

**A meeting of the Health & Social Care Committee will be held on Wednesday 8 June 2022 at 3pm.**

**Members may attend the meeting in person or via remote online access. Webex joining details will be sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Tuesday 7 June 2022 how they intend to access the meeting.**

**In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.**

**Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.**

**Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.**

IAIN STRACHAN  
Head of Legal & Democratic Services

## **BUSINESS**

1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>PERFORMANCE MANAGEMENT</b>		
2.	<b>Capital Budget Report – Position as at 28 February 2022</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Head of Finance, Planning and Resources, Inverclyde Health & Social Care Partnership	<b>p</b>
<b>NEW BUSINESS</b>		
3.	<b>Inverclyde Royal Hospital Short Life Working Group</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Inverclyde Learning Disability Community Hub</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
<b>ITEMS FOR NOTING</b>		
5.	<b>The Promise</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

6.	<b>National Care Service Scotland –Feedback from Consultation</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	<b>Inverclyde ADRS Update – May 2022</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	<b>Contingency Accommodation</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</b>		
<b>PERFORMANCE MANAGEMENT</b>		
9.	<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	<b>Paras 6 &amp; 9</b> p
<b>NEW BUSINESS</b>		
10.	<b>Procurement Update – New Social Care Case Management Solution</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the New Social Care Case Management Solution.	<b>Paras 6 &amp; 9</b> p
<b>The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.</b>		
<p>The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.</p> <p>Please note: this meeting may be recorded or live-streamed via You Tube and the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting the Provost/Chair will confirm if all or part of the meeting is being recorded or live-streamed.</p> <p>You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during any recording or live-streaming will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site or You Tube.</p> <p>If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. In making this use of your</p>		

information the Council is processing data which is necessary for the performance of a task carried out in the public interest. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at [dataprotection@inverclyde.gov.uk](mailto:dataprotection@inverclyde.gov.uk)

Enquiries to – **Lindsay Carrick** – Tel 01475 712114

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<b>Report:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>SW/10/2022/CG</b>
	<b>Craig Given Head of Finance, Planning &amp; Resources Inverclyde Health &amp; Social Care Partnership</b>		
<b>Contact Officer:</b>	<b>Samantha White</b>	<b>Contact No:</b>	<b>01475 712652</b>
<b>Subject:</b>	<b>Capital Budget Report – Position as at 28 February 2022</b>		

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## **1.0 Purpose**

- 1.1 The purpose of this report is to advise the Committee of the projected outturn on the capital budget for 2021/22 as at 28 February 2022.

## **2.0 Summary**

- 2.1 The Social Work 2021/22 capital revised estimate is £594,000, with spend to date of £478,000, equating to 80.47% of the revised estimate. Net slippage of £635,000 is anticipated with the advancement of the capital programme in 2021/22.

## **3.0 Recommendations**

- 3.1 That the Committee notes the current projected capital position at 28 February 2022.

**Allen Stevenson**  
**Interim Corporate Director (Chief Officer)**  
**Inverclyde Health & Social Care**  
**Partnership**

**Craig Given**  
**Head of Finance, Planning & Resources**  
**Inverclyde Health & Social Care**  
**Partnership**

## **4.0 Background**

- 4.1 The purpose of the report is to advise the Committee of the current position of the 2021/22 Social Work capital budget.

## **5.0 2021/22 Current Capital Position**

- 5.1 The Social Work capital budget is £10,829,000 over the life of the projects with £594,000 projected to be spent in 2021/22. Net slippage of £635,000 is currently being reported in connection with the implementation of the Swift Upgrade and to reflect pre-contract design stage progress on the New Learning Disability Facility. This has been partially offset by the previously reported advancement in connection with the virement of Covid contingency from the Environment & Regeneration capital programme to address the completion works for the new Crosshill Children's Home. Expenditure on all capital projects to 28 February 2022 is £478,000 (38.89% of approved budget, 80.47% of revised estimate). Appendix 1 details the capital budgets.

### **5.2 Crosshill Children's Home:**

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the original Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018 and had been behind programme when the Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration.
- The COVID-19 situation impacted the progression of the completion works tender which was progressed in 1<sup>st</sup> Quarter 2021 as previously reported. The completion work recommenced on 4 May 2021 with a contractual completion date in early November 2021.
- The works are progressing towards completion on site with internal wall linings and drainage complete, services installations substantially complete with some final fix items outstanding, and with external landscaping substantially complete.
- As previously reported, the Contractor had intimated delays due to supply chain issues and previously anticipated completion in early March 2022. The current position is a projected completion mid-July 2022 with the primary cause linked to the inability to obtain the necessary control mechanisms for the heating system pumps required for the underfloor heating system. The heating system is expected to be operational mid-May to allow the system to be commissioned through the required incremental temperature adjustments. This has delayed the decoration and floor finishes which will progress when the underfloor heating cycle has been completed. It should also be noted that the main contractor continues to report difficulty in securing the necessary approved sub-contractor to undertake the external render works. The Contractor is endeavouring to secure the appropriate labour to allow the render works to be undertaken within the revised programme to completion noted above.

### **5.3 New Learning Disability Facility:**

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Heath & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12<sup>th</sup> March 2020. The progress to date is summarised below:

- Design stage work has been progressing through the design team led by Property Services, however, the process has been protracted due to a combination of continuing construction sector supply chain issues and the requirement to assess site specific development risks and their impact on the developing design proposals.

- Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design.
- Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.
- A more detailed report on the progression of the project is on the agenda for this Committee.

#### 5.4 Swift Upgrade:

The project involves the replacement of the current Swift system. Following delays due to the Covid-19 pandemic, the mini-competition was issued in March 2022 and returns are currently being evaluated. As previously reported, slippage of £600,000 is now included for 2021/22.

## 6.0 Implications

### 6.1 Finance

All financial implications are discussed in detail within the report above

#### Financial Implications:

##### One off Costs

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

##### Annually Recurring Costs/ (Savings)

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

### 6.2 Legal

<input type="checkbox"/>	YES	This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
<input checked="" type="checkbox"/>	NO	

### 6.3 Human Resources

There are no specific human resources implications arising from 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.

## 6.5 Repopulation

There are no repopulation issues within this report.

## Social Work

## Capital Budget 2021/22

Period 11 1 April 2021 - 28 February 2022

Project Name	Est Total Cost £000	Actual to 31/03/21 £000	Approved Budget £000	Revised Estimate £000	Actual to 28/02/22 £000	Estimate 2022/23 £000	Estimate 2023/24 £000	Estimate 2024/25 £000	Future Years £000
<b>Social Work</b>									
Crosshill Childrens Home Replacement	2,315	1,489	221	528	422	248	50	0	0
New Learning Disability Facility	7,400	67	406	66	56	884	5,248	1,135	0
Swift Upgrade	1,101	0	600	0	0	901	200	0	0
Complete on Site	13	0	2	0	0	13	0	0	0
<b>Social Work Total</b>	<b>10,829</b>	<b>1,556</b>	<b>1,229</b>	<b>594</b>	<b>478</b>	<b>2,046</b>	<b>5,498</b>	<b>1,135</b>	<b>0</b>



<b>Report To:</b>	<b>Inverclyde Health and Social Care Committee</b>	<b>Date: 8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No: SW/26/2022</b>
<b>Contact Officer:</b>	<b>Alan Best Interim Head of Service Health and Community Care Inverclyde HSCP</b>	<b>Contact No: 01475 715212</b>
<b>Subject:</b>	<b>Inverclyde Royal Hospital Short Life Working Group</b>	

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## 1.0 PURPOSE

- 1.1 The purpose of this paper is to advise the Health & Social Care Committee of the progress of the Short Life Working Group (SLWG) in relation to the Moving Forward Together (MFT) policy direction by NHS Greater Glasgow & Clyde (NHS GGC) in terms of Acute Services at Inverclyde Royal Hospital.

## 2.0 SUMMARY

- 2.1 NHS GG&C published a briefing paper in November 2020 which was reported to the Health & Social Care Committee in January 2021, detailing the current and future operating environment for services being delivered across GG&C.
- 2.2 As part of NHS GG&C remobilisation, the briefing paper highlighted that residents of Inverclyde will have access to specialist services delivered across the board or in the West of Scotland.
- 2.3 A short life working group was established to better understand the MFT policy direction by NHS GGC and how this policy is shaping the current & future of Acute Services at Inverclyde Royal Hospital (IRH).
- 2.4 The themes explored by the SLWG have included:
  - A better understanding of the vision for IRH within the NHS GG&C Acute estate including Accident & Emergency services.
  - A better understanding of the services currently being delivered at IRH.
  - A better understanding on how communication and engagement can be improved moving forward.
  - Development of the key national and local operational issues for Scottish Ambulance Services delivering services for people across Inverclyde.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Health & Social Care committee notes the progress of the SLWG in clarifying the NHS GG&C Moving Forward Together policy in terms of acute service delivery at IRH and the opportunity to engage positively with the Health Board CEO and Senior Management from the Scottish Ambulance Service.
- 3.2 To note the commitment from the NHS GG&C Chair and CEO NHS GG&C that in terms of the MFT programme that IRH developments and redesign, IRH has a long term future and will play an important part in NHS GG&C Acute Service Estate.

**Allen Stevenson**  
**Interim Chief Officer**  
**Inverclyde Health and Social Care Partnership**

## 4.0 BACKGROUND

- 4.1 NHS GG&C published a briefing paper in November 2020 which was reported to the Health & Social Care Committee in January 2021, detailing the current and future operating environment for some services being delivered across GG&C.
- 4.2 A short life working group was established to better understand the MFT policy direction by GGCHB and how this policy is shaping the current & future of Acute Services at Inverclyde Royal hospital.
- 4.3 The SLWG group has met on the 8<sup>th</sup> June 2021, 28<sup>th</sup> November 2021 and with NHS GG&C Senior Management on the 30<sup>th</sup> November 2021.

### 4.4 SLWG Membership

Councillor Robert Moran	Chair, Labour
Councillor Lynne Quinn	Independent
Councillor Stephen McCabe	Labour
Councillor Ciano Rebecchi	Liberal Democrats
Councillor Graeme Brooks	Conservative & Unionist Party
Councillor Elizabeth Robertson	Scottish National Party
Louise Long	Chief Officer, HSCP
Allen Stevenson	Head of Health & Community Care, HSCP
Alison Munro	Minutes, HSCP

See appendix 1 for Terms of Reference for the group.

### 4.5 Areas of discussion at the SLWG meetings have focused on:

- The exploration of the issues discussed with the Scottish Ambulance Service and the NHS GG&C Chief Executive Officer/Senior Management Team
- Recording of outstanding issues and feedback required regarding the continuation of services at IRH
- Set out a structured plan to support and improve communication and engagement across key stakeholders engaged in the MFT with particular development of services at IRH and the SAS
- An overview and commitment of SAS services to the community of Inverclyde has been given to the SLWG in terms of 999 response (an average of 7 minutes in Inverclyde) and patient transport services based on a Red/Amber/Green triage system where resources are used more effectively, saving more lives and providing the right response first time. This includes the utilisation of Advanced Paramedics
- Discussion regarding the fabric of the IRH building within the health estate
- Discussion in relation to maternity services, including the birthing unit
- Clarification from NHS GG&C Senior management on current pressures on the acute system and the future of acute services at IRH with care being delivered locally where appropriate with service user travel out with of Inverclyde for specialist care only.
- Clinical services continue to be developed at IRH in conjunction with community services to reduce dependency on inpatient care and develop community based care services including digital and e-health
- Jane Grant CEO NHS GG&C has reiterated to the SLWG that Inverclyde Royal Hospital has a significant role to play in NHS GG&C's future with partners working and driving change together

## 5.0 PROPOSALS

5.1 Dialogue will continue with the acute services to ensure that communication lines are clear and that service developments meet the requirements of the community of Inverclyde.

### 5.2 Future Service Development at IRH

- Capital work in the theatre suite at IRH has now completed and a second state of the art laminar flow theatre is now available to support the extended elective orthopaedic programme once the current challenges to inpatient bed capacity decreases to a level that will support this expansion. This will allow IRH to start to deliver as an elective 'Centre of Excellence' in line with the vision articulated in Moving Forward Together. This is a key component of the Board's remobilisation plan post pandemic and further opportunities to expand the role of IRH in this way will be pursued as part of the Board's commitment to developing Surgical Hubs
- The recently developed Medical Day Bed Unit continues to expand the range of services delivered and now includes Respiratory and Cardiology as well as Rheumatology. Future plans include the delivery of services in both gastroenterology and endocrinology. The unit is currently open up to 3 days per week and has capacity to see 12 patients who would previously require attending another site or admission
- Critical care at IRH has been enhanced through the development of the Advanced Nurse Practitioner role to support the clinical skill mix within the team and enhance quality of acute patient care
- Nursing teams in the Emergency Department have been enhanced to ensure an Emergency Nurse Practitioner role is maintained supporting the skill mix and flow within department for minor injury presentations
- The Emergency Department team have been working closely with colleagues in the Out of Hours GP service with the relocation of the Saturday morning service to an area adjacent to the Emergency Department enabling closer working to ensure patients are able to access the right service at the right time
- Services for Older People have recently been significantly enhanced with additional Consultant support from the Clyde team as well as developments in the wider disciplinary team including an innovative Consultant AHP role in Geriatric Orthopaedic Rehabilitation
- IRH was the first site to successfully achieve Investors in People award in December 2021. IRH was selected as the first site to implement the programme to help in efforts to attract and retain a talented workforce for the Hospital

### 5.3 Agreed Outcome on conclusion of the Short Life Working Group:

- Roll out the new newsletter format to Inverclyde community and Councillors developed during Covid including promoting the good work being undertaken at IRH to provide reassurance to the communities and update them any changes at the earliest opportunity
- Regular updates to the IJB on the Health Board Moving Forward Together Strategy.
- An understanding of the services within IRH with partnership working to understand patient pathways e.g. Birthing Unit ( A 20 Midwife led free standing Unit), Scottish Ambulance Service, A&E and how we link these services together to maximise care locally.
- Support the remobilisation and modernisation of services.
- An understanding of the key areas of service delivery by the Scottish Ambulance Service to Inverclyde including an average response time of seven minutes, new triage system to ensure resources are utilised more effectively providing the right response at the right time, Specialist Response teams, Patient Transport Services, Advanced Paramedics, Community First Response , SCOTSTAR Paediatric Retrieval Service.
- Wider estate strategy currently being developed by Health Board with an overview of services within the IRH campus, maintenance program/issues, an understanding of development of clinical services within the Inverclyde Campus and how service users access them.
- A request for Health Board participation within the Inverclyde Alliance.

