

A meeting of the Social Work & Social Care Scrutiny Panel will be held on Thursday 20 October 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 Wednesday 19 October 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.

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IAIN STRACHAN
Head of Legal & Democratic Services

BUSINESS

1. Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT 2. Revenue & Capital Budget Report – Revenue Outturn Position as at 31 August 2022 Report by Chief Officer, Inverclyde Health & Social Care Partnership and Head of Finance, Planning & Resources, Inverclyde Health & Social Care Partnership	p
NEW BUSINESS 3. National Care Service Verbal update by Chief Officer, Inverclyde Health & Social Care Partnership	p
ROUTINE DECISIONS AND ITEMS FOR NOTING 4. Inverclyde Alcohol and Drug Partnership Update Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
5. Inverclyde Adult Support and Protection Partnership Biennial Report 2020-22 Report by Chief Officer, Inverclyde Health & Social Care Partnership	p

The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.	
6.	Reporting by Exception – Governance of HSCP Commissioned External Organisations Report by Chief Officer, Inverclyde Health & Social Care Partnership
	p

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Enquiries to – Diane Sweeney - Tel 01475 712147

Report To:	Social Work & Social Care Scrutiny Panel	Date:	20 October 2022
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	SWSCSP/13/2022/CG
	Craig Given Head of Finance, Planning & Resources Inverclyde Health & Social Care Partnership		
Contact Officer:	Samantha White	Contact No:	01475 712652
Subject:	Revenue & Capital Budget Report – Revenue Outturn Position as at 31 August 2022		

1.0 PURPOSE AND SUMMARY

1.1 ☐ For Decision ☒ For Information/Noting

- 1.2 This report advises the Health and Social Care Committee of the projected outturn on revenue and capital for 2022/23 as at 31 August 2022.
- 1.3 The projected Revenue Outturn for Social Care as at 31 August 2022 is a £1,228,000 underspend.
- 1.4 The Social Work 2022/23 capital revised estimate is £562,000, with spend to date of £217,000, equating to 38.62% of the revised estimate. Net slippage of £784,000 is anticipated in 2022/23 linked to the on-going development of the programme for the New Learning Disability Facility.
- 1.5 The balance on the Integration Joint Board (IJB) reserves at 31 March 2022 was £28.325 million. Within this balance, specific reserves totalling £3.248 million have been delegated to the Council for use in 2022/23. Spend of £0.071 million has been incurred to date, being 18% of the phased budget. Also within the IJB reserves balance, smoothing reserves of £4.156 million are held in relation to delegated functions to the Council of a more volatile nature, in order to mitigate the risk of in year overspends. Where possible, any over / underspends in these areas are transferred to the earmarked reserve at the end of the year. These assumptions are reflected in the projected position for 2022/23.

2.0 RECOMMENDATIONS

It is recommended that the Social Work & Social Care Scrutiny Panel:-

- 2.1 notes the projected current year revenue outturn of a £1,228,000 underspend at 31 August 2022 as detailed in paragraphs 4.1 - 4.11;
- 2.2 notes the current projected capital position as detailed in paragraphs 5.1-5.4; and
- 2.3 notes the current earmarked reserves position as detailed in paragraphs 6.1-6.2.

Kate Rocks
Chief Officer
Inverclyde Health & Social Care
Partnership

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

3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to highlight the main variances contributing to the 2022/23 projected £1,228,000 underspend.

4.0 2022/23 Current Revenue Position: Projected £1,228,000 underspend

4.1 The table below provides a summary of this position, including the impact on the earmarked reserves.

2021/22 Actual £000		Revised Budget £000	Projected Outturn £000	Projected (Under) / Overspend £000	Period 3 Variance £000	Movement from Period 3 £000
11,555	Children & Families	11,638	11,610	(28)	136	(164)
106	Criminal Justice **	118	234	116	105	11
22,965	Older Persons	28,099	27,348	(751)	(757)	6
8,931	Learning Disabilities	9,822	9,759	(63)	(88)	25
2,507	Physical & Sensory	2,797	2,895	98	97	1
2,174	Assessment & Care Management	2,715	2,591	(124)	(39)	(85)
795	Mental Health	1,218	1,043	(175)	(170)	(5)
498	Alcohol & Drugs Recovery Service	950	781	(169)	(174)	5
1,210	Homelessness	1,296	1,238	(58)	(27)	(31)
1,684	PHIC	1,942	1,938	(4)	4	(8)
2,617	Business Support	4,927	4,857	(70)	(62)	(8)
55,042	Delegated Social Work Budget	65,522	64,294	(1,228)	(975)	(253)
3,472	Transfer to EMR	0	0	0	0	(0)
58,514	Social Work Net Expenditure	65,522	64,294	(1,228)	(975)	(253)

2021/22 Actual £000	Earmarked Reserves	Approved IJB Reserves £000	Revised IJB Reserves £000	Council-related Reserves £000	Projected Spend £000	Projected Carry Forward £000
28,325	Earmarked Reserves	28,325	28,325	7,404	2,880	4,524
0	CFCR	0	0	0	0	0
28,325	Social Work Total	28,325	28,325	7,404	2,880	4,524

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

4.2 Children and Families

The projected underspend of £28,000 for Children and Families sees an increase in projected spend of £164,000 from the period 3 position. The movement in the projected underspend comprises:

- A reduction in spend of £128,000 in Employee Costs, giving a projected underspend of £12,000 at period 5, which relates to additional Social Worker vacancies and slippage in filling vacancies within Integrated Services.
- An increase in spend of £246,000 giving a revised projected underspend of £124,000 against external residential placements at period 5. The increase is due to anticipated delays in 2

young people leaving residential care, together with an allowance for a new placement over the remainder of the year.

- A reduction in spend of £35,000, giving a projected underspend of £68,000 against fostering, adoption and kinship, with the reduction relating to changes in financially assessed kinship payments.

At period 5 there is a projected net overspend of £95,000 for continuing care, which would be funded from the earmarked reserve for that purpose at the end of the year. The transfer is reflected in the projected position in the tables at 4.1.

There are no planned transfers at the end of the year to or from the external residential placements, fostering, adoption and kinship earmarked reserve.

4.3 Criminal Justice

Criminal Justice is currently projected to overspend by £116,000, a minor increase of £11,000 from the period 3 position.

As reported, the overspend is mainly attributable to client package costs of £94,000 shared with Learning Disabilities.

4.4 Older Persons

Older Persons is currently projected to underspend by £751,000, a minor reduction in projected spend of £6,000 from the period 3 position. This reduction mainly comprises:

- A reduction in projected spend for external homecare of £208,000 giving an underspend of £816,000 at period 5. The reduction is mainly due to a lower level of additionality being assumed over the remainder of the year for increased hours expected to be delivered by new providers.
- A minor reduction in projected spend of £24,000 within employee costs, giving a £210,000 underspend across Homecare, Day Services and Respite, which is due to the level of vacancies across these services.
- Continuing recruitment and retention issues, a busy annual leave period and the ongoing Covid 19 staffing implications across both in house and external services are contributing to current pressure on the service to deliver all of their commissioned home care hours.

These are partially offset by:

- An increase in the projected spend of £234,000 within residential and nursing care, giving a projected overspend of £157,000 at period 5, which is due to an increase of 6 long-term beds and additional costs in relation to step down beds.
- Increased projected spend of £43,000 within other client commitments (direct payments and respite) mainly in relation to additional social care packages, bringing the updated projected variance to an overspend of £116,000.

At period 5 there is no planned transfer at the end of the year to or from the nursing and residential placements earmarked reserve.

4.5 Learning Disabilities

Learning Disabilities is currently projected to be underspent by £63,000, an increase in projected spend of £25,000 from the period 3 position. The movement comprises:

- A reduction in spend of £90,000 within employee costs, giving a projected underspend of £283,000 at period 5, which is due to additional vacancies and slippage in filling posts service-wide.
- A projected overspend of £113,000 within client commitments (online at period 3), which is due to a new client package, together with the impact of an anticipated increase in supported living rates.

At period 5 there is no planned transfer at the end of the year to or from the learning disability client commitments earmarked reserve.

4.6 Physical and Sensory

Physical & Sensory is currently projected to overspend by £98,000, a minor increase of £1,000 from the period 3 position.

As reported, the overspend primarily relates to client commitments and reflects the full year impact of package changes from 2021-22 together with anticipated costs of further packages expected in 2022-23.

4.7 Assessment and Care Management

Assessment & Care Management is currently projected to underspend by £175,000, a reduction in projected spend of £85,000 from the period 3 position, due to additional vacancies within the service.

4.8 Mental Health

Mental Health is currently projected to underspend by £175,000, a minor reduction of £5,000 in projected spend from the period 3 position.

As reported, the variance mainly relates to an underspend of £102,000 within client commitments, together with a £73,000 underspend against employee costs due to additional turnover being projected.

4.9 Alcohol and Drugs Recovery Service

Alcohol & Drugs Recovery Service is currently projected to underspend by £169,000, a minor increase in projected spend of £5,000 from the period 3 position.

As reported, this projection is mainly attributable to an underspend of £131,000 within client commitments, together with a £38,000 underspend against employee costs due to vacancies within the service.

4.10 Homelessness

Homelessness is currently projected to underspend by £58,000, a reduction in projected spend of £31,000 from the period 3 position and relates mainly to additional slippage in filling vacancies.

4.11 Business Support

The projected underspend of £70,000, a minor reduction of £8,000 in projected spend from the period 3 position. As reported, this relates to an anticipated over achievement of payroll turnover for the service.

5.0 2022/23 Current Capital Position

5.1 The Social Work capital budget is £12,035,000 over the life of the projects with £1,346,000 projected to be spent in 2022/23. Net slippage of £784,000 (58.25%) is currently being reported linked to the on-going development of the programme for the New Learning Disability Facility as outlined in 5.3 below. Expenditure on all capital projects to 31 August 2022 is £217,000 (16.12% of approved budget, 38.62% of the revised projection). Appendix 4 details capital budgets.

5.2 Crosshill Children's Home:

The final completion and handover of the new building has been impacted by the discovery of a further defect within the drainage system at final testing stage. The defect has now been rectified and a building standards completion certificate has been applied for. It is anticipated that the transfer to the new facility will be completed in early October subject to receipt of the completion certificate.

The final account negotiations for the project are on-going with the overall project cost reconciliation also subject to the engagement and resolution of the original contract and performance bond. A report on the outcome will be brought back to a future meeting of the Panel.

5.3 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The previous update noted that additional funding support was approved at a special meeting of the Inverclyde Integration Joint Board on 20th July 2022 and that a qualifying project request had been submitted to hub West Scotland who are the proposed development partner for delivery of the project.

Property Services have been engaging with hub West Scotland (hWS) in respect of the appointment of the various design consultants and engagement has also commenced with the Client Service on the development of the design proposals. The programme for delivery is currently being reviewed in conjunction with hWS, Property Services and the design team. It should be noted however that the current draft programme is indicating that the earliest the project can be progressed through the remaining pre-contract design stages, statutory approvals (planning/building standards), and market testing phase stage would target financial close in 3rd Quarter 2023 and construction start thereafter. The programme also requires to be developed to integrate the necessary further engagement with service users, families, carers and learning disability staff at key stages of the detail design progression which will be co-ordinated through the Client Service and supported by The Advisory Group (TAG).

It should also be noted that the project, as with all projects and construction activity being undertaken in the current economic climate, remains subject to risk of inflation through a combination of sharply rising prices for construction materials, disrupted supply chains and labour shortages including the on-going impact of increasing fuel/utility costs.

A qualifying project request has now been submitted to hub West Scotland who will engage with Property Services and the Client Service to develop the project proposals through the remaining pre-contract design stages and statutory approval processes ahead of the market testing stage. The initial work will include developing a programme for pre and post contract stages with a further update provided to the next Committee.

5.4 Swift Upgrade

The SWIFT replacement system preferred bidder was OLM systems for their product ECLIPSE. Discovery work including establishment of implementation plans is under way, with the first payment milestone of £100,000 due to be paid following this initial period

6.0 Earmarked Reserves

6.1 The balance on the IJB reserves at 31 March 2022 was £28.325 million. The reserves noted in this report are those delegated to the Council for spend in 2022/23, and smoothing reserves held for areas of volatility within Council services. The opening balance, and balance as at Period 5, on these is £3.248 million and £4.156 million respectively. Current projected spend for 2022/23 is £2.880 million. Any balance remaining will be the subject of a request to carry forward to the next financial year for continuation of projects and to maintain smoothing reserves.

6.2 The smoothing reserves held are for the following service areas:

- Children's Residential Care, Adoption, Fostering & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care,
- Learning Disabilities (LD) Redesign,
- LD Client Commitments
- Pay Contingency

6.3 The projections above do not include the 2022/23 pay award at this stage, as ongoing discussions are taking place with trade unions.

7.0 IMPLICATIONS

7.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	✓		
Legal/Risk		✓	
Human Resources		✓	
Strategic (LOIP/Corporate Plan)		✓	
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

7.2 Finance

All financial implications are discussed in detail within the report.

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					

7.3 Legal/Risk

There are no specific legal/risk implications arising from this report.

7.4 Human Resources

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

7.5 Strategic

There are no specific strategic implications arising from this report.

8.0 CONSULTATION

- 8.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Health Social & Care Partnership and the Head of Finance, Planning and Resources, Inverclyde Health & Social Care Partnership.

9.0 BACKGROUND PAPERS

- 9.1 There are no background papers for this report.

Social Work

Budget Movement - 2022-23

Period 5 1 April 2022 - 31 August 2022

Service	Approved Budget £000	Movements				Transfers (to)/ from Earmarked Reserves £000	Amended Budget £000	IJB Funding Income £000	Revised Budget £000
		Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000				
Children & Families	11,638	0	0	0	0	0	11,638	0	11,638
Criminal Justice	118	0	0	0	0	0	118	0	118
Older Persons	28,026	0	73	0	0	0	28,099	0	28,099
Learning Disabilities	9,359	0	463	0	0	0	9,822	0	9,822
Physical & Sensory	2,607	0	190	0	0	0	2,797	0	2,797
Assessment & Care Management	2,804	0	(89)	0	0	0	2,715	0	2,715
Mental Health	1,222	0	(4)	0	0	0	1,218	0	1,218
Alcohol & Drugs Recovery Service	950	0	0	0	0	0	950	0	950
Homelessness	1,266	0	30	0	0	0	1,296	0	1,296
Planning, Health Improvement & Commissioning	1,792	0	150	0	0	0	1,942	0	1,942
Business Support	5,740	0	(813)	0	0	0	4,927	0	4,927
Totals	65,522	0	0	0	0	0	65,522	0	65,522

Social Work

Revenue Budget Projected Outturn - 2022/23

Period 5 1 April 2022 - 31 August 2022

2021/22 Actual Subjective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
32,184 Employee costs	33,965	34,781	33,741	(1,040)	(2.99)
1,347 Property costs	1,025	1,024	1,060	36	3.52
1,045 Supplies & services	1,005	1,218	1,240	22	1.80
183 Transport & plant	352	397	397	0	(0.15)
900 Administration costs	732	771	771	0	(0.18)
43,886 Payments to other bodies	51,100	50,991	50,636	(355)	(0.69)
(24,503) Income	(22,657)	(23,660)	(23,551)	109	(0.46)
55,042	65,522	65,522	64,294	(1,228)	(1.87)
3,472 Transfer to Earmarked Reserves	0	0	0	0	0
58,514 Social Work Net Expenditure	65,522	65,522	64,294	(1,228)	(1.87)

2021/22 Actual Objective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
11,555 Children & Families	11,638	11,638	11,610	(28)	(0.23)
106 Criminal Justice	118	118	234	116	6.79
22,965 Older Persons	28,026	28,099	27,348	(751)	(2.67)
8,931 Learning Disabilities	9,359	9,822	9,759	(63)	(0.64)
2,507 Physical & Sensory	2,607	2,797	2,895	98	3.50
2,174 Assessment & Care Management	2,804	2,715	2,591	(124)	(4.57)
795 Mental Health	1,222	1,218	1,043	(175)	(14.37)
498 Alcohol & Drugs Recovery Service	950	950	781	(169)	(17.79)
1,210 Homelessness	1,266	1,296	1,238	(58)	(4.48)
Planning, Health Improvement &					
1,684 Commissioning	1,792	1,942	1,938	(4)	(0.21)
2,617 Business Support	5,740	4,927	4,857	(70)	(1.42)
55,042	65,522	65,522	64,294	(1,228)	(1.87)
3,472 Transfer to Earmarked Reserves	0	0	0	0	0
58,514 Social Work Net Expenditure	65,522	65,522	64,294	(1,228)	(1.87)

