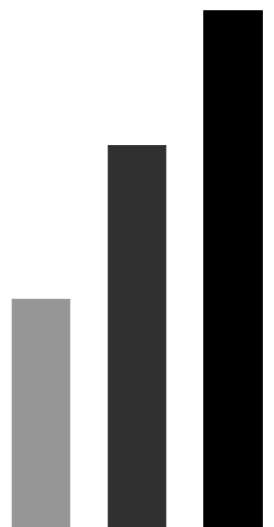


## Agenda 2017

# Health & Social Care Committee

For meeting on:

|   |         |      |
|---|---------|------|
| 5 | January | 2017 |
|---|---------|------|



**A meeting of the Health & Social Care Committee will be held on Thursday 5 January 2017 at 3pm within the Municipal Buildings, Greenock.**

GERARD MALONE  
Head of Legal and Property Services

## **BUSINESS**

|   |             |
|---|-------------|
| <b>1. Apologies, Substitutions and Declarations of Interest</b>   | <b>Page</b> |
| <b>PERFORMANCE MANAGEMENT</b>   |             |
| <b>2. Revenue and Capital Budget Report 2016/17 – Period 7 as at 31 October 2016</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer | <b>p</b>    |
| <b>3. Accounts Commission Report: Social Work in Scotland</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  | <b>p</b>    |
| <b>4. Update on Delayed Discharges and Inverclyde Winter Plan 2016/17</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  | <b>p</b>    |
| <b>5. Mental Health Officer Service</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  | <b>p</b>    |
| <b>NEW BUSINESS</b>   |             |
| <b>6. Inverclyde Carers and Young Carers Strategy 2016-2022</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  | <b>p</b>    |
| <b>7. Children's Residential Child Care Services Reprovision</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership   | <b>p</b>    |

|   |  |          |
|---|--|----------|
| 8.  | <b>Corporate Parenting Planning</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership   | <b>p</b> |
| 9.  | <b>Greenock Health and Care Centre</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership  | <b>p</b> |
| <b>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph 6 of Part I of Schedule 7(A) of the Act.</b> |  |          |
| <b>PERFORMANCE MANAGEMENT</b>   |  |          |
| 10.   | <b>Governance of HSCP Commissioned External Organisations</b><br>Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned social care services | <b>p</b> |

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

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|                         |   |                    |                           |
|-------------------------|---|--------------------|---------------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>   | <b>Date:</b>       | <b>5 January 2017</b>     |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director (Chief Officer)<br/>Inverclyde Health &amp; Social Care<br/>Partnership</b> | <b>Report No:</b>  | <b>FIN/120/16/AP/FMcL</b> |
|                         | <b>Alan Puckrin<br/>Chief Financial Officer</b>   |                    |                           |
| <b>Contact Officer:</b> | <b>Fiona McLaren</b>  | <b>Contact No:</b> | <b>01475 712652</b>       |
| <b>Subject:</b>         | <b>Revenue &amp; Capital Budget Report 2016/17 – Period 7 as at 31 October 2016</b>                               |                    |                           |

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the position of the Revenue and Capital budgets for the current year as at Period 7 to 31 October 2016.

## 2.0 SUMMARY

- 2.1 The Social Work revised budget is £48.768 million with a projected overspend of £176,000, which is an increase in spend of £47,000 since the last report. The main elements of the overspend are:
- Residential & Nursing overspend of £88,000 reflecting the increased numbers of beds in use. This is offset by the additional one off income of £126,000,
  - Homecare overspend of £126,000 on external homecare reflecting the increased hours of care provided. This is offset by vacancies on internal homecare below,
  - A projected overspend of £171,000 in Learning Disabilities on client care packages. This is partially linked to the move to Redholm,
  - Projected net overspends in employee costs in other areas of £45,000 due to increased turnover targets.

Offset in part by:

- Vacancies in internal homecare of £158,000.

- 2.2 For 2016/17 the Council budget for Social Work was delegated to the Integration Joint Board (IJB). At its meeting on 26 June 2016, the IJB agreed to allocate a budget of £50,084,000 (with £48,815,000 contributed by the Council and £1,269,000 for budget pressures from the Social Care Fund operated by the IJB) to the Council and directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. There have been some changes to the Council's budget relating to corporate budgets for transport and utilities. These are detailed in Appendix 6.
- 2.3 The IJB has provided additional budget of £1,504,000 during the year and this is reflected in this report.
- 2.4 It should be noted that the 2016/17 budget includes agreed savings for the year of £1,043,000, of which £55,000 has still to be identified on an ongoing basis.
- 2.5 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as

opportunities arise.

- 2.6 The Social Work capital budget is £1,414,000, with spend to date of £274,000. There is no projected slippage and expenditure equates to 19.37% of the revised budget.
- 2.7 At the Policy & Resources Committee on 20 September 2016 it was agreed that the Social Work Earmarked Reserves for 2016/17 totalling £2,584,000 be transferred to the IJB. Of the total, £2,451,000 is projected to be spent in the current financial year. To date £671,000 spend has been incurred which is 27.4% of the projected 2016/17 spend.
- 2.8 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
  - Children's Residential Care, Adoption & Fostering.
  - Deferred Income.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the current year revenue budget and projected overspend of £176,000 for 2016/17 as at 31 October 2016.
- 3.2 That the Committee note that the Corporate Director (Chief Officer) and Heads of Service will continue work to contain the overspend within the overall Social Work budget for the year.
- 3.3 That any overspend at the year end will be contained by the IJB.
- 3.4 That the Committee and the IJB approves the virements listed in Appendix 6.
- 3.5 That the Committee note the current projected capital position.
- 3.6 That the Committee note the current Earmarked Reserves position.

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

**Alan Puckrin**  
**Chief Financial Officer**

## 4.0 BACKGROUND

- 4.1 The purpose of the report is to advise the Committee of the current position of the 2016/17 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2016/17 projected £176,000 overspend.

## 5.0 2016/17 CURRENT REVENUE POSITION: Projected £176,000 (0.36 %) overspend

- 5.1 For 2016/17 the Council budget for Social Work was delegated to the Integration Joint Board (IJB). At its meeting on 26 June 2016, the IJB agreed to delegate a budget of £50,084,000 (with £48,815,000 contributed by the Council and £1,269,000 from the Social Care Fund managed by the IJB) to the Council to be spent in line with the IJB's Strategic Plan. There have been some changes to the Council's budget relating to corporate budgets for transport and utilities. These are detailed in Appendix 7.

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

Included in approved budget:

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

Approved at IJB meeting 18 August 2016

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

Approved at IJB meeting 8 November 2016

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

Total additional budget 1,504,000

Total IJB budget received 2,773,000

- 5.2 Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the outturn position. The material variances are identified per service below and detailed in Appendix 3:

### a. Children & Families: Projected £47,000 (0.43%) overspend

The projected overspend is £27,000 more than reported previously and comprises:

- A projected overspend on employee costs of £129,000 mainly relating to residential accommodation where there is a requirement for certain staffing levels. This is a continuing pressure area which was offset in 2015/16 by a number of vacancies within Children & Families.
- A projected underspend of £30,000 on Children and Young People Act funding due to delays in projects starting this year,
- A projected underspend in kinship of £43,000 due to additional funding received for parity with foster carers.

Any over/ underspends on adoption, fostering and children's external residential accommodation are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above overspend. The reserve had a balance of £682,000 carried forward from 2015/16 and £133,000 of that was set aside to contribute to the additional costs for the replacement of the Neil Street Children's Home. Overall at period 7 there was a projected net underspend on fostering, adoption and children's external residential accommodation of £212,000 which would be added to the Earmarked Reserve at the end of the year if it continues.

**b. Older People: Projected £50,000 (0.21%) overspend**

The projected overspend is £172,000 less than previously reported and comprises:

- A projected underspend on employee costs of £112,000, a decrease of £28,000. £158,000 relates to vacancies in Homecare and this is offsetting a projected overspend on external homecare costs.
- A projected overspend of £126,000 on external homecare costs and domiciliary respite. This is an decrease of £20,000 due to a reduction in client numbers.
- A projected overspend in Residential & Nursing on care home beds of £88,000 (a decrease of £132,000 since period 5). There has been a decrease in the number of care home beds in use from 643 to 640 (628 at the end of 2015/16) and the projection assumes that this will fall to 626 by December 2016. There has also been additional funding allocated to Residential & Nursing from Delayed Discharge EMR and one off income to offset the additional costs of nursing beds.
- Residential & Nursing also has additional one off income received for charges of £126,000, an increase of £49,000.

**c. Learning Disabilities: Projected £137,000 (2.04%) overspend**

This is an increase of £90,000 in the projected position due to changes to client packages. The service is actively seeking to recoup some of additional familiarisation costs which have been paid in relation to Redholm clients from the service provider, and which are included in the current projected overspend.

**d. Assessment & Care Management: Projected £20,000 (1.27%) underspend**

This relates to a projected underspend on employee costs.

**e. Mental Health: Projected £53,000 (4.09%) underspend**

This relates to a projected underspend on client package costs of £84,000 and a projected overspend of £25,000 on agency staff. There is additional spend relating to the Neil Street project which is fully funded by Health.

**f. Addictions: Projected £17,000 (1.68%) underspend**

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

**g. Homelessness: Projected £16,000 (2.00%) overspend**

The projected overspend consists of a projected underspend on employee costs due to vacancies offset by a projected overspend on bad debt provision. The bad debt provision is currently under review in light of changes in the number of properties and the impact of Universal Credit.

**h. Business Support: Projected £28,000 (1.36%) overspend**

This consists of a projected underspend on employee costs of £20,000 due to additional turnover and an overspend on telephone charges of £48,000.

## **6.0 2016/17 CURRENT CAPITAL POSITION – £nil Variance**

**6.1 The Social Work capital budget is £3,898,000 over the life of the projects with £1,414,000 for 2016/17, comprising:**

- £1,132,000 for the replacement of Neil Street Children's Home,
- £57,000 for the replacement of Crosshill Children's Home,
- £225,000 for the conversion costs associated with John Street, Gourrock.

The costs of £225,000 associated with John St, Gourrock are being met by funding from the IJB and the additional costs for Neil Street Children's Home replacement of £133,000 are being met from the Children's Residential Care, Adoption & Fostering EMR.

6.2 There is no projected slippage in the 2016/17 budget and expenditure to 31 October is £274,000 (19.37% of the revised budget). Appendix 4 details capital budgets.

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

- Building constructed to roof level.
- Timber kit installed.
- Road infrastructure in progress.
- Contractor has intimated three week slippage to programme but is confident of mitigating the delay.
- Programme completion date 31 March 2017.

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

- Design in progress.
- Decant to Neil Street anticipated June 2017.
- Crosshill demolition August 2017.
- Construction of new Crosshill September 2017 to June 2018.

6.5 Progress on the John Street project is as follows:

- Works to fire alarm system, door locks, lift, fire-fighting equipment and sundry minor works now completed.
- Sprinkler system out to tender.
- Internal alterations (kitchen, dining room, office and shower room) to commence on 21 November 2016.
- Anticipated completion end of January 2017.

## 7.0 EARMARKED RESERVES

7.1 At the Policy & Resources Committee on 20 September 2016, it was agreed that the Social Work Earmarked Reserves for 2016/17 total of £2,584,000 be transferred to the IJB. Of the total, £2,451,000 is projected to be spent in the current financial year. To date £674,000 spend has been incurred which is 27.4% of the projected 2016/17 spend. This is £63,000 (8.6%) behind the phased budget. Appendix 5 details the individual Earmarked Reserves.

7.2 Within the Earmarked Reserves for 2016/17 is £1,308,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,700,000, with the balance funding a number of NHS projects. The funding has been allocated as follows:

| Project                                      | £000         |
|--|--------------|
|  |              |
| Reablement                                   | 700          |
| Carers                                       | 150          |
| Telecare                                     | 100          |
| Community connectors                         | 95           |
| Additional posts to support various projects | 93           |
| Third sector integration & commissioning     | 65           |
| Children & Families transitions              | 40           |
| Independent sector integration partner       | 29           |
| Housing                                      | 25           |
| Strategic needs analysis admin support       | 11           |
|  |              |
| <b>Total funding</b>                         | <b>1,308</b> |



- 7.3 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:
- Children's Residential Care, Adoption & Fostering
  - Deferred Income.

## **8.0 VIREMENT**

- 8.1 Appendix 6 details the virements that the Committee & the IJB are requested to approve. The virements have been reflected within the report.

## **9.0 OTHER FINANCIAL MATTERS**

- 9.1 The Criminal Justice Service is currently funded via a ring fenced grant from the Scottish Government, received via the Criminal Justice Authority. From 1 April 2017 this grant will no longer be ring fenced and will be allocated directly to the Council as part of the settlement. The methodology used to allocate the grant has also been changed and the indicative allocation shows a potential grant reduction of between 20% and 25% for Inverclyde over the next five years. Work is currently being undertaken to identify how this will be addressed for 2017/18 and to draw up a five year plan to address the overall reduction. Updates on this work and details of the final budget allocations will be reported to this Committee.

## **10.0 IMPLICATIONS**

### **10.1 Finance**

All financial implications are discussed in detail within the report above

#### Financial Implications:

##### One off Costs

| <b>Cost Centre</b> | <b>Budget Heading</b> | <b>Budget Years</b> | <b>Proposed Spend this Report £000</b> | <b>Virement From</b> | <b>Other Comments</b> |
|--------------------|-----------------------|---------------------|--|----------------------|-----------------------|
| N/A                |                       |                     |  |                      |                       |

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

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

### **10.2 Legal**

There are no specific legal implications arising from this report.

### **10.3 Human Resources**

There are no specific human resources implications arising from this report

#### 10.4 **Equalities**

Has an Equality Impact Assessment been carried out?

☐

Yes    See attached appendix

☒

No

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

#### 10.5 **Repopulation**

There are no repopulation issues within this report.

#### 11.0 **CONSULTATIONS**

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

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

12.1 There are no background papers for this report.

## Appendix 1

### Social Work Budget Movement - 2016/17

#### Period 7: 1st April - 31 October 2016

| Service                      | Approved Budget | Movements         |                  |                                  |                     |   | Revised Budget  |                               | Revised Budget  |
|------------------------------|-----------------|-------------------|------------------|----------------------------------|---------------------|---|-----------------|-------------------------------|-----------------|
|                              | 2016/17<br>£000 | Inflation<br>£000 | Virement<br>£000 | Supplementary<br>Budgets<br>£000 | IJB Funding<br>£000 | Transfers to/<br>(from) Earmarked<br>Reserves<br>£000 | 2016/17<br>£000 | IJB Funding<br>Income<br>£000 | 2016/17<br>£000 |
| Children & Families          | 10,314          | 0                 | (7)              | 0                                | 436                 | 0   | 10,744          | (436)                         | 10,308          |
| Criminal Justice             | 0               | 0                 | 0                | 0                                | 0                   | 0   | 0               | 0                             | 0               |
| Older Persons                | 22,033          | 0                 | (39)             | 0                                | 1,398               | 0   | 23,391          | (1,398)                       | 21,993          |
| Learning Disabilities        | 6,327           | 0                 | (57)             | 0                                | 425                 | 0   | 6,696           | (425)                         | 6,271           |
| Physical & Sensory           | 2,062           | 0                 | (10)             | 0                                | 98                  | 0   | 2,150           | (98)                          | 2,052           |
| Assessment & Care Management | 1,563           | 0                 | 18               | 0                                | 1                   | 0   | 1,582           | (1)                           | 1,581           |
| Mental Health                | 1,117           | 0                 | (37)             | 0                                | 217                 | 0   | 1,298           | (217)                         | 1,081           |
| Addiction / Substance Misuse | 1,038           | 0                 | (11)             | 0                                | 11                  | 0   | 1,038           | (11)                          | 1,027           |
| Homelessness                 | 624             | 0                 | 28               | 0                                | 151                 | 0   | 803             | (151)                         | 652             |
| Planning, HI & Commissioning | 1,730           | 0                 | (26)             | 1                                | 35                  | 0   | 1,740           | (35)                          | 1,705           |
| Business Support             | 2,006           | 0                 | 93               | 0                                | 0                   | 0   | 2,099           | 0                             | 2,099           |
| Totals                       | <u>48,815</u>   | <u>0</u>          | <u>(48)</u>      | <u>1</u>                         | <u>2,773</u>        | <u>0</u>  | <u>51,541</u>   | <u>(2,773)</u>                | <u>48,768</u>   |

#### Supplementary Budget Detail

£000

#### External Resources

#### Internal Resources

Welfare reform

1

#### Savings/Reductions

1

**SOCIAL WORK****REVENUE BUDGET PROJECTED POSITION****Period 7: 1st April - 31 October 2016**

| 2015/16<br>Actual<br>£000 | SUBJECTIVE ANALYSIS                                     | Approved<br>Budget<br>2016/17<br>£000 | Revised<br>Budget<br>2016/17<br>£000 | Projected<br>Outturn<br>2016/17<br>£000 | Projected<br>Over/(Under)<br>Spend<br>£000 | Percentage<br>Variance |
|---------------------------|---|---------------------------------------|--------------------------------------|---|--|------------------------|
| 25,148                    | Employee Costs  | 25,693                                | 26,068                               | 25,912                                  | (156)                                      | (0.60%)                |
| 1,356                     | Property costs  | 1,170                                 | 1,160                                | 1,164                                   | 5  | 0.41%                  |
| 875                       | Supplies and Services                                   | 727                                   | 810                                  | 889                                     | 79   | 9.69%                  |
| 473                       | Transport and Plant                                     | 337                                   | 380                                  | 418                                     | 38   | 10.05%                 |
| 911                       | Administration Costs                                    | 667                                   | 742                                  | 723                                     | (19)                                       | (2.56%)                |
| 35,062                    | Payments to Other Bodies                                | 35,280                                | 36,489                               | 37,066                                  | 576  | 1.58%                  |
| (14,488)                  | Income  | (13,790)                              | (14,108)                             | (14,455)                                | (347)                                      | 2.46%                  |
| <b>49,336</b>             | <b>TOTAL NET EXPENDITURE</b>                            | <b>50,084</b>                         | <b>51,541</b>                        | <b>51,717</b>                           | <b>176</b>                                 | <b>0.34%</b>           |
|                           | Contribution from IJB                                   | (1,269)                               | (2,773)                              | (2,773)                                 | 0  | 0.00%                  |
| <b>49,336</b>             | <b>TOTAL NET EXPENDITURE including IJB contribution</b> | <b>48,815</b>                         | <b>48,768</b>                        | <b>48,944</b>                           | <b>176</b>                                 | <b>0.36%</b>           |

| 2015/16<br>Actual<br>£000 | OBJECTIVE ANALYSIS                                      | Approved<br>Budget<br>2016/17<br>£000 | Revised<br>Budget<br>2016/17<br>£000 | Projected<br>Outturn<br>2016/17<br>£000 | Projected<br>Over/(Under)<br>Spend<br>£000 | Percentage<br>Variance |
|---------------------------|---|---------------------------------------|--------------------------------------|---|--|------------------------|
| 10,102                    | Children & Families                                     | 10,688                                | 10,744                               | 10,791                                  | 47   | 0.43%                  |
| -0                        | Criminal Justice  | 0                                     | 0                                    | 0                                       | 0  | 0.00%                  |
| 22,192                    | Older Persons   | 22,778                                | 23,391                               | 23,441                                  | 50   | 0.21%                  |
| 6,709                     | Learning Disabilities                                   | 6,327                                 | 6,696                                | 6,833                                   | 137  | 2.04%                  |
| 2,033                     | Physical & Sensory                                      | 2,062                                 | 2,150                                | 2,141                                   | (8)  | (0.39%)                |
| 1,574                     | Assessment & Care Management                            | 1,563                                 | 1,582                                | 1,562                                   | (20)                                       | (1.27%)                |
| 961                       | Mental Health   | 1,117                                 | 1,298                                | 1,245                                   | (53)                                       | (4.09%)                |
| 1,028                     | Addiction / Substance Misuse                            | 1,038                                 | 1,038                                | 1,021                                   | (17)                                       | (1.68%)                |
| 884                       | Homelessness  | 774                                   | 803                                  | 820                                     | 16   | 2.00%                  |
| 1,755                     | Planning, Health Improvement & Commissioning            | 1,730                                 | 1,740                                | 1,737                                   | (3)  | 0.00%                  |
| 2,097                     | Business Support  | 2,006                                 | 2,099                                | 2,127                                   | 28   | 1.36%                  |
| <b>49,336</b>             | <b>TOTAL NET EXPENDITURE</b>                            | <b>50,084</b>                         | <b>51,541</b>                        | <b>51,717</b>                           | <b>176</b>                                 | <b>0.34%</b>           |
|                           | Contribution from IJB                                   | (1,269)                               | (2,773)                              | (2,773)                                 | 0  | 0.00%                  |
| <b>49,336</b>             | <b>TOTAL NET EXPENDITURE including IJB contribution</b> | <b>48,815</b>                         | <b>48,768</b>                        | <b>48,944</b>                           | <b>176</b>                                 | <b>0.36%</b>           |

## Notes:

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

## APPENDIX 3

### SOCIAL WORK

### MATERIAL VARIANCES

#### Period 7: 1st April - 31 October 2016

| 2015/16<br>Actual<br>£000 | Budget Heading   | Revised Budget<br>2016/17<br>£000 | Proportion of<br>budget<br>£000 | Actual to<br>31/08/16<br>£000 | Projected Outturn<br>2016/17 £000 | Projected<br>Over/(Under)<br>Spend<br>£000 | Percentage<br>Variance |
|---------------------------|--|-----------------------------------|---------------------------------|-------------------------------|-----------------------------------|--|------------------------|
| <b>Employee Costs</b>     |  |                                   |                                 |                               |                                   |  |                        |
| 5,258                     | Children & Families  | 5,417                             | 2,985                           | 3,002                         | 5,546                             | 129  | 2.38%                  |
| 7,405                     | Older People   | 7,898                             | 4,371                           | 4,308                         | 7,786                             | (112)                                      | (1.42%)                |
| <u>12,663</u>             |  | <u>13,315</u>                     | <u>7,356</u>                    | <u>7,310</u>                  | <u>13,332</u>                     | <u>17</u>                                  | <u>(1.37%)</u>         |
| <b>Other Variances</b>    |  |                                   |                                 |                               |                                   |  |                        |
| 0                         | Children & Families - Kinship care                             | 555                               | 324                             | 342                           | 512                               | (43)                                       | (7.75%)                |
| 45                        | Children & Families - C&YPA                                    | 193                               | 113                             | 0                             | 163                               | (30)                                       | (15.54%)               |
| 3,090                     | Older People - Homecare external providers                     | 3,221                             | 1,879                           | 1,516                         | 3,347                             | 126  | 3.91%                  |
| 12,992                    | Residential & Nursing purchased places                         | 13,818                            | 8,061                           | 7,792                         | 13,906                            | 88   | 0.64%                  |
| (284)                     | Residential & Nursing income                                   | (109)                             | (64)                            | (222)                         | (235)                             | (126)                                      | 115.60%                |
| 7,178                     | Learning Disabilities - client commitments on support packages | 7,238                             | 4,222                           | 3,440                         | 7,410                             | 172  | 2.38%                  |
| 2,212                     | Mental Health - client commitments on support packages         | 1,246                             | 727                             | 559                           | 1,162                             | (84)                                       | (6.74%)                |
| 0                         | Homelessness - bad debt provision                              | 6                                 | 4                               | 0                             | 40                                | 34   | 566.67%                |
| <u>25,233</u>             |  | <u>26,168</u>                     | <u>15,265</u>                   | <u>13,427</u>                 | <u>26,305</u>                     | <u>137</u>                                 | <u>0.52%</u>           |

## APPENDIX 4

### SOCIAL WORK - CAPITAL BUDGET 2016/17

**Period 7: 1st April - 31 October 2016**

| <u>Project Name</u>                    | <u>Est<br/>Total<br/>Cost</u> | <u>Actual<br/>to<br/>31/3/16</u> | <u>Approved<br/>Budget<br/>2016/17</u> | <u>Revised<br/>Est<br/>2016/17</u> | <u>Actual to<br/>31/10/16</u> | <u>Est 2017/18</u> | <u>Est<br/>2018/19</u> | <u>Future<br/>Years</u> |
|--|-------------------------------|----------------------------------|--|------------------------------------|-------------------------------|--------------------|------------------------|-------------------------|
|  | <u>£000</u>                   | <u>£000</u>                      | <u>£000</u>                            | <u>£000</u>                        | <u>£000</u>                   | <u>£000</u>        | <u>£000</u>            | <u>£000</u>             |
| <b>SOCIAL WORK</b>                     |                               |                                  |  |                                    |                               |                    |                        |                         |
| Neil Street Childrens Home Replacement | 1,991                         | 228                              | 1,132                                  | 1,132                              | 247                           | 631                | 0                      | 0                       |
| Crosshill Childrens Home Replacement   | 1,682                         | 0                                | 57                                     | 57                                 | 1                             | 1,535              | 90                     | 0                       |
| John Street, Gourrock                  | 225                           | 0                                | 0                                      | 225                                | 26                            | 0                  | 0                      | 0                       |
| <b>Social Work Total</b>               | <b>3,898</b>                  | <b>228</b>                       | <b>1,189</b>                           | <b>1,414</b>                       | <b>274</b>                    | <b>2,166</b>       | <b>90</b>              | <b>0</b>                |

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

**APPENDIX 5**

| <u>Project</u>                               | <u>Lead Officer/<br/>Responsible<br/>Manager</u> | <u>c/f<br/>Funding<br/>2015/16</u> | <u>New<br/>Funding<br/>Other<br/>2016/17</u> | <u>Total<br/>Funding<br/>2016/17</u> | <u>Phased Budget<br/>To Period 7<br/>2016/17</u> | <u>Actual<br/>To Period 7<br/>2016/17</u> | <u>Projected<br/>Spend<br/>2016/17</u> | <u>Amount to be<br/>Earmarked for<br/>2017/18<br/>&amp; Beyond</u> | <u>Lead Officer Update</u>   |
|--|--|------------------------------------|--|--------------------------------------|--|---|--|--|--|
|  |  | <u>£000</u>                        | <u>£000</u>                                  | <u>£000</u>                          | <u>£000</u>                                      | <u>£000</u>                               | <u>£000</u>                            | <u>£000</u>  |  |
| Self Directed Support / SWIFT Finance Module | Derrick Pearce / Alan Brown                      | 43                                 | 0  | 43                                   | 0  | 0   | 25                                     | 18   | This supports the continuing promotion of SDS. Required to be reviewed 31/03/2017.   |
| Growth Fund - Loan Default Write Off         | Helen Watson                                     | 27                                 |  | 27                                   | 0  | 1   | 2                                      | 25   | Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.   |
| Integrated Care Fund/ Delayed Discharge      | Brian Moore                                      | 704                                | 1288   | 1,992                                | 476  | 536                                       | 1,992                                  | 0  | The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. The total funding will change as projects move between health & council. Delayed Discharge funding has also been received and has been allocated to specific projects, including overnight home support and out of hours support. |
| Support all Aspects of Independent Living    | Brian Moore                                      | 50                                 |  | 50                                   | 0  | 0   | 50                                     | 0  | This is the balance of one off NHS funding for equipment which was not fully spent in 2015/16.   |
| Veterans Officer Funding                     | Helen Watson                                     | 37                                 |  | 37                                   | 0  | 0   | 12                                     | 25   | Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils.  |
| CJA Preparatory Work                         | Sharon McAlees                                   | 120                                |  | 120                                  | 33   | 30  | 55                                     | 65   | This reserve is for two years to cover the preparatory work required for the changes due in Criminal Justice.  |
| Welfare Reform - CHCP                        | Andrina Hunter                                   | 9                                  | 306  | 315                                  | 225  | 104                                       | 315                                    | 0  | New Funding of £306k was allocated from P&R Committee. The funding is being used for staff costs and projects, including IHeat, Starter Packs, ICOD and Financial Fitness.   |
|  |  | <b>990</b>                         | <b>1,594</b>                                 | <b>2,584</b>                         | <b>734</b>                                       | <b>671</b>                                | <b>2,451</b>                           | <b>133</b>   |  |

## HEALTH & SOCIAL CARE COMMITTEE

## VIREMENT REQUESTS

|   | Budget Heading                      | Increase Budget<br>£'000 | (Decrease) Budget<br>£'000 |
|---|-------------------------------------|--------------------------|----------------------------|
| 1 | PHIC - employee                     |                          | (30)                       |
| 1 | Policy & Resources Committee        | 30                       |                            |
| 2 | Homecare - payments to other bodies |                          | (30)                       |
| 2 | Homecare - income                   | 30                       |                            |
|   |                                     | 60                       | (60)                       |

## Notes

- 1 Welfare reform funding for triage team returned to Finance as not required in 2016/17  
2 Reallocation of funding to address income shortfall



**Report To:** Health & Social Care Committee      **Date:** 5 January 2017

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership (HSCP)      **Report No:** SW/01/2017/HW

**Contact Officer:** Helen Watson  
Head of Service  
Planning, Health Improvement &  
Commissioning      **Contact No:** 01475 715285

**Subject:** ACCOUNTS COMMISSION REPORT: SOCIAL WORK IN  
SCOTLAND

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the Inverclyde position in respect of the key recommendations from the Accounts Commission Report: Social Work in Scotland.

## **2.0 SUMMARY**

- 2.1 In September 2016 the Accounts Commission published its report, Social Work in Scotland. The report considers the duties of Councils with regard to the provision of social work services in the context of financial pressures, demographic change, health and social care integration and recent or emerging legislation and policy changes.

## **3.0 RECOMMENDATION**

- 3.1 That the Health and Social Care Committee notes Inverclyde's progress in respect of the recommendations.

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

## **4.0 BACKGROUND**

- 4.1 In September 2016 the Accounts Commission published its report, Social Work in Scotland. The report considers the duties of Councils with regard to the provision of social work services in the context of financial pressures, demographic change, health and social care integration and recent or emerging legislation and policy changes.
- 4.2 The audit covered six Council areas (Midlothian; East Renfrewshire; Comhairle nan Eilean Siar; Glasgow City; Perth & Kinross and West Lothian), and although Inverclyde was not directly covered, the range of Councils indicates that the findings can be extrapolated to cover all Scottish local authority areas.
- 4.3 The audit considered the integration of health and social care services, and noted that integration has made governance arrangements more complex. The report highlights that regardless of integration, Councils retain statutory responsibilities in relation to social work services.
- 4.4 The report estimates that since 2010/11, Councils' total revenue funding has reduced by 11% in real terms against a backdrop of increasing vulnerability and frailty, demographic changes, and the cost of implementing new legislation and policies. If Councils were to continue to provide services in the same way, social work spending would have to increase by between £510 and £667 million by 2020.
- 4.5 Clearly such increases in spending will not be possible, and the recommendations of the report aim to help Councils to prioritise while retaining high quality provision.
- 4.6 The report recognises that social work comprises a complex group of inter-connected services and supports the key Government policy that services should improve the outcomes of the people who need to use them.
- 4.7 It also recognises that Councils must implement a great deal of legislation and policy, some with significant cost implications. Examples cited include Self-Directed Support; The Children and Young People (Scotland) Act [estimated cumulative cost from 2014/20 is £595 million]; Public Bodies (Joint Working) (Scotland) Act [estimated cost £5.6 million per year]; Carers (Scotland) Act [estimated cumulative cost from 2017/23 is £245-£289 million].
- 4.8 In addition to changes in legislation, other policy requirements have associated costs. An increased focus on prevention is difficult to achieve at a time when Councils are having to meet the increasing needs of very vulnerable people from a limited financial envelope. An increased focus on joint working needs to be resourced in terms of staff time and potential opportunity costs, with regard to other work that needs to be carried out. More complex governance arrangements also need to be resourced.
- 4.9 The report goes on to describe some of the demographic challenges that have been well rehearsed in the public domain and media. Recruitment challenges are also highlighted and although the National Living Wage policy should help, the costs of this are not insignificant.
- 4.10 Importantly the report recognises the contribution of unpaid carers, and the need to properly support this vital arm of service provision.

## **5.0 KEY RECOMMENDATIONS OF THE REPORT**

- 5.1 This section highlights the key recommendations from the report, along with a summary of the current Inverclyde position.

- 5.1.1 Councils and IJBs should instigate a frank and wide-ranging debate with their communities about the long-term future for social work.

*In Inverclyde our Strategic Planning Group (SPG) is well-established and development work with members of the SPG and IJB is focused on helping members understand the complexity and inter-relatedness of services, and the pressures that Councils face moving forward. This will enable key decision-makers to lead the discussions with both geographical communities and communities of interest. Our Strategic Plan sets the direction of travel, and the detail of provision will be worked through with all stakeholders, led by the SPG and overseen by both the IJB and the Council's Health and Social Care Committee.*

- 5.1.2 Councils and IJBs should work with the Scottish Government, COSLA, Social Work Scotland and other stakeholders to review how to provide social work services for the future.

*At each service review or planning update we take account of key policy directions from the Scottish Government, COSLA, and Social Work Scotland. Importantly, our SPG schedule includes a workplan highlighting all of the local plans and strategies that are required by legislation or are due for refresh. Each new plan must reflect the content of our overarching Strategic Plan and the commissioning intentions relating to that plan, and also be explicit on how it will contribute to the delivery of the Inverclyde Equalities Outcomes and the nine National Wellbeing Outcomes.*

- 5.1.3 Councils and IJBs should develop long-term strategies for social work services by carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services.

*Our Strategic Needs Assessment analyses demographic change. It does not however speculate on the contribution that preventative approaches can make to reduce demand for services at this time. It is the view of officers that this recommendation oversimplifies the relationships between services, needs, multi-morbidity and socio-economic circumstances. Officers are keen to encourage supported self-management and prevention, but we are not at the stage where we can ascribe cause and effect, and model service provision on that basis.*

- 5.1.4 Councils and IJBs should develop long-term strategies for social work services by developing long-term financial and workforce plans.

*Our People Plan is currently under development and takes an ambitious approach to considering the workforce in its entirety. It aims to go beyond the traditional approach of profiling the current statutory services workforce and setting succession planning arrangements (although this remains part of our approach). The Inverclyde People Plan also takes account of the local third and independent sector workforce, as well as unpaid carers. We aim to apply the Staff Governance Standard across this span, with access to high quality training and practice development. With regard to financial planning, our Strategic Plan sets out our direction, and all service planning beneath it follows that direction. However the scheduling of detailed financial information is dependent on the Health Board and Council financial planning cycles, which can present challenges in terms of longer-term financial planning.*

- 5.1.5 Councils and IJBs should develop long-term strategies for social work services by working with people who use services, carers and service providers to design and provide services around the needs of individuals.

*Our Strategic Plan sets out our commitment to outcomes-focused*

*commissioning, starting from assessment. We have well-developed engagement arrangements that ensure that we are working closely with people who use services, as well as carers. Our governance meetings with providers offer a forum to explore ideas about different models of service, and we have provider representation at our SPG (from both third and independent sector). These arrangements ensure that the voices of service users, carers and providers are prominent in all of our service planning.*

- 5.1.6 Councils and IJBs should develop long-term strategies for social work services by working more closely with local communities to build their capacity so they can better support local people who might be at risk of needing to use services.

*We have recruited Community Connectors to take an asset-based approach to working with local communities for this very purpose. These posts are hosted by Your Voice, meaning that they have access to the wider networks and community infrastructure that Your Voice has built up over the years.*

- 5.1.7 Councils and IJBs should develop long-term strategies for social work services by considering examples of innovative practice from across Scotland and beyond.

*While developing our own Strategic Plan we reviewed a number of other HSCP Strategic Plans for examples of innovative practice. This remains an important plank of our service planning approach through the SPG. We have also reviewed models from England, Wales and Ireland and this has influenced the development of programmes such as the Community Connectors and some of the New Ways work with GP practices.*

- 5.1.8 Councils and IJBs should develop long-term strategies for social work services by working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements.

*Some work has taken place with NHS Greater Glasgow and Clyde, however the health board works with six HSCPs so all of that activity needs to be synchronised to be coherent. Officers therefore believe that aligned cycles should be developed across the country, so that health boards working with multiple partnerships can take a consistent and whole-system approach.*

- 5.1.9 Councils and IJBs should ensure that governance and scrutiny arrangements for social work services are appropriate and comprehensive across the whole of social work services.

*In Inverclyde we have an "all-inclusive" HSCP where all social work services come under the direction of the IJB. In recognition that regardless of integration Councils retain statutory responsibilities in relation to social work services, the Council retains its Health and Social Care Committee so that it does not lose sight of its governance and scrutiny responsibilities in respect of Social Work services.*

- 5.1.10 Councils and IJBs should improve accountability by having processes in place to measure the outcomes of services and their success rates in supporting individuals, and to monitor the efficiency and effectiveness of services.

*The 23 National Wellbeing Indicators aim to measure the outcomes of services and their success rates in supporting individuals. Inverclyde HSCP officers were involved in developing these indicators and fully support them. We are required by the legislation to produce and publish an annual performance report based on these indicators, the first of which is due in July 2017.*

- 5.1.11 Councils and IJBs should improve accountability by having processes in place to allow

elected members to assure themselves that the quality of social work services is being maintained and that Councils are managing risks effectively.

*Our governance arrangements for external organisations are firmly embedded and both the IJB and the Health and Social Care Committee receive regular reports, heard in private, highlighting any issues or concerns about quality of commissioned social work services and detailing the actions being taken by officers to address these. In respect of in-house provision, Inverclyde social work services are subject to the inspection regimes of the Care Inspectorate, and the outcomes of all inspections, including improvement recommendations, are reported to the IJB and Health and Social Care Committee. Elected members will ask for more detailed reports relating to specific providers or concerns as required to support more robust scrutiny and assurance.*

- 5.1.12 Councils and IJBs should improve accountability by having processes in place to measure people's satisfaction with services, and report the findings to elected members and the IJB.

*Both the IJB and Health and Social Care Committee receive an annual complaints report detailing complaints about services (both internal and externally provided). The report highlights numbers, response times, themes, service improvements and learning from complaints. These bodies also receive reports on satisfaction surveys when these are undertaken.*

- 5.1.13 Councils should demonstrate clear access for, and reporting to, the Council by the CSWO.

*The Chief Social Work Officer produces an annual report which includes details of activity, issues and risks for social work.*

- 5.1.14 Councils should ensure that the CSWO has sufficient time and authority to enable them to fulfil the role effectively.

*The Chief Social Work Officer is a senior officer within the HSCP, and has direct access to the HSCP Chief Officer and the Council's Chief Executive if required.*

- 5.1.15 Councils should ensure that the CSWO annual reports provide an annual summary of the performance of social work services, highlighting achievements and weaker areas of service delivery, setting out the response and plans to improve weaker areas.

*These aspects are built into the annual report, and the CSWO is supported by the Quality and Development Service to ensure that recommendations are embedded into practice and learning.*

- 5.1.16 Councils should work with their representative organisation (COSLA), the Scottish Government and private and third sector employers to put in place a co-ordinated approach to resolve workforce issues in social care.

*We have embedded arrangements with providers to ensure that the National Living Wage is implemented across both in-house and externally commissioned services. Our approach to the People Plan, as described earlier, also supports a shared and co-ordinated approach to resolving workforce issues.*

- 5.1.17 As part of their contract monitoring arrangements, Councils should ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised.

*There is not a contractual clause relating to zero hour contracts. Homecare providers are the main sector agencies who operate zero hour contracts. When we issued the homecare invitation to tender last year we asked bidders about their use of zero hour contracts. All providers advised they were moving away from zero hour contracts. During discussion with providers about zero hour contracts, we learned that the majority of staff are on contracts ranging from 18 hours to 30 hours. Providers want to move away from zero hours due to the demand in work, however providers have advised some staff refuse contracts as they like the flexibility of zero hours. Homecare providers are experiencing recruitment difficulties therefore would not penalise staff for refusing hours.*

- 5.1.18 When planning an initiative, Councils and IJBs should include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money.

*Evaluation criteria are detailed as part of the proposals process for new initiatives, and explicit mechanisms are put in place to halt or extend initiatives, for example, New Ways Tests of Change.*

- 5.1.19 Councils and IJBs should work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of policy and legislative changes.

*Eligibility Criteria have been utilised in Inverclyde in line with national guidance for some time. We are currently reviewing levels of activity and consistency of recording, with further work to be informed as the national view develops.*

- 5.1.20 Councils should benchmark their services against those provided by other Councils and providers within the UK and overseas to encourage innovation and improve services.

*Inverclyde Council participates in the Local Government Benchmarking Framework, so that performance can be compared with other areas. We are also part of the national Health and Social Care Benchmarking Network, which undertakes benchmarking further afield on behalf of its member HSCPs.*

## **6.0 PROPOSALS**

- 6.1 As can be seen from the evidence above, Inverclyde Council and the IJB are well placed in terms of the recommendations of the report. We are compliant with most of the recommendations and have plans and mechanisms in place to progress those where compliance is not fully in place.
- 6.2 It is therefore proposed that the Integration Joint Board notes this position, recognising that our progress is reflective of a long-standing commitment to integrated working between health and social care services in Inverclyde.

## **7.0 IMPLICATIONS**

**Finance:**

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

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

**Legal:**

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

**Human Resources:**

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

**Equalities:**

7.4 Has an Equality Impact Assessment been carried out?

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

**Repopulation**

7.5 There are no repopulation issues within this report.

**8.0 CONSULTATION**

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

**9.0 LIST OF BACKGROUND PAPERS**

9.1 Social Work in Scotland: Accounts Commission (September 2016).

Health and social care series

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# Social work in Scotland



ACCOUNTS COMMISSION 

Prepared by Audit Scotland  
September 2016




# The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

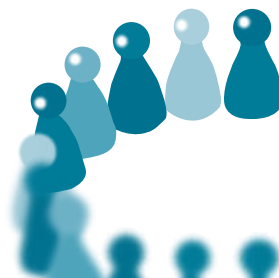
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- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

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These quote mark icons appear throughout this report and represent quotes from interested parties.