- Progress from continued dialogue with Acute services in relation to these key areas will be reported to future IJBs to ensure board members are sighted on Acute developments. This will strengthen a sustainable relationship with NHS GG&C Health Board.

## 6.0 IMPLICATIONS

### Finance

6.1 None

#### Financial Implications:

##### One off Costs

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

##### Annually Recurring Costs/ (Savings)

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

### Legal

6.2 None

### Human Resources

6.3 None

### Equalities

6.4 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.

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

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO - This report does not affect or propose any major strategic decision.

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
√	NO

**Repopulation**

6.5 None.

**7.0 CONSULTATIONS**

None

**8.0 BACKGROUND PAPERS**

8.1 NHS GG&C IRH Briefing Paper 2020

## Hospital Short Term Working Group

<b>Name of Group:</b>	Hospital Short Term Working Group																		
<b>Constitution:</b>	<p>Engage with the GG&amp;C NHS Board on proposals to develop hospital services in Inverclyde to gain an understanding of the planned investment in the short, medium and long term and to ensure the community understand changes to hospital services.</p> <p>Work with the Board to inform and support the provision of high quality sustainable acute services to the residents of Inverclyde.</p> <p>Update on the implementation Moving Forward Together.</p>																		
<b>Composition/ Substantive Membership:</b>	<p>The group will be chaired by Councillor Moran. Membership will be constituted as follows:</p> <table> <tr> <td>Councillor Robert Moran</td><td>Chair</td></tr> <tr> <td>Councillor Lynne Quinn</td><td>Independent</td></tr> <tr> <td>Councillor Stephen McCabe</td><td>Labour</td></tr> <tr> <td>Councillor Ciano Rebecchi</td><td>Liberal Democrats</td></tr> <tr> <td>Councillor Graeme Brooks</td><td>Conservative &amp; Unionist Party</td></tr> <tr> <td>Councillor Elizabeth Robertson</td><td>Scottish National Party</td></tr> <tr> <td>Louise Long</td><td>Chief Officer</td></tr> <tr> <td>Allen Stevenson</td><td>Head of Health &amp; Community Care</td></tr> <tr> <td>Alison Munro</td><td>Action Note</td></tr> </table>	Councillor Robert Moran	Chair	Councillor Lynne Quinn	Independent	Councillor Stephen McCabe	Labour	Councillor Ciano Rebecchi	Liberal Democrats	Councillor Graeme Brooks	Conservative & Unionist Party	Councillor Elizabeth Robertson	Scottish National Party	Louise Long	Chief Officer	Allen Stevenson	Head of Health & Community Care	Alison Munro	Action Note
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Louise Long	Chief Officer																		
Allen Stevenson	Head of Health & Community Care																		
Alison Munro	Action Note																		
<b>Responsibilities:</b>	<p>Chair: Councillor Robert Moran</p> <p>Officer Support: Louise Long</p> <p>Action Note: Alison Munro</p>																		
<b>Frequency of Meetings:</b>	Short Life Working Group																		
<b>Quorum:</b>	To be quorate at least 30% of the agreed membership must be at the meeting.																		
<b>Reporting Procedures:</b>	Following each meeting an updated action note will be distributed within one week.																		
<b>Action Note to be circulated to:</b>																			
<b>Review Date:</b>	3 months																		
<b>Date Terms of Reference Approved:</b>	8 <sup>th</sup> June 2021																		

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>SW/*/2022/EM</b>
<b>Contact Officer:</b>	<b>Eddie Montgomery</b>	<b>Contact No:</b>	<b>01475 712472</b>
<b>Subject:</b>	<b>Inverclyde Learning Disability Community Hub</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Committee on the on-going development of the Inverclyde Learning Disability Community Hub project.

## 2.0 SUMMARY

- 2.1 The Business Case activity for the new Learning Disability Community Hub was taken forward and approved pre-COVID. The progression of the project was impacted by the initial lockdown and recovery period and the design stage has been protracted due to a combination of continuing construction sector supply chain issues and the requirement to assess site specific development risks and their impact on the developing design proposals.
- 2.2 The evolving position on achieving net zero emission / carbon standards also has implications for capital projects and future planned investment in the Council's property portfolio. Projects such as the new Learning Disability hub require to consider to what extent future Net Zero targets will be incorporated within the scope / design briefs. The current proposals include a low carbon design approach with an energy in use target that aligns with other National infrastructure programmes. A funding bid has also been progressed through the Low Carbon Fund / Vacant and Derelict Land Investment Programme which has resulted in an allocation of £990,000 to address the enhanced low carbon scope subject to return of the completed final grant offer acceptance which has recently been received.
- 2.3 Over the past 2 years, supply chain insecurity and associated financial pressures have been a recurring issue through the initial impact of COVID and the UK exit from the EU to the most recent impact of the invasion of Ukraine by Russia. This has created an extremely unpredictable market position in terms of construction sector activity through a combination of sharply rising prices for construction materials, disrupted supply chains and labour shortages. The current tendering climate is markedly different as a result with low numbers of tender responses being experienced in open tender situations and with those that are returned generally being heavily qualified including how long the prices can be held open for.
- 2.4 The development of the design for the new Learning Disability Hub has also been challenging in respect of a number of aspects of the proposed site. Investigation work has highlighted limiting factors / site abnormalities as outlined within section 8.0. This, in combination with market forces outlined in 2.3 above and the influence of a low carbon design approach outlined in 2.2 have necessitated a design review and alternative design response to the brief. As detailed within the report and appendices, although this has had a positive effect in reducing the overall project prime cost from the previously developed stage 2 design, there remains a significant budget gap to be addressed to allow the project to move forward.



### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Committee:

- Notes the report and the current stage of development of the project;
- Notes the position with respect to the external grant funding support sought for the project and allocation subject to grant offer acceptance;
- Notes and approves the intended procurement route to market via hub West Scotland;
- Approves the progression of the project based on the alternative design as outlined within section 8.4 and Appendices 2A&B subject to the submission of a report to the June Inverclyde Integration Joint Board and confirmation of the additional funding support required to allow the project to proceed.

**Allen Stevenson**  
**Interim Corporate Director (Chief Officer)**  
**Inverclyde Health & Social Care Partnership**

## **4.0 BACKGROUND**

- 4.1 Approval to progress with the Learning Disability Redesign followed a Strategic Review of Services for Adults with Learning Disabilities in Inverclyde which was signed off by the Integration Joint Board in December 2016. The review concluded that building-based day services were not fit for purpose to address the aspiration of providing a modern service that meets the needs of adults with complex learning disabilities and autism. It also concluded that there was no suitable existing building to refurbish and that a new site would be required to develop a community hub which accommodated the agreed service option of Day Opportunities, Autism Support and the Community Learning Disability Team within a single location.
- 4.2 The Outline Business Case for the new Learning Disability Community Hub was presented to the Corporate Management Team in July 2019 outlining the work undertaken in progressing with the Learning Disability Redesign. The initial site option appraisal identified 28 potential sites across Inverclyde. Following the first stage of the appraisal work, this reduced to eight and then four sites which were considered within the Feasibility Study. A further report was presented to CMT in January 2020 on two preferred sites. Both sites were subject to site investigation work which was completed in December 2019 to allow a final business case to be presented.
- 4.3 The February 2020 Health & Social Care Committee approved the final business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th March 2020.

## **5.0 DESIGN STAGE PROGRESS**

- 5.1 The initial COVID-19 lockdown in March 2020 and on-going situation has impacted the ability to progress the project following the approval of the business case noted in 4.3 above. The construction industry phased re-start commenced in mid-June 2020 with the supply chain and consultants return from furlough continuing into 3<sup>rd</sup> Quarter 2020.
- 5.2 Design stage work has been progressing through the design team led by Property Services, however, the process has been protracted due to a combination of continuing construction sector supply chain issues and the requirement to assess site specific development risks and their impact on the developing design proposals. Specialist consultants were engaged to assess the flood risk of the site and surrounding area ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process. Surveys of the culverted burn within the site and existing retaining wall on the Brachelston Street site boundary were impacted by ongoing supply chain issues. From the ground investigation information it is also known that bedrock is close to the surface of the site which will impact the drainage design and groundworks solutions.
- 5.3 In tandem with the technical design process a legal process connected with the inalienable common good status of the site was also progressed. The proposed change of use for a community Learning Disability Resource Hub has now been concluded with an application to the Court granted in June 2021. All identified legal issues around use of the site have been resolved.
- 5.4 Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. Consultation with service users, families, carers and learning disability staff continues supported by The Advisory Group (TAG).
- 5.5 Regular progress reports have been provided to the Health and Social Care Committee and Integration Joint Board on the development process of the Learning Disability Hub.

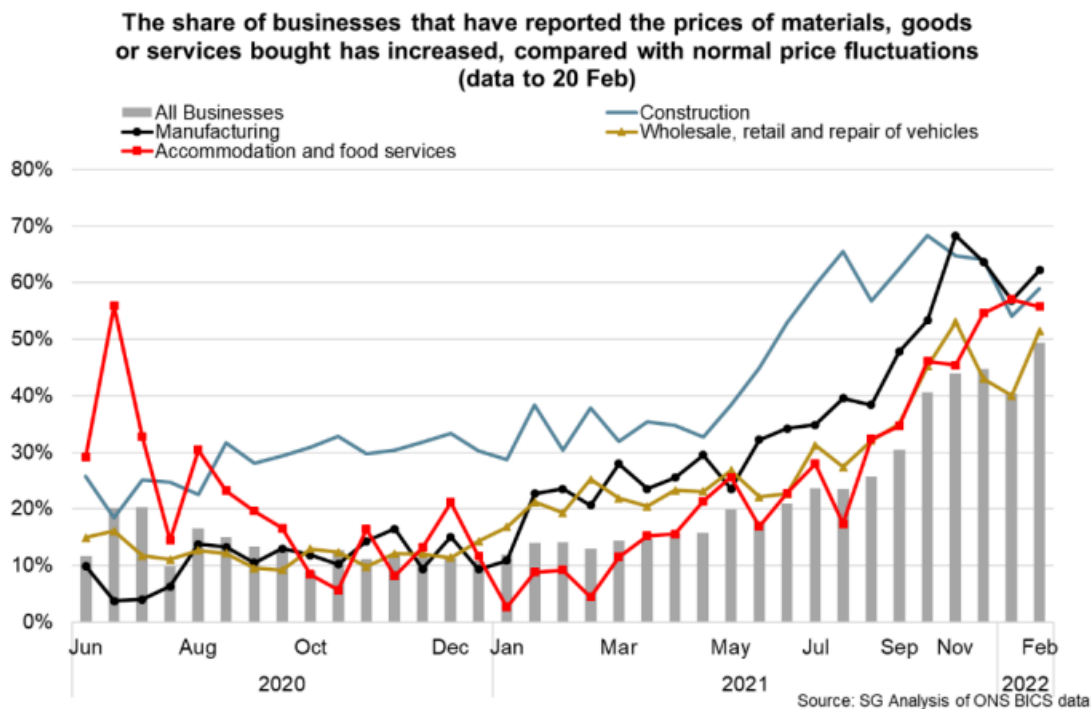
## **6.0 NET ZERO CONSIDERATIONS**

- 6.1 The direction of travel for energy efficiency is obvious, globally and nationally with the associated implications for capital projects and future planned investment in the Council's property portfolio connected with the impending Government legislation on achieving net zero emission / carbon standards. The Council's current capital programme includes projects that require decisions to be made as to what extent the future Net Zero targets will be incorporated with the Learning Disability Hub being one of those projects.
- 6.2 The original Learning Disability Hub project brief and cost plan were developed prior to the evolving position on Net Zero with costs based on meeting current building standards. Any decision to adopt an approach that addresses an improvement on those standards will result in increased cost and also requires to consider the stage of the project and opportunities/constraints of the proposed development site.
- 6.3 In recognition of the above and the imminent revision of Section 6 (Energy) of the Scottish Technical Standards due in 2022 which will require a significant step change in the energy and carbon performance of buildings, the Property Services team have progressed the design based on achieving an energy in use target which aligns with the targets currently being mandated under the Scottish Government Learning Estate Investment Programme. A similar approach was agreed for another current Council capital project (King George VI Refurbishment project).
- 6.4 The capital funding landscape is increasingly moving towards ring-fenced funds which require bids / applications to be made. The increased costs associated with the low carbon elements of the King George VI project noted in 6.3 are being met through an enhanced allocation of Regeneration Capital Grants Fund following successful engagement with Scottish Government. Similarly, the Council submitted a stage 1 application in November 2021 to the Low Carbon Fund / Vacant and Derelict Land Investment Programme (VDLIP) in respect of the Learning Disability project as the proposed site is identified on the Scottish Vacant and Derelict Land Register. The £50 million VDLIP is a capital programme scheduled to run over the five years from 2021/22 to help with tackling persistent vacant and derelict land and supporting place based approaches to delivering regeneration and sustainable inclusive growth, as part of the 'just transition' to net-zero by 2045. The Council was invited to submit a second stage bid to the VDLIP programme for the Learning Disability project and this was completed in February 2022 with an initial notification received on Tuesday 10<sup>th</sup> May of the approval for funding support. The Scottish Government has recently announced the successful Round 2 projects - [Low Carbon Fund: Vacant and Derelict Land Investment Programme projects - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/energy/low-carbon-fund/vacant-derelict-land-investment-programme-projects). The low carbon design elements of the project will be delivered through the £990,000 funding support subject to completion of the grant offer acceptance paperwork which has recently been received with the formal grant offer.
- 6.5 Appendix 3 includes a summary of the estimated project costs including commentary on the elements that have been enhanced to address a low carbon approach to the project delivery and operation.