Social Work

Material Variances - 2022/23

Period 5 1 April 2022 - 31 August 2022

2021/22 Actual	Budget Heading	Revised Budget £000	Proportion of budget £000	Actual to 31/08/22 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
£000							%
	Employee Costs						
1,580	Criminal Justice	1,748	666	606	1,727	(21)	(1.20)
11,462	Older Persons	12,505	4,762	4,513	12,296	(209)	(1.67)
2,502	Learning Disabilities	2,753	1,048	946	2,470	(283)	(10.28)
2,066	Assessment & Care Management	2,424	923	792	2,300	(124)	(5.12)
1,194	Mental Health	1,284	489	456	1,211	(73)	(5.69)
1,012	Alcohol & Drugs Recovery Service	1,230	468	418	1,191	(39)	(3.17)
1,004	Homelessness	1,045	398	355	1,004	(41)	(3.92)
2,123	Business Support	2,341	892	786	2,264	(77)	(3.29)
28,437		25,330	11,713	8,872	24,463	(867)	(3.42)
142	Criminal Justice package costs	0	0	0	94	94	n/a
2,363	Residential Childcare	2,687	1,201	820	2,563	(124)	(4.61)
2,102	Adoption / Fostering / Kinship	2,033	912	908	2,101	68	3.34
37	Children & Families Additional Support	0	0	8	36	36	n/a
14,673	Residential Nursing & Free Personal Care	17,083	6,444	6,047	17,239	156	0.91
3,758	Older People - External Homecare Payments	4,721	1,453	1,124	3,904	(817)	(17.31)
501	Older People - Residential Nursing - other client commitments	642	268	148	758	116	18.07
9,885	Learning Disabilities - Client Commitments	10,582	3,309	3,232	10,695	113	1.07
(174)	Learning Disabilities - Day Care Income	(255)	(64)	0	(166)	89	(34.90)
1,706	Physical Disabilities - Client Commitments	1,940	808	717	2,059	119	6.13
1,567	Mental Health - Client Commitments	1,876	782	556	1,772	(104)	(5.54)
304	ADRS - Client Commitments	515	215	86	384	(131)	(25.44)
36,864		41,824	15,327	13,646	41,439	(385)	(0.92)
65,301	Total Material Variances	67,154	27,040	22,518	65,902	(1,252)	(1.86)

Social Work

Capital Budget 2022/23

Period 5 1 April 2022 - 31 August 2022

Project Name	Est Total Cost	Actual to 31/03/22	Approved Budget	Revised Estimate	Actual to 31/08/22	Estimate 2023/24	Estimate 2024/25	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
Social Work								
Crosshill Childrens Home Replacement	2,315	2,016	249	249	216	50	0	0
New Learning Disability Facility	9,507	133	884	100		3,070	6,204	0
Swift Upgrade	200	0	200	200		0	0	0
Complete on Site	13	0	13	13	1	0	0	0
Social Work Total	12,035	2,149	1,346	562	217	3,120	6,204	0

Social Work

Earmarked Reserves - 2022/23

Period 5 1 April 2022 - 31 August 2022

Project	Lead Officer / Responsible Manager	Earmarked Reserve brought forward	Projected Spend	Amount to be Earmarked for	Lead Officer Update
		£000	2022/23 £000	2023/24 & Beyond £000	
Tier 2 School Counselling	Anne Glendinning	312	42	270	EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020. Projected spend in 2022-23 of £42k reflects shortfall in SG grant against contract.
C&YP Mental Health & Wellbeing	Anne Glendinning	148	148	0	Plan and implement a programme aimed at supporting children and young people in the community whose life chances are negatively impact through mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, 2 FTE staff from Barnardo's, 1 FTE research assistant based in Educational Psychology and 0.2 FTE Educational Psychologist to act as development Officer with backfill.
Refugees	Anne Glendinning	1,077	150	927	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. Updated planned spend being prepared and will be updated for next report.
Autism Friendly	Allen Stevenson	164	164	0	Plans in place to fully spend in 2022-23.
Integrated Care Fund	Allen Stevenson	109	109	0	Plans in place to fully spend in 2022-23.
Delayed Discharge	Allen Stevenson	102	102	0	Plans in place to fully spend in 2022-23.
Winter Planning - Care at Home	Allen Stevenson	712	712	0	Review the current and projected position within the local sector taking account of increased demand and reduced capacity. Staffing within the HSCP has increased while there has been little recovery in the commissioned market. There continues to be significant issues due to a lack of availability of service impacting on unscheduled care and the overall quality of Care at Home.
Dementia Friendly	Anne Malarkey	89	89	0	Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group.
RRTP	Anne Malarkey	136	136	0	RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan.
Welfare - IDEAS Projects	Craig Given	350	93	257	Plans currently being developed. New post being created to achieve outcome, 2x Grade 6 money advisor posts for Advice Services. 2x advice posts for financial fitness. Further delivery tbc for 22/23 and 23/24
Covid Recovery - Establish Inverclyde's Board and Memorial	Craig Given	5	5	0	Creating a social movement that promotes kindness and neighbourly communities
Covid Recovery - Develop Food to Fork project to promote growing strategy	Craig Given	30	30	0	Supporting people to reconnect who have remained at home during COVID
Covid Recovery - Develop Wellbeing Campaign	Craig Given	14	14	0	Mental health support
Pay contingency	Craig Given	891	891	0	Will be fully utilised in 2022-23.
Adoption/Fostering/Residential Childcare/ Kinship	Anne Glendinning	800	0	800	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years.
Continuing Care	Anne Glendinning	425	95	330	To address continuing care legislation.
Residential & Nursing	Allen Stevenson	1,003	0	1,003	This reserve is used to smooth the spend on older people residential and nursing costs over the years.
Learning Disabilities Client Commitments	Allen Stevenson	600	0	600	This reserve is used to smooth the spend on Learning Disabilities Client Commitment costs over the years.
Learning Disabilities Redesign	Allen Stevenson	437	100	337	Minor areas of spend anticipated as the project progresses.
Council related total		7,404	2,880	4,524	

Social Work

Earmarked Reserves - 2022/23

Period 5 1 April 2022 - 31 August 2022

Project	Lead Officer / Responsible Manager	Earmarked Reserve brought forward	Projected Spend	Amount to be Earmarked for	Lead Officer Update
		£000	2022/23 £000	2023/24 & Beyond £000	
IJB PCIP	Allen Stevenson	1,527	1,527	0	This is an IJB reserve & is coded to 94012.
IJB ADP	Anne Malarkey	843	843	0	This is an IJB reserve & is coded to 94013.
IJB Mental Health - Action 15	Anne Malarkey	236	236	0	This is an IJB reserve & is coded to 94014.
IJB Mental Health Transformation	Anne Malarkey	750	135	615	This is an IJB reserve & is coded to 94016. The split of the funding between Council and Health is tbc.
IJB Contributions to Partner Capital Projects	Kate Rocks	1,103	700	403	This is a shared reserve & is coded to 94017.
IJB Primary Care Support & Public Health	Hector McDonald	338	216	122	This is an IJB reserve & is coded to 94019.
IJB Prescribing Smoothing Reserve	Allen Stevenson	798	0	798	This is an IJB reserve & is coded to 94020.
IJB Addictions Review	Anne Malarkey	250	0	250	This is an IJB reserve & is coded to 94021.
IJB CAMHS Post	Anne Glendinning	68	0	68	This is an IJB reserve & is coded to 94022.
IJB Transformation Fund	Kate Rocks	1,975	1,141	834	Expenditure on projects approved by the Transformation Board and IJB. Updates reported regularly to both the Transformation Board and IJB. Projects can be Council, Health or Joint. This is an IJB reserve & Health spend is coded to 94024.
IJB DN Redesign	Allen Stevenson	88	88	0	This is an IJB reserve & is coded to 94026.
IJB Covid-19	Kate Rocks	8,130	8,130	0	This is an IJB reserve & is coded to 94027.
IJB Covid Community Living Change	Allen Stevenson	320	80	240	This is an IJB reserve & is coded to 94028.
IJB Covid Shielding SC Fund	Allen Stevenson	34	34	0	This is an IJB reserve & is coded to 94029.
IJB Staff L&D Fund	Anne Glendinning	254	0	254	This is an IJB reserve & is coded to 94030.
IJB Homelessness	Anne Malarkey	350	0	350	This is an IJB reserve & is coded to 94031.
IJB Fixed Term Staffing	Allen Stevenson	200	0	200	This is an IJB reserve & is coded to 94033.
IJB Swift	Craig Given	504	144	360	This is an IJB reserve & is coded to 94035. Previously included within the Transformation Fund as a project
IJB CAMHS Tier 2	Anne Glendinning	100	0	100	This is an IJB reserve & is coded to 94036. Previously included within the Transformation Fund as a project
IJB WP MDT	Allen Stevenson	217	217	0	This is an IJB reserve & is coded to 94037.
IJB WP HSCW	Allen Stevenson	206	206	0	This is an IJB reserve & is coded to 94038.
IJB Care Home Oversight	Allen Stevenson	115	55	60	This is an IJB reserve & is coded to 94039.
IJB Digital Strategy	Allen Stevenson	676	0	676	This is an IJB reserve & is coded to 94040.
IJB MH Recovery & Renewal	Allen Stevenson	877	841	36	This is an IJB reserve & is coded to 94041.
IJB Free Reserves	Kate Rocks	962	0	962	This is an IJB reserve & is coded to 94025.
IJB total		20,921	14,593	6,328	
Overall Total		28,325	17,473	10,852	

Report To:	Social Work and Social Care Scrutiny Panel	Date:	20 October 2022
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	SWSCSP/12/2022/AM
Contact Officer:	Anne Malarkey Head of Service Mental Health, ADRS and Homelessness	Contact No:	01475 715284
Subject:	Inverclyde Alcohol and Drug Partnership Update		

1.0 PURPOSE AND SUMMARY

1.1 ☐ For Decision ☒ For Information/Noting

1.2 The purpose of this report is to provide the Social Work and Social Care Scrutiny Panel with a summary of updates on developments at a national and local level from the Inverclyde Alcohol and Drug Partnership.

1.3 This summary will include:

- Changing Lives Report
- Medication Assisted Treatment Standards
- Drug Related Deaths
- Alcohol Specific Deaths
- Health Improvement Scotland Proposal
- Alcohol And Drug Partnership Funding
- Alcohol and Drug Partnership Annual Report 2021 / 2022
- Revised Alcohol and Drug Partnership Committee Terms of Reference

2.0 RECOMMENDATIONS

2.1 The Social Work and Social Care Scrutiny Panel is asked to note:

1. the content of this report
2. that this report has been presented to and approved by the Integration Joint Board and
3. this report will be presented to the Alliance Board for partnership approval.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

3.1 Changing Lives Report

3.2 Changing Lives¹ is the final report from the Drug Death Task Force and the focus remains on reducing drug deaths and harms with an emphasis on ending stigma, discrimination and punishment and replacing these with care, compassion and human rights.

3.3 The Drug Death Task Force makes 20 recommendations and includes 139 action points, using headings of context, culture, care and coordination.

3.4 It is anticipated that Scottish Government will respond to the report in due course and this will include further direction for Alcohol and Drug Partnerships.

3.5 Inverclyde Alcohol and Drug Partnership is already driving several key recommendations forward including:

- involving people with lived experience and families;
- local leadership and accountability;
- applying a whole system approach;
- ensuring early intervention is available;
- adopting a public health approach in the justice system;
- challenging stigma;
- embedding our local drug death review process and
- improving partnership working.

3.6 Medication Assisted Treatment Standards

3.7 Medication Assisted Treatment Standards consist of ten evidence based measurable standards of care in a national framework. The current focus is for full implementation of Standards 1-5 by April 2023 and partial implementation of 6-10 by that point.

3.8 Public Health Scotland have established a national Medication Assisted Treatment Standards Implementation Team (MIST) who have developed a quality improvement model that all Alcohol and Drug Partnerships have adopted and are using to report progress.

3.9 Public Health Scotland published the first National Benchmarking Report on Implementation of Medication Assisted Treatment Standards² on 23rd June 2022.

3.10 A Supplementary information Report³ was then published by Public Health Scotland on 2nd August 2022.

¹ [Final Report | Drug Deaths Taskforce](#)

² <https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/>

³ <https://publichealthscotland.scot/publications/supplementary-information-for-the-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/supplementary-information-for-the-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-202122/>

- 3.11 Scottish Government outlined funding allocation to support the implementation of Medication Assisted Treatment Standards in a funding letter to's dated 23rd June 2022.
- 3.12 The Minister for Drugs Policy sent a letter of direction on 23rd June, using authority from s52 of the Public Bodies (Joint Working) (Scotland) Act 2014 with regards to local oversight arrangements of implementation of Medication Assisted Treatment Standards.
- 3.13 As outlined in the National Benchmarking Report, Inverclyde RAG status is red for Medication Assisted Treatment standard 1 and 2 and Amber for MAT Standards 3 to 5. This status therefore requires monthly reporting of progress.

Inverclyde Alcohol and Drug Recovery Service has always had capacity for same day assessment appointment and treatment where clinically indicated, however no formal process had been developed. Following the report a process has since been implemented. In addition, non-attendance at first appointment is high, which impacts on the days from initial referral to treatment. There were 23 people started on Opiate Replacement Therapy between Jan – July 2022, with 24 people currently prescribed Buprenorphine.

3.14 Drug Related Deaths

- 3.15 The National Records of Scotland published the “Drug Related Deaths in Scotland in 2021”⁴ report on 28th July 2022.
- 3.16 1,330 people sadly lost their lives to a drug related death in 2021 across Scotland. This is 1% lower than 2020, but is still the second highest annual total on record.
- 3.17 Males were 2.4 times as likely to have a drug misuse death as females, but the gap is narrowing.
- 3.18 65% of drug misuse deaths were of people aged between 35-54 years of age.
- 3.19 People in the most deprived areas were over 15 times as likely to die from a drug related death as those in the least deprived. In Inverclyde in 2021 93.8% of all drug related deaths occurred in SIMD Quintile 1 postcodes.
- 3.20 There were 16 people who sadly lost their life to a drug related death in Inverclyde. In 2021 Inverclyde is the Council area that has the largest percentage fall of drug related deaths compared to 2020 with 17 less deaths, a fall of 52%.
- 3.21 In 93% of all drug misuse deaths, more than one drug was found to be present in the body. 84% involved opiates or opioids (such as heroin, morphine and methadone), 69% involved benzodiazepines (such as diazepam and etizolam).

3.22 Alcohol Specific Deaths

- 3.23 National Records of Scotland published the Alcohol Specific Deaths 2021⁵ report on 2nd August 2022.
- 3.24 There were sadly 1,245 alcohol specific deaths across Scotland in 2021, an increase of 55 (5) from the previous year.

⁴ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2021>

⁵ <https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2021/alcohol-specific-deaths-21-report.pdf>

- 3.25 Age standardised rate of mortality (deaths per 100,000) is 22.3 in 2021, increasing from a rate of 21.5 in 2020. Most of the increase in deaths has come from male deaths.
- 3.26 Rates are 5.6 times as high in most deprived areas compared to least deprived. This has further increased over the last two years, where the age standardised rate is 45.8 in quintile 1 compared to a rate of 8.2 in quintile 5.
- 3.27 In Inverclyde there were 26 people who sadly died of an alcohol specific death. This was a reduction of 6 (18.75%) from 2020.

Inverclyde ADRS has led on the development of the NHS Greater Glasgow and Clyde Alcohol Recovery Pathway which models the Medication Assisted Treatment Standards for people who present experiencing harm from alcohol.

3.28 **Health Improvement Scotland Proposal**

- 3.29 The Mental Health and Substance Use Pathfinder Programme started in Tayside in January 2021. Using the Scottish Approach to Design Services, they have undertaken the “discovery” and “define” stages and are now progressing towards the “develop” and “deliver” stages.
- 3.30 Scottish Government has commissioned Health Improvement Scotland to expand this programme and Inverclyde Alcohol and Drug Partnerships welcome the opportunity of accessing support available from Health Improvement Scotland for this purpose.
- 3.31 Scottish Government published the Medication Assisted Treatment standards in 2021 and there is an urgency to ensure these are fully implemented at a local level. This pathfinder programme will contribute towards this and will provide strong evidence of this.
- 3.32 It has been agreed at a GG&C level that Health Improvement Scotland will employ the project staff as it was felt this would support the recruitment process. The project staff will be based in Glasgow City, but Inverclyde will have dedicated time.
- 3.33 A Memorandum of Understanding and Project Initiation Document will be prepared and signed off at a GG&C and respective HSCP and Alcohol and Drug Partnership level.
- 3.34 The programme may also align with other priorities including shared care and primary care, supports relating to trauma, challenging stigma as well as early intervention and recovery support.

3.35 **Alcohol and Drug Partnership Funding**

- 3.36 Scottish Government notified Alcohol and Drug Partnerships on 23rd June 2022 of Alcohol and Drug Partnership funding being allocated to each area. The table below details the breakdown of Alcohol and Drug Partnership funding allocation:

Funding Stream	Funding Allocation
Medication Assisted Treatment Standards	£212, 767
Taskforce Response Fund	£78,493
Additional Programme for Government Uplift*	£275,400
Additional National Mission Uplift*	£178,200
Residential Rehabilitation*	£81,000
Whole Family Approach Framework*	£56,700

Lived and living Experience*	£8,100
Total	£890,660
NHS board Baseline Contribution	£921,201

*IA NRAC share of 1.62%

- 3.37 The letter also indicated that there is a significant accumulation of reserves held by Integration Authorities on behalf of Alcohol and Drug Partnerships. These will be netted off against the first allocation for 2022 / 23 in order to avoid any future build up being carried forward into future financial years.
- 3.38 Reserves will be monitored on a twice-yearly through financial returns with the intention of tapering the final allocation to match forecast spend, taking into account any slippage that may arise.
- 3.39 Inverclyde Alcohol and Drug Partnership has investment plans underway utilising reserves. These will be finalised as a matter of urgency.
- 3.40 **Alcohol and Drug Partnership Annual Report 2021 / 2022**
- 3.41 Alcohol and Drug Partnerships are required to submit an Annual Report to Scottish Government. The template is designed to reflect progress on Rights, Respect and Recovery and Alcohol Framework and various questions have been included this year to also reflect on national mission priorities. A copy of the report is included as appendix 1.
- 3.42 The report is separated into key sections including:
- Education and Prevention
 - Treatment and Recovery
 - Getting it Right for children, Young People and Families
 - Public Health Approach to Justice and
 - Financial Framework
- 3.43 The report demonstrates a strengthening of partnership working and collaboration. It is also encouraging that people with lived experience and family members are increasingly involved in the very warp and weft of Alcohol and Drug Partnership developments. We aim to formalise this further over the coming year to ensure the voice of people is central in all aspects Alcohol and Drug Partnerships of activity.
- 3.44 There is also evidence of creating stepping stones to equip people to move on, including volunteering opportunities, peer mentoring and supporting people into employment. Several people have gained employment over the last year, including to peer support / peer navigator type role.
- 3.45 The opening of the Recovery Hub has been very positive and has made recovery more visible in our community. This also links to the steps we have taken in addressing stigma and demonstrating compassion and kindness.
- 3.46 Considerable progress has been made in adopting a public health approach to justice at all stages of the justice journey. We look forward to reporting the impact these steps make in people's lives in future reports.

