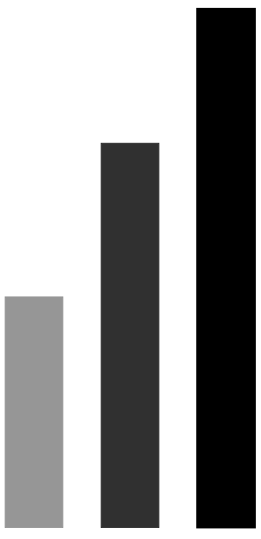
INVERCLYDE HSCP
Health and Social Care Partnership

Agenda 2017

Inverclyde Integration Joint Board

For meeting on:

24	January	2017



PLEASE NOTE VENUE OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 12 January 2017

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 24 January 2017 at 3pm within the Scott Walker Room, Holiday Inn Express, Cartsburn West, Greenock PA15 1AE.

Gerard Malone
Head of Legal and Property Services

BUSINESS ****Copy to follow**	
1. **Apologies, Substitutions and Declarations of Interest**	**Page**
2. **Mental Health Services in Inverclyde** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB There will also be a presentation on this item**	**p**
3. **Minute of Meeting of Inverclyde Integration Joint Board of 8 November 2016**	**p**
4. **Membership of the Inverclyde Integration Joint Board Audit Committee** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5. **Financial Monitoring Report 2016/17 – Period to 31 October 2016, Period 7** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6. **Child Protection Committee Annual Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7. **Inverclyde Adult Protection Committee Biennial Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8. **Chief Social Work Officer Annual Report 2015/16** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

9.	**Update on Winter Planning** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Planning with Acute Sector** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
11. **	**IJB Corporate Support Arrangements – Service Level Agreement** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
12. **	**Chief Officer's Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	

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

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 January 2017**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/06/2017/DG**
Contact Officer:	**Deborah Gillespie, Head of Service, Mental Health, Addictions & Homelessness**	**Contact No:**	**715284**
Subject:	**Mental Health Services in Inverclyde**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the mental health service provision within Inverclyde.

2.0 SUMMARY

2.1 The main driver for the development of mental health services locally has been the implementation of the Clyde Strategy "Modernising and Improving Mental Health Services Across Clyde" 2008. This laid out the principles for the investment in and development of our services within the wider system of mental health services in Greater Glasgow and Clyde.

2.2 The modernisation programme has been supported by capital investment for improving the existing acute estate and the reprovision of continuing care inpatient facilities, and reinvestment in community services, alongside the requirement to meet savings. Bridging funding has enabled the community service development in advance of the inpatient bed reduction, and supported service redesign pending the full release of site based savings when Ravenscraig Hospital closes.

2.3 The local redesign programme has been based on principles underpinning our integrated mental health system. These are that we provide a single point of access into a single system for mental health services, within a tiered model of care enabling service users changing needs to be quickly responded to via step up/step down to appropriate levels of service and including quick access and response from the service when someone is experiencing a crisis. Services are based on clinical care pathways ensuring treatment appropriate to condition, and with a strong emphasis on recovery.

2.4 The report provides an overview of service provision and the key developments within the services.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the content of this report.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 It is estimated that one in four adults in Scotland will experience some form of mental health problem in a given year; taken together, depression, anxiety and stress are the single largest cause for presenting to health services with mental health problems in Scotland.[1] Mental ill-health is thought to cost the Scottish economy over £10.7bn per year, with around £1.9bn of these costs falling on health and social care services and a further £3.2bn arising from output losses such as sickness absence - a large proportion of which are borne by the NHS and local authorities as major employers in Scotland.[2]

4.2 The design and delivery of mental health services within Inverclyde is based on the legislative and strategic policy imperatives, primarily the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Mental Health Strategy for Scotland 2011-15. The Scottish Government is currently developing the next national mental health strategy for 2016, in partnership with COSLA.

4.3 *Good Mental Health for All,* a discussion document published by NHS Scotland in October 2015 outlined the evidence base and gives an analysis of the determinants of mental health and of what is needed to promote mental wellbeing and address mental health problems. It identified the role for community planning and the opportunities presented with the advent of Integration Authorities. The document represented a basis for future policy development to ensure focus on prevention, mental health improvement and tackling inequality, alongside care and treatment.

4.4 From work to date to develop the new strategy, it is anticipated there will be focus on key themes including prevention and early intervention; responses in primary care settings; improving the physical health of people with mental health problems; and improving access to mental health services. This will be organised around life stages, based on starting well, living well and ageing well. The Scottish Government has stated that they anticipate that this will require new models to meet the needs in primary care, with an objective of ensuring the changes ensure people are supported to look after their mental health equally alongside their physical health. There will be a continuing focus on improving access to support and treatment, and ensuring mental health services are more efficient and safe.

It is anticipated that the strategy will be published in early 2017. A further report will be presented to the Integration Joint Board in due course in respect of the final strategy.

4.5 Significant local work has been carried over recent years responding to the national policy drivers and statutory requirements. This has included:

Implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003, which came into effect in 2005, and which introduced principles for the discharge of duties under the act, and specific duties to ensure the provision of services promoting wellbeing and social development for people who have or have had a mental disorder.

"With Inclusion In Mind" provided guidance and a framework to support the 2003 Act, with particular emphasis on the protection of people with experience of mental ill health as being socially excluded. The local response has been based on co production approaches through our Recovery Inclusion Group, and associated work under sections 25-31 of the Act, to enable appropriate responses to the wellbeing needs of people with severe and enduring mental health problems.

"Delivering for Mental Health" [2006] and associated HEAT targets were developed

[1] Scottish Association for Mental Health (SAMH), 2007.
[2] *What's It Worth Now?: The social and economic costs of mental health problems in Scotland*, Scottish Association for Mental Health, 2009.

out of Delivering for Health [2005], and have been key drivers within mental health service delivery.

"Towards a Mentally Flourishing Scotland", a whole population approach to mental health has been taken forward via the Making Wellbeing Matter in Inverclyde, Mental Health Improvement Plan. This has also linked with the work within the Local Anti Stigma Partnership.

Scotland's National Dementia Strategies have been a major driver for the development and implementation of the Inverclyde Dementia Strategy 2013-16. This strategy also emphasises the whole pathway of care for people with dementia, across the wide ranges of settings that people with dementia and their families and carers engage, based on an improved understanding of the needs of people with dementia, respect and promotion of rights within the care being provided. This is taken forward through the Inverclyde Dementia Strategy Implementation Group, a broad partnership led by the HSCP. We are currently awaiting the publication of the third national strategy, following consultative Dementia Dialogue events held in late 2015.

4.6 The main driver for the development of mental health services locally has been the implementation of the Clyde Strategy "Modernising and Improving Mental Health Services Across Clyde" 2008. This laid out the principles for the investment in and development of our services within the wider system of mental health services in Greater Glasgow and Clyde.

The areas of work in Inverclyde have focused on:

- The redesign and development of community services for adults and older people;
- Closure and reprovison of long stay continuing care beds, shifting the balance of care from hospital to care within or closer to peoples community;
- Reconfiguration of inpatient services and refurbishment of acute inpatient wards;
- Enabling access to specialist services provided on GG&C wide basis.

4.7 The modernisation programme has been supported by capital investment for improving the existing acute estate and the reprovision of continuing care inpatient facilities, and reinvestment in community services, alongside the requirement to meet savings. Bridging funding has enabled the community service development in advance of the inpatient bed reduction, and supported service redesign pending the full release of site based savings when Ravenscraig Hospital closes.

4.8 The local redesign programme has been based on principles underpinning our integrated mental health system. These are that we provide a single point of access into a single system for mental health services, within a tiered model of care enabling service users changing needs to be quickly responded to via step up/step down to appropriate levels of service and including quick access and response from the service when someone is experiencing a crisis. Services are based on clinical care pathways ensuring treatment appropriate to condition, and with a strong emphasis on recovery.

4.9 More recently the outcome of the Clinical Services Review and Community and Specialist Services Review (CSSR) in mental health has informed the continuing development of service responses. Work was undertaken in 2013 – 15 to review the ways in which patient care was delivered to ensure elements of the system were able to deliver effective services that would achieve consistent and equitable outcomes. This included the active participation of staff and services users, and was led by the (previous) Inverclyde Head of Mental Health Services, with significant input from local practitioners.

A number of issues were identified in the review which required to be addressed

including further development of patient pathways; systematic recording of patient outcomes; using service improvement methodologies to improve productivity; review of services to ensure they are equally available across the Board area, and that services and pathways are understandable to patients.

This has resulted in a service specification for mental health services in the community, and an operational framework which promotes a recovery based model of person centred care that takes into account service user needs, preferences and strengths and drives consistency of service delivery processes. This also sets out a framework for key performance measures. The community services are currently working to implement this framework locally, which is due for completion by March 2017.

4.10 **Community Service provision:**

The primary focus of the community service is for people with a functional mental illness, assessment of people presenting with symptoms of dementia and cognitive impairment requiring diagnosis, and treatment of people with more complex cognitive conditions primarily dementia.

Development of new services within the community has focused on extending access to primary care services provided within GP practices, including the ability to self refer, and extending thereby access to psychological therapies of low intensity, Cognitive Behavioural Therapy. The objective is to provide time limited treatment using alternatives to drug therapy where appropriate for people with mild to moderate mental health problems. This has also extended the reach of PCMHT to explicitly include older people.

4.11 Wider developments include access to specialist GG&C wide services previously unavailable out with the local service provision. This has enabled access for people from Inverclyde with a first episode of psychosis to the ESTEEM Team. This team provides specialist assessment and interventions to people for an initial period of up to 2 years, with care being transferred to the CMHT if required. The Perinatal mental health service, previously provided via a Community Psychiatric Nurse and Consultant Psychiatrist from our CMHT, has been redesigned and our service is now provided from a GG&C wide team. This service works closely with Health Visitors, and can access other community mental health services if required for the ongoing care of women.

4.12 The Older Persons' Mental Health Team has remained within the wider system of mental health services in Inverclyde. This model varies from other areas within GG&C where older people's mental health services are based within wider older people's services. The basis for our approach has been to capitalise on the flexibility of a single system that enables transitions of care for people from "adult" service to older people when needs indicate rather than being defined by age. This also supports the specific needs of staff in respect of their continuing mental health professional development.

The older persons' team responds to the needs of people presenting with cognitive difficulties irrespective of age, and older people with functional mental health problems requiring ongoing mental health care.

4.13 Some of the service developments have previously been reported to the Integration Joint Board in March 2016 as part of the Inverclyde Dementia Strategy Update, ref IJB/21/2016/DG. This work is underpinned by the Dementia Service Framework, which was the outcome of work undertaken as part of the Clinical Services Review, alongside the national strategy and developments in best practice for people with dementia.

Key areas of work have focused on the development of the memory assessment service ensuring linkage into post diagnostic support for people diagnosed with dementia. In addition Inverclyde now has access to the Early Onset Dementia Service

which is provided across the Board area.

4.14 During 2016 the recruitment of a Psychologist has enabled work to be taken forward to improve psychological interventions for older people. Initially this has centred on the development of staff skills and activities with patients in inpatient settings, specifically Stress and Distress training and this is in response to a recommendation from a Mental Welfare Commission report on Inverclyde inpatient services. This work is now extending into community services and will result in a development plan for improving access to psychological therapies for older people.

4.15 A significant development for OPMHT has been the provision of a dedicated liaison service to Inverclyde Royal Hospital and into care homes locally. The inpatient liaison service sees patients who require further mental health assessment including people who, when discharged, require ongoing mental health input enabling people to be stepped up/down to the most appropriate element of service for follow up e.g. Consultant out patients clinics, memory service or OPMHT for care management. When patients are discharged back to care homes following acute admissions, the care home liaison nurse is requested to review these patients.

The care home liaison service enables integrated working between liaison staff, GPs, Older Persons' Mental Health Team (OPMHT) and has a wider interface with other health and social care services to provide specialist mental health advice, education and support to staff to prevent residents being admitted to hospital and to support the management of residents care and treatment by staff within the care homes.

4.16 The mental health service now operates a single point of access for people referred. This provides for access into the service at any point in community and hospital based services, with management by internal transfer for people requiring a different level of care. The service improvement work currently being taken forward as part of the Community and Specialist Services Review will ensure standardisation of response across all elements of service, and provide a clearer framework for people to understand what they can expect from the mental health service at any point.

4.17 **Inpatient Services**

The Modernising Mental Health Strategy Clyde, 2008 established the bed model for Inverclyde in the context of the wider mental health inpatient service configuration. This included the move into Inverclyde of the Intensive Psychiatric Care Unit to provide for South Clyde and the consolidation of inpatient rehabilitation onto the Dykebar site for South Clyde.

Inpatient acute psychiatric services are provided at the newly refurbished (April 2012) Langhill Clinic, Inverclyde Royal Hospital, which has 20 acute adult inpatient beds and 8 IPCU beds. There are 20 acute beds for older people based adjacent within the Larkfield Unit.

4.18 Both the adult and older people's inpatient service base previously provided day hospital facilities on site. The new model of service has resulted in changes to the functioning of the day hospitals themselves, with redesign of elements of service utilising the existing physical space and staff. The day programme provided from the Langhill Clinic for adults is currently suspended, and work is progressing to review this in conjunction with developing a more comprehensive programme of psychological therapies. The unit continues to provide ECT from a dedicated suite. Our continuing ability to provide ECT locally is directly dependent on the adjacent services within Inverclyde Royal Hospital. In order to safely provide the treatment the service has input from an Anaesthetist and Theatre Nurse. The service has achieved Accreditation with Excellence, from the Scottish ECT Accreditation Network Standards.

4.19 The Argyll Unit previously provided a placement based day hospital service for older people with both functional and organic disorders. Working in conjunction with the

Day Care Review within wider older peoples' services the function of this unit has changed, and this is now the base for the memory assessment and post diagnostic service for people with dementia, operating on a clinic basis. Further consideration is being given to consolidating the older people's community mental health services into this unit. An initial step in this process has been to change the management arrangement of the staff based within the Unit from inpatient services to the OPMHT.

4.20 The reprovision of Continuing Care inpatient services from Ravenscraig is now in the build stage, with an investment of £7.3 million. Work began on Orchard View in April 2016, and is on schedule for completion by summer 2017. The new facility is being delivered in partnership between NHS Greater Glasgow and Clyde, the HSCP and HUB West Scotland. The building, which is adjacent to the IRH on the site of the previous hospital residencies, has been designed by Archial Norr, and constructed by Morgan Sindall. The new centre provides:

- Elderly mental illness – 30 beds including 24 beds for people with dementia, and 6 for people with dementia and comorbid conditions;
- Adult – 12 continuing care beds;
- Social enterprise space, including a cafe/server and hair dressers;
- Treatment rooms;
- Multipurpose social spaces for use of the patients.

4.21 The purpose of the project is much more than the simple replacement of existing facilities. This is an opportunity to enable and facilitate a fundamental change in the way in which care is delivered for people with more complex needs.

The development of the facility has involved staff, service users and carers in the design of the building to ensure that Orchard View meets both the needs and aspirations of people working and living there in the future. The design to ensure a dementia friendly environment has also been supported with input from the Scottish Dementia Development Centre based at Stirling University. Involvement is continuing through the service user and carer reference group and will include input to how the building will operate once it is complete.

4.22 Wider engagement with the local community has been established through the arts and environment strategy, "Hearts, Hands and Minds", seeking to ensure the facility is very much part of the local community. The strategy aims to help us look beyond the illness and see the person first. This includes commissioning work from the local arts community, which will be placed within the grounds and buildings, and engagement with community and voluntary groups in providing both the art works and undertaking activities with service users as the project has developed. The first commission to provide memory boxes is complete. This was a joint project with RIG arts, a local carpenter and children from P7 at Ardgowan Primary School.

In October the ten artists commissioned to produce the artworks, films, interior designs photographs and sculptures shared their creative ideas in a special one day event at the Beacon Arts Centre. The aim of the event was to highlight the innovative approaches taken. Over 70 healthcare professionals, carers and artists from across Scotland attended to discuss the clinical learning that has been achieved from the artist's residencies.

4.23 The planned development for specialist dementia care home beds for up to 12 people, aimed at enabling a rapid response to people with increased needs for care has been unsuccessful with the care home sector. This was primarily related to costs, but increasingly the ability of the care home sector to meet more challenging needs and the investment in dedicated mental health care home liaison requires us to rethink what may be required going forward. This work is now being undertaken as part of the wider considerations of care home provision, with mental health working together with older people's services in the HSCP. This will inform the focus of further investment from resources released as Ravenscraig closes this year.

4.24 **Recovery Focused developments:**

As a result of shifting the balance of care from inpatient to community based care and support, resources have been released for the commissioning of social care services. For 8 adults who have lived within continuing care at Ravenscraig a specialist mental health intensive supported living service was commissioned. This service is now being provided by Turning Point, in a partnership with River Clyde Homes who refurbished a block of their property with additional features to support the specific needs of the individuals and which is leased to Turning Point. The residents have individual tenancies and receive their support based on individualised support plans. Whilst enabling 8 people to move into a more appropriate setting the project has the capacity to expand within the property itself for up to 12 flats, and to further develop with the resources allocated to a wider core and cluster approach.

The following is a summary of core outcomes expected for the service users:

- Successful Maintenance of their Tenancy
- Feeling Safe and Secure
- Feeling Part of their Community
- A Reduction in Negative and/or Criminal Behaviour
- Feeling Listened to and Respected
- Stable Mental Health and Wellbeing
- Maximisation of Recovery Potential

Financially the project has been "frontloaded" with guaranteed hours of support as a minimum for all the services users, with capacity for additional support to address particular challenges faced by the service user. The 8 service users took up their tenancies from September 2015, and an evaluation of the first year of operation has been concluded. This will provide the basis for consideration of how the resources are being utilised, and the opportunities to be taken forward including the opening up of the further 3 flats where needs are identified.

4.25 In terms of outcomes for service users, the transition to independent living has been successful, with service users reporting feeling safe and well supported within the project. There has been an impact on service users' engagement with their wider community as social activity outwith the property has been encouraged and some are now travelling outwith the district to undertake activities such as shopping and visiting galleries/museums etc. One individual has applied for a provisional driving licence, a long term ambition. This is an example of the kind of individualised social recovery focused progress being made. Another individual with notable and regular offending behaviour prior to being referred to the project has had no offending incidents recorded since moving into the project. It appears at this stage that the project is working very well for all individuals and their care and support needs are being met. Progress towards each person's longer term outcomes appears to be being realised and the service as a whole is operating in a progressive and recovery focused way.

4.26 The Mental Health (Care and Treatment) (Scotland) Act 2003 places a number of duties specifically on the Local Authority to provide services to promote wellbeing and social development for people who have or have had a mental disorder within the meaning of the act, including for children and young people. To meet these duties there are a number of services commissioned within mental health to support people in recovery and requiring ongoing specific mental health support. Our key partners are Richmond Fellowship, Scottish Association for Mental Health, Inverclyde Association for Mental Health, Alzheimer Scotland and more recently Turning Point, illustrated above.

The services include support at home with varying and tailored packages of support to individuals. This has been supported by well developed relationships with Registered Social Landlords to enable appropriate access to housing and avoiding use of homelessness facilities particularly on discharge from hospital. The Gateways service which extends access to people within addiction services, and from primary care services, provides bridging support for people to engage or reengage with activities

within their community including taking steps towards employment. This has been extended recently with the introduction in 2016 of an Individual Placement Support worker, based within the CMHT and funded by SAMH. This approach aims to embed employability work at the earliest stages of someone's recovery, and provides support right through to achieving employment and beyond if required.

4.27 Inverclyde has a strong tradition of commissioning and delivering recovery based practice. This is evidenced by the services described above, and in the established Recovery Inclusion Group (RIG) which acts as a network of organisations seeking to collaborate around recovery pathways for people experiencing mental ill health. Over the last period there has been a renewed focus on what recovery means for services locally now that the service models are mostly established and being bedded in. Recovery has been the underpinning rationale for the work within the community services, with current work to implement use of the recovery star, and consideration of CAPA within the adult CMHT. The latter is currently on hold locally as it has been taken up within the next stage of the Community and Specialist Services work across the Board. Unfortunately Inverclyde is not currently a pilot site but will learn from initial work being undertaken elsewhere.

4.28 A service user event "Taking time to Listen" was held at the Beacon Arts centre. This event was developed by services users led by Your Voice following the more recent establishment of a service user reference group for community based services. A number of themes have been identified from this which require further consideration both within the mental health services specifically, and the wider network via the RIG. These include improving services with respect to collaborative working, addressing powerlessness, and communication; building social capital and tackling inequality linking with employment, community understanding and housing approaches; understanding personal resilience and building personal assets.

4.29 There is a clear opportunity within our approach in the HSCP's strategic plan to develop recovery further within the strategic commissioning theme of recovery and support to live independently. A proposal is in development to consider a recovery strategy recognising the cross cutting nature of recovery, alongside person centred work and co production. This includes consideration of a recovery college approach, and means to promote and celebrate best practice within all the services. This will be taken forward during 2017.

4.30 **Governance and Performance**

This report does not intend to focus on the performance per se of the mental health services. The recent implementation of EMIS, the new E-health system, within community services has resulted in down time of the reporting systems and there is a gap in data from April 2016. This will be available again early in 2017, with reports being designed to reflect the changed service configuration and the standardised KPI's developed within the CSSR framework. This will include updated reporting on inpatient services.

The implementation of Recovery Star within services will enable us to report both individual and collective outcomes for service users. This will progress further into 2017.

4.31 The Mental Health Clinical Services Group provides the formal governance structure for all the mental health services. This has continued to operate jointly with Renfrewshire mental health services, following review of structures with the development of clinical and care governance arrangements within HSCPs. This provides useful shared learning and supportive peer challenge across our respective services.

4.32 The Mental Welfare Commission has a statutory role in the governance of our services, visiting people receiving mental health care and the services that are

providing care. Reports with recommendations are sent to services involved and published on the MWC website.

During 2016 the Commission visited Ward 4, the acute unit for older people at Larkfield, and Wards Dunrod E & F in Ravenscraig, also older peoples' wards. Both visits resulted in a number of recommendations which have been acted upon.

Within ward 4 the focus was on the need to further individualise care plans, including where restraint is being used and the provision of therapeutic activities to provide a meaningful day for patients. The latter was exacerbated by the vacancy within OT in the ward, which is now resolved. In the continuing care areas in Dunrod, the requirement for improvements to individualised care plans including where patients are restrained was also reflected; access to psychological therapies and training of staff for the management of stress and distress; recording of activities for a meaningful day, and improvements to ensure recording of the legal authority for treatment where individuals cannot consent themselves, either under the Adults with Incapacity Act or Mental Health Act.

The IPCU and Adult Acute units were visited in 2015, with no specific recommendations.

4.33 The major challenge in respect of inpatient areas has been reported to the IJB via financial reports. As reported, an action plan is in place within inpatients to seek to manage the pressures arising from the changed demands from our service users resulting in higher levels of enhanced observation and workforce pressures from turnover with retirements and sickness absence amongst an ageing workforce. This plan also includes work to retract appropriately from protection arrangements for staff displaced within the earlier phases of bed retraction and revised staffing models within inpatient areas. Progress is being made, but there will remain an unbudgeted financial pressure from the observation requirements in particular. It is to be noted that the costs of these arise from patients not necessarily resident in Inverclyde, and reflects the GG&C system within which our services function specifically for inpatient provision.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

There are no financial implications from this report.

One off Costs

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

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/are no legal issues within this report.

HUMAN RESOURCES

5.3 There are/are no human resources issues within this report.

EQUALITIES

5.4 There are/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.

5.4.1 How does this report address our Equality Outcomes.

5.4.1.1 **People, including individuals from the above protected characteristic groups, can access HSCP services.** This report evidences the improved arrangements for single points of access to mental health services, including self referral.

5.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.** Mental Health services within Inverclyde are actively engaged with service users, and wider initiatives to tackle the stigma and discrimination experienced by people with mental ill health. Investment of resources in recovery targets those experiencing the most significant challenge of inclusion within our community

5.4.1.3 **People with protected characteristics feel safe within their communities.** The provision of support services including housing initiatives enable people to engage with their communities.

5.4.1.4 **People with protected characteristics feel included in the planning and developing of services.** Service users are actively involved in the planning and development of both the new build Orchard View and our community services, via the Service User Reference Group.

