worker in Glasgow and is currently Head of Children and Families and Chief Social Work Officer at Argyll and Bute Council, a position she has held since 2012. Prior to that she was Head of Children's Services at South Ayrshire Council and before then a service manager at both South Ayrshire and East Renfrewshire Councils.

Louise was manager of Glasgow University's 'Children at the Centre' project and between 1998 and 2004 managed services at the Aberlour Childcare Trust. Louise therefore brings a great deal of experience and a track record of leadership across a range of sectors. The IJB will be asked to formally appoint Ms Long, who is expected to join the Inverclyde Health and Social Care Partnership in her new position in May 2017. This will therefore be my last IJB meeting as Chief Officer of Inverclyde HSCP.

4.3 Joint Inspection of Children's Services

The Joint Inspection of Services to Children in the Inverclyde Community Planning Partnership area is underway following an announcement on the 2nd of February. The inspection has a 35 week footprint. Offsite scoping is currently taking place. Inspectors will spend three weeks on site, here in Inverclyde. The first of these are week commencing the 8th of May; the second on site week is week beginning 22nd May, with the final week commencing 12th June. High level findings from the inspection are scheduled for 27th June.

4.4 Integrated Children's Services Plan

The Community Planning Partnership is required to submit an Integrated Children's Service Plan to the Scottish Government by 1st April 2017. The plan is at an advanced stage and on target for submission.

4.5 Realising Realistic Medicine

The Chief Medical Officer for Scotland has issued her annual report, "Realising Realistic Medicine", which follows on from her previous Report, "Realistic Medicine", which identified six key questions clinicians, providers, families and patients should continually ask, to establish and affirm that the person receiving health and care is at the centre of decision-making, and that health and care are shaped in a personalised way.

The principles of Realistic Medicine also aim to reduce harm and waste, tackle unwarranted variation in care, and manage clinical and care risks, but from a perspective of what is sensible and desirable from the patient's perspective, rather than a drive to always reach the outward edges of scientific or other technologies. In other words, we should always have the conversation about *should* an intervention or treatment be given, rather than is it *possible* to give the intervention or treatment.

4.6 NHS Greater Glasgow and Clyde New Complaints Procedure

The NHS Board has recently issued its revised complaints procedure, which puts the emphasis on trying to resolve complaints at the time and place where they arise whenever possible. This reflects the Scottish Public Services Ombudsman (SPSO) model complaints handling procedures, and importantly, brings the whole of NHS Greater Glasgow into line with the Inverclyde Joint Complaints Procedures agreed by the IJB at its January 2016 meeting.

4.7 Pride of Inverclyde

The Pride of Inverclyde Awards Ceremony 2017 will take place on Thursday 9th March. The 'Pride of Inverclyde' is a programme that recognises staff or teams that have made an outstanding contribution to service users or the more general work of the HSCP, over and above what would be expected from them. The next Chief Officer's Report will provide an update on the winners.

5.0 PROPOSALS

5.1 The content of this report is for noting only, and to ensure that IJB Members are informed about the business of the HSCP.

6.0 IMPLICATIONS

Finance:

6.1 There are no financial implications in respect of this report.

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					

6.2 Legal:

There are no legal implications in respect of this report.

6.3 Human Resources:

There are no human resources implications in respect of this report.

6.4 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

6.4.1 How does this report address our Equality Outcomes?

6.4.1.1 **People, including individuals from the protected characteristic groups, can access HSCP services.**

Not applicable.

6.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Not applicable.

6.4.1.3 **People with protected characteristics feel safe within their communities.**

Not applicable.

6.4.1.4 **People with protected characteristics feel included in the planning and developing of services.**

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.4.1.5 **HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.**

Not applicable

6.4.1.6 **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Not applicable

6.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

6.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.2 **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.5 Health and social care services contribute to reducing health inequalities.

The emerging Integrated Children's Services Plan will have a Community Planning Partnership focus on reducing inequalities, including health inequalities.

6.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.7 People using health and social care services are safe from harm.

Not applicable.

6.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

The Pride of Inverclyde Awards reinforce to staff that they, and the work they do, are valued by the HSCP and IJB.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP.

8.0 LIST OF BACKGROUND PAPERS

8.1 Realistic Medicine
Realising Realistic Medicine
NHSGGC Revised Complaints Handling Procedure