3.47 Revised Alcohol and Drug Partnership Committee Terms of Reference

- 3.48 It has been necessary to revise the Alcohol and Drug Partnership Committee Terms of Reference, both to reflect national and local changes.
- 3.49 At a national level, due the pandemic, the New Partnership Delivery Framework for Alcohol and Drug Partnerships (2019)⁶ was delayed in being fully embedded. In addition the Medication Assisted Treatment Standards (2021)⁷ and the National Mission on Drug Deaths Plan 2022-2026 (2022)⁸ include additional priorities and reporting.
- 3.50 At a local level it was agreed to appoint an independent chairperson who commenced in 2021.
- 3.51 There are no changes with respect to governance being with the Integration Joint Board. The Scottish Government direction that Alcohol and Drug Partnership funding and functions are to be delegated to Integration Authorities was notified to Alcohol and Drug Partnerships in the Scottish Government Funding Letter (January 2017).

4.0 PROPOSALS

- 4.1 This report provides a condensed summary of Alcohol and Drug Partnerships developments and the Social Work and Social Care Scrutiny Panel is asked to note the update and provide comment.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		✓	
Legal/Risk		✓	
Human Resources		✓	
Strategic (LOIP/Corporate Plan)	✓		
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

5.2 Finance

One off Costs

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

⁶ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

⁷ <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>

⁸ <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/pages/6/>

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

There are no legal/risk implications arising from this report

5.4 Human Resources

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

5.5 Strategic

This action is in line with the strategic objective to safeguard, support and meet the needs of Inverclyde's most vulnerable families and residents.

6.0 CONSULTATION

- 6.1 Partners represented on the Inverclyde Alcohol and Drug Partnership Committee have been involved in all aspects highlighted in this update report.

7.0 BACKGROUND PAPERS

- 7.1 Inverclyde Alcohol and Drug Partnership Annual Report – appendix 1



Appendix 1

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot



NAME OF ADP: Inverclyde ADP

Key contact:

Name: Ann Wardlaw

Job title: ADP Coordinator

Contact email: ann.wardlaw@inverclyde.gov.uk

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please select those that apply (please note that this question is in reference to the ADP and not individual services)

- | | |
|--|-------------------------------------|
| Leaflets/ take home information | <input checked="" type="checkbox"/> |
| Posters | <input checked="" type="checkbox"/> |
| Website/ social media | <input checked="" type="checkbox"/> |
| Apps/webchats Slack, Twitter and Youtube | <input checked="" type="checkbox"/> |
| Events/workshops | <input checked="" type="checkbox"/> |
| Please provide details...Stigma Events, Resilience Network | |
| Accessible formats (e.g. in different languages) | <input checked="" type="checkbox"/> |
| Please provide details...This would be available on request. | |
| Other | <input type="checkbox"/> |

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			



1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- | | | |
|-------------------------------------|-------------------------------------|---------------------------|
| Teaching materials | <input checked="" type="checkbox"/> | |
| Youth Worker materials/training | <input checked="" type="checkbox"/> | |
| Promotion of naloxone | <input checked="" type="checkbox"/> | |
| Peer-led interventions | <input checked="" type="checkbox"/> | |
| Stigma reduction | x | <input type="checkbox"/> |
| Counselling services | <input type="checkbox"/> | |
| Information services | <input type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

1.4 Please provide details of where these measures / services / projects were delivered.

- | | | |
|---|-------------------------------------|---------------------------|
| Formal setting such as schools | <input checked="" type="checkbox"/> | |
| Youth Groups | <input type="checkbox"/> | |
| Community Learning and Development | <input checked="" type="checkbox"/> | |
| Via Community/third Sector partners or services | <input checked="" type="checkbox"/> | |
| Online or by telephone | <input checked="" type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

1.6 What proportion of license applications does Public Health review and advise the Board on?

- | | |
|------|-------------------------------------|
| All | <input checked="" type="checkbox"/> |
| Most | <input type="checkbox"/> |
| Some | <input type="checkbox"/> |
| None | <input type="checkbox"/> |

Normally all applications would be reviewed, but as there has been no service manager in post this has not been done in recent months. A service manager will be in post by August 2022 and this role will be resumed.

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).



2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

- | | | |
|--------------------------------------|-------------------------------------|--|
| Feedback / complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires / surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived experience group / forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Your Voice facilitates the Your Voice Network - HSCP |

Advisory group and sub group, this ensures that local people's voices are heard. Lived Experience Network was involved in National Care Service review with 15 participants, volunteers with lived experience joined 3 sessions on the focus group pathway to residential rehabilitation. Lived experience member chairs the Recovery development group, LEN attended sessions with the Mist team and completed training on MAT Standards Implementation they will work with service users and families, the feedback will be used as part of Quality Improvement, LEN involved in focus group for the redesign of the homeless service. Lived experience network meet every 6-8 weeks and have actively contributed their lived experience to inform and influence change. Please provide details...

For family members:

- | | | |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADRS service user's feedback in relation to service delivery were gathered throughout the pandemic using questionnaires and delivery. Feedback from service users was positive at that time.

Family feedback has been sought in various formats, including via questionnaire/survey, focus groups and direct complaints. Feedback has been shared directly to the ADP Coordinator, and then shared with appropriate stakeholders, e.g. presentation at Whole Family Subgroup/MISTQ feedback. I am aware of at least one formal complaint that has been submitted about the ADRS, and that was handled by HSCP staff appropriately, and embracing family inclusive practice. A formal response was provided to the affected parties.

Your Voice facilitates the Your Voice Network - HSCP Advisory group and sub group, this ensures that local people's voices are heard. Lived experience feedback is shared with Your Voice Chief Executive and then fed through the advisory network and ADP.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- | | |
|--|-------------------------------------|
| Planning, I.E. prioritisation and funding decisions | <input checked="" type="checkbox"/> |
| Implementation, I.E. commissioning process, service design | <input checked="" type="checkbox"/> |



Scrutiny, I.E. Monitoring and Evaluation of services

Other



Please provide details...

Please give details of any challenges (max 300 words)

Inverclyde recovery community - via LEN is involved in the new service redesign of Inverclyde homeless service, woman with lived experience of the criminal justice system are involved in the women's project, lived experience also link in with new service - Early help in police custody. It can be challenging ensuring people are well supported and equipped to participate as equal partners in the various meetings and do not feel under pressure by too many demands of their time.

DRAFT



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes ☒
No ☐

b) If yes, please select all that apply:

- Peer support / mentoring ☒
Community / Recovery cafes ☒
Naloxone distribution ☒
Psychosocial counselling ☐
Job Skills support ☒
Other ☐

: Peer Mentoring to recovery volunteers who will use their lived experience to help others recover, x

4 new Jobs were created to support people in x 2 recovery cafés, Inverclyde recovery community distributes Naloxone to people and x1 lived experience volunteers with ADP Naloxone worker assists with training sessions, Inverclyde recovery community offers training to volunteers to upskill their knowledge, some include Scottish Recovery Consortium - Asset Based Community Development training / Recovery coaching, Scotland Peer Mentoring / Trauma informed training. X4 volunteers gained employment within Your Voice another x 1 volunteers gained employment within Inverclyde Early Help in Police Custody, Inverclyde Recovery community hub, distributes Naloxone Kits.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Adult Mental Health and Addiction Service Shared Guidance and Specification for Interface Working NHSGG&C document. The service comprises of mental health nurse and psychiatrists, addiction liaison nurses and comorbidity caseloads/clinics. Direct linkage back into Primary Care for GP support when appropriate.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes ☒
No ☐

Please provide details (max 300 words) Individuals who use drug and alcohol have the same access to mental health services as the rest of the wider population i.e. primary care mental health, or other community support. Mental health nurses and psychiatrist assessment/support available in the ADRS service. Individuals can self-refer to Primary Care Mental Health Team, be referred for secondary care mental health intervention and/or utilise community partners providing more upstream mental health and wellbeing supports.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

Adult Mental Health and Addiction Service Shared Guidance and Specification for Interface Working NHSGG&C document to support transition between services. A team leads forum has been established between ADRS and mental health services to improve partnership working and to further develop pathways and procedures between the services. Joint assessment and joint key working of cases between both services, support from multidisciplinary team discussions.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒
No ☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Inverclyde Recovery Community is a new project which opened in November 2021, it is a safe place for people with mental health problems and people affected by alcohol/drugs use, and others affected by these issues. The Project is open 7 days per week and we facilitate groups, recovery meetings, invite recovered people from AA, NA, CA along to share their stories and give hope to others, it offers people affected by these issues a safe space in which they can recover, speak with lived experience workers and join groups /recovery meetings, or become involved in the recovery cafes in the community , ADP supported the development of the recovery community and offers partners a place to hold recovery initiatives. We build confidence in people which improves their wellbeing, the activities on offer includes, an arts and crafts group which is facilitated by a family member, there are x 3 recovery cafés in x 2 HSCP areas – Inverclyde recovery Café – Friday evening 5pm-8pm – Tuesday Afternoon Greenock – 12.30pm-3.30pm – Port Glasgow Recovery Café- 2pm-4pm, these are social hub cafés where people can meet and socialise and make friendships and connections to other recovery services in Inverclyde. The



challenges of the recovery hub is that there is not enough space for all of the recovery initiatives we hope to include over 7 days and evenings, there are weekend drop in on Saturday and Sunday where people engage in Bingo, Quizzes, Board Games, recovery shares, RDC put a suggestion box on the wall for people using the recovery hub to put their suggestions /complaints and feedback was that they can't get using their hub because another group is on at the same time. They would also like more recovery groups. There is a women's group and a men's group this helps to improve relationships, builds confidence, and improves self-esteem

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services ☒
- The majority of services ☐
- Some services ☐
- No services ☐

Please provide a summary of progress (max 300 words)

All NHSGG&C service have adopted a trauma- informed approach. ADRS is currently working through a training plan to ensure all staff training is up to date. ADRS management have further invested in this through HSCP development in Scottish Trauma Informed Leaders Training. Additional assertive outreach by the addiction liaison nurses has been possible which has supported people to remain in treatment when finding this difficult and supporting people having difficulty initially engaging with services into treatment through primary care, during admission into hospital or from ADRS and wider partners. NHS GGC 5 year adult mental health strategy has recovery oriented and trauma aware services as a key deliverable. This includes working on the cultural change required to ensure care delivery is trauma sensitive and psychologically informed. Mental Health Services management is further invested in this through HSCP developments with Scottish Trauma Informed Leaders Training (STILT). Inverclyde recovery community has been trained in Trauma informed practice, this was delivered by recovery coaching Scotland, Recovery development worker has completed further trauma informed training – will complete STILT Trauma training August. Services have adopted plans to use a trauma informed approach and training continues to be rolled out. However, we recognise that ensuring plans are implemented and having evidence from people using services and families are at an early stage. This relates directly to MAT 10 and a trauma informed approach is a golden thread that runs through all of the MAT standards. As such our MAT Improvement Plan will include this, as well as capturing experiential feedback.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- Alcohol harms group ☐
- Alcohol death audits (work being supported by AFS) ☒
- Drug death review group ☒
- Drug trend monitoring group / Early Warning System ☐ There is a drug trend monitoring group across GG&C, however, this group did not meet during this period due to the responsible officer being off.
- Other ☒ We had the support of Public Health to lead on a PAG process following a cluster of drug deaths, this was a very helpful process.

2.13 Please provide a summary of arrangements that were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

ADRS, in line with other clinical groups operates a Clinical Services Group, which reviews all near misses and deaths in service for all alcohol and drug deaths. This is a multi-disciplinary review group that feeds



into the local HSCP and Board Wide care and clinical governance processes. Depending on the issues raised, an internal or external inquiry may be commissioned to identify improvements in practice or learning. In addition, GG&C were able to undertake a sample audit from each ADP in relation to alcohol specific deaths. This is an area that Inverclyde ADP intend to develop further over the coming year.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

An ADP Drug Death Review Group has been established which reviews all individual deaths and takes any learnings from this back into practice. This group reports to the ADP Drug Related Death Monitoring Group, who has responsibility for the Inverclyde Drug Death Prevention Strategy.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Inverclyde recovery community is making changes to people's lives, helping to reduce drug related deaths. We are making recovery visible within Inverclyde raising awareness that recovery does happen, with the full backing of ADP there has been successes with people using drugs/ alcohol. To stop or moderate, reports gathered via Elemental system have provide the following evidence.

We work with 141 people who have received person centred peer support, have introduced them to recovery initiatives, recovery meetings which include, a recovery meeting in the hub which is a structured meeting and is for everyone who is still on their methadone script, who gave feedback that they wanted to recover, but felt they could not as they were still receiving medication and did not feel clean in CA-NA meetings.

We motivate people to change in a positive way, using the **chime** model, people have a good connection to all staff they are given and receive hope when they meet others who have been through the same issues they can get a real sense of Identity and purpose in their lives, which helps them overcome stigma and give meaning in their lives, we empower them to take control over their lives, taking responsibility, looking at their strengths and showing them they matter.

Inverclyde recovery community sign posts on to other services, for people to get the right support at the right time.



3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The Child Protection Committee Lead Officer attends ADP meetings as the representative for the ADP Whole Family Group. Parental substance misuse is a standing item within the CPC and as such, features in each sub-group report within the CPC annual report and business plan. An agreed priority is to undertake an audit to target support and understand how the whole family framework is being implemented in practice.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.6 Did the ADP have specific support services for adult family members?

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Signposting ☒
One to One support ☒
Support groups ☒
Counselling ☒
Commissioned services ☒
Naloxone Training ☒
Other ☒

Additionally, Scottish Families were able to offer a community event, a theatre workshop, 'This Fierce Love'. The ADP during August 2021 were able to offer a Remembrance Evening for families affected by Bereavement.



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)
Inverclyde ADP has commissioned SFAD to provide a family support service. SFAD have engaged with families both to complete a survey as part of experiential evidence to MIST but also to feedback to the Whole Family Group of their experiences.
SFAD are currently involving families to inform a more in-depth audit over this coming year.
Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)
Scottish Families Inverclyde Family Support Service, established in November 2020, continued to build on our existing support for adults affected by someone else's alcohol & drug use. In 2021/22, we accepted 67 new referrals to the service, and maintained a peak active caseload of 88 family members. During 2021/22 we delivered 845 one to one sessions to family members. We launched our in-person 'Family & Friends Support Group' in September 2021, which runs weekly. This is a drop-in group, open to the public, with a rotating pool of attendees of 25 affected family members. A WhatsApp support chat runs alongside this, and offers family members the opportunity for peer support at other times.

b) If no, when do you plan to do this?

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

4. A Public Health Approach to Justice



4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes ☒

No ☐

No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Processes are in place to promote Naloxone training to patients with an identified substance misuse issue at HMP Greenock. From admission, patients are identified and recorded on a spreadsheet and offered training. SPS run an induction for all new admissions and these are scheduled for a Monday at HMP Greenock. Addictions staff attend these and deliver Naloxone training in a group setting.

Every opportunity is taken to deliver training, including on an ad hoc basis, for example, where a patient is only admitted for a few days. All training and refusals to participate in this are recorded in patient notes. There was less uptake of training during covid-19 as at points there were a reduced number of transfers between establishments and very few admissions.

4.2 Has the ADP worked with community justice partners in the following ways? *(select all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☒

Access is available to non-fatal overdose pathways upon release ☒

Other ☒ DDTF Early help in police custody test of change.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☒

Other ☐ Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution ☒

Exercise and fitness activities ☐

Peer workers ☐

Community workers ☐

Other ☐ Please provide details...



b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- | | |
|---------------------------------|--|
| Diversion From Prosecution | <input checked="" type="checkbox"/> |
| Exercise and fitness activities | <input type="checkbox"/> |
| Peer workers | <input checked="" type="checkbox"/> |
| Community workers | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details... |

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

Inverclyde Alcohol and drug partnership and Community justice Partnership work closely together on a number of strategic and implementation of tests of change. For example:

- Progressing the early help in police custody test of change with representation on the Steering Group.
- Police Scotland lead on twice-weekly huddle meetings that include key HSCP and Council services with the purpose of sharing information that people may access support.
- The implementation stage of the early action system change in respect of women involved in the justice system project.
- The launch and embedding of the Resilience Network. This was critical in ensuring people were able to access the right support quickly during the various stages of the pandemic. It has also been the main vehicle for coordinating events and training on challenging stigma. The impact the Resilience Network has made was recognised in achieving the Patient and Care Runner Up Award at the International Conference on Integrated Care 2022.
- Actively promoting employability opportunities for people.
- Implementing structured deferred sentences.
- Further enhancing the offer of voluntary throughcare, including from Justice Services and in supporting Inverclyde Faith in Throughcare.
- The ADP supports diversion, CPO's where alcohol and drugs is an issue as well as DTTO's.
- Inverclyde ADP supports the prison to residential rehabilitation pathway.