5.4.1.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.** Staff within the service are engaged with equality and diversity training, and recovery focussed approaches to care and support which are person centred recognising the uniqueness of each individual.

5.4.1.6 **Opportunities to support Learning Disability service users experiencing gender based violence are maximised**. Not relevant.

5.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.** Not relevant.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

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

This report evidences the range of services and approaches that in combination and alone supports the following national outcomes. Work is continuing within the service to implement the recovery star based on reporting individual outcomes, and which will be able to aggregate information across our service users.

5.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.** As the report details, the focus of mental health services is to enable people to receive the appropriate mental health care and treatment at the right time and to support people maintaining their own recovery as their need for specific mental health interventions reduces. The development of psychological therapies and approaches to promote inclusion is aimed at enabling peoples own resilience and self management. The service actively works with GP's to promote and support self management. People with more severe and enduing mental ill health and those in receipt of anti psychotic medication have access to physical health support from within the service.

5.6.2 **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.** The report demonstrates the range of services which support people to live independently within their own home or community. The specific developments of Care Home liaison services and Orchard View recognise the needs of people who require different care settings to live within a responsive and homely environment and remain connected to the community.

5.6.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.** The report describes the developments in engaging people who use services in providing feedback and involvement in service improvement. The service engages with the Advisory Network Mental Health sub group. These mechanisms alongside the governance arrangements ensure that the service can respond to address any shortcomings in service user experiences.

5.6.4 **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.** The report has described the range of approaches which promote and continue to support recovery and people living well with long term mental health conditions.

5.6.5 **Health and social care services contribute to reducing health inequalities.** The work described in the report in relation to Taking Time to Listen reflects the active consideration of the inequalities experienced by people with mental ill health. The specific investment in services to promote wellbeing including employment based initiatives recognises the particular disadvantage faced. The focus of service is to improve and maintain health.

5.6.6 **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.** The service works directly with carers to support their role in the recovery of mental health on an individual basis and within the carer support groups linked with psychological approaches tin mental health care. Carers are represented within the planning groups for service developments.

5.6.7 **People using health and social care services are safe from harm.** A key role of mental health services is to protect people from harm arising from their mental

health, including with use of legislation. This legislation underpins our service delivery.

5.6.8 **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.** The report describes the engagement of staff in developments within the service area, and through practice development linked to the governance arrangements.

6.0 CONSULTATION

6.1 There was no consultation undertaken in the preparation of this report.

7.0 LIST OF BACKGROUND PAPERS

7.1 "Modernising and Improving Mental Health Services Across Clyde" 2008. NHS Greater Glasgow and Clyde.
Mental Health in Focus: A profile of mental health and wellbeing in Greater Glasgow and Clyde [2011] Glasgow Centre for Population Health.
Good Mental Health for All, NHS Scotland October 2015
Mental Health Strategy for Scotland 2011-15. Scottish Government 2011
With Inclusion in Mind.
"Delivering for Mental Health" [2006] Scottish Government.
"Towards a Mentally Flourishing Scotland", 2009-2011, Scottish Government 2009.
Inverclyde Dementia Strategy Update, ref IJB/21/2016/DG.
Scottish Association for Mental Health (SAMH), 2007.
What's It Worth Now?: The social and economic costs of mental health problems in Scotland, Scottish Association for Mental Health, 2009.

Inverclyde Integration Joint Board

Tuesday 8 November 2016 at 3pm

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

Chair: Councillor McIlwee presided.

In attendance: Mr A Fawcett, Chief Executive, Inverclyde Council, Ms H Watson, Head of Planning, Health Improvement & Commissioning, Ms B Culshaw, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms V Pollock (for Head of Legal & Property Services), Ms R McGhee, Legal & Property Services and Ms M Maskrey, Lead Clinical Pharmacist, Inverclyde HSCP.

In attendance also: Mr G Huggins, Health & Social Care Integration Director, Scottish Government, and Mr T Yule, Audit Scotland.

79 Apologies, Substitutions and Declarations of Interest **79**

Apologies for absence were intimated on behalf of Ms S McAlees, with Ms A Howard substituting, Ms M Telfer, with Mr H McLeod substituting, and Ms S Macleod.

No declarations of interest were intimated.

80 Update on Prescribing and Medicines Management 2016 **80**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on prescribing and medicines management within Inverclyde Health & Social Care Partnership.
The Board heard a presentation on this subject by Ms Margaret Maskrey, Lead Clinical Pharmacist, who thereafter answered a number of questions from members.
Decided: that the Board note and endorse the report with respect to (a) prescribing and medicines management support, (b) the New Ways of Working prescribing support pilot, (c) the New Ways of Working community pharmacy pilot and (d) the prescribing expenditure position.

81 Minute of Meeting of Inverclyde Integration Joint Board of 18 August 2016 **81**

There was submitted minute of the Inverclyde Integration Joint Board of 18 August 2016.
Decided: that the minute be agreed.

82 Minute of Meeting of Inverclyde Integration Joint Board of 16 September 2016 **82**

There was submitted minute of the Inverclyde Integration Joint Board of 16 September 2016.
Decided: that the minute be agreed.

83 Voting Membership of the Inverclyde Integration Joint Board **83**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of a change in its voting membership arrangements.

Decided:

(1) that the resignation of Councillor Stephen McCabe as a voting member of the Inverclyde Integration Joint Board be noted; and

(2) that the appointment by Inverclyde Council of Councillor Jim Clocherty as a voting member of the Inverclyde Integration Joint Board be noted.

84 Financial Monitoring Report 2016/17 – Period to 31 August 2016, Period 5 **84**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the Revenue and Capital Budgets, other income streams and Earmarked Reserves position for the current year as at Period 5 to 31 August 2016.

Decided:

(1) that the Period 5 position for 2016/17 be noted;

(2) that the proposed budget realignments and virement outlined in appendix 4 be approved and that Officers be authorised to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures contained within the report;

(3) that agreement be given to the proposed use of the Social Care Fund in 2016/17 and 2017/18 as set out in appendix 6;

(4) that the current position of the Integrated Care Fund and Delayed Discharge monies be noted;

(5) that the current Capital position be noted; and

(6) that the current Earmarked Reserves position be noted.

85 Staff Partnership Agreement **85**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Inverclyde Health & Social Care Staff Partnership Agreement, a copy of which was appended to the report.

Decided: that the Board note the Staff Partnership Agreement and recognise it as a constructive framework to ensure that Officers work with all staff to deliver the principles of the Staff Governance Standard.

86 Report on Progress of the Strategic Planning Group **86**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership updating the Board on the activity and development of the Inverclyde Health & Social Care Partnership Strategic Planning Group, in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014, the Inverclyde Health & Social Care Partnership Integration Scheme Commitments and Scottish Government Guidance.

Decided: that the Board note the current development and priorities of the Strategic Planning Group to date and over the coming two years.

87 Accounts Commission Report: Changing Models of Health and Social Care **87**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Inverclyde position in respect of the key recommendations from the Accounts Commission Report: Changing Models of Health and Social Care.

Decided: that the Board note Inverclyde's progress in respect of the recommendations in the Accounts Commission Report: Changing Models of Health and Social Care and approve the proposed actions to support delivery of the improvements set out in the report.

88 Inverclyde Community Justice Transition Group Progress Report **88**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update of progress at both national and local level with regard to Community Justice and (2) advising that following Royal Assent being given to the Community Justice (Scotland) Act 2016, the Inverclyde Community Justice Transition Group had agreed in principle to a Memorandum of Understanding, a copy of which was appended to the report.

During discussion, it was noted that Officers would seek clarity in relation to dispute resolution provisions.

Decided:

(1) that the Board note the progress of Community Justice with regard to both national and local development;

(2) that the Board approve the Inverclyde Community Justice Partnership Memorandum of Understanding; and

(3) that the Board delegate authority to the Chief Officer to sign the Inverclyde Community Justice Partnership Memorandum of Understanding on behalf of the Inverclyde Integration Joint Board.

89 Historic Child Abuse **89**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of key developments regarding Scottish action to address historic child abuse.

Decided:

(1) that the Board note the content of the report; and

(2) that the establishment of an Inverclyde Working Group, under the governance of the Child Protection Committee, chaired by Inverclyde Council's Head of Legal & Property Services be noted.

90 Update on Delayed Discharges, Unscheduled Care and Winter Planning **90**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board on activity in relation to unscheduled care and preparation for winter and ongoing activity to achieve the Delayed Discharge target.

Decided: that the Board note the progress towards maintaining achievement of the Delayed Discharge target, risks associated with this and planned arrangements for addressing winter.

91 Composition of Recruitment Panels for Senior HSCP Management Appointments **91**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the composition of interview panels for senior managers of the Health & Social Care Partnership.

Decided:

(1) that the Board approve the revised membership of recruitment panels for senior management positions within the Health & Social Care Partnership as set out in the report; and

(2) that the Board agree that, where possible, a gender mix in the recruitment panel be achieved for all senior appointments.

92 Chief Officer's Report **92**

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

Decided: that the Board note the Chief Officer's report.

93 Immunisations and Screening Report **93**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the uptake of immunisations, vaccinations and the national cancer screening programmes.

Decided: that the Board note the data contained within the report to measure uptake in respect of immunisations, vaccines and key screening programmes.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting during consideration of the following item on the grounds that the business involved the likely disclosure of exempt information as defined in paragraph 6 of Part I of Schedule 7(A) of the Act.

94 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 18 August 2016 **94**

There was submitted appendix to the minute of the Inverclyde Integration Joint Board of 18 August 2016.

Decided: that the appendix to the minute be agreed.

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 January 2017**
Report By:	**Brian Moore, Corporate Director (Chief Officer) , Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/005/17**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Membership of the Inverclyde Integration Joint Board Audit Committee**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval to a proposed change to the terms of reference of the Inverclyde Integration Joint Board Audit Committee ("the IJB Audit Committee") and to agree revised membership arrangements for the IJB Audit Committee.

2.0 SUMMARY

2.1 The IJB agreed the powers, remit and membership of the IJB Audit Committee on 20 June 2016. As a result of various IJB membership changes, it is necessary to change the terms of reference and the membership of the IJB Audit Committee.

2.2 This report sets out the revised terms of reference and membership arrangements for the IJB Audit Committee.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

(1) approves the amended Terms of Reference of the Inverclyde Integration Joint Board Audit Committee as detailed in Appendix 1 of this report;

(2) appoints one Greater Glasgow and Clyde NHS Board voting member and one Inverclyde Council voting member to serve on the Inverclyde Integration Joint Board Audit Committee, with nominations and appointments being made at the meeting; and

(3) appoints a Chair and a Vice Chair to the Inverclyde Integration Joint Board Audit Committee, having due regard to the requirements set out in Paragraph 3.1 of the amended Inverclyde Integration Joint Board Audit Committee Terms of Reference.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 On 20 June 2016, the IJB agreed the remit, powers and membership of the IJB Audit Committee. As a result of a number of membership changes since then, all of which have been highlighted to the IJB, there are vacancies on the IJB Audit Committee which require to be filled by voting members of the IJB.

5.0 AUDIT COMMITTEE – TERMS OF REFERENCE

5.1 In terms of paragraph 3.1 of the IJB Audit Committee's Terms of Reference, the Chair and Vice Chair of the IJB should not be members of the IJB Audit Committee. It has been recognised that this has presented a challenge when seeking nominations for membership of the IJB Audit Committee.

5.2 It is therefore proposed that the Terms of Reference are amended to remove the restriction on the Vice-Chair of the IJB being a member of the IJB Audit Committee. This is in line with the practice of neighbouring IJBs.

5.3 The proposed changes to the Terms of Reference are shown in the copy of the Terms of Reference attached at Appendix 1. Deletions are in bold italics with strikethrough.

6.0 AUDIT COMMITTEE – MEMBERSHIP

6.1 The current membership of the IJB Audit Committee is set out at Appendix 2.

6.2 The IJB is required to appoint one new NHS Board voting member and one new Inverclyde Council voting member to the IJB Audit Committee. The IJB also requires to appoint the Chair (from the NHS Board members) and Vice-Chair (from the Council members) of the IJB Audit Committee.

6.3 In terms of paragraph 3.1 of the IJB Audit Committee's Terms of Reference (Appendix 2), the Chair of the IJB should not be a member of the IJB Audit Committee and this will require to be taken into account when agreeing the new member and Chair appointments.

7.0 PROPOSALS

7.1 It is proposed that the IJB agree the revised IJB Audit Committee Terms of Reference as set out in Appendix 1 and agrees the revised membership of the IJB Audit Committee.

8.0 IMPLICATIONS

Finance

8.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

N/A	N/A	N/A	N/A	N/A	N/A

Legal

8.2 Standing Order 13 of the IJB's Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

Human Resources

8.3 None.

Equalities

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

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

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None

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

9.0 CONSULTATIONS

9.1 The Corporate Director (Chief Officer) and the Chief Financial Officer of the Inverclyde Health & Social Care Partnership, and the Head of Board Administration of Greater Glasgow and Clyde NHS Board have been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A

INVERCLYDE INTEGRATION JOINT BOARD
AUDIT COMMITTEE
TERMS OF REFERENCE

1	**Introduction**
1.1	The Audit Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.2	The Committee will be known as the Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	**Constitution**
2.1	The IJB shall appoint the Committee. Membership must comprise an equal number of voting members from both NHS GCC and the Council. The Audit Committee shall comprise 2 voting members from NHS GGC, 2 voting members from the Council and 2 non-voting members from the IJB (excluding professional advisers).
2.2	The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to code of conduct and declaration of interest will be those which apply to the IJB.
3	**Chair**
3.1	The Chair and Vice Chair of the Audit Committee will be voting members nominated by the IJB but will not be the Chair ~~***or Vice Chair***~~ of the IJB. The Chair and Vice Chair of the Audit Committee should be selected from the voting members nominated by the organisation which does not currently chair ~~***or vice chair***~~ the IJB. For example, if the Chair of the IJB is a voting member nominated by the Council then the Chair of the Audit Committee should be a voting member nominated by NHS GCC and vice versa.
4	**Quorum**
4.1	Three Members of the Audit Committee will constitute a quorum. At least two members present at a meeting of the Audit Committee shall be IJB voting members.
5	**Attendance at meetings**
5.1	In addition to Audit Committee members the Chief Officer, Chief Financial Officer, Chief Internal Auditor and other professional advisors and senior officers will attend as required as a matter of course. External audit or other persons shall attend meetings at the invitation of the Audit Committee.
5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
6	**Meeting Frequency**
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
7	**Authority**

7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	**Duties**
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	6. Review risk management arrangements, receive annual Risk Management updates and reports.
	7. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	8. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	9. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;
	10. The Audit Committee may at its discretion set up short term working groups for review work. Membership of which will be open to anyone whom the Audit Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
	11. Promoting the highest standards of conduct by Board Members;
	12. Monitoring and keeping under review the Codes of Conduct maintained by the IJB, and.
	13. Will have oversight of Information Governance arrangements as part of the performance and audit process.
9	**Conduct of Meetings**
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.

Inverclyde Integration Joint Board
Audit Committee Membership

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Vacancy* Councillor Ciano Rebecchi *Vice Chair is also vacant	Vacancy Councillor Kenny Shepherd
Greater Glasgow and Clyde NHS Board	Mr Simon Carr Vacancy** **Chair is also vacant.	
SECTION B. NON-VOTING MEMBERS		
Third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	
Staff representative (Council)	Ms Robyn Garcha	

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date: 24 January 2017**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB//04/2017/LA**
Contact Officer:	**Lesley Aird**	**Contact No: 01475 715381**
Subject:	**FINANCIAL MONITORING REPORT 2016/17 – PERIOD TO 31 OCTOBER 2016, PERIOD 7**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 7 to 31 October 2016.

2.0 SUMMARY

2.1 This report outlines the financial position at Period 7 to end October 2016. The current year end projection for the Partnership is an overspend of £0.176m (previous report to Period 5 showed a £0.129m projected overspend) against the approved expenditure budget of £127.490m. This is made up of a forecast £0.176m overspend on Social Work and a forecast breakeven on Health Services, assuming £0.667m of non-recurring funding from the Health Board linked to the delayed delivery of in year savings

2.2 The Social Work revised budget is £53.217m with £1.323m of unallocated funds linked to the Social Care Fund and a projected overspend of £0.176m, which is an increase in projected spend of £0.047m since the last report. The main elements of the overspend are detailed within this report and attached appendices:

2.3 While Health services are currently projected to be in line with budget there are some issues to note:

- Savings Delivery
  The part year effect of the 2016/17 savings means that £0.667m of the proposed savings to deliver the targeted full year savings will be funded on a non-recurring basis by the Health Board.
- Mental Health Inpatients
  As per previous reports, there is still an ongoing, inherited budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work is ongoing to address this budget pressure for the current and future years.

2.4 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. It is proposed that any overspend in 2016/17 would be funded by the IJB through the Social Care Fund monies.

2.5 The report outlines the current projected spend for the Social Care Fund, Integrated Care Fund and Delayed Discharges money.

2.6 The IJB has no capital budget. The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.414m for 2016/17 with an actual spend to end October of £0.274m.

2.7 The Council previously held earmarked reserves which related to IJB activity. In September 2016 the Council agreed to transfer these reserves to the IJB to be managed in line with the IJB Reserves Policy. The total funding for 2016/17 is £2.451m, actual spend at Period 7 is £0.671m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the Period 7 position for 2016/17 (Appendices 1-3);
2. Approves the proposed 2016/17 Health savings detailed in paragraphs 6.3 and 6.4 of the report;
3. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
4. Agrees the proposed use of the Social Care Fund in 2016/17 and 2017/18 (Appendix 6);
5. Notes the current position for the Integrated Care Fund and Delayed Discharge monies (Appendix 7);
6. Notes the current capital position (Appendix 8),
7. Notes the current Earmarked Reserves position (Appendix 9).

Brian Moore
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also "set aside" an amount in respect of large hospital functions covered by the integration scheme.

4.2 The IJB budget for 2016/17 was formally agreed on 16 September 2016. The table below summarises the agreed budget and funding together with the projected outturn at 31 October, £0.176m overspend to be funded by Reserves/the SCF:

	Revised Budget 2016/17 £000	Projected O/Turn @ 31/10 £000	Projected Over/(Under) Spend £000
Social Work Services	53,217	53,393	176
Health Services	74,273	74,273	0
HSCP NET EXPENDITURE	**127,490**	**127,666**	**176**
FUNDED BY			
Social Care Fund	4,449	4,449	0
Transfer from / (to) Reserves	0	176	176
NHS Contribution to the IJB	74,273	74,273	0
Council Contribution to the IJB	48,768	48,768	0
HSCP NET INCOME	**126,361**	**127,666**	**176**
HSCP SURPLUS/(DEFICIT)	**0**	**0**	**0**
SET ASIDE BUDGET	**16,439**	**16,439**	**0**

5.0 SOCIAL WORK SERVICES

5.1 The Social Work services approved budget is £53.217m, of which £1.323m of the Social Care Fund was still unallocated. The projected outturn at 31 October 2016 is a £0.176m overspend (0.33%).

5.2 The Social Work budget includes an in year savings target of £1.043m, of which the majority has already been delivered. It is anticipated that this will be delivered in full during the year.

Appendix 2 contains details of the Social Work outturn position. The main variances are detailed below with further detail provided in Appendix 2A.

- Residential & Nursing overspend of £0.118m reflecting the increased numbers of beds in use. This is offset by additional one off charging income of £0.126m,
- Homecare overspend of £0.126m on external homecare reflecting the increased hours of care provided, offset by vacancies on internal homecare £0.158m,
- A projected overspend of £0.171m 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 £0.045m due to increased turnover targets not being achieved in year.

Officers are working to assess the potential impact of the above on the 2017/18 position and put an action plan in place to bring the budget back in line on a recurrent basis.

5.3 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 may no longer be ring fenced and may be allocated directly to Inverclyde 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 the IJB.

6.0 HEALTH SERVICES

6.1 The Health services budget is £74.273m and the projected outturn as at Period 7 is in line with that budget.

6.2 The total savings target for Health services for 2016/17 was £0.890m. It has been confirmed that based on the Inverclyde proposals for recurring savings to meet this target, the Health Board on a non recurring basis will fund £0.667m of Inverclyde savings which will not be cash delivered in 2016/17.

6.3 The proposed savings are analysed below. The detail behind these savings was discussed and agreed at the IJB Development session on 18 November 2016. The IJB is asked to now formally approve these savings in order to finalise the 2016/17 budget position and secure the £0.667m non recurring funding from the Health Board.

Savings Proposals Summary	Sum of PYE 16/17	Sum of FYE 16/17	Sum of WTE 16/17
Business Support Review	10,000	40,000	2.0
Reduce Commissioned Service	0	40,000	
Reduce non pay budgets	31,500	374,900	0
Removal of Vacant posts, voluntary reduction in hours, Early Retirals and filling vacancies at lower grades	181,500	435,100	10.51
Grand Total	**223,000**	**890,000**	**12.51**

The savings detailed by service area are as follows:

Summary by Service Area	Sum of PYE	Sum of FYE	Sum of WTE
ADP	31,100	75,000	0.75
Adult Community Services	20,400	138,100	3.54
Business Support	48,000	78,000	3.4
Community	9,000	58,000	1.77
Learning Disabilities	6,500	13,400	0.5
Management	0	107,700	
MH Community	22,500	127,200	1.3
Planning & Health Improvement	28,000	48,300	0.5
Specialist Childrens Services	6,000	41,800	0.75
Various	39,500	75,500	0
Psychology		16,000	
Integrated Care Fund	12,000	111,000	
Grand Total	**223,000**	**890,000**	**12.51**

6.4 <u>Key Risks around proposed Health savings</u>
The majority of the proposed 2016/17 savings are low risk and involve either:

- removal or reduction of non pay budgets which have historically underspent or are no longer required or
- removal of posts or part posts already vacant or where staff have reduced hours.

These changes which total £0.804m (90% of the total savings target) are not anticipated to have a material impact on future service delivery.

Other proposals totalling £0.086m (10% of the total savings target) have been ranked Amber by officers as they are considered more challenging in terms of delivery. If either of the savings ranked as Amber become undeliverable officers will develop alternative proposals for the IJB to consider and agree as soon as possible in order to reach the 2016/17 savings target. The key issues around the current proposals and the work that officers have done to mitigate any risks are detailed below:

- savings relating to non pay spend £0.040m linked to spend with an external organisation. Discussions are taking place with this organisation to ensure that the proposed funding reduction and the potential impact is understood. Since the proposal was initially put forward a VAT issue has arisen that may reduce the overall saving which can be generated. Officers are working to clarify the final position.
- Savings relating to staffing £0.046m. This was linked to a proposed realignment of arrangements within Health and Community Services. The saving was anticipated to be delivered through vacancies and reduced hours requests but its successful delivery will require consultation with staff and key stakeholders.

6.5 Mental Health Inpatients

As per previous reports, there is still an ongoing £1.2m budget pressure related to mental health inpatient services due to the high levels of special observations required.

6.6 In 2015/16 planned reductions were made in other budgets to offset the inpatient overspend. This is continuing on a non recurring basis for 2016/17 to offset any balance of cost pressures not resolved in year.

6.7 At Period 7 the in year overspend on this service is £0.639m, which is currently offset by £0.346m of underspends on other budgets leaving a current year to date overspend of £0.293m (this figure is excluding the deferred savings delivery to be funded on a non recurring basis).

6.8 The service has developed and is implementing an action plan to address elements of the historic overspend. This budget will be closely monitored throughout the year and the residual budget pressure will be reflected in the 2017/18 budget proposals to ensure that the underlying budget is sufficient for core service delivery going forward.

6.9 Looking ahead it has been proposed that the Health Board include this budget pressure within the overall Partnerships budget pressures as part of the 2017/18 budget setting process. In that way the three Partnerships which deliver Mental Health inpatient services will not have to fund these historic costs alone, the cost would be spread across the six partnerships. This would be beneficial for Inverclyde as proportionally the current funding gap for this service sitting within the Inverclyde budget is significantly higher than the Inverclyde share of the Board wide gap would be. The argument for this approach is that the main element of the Inverclyde overspend relates to IPCU special observations. The majority of IPCU patients are residents of other IJB areas. Discussions are ongoing regarding this with Health Board finance officers and the Chief Financial Officers of the other HSCPs within Greater Glasgow and Clyde.