## Links

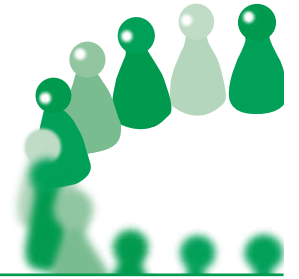


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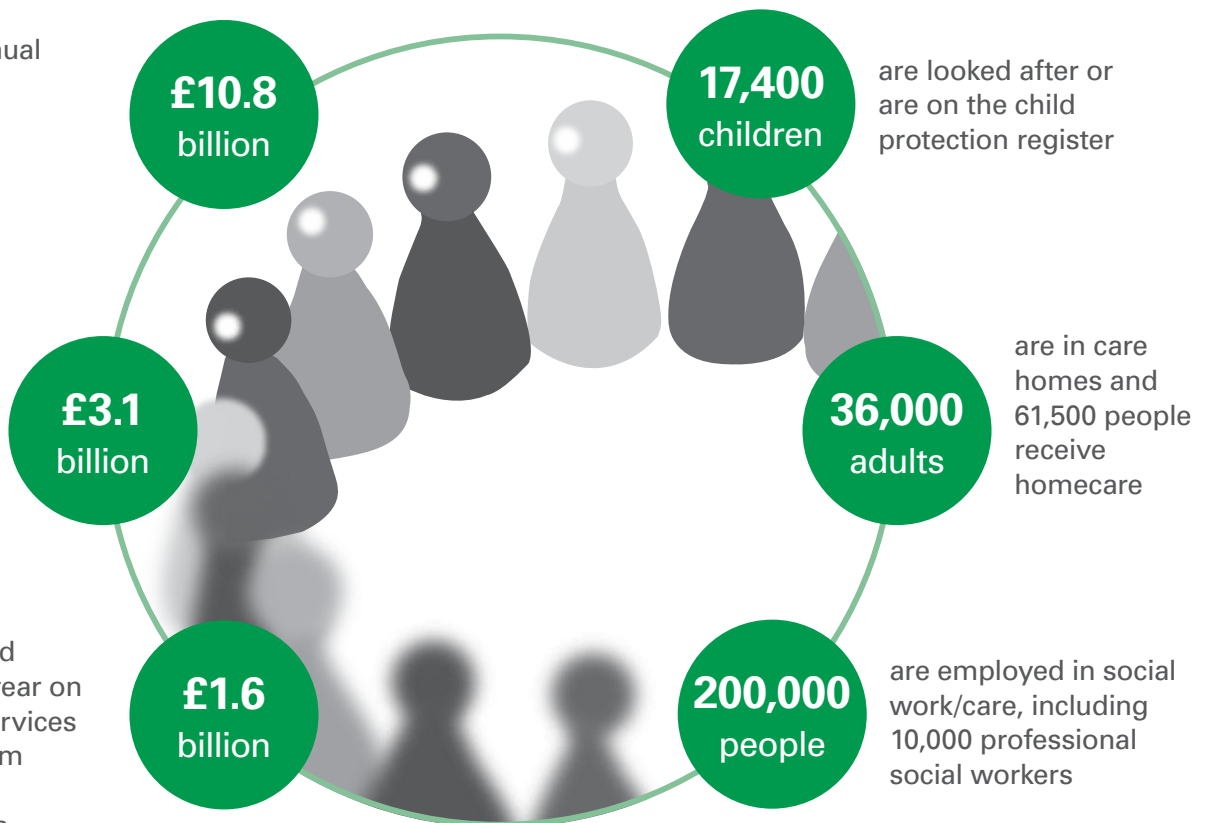
# Key facts



Estimated annual value of the contribution of 788,000 unpaid carers

Councils spend £3.1 billion on social work services a year

Councils spend £1.6 billion a year on social work services purchased from the third and private sectors



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# Summary

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## Key messages

- 1** Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.
  - 2** Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).
  - 3** The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.
  - 4** With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.
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current  
approaches  
to delivering  
social work  
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term

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## Key recommendations

### Social work strategy and service planning

Councils and IJBs should:

- instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges ([paragraph 111](#))
- work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements ([paragraphs 35–41](#))
- develop long-term strategies for the services funded by social work by:
  - carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services ([paragraph 52](#))
  - developing long-term financial and workforce plans ([paragraph 81](#))
  - working with people who use services, carers and service providers to design and provide services around the needs of individuals ([paragraphs 69–72](#))
  - working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services ([paragraph 112](#))
  - considering examples of innovative practice from across Scotland and beyond ([paragraphs 54, 67–68](#))
  - working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies ([paragraph 36](#)).

### Governance and scrutiny arrangements

Councils and IJBs should:

- ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change ([paragraphs 87– 93](#))
- improve accountability by having processes in place to:
  - measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion
  - monitor the efficiency and effectiveness of services

- allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively
- measure people's satisfaction with those services
- report the findings to elected members and the IJB ([paragraph 90, 108–109](#)).

#### Councils should:

- demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance ([paragraphs 104–106](#))
- ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively ([paragraphs 102–107](#))
- ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members ([paragraphs 108–110](#)).

### Workforce

#### Councils should:

- work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care ([paragraphs 21–23](#))
- as part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised ([paragraph 24](#)).

### Service efficiency and effectiveness

#### Councils and IJBs should:

- when planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money ([paragraphs 53–53](#))
- work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes ([paragraphs 46–47](#))

#### Councils should:

- benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services ([paragraphs 54, 67–68](#)).
-

## Introduction

**1.** Scottish councils' social work departments provide and fund essential support to some of the most vulnerable people in society. They supported and protected over 300,000 people in 2014/15, around 70 per cent of whom were aged 65 and over.<sup>1</sup> Social work departments also provide and fund social care, for example care at home for older people who require help with dressing and taking medication. People supported by social work and social care in Scotland in 2014/15 included:

- 15,404 looked-after children (LAC), that is children in the care of their local authority
- 2,751 children on the child protection register, a list of children who may be at risk of harm<sup>2</sup>
- 61,500 people who received homecare services<sup>3</sup>
- 36,000 adults in care homes.<sup>4</sup>

**2.** In 2014/15, councils' net expenditure on social work was £3.1 billion.<sup>5</sup> Net spending is total spending less income, for example from charges for services. Just over 200,000 people work in social work and social care, around one in 13 people in employment in Scotland.<sup>6</sup> Many are employed in the private and third sectors that councils commission to provide services.<sup>7</sup> In addition, the Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, 17 per cent of the adult population, and 29,000 young carers under 16.<sup>8</sup>

**3.** Social work services have recently been reorganised. The Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to create an integration authority to be responsible for the strategic planning of adult social care services, some health services and other functions delegated to it. It is also responsible for ensuring the delivery of those functions. The Integration Joint Board (IJB) also has an operational role as described in the locally agreed operational arrangements set out within their integration scheme. The Act also allows councils to integrate children's and families' services and criminal justice social work.

**4.** Councils delegate their responsibility for strategic planning of adult social services, and any other services they have decided to include, to the integration authority. All council areas, apart from Highland, have created an IJB to plan and commission integrated health and social care services in their areas. The voting membership of IJBs comprise equal numbers of council elected members and NHS board non-executive directors. Our recent report *Health and social care integration* includes a description of the integration arrangements in each council area.<sup>9</sup>

**5.** The Scottish Government sets the legislative basis and the overall strategic framework for the delivery of social work. Its overall vision is 'a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.<sup>10</sup> The Scottish Government also sets the key outcomes that councils' social work services are expected to contribute to achieving, for example 'Our people are able to maintain their independence as they get older and are able to access appropriate support

when they need it.’ This report focuses on councils’ social work services, but recognises the role of the Scottish Government in setting the overall context in which councils operate.<sup>11</sup>

## About the audit

**6.** The overall aim of the audit was to examine how effectively councils are planning to address the financial and demographic pressures facing social work. The objectives were to assess:

- the scale of the financial and demand pressures facing social work
- the strategies councils are adopting to meet these challenges
- the effectiveness of governance arrangements, including how elected members lead and oversee social work services
- the impact of financial and demand pressures on people who use services and on carers, and how councils involve them in planning how services are provided.

**7.** Social work comprises a wide range of services, and we have not covered all of them in this report. We also did not examine health and social care integration arrangements, which will be the subject of separate audit work, but we did consider their impact on councils’ financial, operational and governance arrangements. Our methodology included:

- fieldwork interviews with elected members, senior managers and social workers in six council areas, Midlothian, East Renfrewshire, Comhairle nan Eilean Siar, Glasgow City, Perth and Kinross and West Lothian
- meetings and focus groups with stakeholders, including:
  - 33 focus groups and 12 interviews with service users and carers (165 participants)
  - four focus groups with service providers (over 40 participants)
  - attending the Coalition of Carers in Scotland Annual General Meeting
- desk research, including analysing both the impact of legislation and policy, and financial and demographic data.





**8.** Our audit took into account the findings of previous audits including:

- [\*Commissioning social care\*](#)  (March 2012)
- [\*Reshaping care for older people\*](#)  (February 2014)
- [\*Self-directed support\*](#)  (June 2014)
- [\*Health and social care integration\*](#)  (December 2015)
- [\*Changing models of health and social care\*](#)  (March 2016)



In addition, we are planning further audit work on health and social care integration and following up our report on self-directed support.

**9.** We have produced four supplements to accompany this report:

- [Supplement 1](#)  presents the findings of our survey of service users and carers.
- [Supplement 2](#)  lists advisory group members, who gave advice and feedback at important stages of the audit. It also describes the detailed audit methodology, the roles and responsibilities of the key social work organisations and social work legislation.
- [Supplement 3](#)  describes the governance and scrutiny arrangements in each of our fieldwork councils, providing an illustration of the variety and complexity of arrangements across Scotland.
- [Supplement 4](#)  is a self-assessment checklist for elected members.

**10.** This report has three parts:

- [Part 1](#) Challenges facing social work services.
- [Part 2](#) Strategies to address the challenges.
- [Part 3](#) Social work governance and scrutiny arrangements.

# Part 1

## Challenges facing social work services



### Key messages

- 1** Councils' social work departments provide important services to some of the most vulnerable people across Scotland. But they are facing significant challenges. These include financial pressures caused by a real-terms reduction in overall council spending, demographic changes, and the cost of implementing new legislation and policies. We have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase), if councils and IJBs continue to provide services in the same way. Additional funding provided to IJBs via the NHS may partially relieve the financial pressures.
- 2** Councils are implementing a wide range of legislation and policy changes aimed at improving services, better supporting carers, improving outcomes for people and increasing the wages paid to adult care workers. This has significant financial implications. Councils are also under pressure due to increasing demand associated with demographic changes, particularly people living longer with health and care needs.
- 3** Since 2010/11, councils' total revenue funding has reduced by 11 per cent in real terms. Social work spending increased by three per cent in real terms over the same period, and now accounts for a third of overall council spending. Further reductions in councils' budgets are an additional pressure on social work services, particularly as their financial commitments continue to increase.
- 4** Social care providers have difficulty recruiting and retaining suitably qualified staff, particularly homecare staff and nursing staff. However, the number of social workers has increased over recent years.

**councils' social work departments provide important services to some of the most vulnerable people across Scotland**

### Social work is a complex group of services

**11.** Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. These services aim to improve the quality of their lives and help people to live more independently ([Exhibit 1, page 12](#)). Each of these client groups will include people requiring care, support or protection. For example, through care at home, child protection or helping people overcome addiction. Social workers deal with people with complex problems and with vulnerable people who need support at different

times or sometimes throughout their lives. They often specialise in particular service areas, for example criminal justice, children and families or mental health.




## Social work services are implementing a considerable volume of legislation and policy change

**12.** Since the Scottish Parliament was established, there has been an increase in the volume of legislation related to social work. Councils are currently implementing several important pieces of legislation ([Exhibit 2, page 13](#)). This legislation is designed to improve services and the outcomes for people who use them, for example by bringing about increasingly personalised services to meet individuals' needs. However, implementing legislation can increase financial pressures and staff workload in the medium term.

### Exhibit 1

#### Social work and social care services





Social work provides a variety of services to protect and support people in three client groups.

| Children's services  | Adult services  | Criminal Justice services  |
|---|--|---|
| Support for families  | Residential care   | Offender services   |
| Child protection  | Care at home   | Providing social enquiry reports  |
| Adoption services   | Day care   | Supervision of community payback and unpaid work  |
| Kinship care  | Hospital discharge coordination  | Supporting families of prisoners  |
| Fostering   | Adult support and protection   | Supervision of offenders on licence   |
| Child care agencies   | Mental health and addiction services   |   |
| Looked-after young people   | Dementia and Alzheimer's services  |   |
| Day care  | Supporting people with disabilities  |   |
| Residential care  | Services to support carers   |   |
| Child and adolescent mental health  | Provision of Aids and adaptations  |   |
| Supporting child refugees   | Re-ablement services   |   |
| Supporting trafficked children  | Supported living   |   |
| Support for young people involved in offending behaviour  | Supporting refugee families  |   |
| Support for children with disabilities and their families   | Supporting victims of people trafficking   |   |
|   | Intermediate care  |   |





## Exhibit 2

### Social work and social care services

Councils are implementing a great deal of legislation, some with significant cost implications.

| Legislation  | Key features of legislation   | Associated costs (from the financial memorandum to the Bills)                                |
|---|--|--|
| Social Care (Self-Directed Support) (Scotland) Act 2013                                       | The Act aims to ensure that adults and children (including carers and young carers) have more choice and control over how their social care needs are met. It stipulates the forms of self directed support (SDS) that councils must offer to those assessed as requiring community care services.   | <ul style="list-style-type: none"> <li>All local authorities are at different stages in the self-directed support agenda, meaning costs will vary widely.</li> </ul>   |
| The Children and Young People (Scotland) Act 2014   | <p>The Act makes provisions over a wide range of children's services policy, including 'Getting it Right for Every Child'. It includes:</p> <ul style="list-style-type: none"> <li>local authorities and NHS boards having to develop joint children's services plans in cooperation with a range of other service providers</li> <li>a 'named person' for every child</li> <li>extending free early learning and childcare from 475 to 600 hours a year for all three and four-year-olds and two-year-olds who have been 'looked after' or have a kinship care residence order</li> <li>a statutory definition of 'corporate parenting'</li> <li>increasing the upper age limit for aftercare support from 21 to 26.</li> </ul> | <p>Additional annual costs estimated to be:</p> <ul style="list-style-type: none"> <li>£78.8 million in 2014/15</li> <li>£121.8 million in 2016/17</li> <li>£98.0 million in 2019/20</li> <li>Cumulative total from 2014-15 to 2019-20 is £595 million.</li> </ul> |
| The Public Bodies (Joint Working) (Scotland) Act 2014   | The aim of the Act is to achieve greater integration between health and social care services to improve outcomes for individuals. It also aims to improve efficiency by 'shifting the balance of care' from the expensive acute sector, such as large hospitals, to less expensive community settings. The Scottish Government estimates partnerships should achieve potential efficiencies of £138-£157 million a year by providing support to keep people out of hospital and enabling them to return home as soon as they are well enough.  | <p>Costs to health boards and local authorities:</p> <ul style="list-style-type: none"> <li>2014/15: £5.35 million</li> <li>2015/16: £5.6 million</li> <li>2016/17: £5.6 million.</li> </ul>   |

Cont.

| Legislation                 | Key features of legislation    | Associated costs (from the financial memorandum to the Bills)    |
|--|---|--|
| The Carers (Scotland) Act 2016   | <p>The Act aims to improve support to carers by:</p> <ul style="list-style-type: none"> <li>• changing the definition of a carer so that it covers more people</li> <li>• placing a duty on local authorities to prepare an adult care and support plan or young carer statement for anyone it identifies as a carer, or for any carer who requests one</li> <li>• introducing a duty for local authorities to provide support to carers who are entitled under local criteria</li> <li>• requiring local authorities and NHS boards to involve carers in carers' services</li> <li>• introducing a duty for local authorities to prepare a carers strategy</li> <li>• requiring local authorities to establish and maintain advice and information services for carers.</li> </ul> | <p>Estimated additional costs for local authorities are:</p> <ul style="list-style-type: none"> <li>• £11.3-£12.5 million in 2017/18, rising to £71.8-£83.5 million by 2021/22.</li> <li>• The total estimated impact on councils between 2017/18 and 2022/23 is £245-£289 million.</li> </ul> |
| The Community Justice (Scotland) Act 2016  | <p>The Community Justice (Scotland) Bill seeks to establish new arrangements for providing and overseeing community justice. Currently eight community justice authorities (CJAs) bring together a range of agencies to coordinate local services for offenders and their families. They will be abolished and replaced by a model involving national leadership, oversight and support for community justice services by a new body called Community Justice Scotland, funded by, and responsible to, Scottish ministers.</p>  | <p>The provisions will have few if any financial implications for local authorities other than during the transitional period.</p>   |
| The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Scottish framework and delivery plan) | <p>The delivery plan provides a framework to allow people with disabilities to have the same equality and human rights as non-disabled people. It includes legislation, such as Self-Directed Support and the Children and Young People (Scotland) Act 2014. The draft delivery plan groups the UNCRPD articles into four outcomes covering equal and inclusive communication and access to:</p> <ul style="list-style-type: none"> <li>• the physical and cultural environment, transport and suitable affordable housing</li> <li>• healthcare and support for independent living, with control over the use of funding</li> <li>• education, paid employment and an appropriate income and support whether in or out of work</li> <li>• the justice system.</li> </ul>           | <p>It is difficult to predict the overall impact in terms of cost, but it may have a significant impact on the way councils deliver services.</p>  |

Note: Cost information is taken from the financial memorandum that accompanies each Bill.

Source: Audit Scotland

**13.** In addition to changes in legislation, there have been a number of significant policy developments, some backed by legislation, that require considerable change to the way that social work services are provided. These include:

- **Increased personalisation of services** – Personalisation of services, for example through self-directed support (SDS), is a major change to the way councils support people with social care needs. The human rights principles of fairness, respect, equality, dignity and autonomy for all form the basis of SDS. Social work professionals need to see people as equal partners in determining their care needs and controlling how they meet their needs. This means they are not limited to choosing from existing services. Social work services may need to move spending away from existing services towards giving people their own budget to spend. This can lead to a reduction in use of some services. However, it can be difficult for councils to withdraw existing underused services because of public and political pressures.
- **An increased focus on prevention** – The report from the Commission on the Future Delivery of Public Services (the Christie Commission) highlighted the need to transform the way public services are planned and delivered.<sup>12</sup> The report identified prevention, early intervention and providing better outcomes for people and communities as key to this transformation.
- **An increased focus on joint working** – A series of initiatives over recent years has aimed to encourage a more joined-up approach to health and social care. These include the creation of Local Health Care Cooperatives (LHCCs) in 1999, and their replacement by Community Health Partnerships (CHPs) in 2004. LHCCs and CHPs lacked the authority to redesign services fundamentally.<sup>13</sup> The Public Bodies (Joint Working) (Scotland) Act 2014 aimed to achieve greater integration between health and social care services to improve outcomes for individuals and improve efficiency by 'shifting the balance of care' from the acute sector to community settings.

**14.** New legislation often has financial consequences and, to allow MSPs to consider the full impact of legislation, a financial memorandum to each Bill sets out the estimated cost of implementation. These are the best available estimates at the time, but have sometimes proved inaccurate. The Scottish Government may fund or partially fund these costs but councils sometimes dispute these estimates and the level of funding required.

**15.** New legislation can also affect how councils deliver services by creating entitlements to services based on specific criteria. Councils need to respond to these and manage the expectations of people who use services and carers. These entitlements can be based on needs assessments, or on the expected outcomes, or they can create rights to services for particular groups. Transitions are important as entitlements change depending on age. For example:

- Children have the right to specific support that adults may not have. As a result, councils have to be careful in managing the expectations of parents as children reach adulthood.
- People aged over 65 may be entitled to free personal care, but 64-year-olds with similar needs may have to make a financial contribution to their care.



**I receive 37 hours of support and seven sleepovers. I get personal care, support with the running of my flat, to shop and support to be involved in the community. They also enable me to attend university.**

Service user, physical disabilities



**When [grandchild] turned 16 I was told that this Saturday service was going to stop because he would now be under adult services. I had no forewarning, no-one from adult services contacted me; I contacted them and they couldn't offer any support. It's a funding issue.**

Carer

## Social work services face significant demographic challenges

**16.** The impact of demographic change on health and social care spending has already been well reported.<sup>14</sup> Between 2012 and 2037, Scotland's population is projected to increase by nine per cent. All parts of the population are projected to increase, but by different amounts:

- the number of children by five per cent
- the working age population by four per cent
- the number of people of pensionable age by 27 per cent.<sup>15</sup>

**17.** Overall demand for health and social care will depend significantly on the number of older people and the percentage who require care. Although life expectancy continues to increase, healthy life expectancy (HLE), that is the number of years people can expect to live in good health, has not changed significantly since 2008 ([Exhibit 3](#)). This means that a larger number of older people may require support for longer, unless HLE increases. Councils and the Scottish Government have taken steps to try to increase HLE. This includes measures to reduce smoking, alcohol consumption and environmental pollution and providing information to the public about the benefits of a healthy lifestyle.

### Supporting looked-after children and child protection has increased demand on social work services

**18.** Looked-after children (LAC) are children in the care of their local authority. They may live in their own home, with foster or kinship carers or in a residential

## Exhibit 3

### Changes in life expectancy and healthy life expectancy

Life expectancy is increasing faster than healthy life expectancy, potentially increasing service pressures.



Note: Data on healthy life expectancy was not collected annually until 2008.

Source: Scottish Health Survey, Scottish Household Survey, National Records of Scotland births, deaths and populations data

home. Most become looked after for care and protection reasons. The term also includes unaccompanied children seeking asylum and young people who have been illegally trafficked. As at July 2015, 17,357 children in Scotland, around 1.8 per cent of the total, were looked after or on the child protection register.<sup>16,17</sup> Of these 15,404 were looked after, 2,751 were on the child protection register and 798 were both looked after and on the register. While there has been a recent reduction, possibly due to improvements in prevention, the number of LAC has increased by 36 per cent since 2000, although the numbers and trends vary among councils. The number of children on the child protection register increased by 34 per cent between 2000 and 2015, with three in every 1,000 children under 16 now on the register. In smaller councils, the number of children on the register (and resultant workload) can fluctuate significantly, particularly when sibling groups in large families are registered.

**19.** The reasons for these increases are likely to be complex. Many of the councils we visited think that increases in drug and alcohol use by parents are important factors. Others have seen an increase in reporting of domestic abuse and alcohol-related incidents in more affluent areas that might have gone unreported in the past. In addition, early intervention policies are likely to have led to an increase in the number of looked after children, but a decrease in the time that councils look after them. Early intervention means identifying people at risk and intervening to prevent the risk. Between 2007 and 2014, the number of children removed from the register who had been on it for less than a year increased from 2,421 (79 per cent of the total) to 3,930 (87 per cent). Over the same period, the number of children who had been on the register for more than a year fell from 663 to 569.

## Councils and service providers face difficulties in recruiting staff

**20.** Just over 200,000 people work in social work and social care services, representing around one in 13 people in employment in Scotland.<sup>18</sup> Almost half work part time and 85 per cent are women. The private sector is the biggest employer (42 per cent of staff), followed by the public sector (31 per cent) and the third sector (28 per cent). This distribution varies considerably among councils, and the public sector is the biggest provider in the three island authorities.

**21.** Many third and private sector providers raised staff recruitment as a significant issue for them. Councils have fewer recruitment problems, the exception being in remote rural areas, where it can be difficult to recruit specialised staff. Third and private sector providers reported that the apparent causes for these difficulties included:

- **Low pay** – providers in both the private and third sectors felt that the rates councils pay under their contracts only allowed them to pay staff at, or near, the minimum wage. In addition, travel time between clients is sometimes unpaid.
- **Antisocial hours** – providing homecare often requires carers to assist people to get out of bed in the morning and into bed at night. This can mean weekend working, split shifts and antisocial hours, with no additional pay. The increased personalisation of care has contributed to this as carers increasingly provide care to suit individuals, rather than fitting individuals into the care system.



**Driving down costs to the extent that staff are recognised as being in a 'low wage sector' increases the problem of recruitment.**

Service provider



- **Difficult working conditions** – staff have to take care of people with a variety of care needs that some find difficult, for example, assisting people with bathing and personal hygiene, or who have dementia or incontinence.

**22.** The cycle of continually recruiting and training staff is costly and could potentially have an impact on the quality of services provided. Service provider focus groups highlighted a need to provide staff with a sustainable career path to improve recruitment and retention. Overall, the public sector has the most stable workforce and the private sector the least, although this does not appear to be the case for all categories of staff ([Exhibit 4](#)).<sup>19</sup>

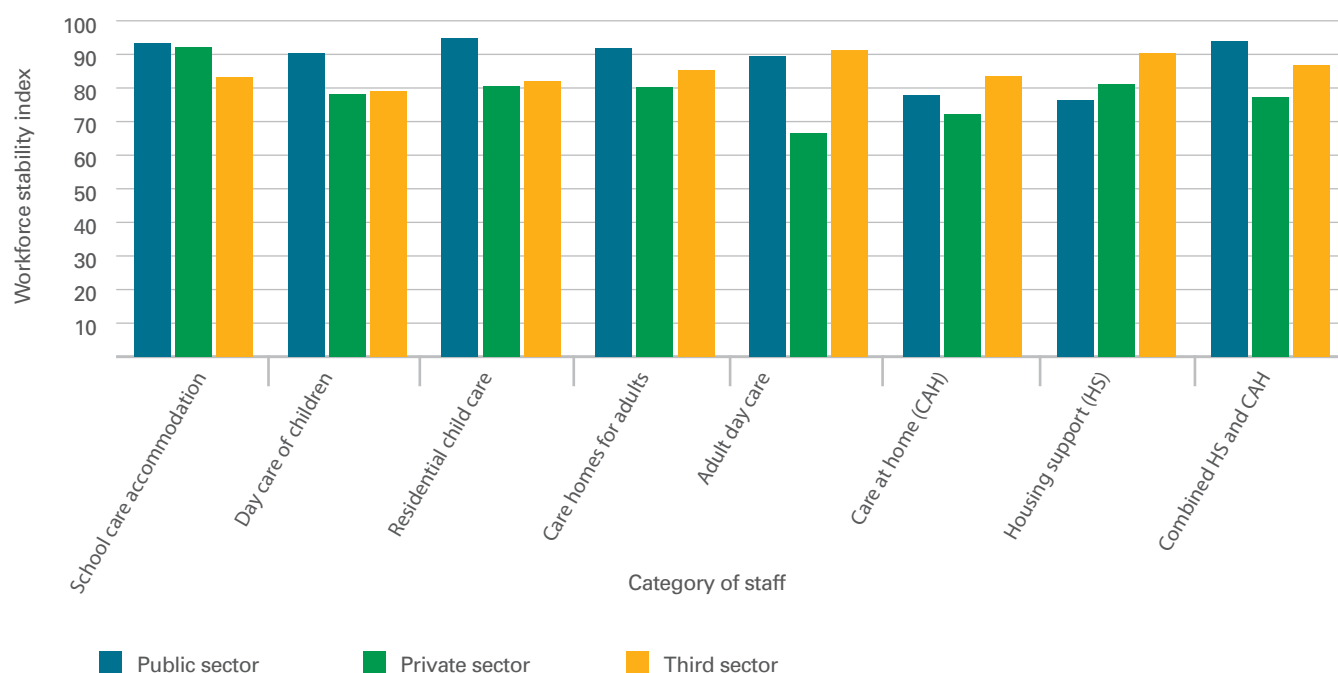
**23.** Some care providers expressed concerns that leaving the EU and the potential introduction of a points-based immigration system could create problems for staff recruitment. A 2008 workforce survey indicated that 6.1 per cent of the social care workforce in Scottish care homes for older people were EU – non-UK workers, and a further 7.3 per cent were employed under work permits. Most of those employed from within the EU came from Poland and the Czech Republic and those from outside the EU were from the Philippines, India and China.<sup>20</sup>

**24.** Four per cent of the workforce have a no guaranteed hours (NGH) contract.<sup>21</sup> When combined with the other contract types that may be considered a zero hours contract (bank and casual or relief), they comprise roughly ten per cent of the contracts in the workforce. Providers believe zero hours contracts are

## Exhibit 4

### Social work workforce stability 2013/14

The public sector workforce is generally the most stable.



Note: Because of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Scottish Social Services Council (SSSC)

essential to provide a flexible and personalised service to people, while also providing flexibility for staff. These contracts are suitable as long as they are not exclusive and staff are free to accept or turn down work without being penalised. As part of good contract management, councils should ensure that providers use zero hours contracts properly.

**25.** There are skills and staffing shortages in several areas of social work and social care, including:

- **Homecare staff** – 69,690 people work in housing support or care at home.<sup>22</sup> Both third sector and private sector providers find it difficult to recruit staff. Rapid staff turnover is a significant threat to maintaining service standards, particularly in adult day care.
- **Nursing staff** – 6,620 registered nurses work in the care sector, 4,930 of them in adult care homes. Ninety-one per cent of registered nurses are in the private sector. Care providers in both the private and third sectors are having trouble recruiting qualified nursing staff for care homes. As a result, providers were trying to recruit staff from outside the UK. Although data is not collected on vacancy rates for nursing staff in the care sector, there were 2,207 whole-time equivalent (WTE) vacant nursing and midwifery posts in the NHS in Scotland at 31 March 2016.<sup>23</sup>
- **Mental health officers (MHOs)** – are specialist social workers with a statutory role in the detention and treatment of people with mental illness. They look into the circumstances of individuals where people have concerns about their mental health. They can apply for a court order that would allow an individual to be taken to a ‘place of safety’ for up to seven days.<sup>24</sup> In December 2014, the number of registered MHOs was at its lowest level since 2005. However, in 2015 there was a small increase (two per cent) to create a total of 670 practising MHOs. In 2015 there were 15 unfilled posts for MHOs in Scotland and 17 further post holders who were unavailable, for example through career breaks or secondments, about five per cent of the total.<sup>25</sup>

### The professional social work role is changing

**26.** The workforce includes 11,127 professional social workers registered in Scotland. Almost three-quarters, 8,242, work in councils and 2,040 (18 per cent) are employed by other providers. Most of the rest are self-employed, unemployed or recently retired. Not all qualified social workers work in roles where they are required by law to hold a social work qualification (statutory roles), for example they may work in management roles. The number of WTE social workers employed by councils in statutory roles increased significantly between 2001 and 2015, from 3,873 to an estimated 5,630. Of these, 31 per cent work with adults, 49 per cent with children, 15 per cent in criminal justice; five per cent work generically.<sup>26</sup>

**27.** The majority of social workers in our focus groups were optimistic about their role and their ability to make a positive difference to people’s lives. Changes in structural and partnership arrangements in health and social care have introduced more working in multidisciplinary teams, for example with health visitors or occupational therapists. Social workers sharing offices with other disciplines can be both rewarding and effective. We found that social workers who had worked in multidisciplinary teams for some time were convinced that improved

communication with community NHS staff had improved services. However, some were concerned about erosion of their professional identity. Moreover, adapting to working with colleagues from a different culture, for example in approaches to risk, could be challenging.

## Unpaid carers provide the majority of social care in Scotland

**28.** The Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, around 17 per cent of the adult population. Of these, 171,000 (23 per cent) provide care for 35 hours or more a week. In addition, there are an estimated 29,000 young carers under 16, around four per cent of the under 16 population.<sup>27</sup> There are many more unpaid carers providing support to people than those in the paid social services workforce.

**29.** In 2010, the Scottish Government reported that unpaid carers saved health and social services an estimated £7.68 billion a year.<sup>28</sup> More recently, Carers UK estimated the value of unpaid care in Scotland to be £10.8 billion, more than three times current social work net spending.<sup>29</sup>

**30.** The Carers (Scotland) Act 2016 became law in March 2016. It provides for the planning and provision of support, information and advice for unpaid carers and encourages councils to become involved in carers' services. It also means councils are required to prepare a carer support plan for carers, including young carers, who want one. A carer support plan sets out information about the carer's circumstances, the amount of care they are able and willing to provide, the carer's needs for support and the support available. The Act also requires each council to establish and maintain an information and advice service for carers who live or care for people in its area.

## Social work services are facing considerable financial pressures

**31.** In 2014/15, councils' net spending on social work services was £3.1 billion (**Exhibit 5, page 21**). Services for older people made up around 44 per cent of this spending, and services for children and families around 28 per cent. A range of other services make up the remainder.

**32.** In 2016/17, councils' total revenue funding, that is the funding used for day-to-day spending, will be five per cent lower than in 2015/16. This is a reduction of 11 per cent in real terms since 2010/11.<sup>30</sup> This is a significant pressure on all council services, including social work. The 2016/17 figure does not include £250 million that the Scottish Government allocated to health and social care integration authorities to support social care, because the Scottish Government routed it through the NHS boards' budgets rather than council budgets.

**33.** Against the trend of falling council spending, councils' total social work net spending increased in real terms from £3.2 billion to £3.3 billion between 2010/11 and 2014/15, an average increase of 0.8 per cent a year.<sup>31</sup> As a result, spending on social work increased from 28.9 per cent to 32 per cent of council spending.<sup>32</sup> An analysis of council accounts found that two-thirds of councils reported social work budget overspends totalling £40 million in 2014/15. Most councils identified homecare services for adults and older people as the service under most pressure.



**(Unpaid) Carers do everything! Link everything! Anchor everything!**

Carer



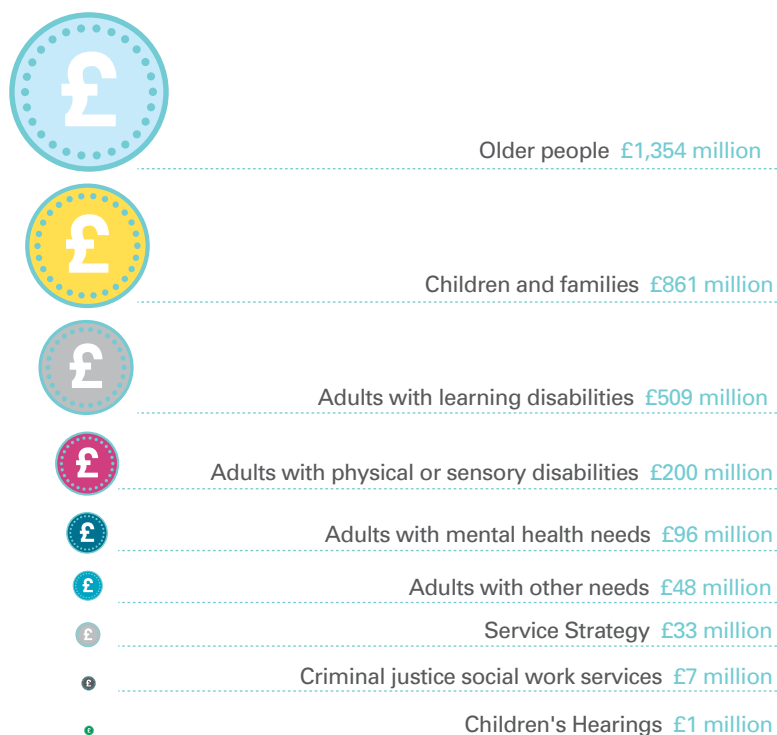
**24/7 carers are there, understanding the person's needs.**

Carer

## Exhibit 5

### Social work spending, 2014/15

Around 44 per cent of the £3.1 billion net social work spending is on services for older people and this percentage is likely to increase with demographic change.



Source: Local Government Financial Statistics 2014-15 (Annex A), February 2016

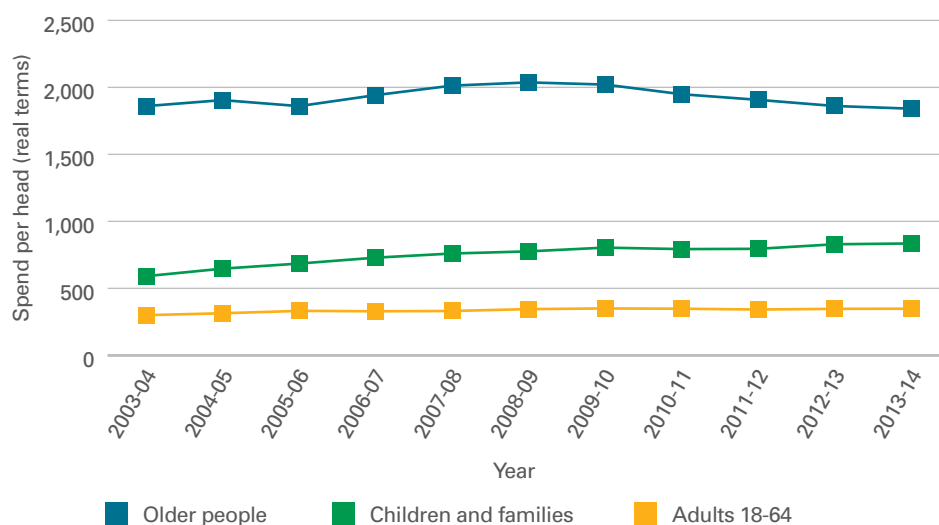
**34.** There have been significant long-term changes in spending per head among different age groups ([Exhibit 6, page 22](#)). The reduction in spending on older people is a combination of a lower percentage of older people receiving services ([paragraph 46](#)) and a reduction in the real-terms cost of care homes ([paragraph 62](#)) and homecare ([paragraph 59](#)). The increase in spending on children and families may be related to an increase in the number of looked after children, an increase in the complexity of children and families' cases and an increased focus on early intervention.

### Few councils and IJBs have long-term spending plans for social work

**35.** We examined council budgets and spending plans for 2015/16, 2016/17 and beyond to assess whether the trends identified above are likely to continue in the medium term. Budget information is more difficult to collect and interpret than historic expenditure information because councils do not present this information consistently. In addition, most IJBs had not finalised their budgets at the time we were conducting our analyses. Budgets for 2016/17 were very similar to 2015/16 in cash terms. We also analysed councils' savings plans. Councils plan to save £54 million from social work budgets in 2016/17, mainly through changing how they provide services, reducing services and making efficiency savings.

## Exhibit 6

Real-terms spending on social work services per head, 2003/4 to 2013/14



Source: Expenditure on Adult Social Care Services, Scotland, 2003/4 to 2013/14, Scottish Government

**36.** Councils and NHS boards work on different financial planning cycles and agree budgets at different times of the year. A survey of IJBs by the Scottish Parliament's Health and Sport Committee found that over half of IJBs were unable to set a budget for 2016/17 before June 2016, and over a quarter before August 2016.<sup>33</sup> A number of responses mentioned delays in receiving the health allocation for the partnership as a cause of difficulty in setting budgets. If councils and NHS boards continue with different budget cycles, it will make it more difficult for IJBs to agree budgets for services in a timely way.

**37.** In February 2016, as part of the local government settlement, the Scottish Government announced funding of £250 million to support social care for the three years to 2018/19. Some of this funding was to help pay the Living Wage (£8.25 an hour) to all care workers in adult social care, regardless of age from 1 October 2016.





**38.** The Living Wage Foundation sets the Living Wage. It is up-rated annually and they will announce a new rate in November. The local government settlement does not require councils to increase wages to the new Living Wage rate when the Living Wage Foundation announces it in November.

**39.** The Scottish Government has estimated that over the period 2012-32, spending on social care for older people will need to increase by between 1.5 per cent and 3.3 per cent a year, depending on changes to healthy life expectancy (HLE).<sup>34</sup> We have calculated lower and upper limits of the cost of demographic change based on Scottish Government projections. Added to this are cost pressures arising from legislation, based on their financial memorandums, and the cost implications of the commitment to the Living Wage for care workers ([Exhibit 7](#)).<sup>35</sup>

## Exhibit 7

### Potential financial pressures facing Scottish councils by 2019/20

Councils face significant cost pressures.

| Reason for cost increase  |  | Lower limit<br>(£ million) | Upper limit<br>(£ million) |
|---|--|----------------------------|----------------------------|
|  | Demographic change<br>(older people only)            | £141                       | £287                       |
|  | The Children and Young<br>People (Scotland) Act 2014 | £98                        | £98                        |
|  | The Carers (Scotland) Act 2016                       | £72                        | £83                        |
|  | The Living Wage                                      | £199                       | £199                       |
| <b>Potential cost increase by 2019/20</b>   |  | <b>£510</b>                | <b>£667</b>                |

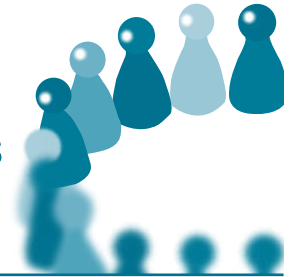
Source: Audit Scotland analysis of financial memorandums and information provided by the Scottish Government

**40.** Together they imply increases in social work spending of between £510 and £667 million (a 16–21 per cent increase) by 2019/20. Additional Scottish Government funding to implement legislation and to IJBs (via the NHS) may partially relieve some of these pressures, as could potential savings from health and social care integration and by providing services differently.

**41.** Councils and IJBs need to develop longer-term financial strategies and plans for social work services, taking into consideration the above financial pressures. For example, they need to assess the affordability of options for changing the way they deliver services, so that elected members can consult the public and make informed decisions. Some of the councils we visited had already done this. For example, West Lothian Council had detailed projections of cost pressures for the client groups in social work and had considered the options available to meet those pressures depending on the level of funding available.

# Part 2

## How councils are addressing the challenges



### Key messages

- 1** Councils have adopted a number of strategies to achieve savings. They have tightened eligibility criteria so that fewer people receive services and targeted funding to people in greatest need. They have also achieved significant savings in the cost of homecare and care homes through competitive tendering and the national care home contract.
- 2** Current approaches will not be sustainable given the scale of the challenge, and there are risks that reducing costs further could affect the quality of services. Fundamental decisions are required on long-term funding and social work service models for the future.
- 3** There has been a limited shift to more prevention and different models of care. Many councils have taken an opportunistic or piecemeal approach to changing how they deliver services, often to meet financial challenges or as the result of initiative funding by the Scottish Government.
- 4** Opportunities for people who use social work services and carers to be involved in planning services are limited. There is scope for councils and IJBs to do more to work with them to design, commission, deliver and evaluate services to achieve better outcomes. Service providers also have an important role to play in commissioning services, and councils are not doing enough to work with them to design services based around user needs.
- 5** People who use services and their carers value the support they get from social work and social care services. Our focus groups had a number of concerns about homecare, such as shorter visits and people using services seeing a number of different carers.
- 6** The Scottish Government's Living Wage commitment provides an opportunity to improve recruitment and retention of social care staff, and to create a more stable skilled workforce. But it adds to the financial pressures on councils and providers.