## **7.0 MARKET CHALLENGES AND RISKS**

- 7.1 Over the past 2 years, supply chain insecurity and associated financial pressures have been a recurring issue through the initial impact of COVID and the UK exit from the EU to the most recent impact of the invasion of Ukraine by Russia. Supply chains at all levels are impacted by rising energy prices due to the influence on operating costs and the impact on outbound and inbound logistics from fuel cost increases. Inflation in most countries has increased to record highs driven by a rebound in economic activity and a further straining of rampant supply chain disruptions. A report by the Interim Director Finance & Corporate Governance was submitted to the April 2022 Inverclyde Council on the contract cost increase and supply issues currently being experienced.

- 7.2 The original budget cost for the project included in the final business case had a base date in 2<sup>nd</sup> Quarter 2019 with an inflation allowance based on Building Cost Information Service (BCIS) indices which assumed a construction commencement on site in 1<sup>st</sup> Quarter 2021. It should be noted that these indices were prior to any of the issues noted in 7.1 above.
- 7.3 A Glasgow City Region Construction Sector Review was produced by the Glasgow City Region Intelligence Hub and issued in early May. This concluded that economic recovery in the construction sector is threatened by a combination of sharply rising prices for construction materials, disrupted supply chains and labour shortages. It also noted that these factors have led to long delivery delays for many contractors and have threatened the sector's capacity to deliver projects. See extract from report (Chart 3) below:



Source: Scottish Government, Monthly Economic Briefing March 2022

- 7.4 The Learning Disability project has been impacted by the unprecedented set of circumstances outlined above which has both prolonged the pre-construction stage and resulted in the projected cost of the project being very difficult to ascertain with any degree of certainty ahead of a formal market testing process. It should be noted that the updated costs obtained through hub West Scotland are caveated noting the inability to provide a cost ceiling given the extremely unpredictable market conditions at present which show no signs of levelling off.
- 7.5 Subject to the identification of additional funding it is intended that the project be progressed to through the remaining design stages to the market testing phase through the hub West Scotland delivery model. The Council has been a participant since 2013 following approval by the Policy & Resources Committee to sign the Territory Partnering Agreement. The Council has successfully delivered seven projects in partnership with hub and this model affords the ability to augment the existing design team with the necessary further resources required to move the project forward. The model also involves early contractor engagement which is a significant advantage in the current market where effective supply chain management is key to obtaining the best response possible through market testing ahead of financial close.

## 8.0 PROJECT COST SIGNIFICANT FACTORS & DESIGN REVIEW

- 8.1 There are a number of areas which are impacting the updated cost position beyond the business case work undertaken pre-covid to inform the initial budget cost. The sections below summarise the significant cost factors and the actions through Property Services to assist in mitigating / reducing as many as possible.

## 8.2 Site Abnormals

**Flood Risk Mitigation** – as noted in 5.2 above the flood risk assessment for the site has resulted in a requirement to raise the level of the main developable site plateau by 1m with the subsequent requirement for a retaining wall and drainage channel along a significant proportion of 2 sides of the site boundary (see Appendix 1C – areas highlighted orange and purple).

**Existing Retaining Structures** – the site includes an existing retaining wall along a significant length of the Brachelston Street side of the site. The proximity of the proposed new building to this structure resulted in a requirement to consider reinforcing this wall (see Appendix 1C – area highlighted blue).

**Existing Culverted Burn** – the site is bounded on the A78 Inverkip Road side by an existing brick built arched culvert. This location and age of the culvert has been a factor in design / placing of the new building (see Appendix 1C – area hatched red).

**Site Levels** – the site has an existing vehicular access at one end which served the former Hector McNeil Baths car park. The remainder of the developable site is at a lower level and this presents a challenge in respect of achieving a fully accessible solution for pedestrians. The design solution developed had included an engineered solution involving walls, sloped footpaths and landings (see Appendix 1C – area shaded green).

**Shallow Bedrock** – the site has a significant amount of bedrock close to the surface. Whilst this can potentially assist in a more economical foundation solution it has a negative impact in respect of the costs involved in providing the necessary foul and surface water drainage including attenuation solution that is generally required of any new development. Whilst the raising of the site by 1m for flood risk mitigation assist this, rock excavation will still be required to a degree in any final design for drainage runs and attenuation crates or similar.

## 8.3 Initial Design Response to Clients Brief

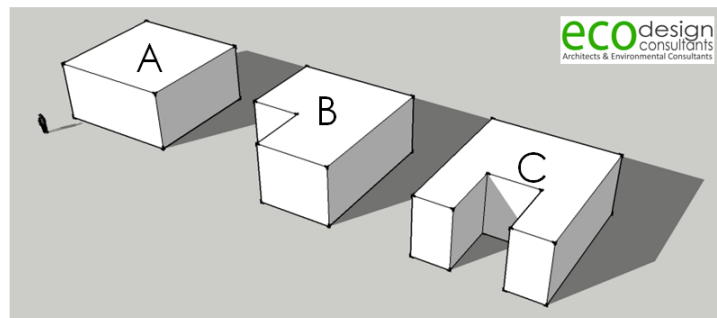
The design response to the Client's brief evolved through extensive consultation and engagement. The plans included in Appendices 1A-C show how the proposed design solution for the site and building were developed to meet both the accommodation schedule requirements and the need to consider how the building users would engage with internal and external spaces. The solution developed was marginally over the original briefed Gross Internal Floor Area of 1,676m<sup>2</sup> at 1,683m<sup>2</sup> (an increase of 7m<sup>2</sup>).

Although the building itself was not significantly in excess of the briefed area, the building form included an internal courtyard (see Appendix 1C – area shaded red) and a significant amount of circulation / activity space impacting the overall efficiency (area hatched red within Appendix 1A). The form also contributed to a footprint that resulted in the proximity to the existing retaining structures and culvert requiring more extensive interventions as outlined in 8.2 above.

In terms of Net Zero and Low Carbon Building Design, there are key considerations in respect of building Form Factor which are outlined below:

- The ratio of external envelope area to floor area or volume ratios can be used as a design driver to improve building energy efficiency;
- Simple singular cubical design is more efficient than multiple, long thin or sprawling buildings;
- Projections from the building envelope increase the form factor;
- Complexity of the external envelope will normally reflect badly in the energy efficiency of a building due to the high risk of air leakage, thermal bridging at corners and junctions, and in the cost of its construction.
- The higher the Form Factor the lower the U-value (rate of transfer of heat through a structure) and the thicker the insulation needs to be to make the building a low energy demand building.

A simple illustration of this is provided below:



	Floor area	Surface area	Heat loss
House A	100m <sup>2</sup>	400m <sup>2</sup>	1,260 W
House B	100m <sup>2</sup>	430m <sup>2</sup>	1,354.5 W 7.5% more
House C	100m <sup>2</sup>	470m <sup>2</sup>	1,480.5 W 17.5% more

#### 8.4 Alternative Design Response

As part of the work involved in preparing the stage 2 application for the Vacant and Derelict Land Investment Programme funding bid, the developing design proposals were cost checked against the original budget. It was evident that the multiple factors covered in sections 6 to 8 above were impacting the affordability of the project. It was also evident that even if the external funding bid were successful in addressing a contribution for the low carbon design elements being investigated, there would still be a significant funding gap to address. It was deemed necessary to fundamentally review the approach to the building design and relationship with the site in respect of the abnormalities.

The design team led the review assisted by an external architect engaged through hub West Scotland. Appendices 2A and 2B include a revised site layout and floor plans reflecting an alternative approach to the building design. The proposals have been developed in consultation with the Client Service.

The alternative design produces a building of circa 1,436m<sup>2</sup> (a reduction of 240m<sup>2</sup>). The building Form Factor is also greatly improved offering a much better proposition in terms of the ability to meet enhanced air tightness targets and design details that support low carbon design and a more efficient build.

The footprint of the building is more compact and this has the added benefit of a better placement on the site offering an opportunity to avoid the need for reinforcement of the existing retaining wall structure adjacent to Brachelston Street. The site levels and proximity to the A78 Inverkip Road embankment were also able to be reviewed to reduce the extent of retaining wall required for flood mitigation and retention of upfill material which is still required to address the flood risk. It has also been possible to review the access into the site to remove the ramped structure in the original scheme with a more straightforward accessible path beside the vehicular access road. The revised design also introduces increased South facing outdoor space which will allow users to freely connect with nature in covered areas and individually themed zones.

The more compact design also offers advantages and efficiencies in terms of the approach to key mechanical and electrical plant and distribution system design. It should be noted however that in both designs the floor to ceiling heights require to accommodate a mechanical ventilation heat recovery (MVHR) approach in alignment with the low carbon design / energy in use targets which includes challenging air tightness targets and a highly insulated building envelope to reduce heat demand.

## 9.0 IMPLICATIONS

### Financial

9.1 The estimated costs associated with this project have been summarised at Appendix 3.

#### One off Costs (Savings)

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report £000	Virement From	Other Comments
<b>Current Allocations</b>					
Capital	Learning Disability	2020/24	7,400		Prudential Borrowing
CFCR	Learning Disability	2023/24	265		Estimated kit out and ICT costs. Funded from EMR.
<b>Potential Additional Allocations</b>					
Capital	Learning Disability	2022/24	990		External grant funding VDLIP
Capital	Learning Disability	2022/24	1,117		Potential capital allocation from prudential borrowing / reserves.

#### Annually Recurring Costs (Savings)

Cost Centre	Budget Heading	With Effect From	Annual Net Impact £000	Virement From	Other Comments
<b>Current Allocations</b>					
General Fund	Loans Charges	2022/23	360		Estimated loans charges to deliver the £7.4m investment.
Learning Disabilities	Running Costs	2022/23	1,327		Estimated sum available for the running costs of the new facility.
<b>Potential Additional Allocations</b>					
General Fund	Loans Charges	2023/24	55		Potential additional loans charges.

As is evident from the summary of costs contained within **Appendix 3** and the tables above, there is a funding gap to be addressed prior to the project being able to be progressed.

The current agreed capital funding allocation of £7.4m is being made available through prudential borrowing funded by the Health and Social Care Partnership. The Committee is requested to note that a report will be submitted to the Inverclyde Integration Joint Board seeking approval to fund the net cost increase either through additional prudential borrowing or from any available reserves.

The recent notification from Scottish Government on the approval of funding support through the VDLIP is a positive development and will result in an allocation of £0.99m subject to completion of the grant offer acceptance paperwork which has recently been received with the formal grant offer.

## Legal

- 9.2 The former Hector McNeil Baths site is inalienable common good land and as such it has been necessary to take forward a consultation under Section 104 of the Community Empowerment (Scotland) Act 2015 and to obtain the consent of the Court under Section 75 of the Local Government (Scotland) Act 1973, in relation to the proposed change of use of the site. Minimal legal costs have been incurred which were contained within the earmarked reserve allocation for one-off survey/project costs.

## Human Resources

- 9.3 There are no human resources issues.

## Equalities

### 9.4 Equalities

- (a) Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>
<input type="checkbox"/>

YES – (see attached appendix)

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

- (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

<input type="checkbox"/>
<input type="checkbox"/>

YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

NO

- (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

<input type="checkbox"/>
<input type="checkbox"/>

YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

NO

## Repopulation

- 9.5 No implications.



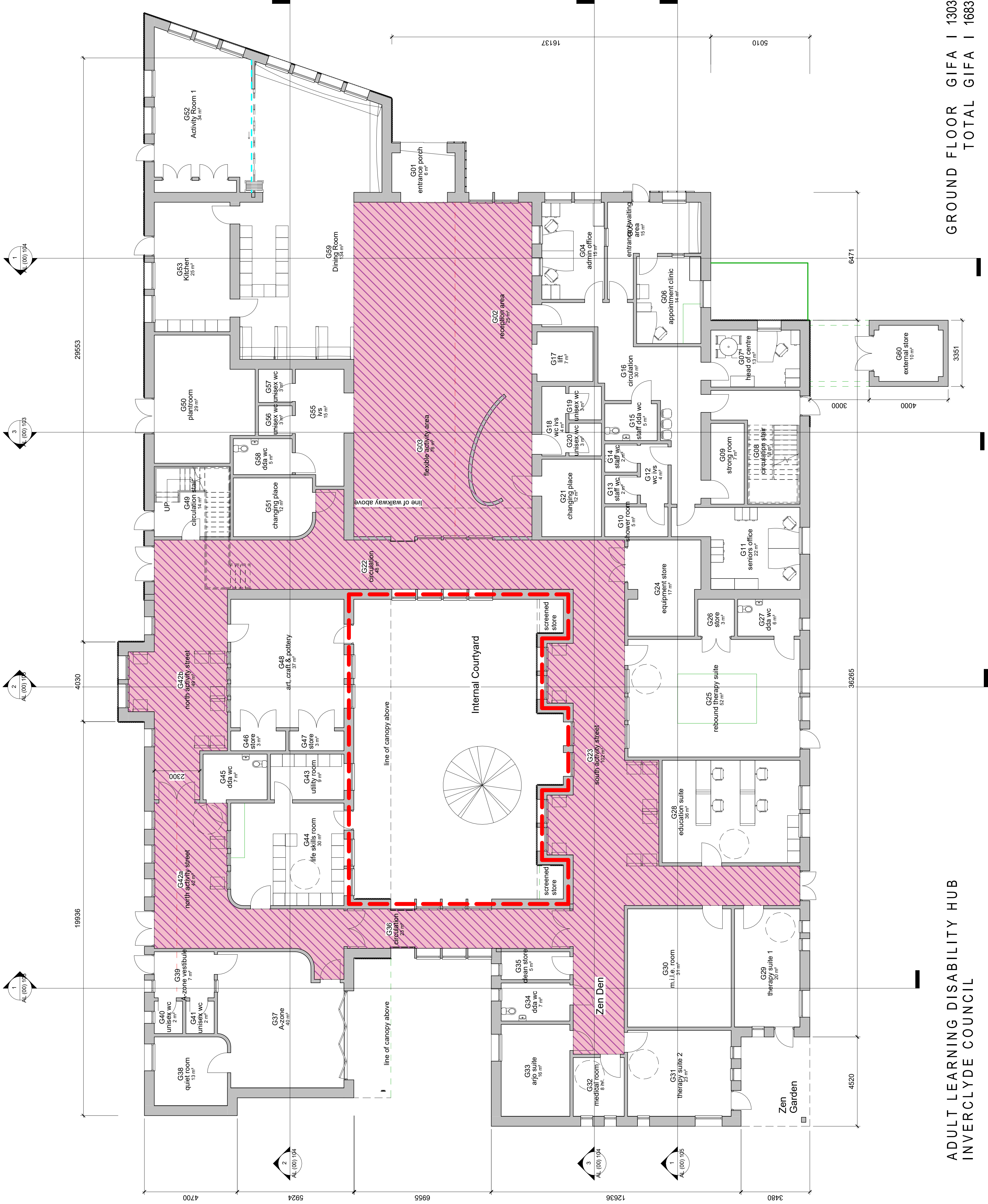
## **10.0 CONSULTATIONS**

- 10.1 The report has been prepared in consultation with the Interim Director for Finance & Corporate Governance, the Interim Director Environment and Regeneration, and the Interim Head of Health & Community Care.
- 10.2 The Learning Disability Service has been consulted on the review of the building design and its ability to meet the current and future needs of the users, including those with autism and those with the most complex needs. The Service is satisfied that the revised design can be developed through the remaining detail design stages and will meet the needs of the service user group and staff teams.