6.10 Prescribing

The is a risk sharing arrangement in place in respect of Prescribing budgets across all six Health & Social Care Partnerships. This arrangement means that any overspends are covered in year by the Health Board. However, it is anticipated that this arrangement may be subject to change in the future. This would mean that any overspend would have to be contained locally within each partnership. At period 7 the Inverclyde overspend for 2016/17 is currently £0.096m. Further work is being done to agree the methodology for setting this budget for partnerships for future years. This is likely to be an area of financial risk and pressure for the IJB if the risk sharing agreement is removed.

7.0 VIREMENT & OTHER BUDGET MOVEMENTS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5.

8.0 SOCIAL CARE FUND, INTEGRATED CARE FUND, DELAYED DISCHARGE FUNDING

8.1 Social Care Fund

Appendix 6 details the current proposals for use of the £4.449m Social Care Fund (SCF) in 2016/17 and 2017/18. The table has been updated since the budget was agreed in September to reflect the updates agreed by the IJB at its 8 November meeting. Additional proposals for using the funding have been developed, these are noted below and detailed in appendix 6.

- Additional costs relating to the implementation of the Living Wage and revised costs in relation to the anticipated National Care Home Contract (NCHC) uplift for 2017/18
- Swift Upgrade
- Learning Development – Integrated Team Leader (temp funding for 2 years)
- Childrens Residential Accommodation
- Qualified Social Workers
- Mental Health Commissioning
- IJB costs
- Estimated demographic and other cost pressures, including funding the anticipated 2016/17 overspend of £0.176m

It is also proposed that the £0.035m agreed for year 2 of the 2 year transport coordinator post is brought forward to 2016/17 to maximise the funding available in 2017/18 for cost pressures.

8.2 On 15 December 2016 draft settlement letters for 2017/18 were issued by Scottish Government. In these an additional £107m was top-sliced from the Health uplift and allocated to HSCPs as additional SCF. Of this £80m has been earmarked for Council's to enable them to reduce their funding to the IJBs by up to the value of the local share of the £80m, to partially offset the local authority funding reductions. The allocation method for splitting these sums to individual partnerships has still to be confirmed. If it is on the same basis as the £250m this year (ie a combination of GAE and NRAC) the Inverclyde figures would be circa £1.904m and £1.424m respectively. These estimated values have been reflected in Appendix 6 for 2017/18.

8.3 With the additional proposals and the anticipated share of the £107m in 2017/18 factored in there is £0.737m of funding available in 2016/17 and £1.424m in 2017/18, which will become zero if the Council chooses to deduct the full portion of the £80m. Further proposals on the use of this funding in 2016/17 and 2017/18 will

be brought to the IJB for approval as they are developed. Any in year underspend would be taken into IJB Earmarked Reserves for use in the following year on related projects.

8.4 Integrated Care Fund (ICF) and Delayed Discharge Funding (DD)

Appendix 7 details the current budget, projected outturn and actual spend to date for these funds. Both funds are have some funds still to be allocated at this stage in the year, ICF has £0.011m funding still available to be allocated and DD has been fully committed for the year.

9.0 CURRENT CAPITAL POSITION - £nil Variance

9.1 The Social Work capital budget is £3.898m over the life of the projects with £1.414m for 2016/17, comprising:

- £1.132m for the replacement of Neil Street Children's Home,
- £0.057m for the replacement of Crosshill Children's Home,
- £0.225m for the conversion costs associated with John Street, Gourock.

The costs of £0.225m associated with John St, Gourock are being met by funding from the IJB through the SCF and the additional costs for Neil Street Children's Home replacement of £0.133m are being met from the Children's Residential Care, Adoption & Fostering EMR.

9.2 There is no projected slippage in the 2016/17 budget and expenditure to 31 October is £0.274m. Appendix 8 details capital budgets.

9.3 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 migrating the delay
- Programme completion date 31 March 2017

9.4 Progress on the Crosshill Centre Children's Home replacement is as follows:

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

9.5 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 complete
- Sprinkler system out to tender
- Internal alterations (kitchen, dining room, office and shower room) to commence 21 November 2016
- Anticipated completion end of January 2017

10.0 EARMARKED RESERVES

10.1 The IJB inherited £2.584m of Earmarked Reserves which were transferred from the Council. Of this total, £2.451m is projected to be spent in the current financial year. To date £0.674m spend has been incurred which is 27.4% of the projected 2016/17 spend. This is £0.063m (8.6%) behind the phased budget. Appendix 9

details the individual Earmarked Reserves.

10.2 Within the Earmarked Reserves for 2016/17 is £1.308m relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1.700m, 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
Total funding	**1,308**

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.

These were retained by Inverclyde Council.

11.0 IMPLICATIONS

11.1 FINANCE

All financial implications are discussed in detail within the report above.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

11.4 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.

11.5 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

11.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

11.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently and effectively

12.0 CONSULTATION

12.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

13.0 BACKGROUND PAPERS

13.1 None.

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2016/17 PROJECTED POSITION

PERIOD 7: 1 April 2016 - 31 October 2016

SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	47,576	48,250	48,093	(156)	-0.3%
Property Costs	1,609	1,165	1,170	5	0.4%
Supplies & Services	64,363	65,286	65,960	674	1.0%
Prescribing	17,989	17,983	17,983	0	0.0%
Resource Transfer (Health)	9,360	9,360	9,360	0	0.0%
Income	(15,704)	(15,289)	(15,635)	(347)	2.3%
Unidentified Savings	(587)	(587)	(587)	0	0.0%
Unallocated Funds	1,536	1,323	1,323	0	0.0%
	126,142	**127,490**	**127,666**	**176**	**3.4%**

OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
Planning, Health Improvement & Commissioning	2,379	2,550	2,547	(3)	-0.1%
Older Persons	23,243	23,391	23,441	50	0.2%
Learning Disabilities	7,564	7,509	7,645	136	1.8%
Mental Health - Communities	4,565	4,424	4,371	(53)	-1.2%
Mental Health - Inpatient Services	8,230	8,375	8,375	0	0.0%
Children & Families	13,406	13,674	13,720	47	0.3%
Physical & Sensory	2,227	2,150	2,141	(8)	-0.4%
Addiction / Substance Misuse	2,841	2,889	2,872	(17)	-0.6%
Assessment & Care Management / Health & Community Care	5,822	6,321	6,301	(20)	-0.3%
Support / Management / Admin	4,235	4,287	4,316	29	0.7%
Criminal Justice / Prison Service **	0	0	0	0	0.0%
Homelessness	806	803	820	16	2.0%
Family Health Services	21,060	21,571	21,571	0	0.0%
Prescribing	17,989	17,983	17,983	0	0.0%
Resource Transfer	9,360	9,360	9,360	0	0.0%
Change Fund	1,467	1,467	1,467	0	0.0%
Unidentified Savings	(587)	(587)	(587)	0	0.0%
Unallocated Funds	1,536	1,323	1,323	0	0.0%
HSCP NET EXPENDITURE	**126,142**	**127,490**	**127,666**	**176**	**0.1%**
FUNDED BY					
Social Care Fund	4,449	4,449	4,449	0	0.0%
NHS Contribution to the IJB	72,878	74,273	74,273	0	0.0%
Council Contribution to the IJB	48,815	48,768	48,768	0	0.0%
Transfer from / (to) Reserves	0	0	176	176	0.0%
HSCP NET INCOME	**126,142**	**127,490**	**127,666**	**176**	**0.1%**
HSCP SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0**	**0.0%**

** Fully funded from external income hence nil bottom line position.

APPENDIX 2

SOCIAL WORK

DRAFT REVENUE BUDGET 2016/17

PERIOD 7: 1 April 2016 - 31 October 2016

2015/16 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,148	Employee Costs	25,865	26,068	25,912	(156)	-0.6%
1,356	Property costs	1,170	1,160	1,164	5	0.4%
875	Supplies and Services	729	810	889	79	9.7%
473	Transport and Plant	380	380	418	38	10.0%
911	Administration Costs	659	742	723	(19)	-2.6%
35,061	Payments to Other Bodies	37,459	36,842	37,419	576	1.6%
(14,488)	Income	(14,533)	(14,108)	(14,455)	(347)	2.5%
	Unallocated Funds	1,536	1,323	1,323	0	0.0%
49,336	**SOCIAL WORK NET EXPENDITURE**	**53,264**	**53,217**	**53,393**	**176**	**0.3%**

2015/16 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
1,755	Planning, Health Improvement & Commissioning	1,730	1,740	1,737	(3)	-0.2%
22,193	Older Persons	23,243	23,391	23,441	50	0.2%
6,709	Learning Disabilities	6,996	7,000	7,136	136	1.9%
961	Mental Health	1,254	1,298	1,245	(53)	-4.1%
10,102	Children & Families	10,691	10,744	10,791	47	0.4%
2,033	Physical & Sensory	2,227	2,150	2,141	(8)	-0.4%
1,028	Addiction / Substance Misuse	1,040	1,038	1,021	(17)	-1.7%
2,097	Business Support	2,180	2,148	2,177	29	1.4%
1,574	Assessment & Care Management	1,562	1,582	1,562	(20)	-1.3%
0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.0%
	Unallocated Funds	1,536	1,323	1,323	0	0.0%
884	Homelessness	806	803	820	16	2.0%
49,336	**SOCIAL WORK NET EXPENDITURE**	**53,264**	**53,217**	**53,393**	**176**	**0.3%**

2015/16 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
49,336	**Council Contribution to the IJB**	**48,815**	**48,768**	**48,768**	**0**	**0.0%**
	Transfer from / (to) Reserves			**176**	**176**	
	Balance to be funded by the SCF	**4,449**	**4,449**	**4,449**	**0**	**0.0%**

APPENDIX 2A

SOCIAL WORK
PERIOD 7: 1 April 2016 - 31 October 2016

Extract from report to the Health & Social Care Committee

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.

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 (an 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.

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 are 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.

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

This relates to a projected underspend on employee costs.

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.

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.

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.

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.

APPENDIX 3

HEALTH

DRAFT REVENUE BUDGET 2016/17

PERIOD 7: 1 April 2016 - 31 October 2016

2015/16 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,852	Employee Costs	21,711	22,182	22,182	0	0.0%
499	Property	439	5	5	0	0.0%
4,806	Supplies & Services	4,077	4,940	4,940	0	0.0%
20,865	Family Health Services (net)	21,060	21,571	21,571	0	0.0%
17,422	Prescribing (net)	17,989	17,983	17,983	0	0.0%
9,203	Resource Transfer	9,360	9,360	9,360	0	0.0%
	Unidentified Savings	(587)	(587)	(587)	0	0.0%
(1,240)	Income	(1,171)	(1,181)	(1,181)	0	0.0%
73,406	**HEALTH NET EXPENDITURE**	**72,878**	**74,273**	**74,273**	**0**	**0.0%**

2015/16 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,625	Children & Families	2,715	2,930	2,930	0	0.0%
4,115	Health & Community Care	4,260	4,739	4,739	0	0.0%
2,447	Management & Admin	2,055	2,139	2,139	0	0.0%
518	Learning Disabilities	568	509	509	0	0.0%
1,858	Addictions	1,801	1,851	1,851	0	0.0%
2,994	Mental Health - Communities	3,311	3,126	3,126	0	0.0%
9,035	Mental Health - Inpatient Services	8,230	8,375	8,375	0	0.0%
821	Planning & Health Improvement	649	810	810	0	0.0%
1,503	Change Fund	1,467	1,467	1,467	0	0.0%
20,865	Family Health Services	21,060	21,571	21,571	0	0.0%
17,422	Prescribing	17,989	17,983	17,983	0	0.0%
0	Unidentified savings	(587)	(587)	(587)	0	0.0%
9,203	Resource Transfer	9,360	9,360	9,360	0	0.0%
73,406	**HEALTH NET EXPENDITURE**	**72,878**	**74,273**	**74,273**	**0**	**0.0%**

2015/16 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Approved Budget 2016/17 £000	Revised Budget 2016/17 £000	Projected Out-turn 2016/17 £000	Projected Over/(Under) Spend £000	Percentage Variance
0	**Social Care Fund**	**4,449**	**4,449**	**4,449**	**0**	**0.0%**
73,406	**NHS Contribution to the IJB**	**72,878**	**74,273**	**74,273**	**0**	**0.0%**

Budget Movements 2016/17

Appendix 4

Inverclyde HSCP	Approved Budget	Movements				Revised Budget
Service	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	13,406	0	53	214	0	13,674
Criminal Justice	0	0	0	0	0	0
Older Persons	23,243	0	148	0	0	23,391
Learning Disabilities	7,564	0	7	(62)	0	7,509
Physical & Sensory	2,227	0	(74)	(2)	0	2,150
Assessment & Care Management/ Health & Community Care	5,822	0	20	479	0	6,321
Mental Health - Communities	4,565	17	44	(202)	0	4,424
Mental Health - In Patient Services	8,230	13	0	133	0	8,375
Addiction / Substance Misuse	2,841	3	(2)	47	0	2,889
Homelessness	806	0	0	(3)	0	803
Planning, HI & Commissioning	2,379	0	39	132	0	2,550
Management, Admin & Business Support	4,235	0	(23)	75	0	4,287
Family Health Services	21,060	0	0	512	0	21,571
Prescribing	17,989	0	0	(6)	0	17,983
Change Fund	1,467	0	0	0	0	1,467
Resource Transfer	9,360	0	0	0	0	9,360
Unidentified Savings	(587)	0	0	0	0	(587)
Unallocated Funds	1,536	0	(213)	0	0	1,323
Totals	126,142	33	(0)	1,315	0	127,490

Social Work Budgets	Approved Budget	Movements				Revised Budget
Service	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	10,691	0	53	(1)	0	10,744
Criminal Justice	0	0	0	0	0	0
Older Persons	23,243	0	148	0	0	23,391
Learning Disabilities	6,996	0	7	(3)	0	7,000
Physical & Sensory	2,227	0	(74)	(2)	0	2,150
Assessment & Care Management	1,562	0	20	0	0	1,582
Mental Health - Community	1,254	0	44	0	0	1,298
Addiction / Substance Misuse	1,040	0	(2)	(0)	0	1,038
Homelessness	806	0	0	(3)	0	803
Planning, HI & Commissioning	1,730	0	39	(29)	0	1,740
Business Support	2,180	0	(23)	(9)	0	2,148
Unallocated Funds	1,536	0	(213)	0	0	1,323
Totals	53,264	0	(0)	(47)	0	53,217

Health Budgets	Approved Budget	Movements				Revised Budget
Service	2016/17 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2016/17 £000
Children & Families	2,715	0	0	215	0	2,930
Learning Disabilities	568	0	0	(59)	0	509
Health & Community Care	4,260	0	0	479	0	4,739
Mental Health - Communities	3,311	17	0	(202)	0	3,126
Mental Health - Inpatient Services	8,230	13	0	133	0	8,375
Addiction / Substance Misuse	1,801	3	0	47	0	1,851
Planning, HI & Commissioning	649		0	161	0	810
Management, Admin & Business Support	2,055	0	0	84	0	2,139
Family Health Services	21,060	0	0	512	0	21,571
Prescribing	17,989	0	0	(6)	0	17,983
Change Fund	1,467	0	0	0	0	1,467
Resource Transfer	9,360	0	0	0	0	9,360
Unidentified Savings	(587)					(587)
Totals	72,878	33	0	1,362	0	74,273

Virement Analysis

	Increase Budget £000	(Decrease) Budget £000
Homecare - payments to other bodies		(30)
Homecare - income	30	
Children & Families - Allocation of SCF	60	
Physical & Sensory - Allocation of SCF	70	
Mental Health - Allocation of SCF	48	
PHI - Allocation of SCF	35	
Unallocated Funds - Allocation of SCF		(213)
	243	(243)

Supplementary Budget Movement Detail	£000	£000
Children & Families		**214**
Central Health Visiting savings proposal deferred to future year	20	
Non Recurring Funding for CAMHS (£0.175m) and Health Visitors (£0.019m)	194	
Learning Disabilities		**(62)**
LD Redesign	(59)	
Transfer of Gas budgets back to Council	(3)	
Physical & Sensory		**(2)**
Transfer of Gas budgets back to Council	(2)	
Health & Community Care (Adult Comm Services)		**479**
Non Recurring Funding - Carers Information Strategy	80	
Non Recurring Funding - Primary Care Transformation	300	
Non Recurring Funding - Primary Care Transformation "Cluster Work"	24	
Non Recurring Funding - Diabetes	94	
Final year of District Nursing RAM implemented	(18)	
Mental Health Communities		**(202)**
Centralisation of budgets to Facilities - Domestics, Heat, Light, Power,	(134)	
Budget for CRS staff moved to CRS code within Adult Inpatients	(98)	
Budget for Acute Hospital Liaison Nurse from End Point funding	30	
Mental Health Inpatients		**133**
Budget for CRS staff moved from Communities	98	
Non Recurring Funding - Elderly Consultant	35	
Addictions		**47**
Non Recurring Funding - Band 6 BBV/Hep C Nurse	47	
Homelessness		**(3)**
Transfer of Gas budgets back to Council	(3)	
Planning & Health Improvement		**132**
Non Recurring Funding - Smoking Prevention & Smoking Cessation	94	
Non Recurring Funding - Tobacco Post	11	
Non Recurring Funding - Eat Up	50	
Non Recurring Funding - Child Healthy Weight	6	
Transfer to Welfare Reform fund	(30)	
Management & Admin (Other Services)		**75**
Centralisation of budgets to Facilities - Domestics, Heat, Light, Power, Maintenance, Rates	(583)	
Non Recurring Savings relief from HB	667	
Transfer to the Council in relation to SWAN telephone contract	(10)	
Family Health Services		**512**
General Medical Services Budget Uplift	242	
Non Recurring GMS Exchanges	270	
Prescribing		**(6)**
Minor adjustment to overall budget per Schedule 4 update	(6)	
		1,315

APPENDIX 5

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

THE INVERCLYDE COUNCIL is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2016/17 £000
SOCIAL WORK	
Employee Costs	26,068
Property costs	1,160
Supplies and Services	810
Transport and Plant	380
Administration Costs	742
Payments to Other Bodies	36,842
Income	(14,108)
Contribution to Earmarked Reserves	0
SOCIAL WORK NET EXPENDITURE	**51,894**

OBJECTIVE ANALYSIS	Budget 2016/17 £000
SOCIAL WORK	
Planning, Health Improvement & Commissioning	1,740
Older Persons	23,391
Learning Disabilities	7,000
Mental Health	1,298
Children & Families	10,744
Physical & Sensory	2,150
Addiction / Substance Misuse	1,038
Business Support	2,148
Assessment & Care Management	1,582
Criminal Justice / Scottish Prison	0
Change Fund	0
Homelessness	803
SOCIAL WORK NET EXPENDITURE	**51,894**

This direction is effective from 24 January 2017.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2016/17 £000
HEALTH	
Employee Costs	22,182
Property costs	5
Supplies and Services	4,940
Family Health Services (net)	21,571
Prescribing (net)	17,983
Resources Transfer	9,360
Unidentified Savings	(587)
Income	(1,181)
HEALTH NET EXPENDITURE	**74,273**
Social Care Fund (SCF)	4,449
NET EXPENDITURE INCLUDING SCF	**78,722**

OBJECTIVE ANALYSIS	Budget 2016/17 £000
HEALTH	
Children & Families	2,930
Health & Community Care	4,739
Management & Admin	2,139
Learning Disabilities	509
Addictions	1,851
Mental Health - Communities	3,126
Mental Health - Inpatient Services	8,375
Planning & Health Improvement	810
Change Fund	1,467
Family Health Services	21,571
Prescribing	17,983
Unidentified savings	(587)
Resource Transfer	9,360
HEALTH NET EXPENDITURE	**74,273**
Social Care Fund (SCF)	4,449
NET EXPENDITURE INCLUDING SCF	**78,722**

The set aside budget is: £16.439m

This direction is effective from 24 January 2017.

APPENDIX 6

Social Care Fund - Planned Spend

Proposed use of the Social Care Fund	PROPOSED SPEND 2016/17 £m	2017/18 £m
Demand Growth/Charging/Additionality		
Social Care demand growth and other pressures the Council agreed would funded through SCF	1.269	1.269
Charging Thresholds on non residential services	0.110	0.110
Dementia Strategy	0.115	0.115
TOTAL Demand Growth/Charging/Additionality	**1.494**	**1.494**
Living Wage/Other Cost Pressures		
Living Wage, including NCHC inflation and sleepover rate changes	1.065	2.470
IJB Specific costs eg SLA for Audit and Legal Services and External Audit Fee	0.051	0.051
John Street costs (one off 2016/17 only)	0.303	0.000
Mental Health Officer new post	0.008	0.048
Patient/Client Transport Coordinator Role (Fixed Term 2 years)	0.035	0.035
Legal Fees Relating to Adoption and Fostering and Adult Services	0.100	0.100
Equipment Investment (one off)	0.070	0.000
TOTAL Living Wage/Other Cost Pressures	**1.632**	**2.704**
TOTAL PROPOSED SCF SPEND	**3.126**	**4.198**
TOTAL SCF FUNDING	**4.449**	**4.449**
TOTAL Balance of funds currently proposed to c/fwd to Earmarked Reserves	**1.323**	**0.251**

ANTICIPATED SCF UPLIFT		**1.904**
ANTICIPATED TOTAL SCF	**4.449**	**6.353**

Additional Cost Pressures/Projects - Not Yet Approved		
A. Additional costs associated with initial implementation of the Living Wage from 1st Oct 2016 offset by reduction in estimated cost of 2017/18 NCHC uplift £253k	0.135	0.182
B. Swift Upgrade	0.118	0.002
C. LD - Integrated Team Leader (2 years fixed term)	0.121	
D. Childrens Residential Accommodation - External Placements		0.050
E. Qualified Social Workers		0.111
F. MH Commissioning	0.001	0.003
G. IJB Specific costs eg SLA for Audit and Legal Services and External Audit Fee		0.019
H. Estimated Demographic and other cost pressures	0.176	0.399
Reapportioning the Transport Coordinator Funding	0.035	(0.035)
TOTAL Living Wage/Other Cost Pressures	**0.586**	**0.731**

TOTAL Balance of funds currently available to c/fwd to HSCP Reserves	**0.737**	**1.424**

Additional Cost Pressures - Not Yet Confirmed/Approved		
The Scottish Government has agreed that Councils can reduce their funding to the HSCPs by a portion of the additional £107m ie up to their share of £80m of the additional Funds		1.424

TOTAL Balance of funds available if above cost pressures/funding reductions are applied	**0.737**	**0.000**

APPENDIX 6A

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Lesley Aird	Service Area	All

Describe the Proposed Use of Funds

Living Wage & NCHC inflation

The IJB has already allocated sums to fund the 2016/17 Living Wage and National Care Home Contract Inflation through the SCF as outlined below. Further work has been done to calculate the full cost for 2016/17 and estimated uplifts for 2017/18. These included a further 20p increase in Living Wage for 2017/18 and assumed the uplift for 2017/18 would be in line with the 2016/17 levels. The assumptions re the NCHC uplift have been revised down to a 4% overall uplift for 2017/18. The Council CFO has indicated that the Council would underwrite this from their inflation contingency if the nationally set uplift is in excess of this level. The impact of these changes are detailed below:

	2016/17	**2017/18**
Sum initially agreed by the IJB	1,065,000	1,611,000
Additional sum for 2017/18 uplifts		859,000
Additional Funds Required		
Living Wage Additional Costs	91,000	202,000
Indicative Rate Increase	44,000	175,000
Living Wage Care at Home etc		234,000
NCHC Contract Inflation @ 4%		430,000
less previous estimate of Living Wage and NCHC uplift		(859,000)
TOTAL Additional Funding Request	**135,000**	**182,000**
Total Cost of Living Wage and NCHC	1,200,000	2,652,000

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17	135,000	Future Years	182,000
Type of Spend		2016/17		Future Years
Employee Costs				
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies		135,000		182,000
Capital				
TOTAL		135,000		182,000

APPENDIX 6B

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Brian Moore	Service Area	Quality & Development

Describe the Proposed Use of Funds

SWIFT Upgrade

SWIFT is the central information system used by most teams within the HSCP to record a client's personal details, referrals and involvements, the services (the amounts and costs) provided to clients and the billing and payment records for the majority of services contributing to a persons total Costed Package of Care. Funding is being sought to support the implementation of AIS(Adult Integrated Solutions) & CCM(Children's Case Management) system.
Swift in its current format is outdated and the Provider "Northgate" are no longer developing this system. We have been informed that support for the current version will be withdrawn at the end of 2017. Failure by the service to proceed with this work will result in ICT being expected to adopt the system and for them to facilitate any legislitive changes to ensure compliance. ICT do not have the capcity to take this on.Inverclyde and Shetland are the only Scottish authorities who have not yet implemented AIS and CCM. Without the update or resource to maintain the current system there is a risk that access to the sytem could fail,and fieldwork staff would not have timely access to clinet case files.The requested funds would be used to temporarily employ additional staff to undertake the planning and implementation of AIS & CCM, these are the new web based versions of Swift, they offer a comprehensive and effective solution utilising intuitive browser based technology to deliver end to end case management with integrated safeguarding. It provides a robust and flexible platform for delivering personalisation, reablement and prevention services, and directly supports the proactive management of all cases by practitioners and managers across all teams . The Capital costs include Implementation, training, visualisation tool and licence. This bid covers the mimimum requirments recommended by Northgate of 30.5 days for consultancy and training costs for the project. Employee costs are based on a Project Manager Grade I and an information analyst/trainer grade G, both at midpoint. ICT have comfirmed that they do not have the resources to project manage this implementation.