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**fundamental decisions are required on long-term funding and social work service models for the future**

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### Councils, COSLA and the Scottish Government have agreed approaches intended to address major long-term pressures

- 42.** Social work services operate within a number of national strategies, developed by the Scottish Government and councils that are intended to



respond to the major challenges set out in [Part 1](#), such as demographic change, personalisation and prevention. These include:

- **Social Services in Scotland: a shared vision and strategy for 2015-2020** – this builds on the *21st Century Social Work Review* published in 2005. It covers the whole of social work and its aims include:
  - encouraging a skilled and valued workforce
  - working with providers, people who use services and carers to empower, support and protect people
  - a focus on prevention, early intervention and enablement.<sup>[36](#)</sup>
- **The 2020 Vision for Health and Social Care in Scotland** envisages that by 2020 people will live longer healthier lives at home, or in a homely setting and that Scotland will have an integrated health and social care system with a focus on prevention and supported self-management.<sup>[37](#)</sup>
- **Reshaping Care for Older People (RCOP)** – a ten-year change programme focused on giving people support to live independently in their own homes and in good health for as long as possible. In 2011/12, the Scottish Government introduced the Change Fund, totalling £300 million to 2014/15, specifically to develop this area of policy.<sup>[38](#)</sup>

**43.** Our report, *Reshaping care for older people* commented on slow progress of RCOP and the need to monitor its impact. It also reported that initiatives are not always evidence-based or monitored and that it was not clear how councils would sustain and expand successful projects.<sup>[39](#)</sup> Our report *Changing models of health and social care* concluded that the shift to new models of care is not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and not widespread.<sup>[40](#)</sup>

## Councils have changed eligibility criteria to reduce the number of people who qualify to receive services to balance their budgets

**44.** Councils have a statutory duty to assess people's social care needs. If they assess a person as needing support and eligible to receive services, they must provide or pay for services to meet these needs.<sup>[41](#)</sup> If people are eligible for support, the Social Care (Self-Directed Support) (Scotland) Act 2013 also requires councils to offer people a choice of four options in how their social care is provided:

- a direct payment – this allows people to choose how their support is provided, and gives them as much control as they want over their individual budget
- direct the available support – the person asks others to arrange support and manage the budget
- the council arranges support – the councils choose, arrange and budget for services
- a mix of all the above options.

**45.** To balance their budgets, councils prioritise funding and staff to those people most in need by setting eligibility criteria and assessing each person's needs against these criteria. Councils have discretion on the thresholds for care they use locally. The level set in each council will depend on the resources available and



**I have a say about who is on my team. I got to meet them and do interviews. I did the questions in advance.**

**Service user, young person with physical disabilities**



on the council's policies and priorities. Councils assess people's needs using a common framework of four eligibility levels:

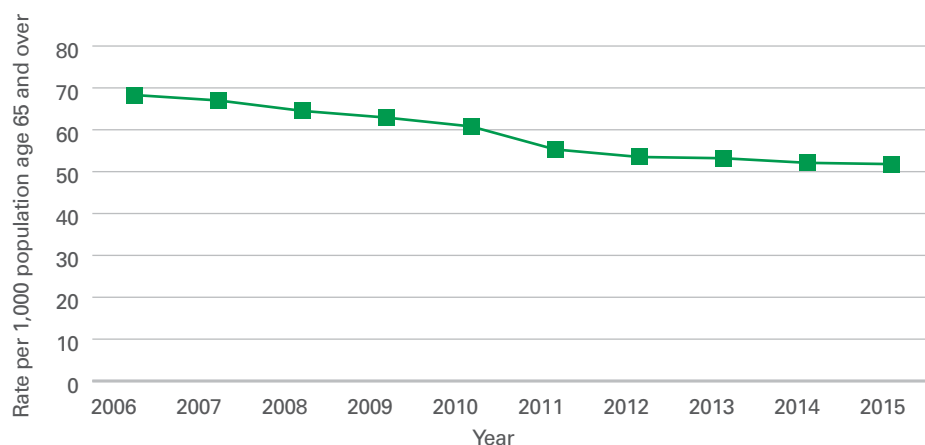
- **Critical Risk (high priority)** – Indicates major risks to an individual's independent living or health and wellbeing likely to require social care services 'immediately' or 'imminently'.
- **Substantial Risk (high priority)** – Indicates significant risks to an individual's independence or health and wellbeing likely to require immediate or imminent social care services.
- **Moderate Risk** – Indicates some risks to an individual's independence or health and wellbeing. These may require some social care services that care providers manage and prioritise on an ongoing basis, or they may simply be manageable over the foreseeable future with ongoing review but without providing services.
- **Low Risk** – Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.<sup>42</sup>

**46.** Because of funding pressures, most councils now only provide services to people assessed as being at critical and substantial risk. Focusing services on people with higher levels of need resulted in a reduction in the percentage of older people receiving homecare between 2006 and 2015, from just under 70 per 1,000 population to 50 per 1,000 ([Exhibit 8](#)). Of the councils we visited, only West Lothian still provides services to people assessed as at moderate risk.

## Exhibit 8

### Proportion of people aged 65+ receiving homecare, 2006 to 2015

The proportion of people aged 65 and over receiving homecare has fallen from just under 70 per 1,000 to just over 50 per 1,000.



Source: Expenditure on Adult Social Care Services, Scotland, 2003-04 to 2013-14, Scottish Government



**47.** Because most councils no longer provide services to people in the two lower risk eligibility criteria, and because of the considerable financial and legislative changes in social work since the current framework was developed, it may be an opportune time for COSLA and councils to review the framework to ensure that it is still fit for purpose.

**48.** Some councils have also limited the level of service they provide in some areas. Examples from our fieldwork include reducing the length of carer worker visits, providing ready meals and frozen meals, with one hot meal per day (leaving snacks for other meals) and restricting showers to once or twice a week for some people.

### **Councils are finding it hard to fund a strategic approach to prevention**

**49.** Developing a strategic approach to prevention is essential for councils to sustain provision of social services. In 2011, the Christie Commission concluded that Scotland needed to 'devise a model of public services that is both financially sustainable and is capable of meeting the significant longer-term challenges'. It also proposed that a radical shift towards preventative public spending was essential. In September 2011, the Scottish Government set out an ambitious vision to enable everyone to live longer, healthier lives at home or in a homely setting by 2020.<sup>43</sup> Central to the vision is a focus on prevention, anticipation and supported self-management. The Scottish Government also set up change funds to stimulate prevention work, specifically in the areas of early years, re-offending and re-shaping care for older people.

**50.** Councils, IJBs and other stakeholders all believe that prevention is the key to meeting the growing demands for social work services within finite resources. However, the councils we visited varied in how well they are developing and implementing preventative strategies. Some, including West Lothian and East Renfrewshire, have a strong focus on prevention, for example they maintain prevention budgets and build prevention into how they plan and provide services. Councils cited various challenges to shifting service models towards prevention:

- a lack of funding because resources are locked into current service models to meet existing demands and savings may not materialise for several years after implementation
- a lack of social worker time – a concern that social work has become crisis based
- managing relatives' expectations – for example, some relatives prefer the council to provide a full care package of residential care rather than have their relation go through a re-ablement programme to allow them to live more independently at home
- community resistance – for example, opposition to closing a local hospital or care facility to free up funding for more accessible community-based care
- cultural differences between councils and the NHS – a common perception among a number of social workers in our focus groups is that the NHS is more risk averse and less used to giving staff responsibility to take the initiative on the care of individuals.



**I had an OT (occupational therapy) assessment, and social work and they gave me 15 minutes of care. It's really not enough time. It's the choice between getting washed or getting dressed**

Service user,  
physical disabilities

**51.** Councils have commonly adopted some prevention initiatives, most of which are effective in the short term, but examples of long-term initiatives are more limited. Common prevention activities included:

- **Re-ablement** – involves encouraging people using services (often people leaving hospital) to develop the confidence and ability to live more independently and be less reliant on social care. This is usually a six-week programme of intensive help; it commonly results in people requiring less or even no ongoing support. Glasgow City Council found that 30 per cent of clients had no further need of a service following a period of re-ablement. The change fund initially funded this project but the council now funds it as the savings justify the investment.
- **Using technology** to enable people to continue living in their own homes for longer and to give reassurance to their carers and families. All councils provide a community alarm service. More advanced telecare systems use movement sensors and smoke detectors to alert the service to potential problems or prompt people to take medication. For example, West Lothian Council uses technology to help people with dementia, their families and carers manage issues that may arise in and around the home. Examples include:
  - a GPS device to help relatives or carers to find a vulnerable person if they get lost
  - extreme temperature and flood sensors fitted in kitchens
  - sensors to alert a carer when the person gets out of bed
  - removable sensors, called 'just checking', placed at doorways to monitor movement and assess lifestyle patterns.
- **Early intervention for children and families** is another widely implemented approach. Social work services work with relevant partners to support children and families at risk of needing support that is more intensive in future, or with older children at risk of becoming an offender. Midlothian Council attributed a significant drop in the number of their children on the child protection register from 158 in 2011 to 29 in 2015, at least partially, to early intervention and prevention work.<sup>44</sup>
- **Restricting out of area service for looked-after children** – out of area placements tend to involve young people with troubled histories and challenging behaviour and children with significant learning disabilities. Some out of area placements will be the most suitable for a child, such as where the child has complex treatment needs that the council cannot meet or to ensure they can be effectively safeguarded. However, such placements are very expensive (weekly fees to independent providers range from £800 to £5,500) and can have negative consequences. For example, children may try to run away, putting themselves at risk, and children away for long periods will lose contact with their peers and find it difficult to re-integrate into the local community when they leave care.<sup>45</sup> Our fieldwork councils reported that keeping children local to their communities, for example in supported foster placements, could achieve better outcomes for children and achieve considerable financial savings for the council.



**I have a feature that picks up if I get out of bed for too long, in case I've fallen in the night. I like to get up and wander about if I can't sleep, and then there is this booming voice asking if I am OK! It's a first class service.**

Service user, older person

### Councils need to measure the impact of prevention initiatives more systematically

**52.** Measuring and evaluating the success of prevention work is difficult. By its very nature, it is not easy to quantify what has not happened because of

prevention. It is also hard to attribute outcomes to specific courses of action in an environment where many factors are involved. Even so, councils do not always systematically evaluate initiatives, and there is a risk that opportunities for improvement, making savings or stopping ineffective activity are lost. Councils and IJBs should bring together information on the evaluation of successful prevention initiatives. They can use this to make long-term strategic investment decisions towards prevention as a key part of their long-term budget planning, rather than relying on short-term initiative funding as at present. Prevention needs to be seen as an integral part of councils' and IJBs' overall long-term strategies for services they can continue providing over the long term, rather than an add-on financed by short-term funding.

**53.** In our fieldwork, we found examples of successful evaluation. An evaluation of Glasgow's Recreate service to support ex-offenders found that in 2014/15 it generated a Social Return on Investment of between £6.14 and £9.54 per £1 invested ([Case study 1](#)).<sup>46</sup>

## Case study 1

### Glasgow Recreate



This service gives ex-offenders the chance to volunteer for up to six months in meaningful roles where they gain new skills and experiences to help them to move forward in their life. Volunteers can access various opportunities, including landscaping and gardening, painting and decorating, retail and warehousing, and woodwork.

With the support of skilled tradespeople, they work on projects for organisations such as community groups, charities, housing associations, and Glasgow Land and Environmental Services. Each volunteer has a dedicated mentor who helps them to access additional volunteering opportunities, housing support, employability services, and money advice and make positive changes in their personal life. They also help volunteers to complete CVs, identify training and development needs, and set goals to help them become more work-ready to help them break the cycle of re-offending.

Volunteers benefit from rail, bus and subway travel, lunch, gym membership, training and development, information about other organisations, and employment support. During 2015/16, there were 58 volunteers in the scheme (up from 34 in 2013/2014), 57 per cent of whom moved into employment. Ninety-six per cent of participants did not re-offend and of those who did, the frequency and severity of the offending was reduced.

Source: Glasgow City Council



**Recreate is a good mix of volunteering, learning and mentoring. I worked hard and it paid off.**

Recreate volunteer

**54.** Some councils are learning from experience elsewhere to tackle particular issues. For example, East Renfrewshire Council visited Shropshire County Council to explore how it developed a community-led social work service. It has agreed to be one of three organisations that will pilot the programme in Scotland. There is scope for councils to do more to look at what others are doing, nationally and internationally, and share experience and learning.

## Councils have achieved savings through competitive tendering

### Councils purchased around £1.6 billion of services in 2014/15

**55.** Currently, councils spend around £1.6 billion a year on outsourced social care services, roughly two-thirds to the private sector and a third to the third sector ([Exhibit 9](#)). Spending on private sector services is mainly to provide homecare, residential care and nursing homecare for older people (£800 million). Most third sector spending is to provide services for children with disabilities (£244 million). Larger providers provide services across a large number of councils and are in a good position to identify good practice.




**56.** In procuring services, councils need to take into account the long-term financial viability of care providers. Providers could be put at risk by a combination of several factors, including:

- a fall in the number of care home residents
- increased paybill costs because of knock-on impacts of Living Wage
- increased uncertainty following Brexit may make it difficult for private sector providers to finance capital investment, such as building or refurbishing care homes.

## Exhibit 9

### Breakdown of contracted out social care spending by sector, 2014/15

Most private sector services are for adults while the third mostly sector provides services for children.

|                             |   |                            | Third sector<br>£'000 | Private sector<br>£'000 | Total<br>£'000   |
|-----------------------------|---|----------------------------|-----------------------|-------------------------|------------------|
| <b>Social care adult</b>    |  | Day care                   | 43                    | 1,113                   | 1,156            |
|                             |   | Homecare                   | 18,290                | 261,403                 | 279,693          |
|                             |   | Mental health services     | 14,297                | 12,974                  | 27,272           |
|                             |   | Nursing homes              | 19,273                | 318,376                 | 337,649          |
|                             |   | Residential care           | 1,883                 | 219,962                 | 221,845          |
| <b>Social care children</b> |  | Adoption                   | 23,208                | 35,871                  | 59,079           |
|                             |   | Childcare services         | 49,481                | 30,217                  | 79,698           |
|                             |   | Domestic violence          | 3,229                 | 41,511                  | 44,740           |
|                             |   | Children with disabilities | 243,878               | 17,831                  | 261,708          |
| <b>Social care other</b>    |  |                            | 195,945               | 112,363                 | 308,308          |
| <b>Total</b>                |   |                            | <b>569,527</b>        | <b>1,051,621</b>        | <b>1,621,148</b> |

Note: 'Other' includes advice and counselling services, advocacy service providers, alcohol and drug rehabilitation, community centres, community projects, disability and special needs service providers.

Source: Spikes Cavell database

**57.** Councils and Scotland Excel need to monitor the financial health of providers as part of their contract monitoring activity. The failure of a provider could have significant consequences for care services as well as people who use care services because Section 12 of the Social Work (Scotland) Act 1968 places a duty on Scottish local authorities to provide or arrange care for any individual in their area who requires assistance in an emergency.

### Competitive tendering has reduced the cost of homecare

**58.** Councils have achieved significant financial savings through outsourcing services such as homecare to the private and third sectors through competitive tendering and re-tendering contracts. The percentage of homecare provided directly by council staff has fallen steadily, both in terms of the number of clients served and the number of hours provided ([Exhibit 10, page 32](#)).

**59.** Between 2010/11 and 2014/15, the average cost of providing homecare to people aged over 65 fell by 7.2 per cent in real terms, to £20.01 per hour.<sup>47</sup> An unintended consequence of driving down spending is increased staff turnover, as private and third sector providers employ staff on poorer terms and conditions than some other large employers or councils.

**60.** Third sector and private sector providers in our focus groups described some councils' procurement processes as inefficient and wasteful. They highlighted inconsistencies in how councils used framework agreements. These are agreements with suppliers to establish the terms that will govern contracts that councils may award during the life of the agreement.<sup>48</sup> Some private sector providers were concerned that they had invested time and money in signing up to frameworks, only to find that councils did not use their services.

### Councils have made savings in the cost of care home services

**61.** The National Care Home Contract sets out the cost to councils of care home placements into private or third sector care homes. COSLA negotiates the fee structure annually with the representative bodies for private and third-sector providers in Scotland.<sup>49</sup> These bodies are Scottish Care and the Coalition of Care and Support Providers in Scotland. The contract includes an additional payment for care homes doing well in Care Inspectorate assessments, with penalties for poorly performing homes.

**62.** Between 2006 and 2015, the number of residents in older people's care homes decreased by two per cent (from 33,313 to 32,771).<sup>50</sup> The net cost of residential care (gross expenditure on care homes minus income) to councils has been falling. Between 2010/11 and 2014/15, the weekly residential costs to councils for each resident aged 65 or over fell by ten per cent in real terms to £372.<sup>51</sup>

**63.** The pattern of service provision has changed, with an increase in private sector provision and a fall in other sectors. Between 2006 and 2015, the change in the number of older people in residential care in each sector was:

- private sector – increased by five per cent (24,568 to 25,700)
- local authority/NHS – decreased by 23 per cent (4,876 to 3,747)
- third sector – decreased by 14 per cent (3,869 to 3,324).<sup>52</sup>



**Too many (paid) carers – regular new carers needing shown ropes again! Gah!!**

Unpaid carer

**64.** The percentage of adults in care homes who mainly pay for their own care is increasing; the percentage increased from 22 per cent of residents in 2006 to 27 per cent in 2015.<sup>53</sup> In 2015, the average gross weekly charge for people who paid for their own care was £708, compared with the average weekly fee for publicly funded residents of £508.<sup>54</sup>

### Service providers want to be more involved in commissioning services

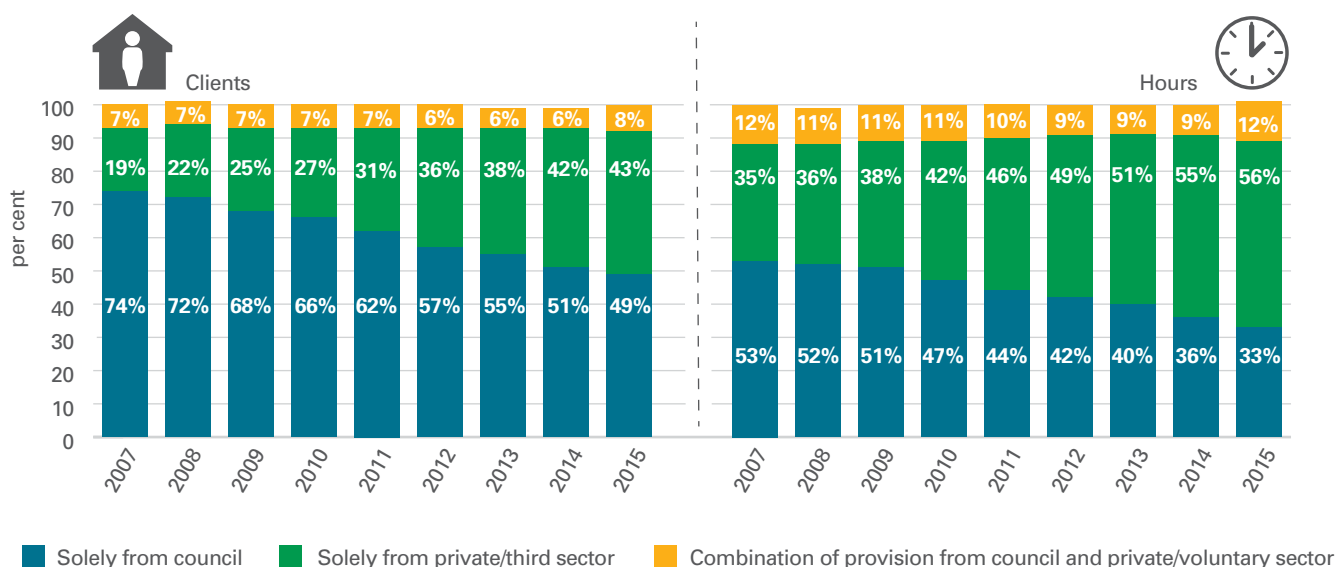
**65.** Commissioning social care is about how councils, NHS boards and others work together to plan and deliver services that will meet future demands and use resources, such as money, skills and equipment effectively. Jointly planned investment in home or community-based social care can save spending on unnecessary, and relatively expensive, hospital or residential care, and encourage innovation. The Christie Commission concluded that it is particularly important to:

- work closely with individuals and communities to understand their needs, maximise talents, resources, and support self-reliance, and build resilience
- recognise that effective services must be designed with and for people and communities – not delivered ‘top-down’ for administrative convenience
- maximise scarce resources by using all available resources from the public, private and third sectors, individuals, groups and communities.

## Exhibit 10

### The share of homecare provided by councils and the private/third sector, 2007 to 2015 (all ages)

Homecare provided directly by councils has fallen steadily over the past ten years.



Note: Of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Social care services, Scotland, 2015, Scottish Government, December 2015



**66.** Councils have a challenging task to manage the market for providing services in their local area. There are potential tensions around making savings while ensuring high-quality services at a fair cost in an environment of increasing demand and financial pressures. There are risks to the quality of services if councils continue to drive down costs at the rate they have in the past without changing how they provide services.

**67.** Service providers from our focus groups who work across more than one council area found that different councils have different processes, procedures and attitudes to partnership working. They identified commissioning and procurement as common areas for improvement. In particular they felt that councils should:

- ensure they have staff with the appropriate skills for commissioning, such as financial planning and managing contracts, and be open in commissioning and contract decision-making processes. Some participants complained about unnecessary bureaucracy, noting gaps in expertise and risk appraisal and a lack of awareness of the challenges facing providers, for example the cost of employing qualified and experienced staff
- collect evidence about the effectiveness of all services (both in-house and external) and use this evidence in planning and decision-making. Councils face difficult choices, but providers felt councils sometimes protected their in-house services and workforce while cutting externally provided services, without comparing cost-effectiveness
- improve partnership working and relationships with providers. Although there were pockets of good practice, providers suggested that councils needed to work more collaboratively to provide stability to both those who provide and those who use services
- involve providers more in assessing and designing services, taking advantage of the experience and knowledge of good practice that larger providers have gained from working with councils across the UK.

**68.** One innovative example we identified was the Public Social Partnerships (PSP) approach used at East Renfrewshire Council ([Case study 2, page 34](#)). PSPs are strategic partnering arrangements, based on a co-planning approach. In this instance, the council worked with third-sector organisations and people who use services to share responsibility for designing services based around the needs of those who use them. Once designed, the council can then commission the service for the longer term. Several service providers in our focus groups mentioned the inclusive approach taken by East Renfrewshire Council as an example of good practice in commissioning services. It is important that councils have effective means of sharing good commissioning practice and working with practitioner groups within national organisations, such as COSLA and Social Work Scotland.



**Some councils think 'out of the box', others are in a box with a very large padlock!**

Service provider



**We are left out of planning discussions while having to deal with the consequences of decisions made by councils.**

Provider focus group

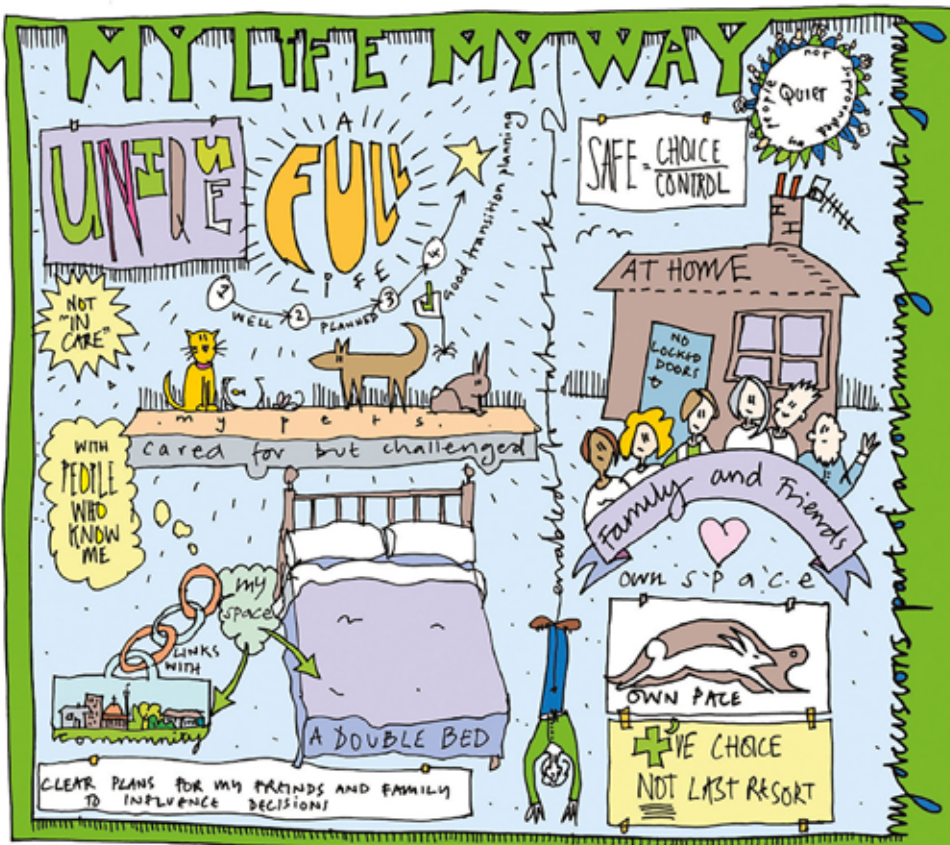


## Case study 2

### East Renfrewshire Council: innovation in commissioning services



The Public Social Partnerships approach is a two-year funded programme, supported by the Scottish Government and designed to develop creative ideas for meeting the needs of people in, or about to enter, residential care. The partnership is across sectors and between people who use services. It is designed to develop thinking and support innovation. Participation in the project also helps to build resilience in people and communities by focusing on what people want rather than the services they currently receive. The illustration below describes one of the outputs from the process showing a visualisation of residential care from the point of view of someone who uses services.



Source: East Renfrewshire Council

### People who use services, and carers, would value being more involved in planning how services are provided

**69.** The Christie Commission recognised the importance of people being involved in designing services to meet their needs. This approach is now supported by legislation such as the Community Empowerment (Scotland) Act 2015 and the Carers (Scotland) Act 2016.

**70.** People in our focus groups, both carers and people using services, valued the support they receive from social work services. Several said that without support they would not be able to cope or maintain employment. Feedback from our survey of 165 people indicated that the type of service provided determined whether service users felt able to influence their service delivery. For example, where service users had one-to-one support or had close relationships with staff in sheltered accommodation, they felt confident about influencing the service.

**71.** However, a significant number of service users felt that they had little influence over their social care provision. Some had concerns about speaking up in case the care they received was reduced or changed. Others, particularly older people, didn't want to hurt the feelings of the people providing care. While some had experience of raising issues with care providers and services being adapted accordingly, others found that no steps were taken to rectify issues. Some service users then felt care providers did not listen to them. Carers were more likely than people who use services to speak up if they were concerned about any aspects of the service delivery, but carers felt that care professionals did not treat them as partners.<sup>55</sup>

**72.** People who use social work services, and their carers, are very diverse, with differing needs. Although it is not easy to do, it is important that councils seek views and provide opportunities for involving as wide a range of people as possible in planning services or changing how they are provided. However, we found limited opportunities for people to be involved. Most of the six fieldwork councils involve representatives of both people who use services and carers in planning groups. For example, Perth and Kinross Council includes carer representatives on its multidisciplinary Carers Strategic Group. However, we found less evidence of people who use services and carers being involved more extensively in designing services.

**73.** Midlothian Council is one example where people who use services and carers are represented on joint planning groups, such as the Joint Older People's Planning Group that developed the Midlothian Joint Older People's Strategy 2011-15. A recent tender exercise for Care at Home in Midlothian included volunteer carers assessing all submissions, interviewing and final scoring. However, carers and people who use services generally have little involvement in commissioning or tendering, and there is scope to do more.

**74.** All of our fieldwork councils have a carers' strategy. All provide information for carers on their websites, including how and where to get help, which is usually through a carer assessment in the first instance. They also have partnerships with, or links to, other organisations and carers' centres in their area that provide information and support to carers. About half of the carers' centres are network partners of the national organisation Carers' Trust Scotland. Councils use various methods to collect the views of people using services, and of carers, including annual satisfaction surveys, carers' conferences and carer representatives on panels.

**75.** IJBs' membership must include a representative from people using services and a carer representative.<sup>56</sup> This is intended to ensure that carers have a role in planning and delivering of services delegated to IJBs. However, this alone is not enough to involve and consult the diverse range of people who use services and carers. Glasgow City Council has a carers' champion to represent the views of carers within the council ([Case study 3, page 36](#)).



**I feel very lucky to live in [local authority]. The services for disabled people are the best in Scotland compared to other areas. [Local authority] listened to what people wanted, like supported living and individually tailored support plans.**

Carer



**Mental health services don't always recognise the carer input until they need them!**

Carer



**Everything is subject to funding therefore there is no consistency. Carers' centres need to be funded so that their services are ongoing.**

**Carer centre staff saved my life.**

Carers

## Case study 3

### Glasgow City Council's Carers' Champion



Glasgow City Council's Carers' Champion represents the collective views of the city's unpaid carers within the council and speaks independently on carer issues. His role includes raising the profile of unpaid carers across the council and its wider network of agencies while also helping to develop strategies and policies that will support carers.

Glasgow has also introduced a privilege card for adult carers living in Glasgow who provide care for a Glasgow resident. It entitles them to various savings including:

- savings as part of Glasgow Life's concessionary discount scheme
- 20 per cent discount at a range of cafes in venues, such as art galleries and museums
- 20 per cent off City Parking multi-storey car parks
- discounts at certain cinemas and other commercial outlets.

In July 2015, Glasgow evaluated its Glasgow Carers Partnership, which includes Glasgow City Council, NHS Greater Glasgow and Clyde and voluntary sector organisations supporting carers within Glasgow. The council will use the resulting report and recommendations in planning and investment in carer services.

Source: Glasgow City Council



**I had a procedure in hospital and I was in and out the same day, but the carer came to take me to hospital and came back at midnight to take me home. It was above and beyond.**

Service user, physical disabilities

#### Some people we surveyed who use a homecare service were unhappy with the quality of their service

**76.** Between 2010/11 and 2014/15, the percentage of adults satisfied with social care or social work has fallen from 62 per cent to 51 per cent.<sup>57</sup> Our survey of 165 people who use services and of carers found that views on homecare dominated their discussions about the quality of care. Generally, participants with positive experiences of their current service provision highlighted some of the following factors:

- the importance of respectful and flexible carer workers
- good relationships with carer workers
- the ability to influence service delivery through self-directed support
- good timekeeping.

**77.** However, there were many examples of people not happy with their service experience. Common issues identified across all five local authority areas covered included:

- **Length of time a care worker spends with the person** – Most said that the care worker would be in their home for 15–20 minutes at a time. Many reported that this was not enough time to provide good quality care.



**I did have [care company], and I got 15 minutes, so I had a choice between having breakfast and them running a bath for me to have on my own once they'd gone, or a shower with no breakfast.**

Service user, physical disabilities

- **Timekeeping** – People who receive homecare discussed their experiences of homecare staff arriving earlier or later than expected. People we spoke to were frustrated at the homecare staff's timekeeping and poor communication.
- **Flexibility of role (undertaking tasks)** – Most people felt that the quality of care they received was affected by the limited flexibility of homecare staff in undertaking other household tasks.
- **Meals** – A large number of people receiving homecare and carers were not satisfied with the quality of the meals.
- **Trained homecare staff** – Others questioned the skills of some homecare staff. Their experience was that the homecare staff did not know how to handle them, or use equipment safely.

### **Paying care staff the Living Wage could help to reduce problems recruiting care staff, but may create other risks for providers**

**78.** The Scottish Government's Living Wage commitment provides clear benefits for low-paid workers. However, increases in employee costs and contract costs will put pressure on councils' and service providers' finances. There are a number of risks with the current approach:

- The Scottish Government has no powers to enforce the Living Wage commitment; the UK Government reserves the power to set and enforce the legal minimum wage. The legal minimum wage across the UK is £7.20 for people aged 25 and over. The Living Wage is £8.25.
- There is a risk that providers operating across the UK may choose not to pay the Living Wage in Scotland.
- There is a risk that this could lead to unsustainable paybill increases. As well as increasing wages, National Insurance contributions and pension contributions will also rise, and service providers will need to maintain wage differentials. A recent survey of independent providers found that almost all will struggle to fund increases to £8.25 an hour. Future rises in the Living Wage may increase this pressure.
- Where councils have awarded contracts based on price before the adoption of the Living Wage, there is a risk that contractors who lost contracts, but who already pay wages at or above the living wage (and offering higher quality services) may ask councils to re-tender contracts.

**79.** Applying the Living Wage also provides significant opportunities to better manage the staffing issues we describe in [Part 1](#). Reduced staff turnover could potentially offset increased costs and provide an opportunity to improve staff skills. It could also make it easier to create a career structure for care workers and an opportunity to specialise, for example in providing services for younger people with particular disabilities, or for older people suffering from dementia.

**80.** Comhairle nan Eilean Siar and Perth and Kinross council felt there were particular challenges in recruiting suitably qualified staff to deliver services in isolated rural areas. In Eilean Siar, the council has set up college courses to encourage young people to view care as a worthwhile career option ([Case study 4, page 38](#)).



**Sometimes they're late and sometimes they don't come at all.**

Service user,  
learning disabilities



**Many people felt it was very important to have some continuity of care worker in terms of safety and building a rapport, but this was lacking. Just depressed at so many different (paid) carers coming in at all different times.**

Carer



**She gave me a fish pie and it was cold in the middle. She said she didn't have time to do it again, so I had to ask her to make me an omelette."**

Service user,  
older person

## Case study 4

### Comhairle nan Eilean Siar: developing a stable workforce



Comhairle nan Eilean Siar faces major demographic change over the next 20 years including a projected 19 per cent decline in the working age population and a 19 per cent increase in the over 75 population. There are also a high number of single person households with no family carers available. To help arrest the decline in working age population through migration, the council has developed a project to make being a care worker a viable and attractive career for young people leaving school, as well as adults looking at career options. There are four programmes:

- **Pre-Nursing Scholarship:** developed to encourage people to take up a nursing career locally and part of a national initiative to increase the nursing workforce. A critical aspect of this programme is the facility to provide equitable access to learning across the Western Isles in rural and remote locations.
- **Prepare to Care:** This course aims to qualify and prepare students for employment, further training, or both of these, within health and social care by developing the knowledge, skills and understanding required to work in the care sector.
- **Senior Phase SVQ2 Pilot:** Provides flexibility in terms of work-based assessment across health and social care and equips young people to work in the community. The newly revised Social Care and Health SVQ2 is being piloted with young people in Uist and Barra by Cothrom in partnership with the council and NHS Western Isles.
- **Foundation apprenticeship:** Skills Development Scotland selected the council's Education and Children Services department as a pathfinder authority for the senior phase vocational pathway development in Health and Social Care.

Source: Comhairle nan Eilean Siar

**81.** As explained in [Part 1](#), the recruitment and retention of suitable staff is a significant problem across the care sector. Councils and providers need to work together and with the Scottish Government on long-term planning to ensure there is an effective, well-trained sustainable workforce to meet future demand. The Scottish Government has commissioned work to identify the recruitment and retention challenges facing the sector and assess whether there is a case for a national workforce-planning tool. In addition, the Scottish Social Services Council (SSSC) is working with partners to develop career pathways within social care. The first is to develop foundation apprenticeships, a vocational pathway to enable young people to experience work in the care sector and encourage care as a positive career choice.



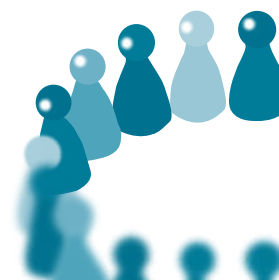
**The girls that came in didn't know how to use a stand aid, and they couldn't do manual lifting.**

Service user,  
physical disabilities



# Part 3

## Governance and scrutiny arrangements



### Key messages

- 1** The integration of health and social care has resulted in complex and varied governance arrangements for social work services. Elected members have important leadership and scrutiny roles, but there are risks that increased complexity could lead to members not having an overall view of social work. At a time of great change, it is essential that elected members assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively. It is important that elected members receive training and guidance on the operation of the new governance arrangements and that elected members not involved in the IJB are fully informed about its operation.
- 2** The key role of the chief social work officer (CSWO) has changed significantly in recent years and there are risks that CSWOs may have too many roles and have insufficient status to enable them to fulfil their statutory responsibilities effectively.
- 3** There is scope for councils and their community planning partners to do more to promote and empower communities. This includes working with them to design, commission, deliver and evaluate services to achieve better outcomes, and to build capacity to allow communities to do more to support themselves. Elected members need to play a key role engaging with communities in a wider dialogue about council priorities.

**elected members need to play a key role engaging with communities in a wider dialogue about council priorities**

### **Social work governance and scrutiny arrangements are more complex because of health and social care integration**

**82.** Councils' responsibilities in relation to social work are set out in the Social Work (Scotland) 1968 Act. The Act's provisions include promoting social welfare, caring for and protecting children, supervising and caring for people put on probation or released from prison and the children's hearings system.


**83.** Under the Public Bodies (Joint Working) (Scotland) Act 2014, councils and NHS boards are required to create integration authorities. These are responsible for the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Governance describes the structures, systems, processes, controls and behaviours by which an organisation manages its activities and performance. The Act also allows councils and NHS boards to integrate other areas of activity, such as children's health and social care services and criminal justice social work.

**84.** This means that councils delegate to the integration authority (IA) their responsibility for strategic planning for adult social services and for any other services they decide to include. Councils still carry the ultimate responsibility for the delivery of social work services in their area and elected members need to assure themselves that the council is meeting its statutory responsibilities.

**85.** IAs are responsible for planning and commissioning functions delegated from the local council and NHS board. IAs can adopt one of two main structures. All areas except the Highland Council area are following the body corporate model. Under this, they have created an Integration Joint Board (IJB) to plan and commission integrated health and social care services in their areas. Highland is following the lead agency model, NHS Highland is the lead for adult health and care services, with Highland Council the lead for children's community health and social care services. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. Councils and NHS boards delegate budgets to the IJB. The IJB decides how to use these resources to achieve the objectives of its strategic plan. The IJB then directs the council and NHS board to deliver services in line with this plan.

**86.** Councils have adopted various arrangements for integration. Nine councils integrated children's social work services within the IJB and 16 councils integrated social work criminal justice services.<sup>58</sup> The following arrangements were adopted by our fieldwork councils:

- Midlothian Council and Comhairle nan Eilean Siar include criminal justice but not children's social work services.
- East Renfrewshire Council and Glasgow City Council include both children's social work and criminal justice social work services.
- West Lothian Council and Perth and Kinross Council only include adult services.


**87.** The governance and scrutiny arrangements in four of our fieldwork councils (Comhairle nan Eilean Siar, Glasgow, Perth and Kinross and West Lothian) are included in [Supplement 3](#) . These illustrate the variety and complexity of arrangements now in place within councils.

**88.** At the time of our fieldwork, governance arrangements were still under discussion. Council chief executives were clear that accountability lies with the council for services delegated to the IJB because, under legislation, the council retains statutory responsibility for delivering social work services. But we have previously highlighted the risk that ultimate responsibility might lie with IJBs, which plan and direct councils and NHS boards in how services are to be delivered.<sup>59</sup> All parties need to recognise this risk and set out clearly an agreed understanding of each other's roles and responsibilities. It is essential that the chief officer of the IJB is clear about how this joint accountability will work in practice.

**89.** Accountability arrangements for the IJB chief officer are complex. The chief officer has a dual role. They are accountable to the IJB for the responsibilities placed on the IJB under the Act and the integration scheme. They are accountable to the council and NHS board for any operational responsibility for integrated services, as set out in the integration scheme.

**90.** Governance and scrutiny arrangements for IJB and non-IJB services within our fieldwork councils varied, even where the same services are included within


the IJB's remit. For example, in East Renfrewshire, scrutiny of performance happens within the IJB Audit and Performance Committee and an annual report is presented to the Council. While Comhairle nan Eilean Siar concluded that appropriate scrutiny could be provided within its existing council committee structure and that a separate mechanism for IJB functions was not required.

**Supplement 3**  shows the variation in integration arrangements in four of our fieldwork councils. Whatever model councils choose, elected members need to assure themselves that the scrutiny arrangements are working effectively.

**91.** As governance and scrutiny arrangements for social work were still in transition at the time of our fieldwork visits (some changes were implemented in March 2016), it is too early to make judgements as to whether there are duplications or gaps in scrutiny. Councils indicated that they would review arrangements if they did not appear to be working effectively. Our fieldwork highlighted a number of potential risks. These include:

- the potential for an overall view of governance being lost when social work services (and budgets) are split, for example between education and children's services and the IJB
- a focus on health and adult services could restrict discussion of children's services and, in particular, criminal justice services on IJB scrutiny committees.

**92.** Council representation on the IJB is generally four or five senior elected members (around ten per cent of elected members), usually including the leader of the council and a senior opposition member. This means that a small subset of elected members of the council and members of the NHS board will be responsible for social work governance and scrutiny within the IJB and its committees. There is a risk that the majority of elected members could feel excluded from social work decision-making and scrutiny. There is also a risk that this arrangement leaves responsibility for governance and scrutiny with a small number of very busy elected members. Councils have set up a variety of mechanisms to ensure they keep all elected members informed. For example, Comhairle nan Eilean Siar and the IJB will hold at least two meetings a year with the wider membership of the council and NHS Western Isles.

**93.** It is important that elected members receive training and guidance on the operation of the new governance arrangements. The Scottish Government has produced guidance on the roles, responsibilities and membership of the Integration Joint Board.<sup>60</sup> COSLA is working with the Improvement Service and the Scottish Government to support elected members who do not sit on IJB boards to help them fulfil their role, including councils' ongoing statutory duties. COSLA intends to produce an elected member briefing note focusing on councils' role and interests to ensure they are kept informed of the changes. It is also hosting workshops for elected members to share their experiences. We have included an elected member's checklist as **Supplement 4** . Elected members may wish to use the checklist to help them consider the effectiveness of the arrangements in their council.

### Health and social care integration may make strategic planning of services more difficult

**94.** Each IJB is required to produce a strategic plan that includes strategies for all the services delegated to it. We examined strategies for social work services in our fieldwork councils. Strategies are set out in various ways depending on the health and social care arrangements in each council. While the plans for integrated services were well developed, they are new and untested.



**95.** Where councils have chosen not to include services for children within their IJB, they usually continue to follow existing arrangements. For example, some align children's social work services with education, in education and children's services. In others, these services are part of an existing Health and Social Care Partnership Directorate. Strategies for services that are not within the IJB are set out in council plans such as the education and children's services plan.