## **11.0 LIST OF BACKGROUND PAPERS**

- 11.1 Net Zero – Capital project / Future Investment Implications – Corporate Management Team – 15<sup>th</sup> July 2021.  
  
Contract Cost Increase and Supply Issues – Inverclyde Council (Report 05) – 21<sup>st</sup> April 2022.  
  
Construction Sector Briefing Note – Glasgow City Region – May 2022.

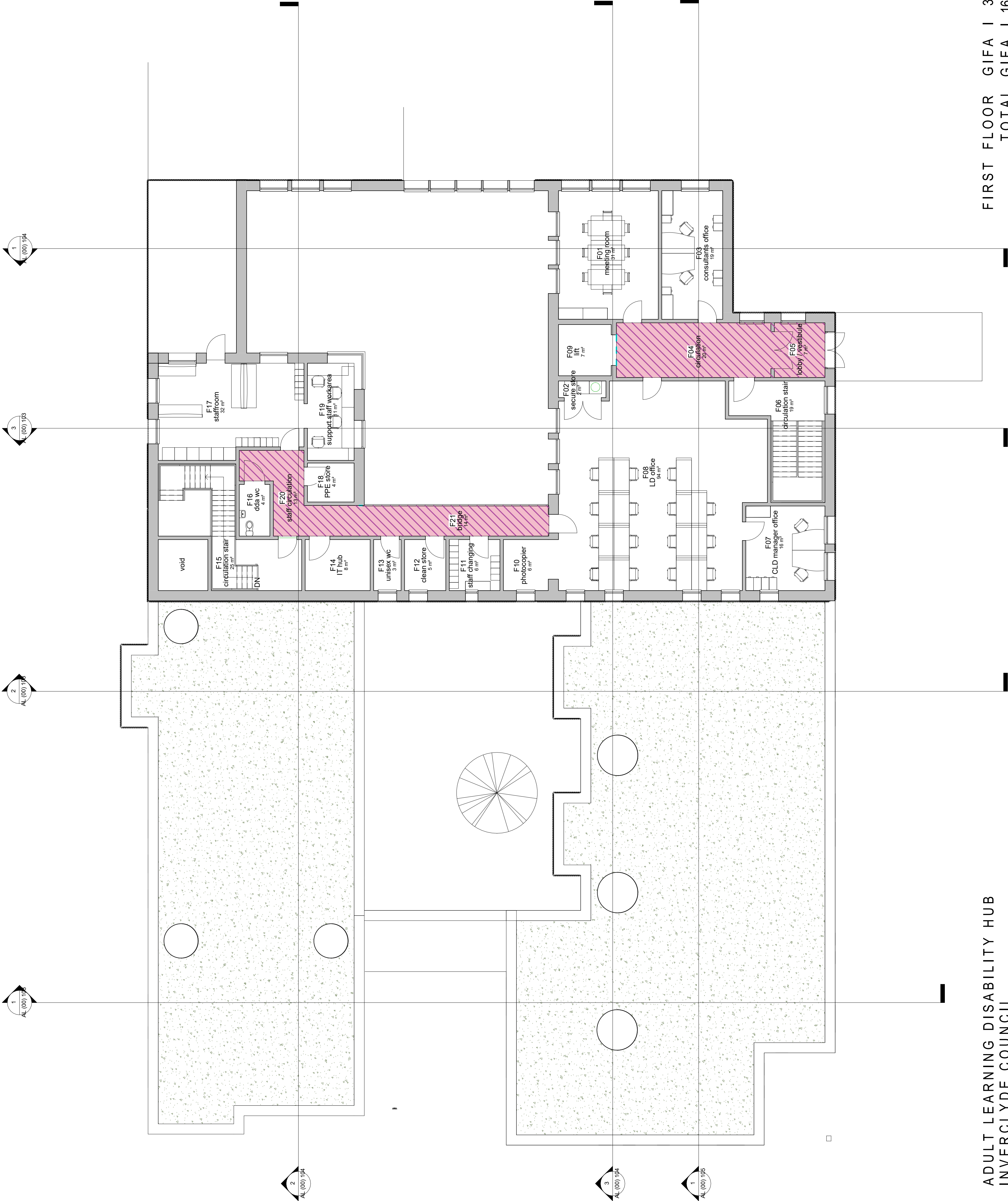
Accommodation Schedule		
Number	Name	Area
F01	meeting room	31 m <sup>2</sup>
F02	secure store	2 m <sup>2</sup>
F03	consultants office	19 m <sup>2</sup>
F04	circulation	20 m <sup>2</sup>
F05	lobby / vestibule	7 m <sup>2</sup>
F06	circulation stair	19 m <sup>2</sup>
F07	CLD manager office	16 m <sup>2</sup>
F08	LD office	94 m <sup>2</sup>
F09	lift	7 m <sup>2</sup>
F10	photocopier	Not Placed
F11	staff changing	6 m <sup>2</sup>
F12	clean store	5 m <sup>2</sup>
F13	unisex wc	3 m <sup>2</sup>
F14	IT hub	8 m <sup>2</sup>
F15	circulation stair	25 m <sup>2</sup>
F16	dda wc	4 m <sup>2</sup>
F17	staffroom	32 m <sup>2</sup>
F18	PPE store	4 m <sup>2</sup>
F19	support staff workarea	11 m <sup>2</sup>
F20	staff circulation	13 m <sup>2</sup>
F21	bridge	14 m <sup>2</sup>
F22	Room	6 m <sup>2</sup>
F23	Room	1 m <sup>2</sup>
F24	Room	92 m <sup>2</sup>
F25	Room	1 m <sup>2</sup>
F26	Room	150 m <sup>2</sup>
F27	Room	101 m <sup>2</sup>
F28	Room	0 m <sup>2</sup>
F30	Room	185 m <sup>2</sup>
F31	Room	37 m <sup>2</sup>
F32	Room	6 m <sup>2</sup>
G01	entrance porch	6 m <sup>2</sup>
G02	reception area	25 m <sup>2</sup>
G03	flexible activity area	76 m <sup>2</sup>
G04	admin office	15 m <sup>2</sup>
G05	entrance / waiting area	15 m <sup>2</sup>
G06	appointment clinic	14 m <sup>2</sup>
G07	head of centre	13 m <sup>2</sup>
G08	circulation stair	18 m <sup>2</sup>
G09	strong room	7 m <sup>2</sup>
G10	shower room	5 m <sup>2</sup>
G11	seniors office	22 m <sup>2</sup>
G12	wc ivs	4 m <sup>2</sup>
G13	staff wc	2 m <sup>2</sup>
G14	staff wc	2 m <sup>2</sup>
G15	staff dda wc	5 m <sup>2</sup>
G16	circulation	30 m <sup>2</sup>
G17	lift	7 m <sup>2</sup>
G18	wc ivs	4 m <sup>2</sup>
G19	unisex wc	3 m <sup>2</sup>
G20	unisex wc	3 m <sup>2</sup>
G21	changing place	12 m <sup>2</sup>
G22	circulation	48 m <sup>2</sup>
G23	south activity street	102 m <sup>2</sup>
G24	equipment store	17 m <sup>2</sup>
G25	rebound therapy suite	52 m <sup>2</sup>
G26	store	3 m <sup>2</sup>
G27	dda wc	6 m <sup>2</sup>
G28	education suite	36 m <sup>2</sup>
G29	therapy suite 1	20 m <sup>2</sup>
G30	m.i.e. room	31 m <sup>2</sup>
G31	therapy suite 2	23 m <sup>2</sup>
G32	medical room	8 m <sup>2</sup>
G33	arjo suite	16 m <sup>2</sup>
G34	dda wc	7 m <sup>2</sup>
G35	clean store	5 m <sup>2</sup>
G36	circulation	23 m <sup>2</sup>
G37	A-zone	40 m <sup>2</sup>
G38	quiet room	13 m <sup>2</sup>
G39	A-zone vestibule	7 m <sup>2</sup>
G40	unisex wc	2 m <sup>2</sup>
G41	unisex wc	2 m <sup>2</sup>
G42a	north activity street	42 m <sup>2</sup>
G42b	north activity street	49 m <sup>2</sup>
G43	utility room	9 m <sup>2</sup>
G44	life skills room	30 m <sup>2</sup>
G45	dda wc	7 m <sup>2</sup>
G46	store	3 m <sup>2</sup>
G47	store	3 m <sup>2</sup>
G48	art, craft & pottery	37 m <sup>2</sup>
G49	circulation stair	14 m <sup>2</sup>
G50	plantroom	29 m <sup>2</sup>
G51	changing place	12 m <sup>2</sup>
G52	Activity Room 1	34 m <sup>2</sup>
G53	Kitchen	25 m <sup>2</sup>
G55	ivs	15 m <sup>2</sup>
G56	unisex wc	3 m <sup>2</sup>
G57	unisex wc	3 m <sup>2</sup>
G58	dda wc	5 m <sup>2</sup>
G59	Dining Room	134 m <sup>2</sup>
G60	external store	10 m <sup>2</sup>



ADULT LEARNING DISABILITY HUB  
INVERCLYDE COUNCIL

GROUND FLOOR GIFA I 1303 m<sup>2</sup>  
TOTAL GIFA I 1683 m<sup>2</sup>

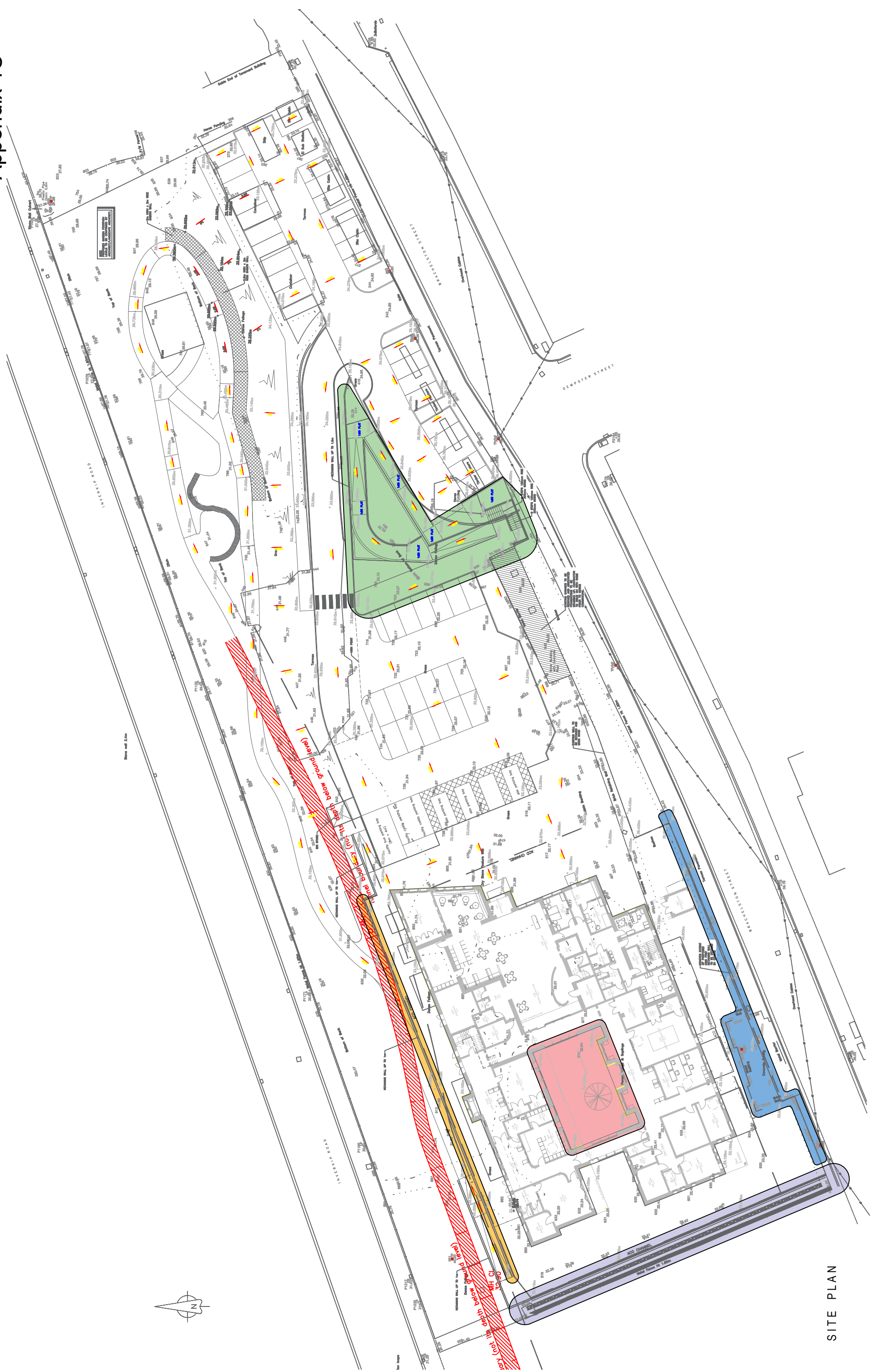
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G23	south activity street	102 m²
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G25	rebound therapy suite	52 m²
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G55	ivs	15 m²
G56	unisex wc	3 m²
G57	unisex wc	3 m²
G58	dda wc	5 m²
G59	Dining Room	134 m²
G60	external store	10 m²