Spend Analysis				
One Off Spend in current year		107,695		
Recurring Spend	2016/17		Future Years	2,000
Type of Spend		2016/17		Future Years
Employee Costs		84,340		
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies				2,000
Capital		33,725		
TOTAL		118,065		2,000

APPENDIX 6C

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Beth Culshaw	Service Area	Learning Disability

Describe the Proposed Use of Funds

LD - Integrated Team Leader (2 Years Fixed Term)

Integrated Team Leader (2 year fixed term) - Learning Disability to develop the learning disability services integration agenda across care management and the multi-disciplinary community learning disability team (Medical, Nursing & Allied Health Professionals) and all key stakeholders fostering an integrated approach to service delivery. The post will operationally lead on aspects of commissioning, clinical and care governance, service development and budgetary management of learning disability across all aspects of day opportunity resources, clinical support,employability, assessment & care management, respite. Self Directed Support, Contractual developments with external Partners.The post would lead on the continuous improvement capability and delivery of all operational activity ensuring that all integrated staff are appropriately developed and professionally supervised and supported to deliver a high quality practice and function for learning disability services.

Spend Analysis

One Off Spend in current year		121,000		
Recurring Spend	2016/17		Future Years	

Type of Spend	2016/17		Future Years
Employee Costs			
Property Costs			
Supplies & Services			
Administration			
Payments to Other Bodies			
Capital			
TOTAL	0		0

APPENDIX 6D

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Sharon McAlees	Service Area	Children & Families

Describe the Proposed Use of Funds

Childrens Residential Accommodation - External Placements

£150k has been removed from the external residential accommodation budget to fund the loan charges for the new Neil Street & Crosshill residential accommodations. There are continuing pressures on the external residential accommodation budgets due to increased costs from some specialist providers and the fluctuating numbers of children in secure accommodation, which this funding could partially alleviate.

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17		Future Years	50,000
Type of Spend		2016/17		Future Years
Employee Costs				
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies				50,000
Capital				
TOTAL		0		50,000

APPENDIX 6E

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Beth Culshaw	Service Area	Health & Community Care

Describe the Proposed Use of Funds

Qualified Social Workers

The funds would be to use to recruit qualified social workers (QSW) and one social work assistant for the Assessment & Care Management Team. This is a response to the number and complexity of cases as well as the changes around facilitating hospital discharge and the requirements of self directed support Act. Inverclyde has been operating a successful enablement service which assess new referrals and ensures people reach there optimum potential before determining a support package. There is also an acknowledgement of the growing complexity of peoples health needs and social issues that are now able to remain living independently in their own home alongside greater complexity of care needs for the Older Peoples Care Home population.

These pressures are against a background of safeguarding referrals including Adult Protection and Adult Welfare Concerns which average at 35 a week. This work can take considerable time to complete and impacts on ability to complete assessment and care management process. We are not maintaining the level of contact or completing reviews of support packages within expected timescales (Care Inspectorate).
This has impacted the workforce capacity and resulted in a growing waiting list for assessment of need as well as delays in transferring support packages from the Hospital discharge team and community enablement service which can cause further delay in responding to new referrals.

The focus will be on 'Home First' concept which is about maximising individuals to their optimum potential and functioning to allow them to remain living independently and avoiding unnecessary hospital admission.
This proactive approach will ensure consistent support to vulnerable people and their carers by the ACM team identifying and responding to changes in health, social circumstances in good time before people reach a crisis point in their lives .
Health & community Care are looking to improve the assessment and support service in a number of ways including development of service such as OP day services, work with the third sector and carers centre as well as developing a locality focus based around GP clusters for ACM Care at Home service and district Nursing.

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17		Future Years	111,000
Type of Spend		2016/17		Future Years
Employee Costs				111,000
Property Costs				
Supplies & Services				
Administration				

Payments to Other Bodies			
Capital			
TOTAL	0		111,000

APPENDIX 6F

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Deborah Gillespie	Service Area	Mental Health Commissioning Work

Describe the Proposed Use of Funds

MH Commissioned Services
To increase capacity within the service for management of existing commissioned services in mental health and development work for commissioning theme of recovery cross HSCP.
Extend role of existing Community Alternative Resource Manager, Mental Health for initial period of 18 months. Upgrade from J to K grade

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17	800	Future Years	3,160

Type of Spend	2016/17		Future Years
Employee Costs	800		3,160
Property Costs			
Supplies & Services			
Administration			
Payments to Other Bodies			
Capital			
TOTAL	800		3,160

APPENDIX 6G

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Brian Moore	Service Area	IJB
Describe the Proposed Use of Funds			
IJB Specific Costs The IJB previously approved an initial allocation of £51k for IJB specific costs from this fund based on initial estimates. Since then further clarification has been received in relation to the cost of additional Legal services which has increased the amount required from 2017/18.			
Spend Analysis			
One Off Spend in current year			
Recurring Spend	2016/17	Future Years	19,000

Type of Spend	2016/17		Future Years
Employee Costs			
Property Costs			
Supplies & Services			
Administration			19,000
Payments to Other Bodies			
Capital			
TOTAL	0		19,000

APPENDIX 6H

Inverclyde HSCP
Social Care Funds Bid Form 2017/18

Head of Service	Beth Culshaw	Service Area	Older People Services

Describe the Proposed Use of Funds

Demograhic and cost pressure

A number of services are seeing further budget pressures through increased demand for services due to increasing numbers of service users and increased service requirements of existing service users. In 2016/17 such pressures in Olders People and Learning Disabilities was funded on a non recurring basis from ICF and other budget underspends but requires to be funded recurrently going forward.

Spend Analysis				
One Off Spend in current year				
Recurring Spend	2016/17	176,000	Future Years	399,000
Type of Spend		2016/17		Future Years
Employee Costs				
Property Costs				
Supplies & Services				
Administration				
Payments to Other Bodies		176,000		399,000
Capital				
TOTAL		176,000		399,000

APPENDIX 7

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET 2016/17
PERIOD 7: 1 April 2016 - 31 October 2016

Integrated Care Fund (ICF)

By Organisation	Revised Budget	Projected outturn	Variance	Actuals to 31/8/16
HSCP Council	1,114,680	1,114,680	0	208,182
HSCP Council Third Sector	259,370	259,370	0	176,874
HSCP Health	367,130	367,130	0	63,490
Acute	95,000	95,000	0	0
	1,836,180	**1,836,180**	**0**	**448,546**

Funding	
Original funding	1,760,000
Saving applied 15/16	(161,200)
Savings 2016/17 (also covering in year pressures)	(100,000)
Carry forward from 15/16	348,260
Funding available	**1,847,060**
Funding remaining/ (over committed) on revised budget	**10,880**

Delayed Discharge (DD)

Summary of allocations	Revised Budget	Projected outturn	Variance	Actuals to 31/8/16
Council	827,510	827,510	0	152,850
Health	80,000	80,000	0	0
Acute	50,000	50,000	0	0
	957,510	**957,510**	**0**	**152,850**

Funding	
Brought forward from 2015/16	429,510
New funding 16/17	528,000
Funding available	**957,510**
Funding remaining/ (over committed)	**0**

APPENDIX 8

INVERCLYDE HSCP - CAPITAL BUDGET 2015/16

PERIOD 7: 1 April 2016 - 31 October 2016

Project Name	Est Total Cost	Actual to 31/3/16	Approved Budget 2016/17	Revised Est 2016/17	Actual YTD	Est 2017/18	Est 2018/19	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
SOCIAL WORK								
Neil Street Children's Home Replacement	1,991	228	1,132	1,132	247	631	0	0
Crosshill Children's Home Replacement	1,682	0	57	57	1	1,535	90	0
John Street, Gourock	225	0	0	225	26	0	0	0
Social Work Total	**3,898**	**228**	**1,189**	**1,414**	**274**	**2,166**	**90**	**0**
HEALTH								
Health Total	0	0	0	0	0	0	0	0
Grand Total HSCP	**3,898**	**228**	**1,189**	**1,414**	**274**	**2,166**	**90**	**0**

EARMARKED RESERVES POSITION STATEMENT APPENDIX 9

INVERCLYDE HSCP

PERIOD 7: 1 April 2016 - 31 October 2016

Project	Lead Officer/ Responsible Manager	Total Estimated Funding £000	Phased Budget YTD £000	Actual YTD £000	Projected Spend to Yearend £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Alan Brown	43	0	0	25	18	This supports the continuing promotion of SDS
Growth Fund - Loan Default Write Off	Helen Watson	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	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	0	0	50	0	This is the balance of one off NHS funding for equipment which was not fully spent in 2015/16
Veterans Offcer Funding	Helen Watson	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 McAleese	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 - HSCP	Andrina Hunter	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.
Total		**2,584**	**734**	**671**	**2,451**	**133**	

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 January 2017**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/05/2017/SMcA**
Contact Officer:	**Sharon McAlees Head of Service HSCP & Chair of Inverclyde Child Protection Committee**	**Contact No:**	**01475 715282**
Subject:	**CPC Annual Report**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the work of Inverclyde Child Protection Committee (CPC) for the year 2015-16 and the on-going business plan for 2016/17.

2.0 SUMMARY

2.1 The attached report describes how Inverclyde Child Protection Committee fulfilled its functions of continuous improvement, strategic planning, public information and communication during 2015-2016.

2.2 The report demonstrates that Inverclyde Child Protection Committee has delivered their core functions and progressed with key priority areas during 2015/16. This has been achieved through the work carried out by the CPC itself, various subgroups and short life working groups and the actions of individual members and the agencies they represent.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board are asked to note the contents of the Report and acknowledge that Inverclyde Child Protection Committee has continued to pursue its functions to ensure high standards are maintained, to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to strive for excellence in the protection of children.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Scottish Government annual social work statistics for children's services August 2014 to July 2015, identified a 4% decrease from the previous year in the total number of children on the child protection register in Scotland. The report notes that this is against a 10 year trend of increasing child protection registrations. Inverclyde saw an increase in 2015 from the previous year in the total number of children on the Child Protection Register.

4.2 At 31 July 2015, there were 2,751 children on the child protection register in Scotland. On this date there were 42 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.0. The Inverclyde rate for the same date was 3.2. This is lower than our comparator authority of North Ayrshire (3.9) but higher than our comparator authorities of East Ayrshire (3.1), Renfrewshire (2.8), North Lanarkshire (1.6) and West Dunbartonshire (1.0). It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31st July 2015). During the year the number of children on the child protection register in Inverclyde at the end of each quarter fluctuated from a low of 22 on 31st October 2014 to a high of 42 on 31st July 2015.

4.3 The most common concerns recorded in Inverclyde were domestic abuse followed by parental mental health problems, neglect and parental alcohol misuse.

4.4 An annual report has been produced as a public record of the work of Inverclyde Child Protection Committee

4.5 Some of the individual pieces of work highlighted in the annual report for 2014/15 are:-

- We Care, We Listen, We Act evaluation
- Inverclyde Citizens Panel Spring 2015
- Multiagency Case Review
- Perinatal Mental Health Activity
- Vulnerable Young Persons' Operational Group
- Multiagency Initial Referral Discussion
- Workforce Development in Joint Investigative Interviewing
- Inverclyde Child Protection Practitioners' Forum
- Joint work with Inverclyde Alcohol and Drug Partnership
- Joint work with Violence Against Women Multiagency Partnership

4.6 As a partnership, Inverclyde Child Protection Committee recognise that improving outcomes for our most vulnerable children and young people is dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people is not without its challenges, with the rise in the vulnerable child and young person population and amidst a backdrop of austerity. However we believe that such challenge can spawn opportunities for innovation.

4.7 Inverclyde Child Protection Committee aims to continue to fulfil its core functions of Public Information and Communication, Continuous Improvement and Strategic Planning in 2016/17 and beyond through the work carried out by the CPC, subgroups and short life working groups and the actions of individual members and the agencies they represent.

Priority areas of focus for 2016-2017 have been identified as:

- Improving outcomes for children affected by Parental Substance Misuse
- Improving outcomes for children affected by Domestic Abuse
- Child Sexual Exploitation
- Participation of Children and Young People in Child Protection

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

There are no proposals for any change in the Child Protection Committee support budget for 2016/17.

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 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes.

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

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

5.4.1.3 People with protected characteristics feel safe within their communities.

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

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

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

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

Delivering on the core functions and priority areas for improvement should contribute to the delivery of effective services that are positively regarded by service users.

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

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

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

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

Delivering on the core functions and priority areas for improvement should contribute to the delivery of effective services that keep children and young people safe from harm.

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

Adopting a multiagency partnership approach with a focus on continuous improvement and learning from practice should contribute to improvements in the support provided to children, young people and their families and to the protection of children and young people and to practitioners feeling engaged and supported to contribute to these improvements.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer's Group.

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde Child Protection Committee Annual Report 2015/16 & Business Plan 2016/17

ICPC

Inverclyde Child Protection Committee

ANNUAL REPORT 2015/16
&
BUSINESS PLAN 2016/17

We Care, We, Listen, We Act

Sharing Responsibility - Protecting Children

Report available to download from
www.invercydechildprotection.org

CONTENT

1.0 PREFACE

1.1 I am very pleased to present the 2015 - 2016 annual report and business plan for Inverclyde Child Protection Committee.

1.2 Child Protection Committees across Scotland produce an Annual Report and set out their priorities for the coming year. The following report describes how our Committee fulfilled its function and tasks during 2015-2016 as set out in guidance issued to Child Protection Committees. The improvement plan has been implemented with key areas being progressed by the work carried out by the CPC and various subgroups, which is detailed throughout the report.

1.3 As a partnership, we recognise that improving outcomes for our most vulnerable children and young people is dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people will not be without its challenges, with the rise in the vulnerable child and young person population and midst a backdrop of austerity however we believe that such challenge can spawn opportunities for innovation.

1.4 Inverclyde's CPC fully embraces the principles underpinning Getting it Right for Every Child, recognising the importance of this agenda in protecting our most vulnerable children.

1.5 Inverclyde's Child Protection Committee recognises the need to evidence the difference we make in keeping children safe and promoting their wellbeing. Developing this area of our work will be a priority for 2016/17 and beyond.

1.6 I would like to thank the committee members and the constituent subgroups of the CPC for their continued commitment to ensuring that our vision for children across Inverclyde is realised.

Sharon McAlees

Chair of Inverclyde Child Protection Committee

2.0 Context

2.1 Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.

2.2 A strong sense of community identity exists within Inverclyde and to local neighbourhoods in particular. Local citizens are rightly proud of their area, and its history which is steeped in centuries of maritime and industrial endeavour.

2.3 The authority has a population of approximately 79,500, of whom 17% are children under 16 years and a further 2% are young people aged 16-18 years[1]. By 2037 the population of Inverclyde is projected to be 65,014, a decrease of 19.4 per cent compared to the population in 2012. The population aged under 16 in Inverclyde is projected to decline by 31.6 per cent over the 25 year period.

2.4 Statistics from the Scottish Index of Multiple Deprivation (SIMD) tell us that Inverclyde has particular problems in regard to deprivation and poverty.

2.5 The key points to emerge from SIMD 2016 include:

- Both income and employment deprivation continue to be higher in Inverclyde than Scotland as a whole. Inverclyde is second behind Glasgow in overall levels of deprivation (local share of datazones which are in the top 15% most deprived).
- The number of Inverclyde datazones in the 5% most deprived in Scotland has however fallen by 3 from 14 in 2012 to 11 in 2016. This equates to 9.6% of all 114 Inverclyde datazones in the 5% most deprived category.
- The number of Inverclyde datazones in the 15% most deprived in Scotland has also decreased by 3 from 44 in 2012 to 41 in 2016. This equates to 36% of Inverclyde's datazones featuring in the 15% most deprived. This compares to 40% in SIMD 2012.

2.6 Public service delivery is particularly challenging in the context of deprivation and depopulation.

[1] National Records of Scotland Mid 2015 Population Estimates
http://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-15-cor-12-13-14/15mype-cahb-tab2.pdf

2.7 In our most deprived and disadvantaged areas, people face multiple problems, such as high levels of worklessness, ill health, fear of crime, poor educational achievement, low aspirations, low levels of confidence, low income, poor housing and environment. The resulting poverty and deprivation limits opportunities and choice.

2.8 'Getting it right for every Child, Citizen and Community' is the Community Planning Partnership vision for Inverclyde. To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes. One of which is 'A nurturing Inverclyde gives all our children and young people the best possible start in life'.

2.9 Partners in Inverclyde Child Protection Committee recognise that parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. The development of children's brains in the early years is crucial to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included throughout their lives.

2.10 Exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children who live with such stresses and those being brought up in less stressful households. These children face many risks and improving early years support is key to improving child protection.

2.11 Partnership approaches are being developed around supporting children in their early years, and helping to build resilience in vulnerable children and young people, to try to break the cycle of deprivation in particular areas.

2.12 The work of Inverclyde Child Protection Committee is set within this context while not losing sight of the need for targeted services to respond to the needs of children who are identified as being at risk of, or have experienced significant harm. Chief Officers and senior managers continue to have a 'clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe'[2].

2.13 Child Protection Committees are locally-based, interagency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Within Inverclyde the Child Protection Committee (ICPC) reports to the Inverclyde Public Protection Chief Officer Group who are represented on the Community Planning Partnership. Membership of both Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer Group is given in Appendices 1 and 2.

[2] National Guidance for Child Protection in Scotland 2014

Getting It Right for Every Child

2.14 Inverclyde Child Protection Committee operates within the legislative and policy framework governing the delivery of children's services. The Getting it Right for Every Child (GIRFEC) policy agenda and the related legislative elements of Children and Young People (Scotland) Act (2014) relating to the named person service and the single child's plan are having and will continue to have a significant impact on the way services for children are delivered including services for children at risk of significant harm.

2.15 The principles underpinning GIRFEC are fully embraced by the Child Protection Committee and inform our response to the needs of children and their families living in the Inverclyde Area. As a partnership, we recognise success is dependent on collaborative working and effective teamwork. Our developments of the GIRFEC service delivery pathway reflect the strong interagency working designed to ensure the right help at the right time. We are resolute in our approach to improving services by ensuring they are designed, developed and delivered around the needs of children, young people and their families, building on an already strong commitment to continuous improvement.

2.16 The successful implementation of GIRFEC is our shared task and we recognise the need to work together effectively to achieve this objective. Over the past year we have made significant progress in preparing for the implementation of the Named Person and Child's Plan provisions of the Act. We have focused on the need to provide early help and support and place the needs of children at the centre of our decision making processes based on a comprehensive wellbeing assessment.

2.17 Partners across the authority are working towards the introduction of a single plan to ensure that children and their families are not subjected to multiple assessment and care planning processes and to prepare for the formal introduction of the Named Person service for all young people. We continue to advance this agenda at all levels in our organisations.

3.0 Child Protection Statistics

3.1 Scottish Government publishes Children's Social Work Statistics on an annual basis covering the period 1st August to 31st July (drawn from data provided by individual local authorities). The most recent report available covers the period from August 2014 to July 2015[3]. This data, supplemented with additional local data forms the basis of this section of the ICPC annual report.

3.2 Nationally there was a 4% decrease from the previous year in the total number of children on the Child Protection Register on 31st July. This was against the 10 year trend of increasing child protection registrations.

3.3 Inverclyde however saw an increase from the previous year in the total number of children on the Child Protection Register from 26 children in 2014 to 42 children in 2015. There were 59 children whose names were added to the child protection register during the year and 43 children whose names were removed from the child protection register.

3.4 Although overall this represents a 62% increase in the total number of children on the register at a single point in time this statistic does not give an accurate reflection of the trends in Inverclyde as the number of children on the register fluctuates from month to month. During the year the number on the child protection register at the end of each quarter fluctuated from a low of 22 on 31st October 2014 to a high of 42 on 31st July 2015.

3.5 Given the size of Inverclyde, a relatively small actual difference in the number of children on the register can appear like a much more significant percentage change.

3.6 At local authority level in 2015 the rate of children on the Child Protection Register per 1,000 children under 16 varied from 0.2 per 1,000 children in Eilean Siar to 6.3 per 1,000 children in Clackmannanshire.

3.7 In Inverclyde this rate increased from 2.0 in 2014 to 3.2 in 2015. The rate per 1,000 children for comparator authorities and for Scotland as a whole is shown below.

Table 11 Child Protection Registrations - Rate per 1,000 children under 16

	2014	2015
Inverclyde	***2.0***	***3.2***
West Dunbartonshire	2.6	1.0
North Ayrshire	4.6	3.9
Renfrewshire	2.6	2.8
East Ayrshire	2.3	3.1
North Lanarkshire	1.2	1.6
Scotland	**3.2**	**3.0**

[3] Children's Social Work Statistics Scotland, 2014-15 (Published March 2016)

3.8 The 2015 statistics show that Inverclyde is within 10% of the national rate for Child Protection Registrations along with comparator authorities Renfrewshire and East Ayrshire. North Ayrshire, also a comparator authority, is 30% above the National rate while North Lanarkshire and West Dunbartonshire are 47% and 66% below the national rate respectively.

3.9 On 31st July 2015 more than half of children on the child protection register in Scotland (51%) were aged under five. This mirrors the local picture where on the same date, 55% of children placed on the child protection were aged 5 years and under. Over the year 22% of registrations in Inverclyde took place in relation to unborn babies.

3.10 Scottish Government Child Protection statistics show no strong gender pattern of children on the child protection register. There is similarly no strong gender pattern in Inverclyde's statistics.

3.11 Scottish Government provide national statistics on the frequency with which each area of concern is identified. The most commonly reported areas of concern across Scotland in 2015 were Emotional Abuse, Neglect, Domestic Abuse and Parental Drug Misuse. Within Inverclyde the pattern was slightly different with the most commonly reported area of concern for the equivalent date being Domestic Abuse followed by Parental Mental Health problems, Neglect and Parental Alcohol Misuse. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse were all priority areas for Inverclyde Child Protection Committee during 2015/16.

3.12 National Statistics indicate that 2014/15 saw an increase in the number of children on the Child Protection Register for more than one year of 22%. Inverclyde recorded an increase in the number of children on the Child Protection Register for more than one year in 2014 which was sustained in 2015. Between 2008 and 2013 there was an average of one family per year on the register for more than one year while in both 2014 and 2015 there were 5 families on the register for more than one year.

3.13 Inverclyde can therefore be seen to be generally in line with the national picture in relation to the core statistics for which national comparison data is available. A more extensive suite of management information is reviewed routinely by ICPC and this is used to identify local trends and areas for action or further investigation.

4.0 Fulfilling Functions

4.1 The functions of the child protection committee are continuous improvement, strategic planning, public information and communication[4]. These are fulfilled through the work of a number of sub groups and short life working groups along with the actions of individual members and the agencies they represent. Appendix 3 illustrates the subgroup and governance structure of Inverclyde Child Protection Committee as at 31st March 2016.

4.2 Throughout this section there will be reference to progress in relation to the cross cutting priority areas. In particular these are: Child Sexual Exploitation, Children Affected by Parental Substance Misuse, Children Affected by Domestic Abuse, Children Affected by Parental Mental Health Problems (in particular perinatal mental health problems) and Participation of Children and Young People in Child Protection.