**96.** Where criminal justice services are included within the IJB, strategies were not always as clearly set out. IJB plans generally included few references to criminal justice and some services did not have a specific criminal justice plan. Whether as part of the IJB or not, councils have, until now, worked in partnership with their Community Justice Authority (CJA) and contributed to its area and action plans. However, under The Community Justice (Scotland) Act 2016, CJAs will be abolished from 2017. Responsibility for community justice will transfer to community planning partnerships. It is important that under the new approach, strategies for criminal justice services are clearly set out as part of the IJB or community planning arrangements.

**97.** All the social work plans we examined demonstrate links to community planning. As members of the community planning partnerships, both IJBs and councils have signed up to local single outcome agreements (SOA) with the Scottish Government, and share the vision and priorities within these.

**98.** It is important that there are clear linkages between the planning of those services that are integrated and those that are not, for example the transition from children's services to adult services or between children's services and criminal justice. Planning for these transitions needs to be well coordinated to ensure a seamless service without overlaps or gaps in services, particularly where responsibility is split between the IJB and the council.

**99.** It is important that the scrutiny arrangements reflect the risks associated with managing transitions. Councils and elected members will need to ensure they have a strategic overview of the whole of social work service and ensure that strategy, budget arrangements, commissioning, procurement and workforce planning are coordinated at a council-wide level.

### **There is a risk that chief social work officers may become over-stretched**

**100.** The Social Work (Scotland) Act 1968 requires local authorities to appoint a single chief social work officer (CSWO) who must be a qualified social worker and registered with the Scottish Social Services Council. The CSWO should demonstrate professional leadership. They have a responsibility to highlight where a council policy may endanger lives or welfare and ensure that they provide councillors and officers with professional advice in relation to social work and social care services. The CSWO should have access to the chief executive and other senior managers, councillors and social work officers. The CSWO is one of five statutory officers in councils: that is, officers that each council is required to appoint by law.<sup>61</sup>

**101.** Scottish ministers issued revised guidance on the role of the CSWO in July 2016 to reflect the introduction of health and social care integration. This summarises the minimum scope of the CSWO role, recognising the diversity of the structures and partnerships that deliver social work services. The CSWO's responsibilities apply to social work functions whether delivered by the council or



**I'm happy with the services for my daughter but it was a hard fight over many years. As she moves to adult services, am I going to have to start fighting again? It worries me.**

Carer

by other bodies under integration or partnership arrangements.<sup>62</sup> The guidance states that management and reporting structures are a matter for councils. But if the CSWO is not a full member of the corporate management team, elected members must be satisfied that the officer has appropriate access, influence and support at the most senior level. We found consensus among elected members and chief executives that it is important that the CSWOs are senior enough to carry out their responsibilities effectively. However, the CSWO's position in the hierarchy, and the arrangements to allow them to contribute to decision-making, varied between councils.

**102.** When the CSWO role was combined with that of Director of Social Work, the ability to influence was clear. But councils have developed executive team structures and most no longer have a Director of Social Work. At present six CSWOs are at director level and 24 are heads of service, the tier below this, with one tier-three manager in a temporary acting up role. In addition, a large proportion of CSWOs are new to the role. A survey by Glasgow Caledonian University, in November 2015, found that over half had been in post less than three years, and nine for less than a year.

**103.** CSWOs have strategic and professional responsibility for social work, including monitoring service quality and professional standards. Good practice indicates this should be across the full range of a council's social work functions. Scottish ministers' guidance says the CSWO must have the power and authority to provide professional advice and contribute to decision-making in the council and health and social care partnership arrangements. However, the structure of social work provision has changed over time and CSWOs do not always have operational responsibility across all functions. For example, in Midlothian, the CSWO has operational responsibility for adult services but not for services for children or older people.

**104.** Integration does not change the CSWO's responsibility to provide professional leadership. However, some CSWOs expressed concerns that, where children's services and/or criminal justice sit within the IJB, health issues and adult care will dominate the IJB both in terms of the agenda and in terms of personnel. They were concerned that representation of these services on the agenda would be small in comparison to adult services.

**105.** Reporting lines for CSWOs always lie within the council and the establishment of IJBs does not change this. However, CSWOs now have an additional statutory, non-voting place as adviser to the IJB (or the Integration Joint Monitoring Committee in Highland's lead agency model). CSWOs need to establish good, effective working relationships with their IJB chief officer. CSWOs' roles vary across all thirty-one IJBs in terms of what they are accountable for. Integration means that those CSWOs who were previously responsible for adult social care services will lose direct responsibility for their management and budget.

**106.** Scottish ministers' guidance indicates that the CSWO must be visible and available to any social services worker, and ensure well-grounded professional advice and guidance on practice is available. Social workers in our focus groups generally felt that their CSWO was both visible and accessible, and felt confident about consulting them.

**107.** The ability of CSWOs to carry out their role effectively and not become too 'stretched' across multiple functions is a potential concern. CSWOs may have

to report to one or more council committees, sit on the IJB, and attend the council corporate management team or senior management team and the IJB management team, as well as undertake day-to-day service management roles. It is important for CSWOs to achieve the trust and confidence of councils' NHS partners in order to have an influence in decision-making. CSWOs had mixed views on whether their role within the IJB would have a negative impact on their visibility or accessibility to elected members and social workers. It is too early to see how effective new arrangements will be.

**108.** The statutory guidance requires all CSWOs to report annually to the council and IJB on all of the statutory, governance and leadership functions of the role and delivery of the council's social work functions. This applies however they are organised or delivered. A review of CSWO annual reports in 2013 found a lack of consistency in the content and format. After consultation with relevant individuals and groups, the chief social work adviser published guidance on the content and a template for the report. The CSWO annual report gives an opportunity for the CSWO to draw together all the important strands of their work and report on them to elected members. It should provide an opportunity for the CSWO to raise their profile with elected members and, more importantly, draw their attention to any potential concerns about social work or governance issues.

**109.** The CSWO reports we examined from our fieldwork sites generally followed the template, but varied in the amount and level of information included. For example, Glasgow's report for 2014/15 is more concise (nine pages long with links to relevant reports and strategies), with less detail included compared with Perth and Kinross (71 pages), which contains a lot of activity information and good practice examples. CSWO reports may be considered at various meetings including full council, relevant council committees or panels or the IJB. Social work performance is regularly scrutinised through council or IJB monitoring systems and scrutiny happens through monthly, quarterly or six-monthly performance reports at appropriate committees. CSWO reports are also important in providing a high-level summary of the performance of social work functions during a particular year. It is essential that they are subject to effective scrutiny by elected members. However, we did not find evidence of detailed scrutiny of the report or challenge at these meetings.

**110.** The Scottish Social Services Council (SSSC) working with universities and others, has recently developed a qualification for CSWOs. The postgraduate diploma is aimed specifically at those currently in the CSWO role or who aspire to the role. There is also an option to proceed to a Masters qualification. CSWOs and social worker managers who we interviewed who are studying for this qualification all found it helpful and useful in practice, as well as helping the council in succession planning.

## **Elected members are key decision-makers for local social work services**

**111.** During the era of steadily increasing council spending that ended in 2010, people's expectations were raised as to the level of service that social work services could provide. Councils are now in an era of reducing spending. Councils need to play a leading role in a wider conversation with the public about the level of social work services they can realistically provide and how they can best provide it. Current arrangements for providing care are not sustainable in the long term, given the demographic and financial pressures. As we reported in *Changing models of health and social care*: 'Services cannot continue as they are and a significant cultural shift

in the behaviour of the public is required about how they access, use and receive services'.<sup>63</sup> Elected members need to play a key role in this change, engaging with communities in a wider dialogue about council priorities.

**112.** The Christie Commission suggested that councils should work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience. Communities have a significant role to play, and councils and their community planning partners should do more to encourage and help them to assume more responsibility for supporting themselves. North Lanarkshire's *Making Life Easier* service is a website that helps people to identify problems and develop their own solutions through information, professional advice and direct access to services and support ([Case study 5](#)).

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## Case study 5

### Making Life Easier



North Lanarkshire Council worked with ADL Smartcare to develop a website to help those who wish to live independently at home. *Making Life Easier* provides professional advice and guidance on health issues and on managing daily living tasks. It includes hints and tips and signposts to organisations such as social and support groups, lunch clubs and drop-in cafes.

People and their carers can do an online self-assessment to identify safe and suitable equipment and minor adaptation choices that will help them manage their lives. People can choose to get the equipment and minor adaptations they need without charge through a link to the council's integrated equipment and adaptation service, or there is information on how to buy it for themselves.

East Lothian Council is developing a similar service, which they will call HILDA – Health and Independent Living with Daily Activities.

Source: North Lanarkshire Council

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**113.** Although health and social care integration will change the way social work services are commissioned and funded, councils remain responsible for promoting social welfare.<sup>64</sup> This includes improving outcomes for people who use services. Councils and IJBs need to ensure they are scrutinising budgets, plans and outcomes, including the effectiveness of services and the impact on individuals.

**114.** Elected members may find that their role changes, but they remain the key decision-makers for social work services on behalf of their constituents and they ensure effective scrutiny, governance and strategic oversight of the new arrangements. It is essential that elected members assure themselves of the quality of social work services and ensure councils manage risks effectively at a time of great change. With increasing financial pressures, councillors may face a difficult challenge in managing people's expectations, but they have a crucial role in doing so and providing leadership for their communities.

# Endnotes



- ◀ 1 Social Care Services 2015, Scottish Government, December 2015.
- ◀ 2 Children's Social Work Statistics Scotland, 2014/15, Scottish Government, April 2016.
- ◀ 3 Social Care Services 2015, Scottish Government, December 2015.
- ◀ 4 Social Work and Social Care Statistics for Scotland: A Summary, Scottish Government, January 2016.
- ◀ 5 Scottish Local Government Financial Statistics, Scottish Government, February 2016.
- ◀ 6 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 7 We use the term 'third sector organisation' to describe organisations that are neither public sector nor private sector, including voluntary and community organisations (both registered charities and other organisations such as community groups), social enterprises, mutuals and co-operatives.
- ◀ 8 In this report, we use the word carer to mean someone who provides unpaid care. Staff who are employed to provide care are referred to as care workers.
- ◀ 9 [Health and social care integration](#) , Audit Scotland, December 2015.
- ◀ 10 Social Services in Scotland: a shared vision and strategy 2015 - 2020, Scottish Government,
- ◀ 11 National Performance Framework, Scottish Government, March 2016.
- ◀ 12 The Scottish Government established the independent Commission, chaired by Dr Campbell Christie CBE, in November 2010 to develop recommendations for the future delivery of public services. The Commission published its report in June 2011.
- ◀ 13 [Health and social care integration](#) , Audit Scotland, December 2015.
- ◀ 14 [Changing models of health and social care](#) , Audit Scotland, March 2016, included Scottish Government analysis of projected health and social care expenditure, provided to Audit Scotland in February 2016.
- ◀ 15 *Scotland's Population, The Registrar General's Annual Review of Demographic Trends 2014*, published August 2015.
- ◀ 16 All local authorities are responsible for maintaining a central register of all children who are the subject of an inter-agency Child Protection Plan. The register provides a system for alerting practitioners that there is professional concern about a child. Social work departments are responsible for maintaining a register of all children in their area who are subject to a Child Protection Plan.
- ◀ 17 Children's Social Work Statistics Scotland, 2014/15, Scottish Government, April 2016.
- ◀ 18 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 19 Experimental Statistics: Staff Retention in the Scottish Social Service Sector, SSSC, March 2016.
- ◀ 20 Workforce Survey of Independent Care Homes for Older People in Scotland, Scottish Care, March 2008.
- ◀ 21 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 22 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 23 NHSScotland Workforce Information, quarterly update of staff in post, vacancies, ISD, March 2016.
- ◀ 24 Mental Health (Care and Treatment) (Scotland) Act, 2003.
- ◀ 25 Scottish Social Services Workforce Data, Mental Health Officers (Scotland) Report 2015, August 2016.
- ◀ 26 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016 and unpublished data from Scottish Social Services Council.
- ◀ 27 Scotland's Carers, Scottish Government, March 2015.
- ◀ 28 *Caring Together: The Carers Strategy for Scotland 2010 - 2015*, Scottish Government, July 2010.
- ◀ 29 *Valuing Carers; The rising value of carers' support*, Carers UK, 2015.
- ◀ 30 [An overview of local government in Scotland 2016](#) , Audit Scotland, March 2016.
- ◀ 31 The net expenditure breakdown in Exhibit 5 is taken from Scottish Local Government Financial Statistics 20014-15. The total net expenditure figure of £3.3 billion is from the audited accounts and includes pension costs and capital accounting costs that the £3.1 billion in the local financial returns (LFRs), on a funding basis, will exclude.


- ◀ 32 [An overview of local government in Scotland 2016](#) , Audit Scotland, March 2016.
- ◀ 33 Scottish Parliament, Health and Sport Committee, Integrated Joint Board survey responses, August 2016.
- ◀ 34 Information supplied by Scottish Government.
- ◀ 35 Scottish Government unpublished analysis, March 2016.
- ◀ 36 *Social Services in Scotland: a shared vision and strategy 2015-2020*, Scottish Government, March 2015.
- ◀ 37 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.
- ◀ 38 *Reshaping Care for Older People – A Programme for Change 2011–21*, Scottish Government, COSLA and NHS Scotland, 2010.
- ◀ 39 [Reshaping care for older people](#) , Audit Scotland, February 2014.
- ◀ 40 [Changing models of health and social care](#) , Audit Scotland, March 2016.
- ◀ 41 The NHS and Community Care Act 1990 provides a statutory framework for community care, which forms the cornerstone of community care law. It places a duty on local authorities to assess an individual's need for 'community care services'.
- ◀ 42 Scottish Government and COSLA guidance on a national framework for eligibility criteria, 2009.
- ◀ 43 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.
- ◀ 44 Data from Children's Social Work Statistics Scotland, 2011/12, Scottish Government, March 2013 and Children's Social Work Statistics Scotland, 2014-15, Scottish Government, June 2016.
- ◀ 45 *Getting it right for children in residential care*, Audit Scotland, September 2010.
- ◀ 46 Recreate Volunteer Programme: A social return on investment (SROI) analysis, Margaret Smith and Vikki Binnie, 2014. An SROI considers the length of time changes last to assess future value. Because this user group is often associated with a chaotic lifestyle, the study shows a range in value to reflect a conservative estimate and an estimate reflecting the sustained changes possible.
- ◀ 47 Local Government Benchmarking Framework, Improvement Service (website).
- ◀ 48 A framework agreement does not have to be a contract. However, where it is a contract it is treated like any other contract, and the EU procurement rules apply.
- ◀ 49 The 2016/17 fees paid to providers for local authority placements are set at £624.54 a week for nursing care and £537.79 for residential care until 30 September. After that, fees will increase to £648.92 a week for nursing care, and £558.77 for residential care until April 2017 (the £372 figure in paragraph 62 has income from contributions deducted). Fees for self-funders tend to be substantially higher.
- ◀ 50 Scottish Statistics on Adults Resident in Care Homes, 2006-2015, ISD Scotland, October 2015.
- ◀ 51 Local Government Benchmarking Framework, Improvement Service (website).
- ◀ 52 The Care Home Census: Scottish Statistics on Adults Resident in Care Homes 2006-2015. The census includes data on adults living in care homes in Scotland that are registered with the Care Inspectorate.
- ◀ 53 NHS National Services Scotland, Public Health and Intelligence, 2016.
- ◀ 54 These figures are for residents who do not require nursing care. The equivalent figures for residents who do require nursing care are £775 and £590.
- ◀ 55 The Scottish Government is holding a 'national conversation' on health and social care services. Some of the carer's quotes are taken from the Coalition of Carers in Scotland event to support carers to contribute their views, held on 25 November 2015.
- ◀ 56 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- ◀ 57 Local Government Benchmarking Framework, the improvement service.
- ◀ 58 A full list of the arrangements in all councils is included in Exhibit 8, page 22 of *Health and social care integration*, Audit Scotland, December 2015.
- ◀ 59 [Health and social care integration](#) , Audit Scotland, December 2015.
- ◀ 60 Roles, Responsibilities and Membership of the Integration Joint Board, Scottish Government, September 2015.
- ◀ 61 The others are: The Head of Paid Service (chief executive) responsible to councillors for the staffing and ensuring the work of the council is co-ordinated; the Monitoring Officer prepares governance documents and advises councillors about legal issues; the Chief Financial Officer; the Chief Education Officer.
- ◀ 62 The Role of Chief Social Work Officer, Guidance Issued by Scottish ministers, pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, Revised Version, July 2016.
- ◀ 63 [Changing models of health and social care](#) , Audit Scotland, March 2016.
- ◀ 64 Social Work (Scotland) 1968 Act.



# Social work in Scotland

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|-------------------------|--|--------------------|-----------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b>       | <b>5 January 2017</b> |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director (Chief Officer)<br/>Inverclyde Health and Social Care Partnership (HSCP)</b> | <b>Report No:</b>  | <b>SW/02/2017/BC</b>  |
| <b>Contact Officer:</b> | <b>Beth Culshaw<br/>Head of Health and Community Care</b>  | <b>Contact No:</b> | <b>01475 715283</b>   |
| <b>Subject:</b>         | <b>UPDATE ON DELAYED DISCHARGES AND INVERCLYDE WINTER PLAN 2016/17</b>   |                    |                       |

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on activity in relation to preparation for winter and to provide an update on ongoing activity to achieve the Delayed Discharge target.

## **2.0 SUMMARY**

- 2.1 Throughout the year, as an integral part of day-to-day working, there is collaboration between the range of partners, to ensure effective transitions are in place, in particular at points of admission and discharge to Acute hospital provision. As activity rises over the winter months, and pressure on the system mounts, it becomes increasingly important to operate effectively. Review of previous winters' activity, and lessons learned from this; inform comprehensive planning arrangements across social, primary and secondary care on a local, sector and Board-wide basis.

## **3.0 RECOMMENDATIONS**

- 3.1 Members are asked to note the progress towards maintaining achievement of the Delayed Discharge target, risks associated with this and planned arrangements for addressing winter.

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



## **4.0 BACKGROUND**

- 4.1 The current target for Delayed Discharges nationally is for patients to be discharged from hospital within 14 days of being agreed to be clinically fit.
- 4.2 The Board has also introduced a target of 72 hours which is proving to be challenging for all Partnerships.
- 4.3 Nationally there is also a target for patients presenting at an Emergency Department (ED) to be seen and action agreed within 4 hours. This target is a key indicator of hospital performance throughout the year, and particularly in winter as attendances at EDs rise, increasing demand on the range of health and social care services behind the front door.

## **5.0 PERFORMANCE**

### Delayed Discharge

- 5.1 Since February 2015 in Inverclyde we have consistently achieved zero delays over 2 weeks at the census date. At the October census we had 3 people classified as waiting for discharge after being viewed as medically fit (Appendix A). Additionally, Appendix B illustrates that there continues to be a downward trend in the number of bed days consumed by Delayed Discharges in Inverclyde.
- 5.2 Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring reablement or resumption of a home care package.
- 5.3 To date our performance against the Delayed Discharge target has been maintained despite the increasing pressure we are seeing in demand for care home beds, leading to reduced local availability and increased costs. As we enter the winter period the issues associated with this change in activity present the greatest challenge. The tables at Appendices B and C clearly demonstrate the increasing demand offset by a continuing downward trend in the length of stay following admission; this evidences that individuals are appropriately being admitted at a later stage with greater needs, resulting in care homes largely providing end of life care.

### 5.4 Readmission to Hospital

To demonstrate the effectiveness of the Inverclyde approach to facilitating discharge we have also looked at the rate of readmissions to Inverclyde Royal Hospital after a period of 7 and 28 days. Again Inverclyde has consistently performed well against other partnerships and against the Board figures (Appendix E). In September 2016 2.6% of readmissions occurred within 7 days of discharge rising to 8% of readmissions occurring within 28 days.

### 5.5 Winter Planning

In common with previous years, we have developed a local operational winter plan which reflects lessons learned from previous years' winter activity. The full plan is attached at appendix F.

- 5.6 The plan identifies and addresses the local issues across primary care and community services for which Inverclyde Health and Social Care Partnership is responsible and complements the Acute winter plan, generating a whole system

approach. Similarly it aligns to Inverclyde Council's contingency planning for winter.

- 5.7 The Winter Planning Operational Group with representation from each relevant HSCP service and Inverclyde Royal Hospital will meet on a weekly basis from the end of November. This provides the forum to examine local performance data to plan responses to extra pressure on the system as it arrives, with daily overview on pressures provided by Social Work attendance at the hospital morning huddles.
- 5.8 A rolling action log will be maintained and reported weekly to the Chief Officer. A report analysing the activity, performance and pressures during the winter will be provided to the IJB at the end of the winter period.

## 6.0 IMPLICATIONS

### Finance

- 6.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

#### 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 issues within this report.

### Human Resources

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

### Equalities

- 6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

|   |   |
|---|---|
|   | YES (see attached 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 issues within this report.

## **7.0 CONSULTATION**

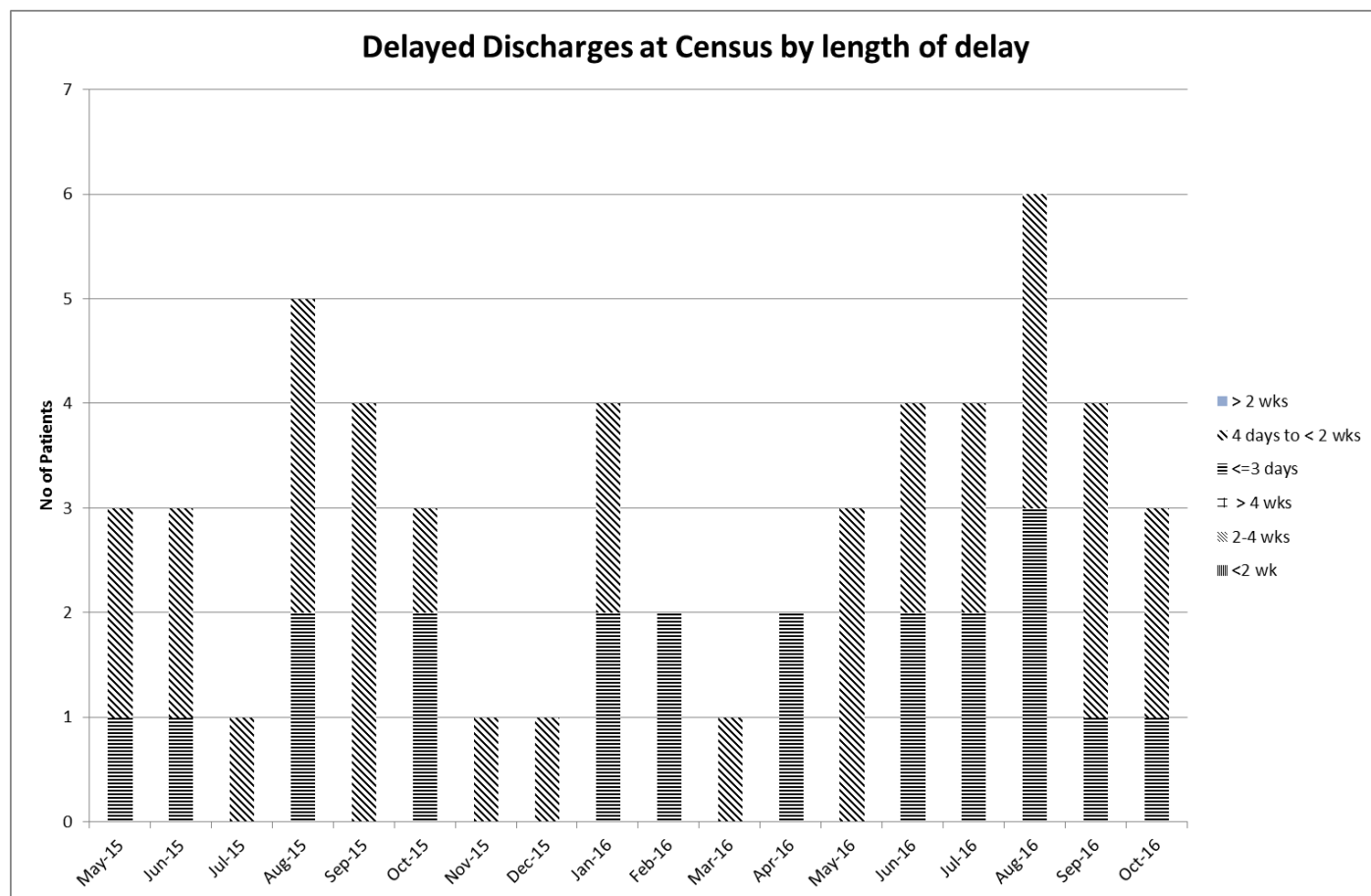
7.1 None.

## **8.0 BACKGROUND PAPERS**

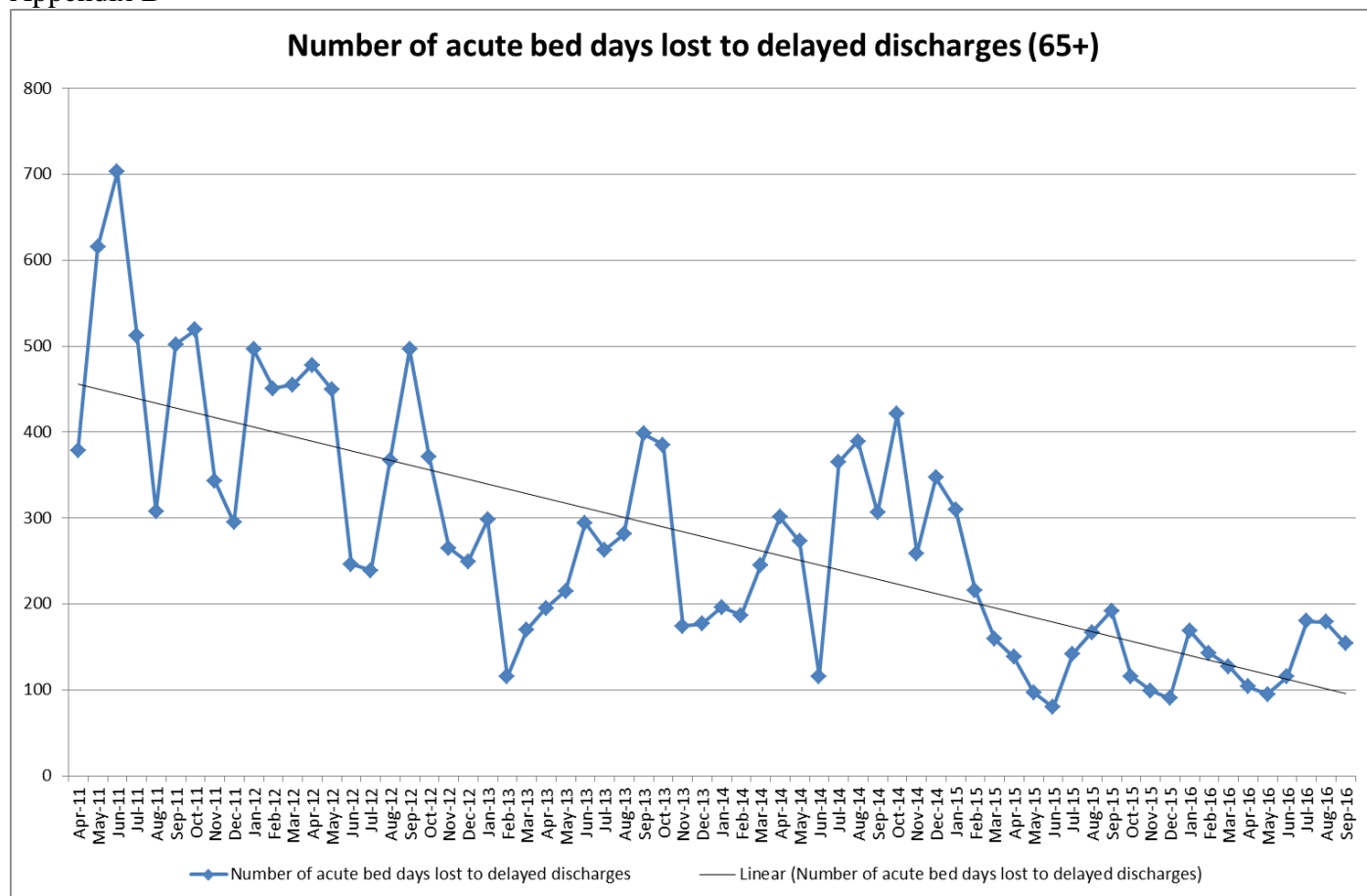
8.1 Inverclyde HSCP Operational Winter Plan 2016/17 (Appendix F)

## Appendix A

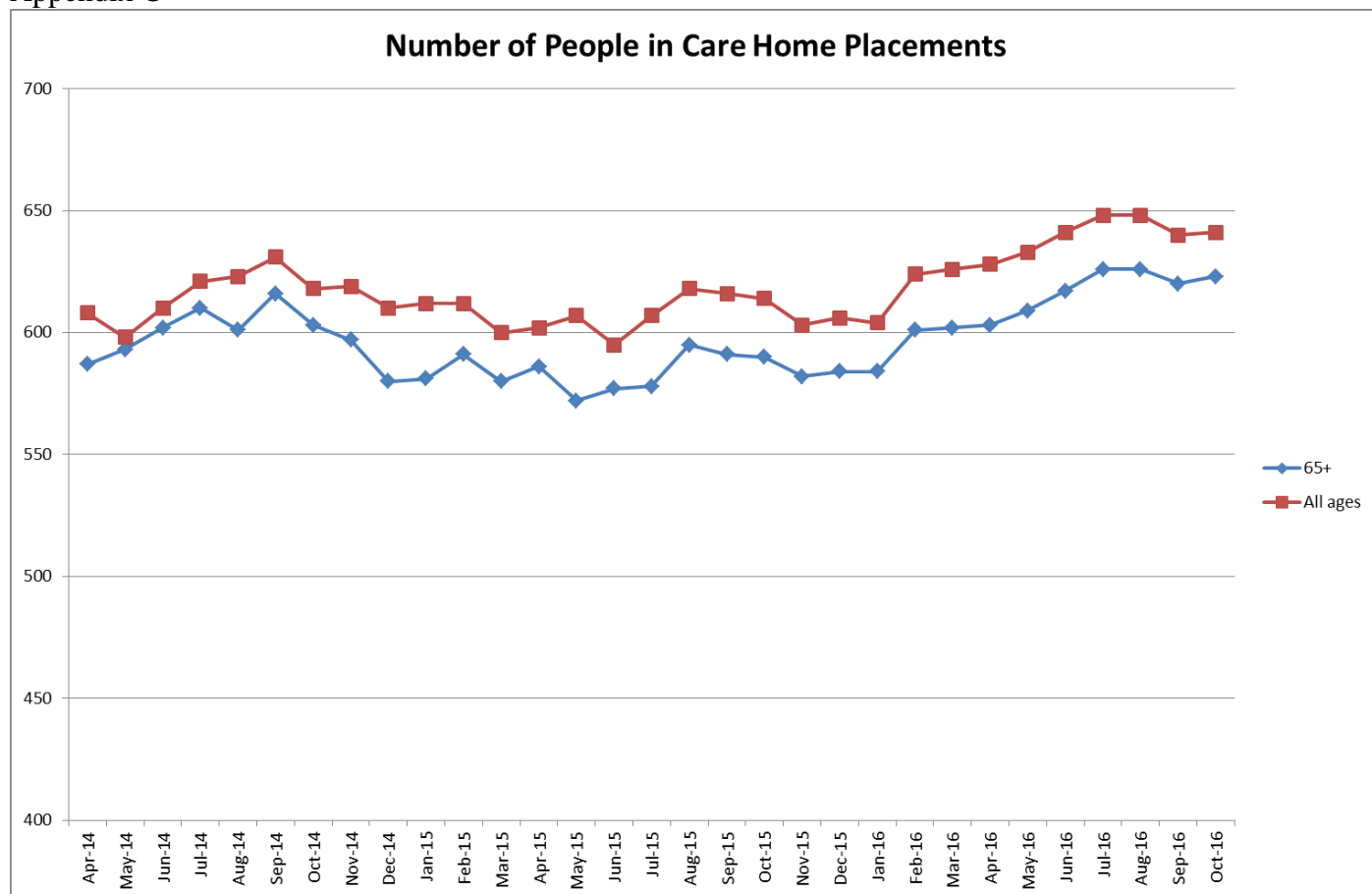
No Update from Board since Jun 16 – Older Peoples Summary File does not contains updates, Corp 5a report last received in Jun16, ISD Data used to Populate Jul, Aug, Sep and Oct 16 data is subject to change



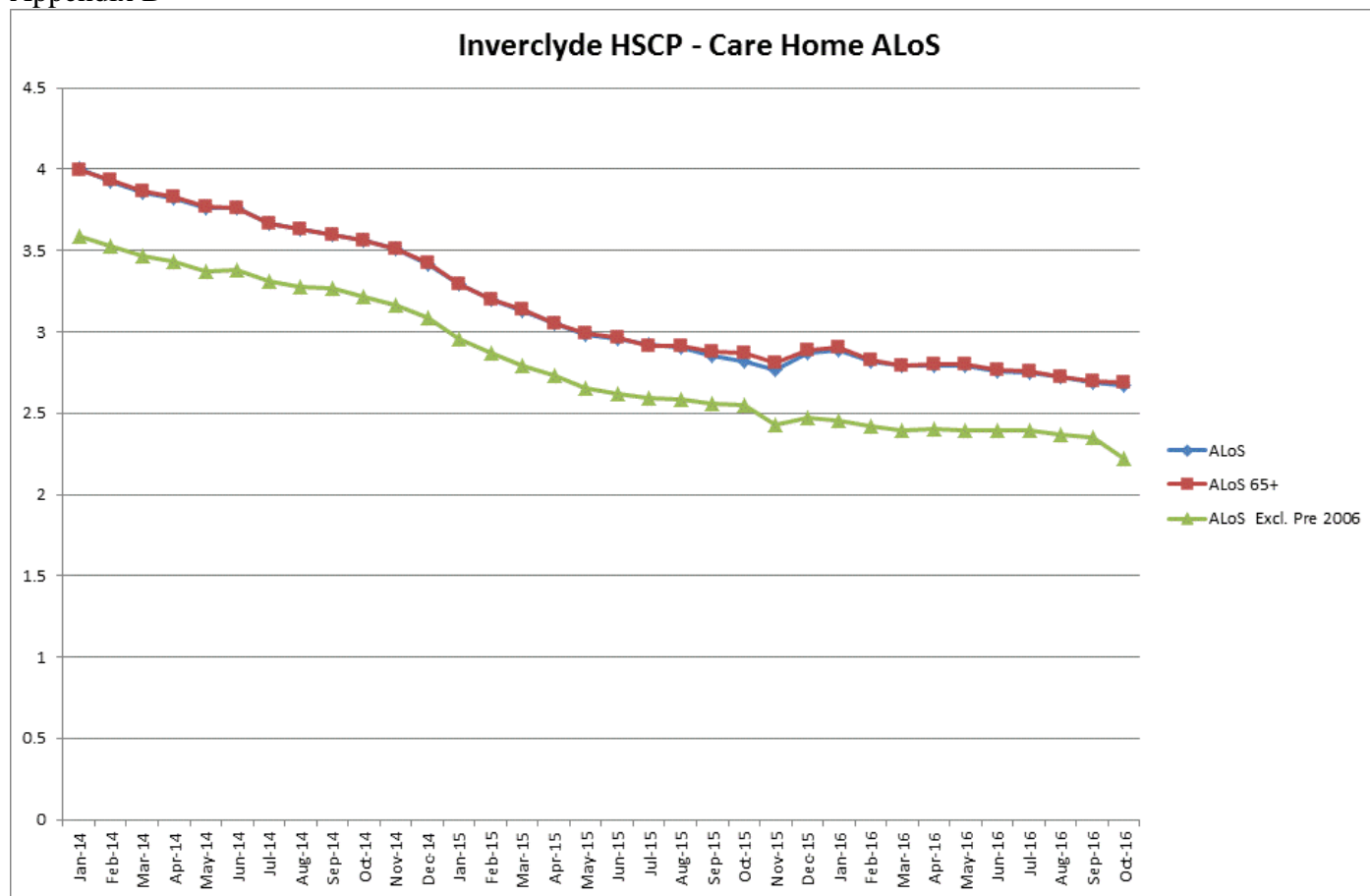
## Appendix B



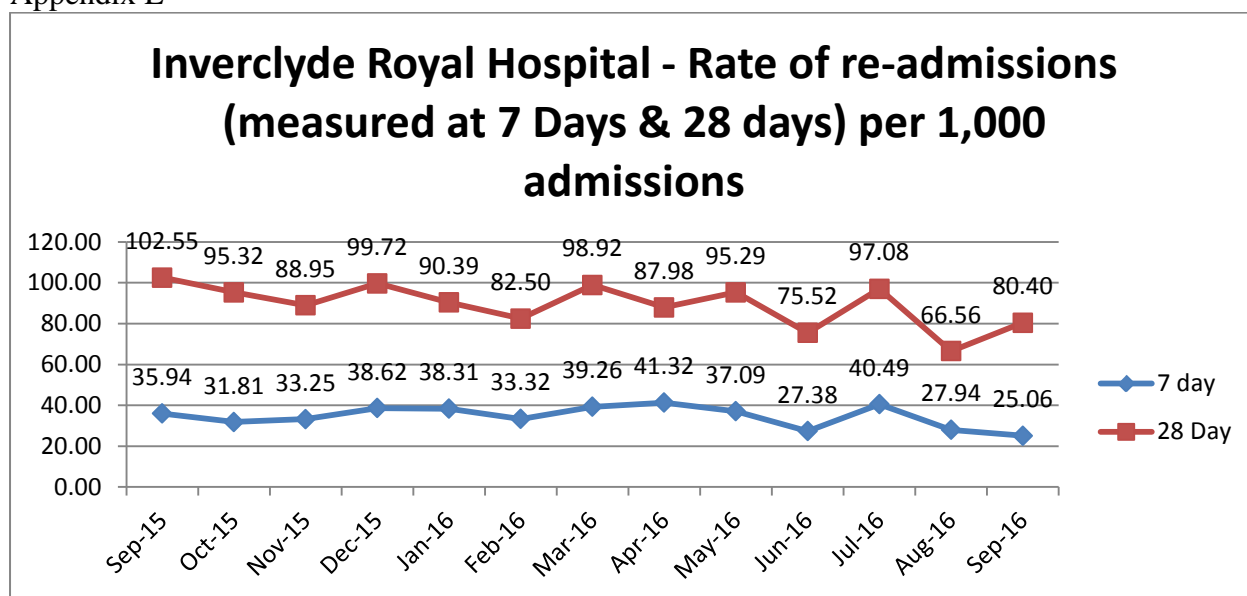
## Appendix C



## Appendix D



## Appendix E



Appendix F Inverclyde Winter Plan 2016/17

HSCP Winter Planning Work Plan 2016/17  
 Alan Brown Service Manager  
 Updated 24/09/2016

| Key Issues | Status & Issues  | Task  | Lead   | Progress                     |
|------------|--|---|--------|------------------------------|
|            | Clear Service Pathways are in Place<br>Process of referral and response is timely  | Established Direct Access Point for community Services in particular out of hours<br>Out Of Hours pathway finalised   | EC     | Completed                    |
|            | Ensure up to date information re access to service is available  | Update information sheet with 2 main contact numbers <ul style="list-style-type: none"> <li>Office Hours (ACM 01475 715010)</li> <li>Out with Office Hours (DN OOH)</li> </ul> Information supplied to partners of community based services                             |        | 31/10/2016<br><br>31/11/2016 |
|            | Operational Discharge Meeting is attended by key operational individuals including community Leads who assist in planning discharge of complex cases | ODM to be arranged  | AB     | 31/10/2016                   |
|            |  | Report into WPDP (Winter Plan Data Pack)<br>Include discussion of HC packages including restarts<br>Agreed process require to update HC by Tue lunchtime<br>Information around hospital admissions<br>Need to check if home care info is being communicated to wards on |        | in place                     |
|            | Homecare has a fast flexible service to respond to referrals and discharge on a enablement model   | Identify potential pressure on service  | JA     | completed                    |
|            |  | Advise of HC service over Winter/Holidays Referral Process for discharge prior to Festive period  |        | 31/10/2016                   |
|            | The Community Nursing service and Homecare service provide a service 24 hours, 365 days per year inclusive of bank public holidays.                  | These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays.   | A Best | In place                     |

|  |  |  |    |  |
|--|--|--|----|--|
|  | Links to Business continuity and Pandemic Plan                             | Weekly Planning data will identify key risk and when there is a need to escalate to Pandemic Plan; Business continuity and contingency planning. Chair of winter planning group is link to above scenarios and Chief Officer                                   | AB | In place   |
| <b>Focussed recovery from periods of limited cover</b> | HSCP Rotas over winter period to be confirmed                              | Based on previous years<br>CACM/ Duty cover IRH in terms of back up & support  | AB | 31/11/2016   |
|  |  | Arrange Annual Leave for period to ensure sufficient cover   |    |  |
|  | CACM duty rota to cover peak holiday period and January 16 (Dec15 -Jan 16) | Home Care<br>Reablement<br>RES<br>District Nurses<br>Liaison Nurses  | AB |  |
|  | Peer immunisation clinic   | HSCP Staff are actively encouraged to be vaccinated and local peer vaccination sessions were organised   | TB | 31/10/2016<br>Passed to communication teams  |
|  | Access to Joint Store  | CIL Access Point in place<br><br>Social Work Occupational Therapy is staffed week days and can respond to prevent escalation leading to potential admission. This provision is maintained across the holiday period with the exception of the public holidays. | JA | In place   |
| <b>Planning GPs cover for 2 bank holiday periods</b>   | GP practices will put in contingency arrangements for winter period        | AB to liaise with Pauline for arrangements by GP's over Dec/Jan  | PA | Raised with practice managers and GP forum by Oct 2015<br>PA to link with Practice Managers to confirm BCP |
|  |  | practices to ensure their business continuity plans are up to date and that emergency contact details are accessible in the event of an incident   |    |  |
|  |  | GPs will implement suggested contingency arrangements over the festive period as per LMC guidance. In addition Practices will advise Patients of closure via SOLUS Screens and also prompt patients to order prescriptions in advance.                         |    |  |