ADULT LEARNING DISABILITY HUB  
INVERCLYDE COUNCIL

FIRST FLOOR GIFA | 380 m²  
TOTAL GIFA | 1683 m²



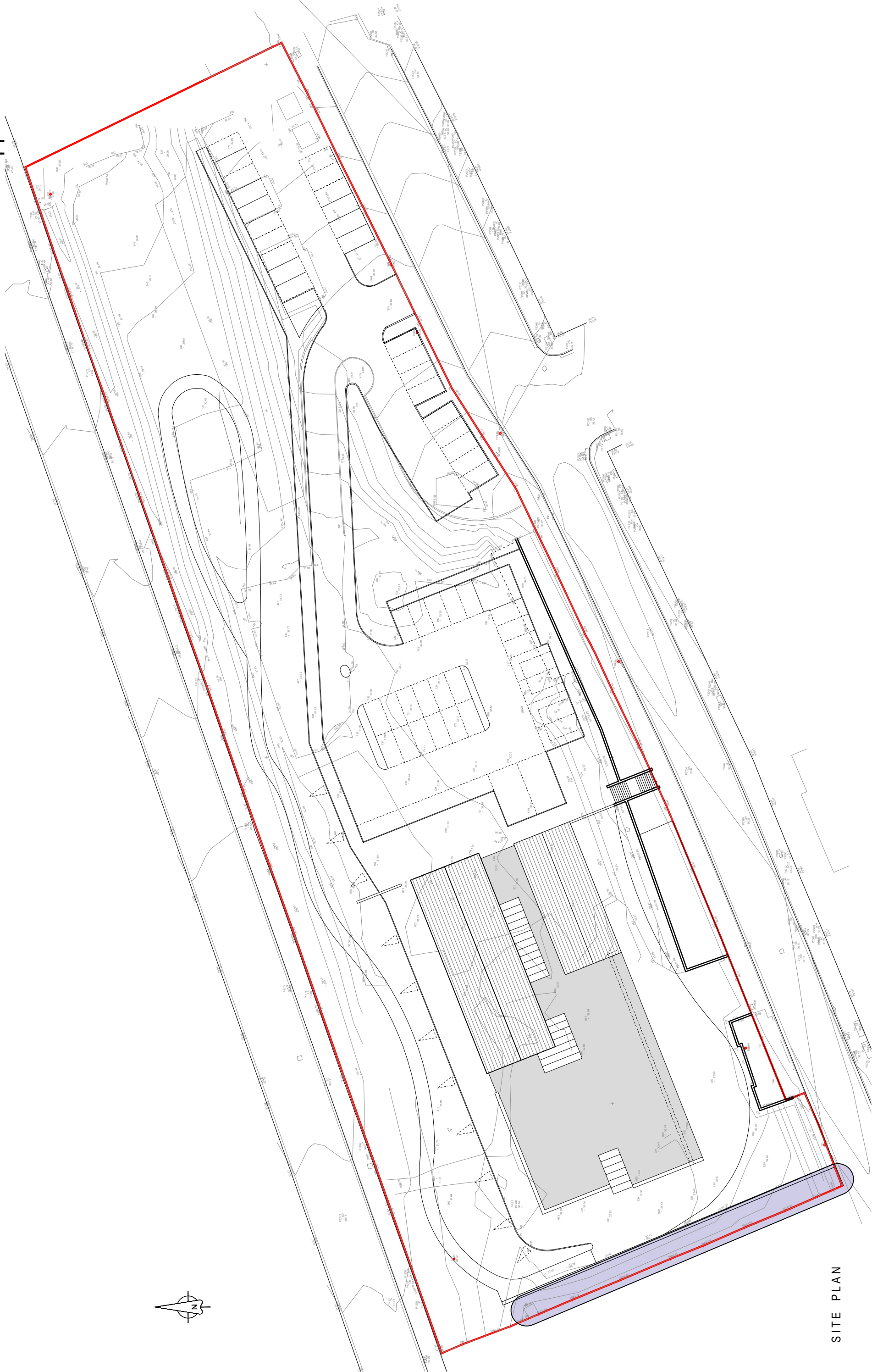


# SITE PLAN

ADULT LEARNING DISABILITY HUB  
INVERCLYDE COUNCIL







ADULT LEARNING DISABILITY HUB  
INVERCLYDE COUNCIL







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<b>Report To:</b>	<b>Inverclyde Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer Inverclyde Health Social Care Partnership</b>	<b>Report No:</b>	<b>SW/21/2022/AG</b>
<b>Contact Officer:</b>	<b>Anne Glendinning Acting Head of Children &amp; Families and Criminal Justice Services Inverclyde Health and Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715368</b>
<b>Subject:</b>	<b>THE PROMISE</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the progression of local activity and delivery of The Promise referred to locally as I Promise (Inverclyde's Promise).

## 2.0 SUMMARY

- 2.1 The Promise was published in 2020 followed by the 2021- 24 plan outlining Scotland's ambition and commitment to ensure that children grow up loved, safe and respected so that they realise their full potential.
- 2.2 Inverclyde HSCP in partnership with CVS Inverclyde and Inverclyde Alcohol Drug Partnership made a successful funding bid to the Promise Partnership in 2021 to establish the I Promise Team. The service pressures associated with the pandemic did create challenges in establishing the team however the I Promise Programme Manager took up post in January 2022 and is joined by the 3<sup>rd</sup> Sector development worker and a coaching and modelling worker.
- 2.3 The I Promise Team is tasked with enabling Inverclyde HSCP to deliver on the five foundations on which The Promise is founded and outlined in Promise Plan 2021-24:-
- A good childhood
  - Whole Family Support
  - Planning
  - Supporting the workforce
  - Building capacity

The Promise is embedded within wider strategic planning processes including children's service planning and it is intended that the I Promise team will have a pivotal supporting role in supporting and enabling partner agencies fulfil their Promise plans.

2.4 The I Promise team have produced quarterly reports that outlines the range of activity undertaken:-

1. Awareness raising with all partner agencies throughout Inverclyde;
2. The consultation with children, young people and families who are care experienced in order to provide a good childhood, provide whole family support and building capacity;
3. Development of the I Promise Board;
4. Whole Family Approach that scaffolds the whole family with the aim of ensuring that children can safely within their family reducing the need for children to be looked after away from home. This has included a small test of change.
5. Test of change focusing on the delivery of Throughcare, Aftercare, and Continuing Care for young people who have been looked after; and
6. Maintaining strong links with the national Promise Team

### **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee note the progression of activity in delivering Inverclyde's commitment to The Promise and the establishment of the I Promise Team.
- 3.2 That members of the Health and Social Care Committee continue to actively support the delivery of I Promise and the system shifts required.

**Allen Stevenson**  
**Interim Corporate Director (Chief Officer)**  
**Inverclyde Health & Social Care Partnership**

## **4.0 BACKGROUND**

- 4.1 The Promise was published in 2020 followed by the 2021-24 plan outlining Scotland's ambition and commitment to ensure that children grow up loved, safe and respected so that they realise their full potential.
- 4.2 Inverclyde HSCP in partnership with CVS Inverclyde and Inverclyde Alcohol Drug Partnership made a successful funding bid amounting to £250,000 to the Promise Partnership in March 2021. The bid was built on existing work streams and pledges by Inverclyde "help me by helping my family" and "nothing about me without me".
- 4.3 The funding allocated was aimed at delivering system changes aligned to The Promise with the condition of partnership approaches following the Scottish Approach to Service Design (SAtdSD). The I Promise Team was established in line with the aim of progressing the cultural and systems changes required to implement The Promise.
- 4.4 The I Promise Team was established in January 2022 delays were experienced due to a range of service pressures and covid response priorities role. The I-Promise Team were recruited predominantly on experience and the ability to establish effective working relationships. This reinforces the importance of relationships and promotes the foundation of People and Voice in the creation of the I-Promise Team and upholds an agile way of working.
- 4.5 The I-Promise Team have a key role in modelling for the wider organisation and as such although there is a structural hierarchy within the team in terms of responsibility, there is no hierarchy in the approach or accessibility of the team to wider stakeholders.
- 4.6 Early activity around the Promise began within the multi-agency Children's Services Planning Partnership in conjunction with the Champions Board. It is hoped that the I-Promise Team will have capacity to support the delivery of the wider Inverclyde planning activity around implementing The Promise providing support from the learning taking place to other agencies and services to develop their own plans to deliver on transformational change.
- 4.7 The I Promise Team is tasked with enabling the HSCP to deliver on the five foundations on which The Promise is founded and outlined in Promise Plan 2021-24 and have produced a brief quarterly report (attached) that provides an overview of the range of activity on the five foundations of the Promise Plan 2021/24:-
  - A good childhood
  - Whole Family Support
  - Planning
  - Supporting the workforce
  - Building capacity

## **5.0 PROPOSALS**

- 5.1 Inverclyde HSCP will continue to implement the learning from I Promise which will shape the delivery of services to children and families across Inverclyde. This will strategically link with the emerging government commitment to Whole Family Wellbeing and preventative spend.

## 6.0 IMPLICATIONS

### Finance

#### 6.1 Financial Implications:

I Promise is funded directly Promise Partnership administered by Cora Foundation on a non-recurring basis.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A	Employee costs		77		I Promise Programme Manager
	Payments to other Bodies		130		3 <sup>rd</sup> Sector Development worker Coaching Modelling worker
			43		Resourcing of consultation / discovery exploration activity/ test of change

Annually Recurring Costs/ (Savings)

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

### Legal

6.2 None

### Human Resources

6.3 None

### Equalities

#### 6.4 Equalities

(a) Has an Equality Impact Assessment been carried out?

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

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

x	YES – The promise seeks to address the human cost of the care system and reduce the disadvantage and inequalities experienced by children and young people
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –.
x	NO

**Repopulation**

6.5 N/A

**7.0 CONSULTATIONS**

7.1 Promise activity across Inverclyde is done in consultation with partner agencies and young people with care experience.

**8.0 BACKGROUND PAPERS**

8.1 I Promise Quarterly Report

**Inverclyde Promise Team**  
**Quarterly Report April 2022**

I Promise team is now been in operation for 3 months with the Coaching and Modelling practitioner joining the Programme Manager and Development Worker. A note of interest in hosting a Business Administration Modern Apprentice is submitted.

The Coaching and Modelling practitioner has also received a place on the Scottish Approach to Service Design School with National Promise Team.



Work is progressing in relation to the **Five Priority areas** within Promise Plan 21-24 in line with national agenda.

### A GOOD CHILDHOOD

Inverclyde Young People and Corporate Parents undertook Stop and Go Pledges which the team are now promoting to aim to meet all 5 priority areas, specifically a good childhood and whole family support.

The Stop and Go Pledges have been made into larger posters and will be displayed within Hector McNeil House and Princes Street House, there will also be available copies of The Promise, Pinky Promise, Plan 21-24 and Change Programme. As detailed:

## INVERCLYDE HSCP PLEDGE 1

### Keeping Families Connected

*"Help me by helping me and my family"*

	<u>My Rights</u>	
<ul style="list-style-type: none"> <li>• Stop birth families from feeling isolated</li> <li>• Stop kinship carers from feeling isolated</li> <li>• Stop services from care planning without the input from appropriate extended family members</li> <li>• Stop separating siblings unless there are <i>safe guarding</i> reasons</li> <li>• Stop putting barriers in place that may limit sibling contact</li> <li>• Stop a lack of information that allows children to form part of their identity</li> </ul>	<p>Article 3 - All adults should always do what is best for you.            Article 8 - You have the right to an identity.            Article 12 - You have the right to an opinion and for it to be listened to and taken seriously.            Article 20 - You have the right to special protection and help if you can't live with your parents.            Article 21 - You have the right to have the best care for you if you are adopted or fostered or living in care            Article 39 - You have the right to help if you have been hurt, neglected, or badly treated.</p>	<ul style="list-style-type: none"> <li>• Birth Ties – A range of support for birth families of children who have been adopted</li> <li>• Support for parents and family members even if children are not returning home</li> <li>• Ensuring children know that support is being offered to their family</li> <li>• Family Ties – A range of support for Kinship carers and extended family members including parents</li> <li>• Early inclusion of extended family members in care planning</li> <li>• Early support for permanent sibling placements</li> <li>• Increase opportunities for siblings who are separated to spend time together and/or build/maintain relationships</li> </ul>

### The 5 Inverclyde Stop Go Pledges are:

- Help me by helping my family
- Nothing about me without me
- Try to keep me where I am and support me for as long as needed
- Help me to understand what's happening and why
- Help people to understand me and my experiences

Creation of I Promise Logo and straplines alternating 5 pledges for correspondence/social media/twitter.



The Promise is at the heart of Inverclyde with the 5 foundations of the Promise given consideration.

Consultation with care experienced children and young people regarding logos and correspondence. These have now been placed onto hoodies and also other merchandise that will be distributed throughout launch day/night or I Promise Board and Open Days.

### Test of Change – Planning (Throughcare, Aftercare, Continuing Care)

Care experienced young people who have moved into their own accommodation or, will be moving into their own accommodation in the near future formed a focus group to explore and discuss in partnership with staff of the Throughcare, continuing care and Aftercare services what changes could be made to improve the service.

Assessment materials were considered with language at the core, group members proposed changes, and paperwork is now referred to as a check-in rather than an assessment. Young People also co designed the new paperwork to be more user friendly using relatable language within the discussion points and influenced the content and options to better reflect the needs of young people. Understanding of the three services and referral route was also explored within the group and workforce.