4.3 Within the illustrative examples included in the report is a focus on the impact of the work of the CPC and that of partners in protection children.

4.1 Public Information and Communication

4.1.0 The child protection committee is responsible for ensuring there is accessible public information to raise awareness of child protection and what action should be taken if an individual has concerns about a child. This not only relates to the public but also to staff within and across agencies who must be clear about their roles and responsibilities when they have concerns that a child or young person is at risk of harm.

4.1.1 The child protection committee also have a role to play in ensuring children, young people and their families are involved in discussions and decision making within the child protection system.

4.1.2 This year we have:-

- Evaluated and reported on the public awareness 'We Care, We Listen, We Act' campaign that was delivered in March 2015 (see illustrative example 1).

- Developed and delivered a public awareness campaign focussed on Child Sexual Exploitation (CSE) in February / March 2016. This campaign complemented the Scottish Government campaign on CSE using national images and resources, adding value to this campaign by introducing a local focus on the prevention of Child Sexual Exploitation. Evaluation of the impact of the campaign will be reported in 2016/17.

- Evaluated public awareness and confidence in child protection services

[4] National Guidance for Child Protection in Scotland 2014

through the use of the Citizen's Panel (see illustrative example 2).

- Completed and reported on a review of the use of 'Viewpoint', a computer based tool to gather and present the views of children and young people, for those attending Child Protection Conferences. This review resulted in the suspension of the use of this tool and the development of a bespoke local alternative paper based resource by the Inverclyde Child Protection Practitioner's Forum.

- Maintained our website for the general public and professionals, achieving an average of 1,278 visits per month to the home page during 2015-16.

- Published Child Protection information for young people in a prominent position on the Inverclyde Young Scot web site incorporating an incentive whereby young people can earn rewards points for visiting the page.

- Provided information to staff regarding the National Confidential Forum, established by Scottish Government to allow adults (over 16) who have now left institutional care share their experiences, whether good or bad, in a safe and non-judgemental setting. The CPC also promoted the forum to the general public through a range of methods including posters in public buildings and information on the Child Protection Committee Website.

Illustrative Example 1

We, Care, We Listen, We Act – Evaluation

The 'We Care, We Listen, We Act' Campaign was promoted throughout Inverclyde using a range of marketing approaches including the distribution of campaign wristbands to pupils across Inverclyde.

In order to assess the impact of the campaign for young people a qualitative evaluation approach was undertaken. This was complemented by recording the scope and scale of the campaign activities and an analysis of website and twitter statistics.

Children and young people evaluated the campaign positively, reporting a positive impression of the campaign materials and a good understanding of the basic campaign message and young people were able to recall a high level of detail of the campaign 8-10 weeks after the campaign period.

'Usually if someone comes into school about something you don't tell your parents but we did this time because we had the band [promotional wristband] *on and it helped to have it to talk about because they saw you wearing it and asked about it.' (primary pupil)*

The image represents 'a lonely person and then a person that cares about them, they tell them their troubles and they listen and both act together to make it better' (primary pupil)

The participation of young people in the development of the campaign resulted in a high quality design that was attractive to other young people.

'I like the posters all over Inverclyde, you see them everywhere' (primary pupil)

The young people directly involved in the development of the campaign valued their experience and the recognition of their hard work.

'I went down to the [Arts Centre] the night they were put up and my mum took lots of photos. I saw them in the swimming pool, ice skating, in the cinema toilets, Tesco's and in the hospital' (poster designer)

The evidence suggests that the campaign led to members of the public seeking out further information with a substantial increase in the number of visits to Inverclyde Child Protection Committee website during the campaign period with a high number of visits to the dedicated campaign page.

Website visits in March 2015 showed an increase of 49% from the figure for March 2014, which coincided with the previous campaign, and was the highest single monthly total since the launch of the website in 2010. Website visits to the dedicated campaign page were 478 during the month of March with approximately 125 visits per month in the three months following the campaign.

Illustrative Example 2

Inverclyde Citizens Panel - Spring 2015

Child protection questions in the citizen's panel provide a measure of public intentions in response to child protection concerns, confidence in the response of services and perception of the importance of actions to prevent children and young people.

Questions on child protection have been included in the Citizen's Panel every 2 years since 2011.

The results from the child protection questions included in the 2015 citizen's panel postal survey identified that:-

- 67% of the public would contact the police if they had a concern about a child, 47% would report concerns to a social worker, 17% would contact a teacher and a similar percentage would report concerns to a health care professional (respondents could choose more than one route for reporting concerns).

- 55% of the public reported that nothing would prevent them reporting a concern about a child however for some concerns around not having enough "evidence" or information, concerns about confidentiality being maintained, a fear of getting it wrong and fear of retaliation were all identified as reasons that would prevent them from reporting concerns.

- 74% of the public reported that they were either fairly or very confident in the response of services. The majority of the remaining respondents expressed no view (14%) with the proportion that were not / not at all confident low at 13% of respondents.

- The role for friends, neighbours, carers, and passers-by in reporting concerns was seen as very important by 73% of respondents.

- 78% of respondents reported that listening to children and young people and taking their views into account was very important in protecting children

While still positive, these results are somewhat less so than those of the 2013 survey in relation to intentions to report concerns. This may reflect the amount of negative publicity regarding the role of agencies in protecting children from abuse that has been in the national press over the past year. It is reassuring however that a high percentage of the population remain confident in the service response in Inverclyde.

4.1.3 Priorities for 2016/17 will be to:-

- Develop and launch a bespoke children's 'Keeping Safe' website co-produced with young people.

- Establish a Participation Working Group to lead and co-ordinate work to ensure the 'All children and young people are given the opportunity, support and encouragement to express their views, feelings and wishes during child protection and looked after processes and to have their views considered and taken seriously in accordance with their rights under UNCRC'.

- Evaluate the impact of the introduction of the new 'Tell people what you think' resources to gather the views of young people to inform Child Protection Conferences.

4.2 Continuous Improvement

4.2.1 Continuous improvement and the promotion of good practice are achieved through the linked functions of self-evaluation, development and review of policies, procedures, protocols and guidance, and facilitating learning and development of staff.

4.2.1 Self-Evaluation

4.2.1.1 The child protection committee recognises that self-evaluation is central to continuous improvement of services which in turn helps improve outcomes for children. Self-evaluation encompasses a range of activities including reflective practice and supervision, review and analysis of management information, case file audits and closer focus exercises to evaluate specific aspects of practice or service delivery.

4.2.1.2 During 2015/16 we have

- Produced quarterly management information reports and an annual management information report on Social Work Standby activity to assist in monitoring key activity indicators.

- Undertaken analysis of management information over the year August 2014 – July 2015 identifying key findings and recommendations for further action.

- Undertaken multiagency case reviews on all cases where a child or young person has been on the register for more than 52 weeks and considered themed reports for 2015 with recommendations for further action (see illustrative example 3).

- Undertaken and reported on a review of local practice in relation to Multiagency Special Needs in Pregnancy Processes with recommendations including the revision of local procedures.

- Adopted the 'Test of Change' improvement methodology in relation to the work of the Perinatal Mental Health working group to implement the recommendations from the 'Bumps to Bundles' research report (see illustrative example 4).

- Undertaken and reported on data analysis in relation to the interface between children subject to child protection registration and compulsory supervision orders with proposals for follow on case review activity.

- Undertaken an audit of Child Protection Orders which resulted in the development and introduction of a local protocol.

Illustrative Example 3

Multiagency Case Review

Within Inverclyde a multiagency case review is automatically carried out in circumstances where a child remains on the child protection register for over 52 weeks or is re-registered within one year. The purpose of the case reviews is to consider if there are concerns about practice which have led to the prolonged period of child protection registration and if there are concerns, then to learn lessons from the way the case has been managed and services delivered during the period of registration.

During 2015 there were a total of 5 reviews undertaken in respect of 7 children. This compares to a total of 4 reviews undertaken in respect of 7 children in 2014.

The following themes were identified across the majority of cases:-

- Significant risk posed by father or mother's male partner(s) with concerns regarding the ability of the mother to keep the child safe from this risk.

- Children identified as vulnerable at the pre-birth stage

- Parental vulnerabilities of drug / alcohol misuse and mental health problems

- Domestic abuse identified as an issue often alongside violence outwith the relationship

- Concerns or risks regarding physical care / physical neglect

- Lack of engagement or disguised compliance by parents / carers

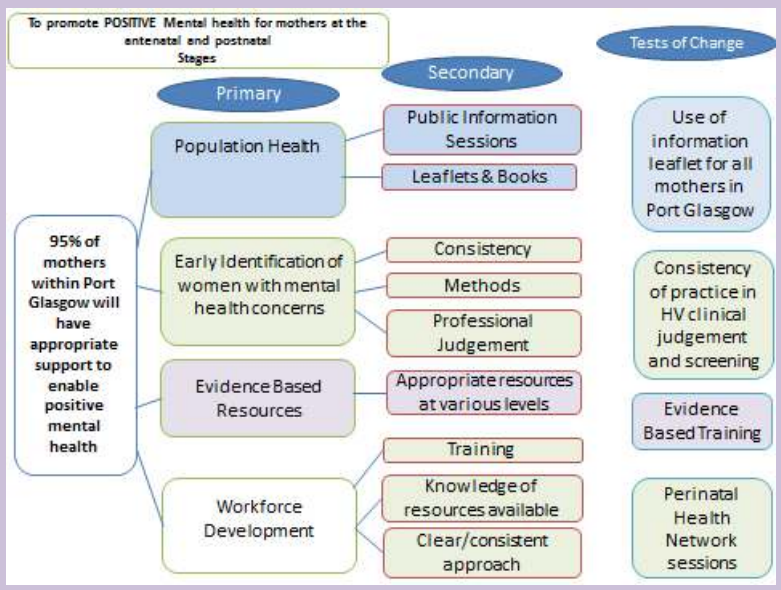
Review of practice identified good communication, joint working and high levels of support offered to the parent(s) in the majority of cases. Areas for development were also identified including further review of cases where children on the child protection register are referred to the Scottish Children's Reporters Administration and ensuring increased use of evidence based assessment tools to assess risk and need.

Illustrative Example 4

Perinatal Mental Health

Bumps to Bundles was a research project undertaken by NHS Greater Glasgow and Clyde in 2012 that concluded priority areas should include: ensuring services are accessible; raising community awareness and reducing stigma; ensuring staff awareness of referral routes and local resources; improving women's mental health and wellbeing.

In responding to this research Inverclyde has established a Perinatal Mental Health group which is promoting service improvement through a test of change that is contained in the following driver diagram:-



To date the main achievements include:-

- Piloting the use of the National Practice Model in one health visiting team in a Port Glasgow practice for the assessment and early identification of women with mild to moderate mental health problems.
- Workforce development is progressing through; briefings with staff across children's services; a health visitor (seconded to the Mother and Baby Unit in Glasgow one day a week) facilitating up-skilling within the team through sharing knowledge and practice; Inverclyde's perinatal Community Psychiatric Nurse joining the Special Needs in Pregnancy Liaison Group offering specialist advice and guidance.
- Improving population mental health through public information sessions in Port Glasgow Health Centre.

4.2.1.3 Priorities for 2016/17 will be to:-

- Develop a performance indicator framework for reporting with a focus on evidencing impact in relation to priority areas for improvement as identified by self-evaluation.

- Revise multiagency case review methodology to ensure consistency of approach with a link to key quality indicators.

- Undertake and report on a multiagency case review with a focus on the interface between children subject to child protection registration and compulsory supervision orders.

- Evaluate the introduction of the Initial Referral Discussion Procedure.

- Introduce and evaluate the use of the Safe Lives Dash Risk Identification Checklist as an aid to assessment when working with parents affected by domestic abuse.

- Undertake a self-evaluation of the functioning of the Child Protection Committee.

4.2.2 Policies, Procedures, Protocols and Guidance

4.2.2.1 There needs to be clear and robust single and multiagency policies, procedures and protocols in place to support staff within and across agencies in carrying out their responsibilities to safeguard and protect children. A function of the child protection committee is to encourage constituent services and agencies to have in place their own policies and procedures and to maintain and review multiagency child protection procedures for use across all agencies. It is also a function of the child protection committee to ensure multiagency procedures; protocols and guidance are developed around key issues where there is agreement that this is required.

4.2.2.2 During 2015/16 we have

- Contributed to the review of the West of Scotland multiagency child protection procedures and contributed to the ongoing development of West of Scotland guidance on working with resistance.

- Developed and introduced the Vulnerable Young Person's Operational group to provide a multiagency forum for discussion of cases where child exploitation is indicated (see illustrative example 5).

- Developed and introduced a local child sexual exploitation protocol

which includes the procedure to be followed by all agencies when working with an individual where there are indications of child sexual exploitation.

- Developed and introduced Multi-agency Initial Referral Discussion procedure (see illustrative example 6)

- Published practitioner guidance on 'Fabricated and Induced Illness'

- Published practitioner guidance on 'Child protection practice involving unborn children or infants of mothers in prison'

- Revised and published local guidance on Child Trafficking to take account of the published National Guidance and learning from practice.

- Revised and published local guidance on forced marriage to incorporate Honour Based Violence.

- Revised and published Guidance for Social Workers when applying to the Sheriff Court for a Child Protection Order

- Published revised domestic abuse protocol to take account of changes in practice.

Illustrative Example 5

Vulnerable Young Person's Operational Group

The Vulnerable Young Persons Operational (VYP) group was established in September 2015 to safeguard young people who are at risk of exploitation. Oversight of the group is provided by the Child Sexual Exploitation Strategy Group (a sub group of the Child Protection Committee).

The VYP group is chaired by Police Scotland with senior managers from social work, education, health, SCRA and Barnardo's represented.

The role of the group is to work collaboratively where risks of exploitation have been identified and access early and relevant help and support. The group facilitates the sharing of information and assessment of risk associated with victims, perpetrators and locations using a proactive problem solving approach.

At each meeting an appropriate manager with knowledge and responsibility for the child or young person is invited to the meeting along with the lead professional.

A referral to the Vulnerable Young Persons Operational Group can be made by any agency following discussion with their agency representative on the group. Referrals are accompanied by a report or Risk Assessment and a current child's plan where available.

The group has met bi-monthly since it was established with 3 meetings taking place between September 2015 and March 2016. During these meetings a total of 7 young people at risk have been discussed.

Themes identified for those at risk of exploitation include:-

- Gang membership, drugs and weapons
- Young people missing from placement
- Use of social media

The group is in the early stages of becoming established however indications are that the group has been effective in identifying young people at risk, sharing information and facilitating action to reduce risk. An evaluation of the Vulnerable Young Persons Operational Group is planned for 2016/17.

Illustrative Example 6

Multiagency Initial Referral Discussion

An Initial Referral Discussion is the joint decision making process which allows information to be gathered and shared to inform decision making as to whether a child is in need of protection. It is essential that this discussion takes place between key services where it has been suspected that a child or young person has suffered, is suffering or may be at risk of significant harm or abuse. It is the first stage in the process of joint child protection assessment following a notification of concern.

A protocol for undertaking IRDs was agreed between the CPCs in Inverclyde, Renfrewshire and East Renfrewshire at the end of 2015. This protocol was implemented in Inverclyde on a 3 month pilot basis starting in January 2016.

The IRD protocol introduced a standardised process for sharing and review of information and joint decision making that always involves Social Work, Health and Police alongside Education where appropriate.

The anticipated impact of the introduction of the protocol is that we will have a more effective and consistent multiagency initial response to assessing and responding to risk to ensure the safety of children and young people when they are in need of protection or at risk of significant harm.

4.2.2.3 Priorities for 2016/17 will be

- Revise local guidance on conducting Initial and Significant Case Reviews in line with revised national guidance.

- Complete the development of West of Scotland Resistance Portfolio and introduce in Inverclyde.

- Contribute a multi-agency child protection perspective to the development and implementation of GIRFEC guidance and procedures around the introduction of the Named Person Service and Single Child's Plan.

4.2.3 Learning and Development

4.2.3.1 By promoting good practice through the delivery of a learning and development programme the child protection committee supports the multiagency workforce to effectively protect children.

4.2.3.2 During 2015/16 we have

- Delivered a core multiagency training programme including the training on the National Risk Assessment Framework in response to findings from case review activity.

- Produced an annual evaluation report on the training delivered to provide information on effectiveness and relevance to improving practice.

- Developed and delivered our 8th annual multiagency conference on Child Exploitation and a programme of multi-agency training on child sexual exploitation awareness to over 200 participants as part of a co-ordinated programme of work on the priority area of Child Sexual Exploitation.

- Delivered a multiagency development session for staff from children and families, alcohol and drug services to bring together addiction Psychiatrists and managers from alcohol and drug services with managers from Children and Families social work service to facilitate a shared understanding of good practice in joint working and information sharing between professional groups.

- Developed and delivered a model of refresher training for Joint Investigative Interviewing that encompasses a quality assurance element (see illustrative example 7)

- Re-established Inverclyde Child Protection Practitioner's Forum with a practitioner chair (see illustrative example 8)

- Developed and circulated a briefing document and support materials for clients on the risks associated with co-sleeping (sleeping in the same bed as your baby) to those working in alcohol and drug services following learning from the findings of Significant Case Reviews where parental substance misuse was identified as a factor.

- Maintained an oversight of the workforce development activity being delivered as part of the work of the Perinatal Mental Health group.

Illustrative Example 7

Workforce Development in Joint Investigative Interviewing

Joint Investigative Interviews are undertaken with child victims or witnesses of abuse or neglect to gather evidence for criminal processes. They are undertaken by trained police officers and social workers working together.

Uniquely within Inverclyde the annual refresher training acts as both a learning opportunity and a quality assurance process with the opportunity for reflection, skills practice and assessment.

Senior social workers attend the morning session with frontline practitioners, which is a refresher of the procedures and any updates in practice.

The afternoon session centres on practice skills and involves role play with actors. Each group is facilitated by an experienced manager from police or social work background. This part of the training allows each of the practitioners to practice their skills in a supportive setting and for these skills to be assessed.

Feedback is provided in terms of preparation, understanding the staged interview process and the quality of the interview.

Where there are areas of practice improvement required or matters of competence identified feedback is given to participants and then to a senior social worker and a service manager. A plan to address these issues is then agreed with timescales for review identified.

This model has been recognised as good practice within the West of Scotland Child Protection Consortium and is being considered by a number of other local authorities in the West of Scotland.

Illustrative Example 8

Inverclyde Child Protection Practitioner's Forum

The multiagency practitioners forum was re-established in November 2015 to provide an opportunity for local practitioners from a range of agencies who work with children and young people to meet together to consider topical child protection practice issues. A practitioner chair for the forum was identified who has now joined the Child Protection Committee in this capacity.

Since the Practitioners Forum was re-established it has

- Provided a direct link between CPC and multiagency child protection practitioners offering a valuable perspective to CPC discussion.

- Accepted delegated responsibility for the development of resources to support the participation of children and young people involved in child protection.

- Provided a practitioner perspective on the development of policy and practice through contribution to:-

  - Discussion on perinatal mental health services
  - Local response to the national consultation on proposals for the creation of an offence of wilful neglect or ill-treatment with regard to services for children under the age of 18
  - Local consultation on Fabricated and Induced Illness Guidance
  - Local consultation on child protection practice involving unborn children or infants of mothers in prison.

4.2.3.3 Priorities for 2016/17 will be to:-

- Continue to deliver a programme of core training and learning opportunities and to develop learning opportunities to support the delivery of work programmes for CPC priorities.

- Develop and deliver our 9th annual multiagency conference on the topic of child neglect.

- Prepare and introduce an induction and development programme for CPC members.

4.3 Strategic Planning

4.3.1 Strategic planning for child protection sits within the wider strategic planning arrangements for Inverclyde and encompasses the functions of collaboration, co-operation and making links with other planning fora. The child protection business plan is encompassed within the Single Outcome Agreement delivery plan, outcome 6 'A nurturing Inverclyde gives all our children and young people the best possible start in life'.

4.3.2 Progress on the child protection improvement priorities and other key elements of the child protection committee work plan are reported regularly to the ICPC and Inverclyde Public Protection Chief Officer Group.

4.3.3 The Child Protection Committee priority areas for improvement in 2015/16 were: -

- Child Sexual Exploitation
- Participation in Child Protection
- Children Affected by Domestic Abuse
- Children Affected by Parental Substance Misuse
- Children Affected by Parental Mental Health Problems

4.3.1 Collaboration, Co-operation & Making Links with Other Planning Fora

4.3.1.1 The child protection committee works closely with strategic groups at both a national and local level to make sure that the protection of children in Inverclyde does not stand alone but is central to policy planning and development.

4.3.1.2 During 2015/16 we have

- Contributed to the work of
  - Child Protection Committees Scotland
  - National Child Protection Committee Lead Officer Group
  - West of Scotland Child Protection Consortium

- Continued to work closely with the Alcohol and Drug Partnership through the work of a joint sub group to deliver a programme of work to improve outcomes for Children Affected by Parental Substance Misuse (see illustrative example 9).

- Worked in partnership with the Violence Against Women, Multiagency Partnership to establish a working group which has identified priorities for action with the aim of improving outcomes for children affected by Domestic Abuse. (see illustrative example 10)

Illustrative Example 9

Joint work with Alcohol and Drug Partnership

The Child Protection Committee and Alcohol and Drug Partnership have a joint sub group with the aim of improving outcomes for Children Affected by Parental Substance Misuse.

One of the key tasks for this group over the past year has been the development and publication of a new procedure to provide a good practice framework for practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug misuse to support a consistent service response. The procedure includes a suite of flow charts to ensure that workers from any service are clear of the steps they should take to help ensure an appropriate and proportionate response. The procedures were showcased at a joint learning event attended by Addiction Psychiatrists and managers from alcohol services, drug services and children and families services.

Alongside the development of procedures the joint working group undertook a revision of the single shared assessment tool used by alcohol and drug services. This tool now includes an enhanced child-care element.

This tool has been introduced and is being used routinely by workers in Drug and Alcohol Services for every new service user to gather a wide range of information including significant information about the service user's parenting responsibilities and the impact of their alcohol and/or drug misuse on children in their care. It incorporates the wellbeing indicators and the Outcome Star for drugs and alcohol (used in Alcohol Services only). This assists workers to analyse the level of risk to a child that is associated with a service user's alcohol and/or drug misuse and allows informed decisions to be made.

Illustrative Example 10

Joint Work with Violence Against Women Multiagency Partnership

Inverclyde Child Protection Committee and the Violence Against Women Multi-agency Partnership VAW MAP) have worked collaboratively over many years. In order to give a sharper focus to this work a small working group was established in 2015 to report back to both the CPC and the VAW MAP. The group initially undertook a self-evaluation exercise to determine 'where are we now?' which found that a range of responses are in place with the aim of reducing the level of risk experienced by children affected by Domestic Abuse. These include:-

- Practice guidelines on domestic abuse and child protection published.
- A multiagency screening process considers all domestic abuse referrals from the police where a child is associated with the household.
- ASSIST service and MARAC process is established in Inverclyde with representation from children's services on MARAC and staff briefings
- Cedar service for children recovering from the effects of domestic abuse is established in Inverclyde.
- Training on Gender Based Violence and Child Protection is routinely delivered within Inverclyde.
- The Mentors in Violence Prevention programme is being rolled out across all secondary schools in Inverclyde.
- Guidance on Forced Marriage and FGM is published and awareness raising sessions have been delivered.

Despite this, the impact of domestic abuse on children remains significant. Domestic abuse was an area of concern in 78% of new CP registrations in 2014/15 and has been an identified area of concern in a number of multiagency case audits and reviews.

The working group identified the following key priorities which they are progressing.

1 To pilot the use of the Safe Lives (Formerly CAADA) 'Dash' Risk Identification Checklist within Children and Families as an aid to assessment with an evaluation of process, outputs and outcomes

2 To consider options to embed the 'Safe and Together' principles within Inverclyde

3 To review the multiagency screening process for domestic abuse in order to ensure it reflects good practice and takes account of the Children and Young People (Scotland) Act 2014.