|  |   |  |       |                       |
|--|---|--|-------|-----------------------|
| <b>Service Capacity</b>                | Home Care capacity  | Exception reporting agreed to be included in Winter Plan Data Pack   | AB    | In Place              |
|  | Care Home Capacity is monitored daily with pressures identified | Link with care home providers to maintain daily reports around pressure  | AB    | In place              |
|  | Equipment Stock Take  | A predictive stock order of essential equipment will be submitted early November to ensure availability of supplies for the Community Home Care teams during the holiday period.   | JA    | 31/10/2016            |
|  |   | A predictive stock order of essential equipment from wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.  | ABest | 31/10/2016            |
|  | Pharmacy Services   | <p>If it's appointment system, the community pharmacy should use the professional to professional number to make an appointment for the patient.</p> <p>If local OOH is a turn up and wait, then the community pharmacist can refer in to OOH by completing a referral form and asking the patient to take the form along to the OOH centre and wait,<br/> <a href="http://www.communitypharmacy.scot.nhs.uk/unscheduled_care.html">http://www.communitypharmacy.scot.nhs.uk/unscheduled_care.html</a></p> | AB    | Confirm by 31/10/2016 |
|  | Care Homes have BCP in place                                    | Identified at Governance Meetings<br>AB email Care Homes requesting confirmation of BCP in place   | AB    | 31 October 2016       |
| <b>Prioritising emergency patients</b> | Currently have early identification in IRH                      | Managed through weekly Operational Discharge Meeting early identification of potential discharge Meeting attended by Acute and Comm Staff  | AH    | In place              |

|  |  |   |        |                      |
|--|--|---|--------|----------------------|
|  |  | Increase access to read only SWIFT in wards<br>Plan to include A/E  | AB     | Review by 31/10/2016 |
|  |  | In progress for Wards J and Lakefield Unit  |        |                      |
|  |  | Identify discharge of New Home care packages  | JA     | In place             |
|  | Early identification process of vulnerable people at risk of admission to IRH in community | Criteria for identification of most vulnerable adults at risk of admission<br>Mental Wellbeing<br>Il health/elderly carer<br>Complex cases  | AB     | Review 31/10/2016    |
|  |  | Development of Friday Allocation Meetings to identify capacity issues complex cases   | AB     |                      |
|  |  | The Community Nursing teams introduce <i>Patient Status at a Glance Team have daily meetings update details of vulnerable patients as well as patients with changing needs. to identify d those at risk of admission. The nurses will link with GPs and HCC to identify patients who may potentially be vulnerable during the winter period</i> | A Best | In Place             |
|  |  | Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned.<br><br>Team leaders Home Care/ACM?DN speaking to managers about identifying critical cases<br><br>Note local up to date information is vital and require facility to add to WPDP                                | JA     | 31/10/2016           |
|  |  | Review role of Fast Track Assessment service<br><br>Identify use, capacity and effectiveness of fast track clinic.<br><br>Develop strategic approach to development of service alongside gerontology role<br><br>Gerontology nurse is now seeing increased numbers  | EC     | Review 31/10/2016    |

|                                  |  |   |              |  |
|----------------------------------|--|---|--------------|--|
|                                  |  | of patients in community working as part of RES   |              |  |
|                                  | Health Improvement   | Link to GCC generic information and add local focus   | AH           | Review 31/10/2016                      |
| <b>Reducing Numbers</b>          | Early identification of patients requiring supported discharge   | Home First Action Plan is moving towards achieving 72 hour target<br>Recorded as part of performance  | AB           | Review 31/10/2016                      |
| <b>Reduce Admissions</b>         | Step Up Beds –<br>Through the Night care teams in place and functioning  | In place continue pilot over winter period<br>Link with OOH DN service  | EC<br><br>EC | Review at 31/10/2016                   |
| <b>Single Point of Access</b>    | Discharge Team/CACM now have single point of access based at GHC   | Ensure contact information is circulated<br>Generic email to be created for CACM<br>Ensure telephone contact is available   | AB           | Review resource requirement 31/10/2016 |
| <b>Care Home support</b>         | HSCP Governance arrangements with Care Homes established.<br>Care Home Providers Forum in place<br>Enablement input to Nursing Homes | Liaison Nurses/ AHP peer group agreed to support work with care homes identification of residents at risk of admission<br>Explore fast track discharge for existing residents<br>liaison between ward and home  | TB           | Review 31/10/2016                      |
| <b>Anticipatory Care</b>         | ACP in place for residents in care homes   | Access to ACP   | A Best       | Review 31/10/2016                      |
| <b>Capacity for AWI Patients</b> | MHO rota in place and increased capacity of MHO service  | Monitor the impact of AWI on IRH  | CG           | Review 31/10/2016                      |
|                                  | Early identification of AWI issues on wards with TL CMHT attending ODEM  |   |              | Review 31/10/2016                      |
| <b>Equipment</b>                 | Fast Track in place for discharge<br>Joint Store single access in place  | Access to equipment out with working hours.<br>A stock of equipment is left at several points across Inverclyde and there is the provision of a folding hoist and slings based within the community alarm team.<br><br>The district nursing service also holds moving and handling equipment, mattresses, commodes etc.<br>The main sites where equipment is stocked are within Greenock Health Centre and at Hillend House although there is also a stock at IRH OT department | DM           | Review 31/10/2016                      |

|   |  |  |                  |  |
|---|--|--|------------------|--|
|   |  | <p>and the Larkfield unit.</p> <p>This is a long standing arrangement between services. The Joint Equipment store staff ensures that equipment is always stocked at these venues. This allows for 24 hour access to equipment if required.</p> <p>The Occupational Therapy service has a Response team that respond to urgent requests for equipment within 24 hours Mon-Fri. This service often follows up where equipment is provided out with working hours to allow for a more comprehensive assessment of the home environment.</p> |                  |  |
| <b>In reach to Hospitals</b>                            | Home First Action Plan   | A District Nurse and OT in reach have been appointed to facilitate communication between Acute and Community and assist assessment and support planning for quicker discharge home   | AB               | Review 31/10/2016  |
| <b>Rehabilitation</b>                                   | Home First Action Plan   | <p>Establish the principle of assessment at home</p> <p>Use of OPDG to develop this</p> <p>Discharge Performance is good</p>   |                  |  |
|   |  | RES team specialist input around COPD  | JA               | Review 31/10/2016  |
|   |  | Falls pathway in place and linked to initial referral to HSCP to take preventative approach.   |                  |  |
| <b>Develop agreed indicators to monitor performance</b> | keep current PI so to compare performance on DD bed days lost  | Staffing numbers capacity  | EC               | Review 31/10/2016  |
|   |  | Outcomes for step up to be determined  |                  |  |
|   |  | Identify escalation point and triggers- agree when and how huddle information should be escalated  |                  |  |
|   |  | Contingency plan for weekly meeting over winter period to evaluate performance and risk management   | AB               |  |
|   |  | Develop Data Capture Tool  | DP               |  |
|   |  | Produce weekly data pack   | RM               |  |
|   |  | Link this date to IRH daily Huddle information   | AB               |  |
|   |  | Capacity of services reported weekly HSCP Team leaders will report every Friday with pressure on service, availability and absence   | Service managers |  |
| <b>Develop local communications plan</b>                | <p>Communication to Staff &amp; Primary Care Colleagues</p> <p>To ensure that staff and Primary Care colleagues and partner agencies are</p> | <p>Winter Planning to be on agenda at HSCP communication group</p> <p>Circulate information on available community services and clinics during the festive period, including</p>   | AB               | <p>HSCP communications group in place to coordinate communication</p> <p>Review 31/10/2016</p> |

|  |  |  |                        |   |
|--|--|--|------------------------|---|
|  | <p>kept informed, the HSCP will;<br/>Ensure information and key messages are available to staff through communication briefs, team meetings and electronic links</p> | <p>pharmacy open times, to GP practices</p> <p>Collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP,</p> <p>Primary Care colleagues and NHS GG&amp;C Board.</p> <p>Information regarding GP availability throughout the festive period will be provided through the NHS GG&amp;C Winter Booklet.</p> <p>Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices.</p> <p>The Clinical Director will re-enforce these messages to GP Practices.</p> |                        |   |
|  | Advice to Patients with chronic conditions on source of help   | <p>Public Health information to be circulated</p> <p>Local Contacts to be included</p> <p>Link to communication Plan</p> <p>Link to CR Plan on preparing for Winter</p> <p>Link to GCC generic information and add local</p>   | AH                     | Review 31/10/2016                       |
|  | Twice daily huddle established in IRH  | Identify how HSCP can input to Huddle during this time as well ODM   | AH                     | Discharge Team Lead attend Huddle daily |
|  | Advice to Patients with chronic conditions on source of help   | <p>Public Health information to be circulated</p> <p>Link to communication Plan</p> <p>Link to CR Plan on Preparing for Winter</p> <p>Local Contacts to be included</p> <p>Comms plan is in place require to</p>   | focus on winter issues | AB/AH Review 31/10/2016                 |

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|                         |  |   |
|-------------------------|--|---|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b> 5 January 2017               |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director (Chief Officer)<br/>Inverclyde Health and Social Care<br/>Partnership (HSCP)</b> | <b>Report No:</b><br><b>SW/08/2017/DG</b> |
| <b>Contact Officer:</b> | <b>Deborah Gillespie, Head of Mental<br/>Health, Addictions and<br/>Homelessness</b>                                   | <b>Contact No:</b><br><b>01475 715284</b> |

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**Subject: MENTAL HEALTH OFFICER SERVICE**

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to inform members of the outcome of the review of the Mental Health Officer Service completed in May 2016, the actions being taken to address the challenges identified, and the current performance of the service.
- 1.2 The current challenges to the service have also been reported via the Chief Social Work Officer's report to the Health & Social Care Committee in October 2016. This advised that a further report would be brought forward to inform in more detail the challenges to providing Mental Health Officer Services through the review and actions being taken to address these.

## 2.0 SUMMARY

- 2.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 places a number of duties on local Authorities in relation to the provision of services for persons with mental disorder, including for mentally disordered offenders, and on the Mental Health Officers (MHOs) appointed by the local authority. The local authority has a duty to provide support services to promote wellbeing and social development for people who have or who have had a mental disorder within the meaning of the Act, including for children and young people.
- 2.2 In early 2016 a review of the Mental Health Officer Service was undertaken to evaluate the capacity of the service to meet the required duties in context of the current demands on Mental Health Officers.
- 2.3 The review concluded in May 2016, with a number of recommendations in respect of the need to increase the capacity within the MHO service. This included the establishment of an additional specialist MHO post; additional places being provided for social workers to undertake the required training to attain MHO status; and recruitment of a sessional MHO to assist with responding to the demands of the Adults with Incapacity (Scotland) Act 2000.

The review also identified areas for service improvement, which continue to be implemented.

## 3.0 RECOMMENDATIONS

- 3.1 It is proposed that Committee members note the outcome of the review and endorse the actions being taken to ensure the service and the local authority can meet its

statutory duties.

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

## 4.0 BACKGROUND

- 4.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 places a number of duties on local Authorities in relation to the provision of services for persons with mental disorder, including for mentally disordered offenders, and on the Mental Health Officers (MHOs) appointed by the local authority. The local authority has a duty to provide support services to promote wellbeing and social development for people who have or who have had a mental disorder within the meaning of the Act, including for children and young people.
- 4.2 Section 32(1) of the Act requires the local authority to appoint a sufficient number of persons to discharge the functions of Mental Health Officers under the Act, the Criminal Procedure (Scotland) Act 1995 and the Adults with Incapacity (Scotland) Act 2000.
- 4.3 In the first part of 2016 a review was undertaken in the context of increased concern within the Inverclyde MHO service in respect of the current demand on the service, and in anticipation of the potential for further duties to be required of Mental Health Officers with changes to the Adults with Incapacity legislation; the current Mental Health Scotland Bill being considered by the Scottish Parliament, and the current and potential constraints on resources arising from the financial situation within the Local Authority. The review report is available from the Head of Mental Health, Addictions & Homelessness.
- 4.4 The recommendations from the review were focused on managing the specific challenges identified:
- The MHO service is undertaken by 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 the demands of that role;
  - Overall numbers of MHOs have reduced over the years;
  - Current workload and projections exceed the service's capacity.

In addition an improvement plan was developed to address areas to support MHOs in practice. The updated improvement plan is attached at appendix 1. Due to changes in service personnel, both in service management and temporarily reduced capacity within the MHO service itself, the improvement plan reflects any revised timescales to complete the identified areas of work.

## 5.0 PERFORMANCE

- 5.1 Within the last year the already high level of demand on MHO services in Inverclyde has continued to increase.

|  | 2015-2016       | Comments              |
|--|-----------------|-----------------------|
| Welfare Guardianship (ongoing)                         | 28              | Up from 24 in 2014/15 |
| Welfare and Financial Guardianship (ongoing)           | 22              |                       |
|  | <b>TOTAL 50</b> |                       |
| Welfare Guardianship (Granted in period)               | 16              | Up from 15 in 2014/15 |
| Welfare and Financial Guardianship (granted in period) | 5               |                       |
|  | <b>TOTAL 21</b> |                       |
| 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<br>23 by Stand By MHO (with consent)<br>29 no consent<br>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.

| <b>Mental Health Services</b>  | <b>2014-15</b> | <b>2015-16</b> |
|--|----------------|----------------|
| Number of Legal orders for short term admission (MH (Scotland)Act 2003)  | 68             | 89             |
| Number of Assessments undertaken by Mental Health Officers (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)   | 21             | 39             |
| Number of Guardianship Orders (where CSWO is Guardian)   | 8              | 17             |

- 5.2 The 2015 Mental Welfare Commission end of year meeting with NHS Greater Glasgow and Clyde and partner HSCPs highlighted the Commission's concerns in relation to the extent of emergency detentions without MHO consent and the reduced rate of completion of Social Circumstance reports, across the NHS Board area. These were reflected as areas for improvement locally.
- 5.3 The most recent annual report by the Commission for 2015-16 highlights the continuing high use of emergency detentions in the Health Board area, but with improvements in MHOs providing consent. Within Inverclyde all the emergency detentions undertaken within hours have had the consent of an MHO. There is continuing pressure on MHO consent out of hours, where there is reliance on the West of Scotland Standby service for the MHO response.
- 5.4 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. Locally a monitoring and reminder process has been implemented to support MHOs with this task. This will remain part of our local improvement plan in order to promote best practice and monitor performance.
- 5.5 The use of the Short Term Detention and Compulsory Treatment Orders continues to rise across Scotland. In Inverclyde STDCs have risen by 55% per 100k population this

year and CTOs by 41% per 100k. As the review indicated, Inverclyde has always had a high use of mental health legislation, the cause of which is multi factorial. The recent further rise may be partly explained by the improved consideration of use of legislation with our older population following recruitment of permanent consultants within the Older People's Mental Health Service. This will merit further analysis.

The 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.

Overall, the numbers of assessments undertaken by MHOs in respect of the 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.

- 5.6 There has been a significant increase in overall activity in respect of the Adults with Incapacity (Scotland) Act 2000 during the last year. This is reflective of the fact that services within Inverclyde are increasingly being provided to an ageing population, with people requiring additional supports to manage financial and welfare decisions. It is anticipated that this demand will continue to increase.

In addition to the demand on applications being taken forward by the local authority, the number of private applications continues to increase. The local authority has a statutory duty to provide a report on the suitability of the prospective guardian within 21 days of the request being made to the authority. The MHO service has been unable to fulfil this within timescales expected for a significant period of time. This has been raised by the Sheriffs locally recently, primarily in relation to management of renewal applications. Inverclyde's approach to applications reflects best practice in seeking time limited guardianship orders, providing greater scrutiny of the ongoing use of legislation in respect of an individual. In other parts of Scotland, and in a couple of instances, Sheriffs have accepted private applications without an MHO report and required the local authority to provide the report within 14 days. This is not indicated to be an approach being taken locally but underlines the risks currently in terms of outstanding demand from new private applications requiring MHO reports.

The current number of applications awaiting allocation to an MHO is 28, of which 26 are private applications. The service maintains an active dialogue with private solicitors to respond to changing circumstances and to prioritise applications being allocated to MHOs. Currently there are 18 active applications in process. It should be noted that this work also places a significant burden on the local authority legal services, who lead these applications through the Sheriff Court.

Partly in response to the demand for interventions using the Adults with Incapacity legislation, and in tandem with the objectives of the Inverclyde Dementia Strategy, Inverclyde is participating in the national Power of Attorney, Start the Conversation campaign. This will launch its third series of TV adverts in December 2016 highlighting the importance of planning for the future through setting up a Power of Attorney. The campaign is about raising awareness about what Power of Attorney is and how individuals can make decisions in advance that will protect them and their family in the event that an individual loses capacity. A good Power of Attorney document can provide the necessary powers to take decisions on a person's behalf by the appointed attorney and with good take up could reduce the demand for private applications in particular under AWIA. The impact of this campaign will continue to be monitored.

- 5.7 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. The assessment for and provision of such services is undertaken by assessment and care management staff within mental health and other services across the HSCP. These services are often reflected in care plans required when a CTO application is being made. Where there

are issues in providing such services the Mental Health Tribunal can make these a recorded matter. The use of recorded matters has been low in Inverclyde and currently there are no recorded matters in respect of service provision. This reflects the responsive approach from services to meet need.

- 5.8 The local authority also has a duty, in collaboration with the Health Board, to secure the availability of independent advocacy services and to ensure that people with a mental disorder can make use of the services, section 259 of the MH (C&T) (S) Act 2003. The local advocacy service has been commissioned jointly with NHS Greater Glasgow and Clyde to meet this duty. This is currently the subject of a re-tender process, with a new contract due to be in place for April 2017.

## 6.0 PROPOSALS

- 6.1 The review recommended increasing the capacity within the full-time complement of MHO staff by one, whilst retaining the existing model of the service. This is considered to be the best approach for Inverclyde as it sustains MHO specialist knowledge for advising and supporting consideration around people's mental health needs within the wider services, alongside building further specific MHO capacity. The funding for this has been sought from the Social Care Fund. This was agreed by the Integration Joint Board on 8<sup>th</sup> November 2016.

The grading for this post provides for the post holder to be considered for Senior Practitioner status, upon achieving the required level of experience. The existing scheme will remain open only for Mental Health Officers in the future, reflecting the specific status of the role.

In addition the service has extended the number of social workers in training for MHO work to three this year to improve sustainability of the service going forward.

A sessional MHO has also been recruited to focus on the demands from the Adults with Incapacity legislation.

- 6.2 The improvement plan will continue to be reviewed to address the challenges and support best practice in service provision.
- 6.3 Members are asked to note the actions taken and the progress being made to address the identified areas for improvement.

## 7.0 IMPLICATIONS

### Finance

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report<br>£000 | Virement From | Other Comments |
|-------------|----------------|--------------|------------------------------------|---------------|----------------|
| N/A         |                |              |                                    |               |                |

Annually Recurring Costs/ (Savings)

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

### Legal

7.2 There are no legal implications from this report.

### Human Resources

7.3 There are no human resource implications from this report.

### Equalities

7.4 Has an Equality Impact Assessment been carried out?

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

### Repopulation

7.5 There are no repopulation implications from this report

## 8.0 CONSULTATION

8.1 The MHO service review included engagement surveys with users of the MHO service.

## 9.0 BACKGROUND PAPERS

9.1 Mental Welfare Commission for Scotland Annual Report 2015-16, published November 2016.

Inverclyde HSCP Mental Health Officer's Service Review

## Improvement plan Update November 2016

| Improvement  | Detail   | Outcome   | Start Date               | Progress / Comments  | Completion / Review Date | Responsible Officer(s)             |
|--|--|---|--------------------------|--|--------------------------|------------------------------------|
| 1. MHO team leader to manage referrals, supervision and recording systems as well as providing overall leadership of MHO functions within Inverclyde | Social work team leader already appointed as manager of MHO services.  | Further work is required to review the capacity of a team leader to manage the complexities of this task alongside wider team management. The MHO service is a HSCP wide responsibility, not just that of Mental Health Services. | August 2015              | Completed June 2015  |                          | MH Service Manager; HoS            |
| 2. Work to clarify allocation process for AWI cases  | Develop allocation process on the basis of agreed minimum allocation for all MHO's.  |   | Revised to February 2017 | Delays in gaining clarity around this due to fluctuating availability of practising MHO's, and redesign of other areas of responsibility within mental health services.                                      | May 2017                 | Tracy Biggins                      |
| 3. Minimum caseload for both dispersed and core MHO workers to be agreed   | Workload, expressed in terms of percentage of time spent on MHO tasks to be agreed in principle with line managers of dispersed MHO's.                       |   | Revised to February 2017 | No dispersed MHO's carrying out frontline MHO functions - requires to be resolved. Delays in progressing minimum workload from core MHO due to workload demands.<br><br>Develop once additional MHO in post. | May 2017                 | M H Service Manager; Tracy Biggins |
| 4. Develop a supervision policy for all MHO's  | Establish review process, including annual review in relation to continued practice/ training record.<br>Peer support system in place via monthly MHO forum. |   | December 2016            | Delays in progressing this work due to increased demands on service and team lead time.<br>Refresh MHO Forum December 2016 and RMO/MHO forum February 2017.  | July 2017                | Tracy Biggins; L&D support         |

| <b>Improvement</b>                                    | <b>Detail</b>  | <b>Outcome</b>   | <b>Start Date</b> | <b>Progress / Comments</b>   | <b>Completion / Review Date</b> | <b>Responsible Officer(s)</b>       |
|---|--|--|-------------------|--|---------------------------------|-------------------------------------|
| 5. Individual work plans for each practicing MHO      | Establish agreements around the number of cases each carries at any one time. This should allow us to map the capacity of team against demand. Agree minimum allocation for each worker. |  | Throughout 2017   | Delayed due to increasing demands of service and development of this area is contingent upon the work to be progressed in areas 2 & 3. |                                 | Tracy Biggins; MH Service Manager   |
| 6. Review of recording on SWIFT                       | Recording to include ALL MHO practice, including AWI.  | All new AWI work now recorded on Swift.                                    |                   |  | Completed                       | Tracy Biggins/<br>Gemma Nicholson   |
| 7. Checklist developed around scrutinising documents  | Scrutiny of documents before sending has been raised as an issue by legal services.  |  | December 2015     |  | Completed                       | Tracy Biggins/<br>Jonathan Hamilton |
| 8. Review written materials provided to service users | Selection of leaflets requires review and updating.  |  | December 2015     |  | Completed                       | Tracy Biggins/<br>Gemma Nicholson   |
| 9. Review provision of SCRs                           | Concern has been raised at a national and local level about lack of completion of statutory SCRs. Reminder system for completion of SCR or statutory letter to MWC.                      | Performance reporting system will be put in place.                         | December 2015     | Ongoing, in the light of wider pressures on MHO service.   | July 2017                       | Tracy Biggins, MH Service Manager   |
| 10. Review of Senior Practitioner status              | Report highlighted some uncertainty as to nature of SP status for MHO staff.   | Inverclyde retains existing MHOs ; and can compete in MHO workforce market |                   | Agreed that Senior Practitioner status will be available to MHO staff who meet the criteria for this.                                  | Completed                       | Senior management team              |

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|                         |  |                    |                       |
|-------------------------|--|--------------------|-----------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b>       | <b>5 January 2017</b> |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director (Chief<br/>Officer)<br/>Inverclyde Health and Social<br/>Care Partnership (HSCP)</b> | <b>Report No:</b>  | <b>SW/04/2017/HW</b>  |
| <b>Contact Officer:</b> | <b>Beth Culshaw<br/>Head of Health and Community<br/>Care</b>  | <b>Contact No:</b> | <b>01475 715283</b>   |
| <b>Subject:</b>         | <b>INVERCLYDE CARERS AND YOUNG CARERS STRATEGY<br/>2016-2022</b>   |                    |                       |

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## **1.0 PURPOSE**

- 1.1 To advise of the progress with Inverclyde's Carers Strategy for 2016 – 2022.

## **2.0 SUMMARY**

- 2.1 The Carers (Scotland) Act was passed by the Scottish Parliament in February 2016. It details a range of powers and duties for local authorities and the HSCP in relation to Carers and Young Carers.
- 2.2 Officers of the HSCP are currently working with Carers and Young Carers, Inverclyde Carers Centre and partners to develop a Carers Strategy for 2016-22 which will set out how the Carers Act (Scotland) 2016 will be implemented in Inverclyde.
- 2.3 Members will recall a previous report presented in April of this year which identified the key areas that the strategy will cover. The draft Inverclyde Carers and Young Carers Strategy (ICYCS) is attached to this report.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Health & Social Care Committee:

Approve the attached Inverclyde Carers and Young Carers Strategy for publication in the early part of 2017.

Request that the Carers and Young Carers Strategy is reviewed biennially in line with legislation and is reported back to the Health and Social Care Committee once completed.

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

## **4.0 BACKGROUND**

- 4.1 The Carers (Scotland) Act was passed by the Scottish Parliament in February 2016. Further regulations and guidance will be drafted to support the implementation of the Act. The Carers (Scotland) Act will become law in April 2018.
- 4.2 The principle behind the Act is to enhance and extend the rights of carers and young carers to improve their individual outcomes whilst adopting a more consistent approach across Scotland. The Act requires to be taken account of when preparing health and social care services as well as within the context of other social care and health legislation such as the Social Care (Self Directed Support) (Scotland) Act 2013.
- 4.3 The Carers (Scotland) Act is the key legislation that underpins Inverclyde Carers and Young Carers Strategy.
- 4.4 The development of the Carers and Young Carers Strategy has been a partnership endeavour and has been informed by two separate public consultations. The first in the summer of 2015 asked respondents to identify the issues that face carers and young carers in Inverclyde and what were the key actions that partners required to take to address the needs and aspirations of this group.

We have subsequently completed a second public consultation (Oct-Nov 2016) which has endorsed the key priorities and actions identified in the Strategy.

## **5.0 PERFORMANCE**

- 5.1 Both consultations provided essential feedback and detail. Over 380 people responded to the initial consultation in 2015 and, although the response was reduced for the subsequent consultation where we received 50 responses, we are aware that over 140 people viewed the draft Strategy.
- 5.2 The Carers (Scotland) Act 2016 has defined “Carer” as an individual who provides or intends to provide care for another individual, and “Young Carer” as a carer who is under 18 years old or is 18 years old and is still in school.

“Adult Carer” is a carer who is at least 18 years old but is not a young carer.

A large majority of respondents (95%) agree with this definition and agreed it should be used within the Strategy.

- 5.3 The Strategy identified eight action points which all scored highly by respondents and confirmed we have identified key areas of concern for carers and young carers:
- Identifying carers and young carers
  - Adult carers support plans and young carers statements
  - Carers and young carers health and wellbeing
  - Involving carers and young carers
  - Support to carers and young carers
  - Breaks from caring
  - Carers and young carers Self Directed Support
  - Carers and young carers employment and training

There were four key areas which were identified and these will become the main priorities for the implementation of the strategy:

- I. Carers & Young Carers Health



- II. Identification of hidden carers
- III. Information & Advice
- IV. Support to Carers & Young Carers

- 5.4 All respondents recorded that it was important or very important to continue to identify and support young carers. The identified method of achieving this was to continue to support young carers in education through primary and secondary schools, provide advice and support through a variety of methods including one to one or peer support and use of social media. A key issue identified was around supporting young carers around the collection and filling of prescriptions for the cared-for person.
- 5.5 A majority of respondents did state that on reading the Strategy, they would feel more confident in requesting a carer's assessment. A priority for Inverclyde is to provide a range of access points to support services thus raising carers' and young carers' confidence in the range and quality of support that is available.
- 5.6 Carers and young carers were asked to identify what had potentially been missed from the Strategy and where existing services could be improved or enhanced.

The overwhelming response was to improve carer awareness of the services and supports that can be offered and provided. A key area was the improvement of decision-making between the hospital and community and greater realism of the level of services carers and young carers require at these times of transition. This reflects the duty that the Carers Act has imposed on health boards and local authorities to involve carers and young carers in discharge planning.

- 5.7 There was also a request for more breaks from caring. Inverclyde does provide a range of short breaks and respite for carers and young carers, and there is a recognition that short breaks and respite require to offer greater flexibility and choice.
- 5.8 In terms of providing an advice and information service, there was recognition by respondents that the information and advice provided requires to be of high quality offered in a supportive and sensitive manner and to be accurate and up to date.

## **6.0 PROPOSALS**

- 6.1 To finalise the Inverclyde Carers and Young Carers Strategy, taking on board the issues and concerns identified through the recent consultation.
- 6.2 To approve the attached Inverclyde Carers and Young Carers Strategy for publication in the early part of 2017.
- 6.3 To request that the Carers and Young Carers Strategy is reviewed biennially in line with legislation and is reported back to the Health and Social Care Committee once completed.

## **7.0 IMPLICATIONS**

### **Finance**

- 7.1 COSLA is continuing discussions with the Scottish Government around the proposed Financial Memorandum which will accompany the proposed regulations. A Finance Group has been established to profile demand and unit costs of assessment and support for carers. Once this work is completed, it will inform discussions around the spending review and settlement covering the period when the Act will be enacted which will be 2017/18 onwards.

## 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

7.2 There are no legal issues within this report.

## Human Resources

7.3 There are no human resources issues within this report.

## Equalities

7.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

## 8.0 CONSULTATION

8.1 None.

## 9.0 BACKGROUND PAPERS

9.1 Draft Inverclyde Carers and Young Carers Strategy.

# Inverclyde Carer & Young Carer Strategy 2017 – 2022

*“Improving Lives”*

*"I am what you categorise as a "hidden carer". I don't really recognise that I am a carer for my partner but others tell me I am and I'm aware that my partner needs my support. I'm not sure how you will identify or encourage "hidden carers" to be recognised. I am aware that it is very important that "hidden carers" have support also and I am interested in this but feel embarrassed to "admit" I need help"*

*Public consultation response to Draft Carer & Young Carer Strategy 2017 - 2022*

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**Welcome to the**  
**Inverclyde Carer & Young Carer Strategy**  
**2017 – 2022**

We are pleased to present The Inverclyde Carer & Young Carer Strategy which has been developed in full recognition of the role and contribution carers make, not only to the person they support but also the contribution they make to the Inverclyde Community. Our support and appreciation for carers and young carers in Inverclyde is fundamental to ensuring that those in need of care receive it when required. This ethos we believe should filter right to the heart of our community.

Carers and Young Carers come from all walks of life and every area of Inverclyde they often face greater challenges in accessing services and life opportunities than many of us. This is why, as with previous strategies it is important to note the full range of partners who have a role in supporting carers. Inverclyde Council and NHS Greater Glasgow and Clyde are lead agencies through the Integration Joint Board of the Health and Social Care Partnership.

Support for Carers and Young Carers is not restricted to health and social care though these are often of vital importance but covers education, housing, community activities, social and recreational and employment.

Inverclyde Health & Social Care Partnership (HSCP) recognise carers and young carers as equal partners in the delivery of care and their role in supporting loved ones. Services are often reliant on the partnerships that exist between individuals, services and carers to ensure that the best possible outcomes are achieved for both the carer, young carer and cared for person to live fulfilling lives.

The consultation exercises carried out between September and October 2015 with carers, utilised focus groups, advocacy and carer network meeting responses highlighted areas of good practice and services which carers benefited from. While identifying service areas that we need to continue to work on and prioritise to enable all carers to continue in their caring role and having fulfilling lives out with this role. The recent consultation in October and November 2016 confirmed that the strategy has been successful in reflecting the key areas and priorities for improvement identified by Carers and Young Carers This strategy will be

a working document used to prioritise and deliver the outcomes which carers have identified as being important and necessary for them to continue in their caring role.

We extend our thanks and admiration to all our carers. We are confident that through this Strategy we will continue to bring improvements to the health and wellbeing of all carers and young carers living and caring in Inverclyde.



~~XXXXXXXX~~

Simon Carr  
Vice Chair  
Integration Joint Board  
Inverclyde Health & Social  
Care Partnership

Councillor J Mcilwee  
Chair Health & Social  
Care Committee  
Inverclyde Council



~~XXXXXXXXXXXX~~

Councillor S McCabe  
Chair Inverclyde Alliance  
Board

## Background

The Inverclyde Integration Joint Board (IJB) is responsible for the planning and provision of health and social care services for Inverclyde.

The delivery of this provision is managed and co-ordinated by the Health and Social Care Partnership (HSCP) which is a separate legally constituted organisation as set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The HSCP is supported and resourced from NHS Greater Glasgow and Clyde and Inverclyde Council.

The Inverclyde Carer & Young Carer Strategy 2017 – 2022 is a key strategic plan and its purpose is to identify the priorities for developing support networks and options for carers who provide unpaid caring responsibilities to family, relatives, friends or neighbours regardless of age.

Inverclyde HSCP has continued to make progress locally through our interagency approach to supporting all carers. However, more work is required to ensure all carers have a healthy, active and fulfilling life of their own. Inverclyde HSCP is fully committed; working as equal partners to ensure this is delivered.

Since the last strategy a number of new policy drivers, initiatives and strategies have come into force. Changes made to the Carers (Scotland) Act 2016 and the Children & Young People (Scotland) Act 2014 places certain duties on Local Authorities and Health Services and these changes will be identified and included in this strategy.

The Action Points identified in Appendix 1 will assist all partners in achieving the strategy aims. Progress of the strategy will be reviewed 2 yearly and reported on at regular intervals. A range of methods will be used to ensure the meaningful involvement of all carers and carer's organisations in achieving these aims.

“Getting it Right for Young Carers” set out its vision for young carers in Scotland.

The Carers (Scotland) Act 2016 will be commencing in April 2018 (TBC).

- [Carers \(Scotland\) Act 2016](#)

The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:

- A duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.



National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;

- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

The Act contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits within the wider policy landscape including: integration of Health and Social Care; GP contract; National Clinical Strategy; new social security powers; and Fair Work agenda.

## Introduction

*The principles of equality, diversity and human rights are the underpinning rights within Inverclyde's Carers & Young Carers Strategy.*

Carers reflect the diversity of Scotland's population. There are carers who work, carers who cannot work due to the impact of their caring role, carers can be of any age and include older carers and young carers under 16, lone parent carers, lifelong carers, student carers, BME carers, LGBT carers, carers in remote and rural areas and many other types of carer. Of course, carers may fall into more than one category.

Just as carers come from all walks of life, so too are the people they care for. It is not straightforward to categorise caring situations or the impact this may have on the individuals. For example, a person with dementia may also be frail and elderly or a person with a learning disability may also have a mental health problem. There are many people being cared for who have long-term conditions.

There are some communities of carers we know very little about, most notably: refugees, asylum seekers, gypsy travellers and carers who themselves have disabilities, including learning disabilities.

Inverclyde HSCP and its partners will work to ensure that no carer is disadvantaged due to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation in line with the Equality Act 2010.

All children and young people have an established set of rights and principles based on the United Nations Convention on the Rights of the Child.

To support all carers Inverclyde HSCP will focus on encouraging all partners to identify carers, assess their needs and ensure that supports are provided by services and enhanced/targeted services that meet the needs of the most vulnerable carers & young carers in Inverclyde.

More information can be found on the following websites:

Children and Young People's Commissioner  
Scotland <http://www.cypcs.org.uk/ufiles/Scottish-Government-UNCRC.pdf>

The Future of Unpaid Care in Scotland: Headline Report and Recommendations  
<http://www.gov.scot/Publications/2006/02/28094157/5>

## Who Is A Carer?

A carer is someone who provides unpaid support to a family member or friend. They may care for an older person, someone who is disabled, has a long-term illness, mental health problems or is affected by alcohol or drug misuse.

Carers can be any age, from children to older people, and from every community and culture. Some carers may be disabled or have care needs themselves.

The Carers (Scotland) Act 2016 has defined “Carer” as an individual who provides or intends to provide care for another individual.

And “Young Carer” as a carer who is under 18 years old or is 18 years old and is still in school.

“Adult Carer” as a carer who is at least 18 years old but is not a young carer.

Reference: The Carers (Scotland) Act 2016

## **Key Outcomes for Adult Carers & Priorities for Young Carers**

*Inverclyde HSCP will work with all partners on the following local key outcomes for Inverclyde HSCP Carers & Young Carers*

- \* Carers will have improved emotional and physical well-being.
- \* Carers will have increased confidence in managing their caring role.
- \* Carers will have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside their caring role.
- \* Carers will be involved in planning and shaping the service required for the service user and the support for themselves.
- \* Carers will not experience disadvantage or discrimination, including financial hardship, as a result of caring.

*Ref: (Caring Together: The Carers Strategy for Scotland 2010 – 2015)*

The carers consultation feedback response carried out in September 2015 identified that the following services have helped carers in their caring role. These will be key areas for further development:

- \* Informed and can access the supports they need.
- \* Access to short breaks.
- \* Emotional Support
- \* Employability

### **Priorities for Young Carers**

Six priority areas for Young Carers in Inverclyde identified in The Inverclyde Child & Youth Health & Wellbeing Survey 2013 and Inverclyde Carers Centre consultation with Young Adult Carers March 2016 are:-

- \* To be seen as Young People first and foremost
- \* Identification and Assessment
- \* Information and Advice
- \* A life outside of Caring
- \* Young Carers Transitions
- \* Young Carers and the wider world

## Identifying Carers & Young Carers

*The Scottish Census 2011 figures stated that 8,252 of Inverclyde citizens identified themselves as Carers in the last census. It is anticipated that these figures will grow over the next 10 years due to the expected demographic change in the number of older people living in the community and the shift in the balance of care moving towards more community based supports.*

In the Scottish Census 2011,

- \* Inverclyde had a population of 81,485
- \* 8,252 Inverclyde citizens identified themselves as carers,
- \* The under 16 population was 13,770
- \* 124 of the under 16 population identified themselves as young carers

### Table 1—Location of Carers in Inverclyde

Table 1 map represents the geographical location of registered carers from the consultation carried out by Inverclyde HSCP in September 2015. From the responses it shows that 60% of unpaid carers live in the Centre and South West areas of Inverclyde.

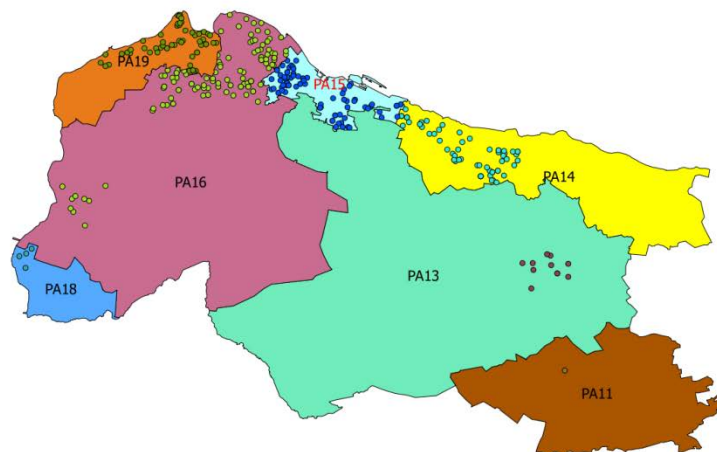


Table 1 Inverclyde HSCP Carers Consultation September 2015 response.

## Table 2—Gender

Table 2 represents the number of carers registered with Inverclyde Carers Centre as of 22<sup>nd</sup> January 2016. A total of 2,142 Inverclyde citizens were registered. Table 2 is a breakdown of registered carers by gender. This table indicates that 69% of Inverclyde's carers are female compared to 27% male.

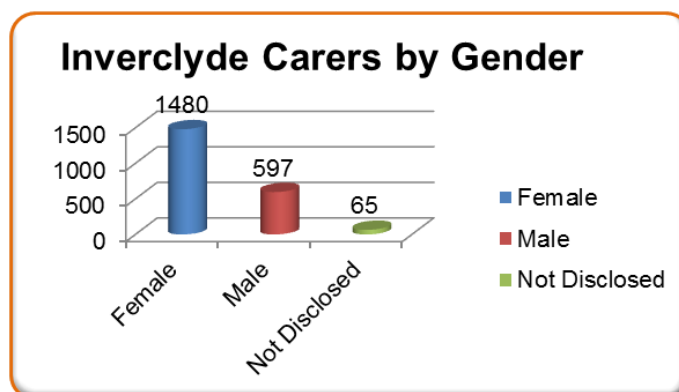


Table 2 – Inverclyde Carers by Gender supplied by Inverclyde Carers Centre as at 22<sup>nd</sup> January 2016

## Table 3—Age

Table 3 represents the response analysis of the carers consultation held in September 2015.

14% of unpaid carers are between the ages of 16 and 44

70% are between the ages of 45 years and 74

16% of unpaid carers are over the age of 75

86% of the responses from Inverclyde's unpaid carers indicated they are over the age of 45.

The data indicates that 62% of Inverclyde's carers who responded to the Carer consultation in September 2015 are over 55 years old therefore we have an aging population of carers.

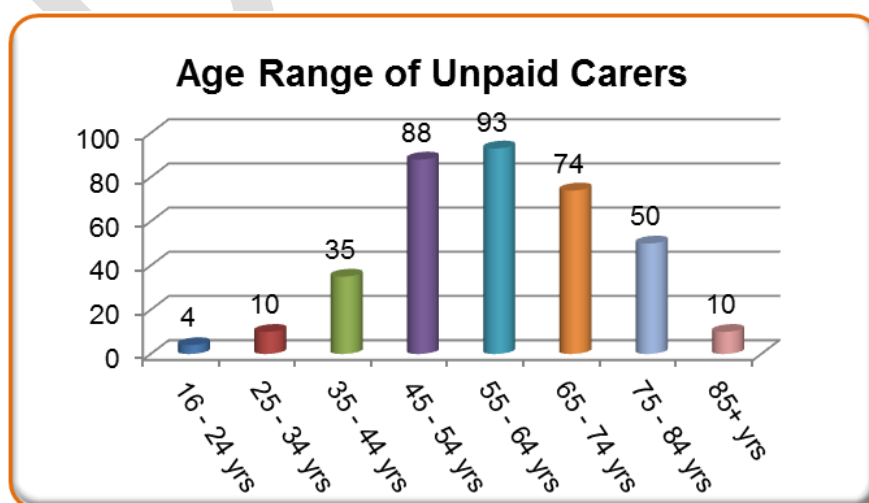
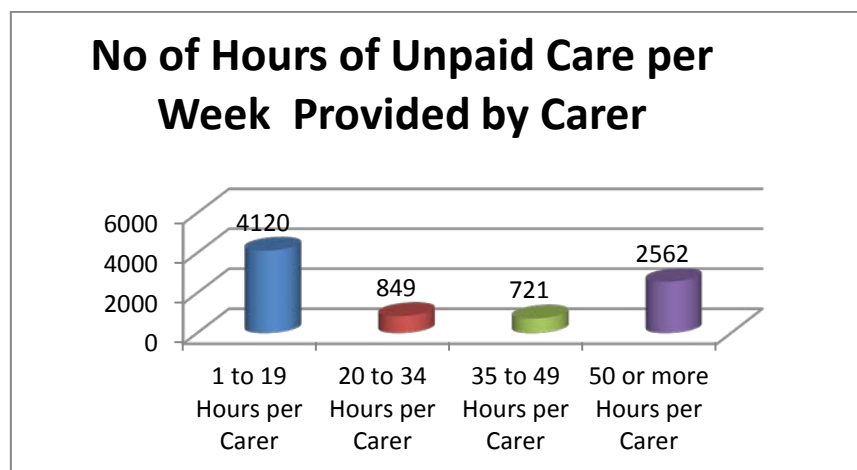


Table 3 Inverclyde HSCP Carers Consultation September 2015 response.

