Inverclyde council

AGENDA ITEM NO: 10

Report To:	**Inverclyde Council**	**Date:**	**1 December 2016**
Report By:	**Corporate Director Environment, Regeneration & Resources**	**Report No:**	**SL/LP/143/16**
Contact Officer:	**Sharon Lang**	**Contact No:**	**01475 712112**
Subject:	**Chief Social Work Officer Annual Report 2015/16 – Remit from Health & Social Care Committee**		

1.0 PURPOSE

1.1 The purpose of this report is to request the Council to consider a remit from the Health & Social Care Committee of 20 October 2016 relative to the Chief Social Work Officer Annual Report 2015/16.

2.0 SUMMARY

2.1 The Health & Social Care Committee of 20 October 2016 considered the attached report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership relative to the Chief Social Work Officer Annual Report 2015/16 which requires to be submitted to the Chief Social Work Adviser to the Scottish Government.

2.2 The Health & Social Care Committee agreed:

(1) To approve the Inverclyde HSCP Chief Social Work Officer Annual Report for 2015/16 for submission to the Office of the Chief Social Work Adviser to the Scottish Government; and
(2) To submit the report to the Inverclyde Council for consideration.

3.0 RECOMMENDATION

3.1 The Inverclyde Council is asked to consider the remit from the Health & Social Care Committee.

Gerard Malone
Head of Legal & Property Services

Inverclyde council

APPENDIX
AGENDA ITEM NO: 10

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

1.0 PURPOSE

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

2.0 SUMMARY

2.1 There is a statutory requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.

2.2 The collection of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisory allows for the development of a picture of social work and social care practice across the country. This is vital to us in benchmarking our performance in terms of implementation of legislation, development of innovative practice and, now crucially, in respect of health and social care integration.

3.0 RECOMMENDATION

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

3.2 It is recommended that the report is remitted to the Inverclyde Council for consideration.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Under the Social Work (Scotland) Act 1968, there is a long standing requirement for all Scottish local authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).

4.2 Revised guidance for Chief Social Work Officers and a new template were developed in March and May 2016 respectively, by the office of the Chief Social Work Advisor to the Scottish Government. This guidance and template were endorsed by COSLA.

4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to help Integrated Joint Boards (IJBs) to understand the CSWO role in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services.

4.4 The Inverclyde Chief Social Work Officer's report for 2015/16 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. There is an emphasis on the partnership and governance structure and its links to the Council and Health Board reporting processes. The report sets out the assets we have in Inverclyde and the development of our ambitious, co-produced 'People Plan' in terms of a whole systems approach to workforce planning and development.

4.5 As we go forward as a fully integrated partnership, the report takes the opportunity to reinforce the achievements of collaborative relationships we have established over the past 5 years in which social work practice and values have had a significant impact. Social Work has a vital role to play in the development of new partnerships into the future, while addressing challenges and delivering better outcomes for the people of Inverclyde.

5.0 PROPOSALS

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

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications from this report.

Human Resources

6.3 There are no Human Resources implications from this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

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

Repopulation

6.5 There are no repopulation implications from this report.

7.0 LIST OF BACKGROUND PAPERS

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

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

8.0 CONSULTATIONS

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

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICERS

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

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

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

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

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

1.1 Integration and Values

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

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

1.2 Partnership and Collaborative Working.

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

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

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

1.3 Social Work and Social Care Practice

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

1.4 GIRFEC

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

1.5 Complaints

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

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

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

1.6 Community Justice Arrangements

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

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

1.7 Child Sexual Exploitation (CSE)

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

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

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

1.8 Mental Health Officer Arrangements

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

1.9 Refugee and Migrant Resettlement

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

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

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

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

1.10 Integrated Children and Young People's Services Plan

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

1.11 Review and Redesign

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

1.12 Conclusions

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

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

Brian Moore
Chief Social Work Officer
September 2016

2. Partnership Structures/ Governance Arrangements

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

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

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

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

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

The diagram below shows our partnership governance arrangements.