4 To revise the Inverclyde Forced Marriage guidance to extend the scope to cover Honour Based Violence and ensure nominated leads are familiar with their responsibilities

4.3.1.3 Priorities for 2016/17 will be to:-

- Develop working arrangements across the Public Protection functions

5.0 CONCLUSION

5.1 Inverclyde Child Protection Committee continues to pursue its function to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances. The achievements summarised in this report and the programme of work for 2016/17 demonstrates our continued commitment to strive for excellence in the protection of children.

6.0 BUSINESS PLAN 2016-2017

The Business Plan for 2016-17 is presented below has been updated to reflect developing priorities for Inverclyde Child Protection Committee. The Business Plan includes a summary of the Child Protection Committee's plans to deliver on both the core functions and priority areas. It is underpinned by the ongoing work of the Child Protection Committee and sub groups.

Planning for improvement

CHILD PROTECTION COMMITTEE

Business Plan April 2016 – March 2017
(encompassing core functions and priority areas)

Wellbeing Theme - SAFE

Core Function	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Public Information and Communication	To maintain a high level of awareness of Child Protection with children and young people, families and the wider community through the provision of information	Evaluate and report on 2016 Child Sexual Exploitation Campaign Distribute child's card to all primary age children in Inverclyde Review and update content of ICPC website Develop a bespoke child's 'Keeping Safe' website co-produced with children Plan and deliver a public awareness campaign to promote the CPC Child's website Issue press releases and use social media to promote local and national activities and events. Citizen's panel contains questions relating to child protection awareness and behaviour every 2 Years (included 2015, due 2017)	Evaluation report by September 2016 Distribution by October 2016 Review reported by December 2016 Website and campaign launched by March 2017 with evaluation plan approved. Coverage in local press and social media Questions included in 2017 Citizen's Panel	Communications sub group

Core Function	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Continuous Improvement – Self Evaluation	A collective approach is taken to improvement in services to protect children. To review the quality of multiagency practice and take action to improve practice where necessary. Case reviews and other self-evaluation activity informs and improves practice	Produce quarterly management information reports with annual review / recommendations. Undertake a multiagency case review where a child has been on the child protection register for over 52 weeks or is re-registered within 1 year Complete x2 specific focus multiagency self-evaluations on agreed priority areas Monitor the implementation of the recommendations from self-evaluation activity. Revise Multiagency case review methodology Develop a suite of Performance Indicators Undertake Self Evaluation of the functioning of the Child Protection Committee Maintain overview over the work of the Perinatal Mental Health Group to implement and evaluate the Test for Change	Annual review for academic year 2015/16 produced by December 2016 Report produced by February 2017 Reports submitted to CPC by Sept 2016 and Feb 2017 Reported regularly to sub group In place by May 2016 Agreed by Jan 2017 Reported by August 2016 Updates six monthly to CPC for discussion.	Performance Management Sub Group.

Core Function	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Continuous Improvement – Policies, Procedures, Protocols and Guidance	Evidence based, up to date published procedures and guidance are available and implemented in relation to core child protection business and related priority issues. As a result staff feel supported to deliver high quality services and children young people and their families receive a consistent service based on good practice.	Revise local guidance on conducting Initial and Significant Case Reviews in line with revised national guidance. Evaluate the introduction of the Initial Referral Discussion Procedure Complete the development of West of Scotland Resistance Portfolio and introduce in Inverclyde Contribute to the redesign of the West of Scotland Child Protection Procedures Contribute a multi-agency child protection perspective to the development and implementation of GIRFEC guidance and procedures around the introduction of the Named Person service and Single Child's Plan.	Guidance Published by October 2016 Report by October 2017 Introduced by March 2017 Published by March 2017 GIRFEC Guidance is compatible with Child Protection procedures	Child Protection Lead Officer

Core Function	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Continuous Improvement – Learning and Development	Inverclyde has a workforce that is competent and confident to promote the well-being of children and young people, protect them from harm and improve their outcomes.	Continue to deliver a programme of core training and learning opportunities on a multiagency basis Develop and deliver our 9th annual multiagency conference on the topic of child neglect Prepare and introduce an induction and development programme for CPC members Continue to develop the role of the Practitioner's Forum	Training programme delivered and evaluated over the year up to March 2017 and reported thereafter Conference delivered by March 2017 and evaluated thereafter Development plan in place by January 2017 Practitioner's Forum to report to CPC quarterly	Training Sub Group

Core Function	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Strategic Planning - Collaboration, Co-operation and Making Links	The Child Protection Committee will have in place effective mechanisms for communication, collaboration and co-operation across all services and agencies with clear links to other multiagency planning partnerships and structures	Consider options ensure the work of the Child Protection Committee is communicated effectively with staff and constituent services and agencies. Develop working arrangements across the range of Public Protection functions Maintain oversight of the implementation of GIRFEC policy and the Children and Young People (Scotland) Act (2014) in Inverclyde to ensure it supports and enhances existing procedures to protect children through regular dialogue and links to the GIRFEC implementation group. Influence national and regional policy and practice in relation to child protection through active membership of Child Protection Committee's Scotland, the West of Scotland Child Protection Consortium and other national and regional forums as appropriate.	Proposals presented to Child Protection Committee by March 2017 Public Protection Co-ordinators Network established by September 2016 Regular updates provided for discussion at CPC throughout the year Regular updates provided for discussion at CPC throughout the year	Child Protection Committee / Public Protection Chief Officers Group

Priority Area	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Children Affected by Parental Substance Misuse (CAPSM)	The level of risk experienced by children affected by parental substance misuse is reduced as a result of the intervention of services.	Programme core training to meet the needs of the workforce. Pilot and review learning and development options to meet unmet needs. Develop and introduce performance indicators and a quality assurance framework for CAPSM. Maintain an oversight of service developments and potential gaps in services to support children affected by parental substance misuse and their families	Training delivered and evaluated Updates, discussion and actions agreed recorded at CAPSM sub group throughout the year Service development proposals 2015/16 Updates, discussion and actions agreed recorded at CAPSM sub group throughout the year	CAPSM sub group

Priority Area	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Children Affected by Domestic Abuse	The level of risk experienced by children affected by domestic abuse is reduced as a result of the intervention of services. Children who have experienced domestic abuse will be offered a service that meets their need for support.	Pilot the use of the Safe Lives 'Dash' Risk Identification Checklist within Children and Families as an aid to assessment with an evaluation of process, outputs and outcomes Consider options to embed the 'Safe and Together' principles within Inverclyde Review the multiagency screening process for domestic abuse in order to ensure it reflects good practice and takes account of the Children and Young People (Scotland) Act 2014. Provide support and development opportunities for Forced Marriage and Honour Based Violence Agency Leads and Key Links to ensure nominated leads are confident in these roles.	Pilot commenced September 2016. Evaluation to follow 6 months following commencement of pilot. Updates, discussion and actions agreed recorded at Domestic Abuse and Child Protection working group throughout the year Reviewed by March 2017 X2 development events by March 2016	Domestic Abuse and Child Protection Working Group

Priority Area	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Child Sexual Exploitation (CSE)	Services take effective action to prevent Child Sexual Exploitation, protect and support children and young people who are at risk of abuse or are abused through sexual exploitation, and disrupt and prosecute those who perpetrate this form of abuse.	Review and update CSE staff learning and development programme. Develop a introduce a comprehensive programme of education and engagement with young people on the risks of child sexual exploitation Promote public awareness messages via social media and other marketing opportunities Monitor and evaluate the Vulnerable Young Persons Group Scope and develop a work programme on • children who go missing • online risk • engaging with those working in the night-time economy and other business sectors Complete benchmarking exercise using National CSE Working Group Tool to help identify areas for further action	Revised programme delivered from August 2016 Updates, discussion and actions agreed recorded at CSE strategy group throughout the year Messages published online throughout the year Evaluation report completed by March 2017 Updates, discussion and actions agreed recorded at CSE strategy group throughout the year Feedback from Benchmarking exercise received by December 2016	Child Sexual Exploitation Strategy Group

Priority Area	*Where do we want to be?*	*How will we get there?*	*How will we know?*	*Who will be involved/ lead?*
Participation of Children and Young People in Child Protection	All children and young people are given the opportunity, support and encouragement to express their views, feelings and wishes during child protection and looked after processes and to have their views considered and taken seriously in accordance with their rights under UNCRC	Establish a Participation in Child Protection Working Group to develop, deliver and evaluate a programme of work. Introduce and evaluate the impact of 'Tell people what you think' resources to gather the views of young people to inform Child Protection Conferences and LAAC Reviews. To work with practitioners and young people to identify assess and make available a range of tools and resources to facilitate participation of young people involved in child protection and LAAC processes. Develop learning and development opportunities, guidance and peer sharing of good practice to support the use of a suite of tools and resources.	Group established by June 2016 and meeting regularly throughout the year. Resources introduced by August 2016 and evaluation complete by January 2016 New tools and resources introduced from September 2016 – March 2017 Delivered to accompany introduction of new tools.	Participation in Child Protection Working Group (in conjunction with Practitioner's Forum)

6.0 APPENDICES

Appendix 1 Members of Inverclyde Child Protection Committee as at 31 March 2016

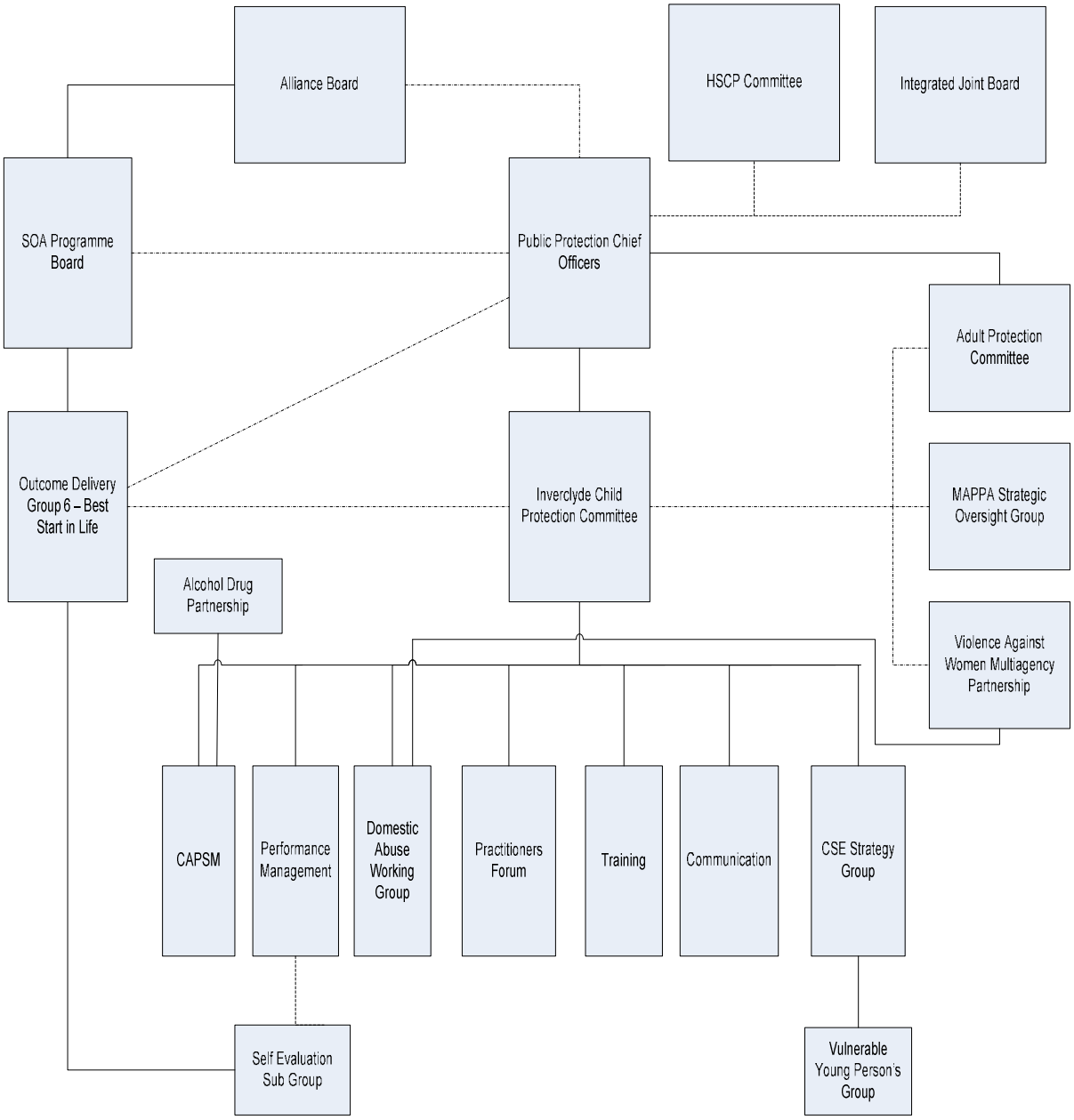
Membership	Agency
Sharon McAlees (Chair)	Inverclyde Community Health & Care Partnership
Angela Edwards (Vice Chair)	Inverclyde Council: Education and Communities
Dr Catherine Addiscott	NHS Greater Glasgow & Clyde
John Arthur	Inverclyde Council: Education and Communities
Lynne O'Brien	Barnardo's Nurture (representing 3rd sector)
Lindy Scaife	COPFS
Nichola Burns	Police Scotland
Jane Cantley	Inverclyde Community Health & Care Partnership
Karen Gleed	NHS Greater Glasgow & Clyde
Elsa Hamilton	Inverclyde Council: Education and Communities
Anne Jamieson	Inverclyde Community Health & Care Partnership
Dr Brian Kelly	NHS Greater Glasgow & Clyde
Alan Stevenson	Inverclyde Community Health & Care Partnership
Gerard Malone	Inverclyde Council: Legal Services
Bob McLean	Inverclyde Community Health & Care Partnership (Social Work Services) (representing Inverclyde Alcohol and Drugs Partnership)
Aine McCrea	Inverclyde Community Health & Care Partnership

Membership	Agency
Kenneth Ritchie	Scottish Children's Reporter Administration
Jane Wallace	Riverclyde Homes (representing local housing associations)
Susan Mitchell (in attendance)	Inverclyde Child Protection Committee

Appendix 2 **Members of Inverclyde Public Protection Chief Officers Group as at 31 March 2016**

Membership	Agency
John Mundell (Chair)	Chief Executive, Inverclyde Council
Brian Moore (Vice Chair)	Director, Inverclyde Community Health Care Partnership
Wilma Bain	Corporate Director Education & Communities
Hugh Clark	Convener Adult Protection Committee
Margaret McGuire	NHS Greater Glasgow & Clyde Health Board
Sharon McAlees	Inverclyde Community Health Care Partnership
Kenneth Ritchie	Scottish Children's Reporter Administration
Jim Downie	Divisional Commander, Police Scotland

Appendix 3 Governance Structure of Inverclyde Child Protection Committee



Representation between key local planning groups linked to Inverclyde Child Protection Committee is listed below

Alliance Board & Public Protection Chief Officer Group	John Mundell
SOA Programme Board & Public Protection Chief Officer Group	John Mundell
SOA6 Outcome Delivery Group & Public Protection Chief Officer Group	Wilma Bain
SOA6 Outcome Delivery Group & Inverclyde Child Protection Committee	Sharon McAlees
Alcohol and Drug Partnership & Inverclyde Child Protection Committee	Bob McLean
Violence Against Women Multi-Agency Partnership & Inverclyde Child Protection Committee	Jane Cantley
Adult Protection Committee & Inverclyde Child Protection Committee	Bob McLean
MAPPA Strategic Oversight Group & Child Protection Committee	Sharon McAlees

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 January 2017**
Report By:	**Brian Moore Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/01/2017/BC**
Contact Officer:	**Beth Culshaw, Head of Service, Health and Community Care**	**Contact No:**	**715283**
Subject:	**Inverclyde Adult Protection Committee Biennial Report**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the work of the Inverclyde Adult Protection Committee for the years 2014 – 2016 and the ongoing priority areas of focus for 2016 – 2018.

2.0 SUMMARY

2.1 The attached report describes how the Inverclyde Adult Protection Committee fulfilled its statutory functions of continuous improvement, strategic planning, and public information during 2014 – 2016 and includes the Business Plan for 2016 – 2018.

2.2 The report demonstrates that Inverclyde Adult Protection Committee has delivered its core functions and progressed the key priority areas during 2014 – 2016. This has been achieved through the work carried out by the committee itself, short life working groups and the actions of individual members and agencies they represent.

2.3 Adult Protection Committees are required to submit such a report to the Scottish Ministers every two years. The attached report was submitted on the 1st of November 2016.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the content of the report and acknowledge that the Inverclyde Adult Protection Committee has continued to pursue its functions to ensure standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to improve the identification of adults at risk of harm, to provide support to them when needed and to provide the means to protect them from preventable harm.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

4.2 There are five national priorities for adult support and protection. These are:-

- Adult Support and Protection in care home settings.
- Adults at risk of financial harm.
- Service users and carers involvement in Adult Support and Protection.
- National data collection.
- Adult Support and Protection in A&E settings.

4.3 Some of the individual pieces of work highlighted in the report which support these priorities and the functions of the committee are:-

- Development of Good Practice Guidance in joint working between Inverclyde Adult Protection Committee and Care Home Providers.
- Leading on development of West of Scotland Guidance for investigations in care homes.
- Financial Harm event leading to a jointly developed (Police, Trading Standards, HSCP, with input from Office of the Public Guardian) Multiagency Financial Harm course.
- Development in conjunction with service users and carers of ten adult support and protection DVDs which demonstrate the five main types of harm https://www.youtube.com/channel/UCvJ2hbsJ1ieDgfePOoOhHDg
- Multiagency guidance on responding to Forced Marriage and Honour Based Violence.
- Multiagency and professional training programme.
- Partnership working with Scottish Government and other local authority areas to develop a national dataset.

4.4 Inverclyde Adult Protection Committee aims to continue to fulfil its core functions in 2016 – 2018 and beyond through the work carried out by the Adult Protection Committee and short life working groups, and the actions of individual members and agencies they represent.

4.5 Priority areas of focus for 2016 – 2018 have been identified:-

- Performance monitoring to ascertain whether service users and carers are continuing to experience positive outcomes.
- Continued improvement in joint working and cooperation developing stronger links with A&E and acute hospital sector.
- Continued monitoring of effectiveness of public information and public awareness campaigns.
- Continued improvement in practice, and learning from practice within and across agencies.
- Improving engagement and participation of service users and carers.

4.6 Inverclyde Adult Protection Committee will implement, monitor and review work to achieve continuous improvements in the priority focus areas above.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

There are no proposals for any change in the Adult Protection Committee support budget for 2016 – 2018.

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 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.

5.4.1 How does this report address our Equality Outcomes.

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

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

5.4.1.3 People with protected characteristics feel safe within their communities.

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

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

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

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

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

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

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

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

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

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Inverclyde Adult Protection Committee and Inverclyde Public Protection Chief Officers Group.

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde Biennial Report 2014 – 2016.

Inverclyde Adult Protection Committee

Biennial Report

2014 to 2016

Contents

1. Executive Summary

Adult Protection Committee membership – Although reorganisations in some of the public sector bodies has led to some disruption and changes in representation this has not had a major impact on the operation of the committee or its work.

Developmental agenda – The committee remains committed to the organisation of learning events for staff across agencies who have a responsibility for adult support and protection, providing a link between the committee and the role of frontline workers. These are in addition to the more regular staff training programmes. Along with the programme of learning events the committee is also committed to a programme of open events that include representation from a wide range of interests including service users and carers. Although these open events have often included service users and carers in delivery and presentations it is intended that future events also involve them more in the planning and production of such events.

Public information – The committee views the importance of the involvement of service users and carers in the development of public information on adult support and protection as crucial. The service user and carer input into the range of leaflets and posters and the production of the Inverclyde Understanding Harm Campaign series of DVDs contributed to very successful productions. The effectiveness of public information and public awareness campaigns will continue to be monitored through the Citizens and Your Voice Panels.

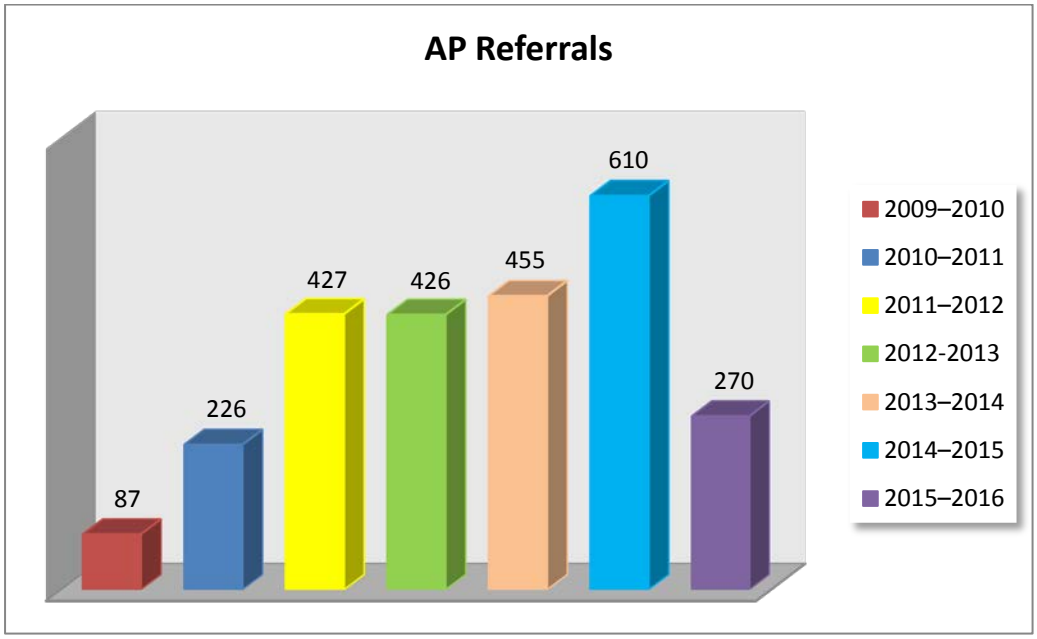
Co-operation – In participation in the committee, in the organisation of the various learning and open events sponsored by the committee and in attendance at these events there has been a high level of co-operation across public sector and voluntary/Third Sector bodies. This has also included co-operation with private sector care providers as illustrated in the development and adoption of the Care Homes Good Practice Guide. Audit exercises that have been undertaken have also found good multi-agency working and appropriate sharing of information. Although there are good links with community based health services an area where it is hoped to focus in the coming year is in relation to developing stronger links with A&E and the Acute Hospital sector.

Performance monitoring – Although the continued monitoring and examination of referrals, investigation, case conferences and orders along with practice and case file audits provide important aspects of performance monitoring evaluations of service users and carers experience of adult support and protection are critical in ascertaining whether they are experiencing positive outcomes from the processes and interventions. The service user and carer perspective will be an important area of evaluation in the coming year.

2. Performance

The development of a national dataset has been one of the Scottish Governments five 'National Priorities' for adult support and protection. In response to this the Adult Protection Support Unit has been working with the Health and Social Care Partnership SWIFT Team to make adjustments to the SWIFT AP Module (Management Information System) to ensure that agreed data can be collated. Although data available to date has been helpful the finalised national dataset should assist local and national analysis. The performance information provided in this report is based on the national dataset with some additions to aid analysis of local performance.