II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,134,830
National Mission Funding	81,500
Additional funding from Integration Authority - ADP	24,200
Funding from Local Authority	1,232,558
Funding from NHS Board – core ADRS budget	664,047
Additional funding from Integration Authority - CORRA match funding	33,965
Total funding from other sources not detailed above – Justice services funding	56,573
Drug Death Taskforce	78,493
Residential Rehabilitation	81,537
Whole Family Approach	57,100
Lived and Living Experience	8,200
Assertive Outreach	48,900
Non fatal overdose pathway	48,900
MIST	97,800
Funding from CORRA	87,135
Carry forwards	
Drug Death Taskforce	78,500
Reducing drug deaths	81,400
Total	3,895,638

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	110,158
Community based treatment and recovery services for adults	2,810,636
Inpatient detox services	-
Residential rehabilitation (including placements, pathways and referrals)	7,531
Need to include ADP funded placements	
Recovery community initiatives	36,000
Advocacy services*	-
Services for families affected by alcohol and drug use (whole family Approach Framework)	92,270



Alcohol and drug services specifically for children and young people	57,610
Drug and Alcohol treatment and support in Primary Care**	-
Outreach	195,662
Community treatment and support services specifically for people in the justice system	56,573
Total	3,366,440
Transfers to EMR at year end;	
Reducing Drug Deaths	76,200
Drug Death Task Force	45,500
National Mission	79,287
Residential Rehab	77,337
Whole Family Approach	47,076
Near Fatal Overdose Pathway	48,922
Expansion of Assertive Outreach	48,922
Lived and Living Experience forum	8,154
<i>MIST funding (MAT standards)</i>	97,800
Total	529,198
Overall Total exp and Reserves (excl Prog from Govt)	3,895,638

*Inverclyde HSCP commission Inverclyde Advocacy Service

**These costs include in ADRS funding from partners

*** excludes Programme for Government per financial framework guidance above

Additional finance comments

ADP funding is complex and there are several caveats including:

- Some aspects where we receive funding from Scottish Government that have more recently been announced; we had already incorporated into contracts with services. An example being Whole Family Approach.
- As part of our Residential Rehabilitation Pathway, we have agreed to commit match funding for residential rehabilitation and as such, this is set aside in our investment plan.
- We are in the process of developing a proposal for a recovery building, with the intention of seeking approval for capital funding when we are at the stage of project costings. This will also be included in our investment plan.

- We are still in the process of negotiating with Scottish Government and MIST about MIST funding going forward and again, have set funding aside as part of investment planning dependent on the final decision.
- We have set aside funding as part of our investment plan to help us develop a new ADP website.
- We are in the process of developing a proposal for a recovery building and have set funding aside for this purpose as part of our investment plan.
- We intend to re-advertise the ADP Support Officer post and is included in our investment plan.

Report To:	Social Work & Social Care Scrutiny Panel	Date:	20 October 2022
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	SWSCP/10/2022/AS
Contact Officer:	Allen Stevenson Head of Health & Community Care	Contact No:	01475 715221
Subject:	Inverclyde Adult Support and Protection Partnership Biennial Report 2020-22		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The Adult Support and Protection (Scotland) Act 2007 requires the Convenors of Adult Protection Committees (APCs) to produce a biennial report on the exercise of the Committee's functions.
- 1.3 The purpose of this report is to advise the Social Work & Social Care Scrutiny Panel of the Inverclyde Adult Protection Committee Independent Convenor's Biennial Report for 2020-22 and the activities and progress of the Committee in fulfilling its statutory functions.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that Social Work & Social Care Scrutiny Panel notes the content of this report.

Kate Rocks
Chief Officer
Inverclyde Health & Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.
- 3.2 Section 46 of the Act requires the Convenors of Adult Protection Committees to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years.
- 3.3 After securing the Committee's approval of the report, the Convenor must send a copy of it to:
- each of the public bodies and office-holders represented on the Adult Protection Committee;
 - the Scottish Ministers;
 - the Mental Welfare Commission for Scotland;
 - the Public Guardian;
 - the Care Inspectorate; and
 - any other public body or office-holder as the Scottish Ministers may by order specify.
- 3.4 This report meets the requirements of the national biennial report template issued on behalf of Scottish Ministers.

4.0 PROPOSALS

- 4.1 The Adult Support and Protection Committee and the Public Protection Chief Officers' Group individually and collectively, are responsible for the leadership, direction and scrutiny of adult protection services and public protection more broadly and by established governance arrangements will continue to ensure that effective progress is made in the protection of vulnerable adults in Inverclyde.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic (LOIP/Corporate Plan)	X		
Equalities & Fairer Scotland Duty			X
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 Finance

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					

5.3 Legal/Risk

The production of the biennial report will provide assurance that Inverclyde continues to meet its statutory duty around Adult Support and Protection.

5.4 Human Resources

N/A

5.5 Strategic

This action is in line with the Strategic objective to safeguard, support and meet the needs of Inverclyde's most vulnerable families and residents.

6.0 CONSULTATION

6.1 Consultation with Adult Protection Committee and Public Protection Chief Officers' Group.

7.0 BACKGROUND PAPERS

7.1 Inverclyde Adult Protection Committee Independent Convenor's Biennial Report 2020-22.

Inverclyde Adult Protection Committee

Appendix 1



Biennial Report 2020 - 2022

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1. Foreword

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

Section 46 of the Act requires the Convenors of Adult Protection Committees to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years, and I am pleased to present this report on activities and actions in Inverclyde, led by the Adult Support and Protection Committee.

I am grateful for the help of members of the Committee for their dedication and support through the last two years, from the grim early days of the pandemic, when we all struggled for an understanding of its likely impact, to the organisation of systems, approaches, and activity to support the local population through those challenging two years.

I would also wish to recognise the activities of staff and volunteers who worked through the two years, adapting and re-organising how they worked to support people and to continually focus on issues beyond their immediate families as they supported people in the community. The committee was greatly assisted by the focus, leadership and support of the Chief Officers Group Public Protection and their partnership organisations throughout the last two years.

Finally I would need to mark the assistance and dedication of the Adult Support and Protection team in supporting me as Independent Chair.

Alex Davidson
Independent Chair
September 2022

2. Inverclyde Adult Protection Committee

The principal functions of the Adult Protection Committee (APC) are to promote the support and protection of adults at risk of harm through strategic planning, leadership, agreed priorities, objectives and actions.

The APC leads on developments and improvements in the following key areas:

- Procedures and practice;
- Skills and knowledge;
- Information and advice;
- Co-operation;
- Continuous Improvement.

The membership of the Committee includes all the statutory bodies with a role to play in adult protection along with the voluntary sector and Third Party service providing organisations. Representatives of the Mental Welfare Commission, Office of the Public Guardian, Care Inspectorate, and Health Improvement Scotland are invited to attend, with minutes being sent out to all agencies.

The membership of the APC is kept under review to ensure that as the body of evidence around adult support and protection matters evolves and agencies who contribute to the local agenda are represented. In the context of an Inverclyde Significant Case Review it was identified that links were required with the Department of Works and Pensions (DWP) and local college. The Committee now has representation from both.

The Joint inspection of adult support and protection of the Inverclyde partnership was undertaken during the period of this biennial report. The findings of our inspection were positive. The inspection findings are referenced where relevant throughout this report but a summary of the main findings are outlined in Section 5 with progress on improvements included at Section 8.

The APC continues to work to the Biennial Business Plan which accompanies each Biennial Report. Our plan and the Improvement Plan are reviewed and updated as part of the business of the Committee and the Quality and Policy Subgroup (Section 2.1).

During the period of this report the Committee renewed its constitution. Our inspection report noted that 'the updated constitution clearly outlined the roles and responsibilities of those involved in the committee. Importantly, most staff agreed that local leaders provided a clear vision and worked hard to raise awareness of adult support and protection work'.

The inspectors also 'saw evidence of the partnership's vision/priorities outlined in both the adult support and protection biennial report and adult support and protection business plan 2018-20, which has since been appropriately updated'. This report and the accompanying business plan provides the ongoing evidence of our vision and priorities and of our planned actions for the next two years.

2.1 Inverclyde Quality and Policy Sub Group

The APC viewed that leadership for operational and strategic collaborative working among key agencies required to be strengthened. The outcome from these discussions was the establishment of the Quality and Policy Subgroup in 2018. This continues to be held 6-weekly and works to an action log that is reviewed and updated at each meeting.

The Quality and Policy Sub Group is the key forum for progressing operational and collaborative working among social work, police, health and other partners for adult support and protection. This is chaired by the Head of Health and Community Care. Membership comprises senior managers with frontline responsibilities from key partner agencies to ensure leadership for operational and collaboration on adult support and protection matters.

The action log was developed to identify specific actions required at operational level to continue to improve this collaborative approach. This is reviewed at each meeting and provides an overview of all actions and agreed progress.

The identified actions from the Business Plan, post inspection Improvement Plan and Action Log are progressed by working groups or task and finish groups. Membership for each is agreed by the Quality and Policy Subgroup on basis of having right knowledge, skills and experience to effectively progress the action required.

3. Covid-19

The period of this Biennial Report has been a time of considerable uncertainty and difficulty due to the effect of Covid-19 and its effects on the health and well-being of the community. The focus within Inverclyde is to support the general population, to support staff, and to ensure the effects of the pandemic are managed and mitigated to the best of our abilities, supported by the Chief Officers Group, Public Protection which brings the protection agenda together across the partnership.

3.1 Adult Protection Committee

The last Biennial Report highlighted key areas that are viewed by the APC as central to recovery and in building resilience. These are;

- Understanding new challenges in mental health, addictions, domestic abuse and in safeguarding areas (Section 6.3)
- Service user engagement, best practice in virtual meetings and a concern for relationships (Section 7)
- Communication and development of support mechanisms, appropriate and safe social media usage (Section 7)
- Reset forms of engagement recognising the impact of trauma, and of building relationships in adult protection work (Section 6.1)
- Continuing support to independent providers in care settings and in care at home (Section 3.5 and 9)
- Developing the training and staff development agenda in new ways (Section 6)
- Continuing the committed human rights approach in support and protection activity.

Following the first lockdown the APC quickly moved from 8 to 4 weekly meeting for the first 6 months. Initially this was with members of the Committee working in Public Bodies and meetings were by telephone conferencing moving to an online video conferencing platform once available. The move to video conferencing also facilitated the full membership of the APC attending committee. Standing agenda items continue to include the 'Partners Update on Pandemic Operational Issues' and update as to the support to Inverclyde care homes.

3.2 Health and Social Care Partnership (HSCP)

At the outset of the pandemic the HSCP organised into hubs with staff working in teams on a rota basis. With a move to open plan offices and agile working some years earlier the HSCP workforce was well placed in having necessary IT equipment to facilitate this.

All caseloads and referrals were reviewed and prioritised to ensure scheduled contact with service users/patients and their carers by the most appropriate member of HSCP staff by the most appropriate means. In person contact was maintained with the most vulnerable individuals when assessed as required. Community nurses continued to visit people at home during Covid-19 restrictions and 'demonstrated a clear commitment to monitoring the welfare of the people they visited' (Inspection Report). By June 2020 services were starting to be re-established and more visits were starting to be undertaken.

Given the confidence in existing adult support and protection processes and procedures no changes were introduced. However at times there was a need to think differently as to how information was gathered. A Standard Operating Procedure was quickly in place to minimise risk to the public and HSCP staff where any in person contact or visits were assessed as necessary.

In considering the impact of Covid-19, the Joint inspection of adult support and protection in the Inverclyde partnership (June 2021) found that;

- The screening and triage of adult support and protection referrals before and during Covid-19 restrictions was of a good standard.
- Well-established referral processes between agencies were in place and were effective.
- Reassuringly, visits to adults at risk of harm were still being carried out in the most critical instances.
- Commendably, the partnership convened timely initial adult support and protection case conferences on almost all occasions and ensured that other professionals and agencies were invited to attend.

In relation to Adult Protection Case Conferences, the aim is for the adult at risk and/or their supporter to be invited and supported to attend including virtual meetings however there can be reasons as to why some may not. The long established template for case conferences includes a section on whether the adult was invited or not. The reason for not being invited or choosing not to attend is recorded. The findings of our inspection provides evidence this approach;

‘Adults at risk of harm should always be at the centre of adult support and protection activity but were only invited to attend in just over half of those situations proceeding to initial case conference. There are often good reasons why some adults at harm might not attend case conferences and the partnership typically reflected this well in minutes of these meetings. Those adults at risk of harm, and unpaid carers, who did attend were well supported to participate’.

3.3 Police Scotland

Police Scotland has continued undertaking duties as before throughout the pandemic with the exception of entering households where COVID 19 is present. Police continue to raise Concern Reports as before including in respect of adult protection via the well-established referral processes that the inspection found were in place.

3.4 Scottish Fire and Rescue

The programme of Home Fire Safety Visits was suspended at the start of the pandemic. Local Fire Services screened their records daily to identify and contact those at high risk. The Committee Fire and Rescue representative in conjunction with HSCP did a piece of work in respect of vulnerable groups. Whilst there has been an increase in fire related deaths nationally there has been no increase in such deaths locally for Inverclyde. The view is that the work on this issue undertaken locally in recent years and reported in previous Biennial Report could be why

Inverclyde has not experienced same. By September 2020 Home Fire Safety Visits had started to resume. This was initially prioritised for individuals identified as high risk.

3.5 Care Homes

At the outset the daily 'safety huddle' concerning care homes and chaired by a Head of Service was established to share information, review events and plan ahead. Matters considered included provision of PPE, staffing levels, infection control and the testing regime. The care home sector attracted considerable attention not only in Inverclyde but across Scotland.

The Scottish Government published guidance setting out arrangements care homes should put in place to improve the professional oversight of care provided during the pandemic. This resulted in new and additional responsibilities for leads in the Health Board that provide daily support and oversight of the care provided in care homes. It recognised that the good relationship which the Inverclyde HSCP already has with the local care homes greatly assisted when supporting care homes through the most difficult time.

The Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Care Home Providers in Inverclyde for Adult Protection & Adult with Changing Needs was refreshed by a working group comprising of representatives of local care home managers, Care Inspectorate, HSCP Strategic Commissioning Team and the Adult Protection Coordinator and agreed in 2019. Local care homes continued to raise any concerns they had throughout the pandemic and were encouraged to do so. This was regardless of whether they were sure the threshold for adult support and protection was reached. This was to ensure the necessary advice and support was available to address concerns.

3.6 Registered Social Landlords (RSLs)

River Clyde Homes is the representative on the Committee and by September 2020 had begun an 'as near as normal' letting service. Following government guidance a number of measures were put in place in sheltered housing complexes. At September there were no real issues apart from residents wanting to spend time in communal lounges but restrictions meant that a return to this was not feasible at that stage however visiting in sheltered housing was being piloted. Visits to tenants from Housing Officers and Financial Wellbeing Officers slowly resumed with strict protocols in place. During the height of the pandemic housing staff provided support to tenants by conducting or receiving welfare calls and this was identified as a good way of referring or signposting people to appropriate services. Following a successful bid to the Scottish Government Wellbeing Fund by River Clyde Homes and a network of community groups, residents of Inverclyde impacted by the pandemic benefited from food and energy vouchers and activity packs. It was viewed that one of the positives to emerge from these uncertain times was an improved support network of organisations in Inverclyde with an impressive community response to the pandemic.

During the period of this Biennial Report the Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Social Housing Providers in Inverclyde for Adult Protection and Adults in Need was reviewed, refreshed and agreed by all parties including a housing provider new to Inverclyde.

3.7 Partnership with Third Sector

Your Voice and Ardgowan Hospice, including Compassionate Inverclyde, are members of the Committee. The Council (including HSCP) Resilience Management Team met three times per week from the outset of the pandemic. The APC received updates at each meeting on the humanitarian and community safety efforts put in place to support the most vulnerable that also aided the identification and referral of those in need and most at risk.

In a coordinated approach meals were provided to the most vulnerable through community groups such as Community Voluntary Service (CVS), Compassionate Inverclyde and the Community Response Team. As referenced in Section 3.6, Community Groups also received additional funding from the Scottish Government to provide vulnerable people with energy vouchers and food.

With the pandemic Compassionate Inverclyde was prevented from its normal activities. However its 'back home boxes' routinely provided to people living alone after they have been discharged from hospital was extended to cover people isolating during the coronavirus epidemic. These boxes include essentials like tea, coffee, long life milk, biscuits and toiletries and help people relax at home without worrying about going to the shops for groceries.

By the start of May 2020, Your Voice Community Connectors had carried out over 7000 welfare calls with over 2000 packs posted with information on how to get in touch with concerns or to pass a referral on. All the Community Connectors and volunteers were appropriately trained and know where to direct all referrals. There were also engagements made via social media including over 750 in April 2020 alone to promote where and how to access support and assistance including where there were concerns that an adult was at risk.

For the last two years and as has been needed, CVS Inverclyde and Your Voice have continued to retain contact with vulnerable members of the community using virtual methods.

3.8 Closure of Greenock Sheriff Court

Whilst the local Court was initially closed due to the circumstances of the pandemic arrangements were made for the current business to be conducted via Paisley Sherriff Court including emergencies. Where possible this work was undertaken via virtual methods. Throughout the pandemic applications continued to be made and progressed as required under the auspices of the Adults with Incapacity (Scotland) Act 2000 and for Inverclyde a Protection Order under the auspices of the Adult Support and Protection (Scotland) Act 2007.