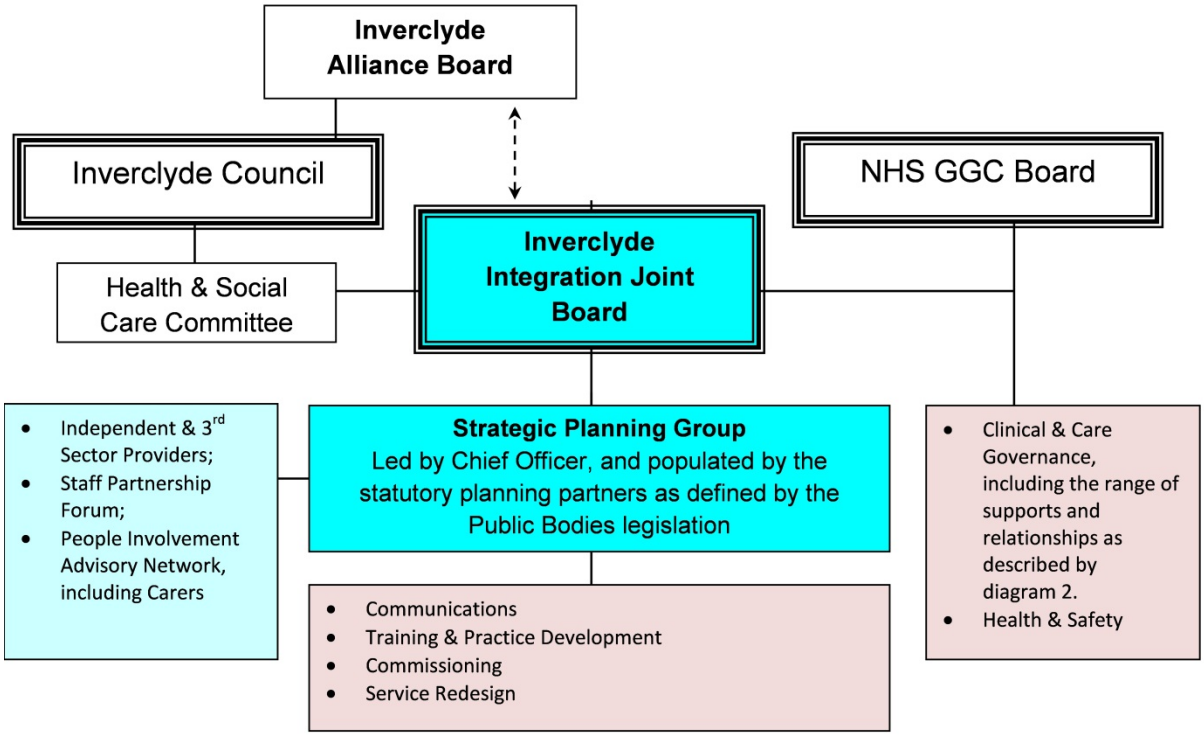


Diagram 1: Reporting and Accountability

3. Social Services Delivery Landscape

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

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

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

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

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

The 5 key Strategic Commissioning Themes are:

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

3.1 Children & Families and Criminal Justice

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

Table *2*

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

*One provider also delivers services within Inverclyde

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

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

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

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

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

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

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

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

3.1.1 Future Challenge for Children's Residential Services

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

3.2 Adult Learning Disabilities

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

Table *3*

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

*2 providers also deliver services within Inverclyde

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

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

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

3.2.3 Future challenges for Learning Disabilities Services

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

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

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

3.3 Older People

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

Table 4

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

*4 providers provide a service within and out with Inverclyde

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

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

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

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

The new contracts commenced on 1st of April 2015.

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

The option chosen will include:

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

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

3.4 Physical Disability

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

Table 5

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

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

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

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

3.5 Mental Health, Addictions and Homelessness

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

Table 6

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

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

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

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

Table 7

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

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

Table 8

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

3.6 Conclusions and Future Challenges in relation to commissioned services

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

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

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

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

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

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

3.7 In-House Services

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

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

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

4. Finance

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

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

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

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

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

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

Homelessness overspent by £209,000 which is 30.95% of the £675,000 budget.
The overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a trend continuing from 2014/15. Work has been undertaken to realign the budget for 2016/17 to reflect this trend, including the budget adjustment agreed as part of the 2016/17 budget setting process.

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

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

5. Service Quality and Performance

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

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

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

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

5.1. Health, Community Care and Primary Care

Table 1 Core activity

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

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

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

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

Table 2: Delayed Discharges

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

From April 2015 the target for Delayed Discharge, decreased from 4 weeks to 2 weeks. NHS Greater Glasgow and Clyde has also reported on the number of bed days lost due to delayed discharges; this provides a more complete picture of the impact of hospital delays.

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

Table 3: Emergency Admissions

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

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

5.2 Children and Families & Criminal Justice

Table 4: Looked After and Accommodated Children (LAAC)

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

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

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

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

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

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

5.3 Criminal Justice Social Work (CJSW)

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

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

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

Table 7: Community Payback Orders (CPO)

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

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

5.4 Mental Health, Addictions and Homelessness

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

5.4.1 Addictions

Table 8: Drug and Alcohol Team Activity

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

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

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

5.4.2 Homelessness Service

Table 9: Homelessness

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

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

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

5.5 Planning, Health Improvement and Commissioning

5.5.1 Advice Services

Table 10: Advice First Triage Services

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

The Advice First telephone line is the single point of access to Advice Services. Many of the clients who are contacting the service often have multiple issues, many of which could be resolved over the telephone, thus either negating the need for an appointment or addressing some of the issues prior to attending an appointment. To ensure the service is as accessible as possible, there is also a monitored email address where referrals are received from other agencies, clients and other HSCP services.