## Table 4—Hours

Table 4 represents the number of unpaid care hours delivered each week as identified by Carers in the Scottish Census 2011. Over 4,000 carers are delivering between 1 – 19 hours per week, with a staggering 2,562 Inverclyde carers delivering 50 hours or more care each week.



Source: Scottish Census 2011

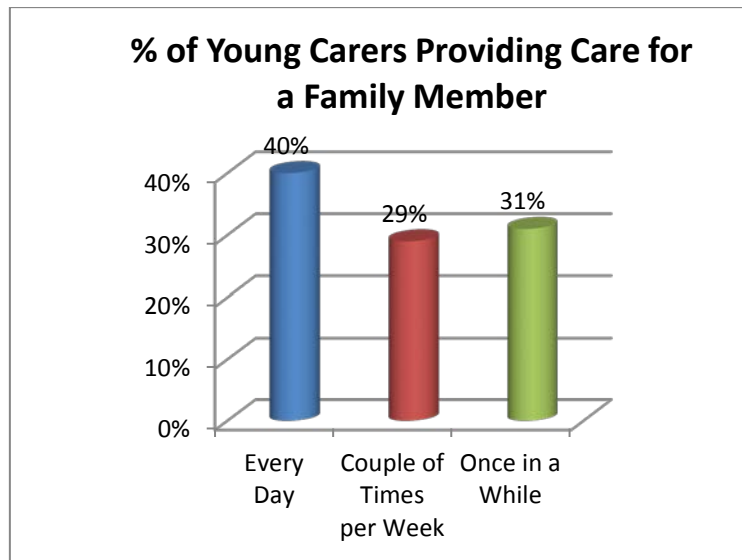
A significant number of people with caring responsibilities do not recognise themselves as carers. They see their role as that of husband, wife, daughter, son, relative or friend. Such Carers are often referred to as “hidden carers” and are not usually identified by statutory bodies because they are not in receipt of services.

The figures from the Scottish Census 2011 compared with local adult carers’ information would indicate that 5,690 Inverclyde adult citizens are currently “hidden carers”.

The Inverclyde Child & Youth Health & Wellbeing Survey 2013 of secondary aged school children was carried out in 2013. The survey highlighted that one in five respondents (22%, 786 pupils) had someone in their family household with a disability, long-term illness, drug/alcohol problem or mental health issue.

Among those who had a household family member with at least one of these conditions, three in five (62%, 487) said that they looked after or cared for them. Thus overall, 14% of pupils were carers for someone in their household.

The time spent in their caring role varied among young carers, 40% (192 pupils) said that they looked after their family member every day, 29% (141 pupils) said that they did so a couple of times a week and 31% (149 pupils) said that they did so once in a while.



Inverclyde Child & Youth Health & Wellbeing Survey 2013

Among those Young People who looked after/cared for a household family member, 78% (379 pupils) said that their caring responsibilities had affected them in some way.

The most commonly reported effects of caring responsibilities were:

- \* It makes me feel good to be able to help (57%, 276 pupils)
- \* I've learned lots of new skills because of my caring (33%, 158 pupils)
- \* Sometimes unable to do homework (23%, 110 pupils)
- \* Makes me tired (23%, 109 pupils)
- \* It makes me feel stressed/anxious (22%, 107 pupils)
- \* Helps me organise my time (14%, 70 pupils).

This would indicate that we have young people who are tired, stressed, anxious and unable to complete homework or fully participate in family life or have a life out with caring.

It's acknowledged that young carers in Inverclyde can still be an unrecognised group. The Inverclyde Youth Health and Care Survey 2013 highlighted that a possible 14% of high school pupils may be young carers and feedback from the 2015 Inverclyde Youth Health & Care Survey highlighted that 32% of young people didn't know if they were a young carer, therefore a key priority within the strategy will be to identify "hidden" young carers and provide them with the appropriate information, advice and support.

From the Public Consultation of the Draft Carers and Young Carers strategy a strategic priority for the Alcohol and Drug Partnership will be to identify hidden carers where there are drug and alcohol related issues associated with caring responsibilities. This will be taken forward via the



Alcohol and Drug Partnership in relation to adults and via the CPC CAPSM in relation to young carers.

## **Identification and Assessment**

The youth survey has identified that many Inverclyde Children and Young People are providing care to a parent, brother, sister, other relative or friend. Identifying “hidden” young carers is therefore an important shared responsibility of all agencies that may come into contact with a child or young person and will be a priority action point within the strategy.

### **Action Point 1 – Identifying Carers and Young Carers**

- \* A range of initiatives will be developed aimed at trying to identify as many “hidden carers” as possible and encourage them to seek advice, guidance and support which is on offer to assist them in their future caring role.
- \* Inverclyde partners will commit to identifying, supporting young carers as far as the agency is able and to referring young carers to the Named Person. (Children & Young People (Scotland) Act 2014, (pending legislative change)

## Carers Eligibility Criteria

*Inverclyde HSCP has a duty to inform all carers providing 'regular and substantial care' of their legal entitlement for the preparation of an Adult Carer Support Plan or a Young Carers Statement in line with the Equality Act 2010 and the new amendment to the Carers (Scotland) Bill (pending legislative change).*

Inverclyde HSCP wants to ensure people receive the supports they require and that these supports are provided in a fair and transparent way.

As part the Carers (Scotland) Act, Inverclyde HSCP will have a duty to prepare an adult carer support plan or young carers statement which will set out personal identified outcomes, needs and supports (if eligible) to meet those needs. The Adult Carer Support Plan will include contingency planning as an intervention to help prevent or cope with emergencies which could impact on their caring role.

In the reporting year 2014/2015 Inverclyde Carers Centre on behalf of Inverclyde HSCP carried out 108 new carer's self-assessments. From the 108 carer self-assessments completed 29 new referrals were made to Inverclyde HSCP services for further action.

*Inverclyde HSCP has a duty to provide a Young Carers Statement (pending legislative change) that sets out:*

- a) A young carer's identified personal outcomes,*
- b) A young carer's identified needs (if any) and*
- c) The support (if any) to be provided by the responsible local authority to a young carer to meet those needs.*

Inverclyde HSCP wants to ensure young carers receive the supports they require and that these supports are provided in a fair and transparent way.

From April 2018, the Carers (Scotland) Act 2016 places a duty on Inverclyde HSCP to prepare a Young Carers Statement that will set out a young carer's identified outcomes, identified needs and the support a young carer may need. In Inverclyde, where this has been identified a Wellbeing Assessment will be offered to clarify need and accompanied by a Child's Plan will inform the Young Carers Statement.

This will identify personal outcomes and actions to be taken that will be promoted, supported and safeguarded through the function and role of the Named Person (Children & Young People (Scotland) Act 2014) (TBC)

The Carers Act also imposes a duty on Councils to develop eligibility criteria for carers. This is to ensure that resources are allocated in a fair and transparent way that is open to scrutiny.

Carers and Young Carers are individuals and so the type and level of care they provide can vary as does the impact on their health and wellbeing. Any eligibility criteria requires to reflect this and ensure the level of support provided doesn't impinge on the persons independence, maximises choice and control and goes to those who most require the support that is proportionate to their assessed needs.

It is important that those carers who do not meet the local eligibility criteria for a direct service continue to be supported and sign posted to agencies that can assist them in their caring role.

Inverclyde HSCP has an existing eligibility framework for assessing need and eligibility for a support service (<http://www.inverclyde.gov.uk/health-and-social-care/adults-older-people/older-peoples-services/assessment-of-care/eligibility-criteria>) it provides a basis on which a Carer & Young Carer eligibility criterion can be developed for Inverclyde. Carers and Young Carers will be offered the opportunity to become involved in this process and will be consulted on any final proposals.

## **Action Point 2 – Carers Eligibility Criteria**

- \* In partnership a local carers and young carer's eligibility criteria will be developed for access to services, specific to carers.
- \* All adult carers who wish will have an Adult Carer Support Plan prepared in line with the new amendments to the Carers (Scotland) Bill. (Pending legislative change. Timescale for completion TBC)
- \* Advice, Information and sign posting to alternative services will be provided for carers if they do not meet the local eligibility criteria.
- \* Ensure there's a clear definition of carers' role.
- \* Ensure carers are informed and understand the purpose of the preparation of the Adult Carer Support Plan. (Pending legislative change).
- \* Ensure carers are informed and understand who and what support they can receive.
- \* Young carers will be offered a Young Carers Statement. (Pending legislative change).

- \* Where Young Carers needs are more complex, young carers will be provided with a Wellbeing Assessment and, when appropriate, a Child's Plan.
- \* Inverclyde HSCP will publish information on the range of supports available to young carers and their families. A link from Inverclyde Carers Centre website will also provide access.
- \* Information packs for carers to be developed in line with the Accessible Information Policy to inform of services available and how to access them at point of registration.

## Carers Health & Wellbeing

*Caring can be physically and emotionally demanding. Many Carers prioritise the health and wellbeing of the person they care for over their own health needs.*

The Scottish Census 2011 indicated that over 55% of Inverclyde carers are providing 50+ hours of caring per week and are over 50 years old.

Information gathered from the Inverclyde HSCP consultation feedback responses in September 2015 highlighted that nearly 61% of registered carers identified themselves as having a health issue which is higher than the National average of 55% reported in Scottish Census 2011.

*National Health & Well-being Outcome 6 from Inverclyde Strategic Plan 2016—2019*

*“People who provide unpaid care are supported to look after their own health & well-being, including reducing any negative impact on their caring role or their own health & well-being”*

It is more important than ever that we support carers to think about their own health. Inverclyde HSCP and key partners will provide appropriate opportunities, within the community to enable all carers to engage in activities that will maintain or improve their health and wellbeing and to make healthy lifestyle choices.

## NHS Carers Information Strategy funding

NHS Carers Information Strategy (CIS) funding continues to help a number of initiatives involving information, support, training and the health and wellbeing needs of carers in Inverclyde. Examples include:

- \* The continued commissioning of support services and training provided by Inverclyde Carers Centre.
- \* The development of an information booklet for carers providing sign-posting to information on carers rights, support planning and local supports for carers.

## **Young Carers—Transitions**

As young carers reach the transition age beginning 16 to 25 years, they will face the possibility of leaving school to attend college, university, training or find a job. These are significant challenges for any young person, but can be considerably more challenging for young carers.

Young Adult Carers, aged 18-25, can have very different needs and circumstances to young carers and services need to reflect this difference.

Young Adult Carers will also make the transition from services provided by Children & Families services to those provided by Adult services as well as engaging in the universal services aimed at supporting Adults.

Issues that a young adult carer can face:

- \* Being in the senior phase at school where exam choices are made and sitting exams.
- \* Going to college, training, university, possibly with limited support.
- \* Getting a job.
- \* Accessing benefits.
- \* Moving from home and worrying about what might happen to the cared for person
- \* Moving from children's services provision to adult services provision.
- \* Starting their own family and still in a caring role.
- \* Relationships.

From the carers consultation September 2015 Inverclyde Carers have identified that Access to Services and Information and Advice could be improved to assist them in their future caring role.

### **Inverclyde Young Adult Carers**

In March 2016 Inverclyde Carers Centre carried out a telephone consultation with Young Adult Carers. From the feedback Young Adult Carers advised:

- They will only ask for additional help when they need it, struggling to cope or at crisis point.
- Would like information and advice on the services that are available for the person they care for.
- Would like information for themselves on the services they can access, training, courses, classes and leisure activities.

- And flexibility and more publicity around how the above services can be accessed.

All but one Young Adult Carers consulted advised they would be happy to be part of a focus group.

To address these issues Inverclyde HSCP will:

- \* Identify young carers at an early stage and an assessment of need including their health & wellbeing needs.
- \* Include School Nursing, GP's, dentist and optician services to support the early identification of young carers.
- \* Ensure young carers receive timely, age-appropriate information.
- \* Ensure Young Carers are accessing appropriate health services and other supports.
- \* Access to emotional supports, respite activities/sports and provide opportunities for young people to have fun out with their caring role.
- \* All partners to consult with young carers to explore new service development if services do not meet young carer's needs.



What the Young Adult Carers said they are now feeling having received a service:

*"I feel supported now",*

*"I have someone I can talk to now"*

*"I feel less stressed about things"*

*"I'm meeting people that understand me"*

*"I'm able to get a break from my caring role"*

*"I feel more confident and can talk in groups"*

*"I'm able to try new activities and challenge myself"*

### **Action point 3 - Carers & Young Carers Health & Wellbeing**

- \* To work in partnership to improve the use of the GP's register of carers.
- \* Access to annual health checks for carers if they wish.
- \* Carers and Young Carers will have access to emotional and physical support.
- \* Carers and Young Carers will have access to holistic and alternative therapies.
- \* Carers and Young Carers will have access to Advocacy and Counselling.
- \* Young Carers, if appropriate, will be supported during transition into Adult Services



## Involving Carers & Young Carers

*Carers and Young Carers have a wealth of knowledge and experience and as such can make a valuable contribution in terms of practical and emotional expertise.*

We recognise that local people, service users and carers have a critical role to play in planning and designing local services and supports to meet local need. We also recognise that this key partnership is one which requires to be nurtured and evolve on an ongoing basis. There are many statutory and third sector supports in place across Inverclyde to help local people, service users and carers manage their interactions with the HSCP. Additionally many development opportunities have been available in Inverclyde over the years to help local people, service users and carers increase their confidence to engage with service providers and ensure they have the opportunity to be equal partners in care, treatment and support. Health Issues in the Community, the Your Voice Development Programme and Equal Partners in Care are some very successful examples.

Carer & Young Carer involvement can improve the quality of health and social care services provided in Inverclyde. Carers & Young Carers often have insights about their role and the needs of the person they care for that providers and policymakers lack therefore Carers are included and represented on the Inverclyde Joint Integration Board and Inverclyde Strategic Planning Group to ensure they are involved and their views are included in the future planning and shaping of services as equal partners.

*We recognise carers as equal partners in the delivery of care in Scotland and fully acknowledge the expertise, knowledge and the quality of care they give.*

*Reference: [Caring Together, the carers strategy for Scotland 2010-15](#)*

Equal partners in care (EPiC) means that providers of health and social services and other services should listen to and involve carers in the planning and decision making processes for the person they care for; creating an environment of mutual respect

The EPiC core principles are:

- \* **Carers are identified**
- \* **Carers are supported and empowered to manage their caring**

## **role**

- \* **Carers are enabled to have a life outside of caring**
- \* **Carers are free from disadvantage and discrimination related to their caring role**
- \* **Carers are fully engaged in the planning of services**
- \* **Carers are recognised and valued as equal partners in care**

The Inverclyde HSCP People Involvement Advisory Network is a network of around 2000 plus local individuals, groups and organisations that have an interest in community health and care services. It exists to provide an opportunity for local people, service users and carers to feed directly into the business of the HSCP.

The HSCP Advisory Group is the oversight group for the People Involvement Network. Its primary function is to inform and involve local people, service users and carers in decision making about local health and social care services.

Membership of the HSCP Advisory Group is open to anyone with a passion for Inverclyde and a passion for health and social care. This includes people who:

- \* Live in the area served by Inverclyde HSCP
- \* Work in the area served by Inverclyde HSCP
- \* Receive services from Inverclyde HSCP or cares for someone who does

The success of the HSCP People Involvement Advisory Network is a result of working with people who use services, their carers and local communities to;

- \* Create an engagement structure which brings together the broad range of dialogue which naturally exists within our communities.
- \* Create a central contact point for community engagement in health and social care (Advisory Group).
- \* Improve the way we engage (communities of interest & geographic communities – East, Central & West).
- \* Develop innovative ways of listening and understanding need.
- \* Specific focus on involving those not currently engaged.

- \* Build on the skills and strengthens of communities to be actively involved.
- \* Direct people to local community based services and supports.
- \* Build the capacity of local communities to responsibility for their own health.

Our people involvement structure has been effective in developing solutions by working together (co-production) to ensure services and supports meet the needs of local people. Our approach to building the partnership between services and service users, carers and local people involves promoting peer support and self-management utilising an assets based approach.

Young Carers have been involved in providing their opinion on the content of this Strategy and will be supported by Inverclyde HSCP and the Community Learning and Development staff to continue to provide their views on young carer services.

The Inverclyde Youth Participation Strategy features young carers as a specific group whose participation should be recognised and promoted.

#### **Action Point 4 - Involving Carers**

- \* Work in partnership to develop integrated services for carers and young carers to improve communication.
- \* Continue to develop the Carers Sub Group (or Advisory Group) Network and involve carers and young carers in the monitoring and reviewing of the strategy.
- \* Carers & Young Carers will be actively involved in the care planning process including emergency and long term planning of care.
- \* Carers will be involved in the hospital discharge arrangements of the person they care for (if appropriate).
- \* Information provided to professional staff of the role of carers as partners – EPiC, including all staff, volunteers agency and 3<sup>rd</sup> sector organisations.

## Supporting Carers & Young Carers

*Carers & Young Carers are valued and respected as partners in the care of the person they look after. We aim for this recognition of carers and young carers to be embedded in all statutory, voluntary and independent sector health and social care settings and systems.*

The strategy aims to empower carers to continue in their caring role, and have a fulfilling life of their own. A wide range of services and supports exist which the HSCP and partners will continue to build on. We will work together to deliver new and innovative ways of offering support to carers and young carers as valued contributors to the delivery of health and social care in Inverclyde. All actions in the strategy look to address the particular and specific characteristics of carers, seeking to address any inequalities and increase the uptake of support across the spectrum of ages and communities.

*Supports to Young Carers in Inverclyde will be delivered by universal services and where young carer's needs are more complex, by services that will focus on meeting the assessed needs of the most vulnerable young carers.*

Engagement with carers locally has informed this strategy that the main priority supports which have helped carers fulfil their caring roles are: Information and Advice, Short Breaks and access to Emotional Support (such as stress management).

Inverclyde benefits from a strong culture of partnership working. The key organisations which collaborate to ensure carers are supported informed and included can be found in Appendix C.

### **Action Point 5 – Supporting Carers & Young Carers**

- \* Young carers and their parent(s)/carers will be provided with information and advice including Young Carers Rights, for example: Carers Charter, supports at school and information on opportunities and supports when they leave school.
- \* Carer's views as far as possible will be taken into account in the development of the eligibility criteria for access to services in Inverclyde.
- \* Carers who meet eligibility criteria will be supported to meet the outcomes and needs identified in their Adult Carer Support Plan.(pending legislative change)
- \* Young Carers will be supported to meet the outcomes and needs identified in the well-being assessment, which will inform the Young Carers Statement. (pending legislative change).
- \* Key partners, carers groups will continue to promote the importance of effective communication and in relaying information to carers including young carer's parent(s)/carers.
- \* Build on the services that carers and young carers have identified in the consultation responses that have helped them.
- \* Build the services that carers and young carers have identified in the consultation responses which can be improved.
- \* Access to bereavement support services for carers & young carers following the death of a cared for person.

## Breaks From Caring

*Positive outcomes for Carers and Young Carers will occur when they receive regular breaks from their caring role; these breaks may prevent a breakdown in the caring relationship. It is also recognised that carers and young carers may also need to combine their caring role with other family activities, responsibilities, education or employment.*

Improving opportunities for carers and young carers to maintain good health and wellbeing is essential to supporting carers in their caring role. We recognise that being able to take a break from caring responsibilities and having the opportunity to work and access education and leisure opportunities are vital to maintaining and improving the health and wellbeing of carers and young carers. Inverclyde HSCP is committed to looking for flexible breaks from caring options that enable choice and value for money.

From the consultation exercise carried out in September 2015, adult carers identified that receiving a short break/respice helped them in their caring role.

In the reporting year 2015/2016 Inverclyde HSCP provided 5,132 nights of respice to 268 service users. Inverclyde Carers Centre also provided through HSCP funding a further 154 nights of short breaks directly to 50 registered carers in Inverclyde, an average break was 3 nights.

Further information on Inverclyde HSCP Short Breaks can be found in Appendix D.

### Young Carers—A Life Outside Caring

Inverclyde's young carers have stated how important it is to have the opportunity for a break from their caring to meet with other young carers, to be able to take part in activities free from their caring, be supported by staff who understand young carers needs, know that their cared for person is safe and well when they are not there and to have their voice heard regarding the kind of service they receive.

Inverclyde HSCP and its partners will support this by:

- Provision of respice/short breaks.

- Young carers (if appropriate) will have the opportunity to attend the annual Young Carers Festival, subject to continued funding from Scottish Government.

## Young Carers and the Wider World

There are young carers in communities, schools, universal services and specialist services. This should be recognised by professionals, who can help the wider community identify young carers and understand what it is like to be a young carer. Inverclyde's aim of Getting It Right for Every Child, Citizen and Community means that we will recognise young carers in our communities, schools and universal services. Young carers will not be hidden; they will be recognised so that their circumstances will be better understood by the wider community. To achieve this recognition Inverclyde will take action to increase community awareness of young carers.

Young Carers will be a priority group for the Inverclyde Youth Participation Strategy, which will seek the views and active participation of young people in the decisions it makes about them.

### Action Point 6 - Breaks from Caring

- \* Continue to build on the existing short breaks services to offer personalised, flexible and planned breaks from caring to all eligible carers and young carers.
- \* Continue to develop a wide range of alternative breaks and breaks from caring options.
- \* Work towards a shift in the balance of care where possible towards preventative support.
- \* Personalise support to improve outcomes both for carers, young carers and those with care needs.
- \* Inverclyde HSCP will establish and publish a short breaks statement.
- \* Inverclyde HSCP will develop a plan to increase agencies and wider community awareness of young carers.

The United Nations Convention on the Rights of the Child states that all Children and Young People have an established set of rights. The Convention has four main principles:

- ♦ All the rights guaranteed by the UNCRC must be available to all children and young people without discrimination.
- ♦ The best interests of the child or young person must always come first
- ♦ The views of the children and young people must be considered and taken into account in all matters affecting them.
- ♦ All children and young people have the right to life survival and development.

More information on the convention on the Rights of the Child can be found at: <http://www.cypcs.org.uk/rights>



## Carers and Young Carers & Self-directed Support

*The Social Care (Self-directed Support) (Scotland) Act 2013 is an Act of the Scottish Parliament that ensures that local authorities offer self-directed support to anyone who requires support services, including unpaid carers who require support to help them maintain their caring role.*

*"The Scottish Government recognises carers as partners in care - partners who require to be acknowledged, supported and equipped to continue to provide unpaid care."*

*- Self-directed Support: a national strategy for Scotland*

*(November 2010)*

The Self-directed Support Act provides local authorities with a power to support carers in their caring role. Where such support is provided, local authorities have a duty to offer the carer the same options for their support as are provided to service users. The Self-directed Support statutory guidance reinforces this message and sets out how support to carers can prevent crisis.

Self-directed Support gives people a choice about how their support is provided. It is intended to encourage people to consider new ways of being supported or cared for rather than accept traditional services. If any individual is assessed as requiring community care services they will be given the choice of four options to help them organise their own support. If they decide not to pick an option the support will still be provided by Inverclyde HSCP.

The 4 options are:

**Option 1** is usually called a direct payment. This is a payment that will be paid into your bank account and used to pay for the services required. This money can be used to employ support workers or buy services from organisations.

**Option 2** is when the money is held by the HSCP or another organisation, but you are in charge of how the money is spent. This is sometimes called an individual budget or an independent service fund.

**Option 3** is when the individual budget is held by the HSCP and they arrange the support for you.

**Option 4** is a mix of any of the above options.

### **Action Point 7 – Carers and Young Carers & Self -directed Support**

- \* Information and advice regarding self-directed support and options will be made available to carers and young carers.
- \* Carers and young carers will be made aware of the option of self-directed support at the care planning stage.
- \* Carers and young carers will receive information on services that can be utilised by self-directed support.
- \* Increase and improve support to carers to understand the positive and negative aspects of self-directed support.

## Carers and Young Carers—Employment & Training

*Enabling those with caring responsibilities to fulfil their educational/employment potential and ensuring young carers do not carry out inappropriate levels of care and can achieve in education and employment are key priorities for Inverclyde HSCP.*

There is legislation in place to protect the carers of Scotland. The Employment Rights Act 1996 details that carers are entitled to “reasonable” time off for dependents. Whether this time off is paid or not is at the discretion of the employer. Employees must inform their employer as soon as possible that this time off is needed. Under this Act carers can request flexible working which can include a change of hours, times or places of work.

In addition to the above, the Equality Act 2010 highlights that an employer cannot treat a carer less favourably or to refuse employment because of caring responsibilities.

There is a need to increase awareness with employers on the personal contribution made by carers, and the range of measures that employers might consider to assist unpaid carers to balance care and work.

Inverclyde Council and NHSGG&C each promote a Family Friendly & Work Life Balance policy which reflects the commitment to providing a range of family friendly benefits to both parents and carers employed by Inverclyde HSCP. Further information can be found at:

<http://www.inverclyde.gov.uk/jobs-and-careers/working-for-the-council/policies-and-procedures>

Or

[http://www.nhsggc.org.uk/media/226439/nhsggc\\_policy\\_work-life\\_balance\\_2007-11.pdf](http://www.nhsggc.org.uk/media/226439/nhsggc_policy_work-life_balance_2007-11.pdf)

The Inverclyde Alliance, through its Single Outcome Agreement, wishes to deliver a confident and inclusive Inverclyde. Specifically, one of the key objectives is to “secure the area’s economic regeneration and increase economic activity, enabling both those in work and those furthest from the labour market to realise their full potential”.

Inverclyde Council and employability partners will contribute to developing opportunities for Carers and their families, specific actions will include:

- Facilitate learning and training opportunities for Carers.
- Target removal of barriers to taking part in learning and training.
- Identify appropriate job opportunities for Carers.
- Engage Employers to improve awareness of caring responsibilities among staff highlighting Carers as an excellent and reliable pool of employees.
- Promote the Carer Positive accreditation for Employers.

Carer Positive aims to encourage employers to create a supportive working environment for carers in the workplace. The carer positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. More information can be found at:

<http://www.carerpositive.org/>

### **Action Point 8 – Carers & Young Carers — Employability & Training**

- \* Understanding the diversity, equality and potential disadvantages of the caring role.
- \* Ensure carers and young carers have a choice in accessing appropriate education, training and employment across all ages. Ensuring young carers have the maximum support to make the best choice whether at school, post school training, further education or employment.
- \* Assist with providing accessible and flexible support for working carers and young carers.
- \* Facilitate learning and training opportunities.
- \* Target the removal of barriers to taking part in learning and training.
- \* Identify realistic job opportunities appropriate to the needs of individual carers.
- \* Engage Employers to improve awareness of caring responsibilities and encourage them to publicise examples of good practice.
- \* Promote the Carer Positive accreditation award for Employers.

## Appendix A

| Action Point 1                    |  |
|-----------------------------------|--|
| Identifying Carers & Young Carers | A range of initiatives will be developed aimed at trying to identify as many “hidden carers” as possible and encourage them to seek advice, guidance and support which is on offer to assist them in their future caring role.     |
|                                   | Inverclyde partners will commit to identifying, supporting young carers as far as the agency is able and to referring young carers to the Named Person. (Children & Young People (Scotland) Act 2014, (pending legislative change) |
| Action Point 2                    |  |
| Carers Eligibility Criteria       | In partnership a local eligibility criteria will be developed for access to services, specific to carers.  |
|                                   | All adult carers who wish will have an Adult Carer Support Plan prepared in line with the new amendments to the Carers (Scotland) Bill. (pending legislative change. Timescale for completion TBC)                                 |
|                                   | Advice, Information and sign posting to alternative services for carers if they do not meet the local eligibility criteria.  |
|                                   | Ensure there's a clear understanding of the Inverclyde definition of a carer and young   |

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|   | carer by all partners.   |
|   | Ensure carers are informed and understand the purpose of the preparation of the Adult Carer Support Plan. (Pending legislative change).  |
|   | Ensure carers are informed and understand who and what support they can receive.   |
|   | Young carers will be offered a Young Carers Statement. (Pending legislative change).   |
|   | Where Young Carers needs are more complex, young carers will be provided with a Wellbeing Assessment and, when appropriate, a Child's Plan.  |
|   | Inverclyde HSCP will publish information on the range of supports available to Young Carers and their families. A link from the Inverclyde Carers Centre website will provide access to information. |
|   | Information packs for carers to be developed in line with the Accessible Information Policy to inform of services available and how to access them at point of registration.                         |
| <b>Action Point 3</b>                                   |  |
| <b>Carers &amp; Young Carers Health &amp; Wellbeing</b> | To work in partnership to improve the use of the GP's register of carers.  |

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|  | Access to annual health checks for carers if they wish.   |
|  | Carers & Young Carers will have access to emotional and physical support.   |
|  | Carers & Young Carers will have access to holistic and alternative therapies.   |
|  | Carers & Young Carers will have access to Advocacy and Counselling.   |
|  | Young Carers, if appropriate, will be supported during transition into Adult Services.  |
| <b>Action Point 4</b>                      |   |
| <b>Involving Carers &amp; Young Carers</b> | Work in partnership to develop integrated services for carers and young carers to improve communication.  |
|  | Continue to develop the Carers Sub Group (or Advisory Group) Network and involve carers and young carers in the monitoring and reviewing of the strategy. |
|  | Carers & Young Carers will be actively involved in the care planning process including emergency and long term planning of care.                          |
|  | Carers will be involved in the hospital discharge arrangements of the person they care for (if appropriate).  |

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|   | Information provided to professional staff of the role of carers as partners – EPiC, including all staff, volunteers agency and 3rd sector organisations.                          |
| <b>Action Point 5</b>                       |  |
| <b>Supporting Carers &amp; Young Carers</b> | Carer's views as far as possible will be taken into account in the development of the eligibility criteria for access to services in Inverclyde.                                   |
|   | Carers who meet eligibility criteria will be supported to meet the outcomes and needs identified in their Adult Carer Support Plan.(pending legislative change)                    |
|   | Young Carers will be supported to meet the outcomes and needs identified in the well-being assessment, which will inform the Young Carers Statement. (pending legislative change). |
|   | Key partners, carers groups will continue to promote the importance of effective communication and in relaying information to carers including young carer's parent(s)/carers.     |



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|                           | Build on the services that carers and young carers have identified in the consultation responses that have helped them.   |
|                           | Build the services that carers and young carers have identified in the consultation responses which can be improved.  |
|                           | Young carers and their parent(s)/carers will be provided with information and advice including Young Carers Rights, for example: Carers Charter, supports at school and information on opportunities and supports when they leave school. |
|                           | Access to bereavement support services for carers & young carers following the death of a cared for person.   |
| <b>Action Point 6</b>     |   |
| <b>Breaks from Caring</b> | Continue to develop a wide range of alternative breaks and breaks from caring options.  |
|                           | Work towards a shift in the balance of care where possible towards preventative support.  |
|                           | Continue to build on the existing short breaks services to offer personalised, flexible and planned breaks from caring to all eligible carers and young carers.   |

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|  | Personalise support to improve outcomes both for carers, young carers and those with care needs.                          |
|  | Inverclyde HSCP will establish and publish a short breaks statement.  |
|  | Inverclyde HSCP will develop a plan to increase agencies and wider community awareness of young carers.                   |
| <b>Action Point 7</b>                                      |   |
| <b>Carers &amp; Young Carers and Self Directed Support</b> | Information and advice regarding self-directed support and options will be made available to all carers and young carers. |
|  | Carers and young carers will be made aware of the option of self-directed support at the care planning stage.             |
|  | Carers and young carers will receive information on services that can be utilised by self-directed support.               |
|  | Increase and improve support to carers to understand the positive and negative aspects of self-directed support.          |
| <b>Action Point 8</b>                                      |   |
| <b>Carers &amp; Young Carers Employment &amp; Training</b> | Understanding the diversity, equality and potential disadvantages of the caring role.                                     |

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|  | Ensure carers and young carers have a choice in accessing appropriate education, training and employment across all ages. Ensuring young carers have the maximum support to make the best choice whether at school, post school training, further education or employment. |
|  | Assist with providing accessible and flexible support for working carers and young carers.   |
|  | Facilitate learning and training opportunities.  |
|  | Target the removal of barriers to taking part in learning and training.  |
|  | Identify realistic job opportunities appropriate to the needs of individual carers.  |
|  | Engage Employers to improve awareness of caring responsibilities and encourage them to publicise examples of good practice.  |
|  | Promote the Carer Positive accreditation award for Employers.  |

## APPENDIX B Legislation & Policy Drivers

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| Carers (Scotland) Act 2016                                  | Outlines the rights of carers and the duties of local councils to make provisions for Carers including identification of carers needs through Adult Carer Support plans and Young Carers Statements for carers under 18 years old.      |
| Caring Together: The Carers Strategy for Scotland 2010-2015 | Scottish Government and COSLA are determined to ensure carers are supported to manage their caring role with confidence and in good health and to have a life of their own outside of caring.   |
| Equal Partners in Care (EPiC)                               | National Framework for workforce learning and development related to unpaid carers.   |
| Reshaping Care for Older People Change Plan (2011-2021)     | Sets the vision that Older People are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting.  |
| NHS and Community Care Act 1990                             | Any adult aged 18 years or over who is eligible for and requires services from the local authority has the right to a full assessment of their needs and the services provided should be individually tailored to those assessed needs. |
| Carers (Recognition and Services) Act 1995                  | Provides for the assessment of the caring abilities of persons in a caring role.  |

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| Community Care and Health (Scotland) Act 2002             | <p>This brought about the introduction of free personal care for Older People regardless of whether they live at home or residential care and also the creation of rights for formal or unpaid carers, with the intention of providing adequate support services to ensure the continuation of care giving in the community.</p> <p>This Act also created the right to a “Carers Assessment” and the responsibility of health boards to create “Carer Information Strategies”</p>                       |
| Care 21: The Future of Unpaid Care in Scotland            | <p>This sets out a 10 year agenda for groups and agencies in every sector and locality. In consultation with national carer organisations early priorities were set. These are Young Carers, Respite, Carers Health and Carer training.</p>   |
| NHS Scotland Quality Strategy 2010                        | <p>To deliver the highest quality healthcare services to people in Scotland. The strategy is built on the following priorities:</p> <ul style="list-style-type: none"> <li>* Caring and compassionate staff and services</li> <li>* Clear communication and explanation about conditions and treatment</li> <li>* Effective collaboration between clinicians, patients and others.</li> <li>* A clean and safe care environment</li> <li>* Continuity of care</li> <li>* Clinical excellence</li> </ul> |
| Inverclyde Joint Carers & Young Carers Strategy (2012-15) | <p>This was the plan developed with partners to acknowledge the importance of the role played by carers in providing unpaid care.</p>   |

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|   | This set out the aims that Inverclyde Council wanted to help carers achieve.   |
| Inverclyde CHCP Directorate Improvement Plan 201-2016 | An integrated plan designed to articulate the key development and improvement focused actions of the CHCP.   |
| Social Care (Self- directed support) Act 2013         | <p>This informs local authorities to work alongside the service user to provide the best support available. There are 4 options for the service user:</p> <ul style="list-style-type: none"> <li>* The local authority decides how much month the service user should receive for their support and the service user organises their own support.</li> <li>* The service user decides what care they want and the local authority organises this.</li> <li>* The local authority discusses with the service user what support they would like and then organises this on behalf of the service user.</li> <li>* The service user chooses what aspects of their care that they want to control</li> </ul> |
| Carers (Equal Opportunities) Act 2004                 | <p>Aims to help carers achieve fair access to training, work and leisure opportunities. The Act:</p> <ul style="list-style-type: none"> <li>* Places a duty on local authorities to inform carers of their rights.</li> <li>* Places a duty on local authorities, when completing a carer's assessment, to consider whether the person works, wishes to look for work, wishes to study</li> </ul>  |

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|   | <p>or have some leisure activities.</p> <p>* Gives local authorities strong power to enlist the aid of health, housing and education authorities in providing support for carers.</p>  |
| United Nations Convention on the Rights of the Child  | This has 54 articles that cover all aspects of a child's life.   |
| Children and Young People (Scotland) Act 2014         | Young carers should have any needs concerning their wellbeing assessed through the process of the child's plan.  |
| The Public Bodies (Joint Working) (Scotland) Act 2014 | An Act of the Scottish Parliament to make provision in relation to the carrying out of functions of local authorities and Health Boards; and to make further provision in relation to certain functions under the National Health Service (Scotland) Act 1978; and for connected purposes. |
| The Community Empowerment (Scotland) Act 2015         | An Act of the Scottish Parliament to make provision about national outcomes; to confer functions on certain persons in relation to services provided by, and assets of, certain public bodies.   |

## **Appendix C**

### **Inverclyde Health & Social Care Partnership**

Inverclyde HSCP integrates community health, social work and social care services into a single structure in line with the Scottish Government policy. The aim is to improve services and make them seamless and more responsive to the people of use them. It will provide opportunity for the people of Inverclyde and Inverclyde Carers to be involved and included in the design, planning and delivery of these services through a partnership approach. Inverclyde HSCP already has a strong partnership with the independent and 3<sup>rd</sup> sector organisations that provide support and care services across Inverclyde. Inverclyde HSCP will continue to build on these partnerships and develop services to meet the needs of the people who use them.

The Inverclyde HSCP integrated Strategic Plan sets out a vision for Health & Social Care in Inverclyde which will encompasses the principles and values to deliver future services, including those to meet the needs of carers in Inverclyde.

Further information can be found

at: <https://www.inverclyde.gov.uk/health-and-social-care>

### **Inverclyde Carers Centre**

Inverclyde Carers Centre provides information, advice and support to unpaid Carers that look after relatives or friends, who could not manage alone due to illness, disability, addiction or frailty.

Services include supporting Carers through hospital admissions and discharge, stress management therapies, counselling, support groups, information, short breaks, training and social opportunities. The support and information provided informs, reassures and often enables Carers to sustain their caring role.

Inverclyde Carers Centre operates a drop in and appointment service from its premises in Cathcart Street, Greenock. In addition to this we work closely with other organisations and Carer Support Workers can now be found in a variety of places throughout the local community. These include Health Centres, Inverclyde Royal Hospital, Community Centres and public events.

Inverclyde Carers Centre prides itself in being a user led organisation



which was established in 2001 and became a registered Scottish charity and company limited by guarantee in 2006. As a company, Directors are drawn from existing membership which is open to all Carers or former Carers registered with the centre. The centre is a strategic partner of Inverclyde HSCP and works closely with Inverclyde Carers Council in highlighting the rights of Carers and ensuring that they are recognised for their valuable contribution to society. The work of the centre is funded by Inverclyde HSCP, The Big Lottery and a range of other grant making organisations. Further information can be found at: <http://www.inverclydecarerscentre.org.uk/>

### **Inverclyde Carers Council**

The Inverclyde Carers Council aim to obtain for Carers "Full recognition of the contribution unpaid carers make to society both locally and nationally and to endeavour to keep them informed of their rights and their value.

### **Financial Fitness**

Financial Fitness currently delivers an outreach advice service for Carers engaging with Inverclyde Carers Centre. This service supports approximately 400 carers per year through the provision of a weekly welfare benefit advice surgery within the Inverclyde Carers Centre. Based on referrals from Inverclyde Carers Centre staff, Financial Fitness provides a full income and circumstances assessment for each carer attending the surgery. From this assessment, the Financial Fitness Adviser is able to identify any unclaimed benefits and complete the necessary claim forms if appropriate. The Financial Fitness Adviser also offers access to the money advice service (for carers requiring debt, budgeting or financial products advice) as well as carrying out a social-wellbeing assessment to identify any additional unmet needs. Aftercare support is provided following the initial appointment to ensure that all advice work reaches it's a natural, satisfactory conclusion.

Please note: Carers who have engaged with Inverclyde Carers Centre but who are unable to attend the surgery are referred directly to Financial Fitness for appointments within their office at pre-arranged times agreed by Financial Fitness and Inverclyde Carers Centre.

The Financial Fitness service has generated approximately £550,000 of unclaimed benefits for Carers in the last year which has improved the carer's quality of life by creating higher disposable incomes to spend on

life-enhancing products and services such as care, transport, food, heating and social opportunities.

The key services Financial Fitness provide for Carers are:

- *Advice on all welfare benefits (income maximisation)*
- *Assistance with form filling where appropriate*
- *Comprehensive benefit checks*
- *Better Off In Work calculations*
- *Money Advice.*
- *Support to access bank accounts and other financial products.*
- *Signposting clients to other services and agencies.*
- *Home visits and Carers Centre based surgeries.*

Further information can be found at: <http://financialfitness.btck.co.uk/>

## **Your Voice**

Your Voice is a service user-lead third sector organisation set up to facilitate the voice of local people being heard in Inverclyde, and beyond. The HSCP commissions Your Voice to undertake its primary public engagement role through the People Involvement Advisory Network. The network involves a cross section of people from our communities and will be subject to review to ensure both the removal of potential barriers to participation and the inclusion of all groups representative of the protected 17 characteristics.

Your Voice facilitates the Carers Sub Group of the Involvement Network, in partnership with Inverclyde Carers Centre. Your Voice supports the public partner members (2 service users and 2 carers) of the Integration Joint Board and Strategic Planning Group.

Further information can be found at: <http://yourvoice.org.uk/>

## **Inverclyde HSCP Short Breaks**

### **WHAT IS THE SHORT BREAKS BUREAU?**

The Short Breaks Bureau is located at Greenock Health Centre within the Community Care Section of Inverclyde HSCP. The role of the Bureau is to promote and arrange a range of short breaks (sometimes known as respite) for individuals whose community care needs meet the required eligibility criteria.

The Short Breaks Bureau offers a one-stop-shop approach to supporting carers and those needing care to access a variety of personalised short breaks. The Bureau gives people the support they need to plan the short break they want and organises it for them.