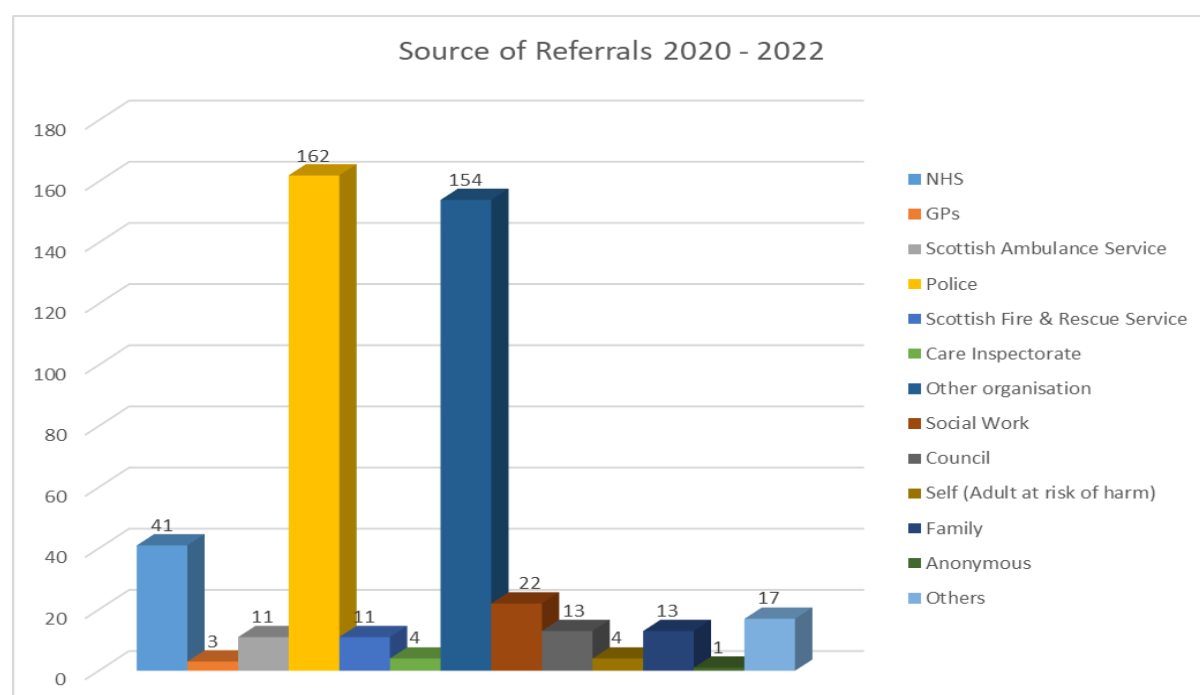
4. What Your Data Tells You

Total data for both years is included here and is as reported for National Adult Protection Dataset. A breakdown of the data for each year of this report is included as an appendix (Section 10). In addition at Section 10 there is a further breakdown of data where there is a significant figure for data reported under 'other' or for a referral source e.g. NHS. The aim is to aid better understanding of the data provided.

4.1 Adult Protection Referrals

There were 196 for 2020/21 and 260 in 2021/22. This is a total of 456.

4.1.1 Source of Referral



Sources of all AP referrals have only been reported on since 2014 following the introduction and population of the AP Swift module. The 'source of referral' is recorded on the basis of the first source to make the referral regarding an adult at risk. In some cases there may have been more than one referral from different sources.

Overall as for previous Biennial Reports the police continue to be the primary source of referral of adults at risk of harm in Inverclyde and this is replicated nationally. Police Scotland submits Adult Concern Reports where there are concerns regarding an adult. For 2016-2018, 248 Adult Concern Reports received were marked as adult protection, for 2018 -2020 this was 138 and for this period it is 162. This is a 17% increase on period of previous report. However the total number of Adult Concern Reports under auspices of both adult protection and adult well-being is stabilising with an increase in more adults being assessed as meeting the criteria for adult protection and the concern raised on this basis.

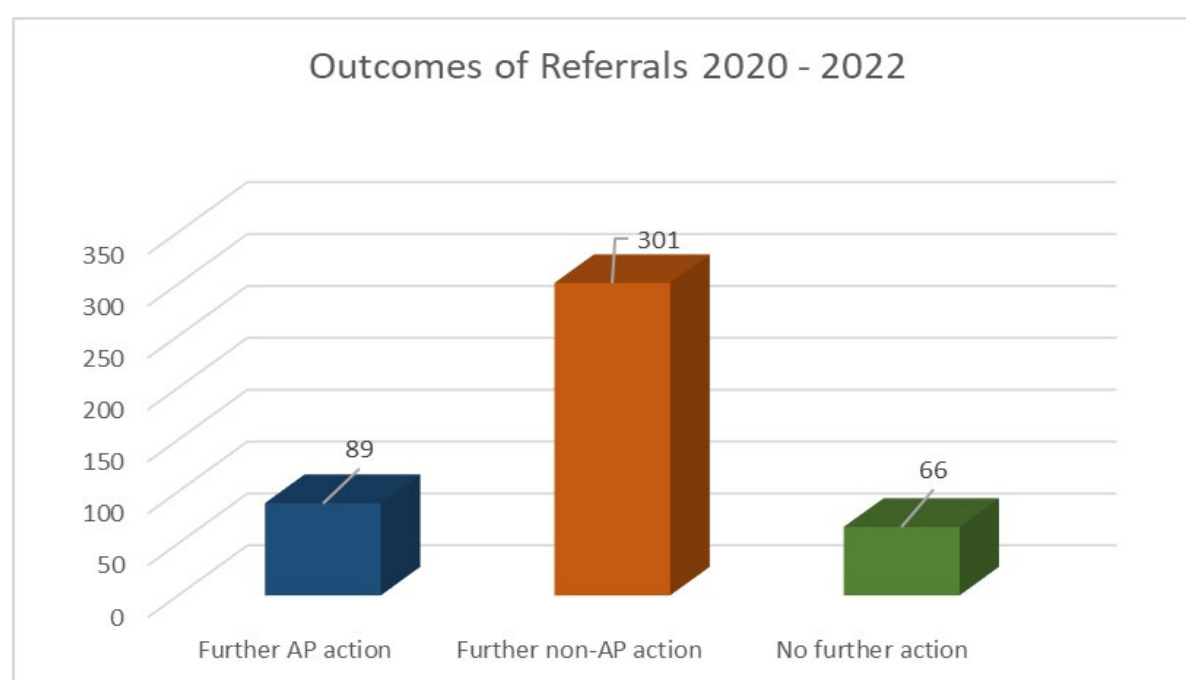
Given the range of dropdown options available within SWIFT for use by all HSCP service areas, the 'sources of referral' applicable for adult protection are grouped for 'NHS', 'Other Organisations' and 'Social Work'. Grouping in this way also meets the requirements of the current national dataset. A full breakdown of referral sources is at Section 10.

Other organisations' are the next primary source. For 2018/2020 Biennial Report they accounted for 112 of the referrals made. This being a 100% increase when compared with the figures for 2016/18 Biennial Report. For this period there has been a further 37.5% increase.

Referrals from care homes have accounted for 103 of these referrals. Throughout the pandemic, both nationally and locally there is and has been an added focus on adult support and protection and quality of care in care homes and in this context an increase in referrals is understandable. Section 3.5 outlines the activity with and support to care homes.

Health (GP, NHS and Scottish Ambulance Service) referrals accounted for 45 of all referrals made. For the period of the 2016/2018 they accounted for 43 of the referrals made and in 2018/2020 the figure was 39. This equates to a 15% increase on the previous biennial report period and is only marginally higher to the figures reported for 2016/2018.

4.1.2 Outcome of Referrals

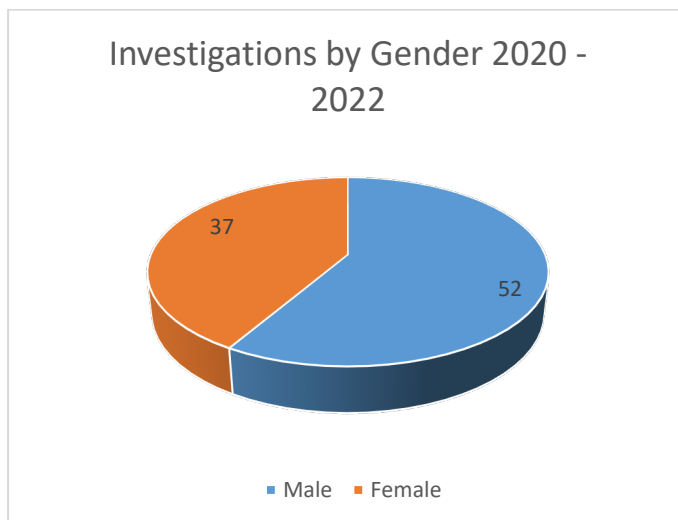


There were 89 cases where the outcome was recorded as 'Further AP Action'. Following application of the criteria and principles of the adult Support and Protection (Scotland) Act 2007, the majority continue to have an outcome of 'further non AP action' where the object of the intervention is progressed via other statutory measures.

4.2 Investigations

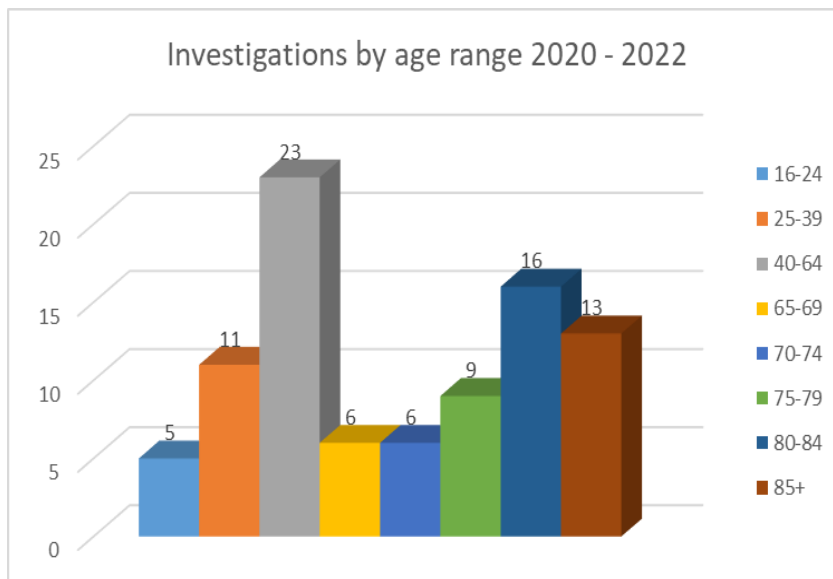
The conversion rate from referral to investigation had been 10% until 2016/2018 when it rose to 13.5%. Since the period of the 2018/20 Biennial Report the conversion rate has increased to approximately 20%. For the period of this report it is 19.5% of all referrals made under the auspices of adult protection. The number of investigations undertaken has also increased from 59 in 2016/2018 to 86 investigations in 2018/2020 to 89 for this period. It is viewed that the ongoing programme of self-evaluation, audit, and improvements made will impact on the consistency of approach. The refresh of the adult protection courses targeted at Council Officers, their managers and second workers along with the implementation of the APC Multi- Agency Learning and Development Strategy is also viewed as having had an impact. With current course options, their content and method of delivery being reviewed during the pandemic and further refreshed to reflect national developments it is not yet evident as to the potential impact on practice.

4.2.1 Gender



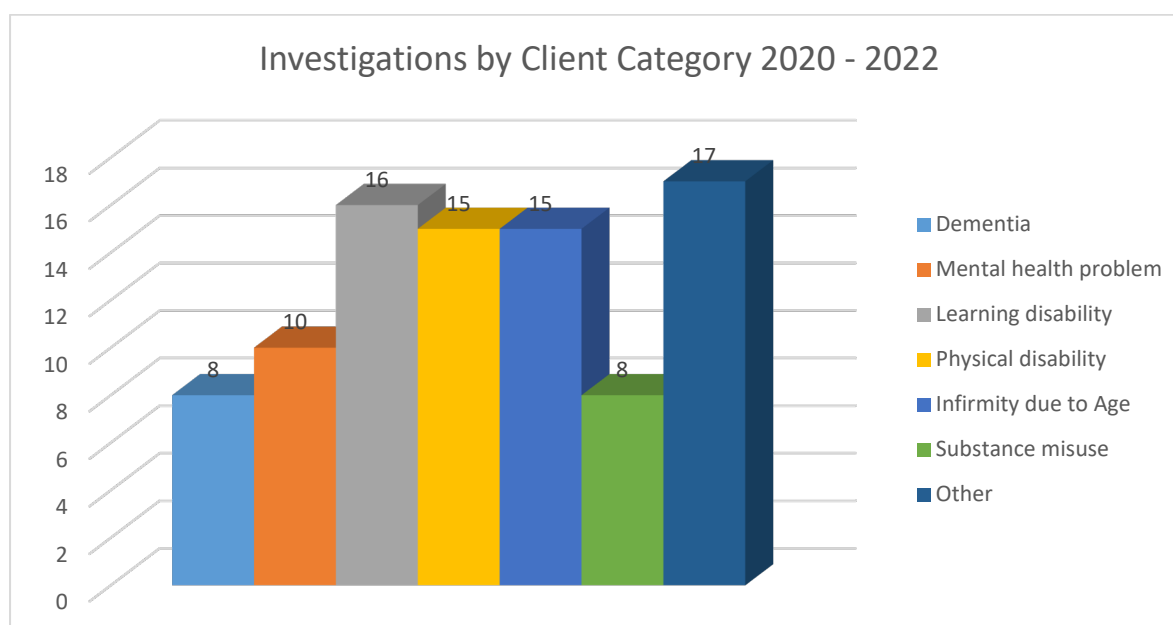
More males have been subject to investigation for the period of this biennial report for only the second time in Inverclyde since reports began. The reason for this is not known but may relate to the circumstances of the pandemic. Since the first Biennial Report for 2008/10, with the exception of the 2014/16 period, females are consistently identified as 20% to 50% more likely to be an adult at risk of harm where an investigation has taken place. This is also the picture nationally. It is viewed that women usually featuring more predominately in investigations may be as a result of gender inequalities and demographics.

4.2.2 Age Groups



From 2008 till 2014 adult protection investigations were more commonly required for the over 65 years age group however from 2014 to 2020 there has been a more even split between over and under 65 age group. For this period there has been a slight shift to 56% of investigations being in respect of adults at risk over 65 with 58% of these being in respect of those over 80. This may be accounted for by number of referrals from care homes. However 26% of all investigations are in respect of the 40 to 64 age group. As can be seen from client categories this is likely due to the number of adults subject to investigations who have mental health issues, a learning disability or a physical disability being more likely to be predominately under 65 whereas infirmity due to age and dementia will more likely account for those subject to investigation who are over 65 years.

4.2.3 Client Category

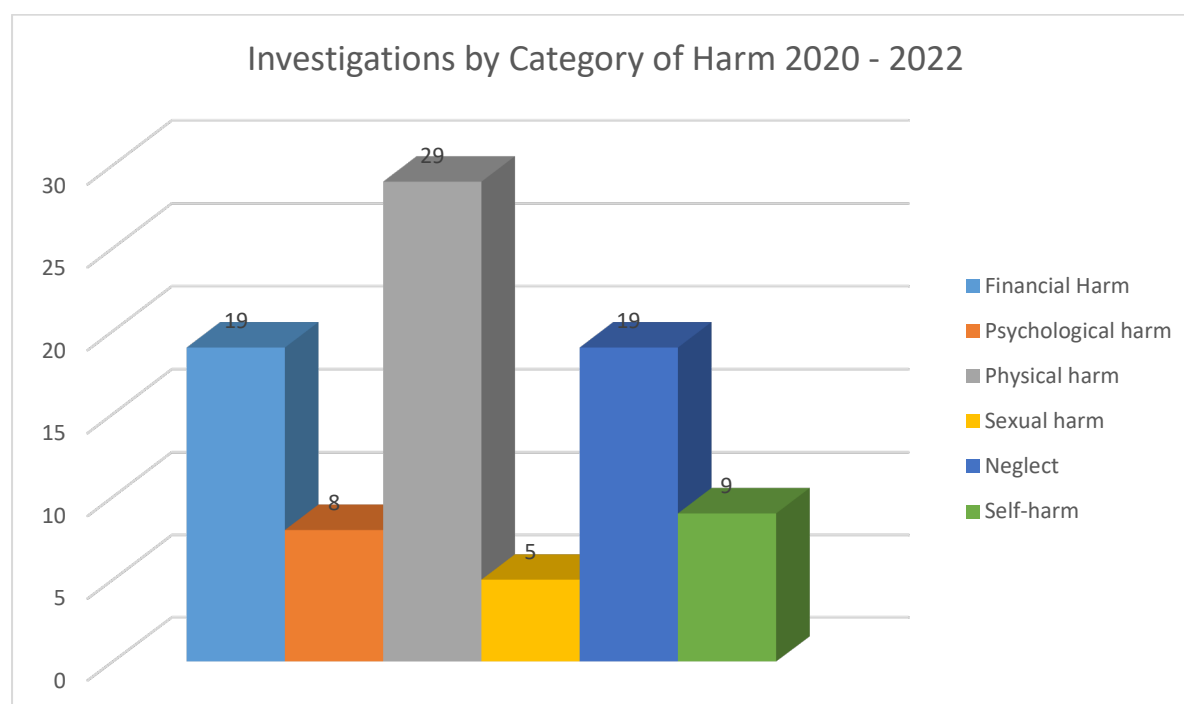


The principle category recorded is reported here. The adult may be known to services and to more than one when subject to the adult protection process. The principle SWIFT client category is determined by the HSCP service primarily involved although an adult may have comorbid conditions with more than one category being applicable. For example an adult with a substance misuse issues may be known to Drug, Alcohol and Recovery Services but also have a physical disability and be known to Independent Living Services.