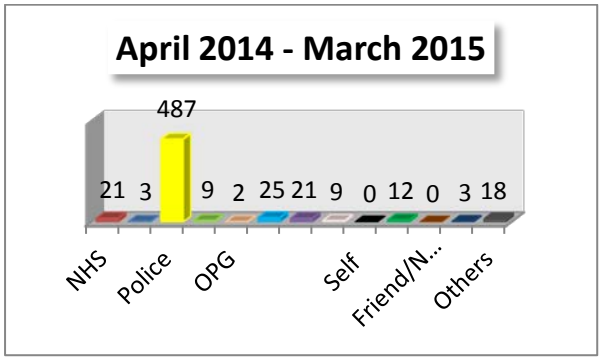
2.1 Adult Protection Referrals

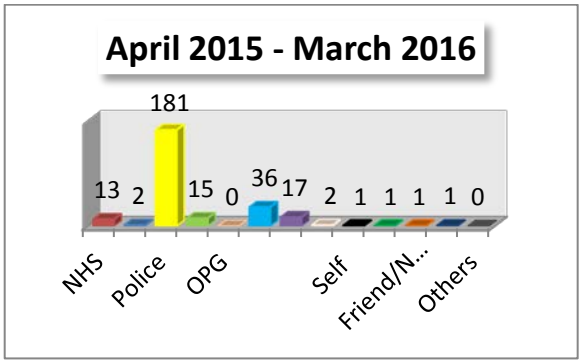


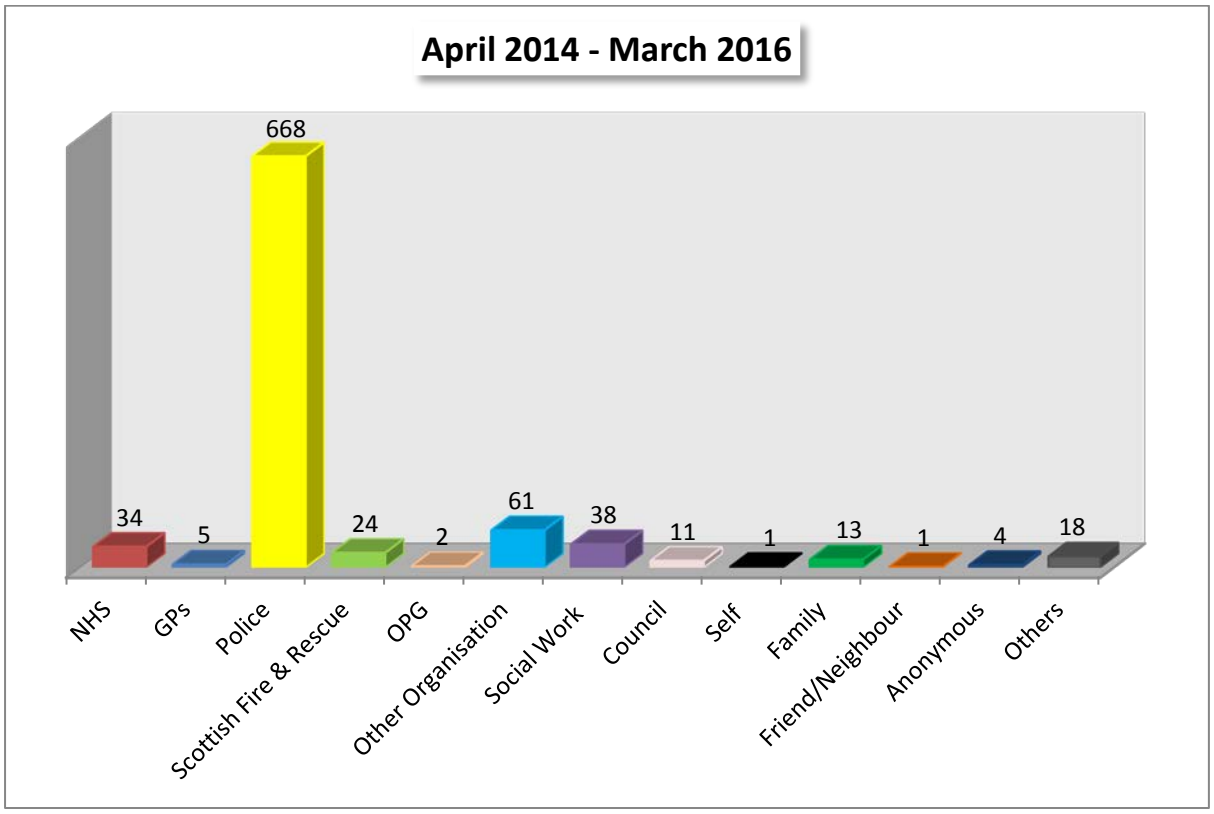
As is clearly outlined in the table above referrals received have increased since 2009 with this trend ending in 2015/16. From 2011 to 2014 the rate of referral had remained fairly consistent averaging 436 per year. The referral rate for the period of this biennial report has fluctuated considerably with 610 referrals in the first year and 270 in the latter. This equates to a 44% decrease which is primarily related to changes made by Police Scotland to their processes.

Police Scotland introduced the Vulnerable Persons Database and this went live for Inverclyde in March 2013. Both adult protection and adult wellbeing concerns are shared. There has been an increase in police adult concern reports overall with 766 adult concern reports being shared in 2015/16. This is as a result of higher numbers of individuals living and being cared for in the community, an aging population and an increase in the number of adults the police come into contact with who have or may have mental health issues. However the number assessed by the police as meeting the criteria for adult protection has significantly reduced. This is following officers receiving additional training and inputs from the Police Public Protection Unit in respect of risk assessment and submission of adult concern reports.

2.1.2 Referral Sources





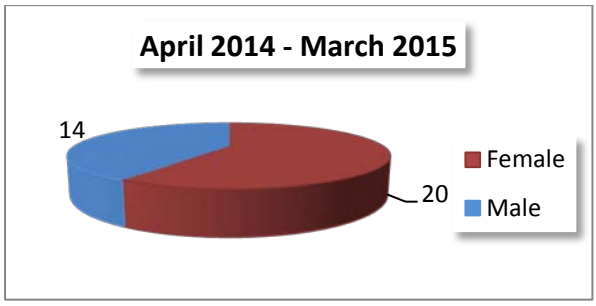


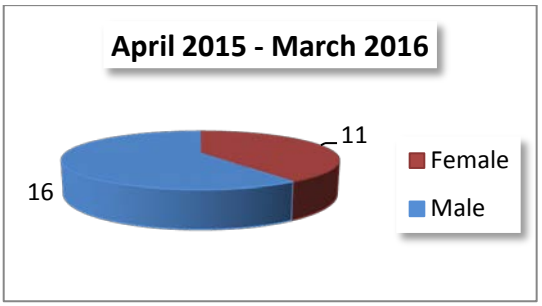
As in all years the police continue to be the primary source of referral of adults at risk of harm and this is replicated nationally. Excluding 'other organisation' and 'other' the two main sources of referral are social work and health (including GPs). Health referrals include those from NHS24, hospital nurses and community nursing. 'Others' and 'other organisations' include Social Work Standby, voluntary organisations, third sector, and care homes. In 2014/15 care homes referred 11 adults and 4 the following year. There has been considerable amount of joint work undertaken with local care home providers and this is viewed to have impacted on figures (section 3.1.1). Referrals from self, family or friends/neighbours have decreased by 75% in the two years. This requires further consideration but in previous years fluctuations in figures have been linked with recording issues.

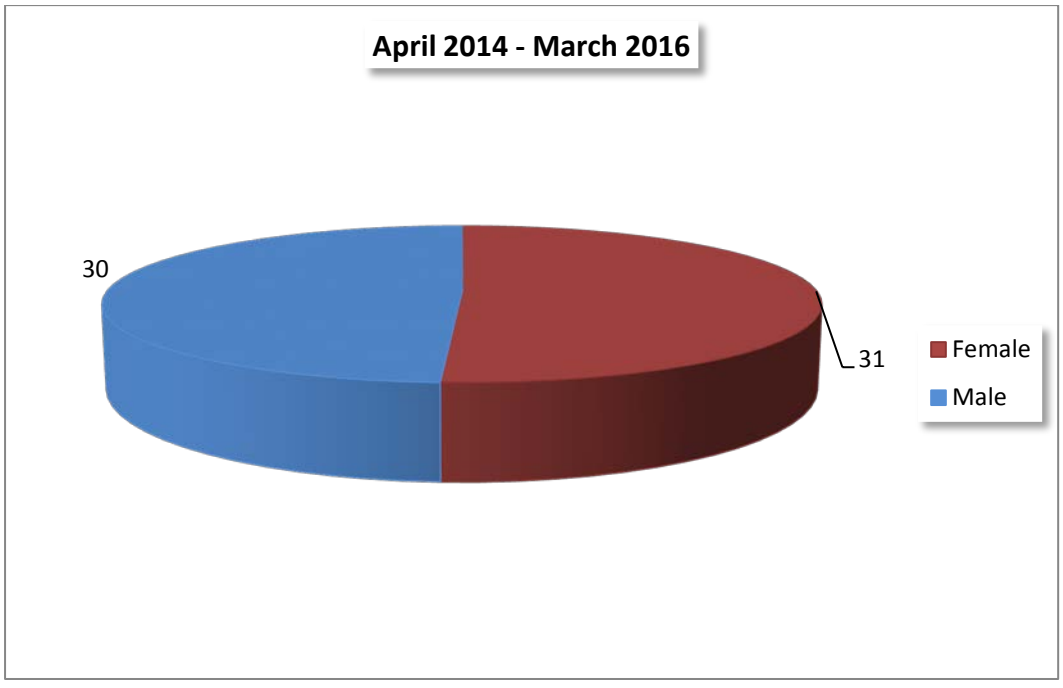
2.2 Investigations

For the 2012/14 biennial report the conversion rate for referral to investigation was 10%. In 2014/15 there were 34 investigations with 27 in 2015/16. Although the number of investigations has decreased between the two years by 20% the conversion rate from referral to investigation has double from 5% to 10% returning to previous level. This may indicate that changes made by Police Scotland have assisted in improving identification of situations requiring investigation. There have also been a number of protection orders taken during the period of this report and there were none for the previous report.

2.2.1 Gender

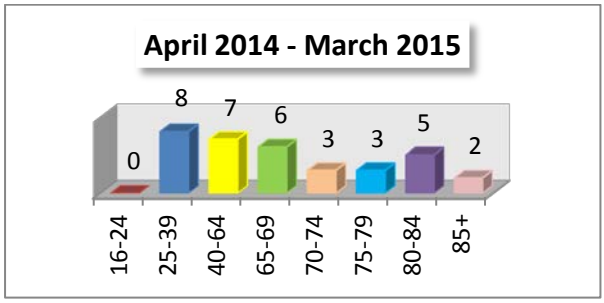


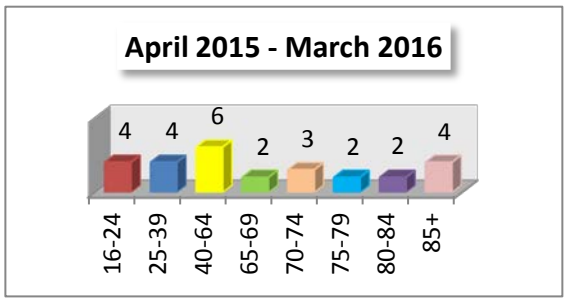


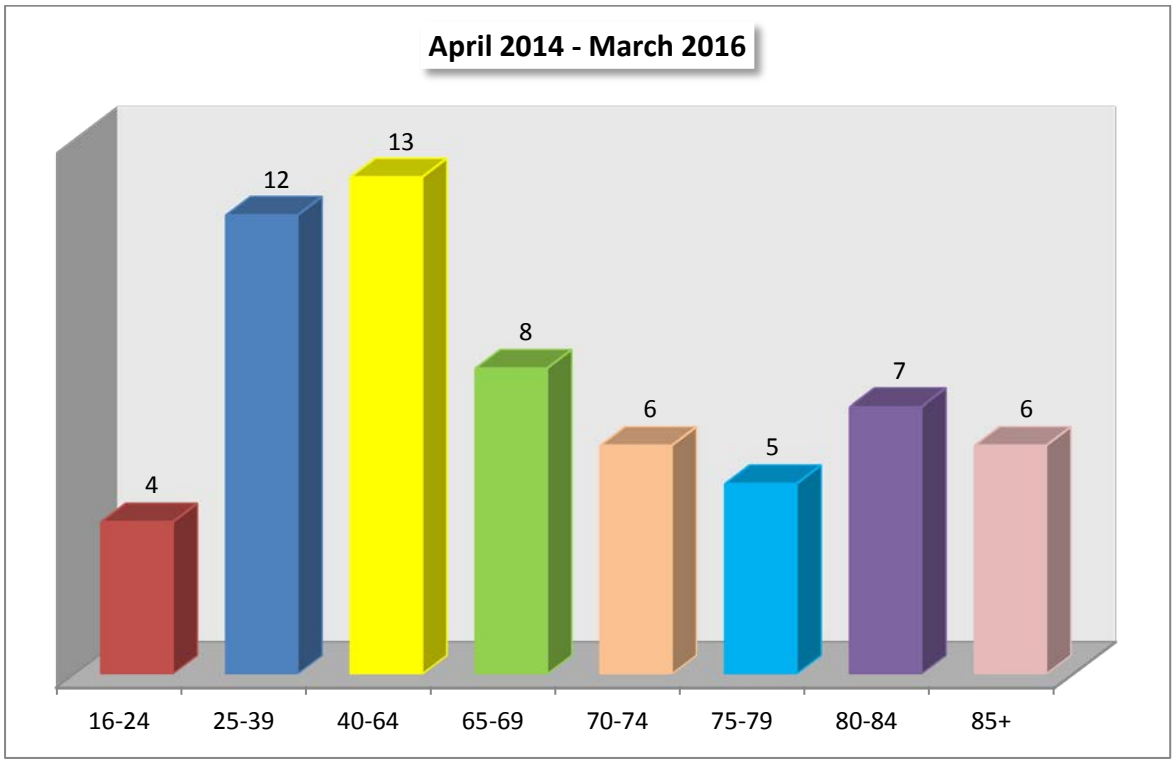


Since the first Inverclyde biennial report for 2008/10 females have consistently been identified as 20% to 50% more likely to be the adult at risk of harm where an investigation has taken place. This was also reflected in national statistics. For the first time in 2015/16 men were identified as 25% more likely to have been harmed where an investigation was required. Over the two year period this has resulted in the figures demonstrating that men and women have been equally at risk in Inverclyde. The reasons for this are unknown. It is anticipated that this will not be a trend and that both locally and nationally women will continue to be more at risk of harm than men but this will monitored.

2.2.2 Age Groups

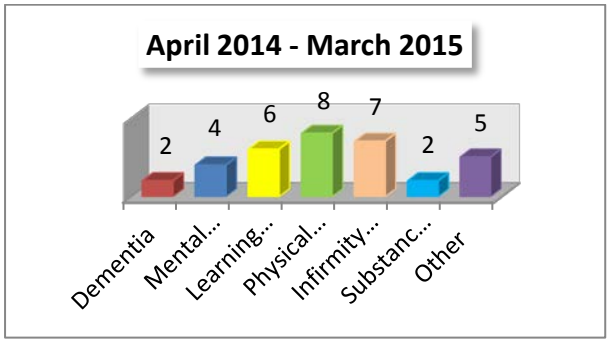


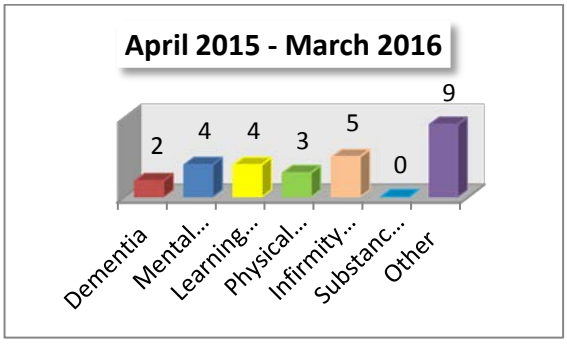


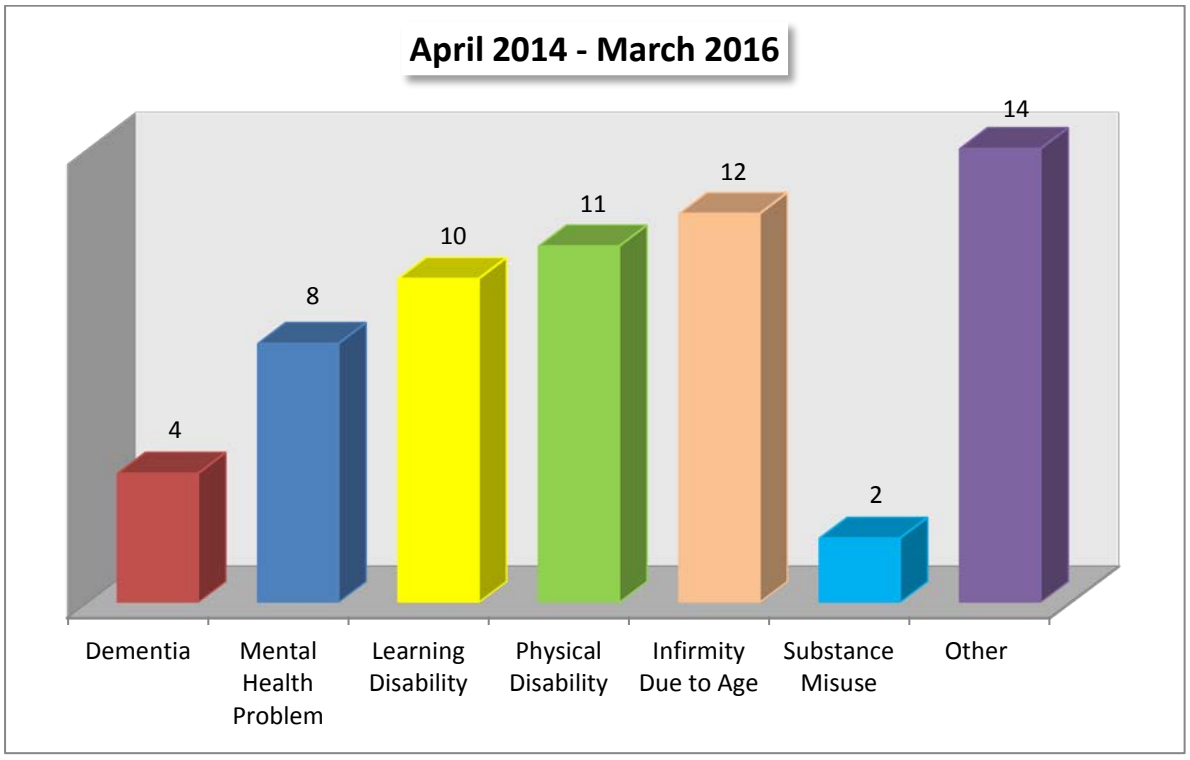


Since 2008 adult protection investigations have been most commonly been required for the over 65 year's age group however for the 2014 to 2016 period there is a more even split. The under 65 were represented in 29 investigations compared with 32 for the over 65 age group. It is too early to speculate the reasons for this but will subject to examination in the forthcoming year.

2.2.3 Client Categories





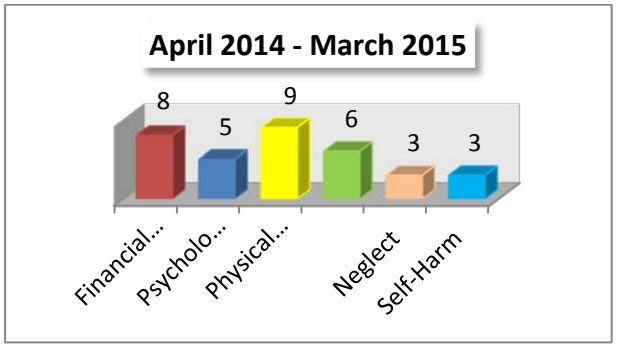


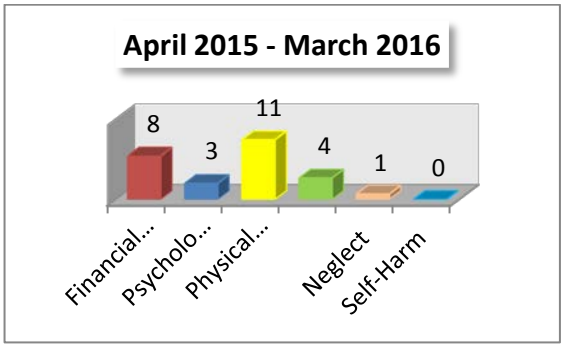
With the introduction of the Adult Protection SWIFT Module as part of the Management Information System the adult protection client category options were increased from 7 to 15. This has since been reviewed. There are two reasons for this.

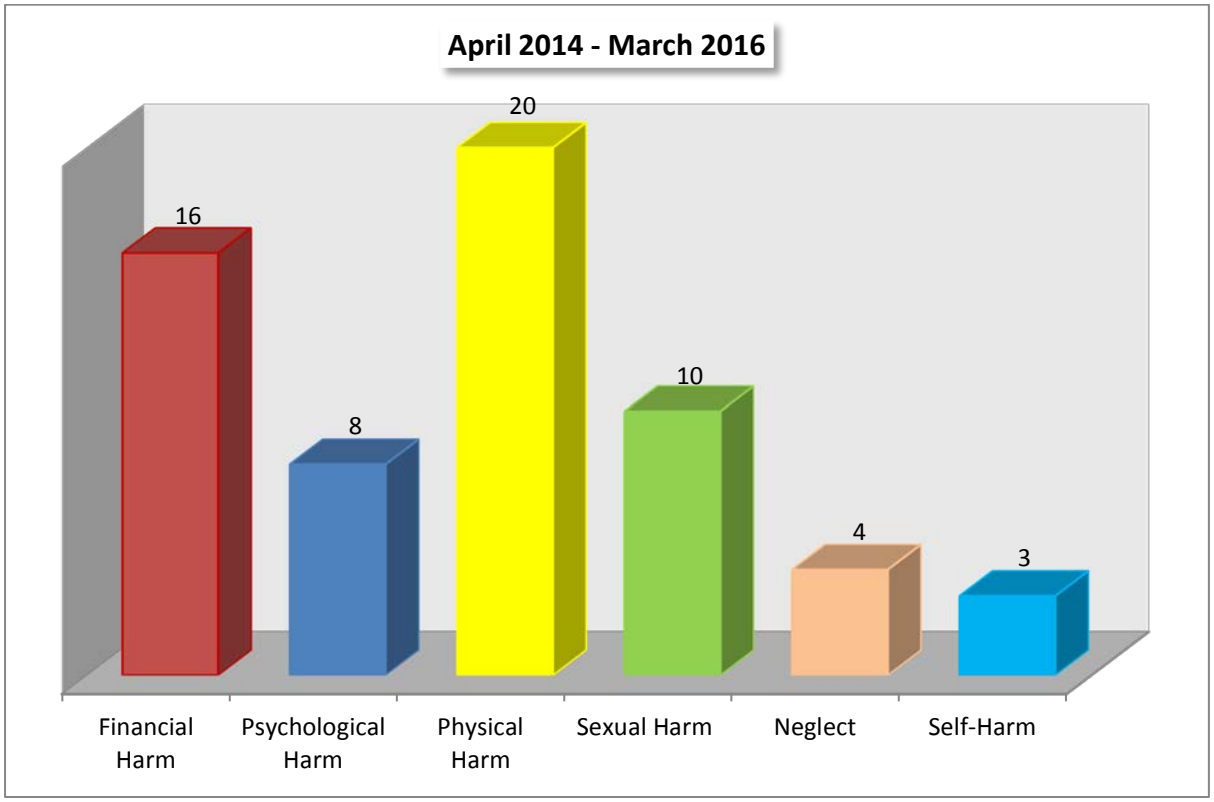
With the introduction of the National Dataset the request was to report on 7 categories as listed above and a mapping exercise was undertaken to map the 15 categories previously reported on to the seven requested. The category of 'other 'has therefore been introduced to cover all categories not specifically reported on.

Within HSCP social work categories are also being reviewed. The drop down client categories list is accessed by staff across social work services and incorporates all categories required by all service areas. This list is now viewed as too extensive and for adult protection has not aided accuracy as was anticipated as it became increasingly difficult for staff to identify all possible relevant categories before selecting a category.