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

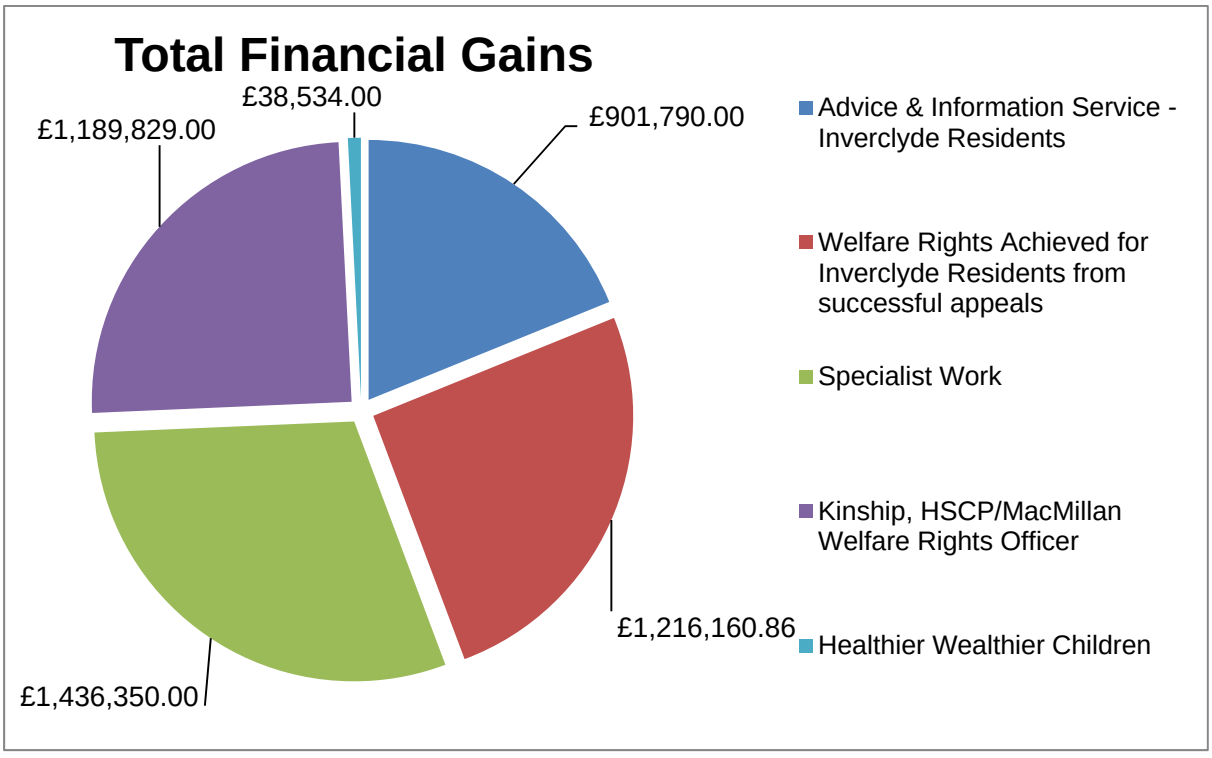


Table 11*:* Advice Services - Appeals

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

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

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

Advice Services also provide a variety of specialist services to clients in Inverclyde. One example of this type of service is the work that has been carried out since 2009 with kinship carers to ensure that they are supported to continue in their caring role. Following a referral a Welfare Rights Officer (WRO) contacts the carer to arrange an income maximisation check. This is followed up by regular reviews to ensure full benefit entitlement remains in place. This income maximisation intervention was held up as a model of good practice by the Scottish Government for other Local Authorities to consider implementing

In addition, funding from the Big Lottery allowed for the employment of an Advice Worker with a remit of working with hard to reach client groups. As indicated the service delivery focus is on hard to reach client groups, specifically vulnerable clients with chaotic lifestyles (Drugs/Alcohol/Homelessness). The post has proved particularly effective with the establishment of strong links with the Community Drugs Team, Alcohol and Homelessness Teams.