### **WHAT ARE SHORT BREAKS?**

Short breaks offer carers and the person that they care for a break from their normal caring situation it allows them to recharge batteries and sustain carers in their caring role. They can be a lifesaver for some. Carers can have a life of their own through the provision of suitable short breaks. Inverclyde Short Breaks co-ordinator will work closely with the Care Manager to establish what support is needed to ensure that the break will meet the needs of all concerned the break should be a positive experience for everyone. Short Breaks can range from a few hours in the form of a sitting service to a week overnight away from home with support or within a traditional care home setting.

There is a variety of potential types of Short Break:-

- Breaks in specialised respite accommodation
- Breaks in residential/nursing care homes
- Breaks in the home of another family member
- Breaks provided at home with a carer
- Support to access clubs, interests or activity groups
- Holiday Breaks

The breaks are arranged around the preferences and needs of the individual and breaks can be taken in conjunction with other members of the family, with friends or on their own.

## HOW DO I GET A SHORT BREAK?

Following a community care assessment individuals and their carers can be considered for a short break designed to give them a break from their regular routine or to give the carer a break from their regular routine.

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| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b>                     | <b>5 January 2017</b>  |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director (Chief<br/>Officer)<br/>Inverclyde Health and Social<br/>Care Partnership (HSCP)</b> | <b>Report No:</b>                | <b>SW/07/2017/SMcA</b> |
| <b>Contact Officer:</b> | <b>Sharon McAlees<br/>Head of Service<br/>Children &amp; Families and Criminal<br/>Justice</b>                             | <b>Contact No:</b>               | <b>01475 715282</b>    |
| <b>Subject:</b>         | <b>CHILDREN'S<br/>REPROVISION</b>  | <b>RESIDENTIAL<br/>CHILDCARE</b> | <b>SERVICES</b>        |

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with an update on Phase 2 and Phase 3 of Inverclyde's residential childcare reprovion of Neil St and Crosshill Children's Residential Units.

## **2.0 SUMMARY**

- 2.1 In 2008 a proposal to replace all three of Inverclyde's Residential Children's Units was agreed on a phased basis. Phase 1 of the plan was completed in March 2013 when Kylemore opened replacing Redholm. A revised staffing structure was implemented and the number of overall residential placements across the three residential units was reduced from twenty four to eighteen.
- 2.2 In light of the significant financial commitment of the programme and the financial pressures facing the Council, consideration was given to reducing the programme to refurbishments of Neil St and Crosshill. This concluded that any works undertaken would only provide an additional five years to the life of the buildings. A cost and quality benchmarking exercise was subsequently undertaken which concluded that retaining residential childcare as a Council owned provision remained the best option in terms of cost and desired outcomes for looked after children.
- 2.3 Agreement was subsequently reached to proceed with replacement builds for Neil St and Crosshill Children's Units on a phased basis. The capital costs for Neil St were estimated at £1.858 million and Crosshill at £1.622 million.

## **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee is asked to note the progress of Phase 2 and Phase 3 of the residential childcare reprovion programme.

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

## **4.0 BACKGROUND**

- 4.1 In 2008 a proposal to replace all three of Inverclyde's Residential Children's Units was agreed on a phased basis. The programme of three stages was agreed including a revised staffing structure and a reduction in the number of placements provided from twenty four to eighteen. This took account of the changing needs of our looked after population and a clear commitment to providing young people who required residential care the opportunity of nurturing environments within their local community.
- 4.2 In light of the financial constraints facing the Council it was agreed in December 2012 that consideration should be given to refurbishing Neil Street and Crosshill as an interim solution to extending the life of the buildings. A feasibility exercise was undertaken and concluded that this was not cost effective and at best would only extend the life of the buildings for another five years.
- 4.3 Phase 1 of the reprovision programme was completed in 2013 when Kylemore Children's Unit opened replacing Redholm.
- 4.4 At that juncture further consideration was again given to the cost of the overall programme. A scoping exercise was completed which considered detailed benchmarking and commissioning options. Taking account of cost and desired outcomes for Inverclyde's looked after children and young people, it was agreed that the Council's residential childcare provision provides a sector leading service at a competitive cost and should continue to be owned and managed by the Council
- 4.5 Agreement was reached in 2013 for the replacement of Neil Street and Crosshill Children's Units with two 6 bed houses built to the same template as Kylemore. The programme of work to be undertaken on a phased basis is as follows :

### **Phase 2( 2014/17)**

- Build replacement for Neil St on the site of the former Kings Glen Primary School.

### **Phase 3 (2017/18)**

- Transfer young people from Crosshill to the vacated property at Neil St.
- Demolish Crosshill and rebuild on existing site.
- Return young people from Neil St. to Crosshill.

- 4.6 The new build Kylemore cost £1.400 million. The funding package was met by revenue savings from service redesign (mainly staffing costs) along with capital receipts from the sale of Redholm to meet Prudential borrowing. The capital costs for Neil St was estimated at £1.858 million and Crosshill at £1.622million. These costs are to be met from prudential borrowing.

## **5.0 PERFORMANCE**

- 5.1 Stage two replacement of Neil St Children's Unit commenced 2014.
- 5.2 Following community consultation and a tendering process, the contract for phase two was awarded to Fleming Construction. Work commenced on the site at the former Kings Glen Primary at Cardross Crescent, Greenock in August 2016 with a temporary access road, minimising disruption to Cardross Crescent residents, being located from Kilmacolm Road.
- 5.3 As of 25<sup>th</sup> November 2016, the timber kit was installed and building construction to roof level completed. The road infrastructure is in progress however it will not be fully completed until the end of build although it is hoped that the turning hammer point can

be completed earlier to alleviate some of the concerns expressed by residents. The contractor has reported slippage of three weeks however they are confident of mitigating the delay.

- 5.4 The anticipated fit out and move are scheduled for June 2017. In recognition that this is the end of school term it is hoped that the transfer of young people can be coincided to keep disruption to a minimum particularly for any young people sitting exams or participating in end of term school activities.
- 5.5 Neil St and Crosshill have over the past year run over capacity in terms of the number of placements however the service is confident that the current care planning processes for each young person will allow us to reduce the number of placements to six prior to the Neil St replacement being completed.
- 5.6 When Neil St have moved to Cardross Crescent a brief cosmetic refurbishment and deep clean will take place prior to Crosshill decanting. The current programme of works aims for the demolition, rebuild and return to new build Crosshill by July 2018. A programme of works is attached.
- 5.7 Phase two will reach completion in June 2017 and Phase 3 will commence in July 2017 with the decant to Neil St and demolition of Crosshill working towards completion of Phase 3 in June 2018.

## 6.0 PROPOSALS

- 6.1 Inverclyde Council continues to demonstrate its corporate parenting duties and responsibilities towards looked after children and young people through its commitment to the provision of high quality residential childcare accommodation.

## 7.0 IMPLICATIONS

### Finance

#### 7.1

| Cost Centre | Budget Heading                            | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|---|--------------|---------------------------------|---------------|----------------|
|             | Social Work capital – Neil St replacement | 2015/18      | 1,991                           |               |                |
|             | Crosshill replacement                     | 2016/19      | 1,682                           |               |                |

### Annually Recurring Costs/ (Savings)

The operational costs of the new residential units will be within existing revenue budgets.

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



|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| N/A |  |  |  |  |  |
|-----|--|--|--|--|--|

### **Legal**

7.2 There are no legal implications for this report

### **Human Resources**

7.3 There are no HR implications.

### **Equalities**

7.4 Has an Equality Impact Assessment been carried out?

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

### **Repopulation**

7.5 There are no repopulation implications.

## **8.0 CONSULTATION**

8.1 N/A.

## **9.0 BACKGROUND PAPERS**

9.1 None.

---

|                         |  |                    |                        |
|-------------------------|--|--------------------|------------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>  | <b>Date:</b>       | <b>5 January 2017</b>  |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director (Chief<br/>Officer)<br/>Inverclyde Health and Social<br/>Care Partnership (HSCP)</b> | <b>Report No:</b>  | <b>SW/05/2017/SMcA</b> |
| <b>Contact Officer:</b> | <b>Sharon McAlees<br/>Head of Service<br/>Children &amp; Families and Criminal<br/>Justice Services</b>                    | <b>Contact No:</b> | <b>01475 715282</b>    |
| <b>Subject:</b>         | <b>CORPORATE PARENTING PLANNING</b>  |                    |                        |

---

## 1.0 PURPOSE

- 1.1 This report provides an update on the progress of Inverclyde's Corporate Parenting Strategy and Plan and the associated activity engaging with looked after and care experienced children and young people.

## 2.0 SUMMARY

- 2.1 The Children and Young People (Scotland) Act 2014 Act is the most significant piece of legislation in relation to children and young people since the Children (Scotland) Act 1995 and is a key part of the Scottish Government's strategy for making Scotland the best place in the world to grow up.
- 2.2 Part 9 (Corporate Parenting) of the Act commenced on 1<sup>st</sup> April 2015 and placed new corporate parenting duties on a wide range of publicly funded organisations. All corporate parents are required to prepare and publish plans which detail how they will fulfil their duties as Corporate Parents.
- 2.3 These duties will be reflected in Inverclyde's Corporate Parenting Strategy and Action Plan which will align with Inverclyde's Children's Services Plan and associated children's services planning and improvement frameworks.
- 2.4 Inverclyde's Corporate Parenting Plan will focus on four key priority outcomes:-
- Early help and assistance
  - Health and Wellbeing
  - Opportunities to maximise learning, achievement and skills for life.
  - Accommodation and Housing
- 2.5 A Champions Board consisting of Corporate Directors and elected members each holding a portfolio for a key priority outcome will be established. This will enable Inverclyde's Corporate Parents to deliver on their current and new responsibilities in an informed way, by providing a connection to the real lives of our care experienced young people.

- 2.6 An application to Big Lottery funded Life Changes Trust will be made seeking three year funding that will support the establishment of a the Champions Board with the aim of building a sustainable delivery model to enable Inverclyde Council to fulfil its corporate parenting responsibilities.

### **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee is asked to endorse the approach taken to developing and implementing Inverclyde's Corporate Parenting Strategy and Action Plan.

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

## 4.0 BACKGROUND

4.1 The Children and Young People (Scotland) Act 2014 was passed by the Scottish Parliament and received Royal Assent in March 2014. The Act is the most significant piece of legislation in relation to children and young people since the Children (Scotland) Act 1995 and is a key part of the Scottish Government's strategy for making Scotland the best place in the world to grow up. Composed of 18 distinct parts, the Act makes important changes to a wide range of areas that impact on the lives of children and young people, and those of their families and carers.

4.2 Corporate Parenting Part 9 of the Act commenced on 1<sup>st</sup> April 2015 placed new corporate parenting duties on a wide range of publicly funded organisations, increasing the breadth and depth of support available to looked after children and young people, and those leaving care. Specifically the duties introduced by Part 9 of the Act create new drivers to support organisations to work individually as well as together to deliver better outcomes for looked after children and young people.

4.3 Corporate Parenting is defined in the Act as the:

*"The formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers"*  
And describes corporate parenting as:

*"An organisations performance of actions necessary to uphold the rights and safeguard the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual social and educational development is promoted".*

4.3.1 The legal definition of a looked after child is one who is:

- *Subject to a Compulsory Supervision Order under Section 83 of the Children's Hearing (Scotland) Act 2011*
- *Subject of a Permanence Order under Section 80 of the Adoption and Children (Scotland) Act 2007*
- *Accommodated by the local authority under Section 25 Children (Scotland) Act 1995*

4.3.2 Throughout this report the term "care experienced" refers to all looked after children and young people and care leavers irrespective of their legislation and placement.

4.4 The Scottish Government made the decision to legislate in this area because there was widespread belief that not enough was being achieved by policy alone and in this respect the implementation of Part 9 should be seen in the context of previous policy documents *"We Can and Must Do Better"* (2007) and *"These Are Our Bairns – A Guide for Community Planning Partnerships"* (2008).

4.5 Part 9 of the Act introduces a number of new duties. For the purposes of corporate parenting planning the following have the most relevance.

- Section 58 Corporate Parents are alert, assess, promote, provide opportunities, ensure access, strive to improve
- Section 59 Planning by Corporate Parents
- Section 60 Collaborative working by Corporate Parents
- Section 61 Reports by Corporate Parents

- Section 62 Duty to provide information to Scottish Ministers

4.6 Inverclyde and local community partners have worked in a collaborative way over a number of years. The new Act and the statutory guidance that accompanies it recommend that local authorities develop and publish their new integrated children's services plans and new corporate parent plans separately but within the wider context of joint children's planning. Inverclyde's overall strategic vision is "Getting it Right for every Child, Citizen and Community" and therefore Inverclyde's Corporate Parenting Plan will align with existing community planning and children's' services planning and improvement frameworks.

4.7 In developing a corporate parenting strategy and plan with agreed priority outcomes for our care experienced young people the following were taken into account:-

- Children and Young People (Scotland) Act 2014
- Inverclyde Attainment Challenge
- Inverclyde HSCP Strategic Needs Assessment
- Scottish Care Leavers Covenant
- Feedback from Care Inspectorate inspections of our regulated children's services.
- Feedback from care experienced children, parents and carers
- Consultation with corporate parents and community planning partners

4.8 Informed by this, four key Corporate Parenting priorities have been identified for Inverclyde

- **Early Help and Assistance**  
Children their families and carers receive early help and assistance with seamless transitions from birth to adulthood
- **Health and Wellbeing**  
Care experienced young people have improved physical, mental and emotional health and wellbeing
- **Learning, Achievement and Skills for Life**  
Care experienced young people benefit from aspirational education and have equal opportunities to maximise skills for life.
- **Accommodation and Housing**  
Care experienced young people have safe, secure, stable and nurturing homes.

4.9 Key to delivering successful outcomes is the relationship between care experienced young people and Corporate Parents. The establishment of a Champions Board will create the right conditions for Inverclyde's Corporate Parents to deliver on their current and new responsibilities in an informed way, by providing a connection to the real lives of our care experienced young people. Although it is important that care experienced young people are at the centre of setting the agenda, the ultimate responsibility for change and action will sit with Corporate Parents. Each member of the Champions Board will therefore have a designated portfolio for a key priority outcome.

4.10 The overall aim of Inverclyde's Champions Board will be to improve the life chances of care experienced young people within the wider community. The Champions Board will have a lead in reducing misconceptions about care experienced young people, raising awareness of the barriers that they face and creating opportunities for care experienced young people to change practice and policy in a co-produced way.

- 4.11 Participation of young people is a recognised strength across Inverclyde and currently there are various methods of gathering the views of care experienced young people. A care experienced young people's participation group has been established and is currently supported by the Children's Rights Worker and Who Cares Advocacy Worker. Willing representation from this group when fully prepared will participate in the Champions Board.
- 4.12 To progress and support the implementation of Inverclyde's Champions Board, an application for three year funding will be submitted to the Lottery funded Life Changes Trust. If successful, funding will support an expansion of the service provided by Who Cares by developing opportunities for Inverclyde care experienced young people to shape the work of the Champions Board and build a sustainable model of delivery of Inverclyde's corporate parenting responsibilities. The outcome of the funding application will be announced in December 2016.

## **5.0 PERFORMANCE**

- 5.1 The Corporate Parenting Plan will progress four key priority outcomes that link directly with the national wellbeing indicators and Inverclyde's strategic commissioning themes. These outcomes and agreed performance measures will be monitored and evaluated quarterly and reported on an annual basis.
- 5.2 The Corporate Parenting sub group of SOA6 (best start in life) along with the Champions Board will oversee the delivery of Inverclyde's Corporate Parenting Plan and will report directly to SOA6, Health and Social Care Committee and the Integration Joint Board.
- 5.3 The expected performance outcomes for the Champions Board are as follows
- Care experienced young people will have a voice and opportunity to develop positive relationships, become active citizens, whilst feeling able to shape and influence policy/practice relating to their lives.
  - Service providers and corporate parents will develop improved understanding of corporate parenting within their organisation and implement agreed improvements in policy and practice.
  - Service design, commissioning and funding decisions will better meet the needs of care experienced young people.
  - The Champions Board will inform and inspires the community in future engagement with care experienced young people.

## **6.0 PROPOSALS**

- 6.1 The Children and Young People (Scotland) Act 2014 confers clear, statutory duties upon a range of corporate parents. These duties will be reflected in a distinct Inverclyde Corporate Parenting Strategy and Plan which will complement the wider Children's Services Plan 2016-19.
- 6.2 The establishment of Inverclyde Champions Board consisting of corporate directors and elected members each with a designated portfolio. The functioning of the Champions Board will be shaped by the participation of care experienced young people. The Champions Board will form an integral link between the young people's participation group and SOA6.

## 7.0 IMPLICATIONS

### Finance

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

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

Annually Recurring Costs/ (Savings)

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

### Legal

- 7.2 None.

### Human Resources

- 7.3 None.

### Equalities

- 7.4 Has an Equality Impact Assessment been carried out?

|          |   |
|----------|---|
|          | YES (see attached appendix)   |
| <b>X</b> | 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. |

Inverclyde's Corporate Parenting Plan and supporting activity to support engagement and participation by care experienced young people will reflect a commitment to inclusion, equalities and access to services, ensuring the voices of all looked after and care experienced young people are heard and reflected in service planning and delivery.

## 8.0 CONSULTATION

- 8.1 N/A

## **9.0 BACKGROUND PAPERS**

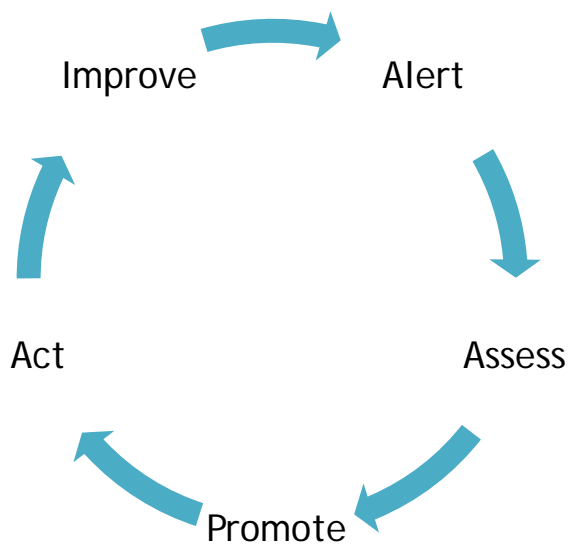
9.1 Corporate Parenting Plan (attached).



# Inverclyde

## Corporate Parenting Strategy

### 2016 - 2019



#### Corporate Parenting:

*“An organisation’s performance of actions necessary to uphold the rights and safeguard the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted”*

*Children and Young People (Scotland) Act 2014 –  
Statutory Guidance on Part 9:  
Corporate Parenting*

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## Foreword

Getting it Right for Every Child offers a unique opportunity for all who work with children and young people; it offers a consistent approach for all to understand what children require to grow up safely. The wellbeing indicators provide for this, and give a common language to offer to help and support to those most in need; namely to children and young people who are looked after.

This is not the end of our professional responsibility, but simply the beginning because it raises a challenge to all of us who work within Inverclyde. It demands that we all deliver a coherent strategy across our Community Planning Partnerships to give our looked after children and young people hope for the future.

The Children & Young People (Scotland) Act 2014, places Corporate Parenting on a statutory footing. It provides a framework of new duties and responsibilities for Inverclyde Council and 23 other public bodies to deliver services that are child centred and improve their outcomes, through a more coordinated and collaborative approach.

With this in mind, Corporate Parenting means a collective responsibility of the council, elected members, employees and partner agencies to make Inverclyde the best place in Scotland to live, for our children and young people who are looked after and care leavers.

These Are Our Bairns : A Guide for Community Planning Partnerships (2008) shifted the emphasis from “corporate” to “parent “ with the challenge to take all actions necessary to promote and support the physical, emotional, social, spiritual and cognitive development of children from infancy to adulthood.

Every good parent wants the best for their child, to see them flourish with good health, to be safe and happy, to do well at school, to enjoy good relationships with their peers. Make the most of leisure opportunities, hobbies and interests, and grow towards adulthood equipped to lead independent lives and to make their way as adults either in higher education or in employment, so that they can have choices in their life.

This is the aspiration of “Nurturing Inverclyde” where we accept the responsibility for our children, young people and care leavers to make the upholding of their rights, their safeguarding and wellbeing needs our priority.

Aubrey Fawcett  
Chief Executive

Stephen McCabe  
Leader of the Council

# WELCOME.

Welcome to Inverclyde's Corporate Parenting Strategy and Action Plan 2016 - 2019



Our vision is that Inverclyde is the best place in Scotland for children, young people and their families to live and it is our mission to ensure that nurturing approaches to service delivery will give all of our children and young people the best possible start in life.

Inverclyde Corporate Parenting Strategy sets out our aspiration to make a positive difference in the lives of Inverclyde's looked after children, young people and care experienced along with the actions we will take to meet our corporate parenting responsibilities.

Throughout this strategy the term care experienced refers to all looked after children, young people and care leavers irrespective of their placement and legal status.

# Corporate Parenting

## What is Corporate Parenting?

Inverclyde's definition of Corporate Parenting is set out in the Scottish Government's statutory Guidance 2015 "An organisations performance of actions necessary to uphold the rights and safeguard the wellbeing of looked after children or care leavers and through which physical, emotional, spiritual, social and educational development is promoted."

## Who are Inverclyde's Corporate Parents?

When a children and young people become looked after the responsibility for parenting becomes a duty of everyone working for the council along with our community planning partners. This includes agencies who do not directly work with children. Good corporate parents take responsibility for promoting the wellbeing of all care experienced children and young people by working collaboratively to reduce barriers and inequalities experienced by looked after children throughout their care journey.

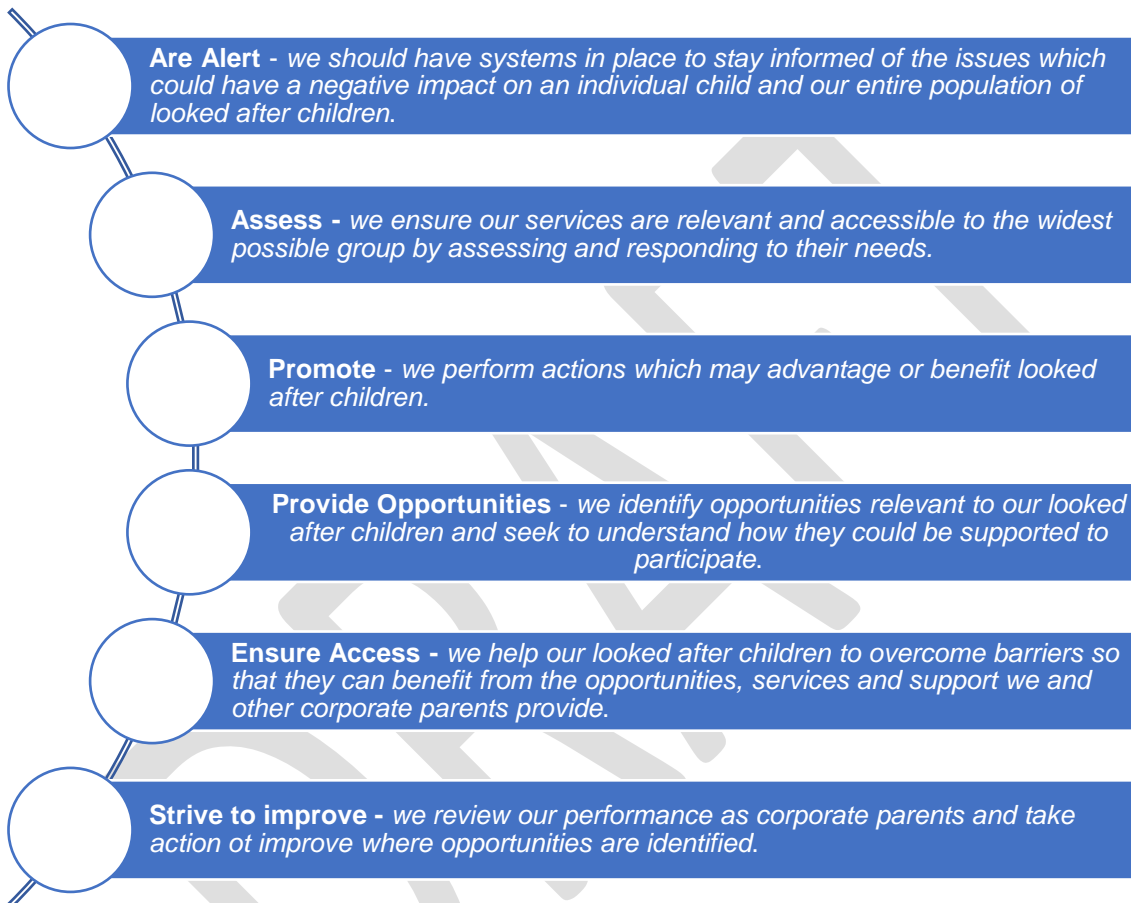


A full list of all corporate parents as described in schedule 4 of the Children and Young People (Scotland) Act 2014 can be found at appendix A

## Meeting our Corporate Parenting Duties and Responsibilities

All corporate parents are required to prepare and publish plans which detail how they will fulfil their duties as Corporate Parents.

Part 9 Section 58 Children and Young People (Scotland) Act 2014 sets out the key responsibilities of Corporate Parents and the legal duties that every Corporate Parent must fulfil:



Section 60 of the Children and Young People (Scotland) Act 2014 sets out the requirement for collaborative working by Corporate Parents when exercising their responsibilities to support, safeguard or promote the wellbeing of care experienced children this includes:

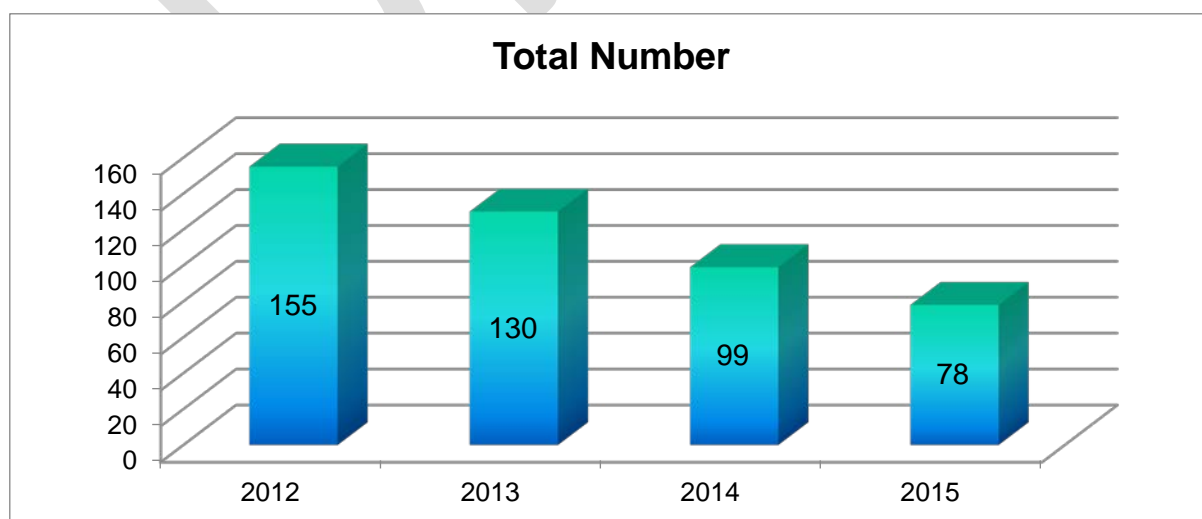
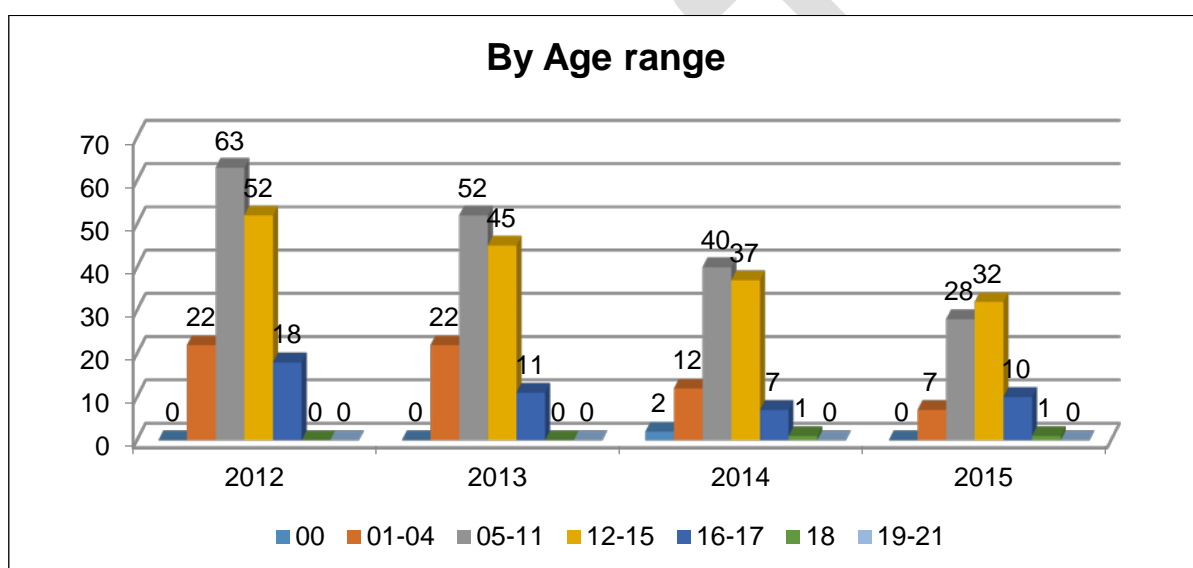
- *Sharing information*
- *Providing advice or assistance*
- *Coordinating activities (and seeking to prevent unnecessary duplication)*
- *Sharing responsibility for action*
- *Funding activities jointly*
- *Exercising functions jointly (e.g. joint plan, joint reporting)*

## Who are our Looked After and Care Experienced Children and Young People?

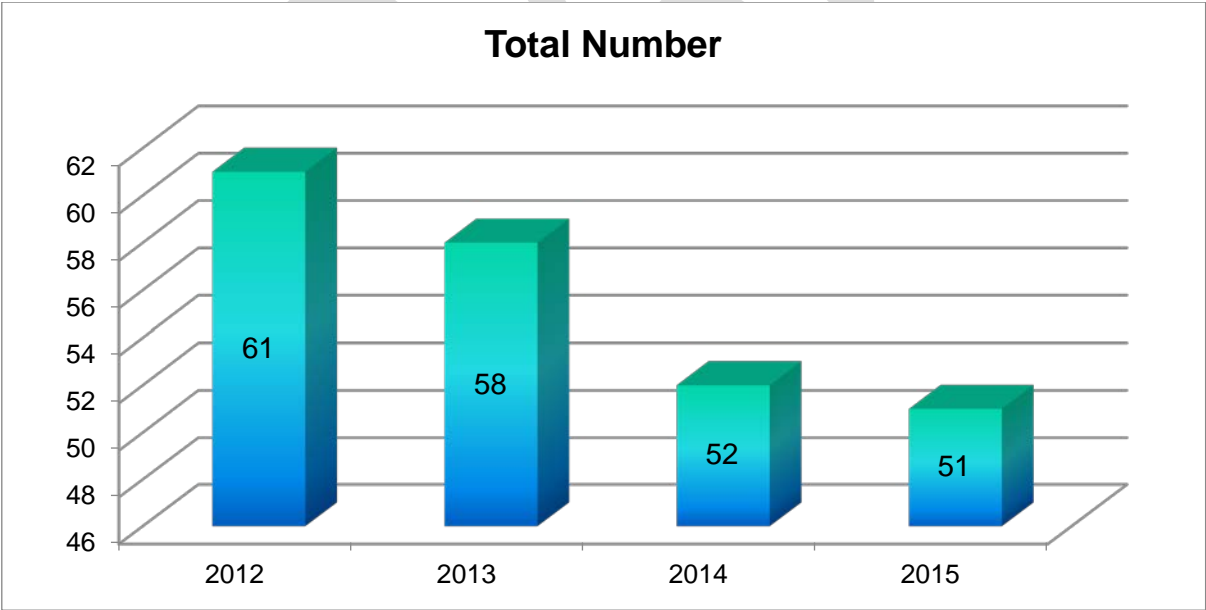
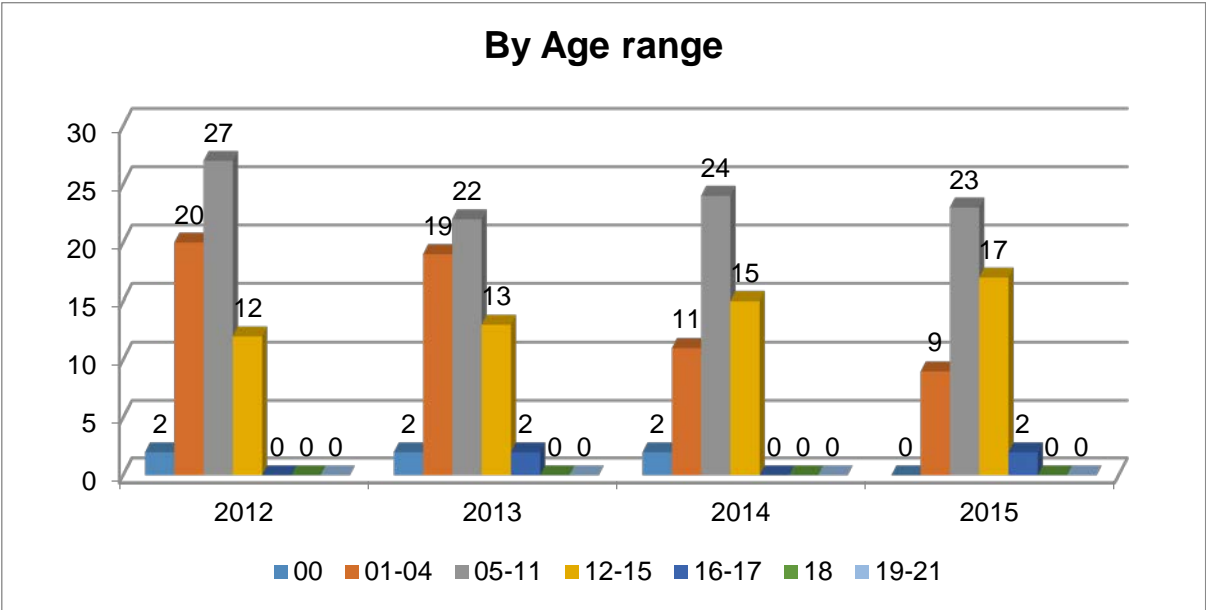
The Children and Young People (Scotland) Act 2014 brought about extensive changes in enabling us to better meet the needs of our looked after population in conjunction with a strong emphasis on improved planning that provides security and stability from birth until adulthood. This includes children who are looked after at home subject of compulsory supervision orders, children in foster placements, residential placements, secure care, formal kinship placements and children affected by disability who are looked after.

Data will be updated when the 2015/16 Children Looked After Survey (CLAS) is ratified and published by Scottish Government in March 2017.

### Looked After at Home

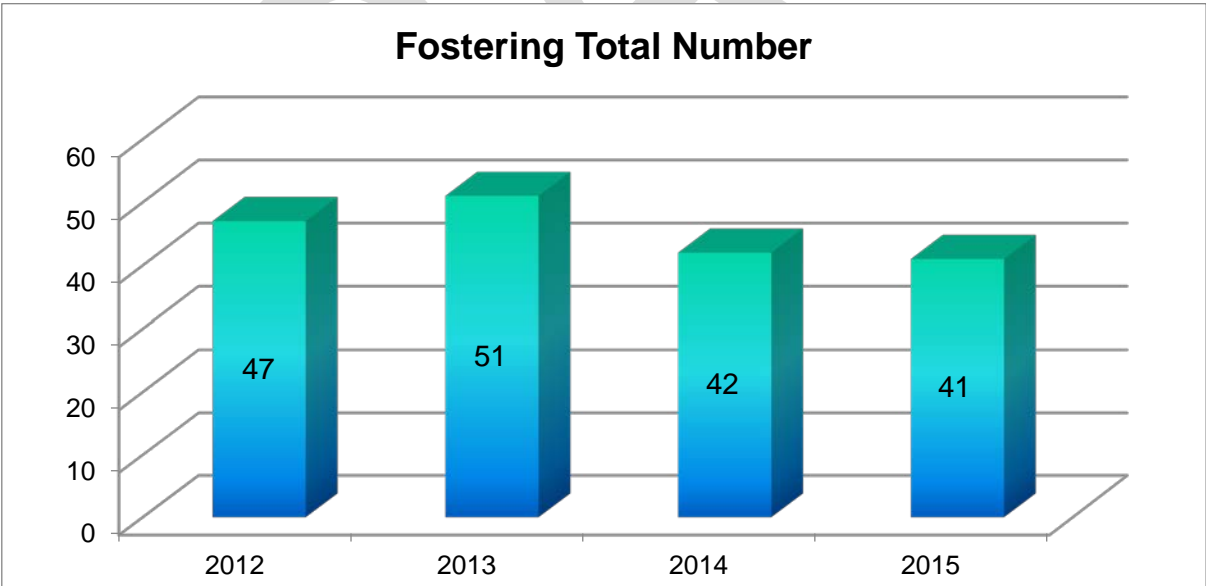
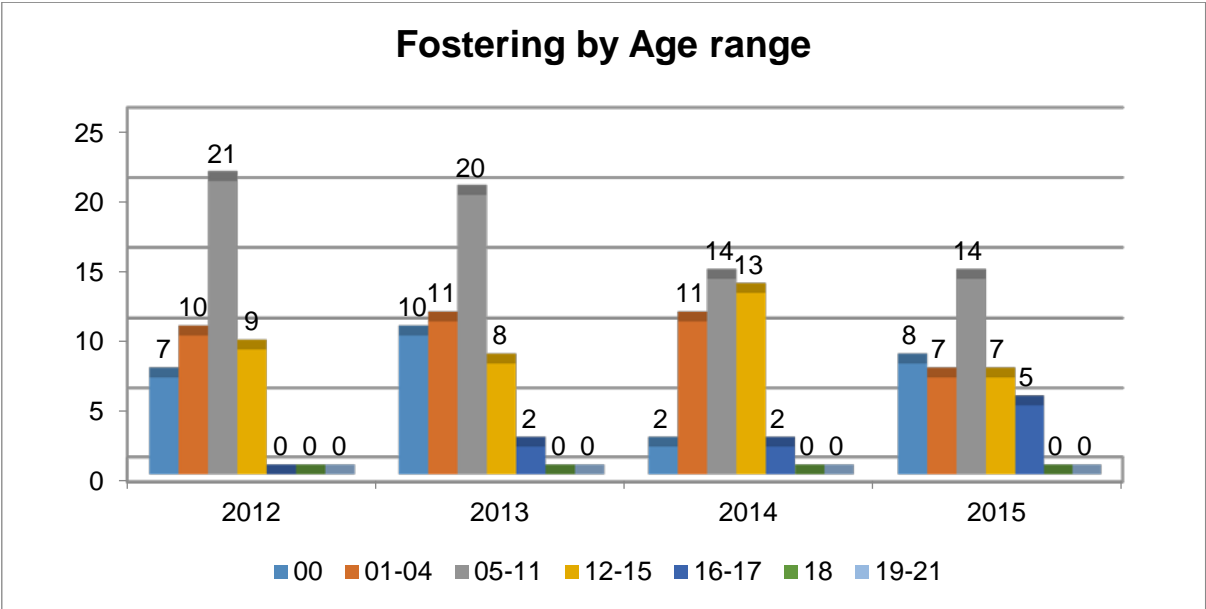


Looked After with Relatives/Friends

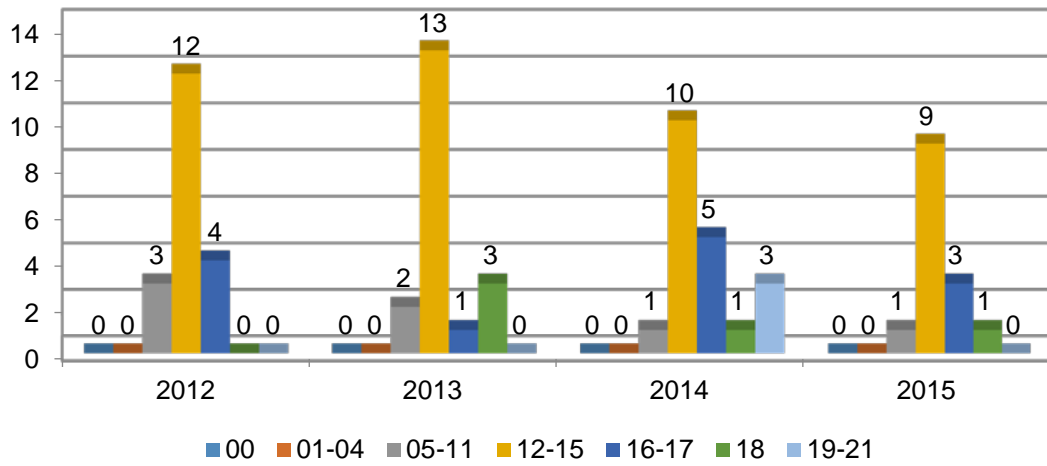




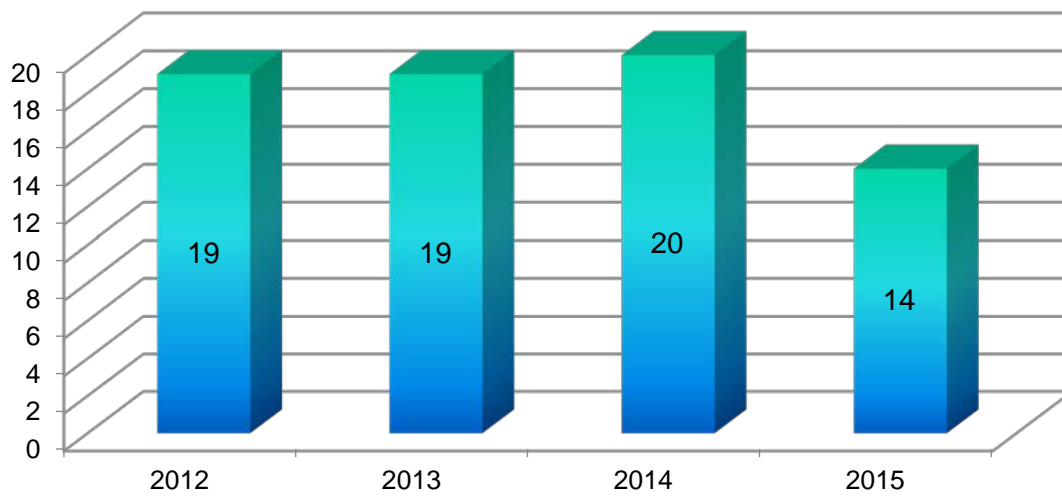
Fostering/Residential (Local)