‘Other’ includes adults at risk who do not fall into the other categories. Examples of people who would be included in this group include adults on the autistic spectrum, with acquired brain injury and those who have HIV or Aids. For the period of the 2014/2016 report there were 14 people in this category. This figure had steadily reduced to 4 for the last report and increased for this report. The reason for this fluctuation in the numbers for the category ‘other’ is unknown. A breakdown is not provided as individuals could potentially be identified.

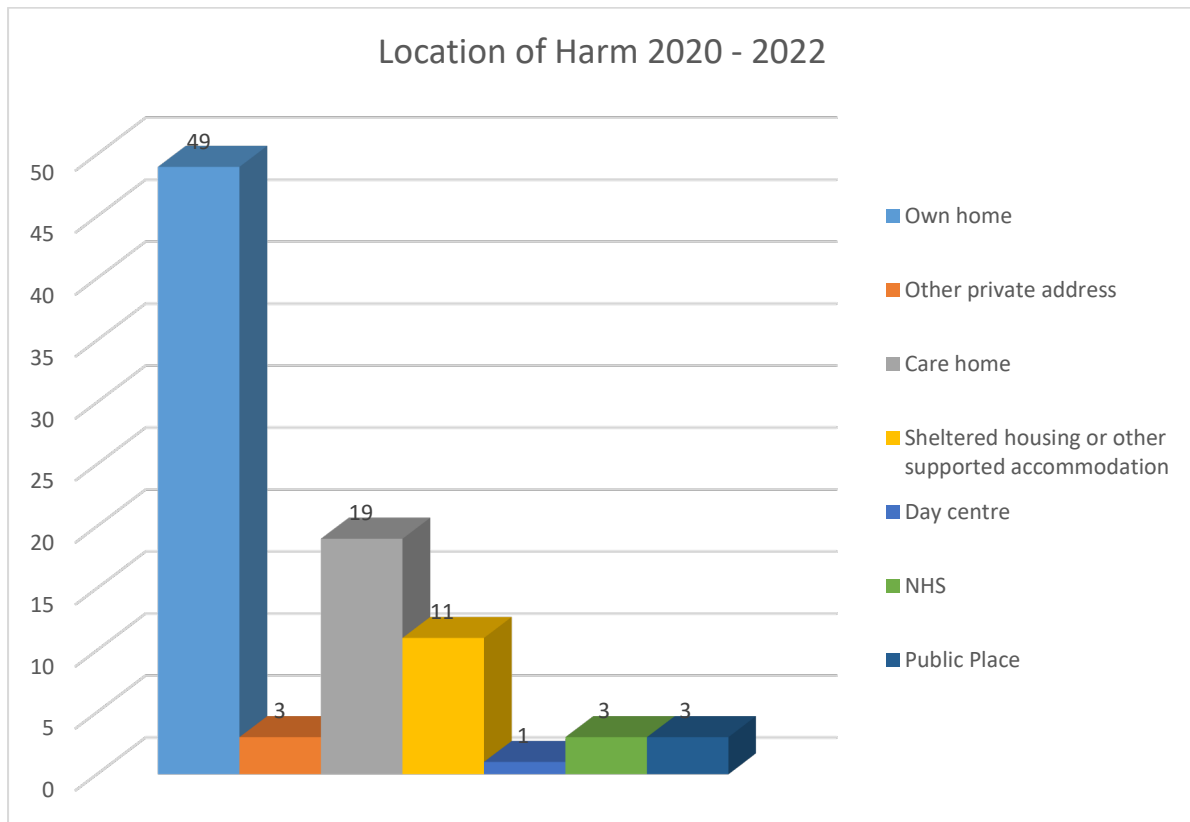
On the basis of the last available analysis of national data the four main client categories locally and nationally are learning disability, mental health, physical disability and infirmity due to age.

4.2.4 Principle Category of Harm



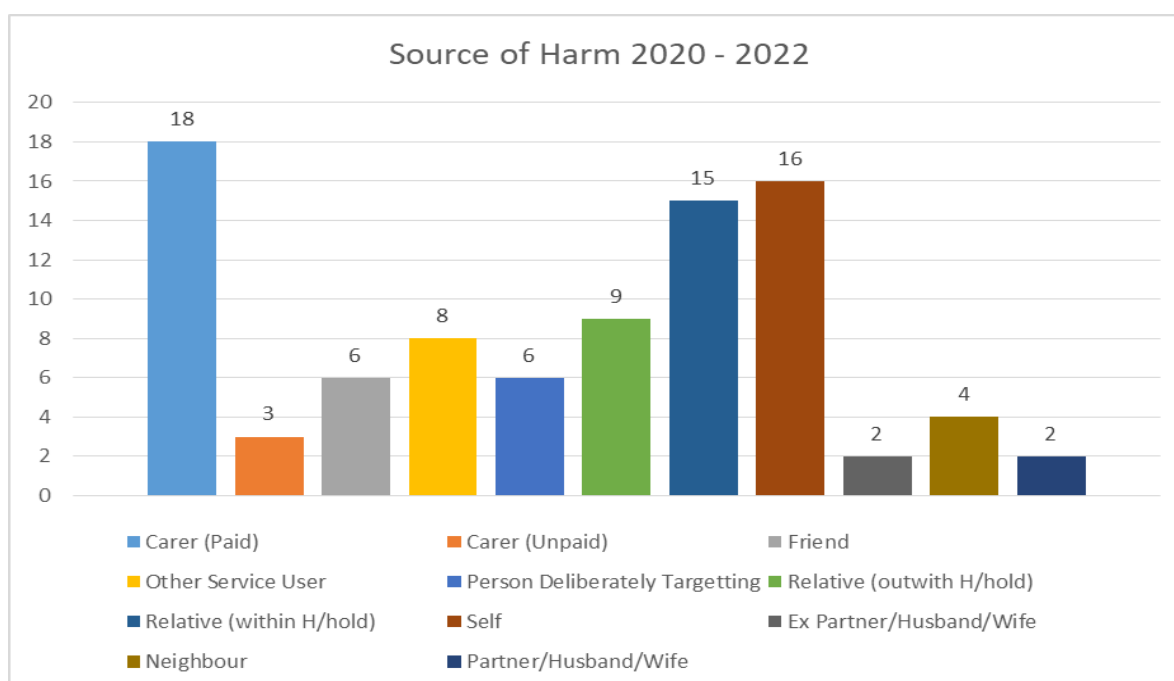
Only the principal category of harm can be reported for each investigation but it can be the case that more than one type of harm is applicable. For this period and in most previous years since 2008 physical and financial harm have been two of the 3 main category types for Inverclyde. This is with the exception of the period of the Biennial Report 2016/2018 when recording of financial harm as principle category significantly decreased. The third main category in this period and in most years is neglect. It is recognised that financial gain can often be the main driver for harming an adult at risk with threatened or actual physical harm being the method to exercise control over the adult to achieve this. It is recognised that staff can gravitate towards selecting 'contact' harm types as the principle type when more than one type of harm is applicable as these are often viewed as most serious.

4.2.5 Location of Harm



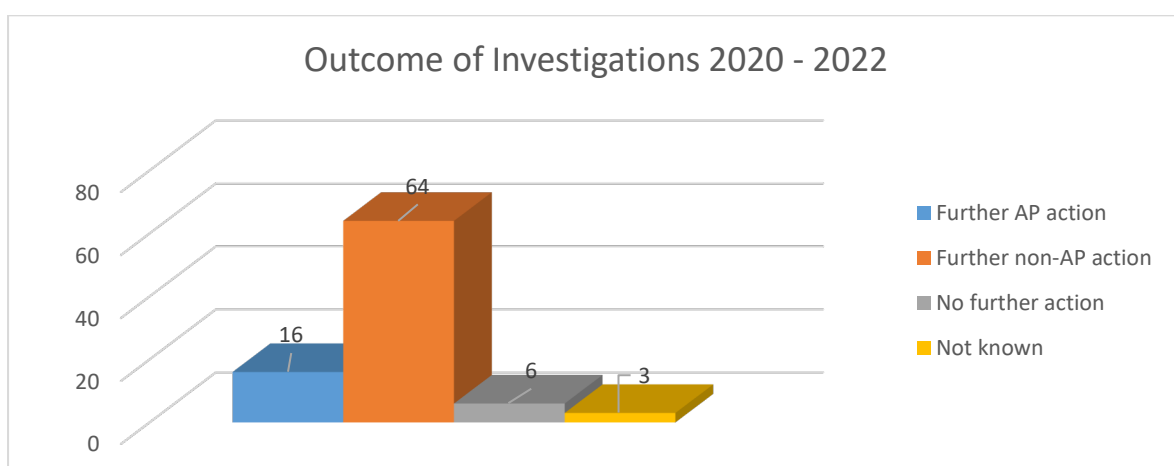
As in all previous years private addresses and care home continue to be the primary locations where harm has taken place. Sheltered Housing/Supported Accommodation accounts for third most likely location. Of the 103 referrals made by care homes, 19 were viewed as meeting the threshold to progress under the auspices of the adult protection process.

4.2.6 Sources of Harm



Adults were most at risk from a paid carer, themselves or from a relative living within the household.

4.2.7 Outcome of Investigation



The outcome for 18 % of investigations is that 'Further AP Action' is required. The conversion rate is down from 25% in the period of the last Biennial Report.

4.2.8 Types of Case Conferences

The findings of the inspection commended the partnership on convening timely initial adult support and protection case conferences on almost all occasions and ensured that other professionals and agencies were invited to attend. During the period of this report there were 12 initial case conferences, 6 reviews, and 4 Adults with

Incapacity case conferences. In addition a detailed strategy meeting occurred between partners when pandemic restrictions impacted.

4.2.9 Protection Orders

During the period of this report one Temporary Banning Order and one Banning Order were applied for and granted. Both were granted with Power of Arrest attached.

4.2.10 Initial and Significant Case Reviews (ICR & SCR)

During the period of this report we have been working on an SCR in respect of Margaret Fleming's disappearance and murder and will report later this year. Despite the pandemic we have progressed this.

5. Outcomes, Achievements and Service Improvements

The findings of our inspection provides best evidence of our progress to date and of the partnership's strengths in terms of outcomes, achievements and service improvements. Our inspection concluded that the 'partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement'. The full report is available on the Care Inspectorate website (link below) however what follows provides a summary of the process and methodology; and highlights the identified strengths.

<https://www.careinspectorate.com/images/documents/6111/Inverclyde%20adult%20support%20&%20protection%20report.pdf>

5.1 Joint Inspection of Adult Support and Protection in the Inverclyde partnership

The inspection of the Inverclyde partnership commenced at the start of 2020. However In the face of the emerging Covid-19 public health emergency, joint inspection partners took the decision on 17 March 2020 to temporarily suspend the adult support and protection inspection programme. During the suspension, the joint inspection team maintained engagement with the Inverclyde local partnership area to develop remote working arrangements that enabled the programme of inspection to resume. The Inverclyde partnership is pleased to have been involved to create an opportunity for such a development. The joint inspection of the Inverclyde partnership took place between 25 November 2020 and 22 January 2021.

5.1.1 Progress Statements

The inspection considered the partnership's progress in relation to two key questions;

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

5.1.2 Methodology

The methodology for this inspection included four proportionate scrutiny activities;

- The analysis of supporting documentary evidence and a position statement submitted by the partnership.
- Staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership.
- The scrutiny of the health, police, and social work records of adults of risk of harm.

- Staff focus groups. There were two focus groups and inspectors met with members of staff from across the partnership to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm.

5.1.3 Summary of Strengths

The summary of identified strengths is as follows;

- The partnership had taken positive steps to ensure there was improvements in the lives of adults subject to adult support and protection processes, and that they were safer because of the support and protection they received.
- Effective communication, information sharing, collaboration and joint work were positive features of the partnership's response to adult support and protection work.
- Staff from across the partnership were clear and confident about their responsibilities and protection roles.
- Staff shared a clear and well understood vision for adult support and protection.
- There was a high degree of confidence amongst staff that strategic leaders, including the adult protection committee (APC), provided good leadership for adult support and protection work.

5.1.4 Progress Question 1

In relation to the question 'How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported', the inspection concluded 'the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement'. The key messages were as follows;

- The partnership ensured that adults subject to adult support and protection were safer because of the support they received.
- The quality of screening and triage work was good. Referrals were received and processed accurately and in a timely manner.
- Most risk assessment and protection plans completed were timely, reflected a multi-agency approach, and were of a good quality.
- Initial inquiries, investigations, and case conferences effectively considered the concerns about adults at risk of harm.
- Police Scotland and health services effectively collaborated with social work colleagues to keep adults at risk safe from harm.

As stated above improvements to be made were identified in respect of this statement. These can be found at Section 8 with a progress update as to how addressed. The Committee view that the timeous progress on the improvements required is also an achievement for the partnership.

5.1.5 Progress Question 2

In relation to the question 'how good was the partnership's strategic leadership for adult support and protection' the inspection concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement'. The key messages

- There were well embedded strategic governance structures in place across the public protection partnership including adult support and protection.
- There was a clear and well understood vision amongst staff from all agencies for adult support and protection work.
- There was a high degree of confidence amongst staff that strategic leaders, including the adult protection committee, provided good leadership for adult support and protection work.

5.2 Specific Covid-19 Efforts and Achievements

Section 3 highlights some of the particular efforts and achievements made in response to the pandemic. These include the;

- Near 'business as usual approach' achieved by the partners for adult support and protection
- Continued partnership work with Scottish Fire and Rescue and there being no increase locally of fire related deaths
- Ongoing focus on support to care homes.
- Evident improved support network of organisations in Inverclyde with an impressive community response to the pandemic
- Further development and adoption of virtual and secure online methods of communication by partners to facilitate not only training but the ongoing work of the Committee, the progress of the Significant Case Review, contact with the public and contact with adults at risk as part of the adult protection process
- Review of adult support and protection training and the development of a blended approach to delivery (Section 6).

5.3 Policies and Procedures

Achieving the review and implementation of the Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Social Housing Providers in Inverclyde for Adult Protection and Adults in Need during the course of the pandemic is viewed as an achievement. This guidance developed and agreed in partnership with the Inverclyde Social Housing Providers is understood to be unique in Scotland.

The implementation of the refreshed Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Care Home Providers in Inverclyde for Adult Protection & Adult with Changing Needs is also understood to be unique. As we recover from the pandemic further work is needed to support local

care homes to revisit improved application of the criteria for adult support and protection to their concerns.

5.4 Inverclyde Council Environmental and Public Protection Trading Standards

Whilst Trading Standards are not represented at the APC there is an established history of joint working in two key areas;

- Trading Standards and Adult Protection Coordinator screening of those adults coming to the attention of Trading Standards who are identified as having been scammed. This allows for the correct identification of local victims who may still be at risk and to provide appropriate follow up advice and support to them when needed. This arrangement has continued throughout the last two years
- Development and delivery of Financial Harm courses in conjunction with Police Scotland. As Section 6.1 outlines with the pandemic a blended approach has been developed. Inverclyde Trading Standards are currently involved with refreshing the content of financial harm training and will be once again be supporting the delivery of this training.

5.5 Domestic Abuse Multi Agency Risk Assessment Conference (MARAC)

MARACs are recognised nationally as best practice for addressing cases of Domestic Abuse at very high risk of serious harm and Domestic Homicide. The Inverclyde MARAC has been operational in Inverclyde since 2013. MARACs are held monthly. With the restrictions the pandemic brought the meetings moved to being held virtually.

MARAC Inverclyde Operating Protocol was reviewed and agreed in January 2020. The Operating Protocol sets the interface with the broader public protection agenda including adult support and protection legislation. Using the MARAC process and knowledge and expertise of different agencies, the identified risks will be either reduced or managed in the most appropriate way. All appropriate Public Agencies are represented by Strategic Leads working together to achieve this outcome. For HSCP Adult Services the Strategic Leads include representatives from Mental Health, Homeless Persons; Alcohol, Drugs and Recovery Services and the Adult Protection Coordinator. The process includes the identification of all relevant adult services involved ahead of each meeting and where not already represented the involved Team Lead is invited to the meeting.

6. Training, Learning and Development

The Inverclyde Adult Protection Committee Developed a Multi-Agency Learning and Development Strategy, Standards and Programme for 2018-2020. In addition to information about training and developmental events delivered via the auspices of the APC, it included key partner agencies adult support and protection learning and development strategies and provided details of other complimentary training courses (child protection, mental health, gender based violence and addiction) to support best practice across the public protection agenda.

With the pandemic this programme of face to face training and events had to be suspended from the first lockdown. As the face to face courses are very interactive, involve a number of trainers, and used a variety of methods to facilitate delivery there was a recognised challenge to unexpectedly adapt and deliver training via a digital platform.

An Inverclyde working group was established to consider the delivery of training potentially in digital format across services and the National Adult Protection Coordinator organised an online session with a digital expert as to what was required and needed to be considered in relation to moving learning online.

6.1 Level 1 Adult Protection Awareness and Financial Harm Training

Building on what is outlined above the HSCP Team Leader (Learning & Development) worked in conjunction with the Adult Protection Coordinator with advice from a local digital expert to amalgamate, condense and translate the Level 1 Adult Protection Awareness and Financial Harm training courses for delivery on a digital platform. In addition, a similar condensed format of the same training has been developed for face to face delivery with small groups of homecare staff as required. What was two half day courses is currently delivered as one half day.