Table 12: Advice Services - Outreach Worker Vulnerable groups

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

5.5.2 The Inverclyde HSCP/Macmillan Welfare Rights Officer

This initiative continues to provide a pathway for cancer patients which maximises income for vulnerable clients, improving access to essential goods and services and reducing the financial burden of cancer. The service is firmly embedded as an integral part of IRH Oncology with strong ties maintained with Ardgowan Hospice. The service model is effective both in terms of direct net financial gain for patients and their families as well as the supplementary gains of improved quality of life, well-being and empowerment.

Table 13: Debt Advice

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

The Debt Advice Service is established on a rights-based approach that contributes to the alleviation of poverty and effects of debt in the Inverclyde community, making a positive difference to the lives of many.

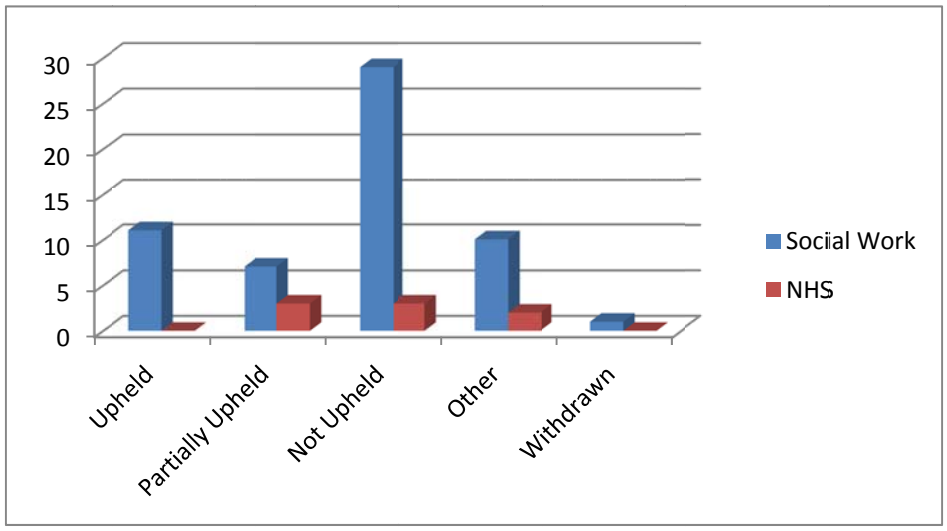
People in poverty pay more for goods and services. This is often termed the 'poverty premium'. Debt Advice seeks to address this by helping clients make informed decisions in relation to accessing financial services and making arrangements for best payment options in relation to utilities. Clients requiring a specialist and ongoing debt/money advice service are provided with timely and appropriate advice and case work intervention. People trying to manage debt while living on a low income experience stress and depression. Money/Debt Advice, works and the earlier people access the help on offer the better their chances of reaching good outcomes for themselves and their families.

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

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

Table 14: Complaints

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



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

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

Table 15: Freedom of Information (FOI) Requests

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

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

Table 16: Subject Access Requests (SARs)

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

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

6. Delivery of Statutory Functions

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

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

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

6.1 Public Protection

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

6.1.1 Multi-Agency Public Protection Arrangements (MAPPA)

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

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

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

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

6.1.2 Child Protection

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

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

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

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

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

6.1.3 Adult Support and Protection

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

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

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

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

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

6.3 Mental Health Service and Mental Health Officer Activity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 Adoption and Family Placement

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

- 16 adoption enquiries
- 2 adopter approvals – 1 on behalf of another local authority
- 5 permanent fostering applications – 4 for specific children
- 3 children matched for permanent fostering
- 4 children matched for adoption
- 11 children registered for permanence, 4 children's circumstances reviewed
- 5 Adoption Orders Granted;
- 39 Approved Foster Carers at 31st March 2016;
- 26 Fostering enquiries received during 20156
- Advice panel on fostering application, 4 deregistration's, 1 temporary fostering applications, 3 skills to foster progression, 1 respite carer application.

Kinship Carers at July 2016

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

6.5 Secure Accommodation and Emergency Transfers

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

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

6.6 Significant Case Reviews

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

7. User and Carer Empowerment

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

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

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

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

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

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

8. Workforce

8.1 Workforce Planning

8.1.1 Inverclyde HSCP People Plan

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

8.1.2 Promoting Attendance

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

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

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

8.1 Workforce Development

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

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

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

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

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

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

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

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

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

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

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

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

9.1 Special Needs In Pregnancy Service (SNIPS)

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

9.2 Complaints Handling and Investigation

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

9.3 Quality Framework

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

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

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

9.4. Getting It Right For Every Child (GIRFEC)

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

9.5 Support Planning

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

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

9.5 Community Connectors

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

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

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

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

9.6 Transitions

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

9.7 Inverclyde Integrated Women's Service

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

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

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

10. Conclusions

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

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

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