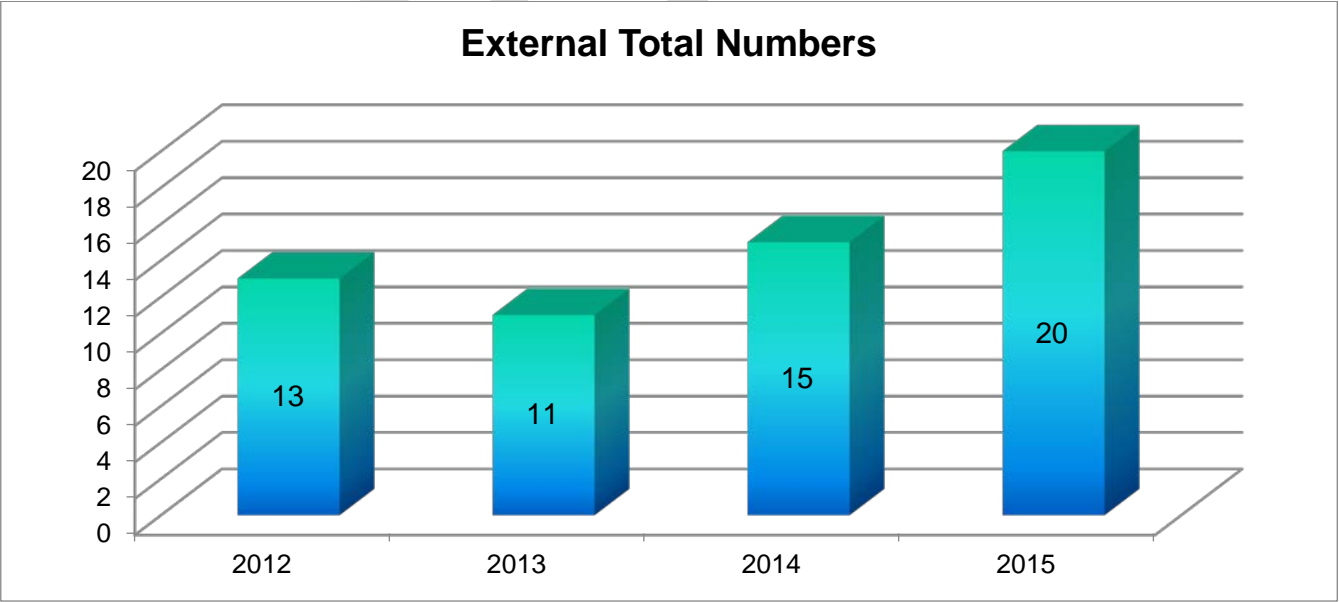
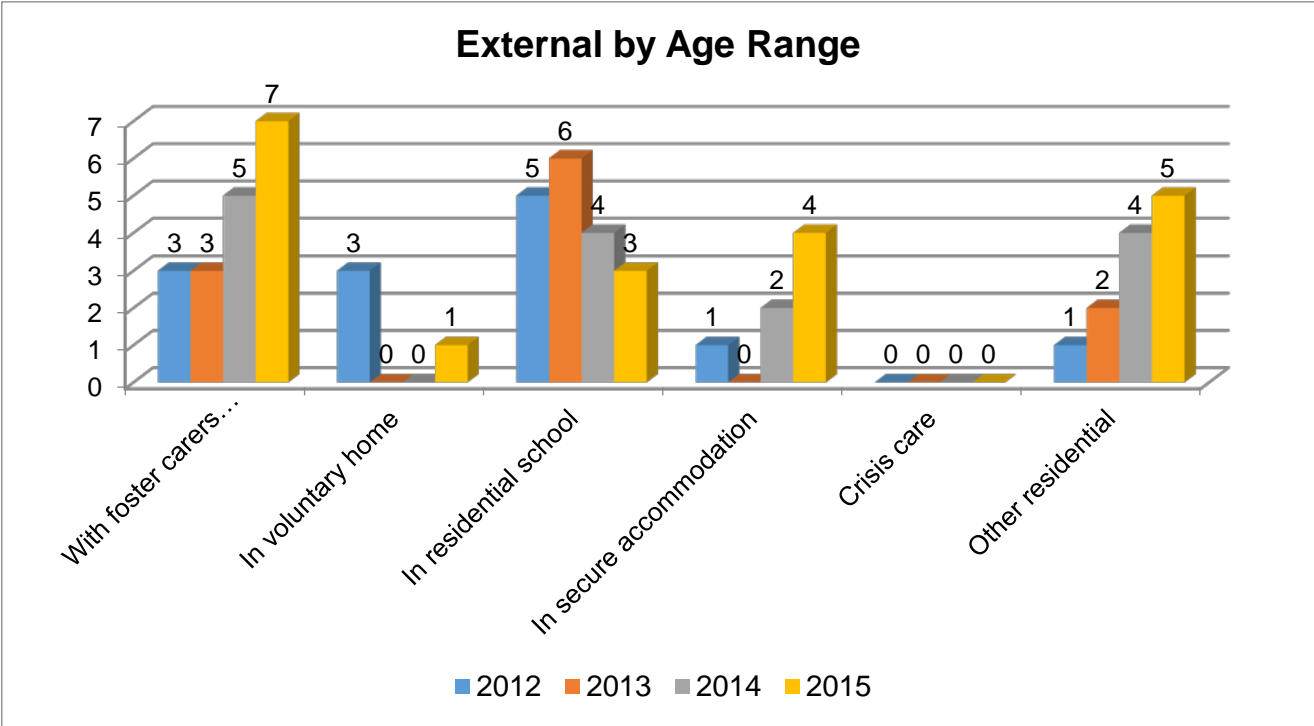
### Residential by Age range



### Residential Total Numbers

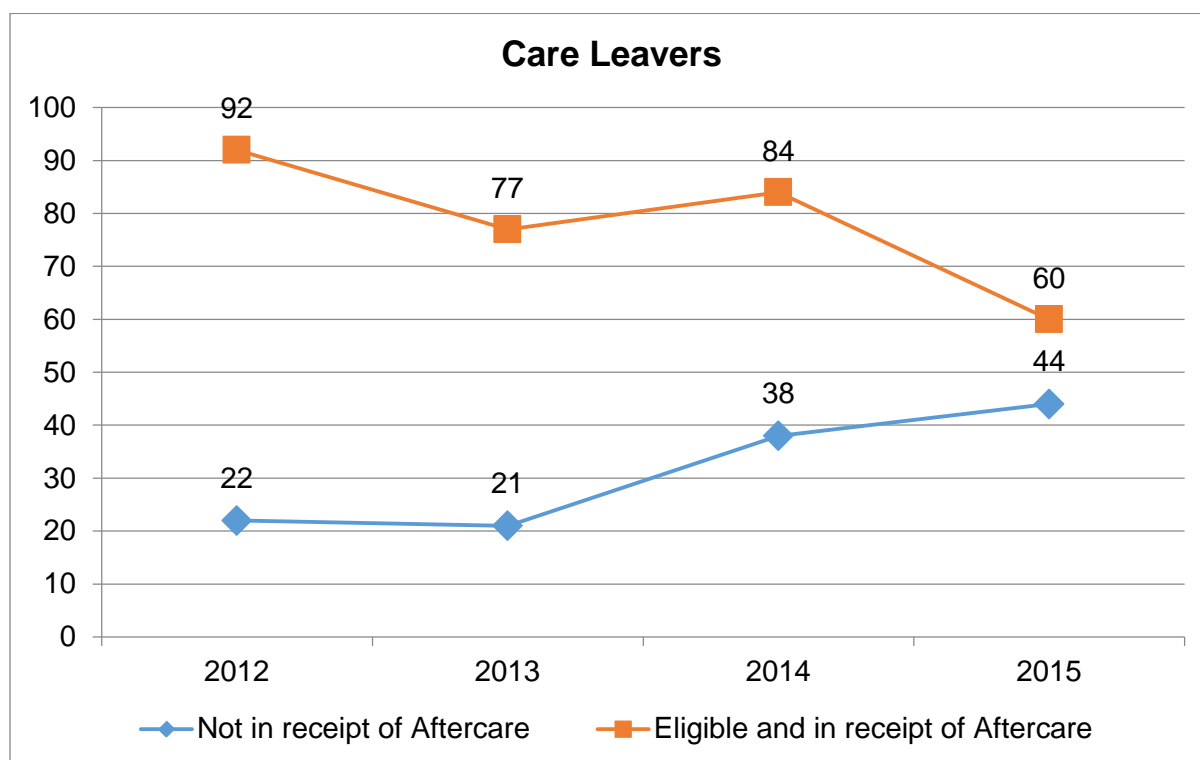


Fostering / Residential (External)



## Care Leavers and Aftercare

The Children and Young People (Scotland) Act 2014 makes significant changes to those eligible for “Aftercare” and introduces the provision of “Continuing Care” for young people born after 1st April 1999. Eligible young people will have the right to remain in a residential placement, foster and kinship placement until their 21st birthday under Continuing Care and for those eligible After Care will extend until their 26th birthday. The principles set out by the Scottish Care Leavers Covenant will demonstrate our commitment as corporate parents to changing culture, practice and outcomes for care leavers.



### Summary

As of 31st July 2015 there were 209 children and young people looked after by Inverclyde Council, with gender composition of 121 males and 88 females.

There were 182 children and young people in the following community placements:

- 78 looked after at home with parents
- 51 with friends and relatives (Kinship)
- 41 were in local foster placements
- 7 with foster placements purchased out with Inverclyde
- 5 with prospective adoptive parents

There were 27 children and young people in the following residential placements:

- 14 in local residential care home
- 3 in residential school placement
- 4 in secure care
- 6 in external residential care home

Of this number of children 185 (89%) were residing within Inverclyde and 24(11%) were residing out with Inverclyde

## Developing the Strategy and Action Plan

Inverclyde's Community Planning Partnership is structured around six strategic outcome groups with an overall vision of "Getting it Right for Every Child, Citizen and Community". In developing this strategy and agreeing priority outcomes for our care experienced children and young people we have taken the following into account.

- Children and Young People (Scotland) Act 2014
- Inverclyde HSCP Strategic Needs Assessment
- Inverclyde Attainment Challenge
- Scottish Care Leavers Covenant
- Feedback from Inspections of our regulated residential childcare, fostering and adoption services
- Feedback from looked after children, parents and carers
- Consultation with corporate parents and community planning partners

This level of engagement has enabled us to better understand the needs of care experienced children and young people including the inequalities encountered throughout their care journey. In reaching agreement about how best to keep the needs of care experienced young people at the forefront we identified that a successful strategy required

- shared assessment and planning processes that are outcome focused
- shared understanding of early help, intervention and transition
- consistent data sharing
- collaborative approaches and participation

Informed by this we have identified four key Corporate Parenting priorities for Inverclyde:



## Key Outcomes

In addition to championing Inverclyde's key corporate parenting priorities the establishment of the Champions Board will be enable the following outcomes to be delivered:

### **Outcome 1 (Participation)**

Care experienced young people will benefit from participation in the Champions Board.

- Care experienced children and young people develop confidence and skills to influence policy and service delivery
- Care experienced children and young people become active contributors within their communities

### **Outcome 2 (Leadership)**

Inverclyde Corporate Parents will strengthen their commitment, knowledge, skills and capacity.

- We will be in a position to demonstrate meaningful engagement in planning and supporting improvement
- Rights of care experienced children and young people will be recognised and promoted

### **Outcome 3 (Policy and Practice)**

Inverclyde policy and practice becomes more responsive to care experienced children and young people

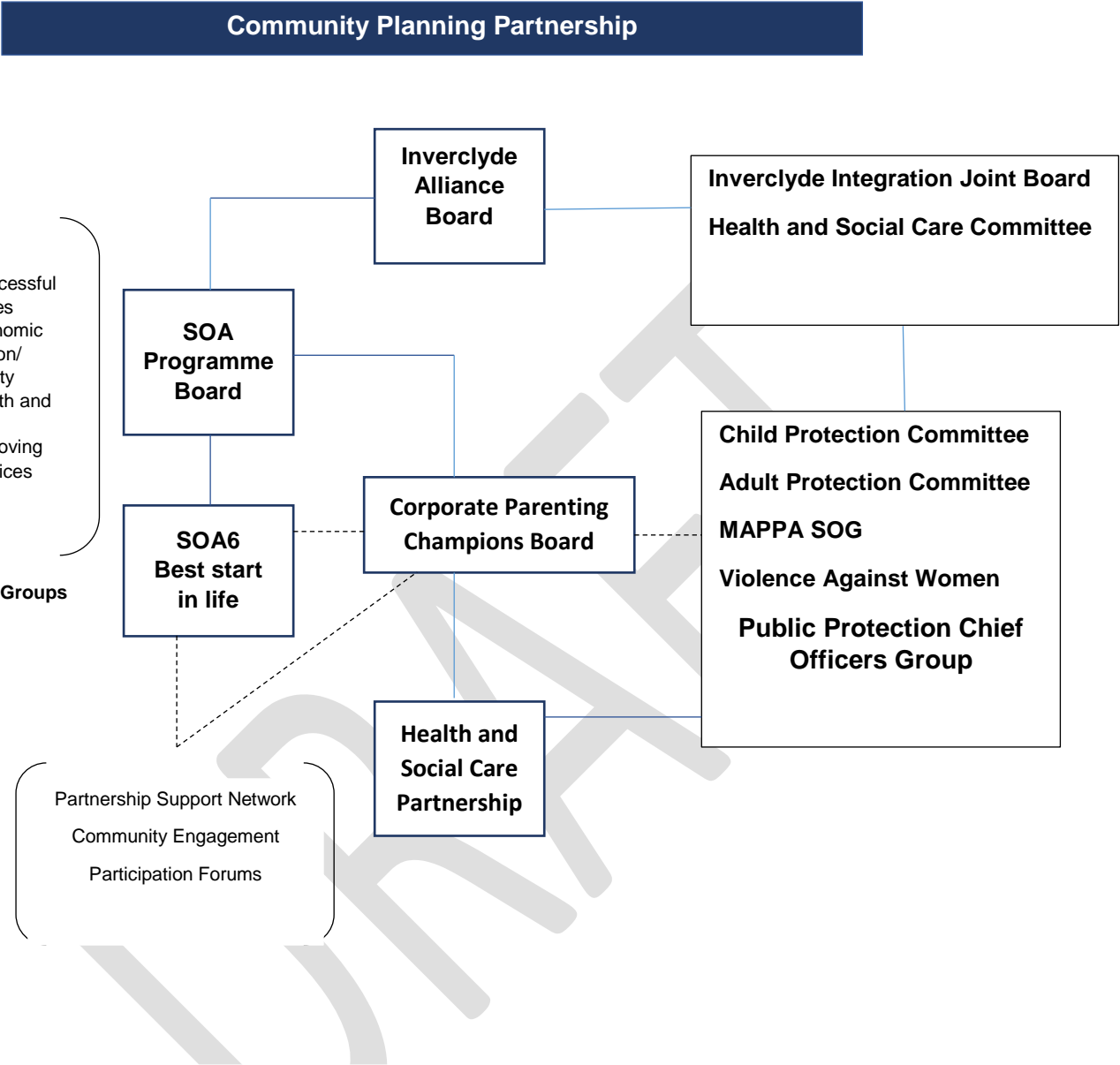
- Community planning partners will work effectively and collaboratively to implement agreed policy and practice
- Policy and practice will be increasingly responsive and interventions will identify and support areas of strength and need
- Improvements will be delivered through strong relationship based practice

### **Outcome 4 (Community Engagement)**

Public awareness and attitudes become increasingly positive towards care experienced children and young people.

- Communities will be inspired in their engagement with and support care experienced children and young people.

# Governance Structure



Inverclyde’s Corporate Parenting Strategy and Action Plan will be aligned with the Inverclyde Single Outcome Agreement (SOA6) and Children’s Services Performance Improvement Planning Framework.

The Corporate Parenting Sub Group of SOA6 will be responsible for reporting on improved outcomes for care experienced children and young people and their families.

The Champions Board will form an integral link between the children and young people’s participation forums and SOA6.

## APPENDIX A – List of Corporate Parents

The following are designated as corporate parents in Schedule 4 of the Children and Young Person (Scotland) Act 2014

| <b>The Scottish Ministers</b>  | <b>A local authority</b>  | <b>A health board</b>  |
|--|---|--|
| <b>Children’s Hearings Scotland</b>  | The Principal Reporter  | The Scottish Children’s Reporter Administration                  |
| <b>A “post 16 education body” for the purposes of the Further and Higher Education (Scotland) Act 2005</b> | A board constituted under the National Health Service (Scotland) Act 1978 | Skills Development Scotland Co. Ltd (Registered Number SC202659) |
| <b>The National Convener of Children’s Hearings Scotland</b>   | The Commissioner for Children and Young People in Scotland                | Social Care and Social Work Improvement Scotland                 |
| <b>The Scottish Social Services Council</b>  | The Scottish Sports Council   | The Chief Constable of the Police Service of Scotland            |
| <b>Healthcare Improvement Scotland</b>   | The Scottish Police Authority   | The Scottish Fire and Rescue Service                             |
| <b>The Scottish Legal Aid Board</b>  | The Mental Welfare Commission for Scotland                                | The Scottish Housing Regulator                                   |
| <b>Bord na Gaidhlig</b>  | Creative Scotland   | The Scottish Qualifications Authority                            |



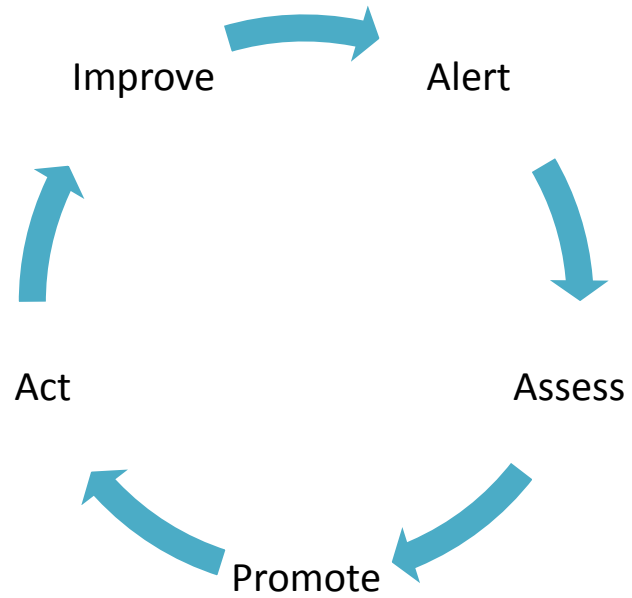
## APPENDIX B - Corporate Parenting Action Plan

Community Planning Partnership's vision is to:  
**'Getting it Right for Every Child, Citizen and Community'**

Through **Nurturing** our children and young people we will ensure that they have the best possible start in life  
 Our principle is that all children and young people have a right to be listened to and to be involved in the planning,  
 provision and evaluation of services they need. (Inverclyde Youth Participation Strategy 2016-2019)

| National Outcome   | SOA Outcome  | Wellbeing Indicator   |
|--|--|---|
| We have improved the life chances for children, young people and families (at risk)  | <b>SOA 2</b> Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.                            | <b>Safe</b> - Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.                              |
| We live longer, healthier lives.   | <b>SOA 4</b> The health of local people is improved, combating health inequality and promoting health lifestyles   | <b>Healthy</b> - Achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.                                   |
| We are better educated, more skilled and more successful, renowned for our research and innovation   | <b>SOA 8</b> All children, citizens and communities in Inverclyde play an active in nurturing  | <b>Active</b> – Being supported and guided in lifelong learning. Having opportunities for the development of skills and knowledge to gain the highest standards of achievement in educational establishments, work, leisure or the community. |
| Our children have the best start in life and are ready to succeed  | <b>SOA 6</b> A nurturing Inverclyde gives all our children and young people the best start in life   | <b>Nurtured</b> - Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.  |
| Our young people are successful learners, confident individuals, effective contributors and responsible citizens   | <b>SOA 7</b> All children, citizens and communities in Inverclyde play an active in nurturing the environment to make the area a sustainable and desirable place to live and visit   | <b>Achieving</b> - Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.   |
| Our public services are high quality, continually improving, efficient and responsive to local people's needs.   | <b>SOA 8</b> Our public services are high quality, continually improving, efficient and responsive to local people's needs.  | <b>Respected and Responsible</b> - Respected and share responsibilities. Citizens are involved in decision making and play an active role in improving the community.   |
| We realise our full economic potential with more and better employment opportunities for our people.<br><br>We value and enjoy our built and natural environment and protect it and enhance it for future generations. | <b>SOA 3</b> The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skill development enables both those in work and those furthest from the labour market to realise their full potential | <b>Included</b> - Overcoming social, educational, health and economic inequalities and being valued as part of the community.   |

## Corporate Parenting Plan 2016 - 2019



### Corporate Parenting:

*“An organisation’s performance of actions necessary to uphold the rights and safeguard the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted”*

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*Children and Young People (Scotland) Act  
2014 – Statutory Guidance on Part 9:  
Corporate Parenting*

## We live longer, healthier lives

| Strategic Priority Area | CP Duty SCLC Policy Link   | Outcome/s  | Actions to be progressed   | Lead Agency Lead Officer  | Where are we now   | RAG |
|-------------------------|--|--|--|---------------------------|--|-----|
| Health and Wellbeing    | Part 9 Duties - Corporate Parents are alert to any risks to wellbeing faced by looked after children and care leavers, their needs are assessed and they can access relevant services and supports<br><br>Raising Attainment<br><br>Wellbeing Indicators - Safe, Healthy, Nurtured | Looked after children and care experienced young people will have improved physical emotional and mental wellbeing and mental health wellbeing | The health needs of children and young people will be assessed and reviewed by a medical practitioner in a timely way.   | HSCP                      | Vulnerable child pathway implemented   |     |
|                         |  |  | All looked after children, young people and care leavers are registered with GP and dentist  | HSCP                      |  |     |
|                         |  |  | Timely access to mental health services  | HSCP                      |  |     |
|                         |  |  | Established access pathways between CAHMS/LAC Health Team /Specialist Children's Health Services   | HSCP                      | Single point of access established. Universal pathway linking to pathways for vulnerability /disability/ mental health |     |
|                         |  |  | Effective inter-authority liaison to ensure consistent access to health supports for external placements<br><br>Emotional wellbeing is identified and supported through trained staff (5 to Thrive) in schools under the Inverclyde Attainment Challenge.<br><br>Nurturing Playgrounds support safe, emotionally included and physical activity through trained staff in attachment. | HSCP<br><br><br>Education |  |     |

## Our young people are successful learners, confident individuals, effective contributors and responsible citizens

| Strategic Priority Area                            | CP Duty SCLC Policy Link   | Outcome/s  | Actions to be progressed  | Lead Agency Lead Officer | Where are we now | RAG |
|--|--|--|---|--------------------------|------------------|-----|
| <b>Learning. Achievement &amp; Skills for Life</b> | Part 9 Duties - looked after children and young people have opportunities to participate in activities designed to promote their wellbeing | All Looked after children benefit from engaging and aspirational educational experiences which meet their developmental needs and helps them to fulfil their potential   | Inverclyde's most vulnerable children are supported through focussed approaches to improve numeracy and literacy under Inverclyde's Attainment Challenge. They have individualised plans promoted through primary1, 2 and 3. This is evaluated through learning and assessment to evaluate the impact.<br><br>Ensure the ASN Forum meets and ensures plans and resources align to meet assessed wellbeing needs | Education                |                  |     |
|  | Wellbeing Indicators - Achieving, Respected, Included<br><br>Inverclyde Attainment Challenge   | Looked after children experience the same positive educational attainments and outcomes as their peers - including increasing the numbers of Looked after young people who engage, sustain and successfully complete further education | Review of all LAC educational plans as contained in the Child's Plan (through monitoring and review by Quality Assurance in social work and Education services - jointly reviewing data sets  | HSCP Education           |                  |     |
|  |  | Care experienced young people experience a sense of 'connection and belonging to their named school and are supported to participate in the full life of the school.   | Effective monitoring and reporting of looked after children and young people who are excluded or on 'part time timetables' and the reasons why; with appropriate actions to address school inclusion issues   | Education                |                  |     |

## We are better educated, more skilled and more successful, renowned for our research and innovation

| Strategic Priority Area                | CP Duty SCLC Policy Link  | Outcome/s  | Actions to be progressed  | Lead Agency Lead Officer   | Where are we now | RAG |
|--|---|--|---|----------------------------|------------------|-----|
| Learning Achievement & Skills for Life | Part 9 Duties - looked after children and care leavers have opportunities to participate in activities designed to promote their wellbeing<br><br>Wellbeing Indicators - Achieving, Respected, Included | Looked after young people and care leavers have access to a range of post school options         | Guidance staff focus with the young person on transition and skills for life as part of educational curriculum  | Education                  |                  |     |
|  |   | Care experienced young people have equal opportunities within education and training.            | Develop the range of opportunities to involve both Further Education and employment options -   | SDS Education West College |                  |     |
|  |   | Promote and achieve positive destinations for all looked after and care experienced young people | Develop and implement employment /training which includes: <ul style="list-style-type: none"> <li>• Placements / taster sessions</li> <li>• Training / awareness for staff in all settings to support young person</li> <li>• Meaningful employment options</li> <li>• Training schemes to extend criteria to include more vulnerable young people</li> <li>• Positive recruitment ( care experienced)</li> </ul> | SDS MCMC                   |                  |     |

We value and enjoy our built and natural environment and protect it and enhance it for future generations

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| Strategic Priority Area | CP Duty SCLC Policy Link   | Outcome/s   | Actions to be progressed  | Lead Agency Lead Officer  | Where are we now | RAG |
|-------------------------|--|---|---|---------------------------|------------------|-----|
| Housing & Accommodation | <p>Part 9 Duties - looked after children and care leavers have opportunities to participate in activities designed to promote their wellbeing</p> <p>Wellbeing Indicators - Safe, Nurtured, Respected, Included</p> <p>Strategic Housing Implementation Plan Staying Put</p> | <p>Improved range of, and access to, needs-led housing and accommodation options, with integrated person-centred support.</p> <p>Reduce the number of homeless applications by care leavers</p> | <p>Full implementation of <u>Housing Options Protocols for Care Leavers</u></p> <p><u>Looked After and Care leavers are fully aware of right to "Continuing Care" and "Aftercare"</u></p> <p><u>Mechanisms to convert foster carer to supported carers and develop options for suitable continuing care placements</u></p> <p>Designated and dedicated lead officer in housing to be identified Housing Social Landlords.</p>       | Housing Partnership Group |                  |     |
|                         |  | <p>Young people are supported to sustain tenancies and accommodation within their own community</p>   | <p>Improved liaison re advice, guidance and access to housing accommodation and support options -</p> <p>Introduce joint interviews process for care leavers with Housing &amp; TCAC staff re housing applications</p> <p>Develop a Multi-Agency Transitions Forum to coordinate housing and accommodation resource planning; and track and monitor supports outcomes.</p> <p>Joint training between SW/TCAC and housing staff.</p> | Housing Partnership Group |                  |     |

|  |                         |   |  |                       |  |  |
|--|-------------------------|---|--|-----------------------|--|--|
|  | Part 9 Duties - Improve | Inverclyde has a strong corporate parenting culture which is 'owned' from the top down and demonstrated at all levels of the organisation | <p>Systems of accountability review the performance of Corporate Parents at Chief Officer level.</p> <p>Senior managers will continue to promote a shared understanding of issues, challenges and opportunities.</p> <p>Leadership is encouraged, enabled and demonstrated at all levels of the organisation</p> | SOA 6 Champions Board |  |  |
|--|-------------------------|---|--|-----------------------|--|--|

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Our public services are high quality, continually improving, efficient and responsive to local people's needs

Our children have the best start in life and are ready to succeed

| Strategic Priority Area   | CP Duty SCLC Policy Link  | Outcome/s  | Actions to be progressed  | Lead Agency Lead Officer | Where are we now | RAG |
|---------------------------|---|--|---|--------------------------|------------------|-----|
| Early Help and Assistance | Part 9 Duties - looked after children and care leavers have opportunities to participate in activities designed to promote their wellbeing    | Children, their families and carers receive early help and assistance with seamless transitions from birth to adulthood                  | Full implementation of assessment and care planning processes across the authority.<br><br>Care planning and permanence planning progressed in a timely manner<br><br>Looked after children and care leaves to be consulted on current transition arrangements, the strengths and areas for improvement   | HSCP                     |                  |     |
|                           | Wellbeing Indicators - Safe, Nurtured, Respected, Included<br><br>Assumption of entitlement<br><br>Alert<br>Assess<br>Opportunities<br>Access | Early help and support for children, young people who are at risk of becoming looked after that is timely, appropriate and proportionate | Meeting the needs of Children, Young People and Families in Inverclyde; Getting it Right for Every Child Practice Guidance 2016 to be implemented throughout Children's Services and involved partners<br><br>Inverclyde's Attainment Challenge identifies and supports P1, P2 and P3 pupils to improve numeracy and literacy. The impact is evaluated through learning and assessment. | HSCP Education           |                  |     |
|                           |   | Promoting equality of opportunities at key transitions points, for example in moves through education and through childhood to adulthood | Develop tool box for practitioners/agencies<br>Adult services have awareness of transitions have systems in place to identify care leavers  | HSCP Education           |                  |     |

| Strategic Priority Area  | CP Duty SCLC Policy Link   | Outcome/s  | Actions to be progressed   | Lead Agency Lead Officer | Where are we now   | RAG |
|--------------------------|--|--|--|--------------------------|--|-----|
| Rights and Participation | Part 9 Duties - looked after children and care leavers have opportunities to participate in activities designed to promote their wellbeing<br><br>Wellbeing Indicators - Respected, Included | LA/CLs have access to decision makers to influence policy, strategy and practice   | Develop Corporate Parenting Champions Board - seek additional funding from Life Changes Trust to develop Champs Board model and implementation.<br><br>Link to Life Changes Trust and Scottish Care Leavers Covenant work<br><br>Inverclyde can evidence impact of views and input of YP of services | HSCP                     | Young people's participation group established<br>Application to Life Changes Trust submitted. |     |
|                          | Part 9 Duties - looked after children and care leavers have opportunities to participate in activities designed to promote their wellbeing<br><br>Wellbeing Indicators - Respected, Included | Young people voices and views are at the heart of decision making - YP /parents /carers report that meetings and processes are inclusive | LAC review format to be reviewed   | HSCP                     |  |     |
|                          |  |  | Independent advocacy is available to all care experienced children   | Who Care's Barnardos     | In place   |     |
|                          |  |  | Inverclyde work in partnership with CHS & SCRA to strengthen links and ensure meetings, systems and processes maintain focus on young person   | HSCP SCRA                |  |     |
|                          |  |  | SW assessments and recommendations are evidence-informed and practice issues are reviewed at quarterly meetings with local Reporter  | HSCP Scottish Reporter   |  |     |

| Our public services are high quality, continually improving, efficient and responsive to local people's needs |                          |  |  |                          |                  |     |
|---|--------------------------|--|--|--------------------------|------------------|-----|
| Strategic Priority Area   | CP Duty SCLC Policy Link | Outcome/s  | Actions to be progressed                                   | Lead Agency Lead Officer | Where are we now | RAG |
| Leadership and Governance   | Part 9 Duties – Improve  | Inverclyde Corporate Parents will strengthen their commitment, knowledge, skills and | Engagement sessions to be arranged across the partnership. |                          |                  |     |

|  |  |  |  |  |                                 |  |
|--|--|--|--|--|---------------------------------|--|
|  |  | capacity.<br>We will be in a position to demonstrate meaningful engagement in planning and supporting improvement<br>Rights of care experienced children and young people will be recognised and promoted    | <br>Scottish_Care_Leavers_Covenant.pdf  |  |                                 |  |
|  | Part 9 Duties – Improve                        | Inverclyde develop and implement appropriate tracking and monitoring to capture outcomes for looked after young people and care leavers into adulthood   | Agree a data set that reviews areas of success and areas for improvement.<br><br>Improve co-ordination of service delivery to meet the unmet needs of LAC and CL   | HoS & QA<br><br>HoS/L&D<br><br>HoS /QA |                                 |  |
|  | Part 9 Duties – Improve                        | Inverclyde develop, implement and apply regular data collection and analysis to inform service development e.g. case file audit  | Case file audit process to be embedded in practice and used to monitor and review and inform planning through monthly practice reflections.  | HoS & QA<br><br>HoS/L&D<br><br>HoS /QA | Rolled out on the 1st July 2016 |  |
|  | P9. Duties -<br>Alert<br>Assess<br>Collaborate | All staff have shared understanding of criteria/thresholds/triggers for assessment and intervention based on needs of child and young person. These are consistently applied within and across key agencies. | Using case file audit information to ensure consistent application of practice and intervention standards<br><br>Develop agreed practice standards<br>Joint Learning and Development to implement and monitor<br><br>Learning and Development inputs to relevant staff combined with regular | HoS & QA<br><br>HoS/L&D<br><br>HoS /QA |                                 |  |

|  |                                    |   |   |                                |  |  |
|--|------------------------------------|---|---|--------------------------------|--|--|
|  |                                    |   | professional support and supervision  |                                |  |  |
|  | Part 9 Duties – Improve            | All staff demonstrate confidence and consistency in assessment and care planning and intervention based on evidence-informed practice.  | Regular review of trends and issues based on ongoing case audit process to inform service development and delivery to enable services to be aligned to meet current and future need | HoS & QA<br>HoS/L&D<br>HoS /QA |  |  |
|  | Part 9 Duties – Improve            | Effective proactive care planning processes in place for all children , young people and care leavers   | Pathways and transition plans in place for all looked after young people and care leavers; regularly reviewed   | HoS & QA<br>HoS/L&D<br>HoS /QA |  |  |
|  | Part 9 Duties: Improve Collaborate | Inverclyde will be able to report on the implementation of its Corporate Parenting Plan, by collating and analysing accurate meaningful data to informing and drive improvements on key activities and outcomes | Develop and implement Corporate Parenting 'Health Check' through QA quarterly reporting based on Inverclyde Children and Families Quality Assurance and Improvement Framework.      | HoS/QA                         |  |  |

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|                         |   |                                  |
|-------------------------|---|----------------------------------|
| <b>Report To:</b>       | <b>Health &amp; Social Care Committee</b>   | <b>Date: 5 January 2017</b>      |
| <b>Report By:</b>       | <b>Brian Moore<br/>Corporate Director, (Chief Officer)<br/>Inverclyde Health and Social Care<br/>Partnership (HSCP)</b> | <b>Report No: SW/06/2017/HW</b>  |
| <b>Contact Officer:</b> | <b>Helen Watson<br/>Head of Planning, Health<br/>Improvement &amp; Commissioning</b>                                    | <b>Contact No: 01475 7125285</b> |
| <b>Subject:</b>         | <b>GREENOCK HEALTH AND CARE CENTRE</b>  |                                  |

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health & Social Care Committee on the progress of the new Greenock Health and Care Centre.

## 2.0 BACKGROUND

- 2.1 Funding has been agreed by the Scottish Government to provide a new health and care centre. The Scottish Government approved the Initial Agreement at the Capital Investment Meeting on 15<sup>th</sup> March 2016.
- 2.2 The agreed site for the new development is the former Wellington Academy site on Wellington Street. Site Investigations are currently being progressed and the final site investigation report will be made available early in the new year.
- 2.3 The new Health and Care Centre is regarded as hugely significant for the local population, as the existing health centre facilities are old and unfit for purpose in meeting the changing needs of patients in the years ahead.
- 2.4 Through the project board and delivery group we arranged four Stakeholder Engagement Sessions to allow staff and community representatives to engage with the planning and design stage and influence what success might look like for a new health and care centre.

The first event took place on 20<sup>th</sup> May when the architects presented sketches of what a building may look like on the Wellington site. The Healthcare planner presented information around the principles of a new health and care centre whilst gathering local knowledge. The second event on 27<sup>th</sup> May allowed us to visit other health and care centres: Hunter Health Centre, East Kilbride, Houldsworth Health Centre, Wishaw, Barrhead Health Centre, Possilpark Health Centre and recently a few staff were able to visit the new Eastwood Health and Care Centre which is the exemplar design. The third event involved the Architects presenting their findings from the feedback received from both previous workshops. The group were shown mock-ups of building models and discussion around site constraints. At the final workshop Hoskins Architects presented a design of what the building may look like on the site after lengthy discussions with stakeholders. A preferred option has now been agreed and shared with the Integration Joint Board members, Project Board and Delivery Group.

- 2.5 As part of the planning stage we have established an Arts and Environment Group. The group involves staff and community representatives to:

- Be proactive and supportive with arts and health communication initiatives;
- Enhance the health centre environment;
- Build relationships and involve the local community, staff, patients and their families;
- Green the healthcare environment with inclusion of living plants and involvements in landscaping (where appropriate);
- Provide a strategic direction in relation to arts and ongoing creative and performing arts activity influencing health and wellbeing at the new Greenock Health and Care Centre.

2.6 The project programme dates for the new health and care centre are detailed in the table below:

| Outline Business Case | Full Business Case | Financial Close | Construction | Completion    |
|-----------------------|--------------------|-----------------|--------------|---------------|
| Early 2017            | October 2017       | December 2017   | May 2018     | November 2019 |

2.7 The NHS Greater Glasgow & Clyde hub Project Steering Group has established governance and reporting structure which will be implemented to deliver this project.

The Inverclyde Project Board reports to the NHSGGC Hub Steering Group which oversees the delivery of all NHSGGC hub projects, through the HSCP Director. The local Delivery Group is chaired by Helen Watson, Head of Service and includes representatives from other Project Boards within NHSGGC, Facilities, Finance and Hubco.

### 3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to note the progress to date.

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

## 4.0 HSCP OFFICE RATIONALISATION

- 4.1 The new development has presented opportunities to rationalise some elements of the HSCP estate and bring related services together at a single location. There is also a wider piece of work ongoing to complete an accommodation plan within the HSCP incorporating both local authority and community health buildings. A key driver for the development is for it to be revenue neutral.

The new development will not only assist with the new Health and Social Care Partnership working but will enable full engagement for GP practices to be involved in the integration agenda.

The new development will be one of the HSCP key sites with integrated teams co-located, and through the rationalisation of the HSCP estate this will result in the decommissioning of 1 local authority and 4 health buildings which will release revenue for re-investment in the new centre.

As part of the rationalisation process the following sites are incorporated within the final options:

- Relocating local authority and community health staff from the Inverclyde Centre for Independent Living to the new development in Greenock. It is also proposed that site would be disposed of to release capital receipt.
- Staff currently based in the CAMHS building adjacent to the current hospital site would also be relocated to the Greenock new health and care centre development.
- Speech and Language Therapy staff currently based in Port Glasgow Health Centre would also relocate to the Greenock new development. This would create some space capacity within the Port Glasgow Health Centre and staff currently based in Boglestone Clinic will relocate to Port Glasgow Health Centre.
- Learning Disability and Drugs Service Teams from Cathcart Centre will relocate to other HSCP accommodation.

Based on the above proposals the schedule of accommodation has been completed which the design team has used to develop outline options.

## 4.2 PROJECT PROGRAMME

The project programme dates for the new health and care centre are detailed in the table below:

| Outline Business Case | Full Business Case | Financial Close | Construction | Completion    |
|-----------------------|--------------------|-----------------|--------------|---------------|
| Early 2017            | October 2017       | December 2017   | May 2018     | November 2019 |

## 5.0 IMPLICATIONS

### Finance

### 5.1 Financial Implications:

This is a Health Board funded project.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### Legal

5.2 There are no legal issues within this report.

### Human Resources

5.3 There are no human resources issues within this report.

### Equalities

5.4 Tackling inequalities is one of the key drivers in our proposed operating model, so we anticipate a positive impact for those groups that experience a more negative experience of care and outcomes.

Has an Equality Impact Assessment been carried out?

|   |
|---|
|   |
| X |

YES (see attached appendix)

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

### Repopulation

5.5 The new Health and Care Centre could have a positive effect on re-population, demonstrating investment in the area for the future, and top quality health and care facilities.

## 6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation as noted within the body of the report.

## 7.0 LIST OF BACKGROUND PAPERS

7.1 None.



**INVERCLYDE COUNCIL  
HEALTH AND SOCIAL CARE COMMITTEE**

**AGENDA AND ALL PAPERS TO:**

|                              |   |
|------------------------------|---|
| Councillor McIlwee           | 1 |
| Councillor Jones             | 1 |
| Councillor Dorrian           | 1 |
| Councillor McCabe            | 1 |
| Councillor Brennan           | 1 |
| Councillor McCormick         | 1 |
| Councillor Ahlfeld           | 1 |
| Councillor Rebecchi          | 1 |
| Councillor MacLeod           | 1 |
| Councillor Grieve            | 1 |
| Councillor Campbell-Sturgess | 1 |

|  |   |
|--|---|
| All other Members (for information only) | 9 |
|--|---|

**Officers:**

|  |   |
|--|---|
| Chief Executive  | 1 |
| Corporate Communications & Public Affairs                              | 1 |
| Chief Officer, Health & Social Care Partnership                        | 1 |
| Head of Children & Families & Criminal Justice                         | 1 |
| Head of Community Care & Health  | 1 |
| Head of Planning, Health Improvement & Commissioning                   | 1 |
| Clinical Director  | 1 |
| Head of Mental Health & Addictions                                     | 1 |
| Corporate Director Education, Communities & Organisational Development | 1 |
| Chief Financial Officer  | 2 |
| Corporate Director Environment, Regeneration & Resources               | 1 |
| Head of Legal & Property Services                                      | 1 |
| Vicky Pollock, Legal & Property Services                               | 1 |
| S Lang, Legal & Property Services                                      | 1 |
| Chief Internal Auditor   | 1 |
| Audit Scotland   | 1 |
| File Copy  | 1 |

**TOTAL    38**

**AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:**

|                    |    |
|--------------------|----|
| Community Councils | 10 |
|--------------------|----|

**TOTAL    48**