- The new check in paperwork is now being piloted with Through Care, After Care and Continuing Care Teams alongside service users.
- Name has been proposed by young people to the Going4Ward service one name and one referral door in.
- Referral process – new referral form designed, referrals to 1 central point then coordinated to appropriate worker/team (3 Teams under G4W Service).
- This particular group began to look at language and a further group will be set up to continue to look at language which will feedback into the I Promise board



## What matters to Children and Families?

Consultation mirroring the Independent Care Review with children, young people and families of Inverclyde who are care experienced will determine what we need to do better.

**106** letters are being distributed to Social Workers for young people who are currently subject to Compulsory Supervision Orders this week who will share these with young people aged 14-18 years of age in an effort to introduce the team and meet in person or virtually to obtain their views in relation to their experience and how as a service we can do better.

A further **45** letters will be sent to 11-13 year olds.

And **74** letters will be sent to 4-11 year olds.

As noted the consultation that we undertake with children, young people and families will be within the realms of the Scottish Approach to Service Design which we understand and value whilst promoting active participation of those involved and this participation has



been from the onset. Proud2care young people have had continued discussions with the team in relation to progressing forward with raising awareness and beginning the consultation process. Being mindful of the digital element of The Promise and recognition of no assumptions in relation to literacy levels the QR code which contains a video ensuring that we are not disadvantaging anyone along with careful planning ahead. A young person within the group reminded that assumptions can never be made regarding literacy levels.

## Copy of letter



Hello Sean,

We are writing to introduce ourselves as Inverclyde's Promise Team. You may have heard about the Promise, for Scotland to be the best place in the world for children and young people to grow up. If you scan the QR code over the page you can see a short video clip, where we further introduce ourselves!

The Promise Team has been formed to reach out to Inverclyde's care experienced children, young people and families here in Inverclyde to have your voice heard and make the right changes. We need to hear from those who know care experience best. You will know from school that it is your right to have your voice heard, this is especially important to us.

We are hoping to have lots of opportunities to hear your voice. We have listed options of how we might be able to do this over the page and invite you to tick the box for what you think would be the best options for you.

The type of questions we will ask you are about your experiences including the support provided, meetings you attend and what we can do to change things. We want to listen carefully to what needs changed.

Everything is confidential and the information that you share will be so important for us to make the right changes, we will not use your names or any other identifying information.

You can return this letter back to your social worker once you have chosen the options over the page.

Thank you for taking the time to read our letter.

Yours sincerely  
Lesley & Erin  
I Promise Team

**We will**  
**#KEEPTHEPROMISE**  
**NOTHING ABOUT YOU WITHOUT YOU**  


Please tick what you think would be the best way for us to support you to have your voice heard and how is the best way to contact you?

- |                                 |                          |                 |
|---------------------------------|--------------------------|-----------------|
| To meet 1-1                     | <input type="checkbox"/> | Email _____     |
| To meet in a group setting      | <input type="checkbox"/> | Mobile _____    |
| To speak over the phone         | <input type="checkbox"/> | House No: _____ |
| A survey via email              | <input type="checkbox"/> |                 |
| To speak over a digital meeting | <input type="checkbox"/> |                 |
| A digital survey                | <input type="checkbox"/> |                 |
| Drop in at school               | <input type="checkbox"/> |                 |

Other:



Erin Power

Lesley Ellis



You can scan here to meet the Team (if you have a camera phone)

If you want to chat more about this or have any questions, we can be contacted via the details below

Email: [ipromiseteam@inverclyde.gov.uk](mailto:ipromiseteam@inverclyde.gov.uk)

Your Voice: 01475 728028 (Erin)

Lomond View Academy: 01475 715020 (Lesley)

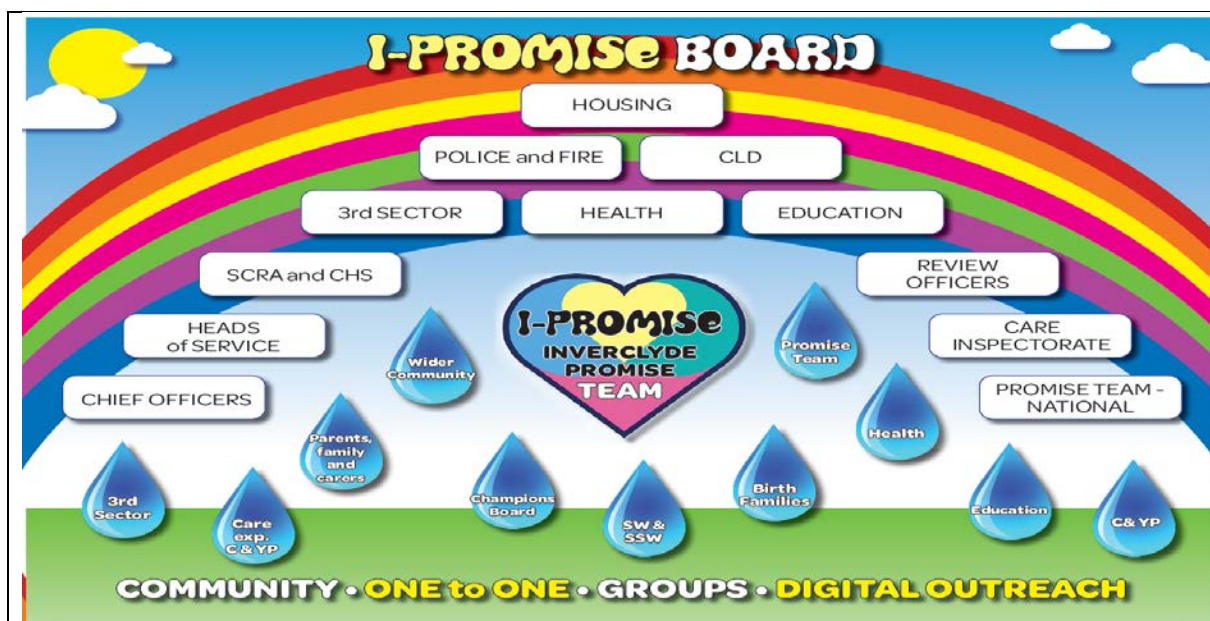
Or you can contact us through your social worker.



## Strategic plan refresh – Big 6 actions.

The Proud2Care young people were part of the consultation process with Head of Service facilitated by I Promise team. The information shared during the discussion was relevant in relation to the priority area of a good childhood in terms of supporting young people with their mental health, having access to information in relation to substance misuse and in addition they shared that in order for this advice to be effective more communication should take place with lived experience people.

## I Promise Board/Championship Board – Corporate Parents.



Connections have already been made current corporate parents in line with Champions Board. This diagram demonstrates the vision for I Promise board. As time is spent with partners and colleagues discussion is and will continue around the importance of Keeping the Promise and the need for Promise keepers to be identified.

Key corporate parents to date who have agreed to forming the I Promise Board are detailed below and discussion is ongoing to bring on board other partners.

- Elected members
- Chief Officer / Executive
- Police Scotland
- NHS
- Scottish Fire and Rescue
- Children's Rights Officer
- Education
- Barnardos
- West College Scotland)

## WHOLE FAMILY SUPPORT

**Family:** where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties that get in the way.

**Scaffolding:** workforce/ supports that would be ready and responsive to families when this is required.

**Test of Change** – a small outreach reach service delivered to 10 families has been in operation aimed at reducing the risk of children and young people being accommodated. Consultation undertaken with social worker/parents has included the following:

- Parents have shared this has been so helpful and supportive
- Parents have also said it was difficult to accept at first but the children love having staff there and it has helped them.
- Good relationships with staff and feel supported
- SW advised that emotional support was very much required and beneficial
- SW advised that the service has so far been successful. I'll be contacting the service to withdraw this week following positive improvements for the family.
- The family have said that the supports have been intrusive at times. This is more about the nature of support rather than individual practice however they were able to engage.

**Alcohol and Drugs Partnership** – Discussion and input has taken place on The National Promise and IPromise regarding Whole Family Approach to Recovery and expectations actions in relation to alcohol and drugs. An input to ADP committee is planned for May.

Recovery community supports were set up in November 2021 and information awareness /referral process of support/recovery cafes with connections made with Social work teams to identify referral pathway to recovery community projects.

All information regarding the service being provided within Inverclyde has been shared with SW Workforce that is offered 7 days per week.

Further discussion being offered to those with lived experience.

**Kinship Carers** – time was spent with Kinship carers who identified a number of barriers with regards to the level of care they are providing to their young people.

## PLANNING

Part of National Guidance CP working group- **Family Group Decision Making** with unborn infants webinar with Edinburgh City Council and time with Reviewing Officers and Service Manager regarding test of change/Pilot ,

Focus on **wellbeing assessments**

The introduction of **Mind of My Own** –a digital tool for ensuring we are meeting the requirements of The Promise in relation to promoting the voice of the child is being explored.

I Promise Team plan to undertake **IROC Award** to ensure that all activity has children's rights at the core.

Attendance at NES Scottish Trauma Informed Leaders Training. Recognition of the importance of the LA being **trauma informed** across the whole workforce.

## SUPPORTING THE WORKFORCE

### Workforce

Awareness raising with SW workforce is almost complete with the consultation and input to 55 plus SSW/SW/SWA/HM within Children and Families. This has included discussion in relation to What are we doing well, what do we need to do better. Statements from The Promise Briefings in relation to our ambitions

A tracking report is underway which includes a baseline of where we are at in terms of plan 21-24/Change programme and what needs to be better in terms of outcomes. This will be shared with workforce following a final session and will include the development day with Throughcare, Aftercare and Continuing Care.

There are a number of key themes being shared from the workforce however what has been identified by the team is the value that the workforce place on relationship based practice with children, young people and families.

Workforce sessions to join the dots of all the supports available to families across Inverclyde from HSCP and 3<sup>rd</sup> Sector partners.

### Emerging themes so far

Family group decision making- Need to facilitate opportunities for families to come up with solutions. Empower our families.

Wellbeing assessments keep repeating the history and almost reaffirming it. Write reports that care experienced children and young people and families WANT to read. Developing a young person report like the Pinky Promise version/style.

Report Writing, needs to be written in a way that young people and families understand. We need to change the language and the way we report. Writing to the child/young person in case notes and also within minutes/plans.

Peer support opportunities – value of lived experience, people supporting each other, building resilience together and empowering each other

Family Time (contact) we need better environments to meet that are friendly and relaxing spaces, family time needs better coordinated so less stigma perceived.

Language -change the language we use to be less stigmatising and more supportive, clear and concise.

Specific actions graded on a traffic light system, used as a baseline for moving forward in terms of their plan.

## **Youth Justice**

### **Plan 21-24 Youth Justice:**

- The disproportionate criminalisation of care experienced children and young person will end
- 16-17 year old will no longer be placed in young offenders institute for sentence or remand
- There will be sufficient community based alternatives so that detention is a last resort
- Children who do need to have their liberty restricted will be cared for in small, safe trauma informed environments that uphold their rights

Social workers involved in delivering youth justice had a session with I Promise team looking specifically at Plan 21-24 objectives and the Change Programme for Youth Justice. In addition information was provided on the National Promise and key details of secure care, restraints and Justice.

## **Partner Agencies**

Child Protection Practitioner's forum were provided with the National Promise and I Promise presentation on 25<sup>th</sup> April 2022. Also delivered to The Best Start in Life Network. Joint working has also commenced with the Parenting Strategy group.

Communication has commenced with Employability and West College Scotland in relation to how we support care experienced children to access college and be supported throughout their course or should they withdraw from their course. Work will continue in relation to a strategy plan along with Virtual Head Teacher for Care Experienced young people.

Continued work with Poverty Action group in terms of contribution to Action plan.

## **4 Children's Houses**

Awareness and development days planned this will include Language matters. National Promise Briefings/Plan 21-24 and specific residential statements.

No 9	27 <sup>th</sup> April 2022
The View	29 <sup>th</sup> April 2022
Kylemore	3 <sup>rd</sup> May 2022
Crosshill	17 <sup>th</sup> May 2022

**Awareness raising with Fostering/Kinship Services** will take place on 4<sup>th</sup> May 2022

**Awareness raising with Adoption Services** on 16<sup>th</sup> May.

Previous days had been spent with **Throughcare/Continuing Care/After Care** - Development Day held including Promise information directed to this service.



**Learning and Development Team /students** - Promise input and discussion (awareness raising and what we are doing well and need to do better) March

Some photos attached.



## BUILDING CAPACITY

Awareness raising with Children's Panel members took place 7<sup>th</sup> March and 14<sup>th</sup> March virtually (Inverclyde panel community) This includes learning from The Promise, what we are doing well and need to improve. These engagements covered local and national Promise plans. The first engagement covered Inverclyde's Promise and then the following week Carol Wassell, Head of Area Support and Community Improvement for Children's Hearing's Scotland spoke regarding CHS delivering the promise and legislation.

Local face to face input is planned for **Thursday 5<sup>th</sup> May 2022** to explore with the panel community regarding keeping the promise. The Foundations will be a focused exercise along with specific briefings from National Promise with regards to Children's Hearings. Photos will follow.

### **POWERED BY YOUNG PEOPLE = Jargon Buster/Language Matters**

The young people have been engaging in Jargon Buster/Language Matters. Here is what they have so far.

#### **LETS STOP USING**

ABSCOND  
CARE PLAN  
CHALLENGING BEHAVIOUR

CONTACT

PERMANENCE  
PLACEMENT

live

RESPIRE

SIBLINGS

STAFF, SUPPORT WORKER, UNIT MANAGER    Their name, My person

RELEVANT PERSON

LAAC

LAAH

SAFEGUARDING

CSO

ICSO

ASSESSMENT

IN CARE

SCATTER FLAT

CASE FILE

TRANSITIONS

#### **THIS SOUNDS AND FEELS BETTER**

Run away; Go missing

Future plans; My plan

Having trouble coping; feeling distressed;

Difficult thoughts

Making plans to see our family; Family meet up time/Family time; Seeing

Dad/Mum/Gran/etc.

My home without disruptions

Our home; My house or the house where I

A break for children (not carers); Day out; Stay over; Sleepover

Our brothers and sisters; People who are related to me

My Story

As noted, a previous test of change relates to the Planning of Throughcare, Aftercare and Continuing Care in terms of their Going4ward paperwork.