The courses were piloted in early 2021 and have since been delivered twice per month since April that year. Pre pandemic face to face courses could accommodate a maximum of 25 participants but with the pandemic, resulting restrictions and the challenges of delivering courses online the number of attendees have had to be reduced. For the 2021/22 face to face courses have had to be restricted to 5 attendees per course and to 15 for the online course.

Whilst the number of participants for each course has had to reduce there have been approximately 240 staff from across agencies and public bodies who have attended since 2021. Demand for the courses remains high with the course information and details as to how to book circulated quarterly to an extensive circulation list that has been developed and updated over the last 13 years.

On this basis attendees have continued to include staff from a diverse range of private, Third Sector and voluntary organisations including Registered Social Landlords, Advocacy Service, care homes and registered care services. Those attending can include staff from these sectors working in maintenance and catering.

For the HSCP both Social Work and Health staff including HSCP Business Support have participated in the courses. Attendees from Health and Social Work continue to attend from across all of adult services. Includes Community Nursing, Community Mental Health Services; Alcohol, Drugs and Recovery Services, Homeless Service, Assessment and Care Management, Care at Home, Independent Living and Learning Disability Services.

The verbal feedback has been positive however the number of evaluations returned by email following each course has been low. On the conclusion of the course those attending are returning to work duties and have competing priorities. Pre pandemic time was allowed in face to face training for attendees to complete an evaluation with the opportunity to leave this anonymously if desired in the tray when leaving. With online training the same options can't be provided.

The positive feedback has three main strands. These are;

- The informative course content and the methods of delivery used.
- The 'Thresholds Exercise' and use of case studies being really good at starting conversations within the groups and being thought provoking. The group interaction is viewed as playing a vital part as to see how others interpret the scenarios considered.
- A very knowledgeable trainer who can answer questions effectively.

In relation to improving the course the three main strands are:

- The training returns to being face to face as soon as is permitted. It is clear that staff from across agencies miss having the opportunity to directly engage and debate with each other.
- More time to further explore the issues and challenges. Some asked for an advanced full day course or a return to having two half days.
- Trading Standards and Police Scotland staff would have normally assisted in the delivery of the in person training. Course participants have said that it would be beneficial to have their input again when course returns to in person or, in the interim for the online course.

In the context of this feedback and with the aim to have more opportunities face to face training when this is permitted, work is being done to consider what is required to refresh the content and delivery of Level 1 adult protection training. It is agreed that Inverclyde Council Trading Standards colleagues will be supporting this work including being involved in the delivery of parts of the course relating to financial harm and as to their roles and responsibilities. Police Scotland are also being asked to review and refresh the content provided by them.

6.2 Level 2 Training

The in person Level 2 Procedures Course is mandatory for Council Officers and their managers, and is for Health and Social Care staff who may act as second worker in an investigation. The in person Level 2 Recording and Defensible Decision Making Course is also mandatory for Council Officers and their managers and recommended for frontline Health Team Leads and health professionals working in integrated teams. The Procedures Course was developed and delivered in conjunction with an external training consultant with the Recording and Defensible

Decision Making Course commissioned and delivered from the same training consultant.

As before this training was also immediately impacted by the restrictions arising from the pandemic. Following consideration of the challenges and all possible options in terms of moving the courses and learning on line, Inverclyde is working in conjunction with Argyle and Bute to jointly commission training from same training consultant. A benefit is that staff from both areas will learn together and from each other.

Two courses have been commissioned. The first is a one day Council Officer Refresher training and the second is a 5 day training course for social workers progressing to undertake the role of Council Officer for the first time and for existing Council Officers where it has been agreed they would benefit for a more in-depth refresh. An aim of the refresher course is to inform and challenge participants who are likely to be experienced Council Officers. The 5 day course incorporates recording and defensible decision making.

The content of both courses is regularly refreshed by the training consultant to ensure that the programme content and learning outcomes are up to date; reflecting current research, national guidance and approaches to support best practice such as trauma informed practice. The content is also kept under review by the training consultant in conjunction with both Adult Protection Coordinators to ensure the content reflects adult protection procedures, guidance and protocols; the organisational structures and links to cross cutting public protection processes e.g. Multi-Agency Risk Assessment Conference (MARAC) for each area.

The 5 day Council Officer training will take place in the latter half of 2022. A Council Officer Refresher course has already taken place with a further course arranged for 2022. The feedback from Inverclyde participants has been exceptionally positive. Whilst the initial priority was for existing Council Officers to attend the training it is agreed at the request of staff that for future training dates that places will be made available to Health Team Leads and other social work and health staff experienced in undertaking the second worker role.

With the introduction of both courses an exercise has been undertaken to check adult protection training records and confirm with Social Work Team Leads as to what adult support and protection training the Council Officers in each team have undertaken. This supports the consideration of Team Leads in conjunction with their Council Officers as to which course would be of most benefit to support them in fulfilling statutory functions.

6.3 Adult Protection Learning and Self Evaluation Events

Over the last 12 years the APC has continued to be committed to providing multi-agency learning and self-evaluation events and workshops as part of the Biennial Business Plan and Multi-Agency Learning and Development Strategy. These have been developed and delivered in response to emerging issues and topics from local and national adult support and protection themes.

As before, the pandemic has interrupted the APC in being able to deliver such in person events and workshops. The online Adult Support and Protection and Safeguarding Five Nations Conference Series is promoted to HSCP staff. As recovery from the pandemic continues, the aim is to return to such events and a priority is to create multi-agency opportunities to consider the findings, learning and actions required of the Significant Case Review.

6.4 Adult Protection Committee Developmental Sessions

The APC has continued with the commitment to provide developmental sessions and inputs to its members. This has been more straightforward to deliver to a smaller group online although not without some technical challenges periodically. The sessions include a developmental event in addition to presentations by and discussion with the:

- National Adult Protection Coordinator providing the keynote presentation for the Committee's developmental event
- DWP Safeguarding Leader as to their role and responsibilities
- An update on local and national issues and developments from the Inverclyde Human Trafficking and Resettlement Lead
- An update from Inverclyde Alcohol, Drugs and Recovery Services as to current issues, developments and the interface with adult protection
- Lead Inspector as to the findings for Joint inspection of adult support and protection in the Inverclyde partnership

6.5 Greater Glasgow and Clyde, Adult Support & Protection Level 3 - Learning & Education Training Sessions

NHS Greater Glasgow and Clyde Public Protection Service have developed two hour Level 3 training sessions for health staff. This training is being delivered remotely twice per month from June 2022. A prerequisite is that the Learnpro Level 1 course must be completed prior to joining this Level 3 training.

6.6 Multi-Agency Learning and Development Strategy

This strategy will be reviewed to reflect the developments and progress made to refresh training and to adopt a hybrid model of in person and online training for staff .An aim is to ensure as far as is possible that the methods of delivery are sufficiently robust to ensure that training can continue regardless.

7. Engagement, Involvement and Communication

7.1 Adult Protection Committee Membership

The APC has been operational since 2009. The membership has included Service User and Carer Representatives since 2010. Support is provided to the representatives by Your Voice, a local third sector organisation commissioned to support service user and carer involvement in the planning and service delivery of health and social care in Inverclyde, including Adult Support and Protection.

Committee members who represent Public Bodies and organisations will change for a variety of reasons. The pandemic brought challenges with the shift to telephone conferencing and online meetings. It was recognised that not all service user and carer representatives would be comfortable with the move away from in person meetings even with provision of equipment and support from Your Voice. However with the support of Your Voice new Service User and Carer representatives were identified. Work is ongoing to support induction and familiarisation with the work of the Committee. This includes attending Level 1 training and providing feedback.

7.2 Service User and Carer Evaluation

A new approach to Service User and Carer Evaluation was developed by a short life working group. This included representatives from across partner agencies and the Care Inspectorate to support the development of the Terms of Reference and templates including a questionnaire.

At the start of 2020 the planned evaluation was underway with representatives from Compassionate Inverclyde and River Clyde Homes undertaking conversations with Service Users and Carers to evaluate the ASP process from their perspective. The independence of these agencies supports impartiality and prevents any potential conflict of interest. However due to the pandemic this evaluation was been suspended. As part of the 2020/2022 Business Plan, the aim was to reconvene a short life working group to develop a plan to progress evaluation. At the point the Business Plan was written it was not known as to how the pandemic would impact and for how long.

The plan is to reconvene the short life working group and for service user and carer representatives to be members of this group to progress a review of the approach and templates. What was reiterated from the suspended evaluation was that those being interviewed wanted to meet in person and if there was a time gap of more than 6 months since known under the adult protection process there were issues with recollection and/or the adult had moved on in their life. Previous Inverclyde Service User and Carer Evaluations had found same.

7.3 Independent Advocacy

The HSCP commission an Independent Advocacy Service to support adults at risk. The Inverclyde Social Work Services Adult Protection Policy, Practice Standards and Operational Procedures outline the importance of advocacy support. This is to ensure that the HSCP is applying the ASP principles, the adult is independently

informed of their rights, their views are sought and they are supported to put their views across.

Both previous face to face training and the current online courses has advocacy as a specific section of programme covering the principles, standards and types of advocacy and the importance of its role in engagement with adult at risk.

Our inspection found that 'nearly all adults at risk of harm who required independent advocacy were offered it although just under half (45%) actually received this very important service. The reasons for this were not always clear from the records. Importantly, where it was accepted, it was deployed at the right time and helped the adult to articulate their needs on every occasion'. In terms of our improvement the aim is to better capture the reasons as why advocacy is not received.

7.4 Public Information

In developing our approach to communication and engagement the material we have has been developed with service users and carers to try to ensure it is as accessible as possible in order to improve public awareness of adult protection.

The current ASP leaflets have been up dated. These were originally developed with a range of local service user and carer focus groups with the easy read versions developed in conjunction with Central Advocacy Partners.

A focus group which included local service users and carers was central to the development of the 10 Adult Protection Understanding Harm DVDs which were based on the experience of adult's at risk of harm in Inverclyde. The purpose was to improve public recognition of harm and to encourage the public to seek help and support. They were available to view on the Inverclyde Council YouTube Channel, Information Screens in HSCP buildings and GP surgeries but a further refresh in our approach to public information is needed. They will however still be used with some training courses.

At the end of 2019 and on behalf of the APC, Your Voice developed and delivered a Twitter Campaign on Financial Harm. A series of twitter images were developed with a range of Twitter Text to accompany. As noted in Section 3.7 the pandemic necessitated a different approach across all services in terms of public information and contact with the public including for adult support and protection. In addition the Committee and Inverclyde Council Corporate Communications worked together to ensure that public information regarding adult support and protection was regularly pushed on social media. Corporate Communications also led on the development of a video for the Committee to publicise National Adult Support and Protection Day. The plan is to review the content of this video so can be used more generally including on screens as well as on social media.

7.5 Outcomes for Adults at Risk

Whilst, as described above, we have not been in the position to better understand the experiences of service users and to involve service users in designing,

coproducing, and implementing policy and procedures, and services progress as extensively as we planned , our inspection evidenced that;

‘Significantly, almost all adults at risk of harm experienced improvements in their circumstances in relation to safety and protection. This was primarily because of close multi-agency working. A few adults had less positive outcomes. In the main, this was because those adults were legitimately making independent decisions, out with the protection of applicable legislation that put themselves at risk of harm despite the best efforts of the partner agencies’.

8. Challenges and Areas for Improvement

8.1 Inspection Improvements

From the Joint inspection of adult support and protection in the Inverclyde partnership there were, as would be expected, some areas where the partnership could improve its performance. These were;

- Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a more consistent adult support and protection approach.
- The Practice Standards and Operating Procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work.
- The partnership should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.
- Police Scotland should look to strengthen its evidence of supervisory oversight of interim vulnerable person's database (iVPD) referrals.
- The partnership's quality assurance performance framework needs further developed and more consistently applied.
- The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.

The Adult Support and Protection Improvement Plan was developed and addresses the identified areas for improvement. This plan is approved by both the Committee and the Chief Officers' Group. Key aspects of the plan were already identified by HSCP officers and part of the established work plan for social work. The Improvement Plan has also been shared and discussed with the Care Inspectorate.

The plan is being implemented with some actions signed off with agreed targets to implement remaining areas by the end of 2022. It will be through the case file audit process scheduled for 2023 that will confirm the success of the plan and that changes are now embedded in practice.

8.1.1 Summary of Improvement Plan Progress

The progress made is summarised as follows;

- Chronology Template & Guidance - Training rolled out to all Council Officers and Assessment Staff. Chronology is now in use in line with Guidance
- Revise Risk Assessment and Adult Protection Plan - Risk Assessment Guidance and templates reissued to staff. Staff briefing sessions completed
- Establish explicit recording of the application of 3 point test at all stages of ASP Process- This is in place for HSCP with all adult protection process templates revised to clearly record application of the 3 point criteria at each stage. A new Inquiry template developed by a working group of Council Officers in conjunction with the Adult Protection Coordinator. Staff briefing sessions completed.
- Police Scotland to further develop understanding and application of the 3 point test.
- Implement new recording guidance for SWIFT, CIVICA & EMIS. All revised templates and hierarchy on CIVICA and SWIFT, and all staff briefings

completed. New recording guidance for EMIS and staff briefings will be complete by end of 2022

- Interface between Partner's information systems – Internal to HSCP and all services use SWIFT and CIVICA. Meetings with partners established and this issue fully addressed with new Social work Information System.
- Implement the revised Multi-Agency West of Scotland ASP Procedures & Guidance. Approved by Committee and COG and implemented.
- Refresh Quality Assurance framework across Partnership – Committee Business Plan accelerated and Improvement Plan agreed by Committee. Progressed by established Quality and Development Sub Committee with updates to each Committee and to COG.
- Develop Multi Agency Audit and Governance Programme – Alongside single agency audits, workshop to be arranged for 2022 .This will build on the foundation of multi-agency self-evaluation events and workshops that have previously taken place. The involvement of community voice to support audit is historically part of this process.

The partnership and in particular HSCP officers continue to implement and audit the impact of the Improvement Plan. The current progress and future improvement pathway will continue to make effective progress to ensure reassurance around the protection of adults at risk of harm in Inverclyde. A further series of audits will take place in the first quarter of 2023 with the conclusions reported to Committee, COG, Integrated Joint Board and Social Work & Social Care Scrutiny Panel.

8.2 Learning and Development

Moving training courses on line has reduced the number of participants that can attend. This is kept under review and as we recover and restrictions ease numbers attending will increase in line with the guidance.

9. Looking Forward

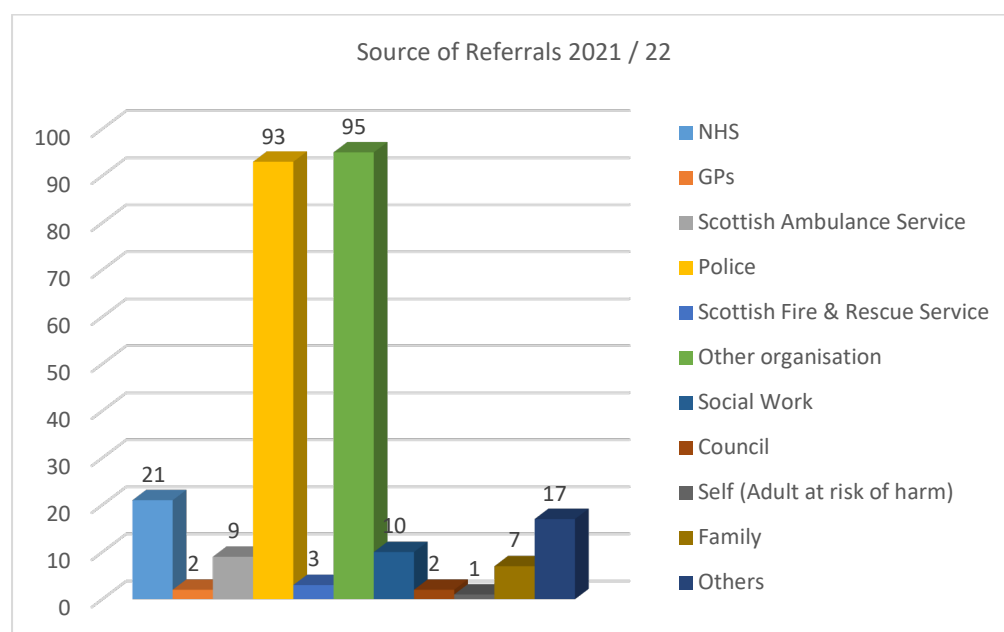
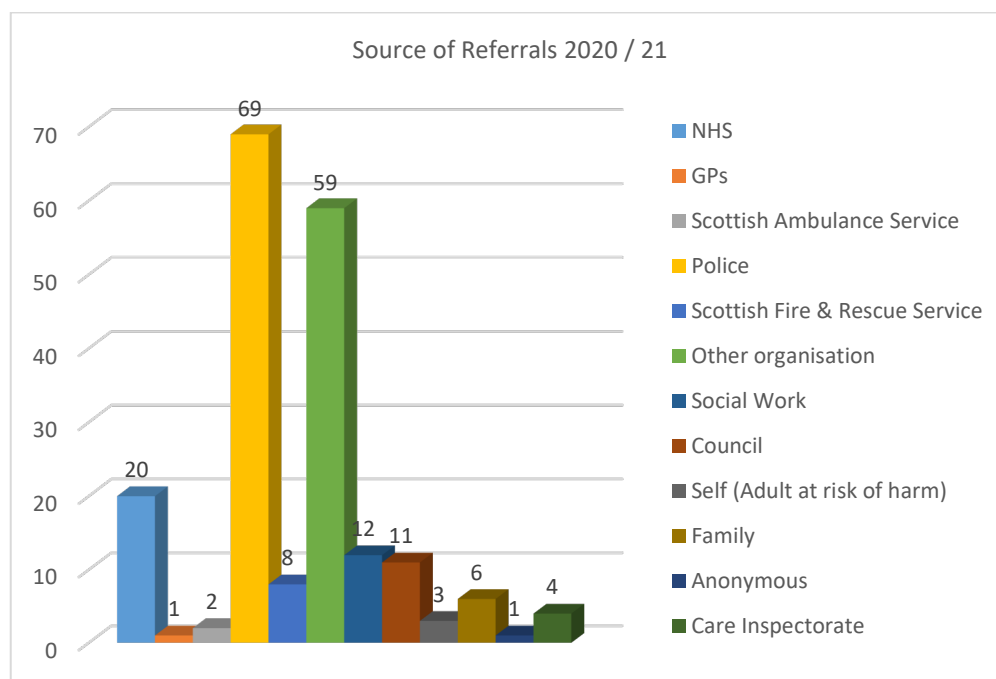
The Business Plan provides the overview and detail of all of our key areas of work and improvements identified for the next reporting. We recognise that there are areas that are our priority to progress;

- Sharing learning and fulfilling actions required for SCR locally and nationally
- Complete implementation of Improvement Plan and evaluate progress and improvements made
- Progress Service User and Carer evaluation and review our approach to public information

Looking forward we will also be keeping under review the potential impact of the cost of living crisis on the local population and in particular for those adult's most at risk, consider the findings of the Scottish Mental Health review, and of the impact of the National Care Service.