### **National Promise linkage**

Attendance at 5 day Design school	Complete with additional 1-1 with lead design
Monthly links with National Promise Team	This includes local authorities/3 <sup>rd</sup> sector
Engagement with COSLA	Re The Promise/GIRFEC/National Promise
Link with neighbouring authorities	Peer learning

Meetings with CORRA	Oversight of spending and work progress
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I Promise Team

27<sup>th</sup> April 2022



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<b>Report To:</b>	<b>Inverclyde Health and Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer</b>	<b>Report No:</b>	<b>SW/23/2022/AH</b>
<b>Contact Officer:</b>	<b>Andrina Hunter Planning and Performance Manager</b>	<b>Contact No:</b>	<b>01475 712042</b>
<b>Subject:</b>	<b>National Care Service Scotland- Feedback from Consultation</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to provide members with the initial feedback received by the Scottish Government in response to their recent consultation on a National Care Service.

## 2.0 SUMMARY

- 2.1 The Scottish Government's consultation on plans to create a National Care Service in Scotland was launched on 9 August 2021 and closed on the 2 November 2021. The consultation followed from an Independent Review of Adult Social Care (known as the Feeley Review) which recommended the setting up of a National Care Service. Inverclyde Council responded to the consultation both in the form of the completed questionnaire and also a written response.
- 2.2 The Scottish Government Consultation has now published a high level summary of the responses received. These responses are collated under the seven key areas of :
1. Improving care for people
  2. A National Care Service
  3. Scope of the National Care Service
  4. Reformed Integration Joint Board: Community Health and Social Care Boards
  5. Commissioning of Services
  6. Regulation
  7. Valuing people who work in social care

The full consultation report can be accessed on the Scottish Government website where all responses can also be accessed.

[www.gov.scot/publications/national-care-service-consultation-analysis-responses/](http://www.gov.scot/publications/national-care-service-consultation-analysis-responses/)

- 2.3 This consultation represented the initial phase of engagement in laying the groundwork for a future National Care Service. The Scottish Government has advised its expectation is to introduce the Bill by the end of this Parliamentary term, including a package of impact assessments, a Financial memorandum and other accompanying documents. The Scottish Government has established a high level National Care Service key Stakeholder Reference Group to continue the ongoing discussion with updates expected on a regular basis.

### **3.0 RECOMMENDATIONS**

- 3.1 Inverclyde Health and Social Care Committee is asked to note the national response to the Scottish Government Consultation on the creation of a National Care Service.
- 3.2 Inverclyde Health and Social Care Committee is asked to note that further reports will be submitted to Committee on the establishment on the National Care Service once further information is available.

**Allen Stevenson  
Interim Chief Officer  
Inverclyde HSCP**

## **4.0 BACKGROUND**

- 4.1 The Scottish Government undertook a public consultation on its proposals for a National Care Service (NCS) to achieve changes to the system of community health and social care in Scotland. The consultation was launched on 9 August 2021 and closed on the 2 November 2021. Inverclyde Council responded to the consultation both in the form of the completed questionnaire and also a written response. The response was approved at committee on the 28<sup>th</sup> October 2021.

[www.inverclyde.gov.uk/meetings/meeting/2391](http://www.inverclyde.gov.uk/meetings/meeting/2391)

- 4.2 The Scottish Government received responses from 1,291 respondents. Two thirds of responses (67%) were made through the Citizen Space portal (862) and 500 were submitted by email or post. 71 written responses were received from organisations in addition to the consultation form, the Scottish Government have considered these as one response. In addition 34 engagement events across Scotland were held by the Scottish Government.
- 4.3 The Scottish Government has advised the consultation process itself attracted a substantial number of comments. In summary, many respondents highlighted issues such as the length of the consultation questionnaire, the relatively short space of time in which they could prepare a response; the lack of detail around the proposals; and the nature of some of the questions which were thought to lead the respondent to a particular answer. Inverclyde Council had raised all of these issues in their response.
- 4.4 The response rates require to be read with a note of caution as not all respondents answered all the questions. E.g. a 75% agreement to a question may only have been answered by 30% of all respondents.
- 4.5 The full consultation report can be accessed on the Scottish Government website where all responses can also be accessed.

[www.gov.scot/publications/national-care-service-consultation-analysis-responses/](http://www.gov.scot/publications/national-care-service-consultation-analysis-responses/)

## **5.0 SUMMARY OF CONSULTATION RESPONSES**

- 5.1 A high level summary of responses is provided for the seven key areas of :

- 1.Improving care for people
- 2.A National Care Service
- 3.Scope of the National Care Service
- 4.Reformed Integration Joint Board: Community Health and Social Care Boards
- 5.Commissioning of Services
- 6.Regulation
- 7.Valuing people who work in social care

## 5.2 Improving Care for People

- A majority of respondents felt that the main benefit of a National Care Service would be more consistent outcomes for people accessing care and support across Scotland (77%) and better coordination of work across different improvement organisations (72%).
- Respondents tended to welcome the opportunity to create greater consistency across Scotland and to offer more guidance for people accessing care and support and staff.
- Risks identified from a National Care Service included:
  - the potential loss of the voices of people accessing care and support and care workers;
  - the impact on local services;
  - the loss of an understanding of local needs and local accountability;
  - the variation of needs across Scotland especially where more rural and remote areas such as the Islands are concerned; and staffing concerns with regards to retention and morale.
  - increased bureaucracy and disruption to those areas that currently work well as the changes are implemented.
- In terms of access to care and support, GP's or health professionals were the most popular response followed by national helplines. Another public sector organisation or a drop in centre were the least popular options.
- The majority of respondents thought that a lead professional to coordinate care and support would be appropriate at an individual level.
- Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning.
- Respondents also expressed strong support for a single plan under the Getting It Right For Everyone National Practice model.
- Around two thirds of respondents thought that there should be a universal right to a break from caring.
- A large majority of respondents agreed that there should be an integrated and accessible social care and health care record (86%) and that information about an individual's health and care needs should be shared across the services that support them (86%).
- There was support for legislation to ensure that care services and other parties provide information in line with common data standards. Concerns were raised by some in relation to data security and GDPR, cybersecurity; and the implementation risks of large national IT systems.
- There was relatively high support for a charter of rights and responsibilities and agreement that there should be a Commissioner for social care.
- Opinion tended to lean towards the view that residents in care homes should make some contribution to the costs, particularly in terms of food and rent, however there was less agreement that care home upkeep should be something for which contributions should be expected, such as cleaning, food preparation, transport, maintenance, furnishings and equipment.
- There was also a majority view amongst both individuals and organisations that the current means testing arrangements should be revised.

## 5.3 A National Care Service

- (72%) that responded to this question agreed that Scottish Ministers should be accountable for the delivery of social care through a National Care Service.
- The main themes emerging from the responses to this question related to: the need to avoid adding additional bureaucracy; maintaining local accountability; the role of local authorities; and the challenges faced by rural and remote areas, including the Islands.
- A range of other services were suggested for potential inclusion in a NCS, including aspects of housing, education and transport.

- There were mixed views on whether social care in prisons or children's services
- Other cross-cutting themes which emerged included:
  - The need for more detail on the proposals to inform the debate
  - The need for more detail about the costs of designing and implementing an NCS
  - Transition risks and centralisation
  - The impact on local authority workforces
  - Localism and local accountability
  - The needs of remote and rural areas
  - Human rights and equality issues
  - The extent of the proposed NCS
  - The delivery of services under the NCS

#### 5.4 Scope of the National Care Service

- Overall, the majority of respondents agreed that Children's Services should be included in a National Care Service (NCS).
- A number of key stakeholders however did express concerns about the proposals with several suggesting that more evidence on the likely benefits of the proposals is required.
- There were a number of risks identified including the potential loss of a local dimension to responding to need and the potential loss of the link to education.
- Around 70% agreed that the proposed NCS and the Community Health and Social Care Boards (CHSCBs) should commission, procure and manage community health care services.
- The main reasons given in support of the proposals related to a more streamlined and consistent service and improved accessibility for people accessing care and support.
- Reasons given by those who disagreed with the proposals included the availability of funding and perceptions of the existing relationships between health and social care.
- The most frequently cited benefit of CHSCBs managing GPs' contractual arrangements was better integration of health and social care.
- The most frequently cited risk was unclear leadership and accountability requirements followed by fragmentation of health services.
- The most frequently cited benefit of social work planning, assessment, commissioning and accountability being located within the NCS, was more consistent delivery of services and better outcomes.
- Risks identified included a loss of local understanding, the potential loss of accountability, and the risk that social work would be overshadowed by other services.
- A majority agreed with the proposed leadership role of Executive Nurse Directors and that the NCS should have responsibility for overseeing and ensuring consistency of access to education and the professional development of social care nursing staff, standards of care and governance of nursing.
- There was also strong agreement with the proposal that Executive Nurse Directors should have a role in the proposed Community Health and Social Care Boards.
- Nearly two thirds agreed that Justice Social Work should be included within the remit of the NCS (62%).
- Reasons given included the need to keep all forms of social work together and the fact that offending behaviour is often linked to other care needs.
- A majority of respondents (72%) also agreed that responsibility for social care services in prisons should be given to a National Care Service.
- Reasons given included better support for prisoners with mental health problems or learning disabilities and smoother transitions at the point of release, amongst others.
- A majority also agreed that Alcohol and Drug Partnerships would have the benefits of providing greater coordination of Alcohol and Drug Services (81%) and better outcomes for people accessing care and support (75%).

- Confused leadership and accountability was viewed as the main drawback of the Partnerships. Three quarters agreed that they should be integrated into the CHSCBs.
- Eight in ten agreed that residential alcohol and drug rehabilitation services could be better delivered through national commissioning.
- Around three quarters of respondents agreed that the list of mental health services provided in the consultation document should be incorporated into a NCS.
- There was a general agreement around the potential benefits of a National Social Work Agency.
- Two thirds agreed that the proposed Agency should be part of a NCS (66%).
- Around 80% thought the Agency should have a leadership role in relation to social work improvement, social work education; and a national framework for training and development.

## **5.5 Reformed Integration Joint Board: Community Health and Social Care Boards**

- Around three quarters agreed that Community Health and Social Care Boards (CHSCB) should be the sole model for local delivery of community health and social care in Scotland.
- Benefits mentioned included greater standardisation across Scotland, as well as helping to improve equality of access to services, although some were concerned about the potential lack of local decision making and that a "one size fits all" approach would not work.
- The majority of respondents also agreed that CHSCBs should also be aligned to Local Authority boundaries (81%).
- A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers.
- In line with this, there was a strong majority in support of the proposal that all Board members should have voting rights.
- A large proportion (78%) agreed that the Boards should employ Chief Officers and their strategic planning staff directly.

## **5.6 Commissioning of Services**

- A majority of respondents (83%) thought that an NCS should be responsible for developing a Structure of Standards and Processes.
- A smaller proportion, but still a majority (63%), agreed that an NCS should be responsible for market research and analysis.
- A majority also agreed (76%) that there will be direct benefits in moving the complex and specialist services as set out to national contracts managed by the NCS.

## **5.7 Regulation**

- There was a general agreement with the 10 Principles proposed for regulation and scrutiny.
- Several respondents noted that care should be taken not to overburden providers with too much regulation or scrutiny and that regulation should be proportionate.
- There was also strong support for the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services.
- There was also strong support for the regulator having a market oversight function.
- There was support for the proposal that the regulator should have formal enforcement powers which enable them to inspect care providers as a whole as well as specific social care services, with again nine in ten in agreement.

- A large majority of respondents agreed that the regulator's role would be improved by strengthening the codes of practice to compel employers to adhere, and to implement sanctions resulting from fitness to practise hearings.
- There was a view that all workers in the care sector should be regulated.

## **5.8 Valuing people who work in social care**

- There was strong support for the concept of the Fair Work Accreditation Scheme.
- Improved pay and conditions for people working in the care sector were also supported, with 83% of respondents ranking improved pay and 79% ranking improved terms and conditions (improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/ learning time) as factors that would make social care workers feel more valued in their role.
- Some respondents highlighted issues such as the need for parity of pay and terms and conditions across all sectors, including the private and third sectors, and between the NCS and NHS, and the need for more investment in the workforce as a whole.
- The majority of respondents (87%) were in agreement that a national forum should be established to advise the NCS on workforce priorities, terms and conditions and collective bargaining which would include workforce representation, employers and Community Health and Social Care Boards.
- There was agreement that having a national approach to workforce planning as well as providing skills development opportunities for relevant staff in social care would be the easiest way in which to plan for workforce across the social care sector.
- The majority of respondents agreed that the NCS should set training and development requirements for the social care workforce.
- The majority of respondents agreed that all Personal Assistants should be required to register centrally in the future.
- There was also widespread agreement that national minimum employment standards for the personal assistant employer and promotion of the profession of social care personal assistants would be useful.

## **6.0 Next steps**

- 6.1 This consultation represented the initial phase of engagement in laying the groundwork for a future National Care Service. The Scottish Government has advised its expectation is to introduce the Bill by the end of this Parliamentary session, including a package of impact assessments, a Financial memorandum and other accompanying documents. The Scottish Government has established a high level National Care Service key Stakeholder Reference Group to continue the ongoing discussion with updates expected on a regular basis.

## 7.0 IMPLICATIONS

### Finance

7.1

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	Other Comments

### Legal

7.2 There are no legal issues within this report.

### Human Resources

7.3 There are no Human Resources issues within this report.

### Equalities

7.4 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.

### Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
√	NO



(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
√	NO

**7.5 Repopulation**

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

**8.0 CONSULTATION**

8.1 The Scottish Government has published all received consultation responses.

[https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/consultation/published\\_select\\_respondent](https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/consultation/published_select_respondent)

**9.0 LIST OF BACKGROUND PAPERS**

N/A

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<b>Report To:</b>	<b>Inverclyde Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer Inverclyde HSCP</b>	<b>Report No:</b>	<b>SW/25/2022/GB</b>
<b>Contact Officer:</b>	<b>Gail Kilbane, Service Manager Alcohol and Drug Recovery and Homelessness Services</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>INVERCLYDE ADRS UPDATE – MAY 2022</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Health And Social Care Committee with an update of activity within Inverclyde Alcohol and Drug Recovery Service.