10. Appendices

10.1 Source of Referral



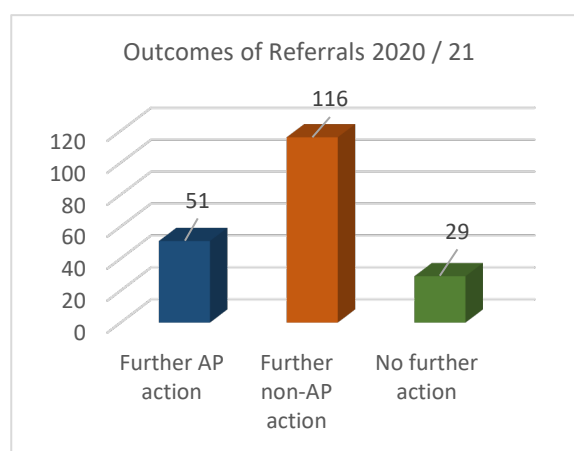
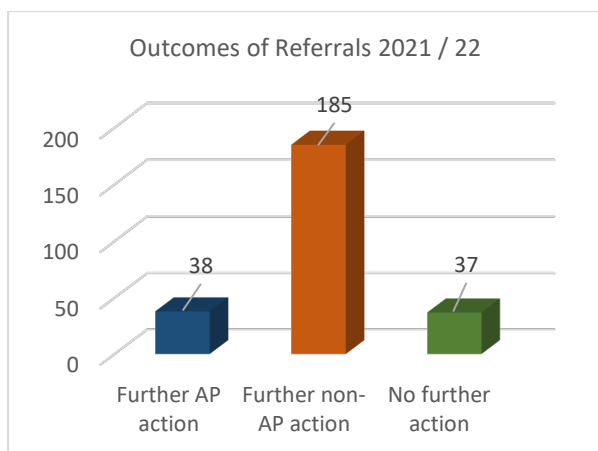
Other Organisations	20/21	21/22
Care Homes	34	69
Police	69	93
Housing	12	14
Scottish Ambulance	0	9
Scottish Fire & Rescue	8	0
Other Council Service	11	2
Other LA	1	0
Protection of Vulnerable Groups	0	1
Hospice	1	0
Voluntary Organisations	0	3
Total	136	191

NHS	20/21	21/22
NHS24	3	7
Hospital Nurse	5	3
Other Health Staff	8	8
GP	1	2
Hospital Clinician	1	3
A&E	0	1
Community Nurse	2	0
NHS O.T.	1	0
Total	21	24

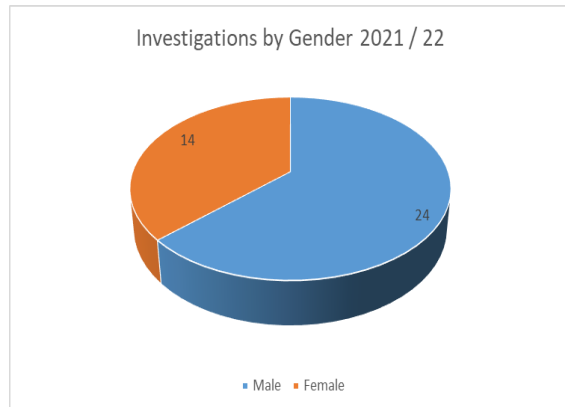
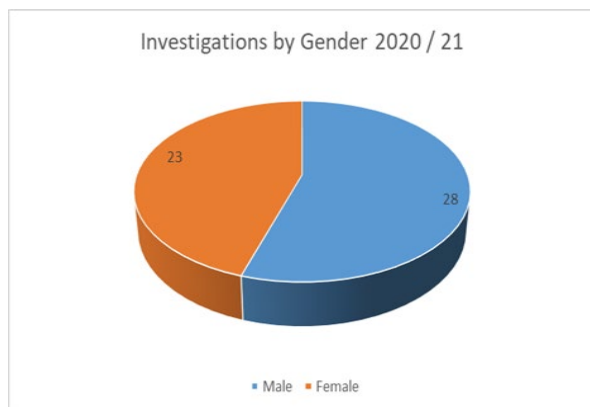
Social Work	20/21	21/22
Involved Worker	5	2
Other Social Work Staff	7	7
O.T.	0	1
Total	12	10

Statutory Body	20/21	21/22
Care Inspectorate	4	0
Health Improvement Scotland	3	0
Total	7	0

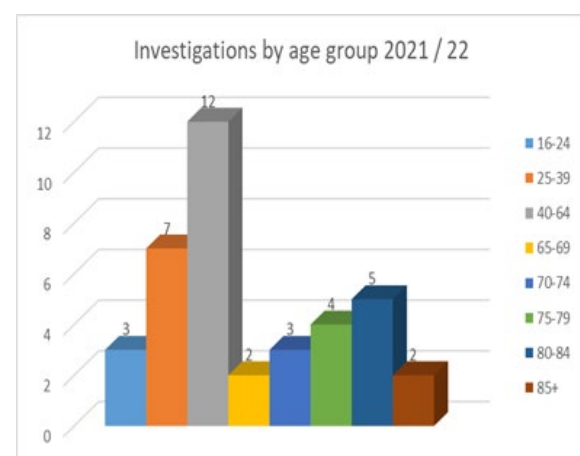
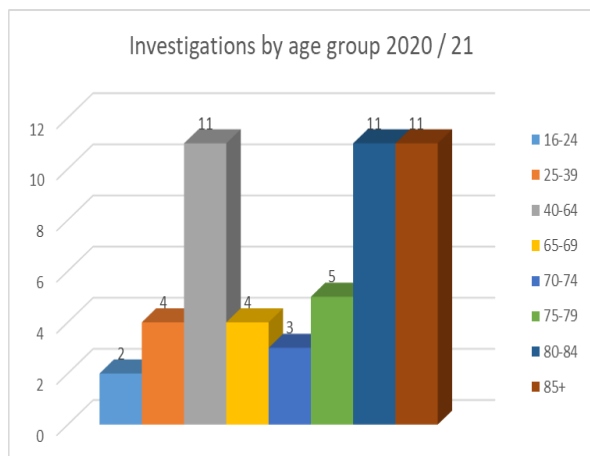
10.2 Outcome of Referrals



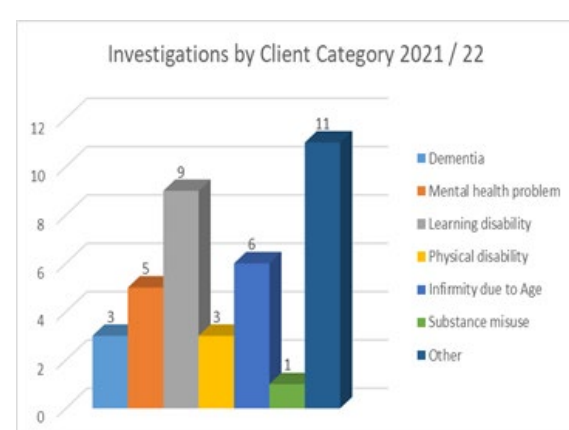
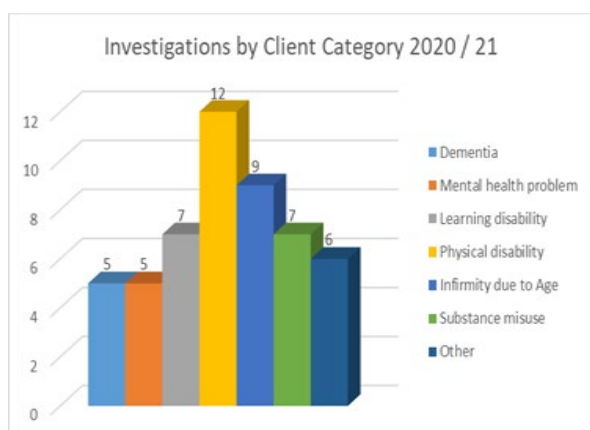
10.3 Investigations by Gender



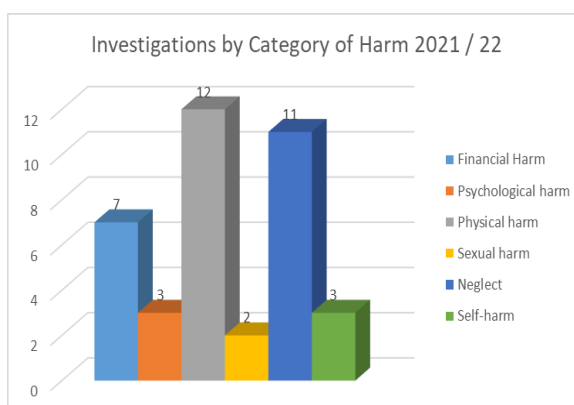
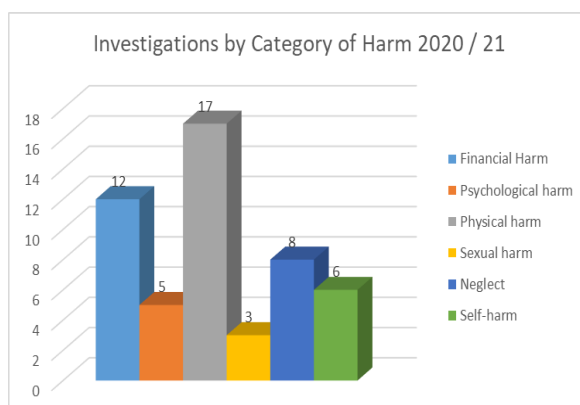
10.4 Investigations by Age Group



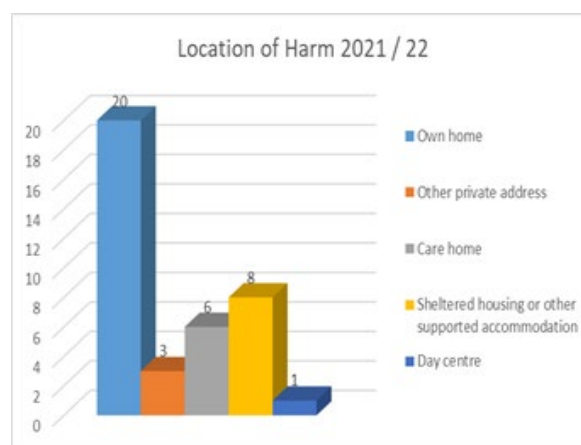
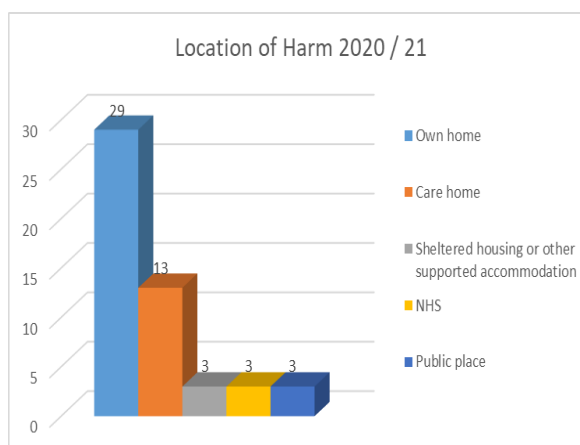
10.5 Investigations by Client Category



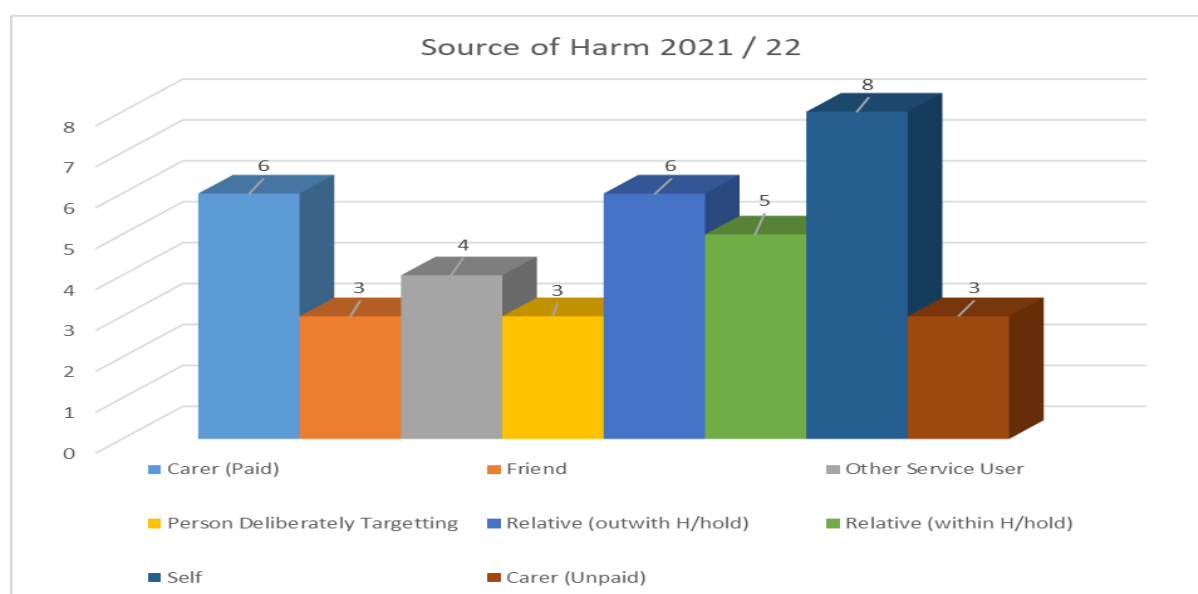
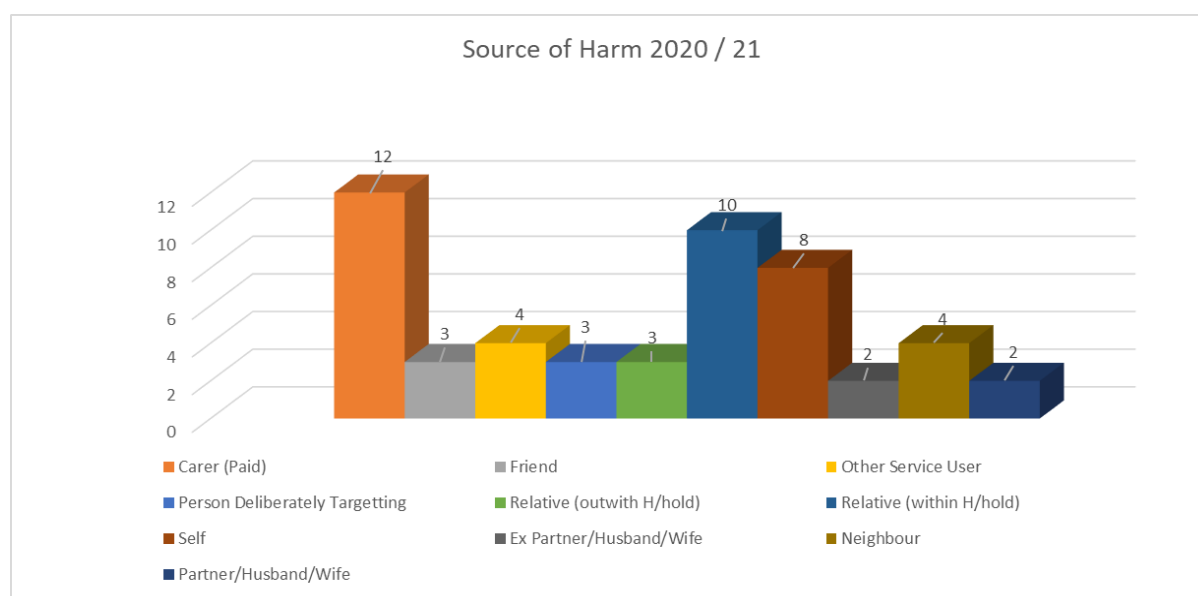
10.6 Investigations by Category of Harm



10.7 Investigations by Location of Harm



10.8 Investigation by Source of Harm



10.9 Outcome of Investigation