## **2.0 SUMMARY**

- 2.1 As previously reported Inverclyde Alcohol and Drug Recovery Service (ADRS) completed a service redesign, delayed as a result of the COVID pandemic.
- 2.2 This report outlines the ongoing progress being made within the service to meet new and emerging challenges as we roll out Medically Assisted Treatment (MAT) Standards and outlines other up and coming guidance impacting on the service.

## **3.0 RECOMMENDATIONS**

The Health and Social Care Committee is asked to:

- 3.1 Note ongoing developments within the service; and
- 3.2 Note key challenges in rolling out Medically Assisted Treatment (MAT) Standards and other new care and treatment initiatives.

**Allen Stevenson**  
**Interim Chief Officer**  
**Inverclyde HSCP**

## **4.0 BACKGROUND**

- 4.1 Inverclyde Alcohol and Drug Recovery Service is based within the Wellpark Centre, Greenock. It is one, albeit the largest partner which makes up the Inverclyde Alcohol and Drug Partnership (ADP).
- 4.2 The service delivers a frontline service to those with the most complex needs from a core service budget. Delayed recruitment to posts during the pandemic impacted on the ability to spend the full budget allocated in the financial year April 2021 – March 2022. All core funding from April 2022 is fully committed within the service.
- 4.3 In addition, ADRS was the recipient of two small, time limited funding streams, via the ADP, from CORRA Foundation to pilot work at Dubbs Road, Port Glasgow to develop Primary Care Liaison via a Band 7 Team Leader/Co-ordinator and a Band 6 Senior Addictions Liaison Nurse, supported by a part time Band 3 Administrator. Funding for this came to an end so we have used service underspend to extend these posts until September 2022 as we recognise the need to continue the current support to Primary Care and look at ways to expand this support in line with Board wide guidelines in order to better meet MAT 7.
- 4.4 Funding from the SG Drug Death Task Force enabled ADRS to recruit a Band 6 Senior Addictions Liaison Nurse to respond to people identified by partners as being at high risk of overdose or who have taken and overdose and require a nursing assessment/ input until March 2023.
- 4.5 These fixed term singleton posts have joined with other liaison roles within an Assertive Outreach Liaison Team to provide a timely response to those who are reluctant to engage or have disengaged from the service, fallen out of treatment or potentially present as high risk of harm to themselves.
- 4.6 Referrals to date for addiction liaison assertive outreach team including NFOD response is 287 currently. These are from a variety of settings including SAS database, ADRS, Primary Care and homelessness (these figures don't include acute in patient referrals). There is scope to further develop this by providing reactive capacity and supporting infrastructure to offer crisis intervention on a 7 day basis to support full implementation of MAT Standard 1.
- 4.7 As Inverclyde ADRS works to develop and deliver a range of care and treatment options locally, collaboration with ADRS colleagues across the NHS GGC area on a range of workstreams to support practice development, clinical and care guidelines and governance arrangements. Inverclyde has led on the new Draft Alcohol Pathway and contributed to a range of practice developments including DNA Guidelines, Violence and Aggression Pathway, Drug and Alcohol Management in Acute Setting and Bereavement and Loss procedures.
- 4.8 Reporting on MAT Standards is a key challenge for Inverclyde ADRS and across the GGC Boardwide area. Some services have access to additional resource to undertake:-

### **Current Developments**

- Final recruitment of Social Care staff/ Nursing staff following service redesign;
- Scottish Trauma Informed Leaders Training (STILT) completed for managers;
- Appointment system to ensure same day access to treatment (MAT 1);
- Buvidal clinics commenced – 20 patients currently on treatment;
- Increased community alcohol detoxification;
- Alcohol MDT established;
- Partnership with Justice to develop local Drug Testing and Treatment Order(DTTO) procedure;
- Structured deferred sentence pathway in collaboration with Justice and Moving On;
- Re-establish ADRS support to Shared Care Clinics in Primary Care – incremental increase from May 2022;
- 2 day service clinics established within Greenock Health Centre;
- 1 keyworker clinic within Port Glasgow Health Centre;

- Nurses identified to complete Non-Medical Prescribing course

#### 4.9 Key Challenges

- Fixed term posts/lack of secure future funding increases risk of not being able to deliver on MAT;
- SG MAT Standards Template 1-5 collated by ADP's heavily reliant on ADRS data;
- Current ADRS recording and reporting systems do not align with SG reporting template;
- Completion of template is time and personnel resource intensive for existing ADRS /performance and information staff;
- Lack of infrastructure/GP's to expand Shared Care Model in Primary Care;
- Potential lack care and treatment space within Wellpark Centre as face to face contact with service users incrementally increases as COVID restrictions ease, alongside additional clinical developments.

### 5.0 PROPOSALS

5.1 Inverclyde ADRS will re-establish Care and Treatment Group, Performance and Information Group and Communication and Engagement Group to ensure we continue to develop and deliver on MAT Standards and other care and treatment developments; work through current and any emerging issues in relation to data collection and reporting; and develop a robust engagement plan with service users to inform them of service development and evaluate their experience of using the service.

### 6.0 IMPLICATIONS

#### Finance

#### 6.1 Financial Implications:

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
N/A					

#### Legal

6.2 No implications

#### Human Resources

6.3 No implications

## Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO -

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO

## Repopulation

6.5 No implications

## 7.0 CONSULTATIONS

7.1 None. This will be undertaken with Service Users prior to any future reporting.

## 8.0 LIST OF BACKGROUND PAPERS

8.1 None.

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer</b>	<b>Report No:</b>	<b>SW/27/2022/AH</b>
<b>Contact Officer:</b>	<b>Andrina Hunter Service Manager Planning and Performance</b>	<b>Contact No:</b>	<b>01475 76125</b>
<b>Subject:</b>	<b>CONTINGENCY ACCOMMODATION</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the Home Office's plans to utilise a hotel within Inverclyde for the UK Government's asylum contingency dispersal, and the intention for widening dispersal across Scotland.

## **2.0 SUMMARY**

- 2.1 Scotland, with the exception of Glasgow, has not been involved in asylum dispersal. The demand for accommodation has increased over recent months due to a number of factors including Covid and increasing numbers seeking asylum, therefore contingency hotels are currently being utilised across the UK by the UK Government.
- 2.2 The Home Office has advised a hotel in Greenock will be commissioned by Mears, the UK Government's contracted provider, from the 23<sup>rd</sup> May 2022 to provide asylum contingency accommodation. Extensive work is now underway through the HSCP and wider partners including the 3rd sector to ensure appropriate support is in place.
- 2.3 In addition to the hotel contingency accommodation, the Home Office has advised they intend to widen dispersal across the UK including Scotland. Consultation events with the Home Office have commenced and plans for a regional based approach is developing. Phase one of this will involve the local authorities surrounding Glasgow (including Inverclyde) being utilised for wider dispersal.
- 2.4 A Strategic Oversight Group and an Operation Group have been established within Inverclyde to oversee both the contingency dispersal and the widening asylum dispersal. Learning from Glasgow will be crucial in developing processes for procurement of accommodation and provision of services going forward.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Health & Social Care Committee notes the use of a local hotel by the UK Government as contingency accommodation for people seeking asylum and note the ongoing planning and delivery of services to support this.
- 3.2 It is recommended that the Health & Social Care Committee notes the intention by the Home Office to widen dispersal across the UK and Inverclyde to be in the 1<sup>st</sup> phase of this dispersal.
- 3.3 It is recommended that the Health & Social Care Committee notes the intention for the Council to respond to the Home Office consultation on widening dispersal, this being dealt with by the Interim Chief Officer of the HSCP under the Scheme of Delegation (Officers).

#### **4.0 BACKGROUND**

- 4.1 Inverclyde has for a number of year worked with colleagues from the Home Office and CoSLA in the various resettlement schemes which has seen a number of families successfully resettled within the Inverclyde community.
- 4.2 Scotland, with the exception of Glasgow, has not been involved in asylum dispersal. Glasgow has for a number of years had a partnership with the Home Office and Mears, the UK Government's contracted provider, to accommodate people seeking asylum whilst waiting for the outcome of their application. The accommodation utilised is from a range of their providers including private and social landlords with appropriate governance procedures developed involving key partners to ensure appropriate housing procurement. Accommodation is managed by Mears and support provided by Migrant Help.
- 4.3 The demand for accommodation has increased over recent months due to a number of factors including Covid and increasing numbers seeking asylum therefore contingency hotels are currently being utilised across the UK and more recently across Scotland.

#### **5.0 Hotel Accommodation**

- 5.1 The Home Office and Mears have recently advised that they intend to utilise a hotel in Greenock as asylum contingency accommodation with men seeking asylum arriving in Greenock from late May 2022.
- 5.2 All meals, laundry and welfare support will be provided by Mears and Migrant Help. Feedback and learning from other areas has identified access to health services and access to activities as key therefore HSCP nursing staff have been identified to carry out health assessments and are currently shadowing Glasgow HSCP nursing colleagues who have developed a full range of assessments. Pathways for GP registration and mental health supports are also being developed.
- 5.3 Two Community Connectors have been identified from YourVoice to support the men to access a range of activities locally with YourVoice and CVS currently identifying access to ESOL provision; Laptops; gyms and the like. Wider community involvement may be required in the future.
- 5.4 An Asylum Dispersal Operational Group has been established and is meeting weekly, chaired by the Interim Chief Officer HSCP, involving a range of partners including Mears; Police Scotland; NHS colleagues and the 3<sup>rd</sup> sector.

#### **6.0 Wider Dispersal**

- 6.1 On the 13 April 2022 the Minister for Safe and Legal Migration announced that they would move to a full dispersal model with immediate effect, supported by funding for Local Authorities. To support this a range of informal and formal consultations have commenced to help develop future models of delivery. Within Scotland this is being coordinated through the Strategic Migration Partnership which is supported through CoSLA.

The consultation is not whether we agree with widening dispersal, rather it's to :

- **Agree** the full dispersal process;
- **Quantify** the impacts of asylum dispersal on local government
- **Inform** the build of a sustainable and flexible end-to-end asylum accommodation system
- **Establish** requirements to move to a "place based" immigration process

The consultation runs to the 1<sup>st</sup> July and an online survey response will be required from Inverclyde Council. CoSLA intend to submit their response to Leaders and will share across the Strategic Migration Partnership prior to submission to the Home Office.

- 6.2 Across Scotland, consultation events with the Home Office have commenced and plans for a regional based approach is developing.  
Phase one of this will involve the local authorities surrounding Glasgow (including Inverclyde) being utilised for wider dispersal.
- 6.3 As Glasgow has been a dispersal area for a number of years, learning and support is available and invitations have been extended by them for Inverclyde colleagues to attend various groups to better understand processes. Glasgow have established a Glasgow Partnership Group which meets every two weeks chaired by their HSCP Chief Officer. In addition they have a Housing Procurement Group which meets weekly where any property proposed for use by Mears is identified and discussed as to its suitability. The group involves Police Scotland, Housing Strategy colleagues and others.
- 6.4 Plans are underway to replicate Glasgow's Housing Procurement protocols within Inverclyde which will take into account the suitability of properties identified as potentially being utilised by Mears; landlord registration and the proximity to education and availability of services. A meeting with Mears to have early discussions regarding this took place on the 27<sup>th</sup> May and existing protocols used for accommodation procurement in Glasgow will be utilised.

## **7.0 Unaccompanied Asylum Seeking Children**

- 7.1 In 2021 the UK government rolled out a mandatory National Transfer Scheme (NTS) in accordance with the Immigration Act 2016 to facilitate the safe transfer of unaccompanied asylum seeking children (UASC) across local authorities. Scottish local authorities, who had previously worked a voluntary transfer scheme were supported by COSLA in working towards a national rota weighting that allowed fair distribution across local authorities. Inverclyde's allocation is 1 young person per 45 transferring to Scotland this operated in cycles that are determined by the numbers of USAC entering the UK. Currently Inverclyde supports 5 UASC and a national funding agreement is in place to support this area of work.

## **8.0 Funding and Governance**

- 8.1 There is no funding available to the Council for the hotel contingency dispersal. Costs will be accrued by the HSCP as additional nursing staff and the 3<sup>rd</sup> sector community connectors will require to be funded.  
In relation to the wider dispersal, the Home Office has identified one year funding of £3500 per 'bed space occupied' until the 31<sup>st</sup> March 2023. These costs have been identified based on figures Glasgow City had previously modelled. To support the implementation of a full dispersal model, as part of the consultation process, the Home Office has advised it is committed to undertaking a new burdens assessment. This will be an opportunity to better understand the costs associated with asylum dispersal and engage with the local government sector.
- 8.2 As stated previously an Operational Asylum Dispersal Group has been established. In addition, a Strategic Oversight Group chaired by the Chief Executive has also been established. The group will have oversight for all planned resettlement of people seeking asylum in Inverclyde and in addition for all resettlement schemes in Inverclyde including the New Scots Group.
- 8.3 As part of their induction, all elected members have been briefed on the Home Office plans for dispersal with further briefings to be scheduled as required.



## 9.0 IMPLICATIONS

### Finance

#### 9.1

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					

In relation to the wider dispersal, the Home Office has identified one year funding of £3500 per bed space occupied until the 31<sup>st</sup> March 2023. These costs have been identified based on figures Glasgow City had previously modelled. To support the implementation of a full dispersal model, as part of the consultation process, the Home Office has advised it is committed to undertaking a new burdens assessment. This will be an opportunity to better understand the costs associated with asylum dispersal and engage with the local government sector. Subject to that additional funding being provided, all Council/HSCP activity to support this resettlement will be funded from existing resources.

#### 9.2 Legal

The sharing of personal data from Mears to the Council/HSCP requires to be clarified and information is awaited from CoSLA as to whether a data sharing agreement requires to be in place.

### Human Resources

9.3 There are no Human Resources issues within this report.

### 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.

### Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO

### (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO

### 9.5 **Repopulation**

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

### 10.0 **CONSULTATION**

As part of their induction, all elected members have been briefed on the Home Office plans for dispersal with further briefings to be scheduled as required.

### 11.0 **LIST OF BACKGROUND PAPERS**

N/A