2.2.4 Harm Types

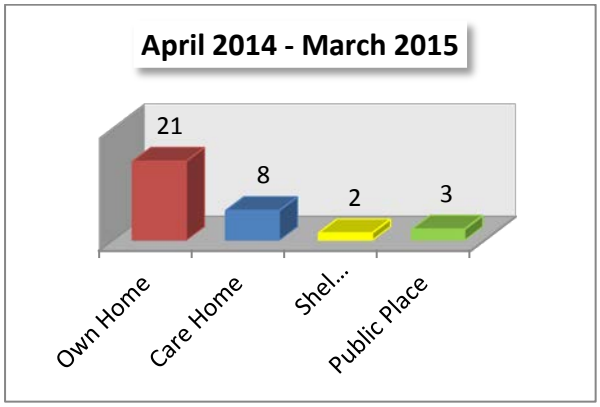


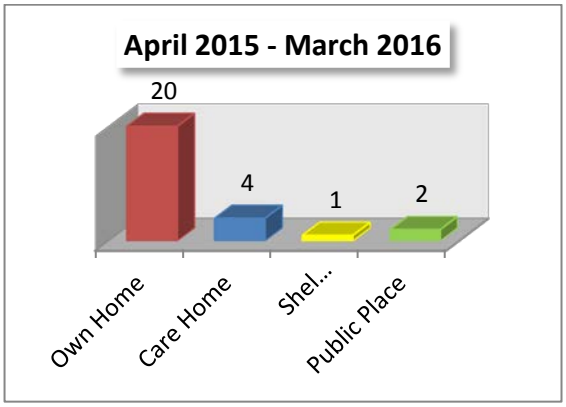


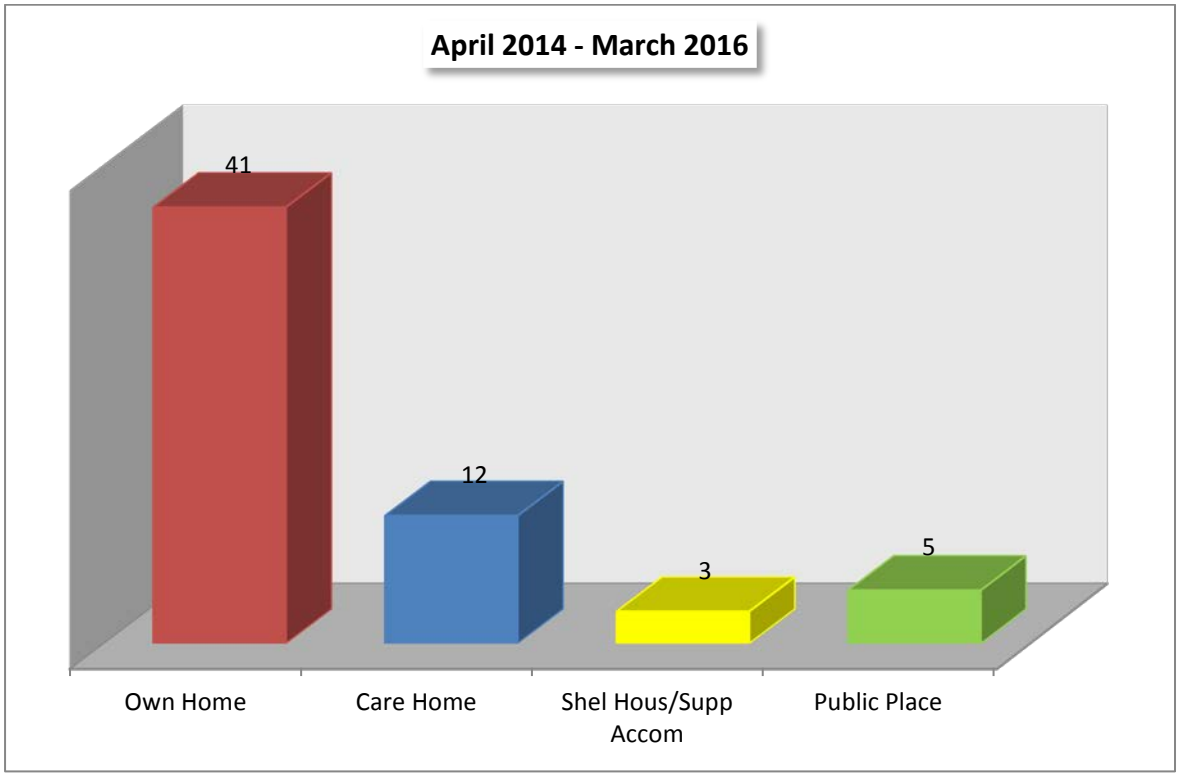


Since 2008 physical and financial have remained as two of the three main categories of harm. The third main category had been psychological harm and for the last biennial report was the second most common harm type accounting for 26% of all investigations. For the period of this biennial report psychological harm only accounts for 10% of all investigations. Financial harm both locally and nationally is increasingly being recognised as the 'tip of the iceberg' as commonly coexists with other harm types. This change may be accounted for by the primary harm type being recorded as financial harm rather than the psychological harm of verbal abuse and threats of violence that often accompanies this harm type. Sexual harm is now one of the main category types and now accounts for 16% of all investigations. This is a rise of 5% since the last report. Further consideration of this is required however the rise in reports of sexual harm could be linked to an increase in investigations relating to the under 65 age group and Inverclyde Learning Disability Health Team being proactive in their use of routine sensitive inquiry.

2.2.5 Location of Harm

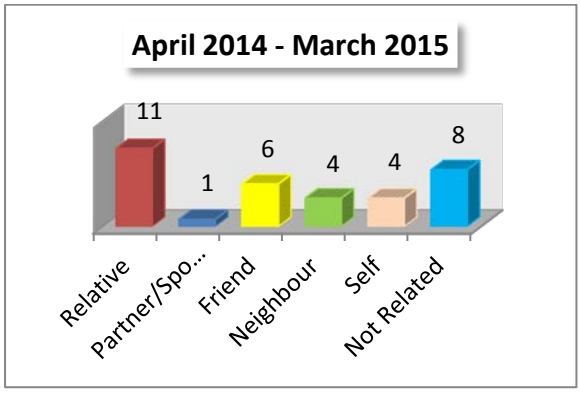


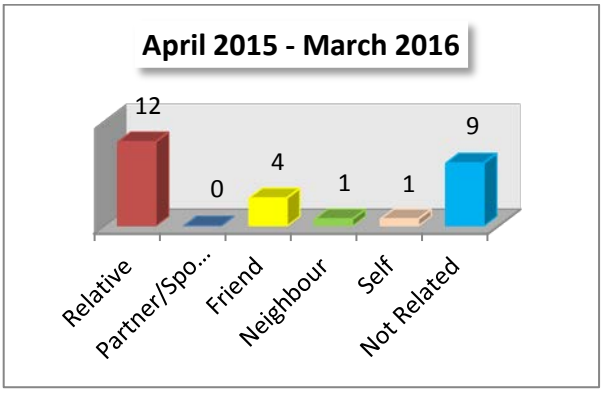


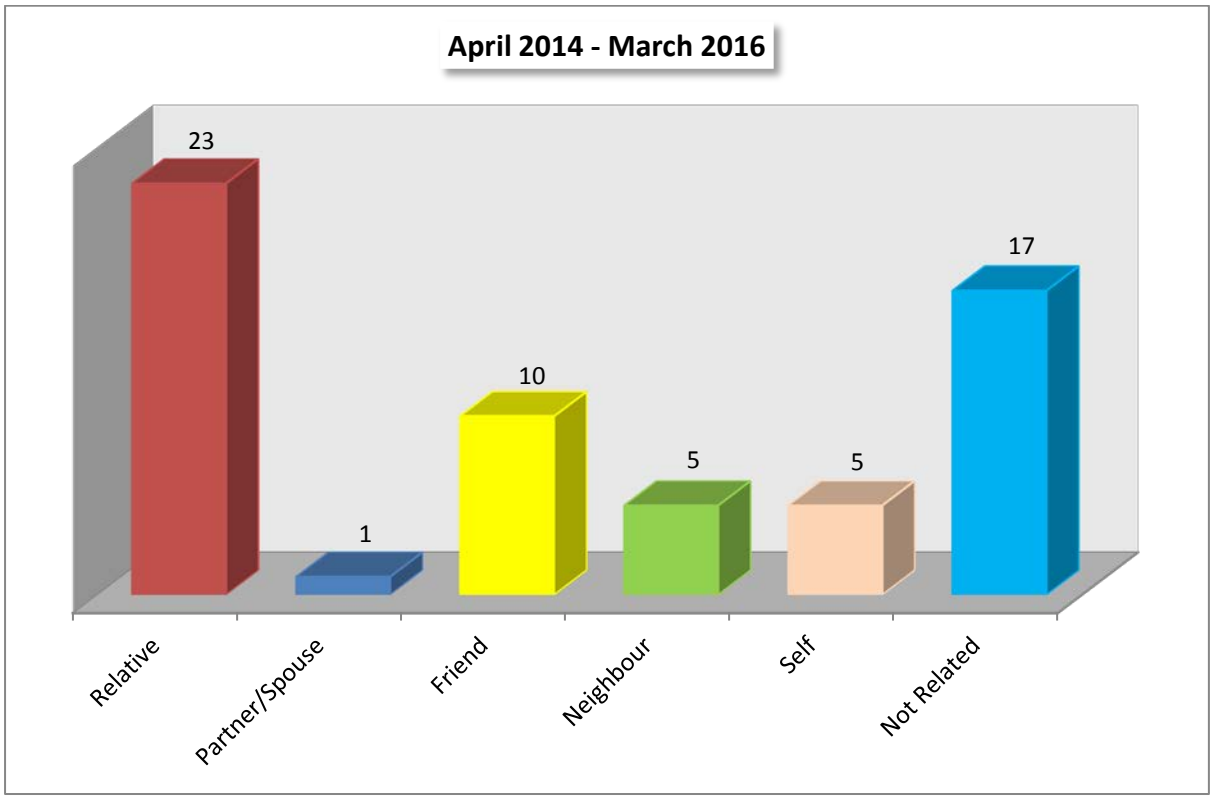


Private address and care homes continue to be the primary locations where harm has taken place when the investigation was initiated. For period of last biennial report private address accounted for 52% of investigations and care homes accounted for 31%. For the period of this report the figures are 61% and 20% respectively. Sheltered housing and supported accommodation are also people's private address however the figures potentially demonstrate they are safer given additional support provided. There have been a number of local initiatives in relation to adult support and protection in care homes which are likely to have impacted on statistics (section 3.1.1). Overall locally and nationally adults are at greatest risk within their own homes.

2.2.6 Sources of Harm

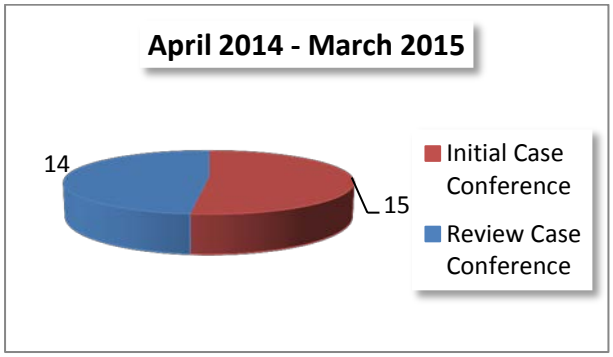


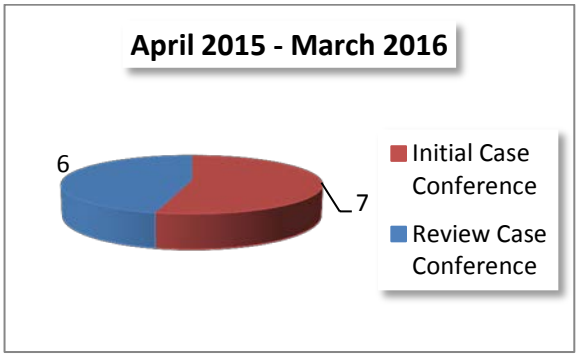


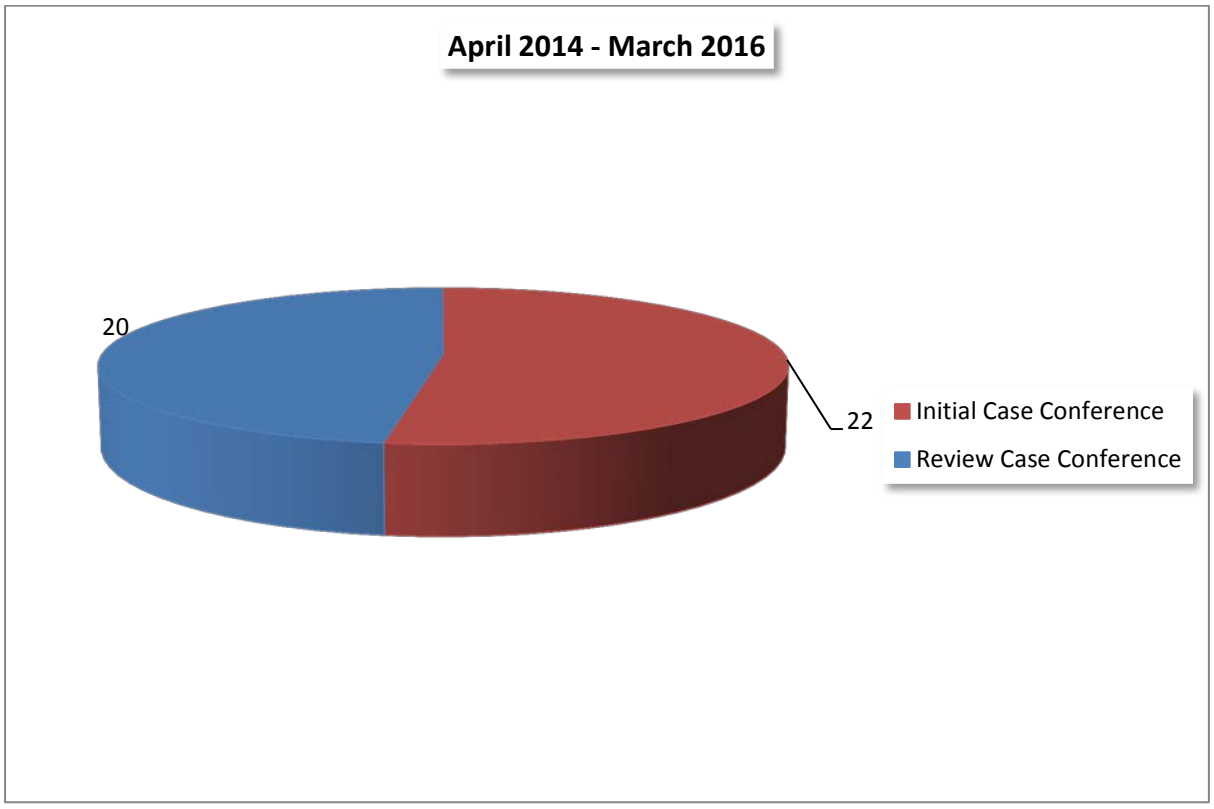


As illustrated above adults are at greatest risk in their own home and from people closest to them such as partners/spouses, relatives, friends and neighbours. Most adults would rely on such people to support and protect them. This is also reflected in national statistics.

2.2.7 Case Conference Type

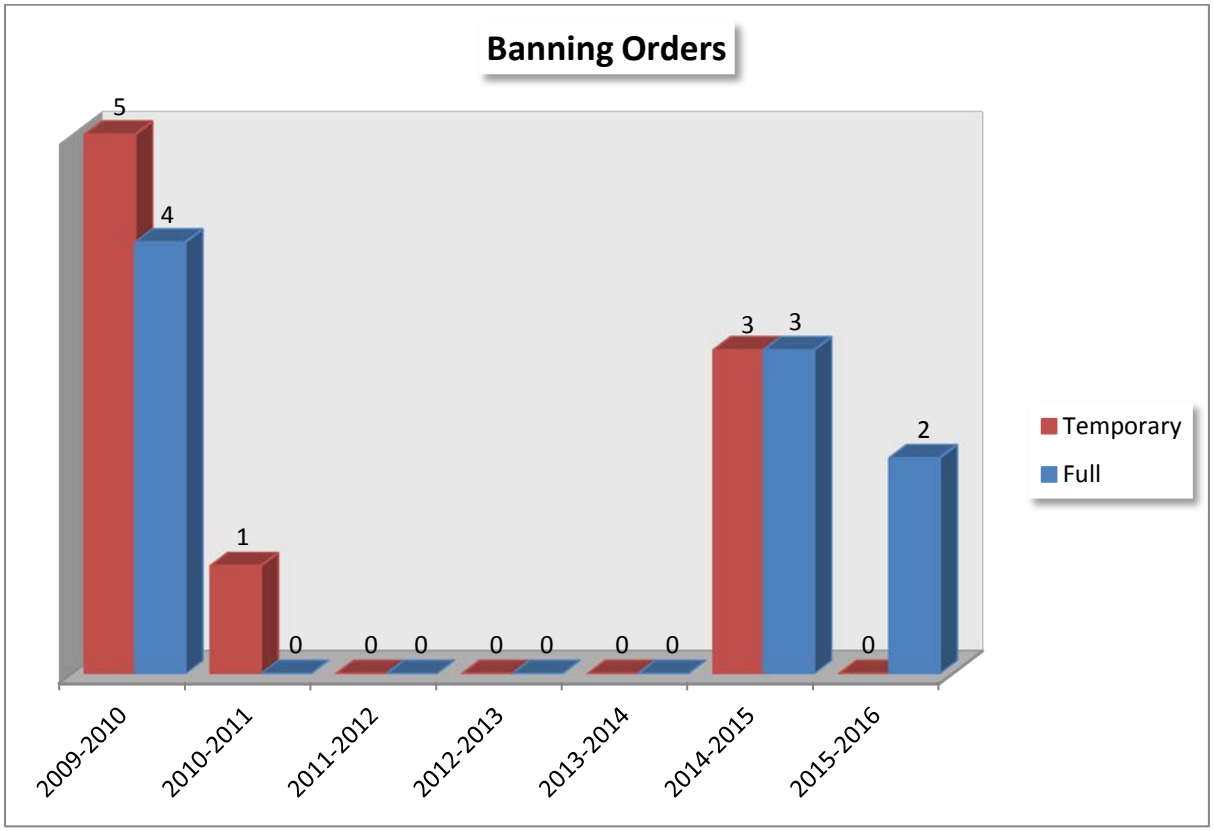






Since the period of the last biennial report there has been a significant decrease in the number of adult protection meetings overall and for both initial and review case conferences. At this point it would not be appropriate to speculate as to the reasons for this and will be subject to examination in the coming year.

2.2.8 Protection Orders



Although referral rates, conversion rates to investigations and numbers of adult protection meetings were higher for the biennial report period 2012 to 2014 there was no situation where protection orders were viewed as necessary. However 8 orders were applied for and granted in the last two years that significantly benefited the adults at risk concerned. The statistics suggest that there is better identification of those most at risk that require investigation and the most complex cases have resulted in protection orders.

3. Actions

3.1 Scottish Government National Priorities

In addition to the National Dataset the Scottish Government identified 4 other national priorities**.**

3.1.1 Adult Protection in Care Homes

Inverclyde was selected by the Scottish Government (SG) to be a pilot area with the remit of considering prevention of harm in care homes. As part of the pilot a working group was established the majority of who were service users and carers but included Scottish Care, nursing home, health and social work representatives.

As can be seen from performance information the number of investigations in care home settings has reduced. The working group identified a number of initiatives in place or in development. Although they were not directly related to adult protection they were aimed at supporting good quality care for residents. The working group viewed that these initiatives impacted positively to prevent harm in care homes. Some issues and gaps were identified that have since been taken forward. These included:

1. *Training*
   - Adult Support and Protection Training. In addition to homes providing in-house training care home staff at all levels have access to half day Multi-Agency Initial Awareness Adult Protection training (section 3.3.3).
   - My Home Life training has been made available to all care home managers and has been funded by Health and Social Care Partnership (HSCP).
   - Provision of specialist/specific training for universal experiences and common conditions e.g. end of life care and dementia training.

2. *Health Services*
   - Anticipatory Care Planning.
   - Development of CPN Psychiatric Care Home Liaison Service.
   - Development of District Nurse Care Home Prevention and Support Team.

3. *Advocacy*
   - Independent Advocacy for residents of care homes.
   - Peer Support via Carers Centre and Your Voice Community Care Forum.

4. *Quality Assurance Team and Governance Arrangements*
   - Announced and unannounced visits undertaken by contract monitoring officers.
   - Significant Event reporting by care homes using a bespoke tool.

The local culture was also viewed as having a positive impact. Care home providers and the HSCP view each other as partners with regular Provider Forums with agreed agendas. Care Home Managers readily contact HSCP staff for advice and guidance or to advise them of issues identified by them and actions taken. An indicator of concern can be isolation. Local

care homes aim to be connected and part of the community to avoid this. An impact of My Home Life training has been that care home managers advise and support each other whereas in the past they viewed each other primarily as competitors.

Since the working group other developments have taken place. These include:

- Development of Good Practice Guidance in joint working between Inverclyde APC and Care Home Providers. All care home places in Inverclyde are provided by the third sector. They all have an adult support and protection procedure, but it was recognised that there can be issues with that procedure being appropriate, accurate and up-to-date in a local context. Instead of the AP Coordinator advising on each procedure this guidance was jointly developed. It is anticipated that all care homes will be party to the document which covers adults at risk and adults with changing needs.
- Utilising the University of Hull Early Indicators of Concern framework.
- Establishment of Care Home Residents Review Team. The review team work with the District Nurse Care Home Prevention and Support Team, CPN Psychiatric Care Home Liaison Service and residents and their families to identify and address concerns at an earlier stage.
- Development of West of Scotland guidance for investigations in care homes which clarifies the roles and responsibilities of all key agencies including the care provider.

3.1.2 Financial Harm

As can be seen under performance information financial harm continues to be the second most common type of harm. The Adult Protection Committee (APC) held a financial harm event in February 2015. Presentations were provided by police, trading standards, Royal Bank of Scotland (RBS) and the adult protection coordinator. This event was well attended and received.

Two of the main suggestions from the audience were the provision of a succinct fact sheet with key contact details and the development of multi-agency financial harm training. Both are currently in development and the adult protection coordinator has been working with training, trading standards and police colleagues to develop both. The aim is for the fact sheet to be relevant to both staff and service users and carers and for the financial harm course to commence from January 2017 and to be available to as wide an audience as possible. There will also be briefings for staff such as home helps who will be provided with the fact sheet.

The local branch of RBS also held a ‘vulnerable customer’s event’ and this was supported by key agencies including adult protection, who worked together on the day to provide the best advice possible. A number of adults sought assistance with some very vulnerable customers having lost very substantial sums of money to people close to them or to scammers. This event created an opportunity for vulnerable bank customers to obtain assistance most of whom would not have directly contacted relevant agencies.

It is recognised that financial harm goes beyond the remit of the adult support and protection legislation however it is likely many of those adults who do remain unknown. The aim in the

coming two years is to identify other opportunities to reach adults who are not known or who would not contact agencies direct and to work with partner agencies to better educate the public and staff about the issues. It is hoped that this will assist to prevent issues but may also mean that ASP referrals in respect of financial harm are likely to increase as identification improves.

3.1.3 Service User and Carer Involvement

Engaging, involving and supporting the local community continue to be an ongoing priority. Service user and carer representatives continue to be members of the APC and link with the Your Voice Adult Protection sub group (appendix 1). There is also crossover membership with the HSCP Integrated Joint Board which has been beneficial.

The majority of developmental events organised by the APC have been open to and well attended by service users and carers. They are largely publicised via the Your Voice Network and the Carers Centre. To date service users and carers have not been involved in co-production of these events. The adult protection coordinator has been asked to be a member of the working group with the purpose of refreshing the Anti-Stigma Partnership. The aim is for an event being planned by them to be coproduced. It is hoped that the APC can take the learning from this approach and apply for use in forthcoming APC events.

Local public information on adult support and protection such as leaflets and posters have always been developed using service user and carer focus groups. Service users and staff identified that there was a lack of film material that depicted harm types. Ten short videos were commissioned and produced by the APC. The aim of the project was to produce material which would clearly demonstrate the five main types of harm adults at risk may experience and increase awareness of these issues within the vulnerable community, local services and wider population of Inverclyde. In order to maximise effectiveness, the stories and scripts for the ten, two minute videos were developed by the production company working in conjunction with a focus group involving service users across client groups, carers and support staff. The videos use real life examples. Based on the experience of the focus group, the key messages identified were:

- If it doesn't feel right, it isn't right for me and I won't put up with it.
- Feel empowered to report incidents of harm.
- This used to happen to me but it doesn't now – it's sorted.

Casting included adults who themselves had disabilities in relevant roles with the project working closely with People First who gave advice and made suggestions which were incorporated.

The videos form the basis of the Inverclyde Understanding Harm Campaign. A launch event was held in January 2016. The videos will used at training, shown at events and are running on all HSCP screens in reception areas and are available on YouTube. DVDs have been distributed to local third sector service providers as well as to other agencies and APCs.

The Adult Protection – Understanding Harm videos can be viewed on Inverclyde Council's dedicated You Tube channel –

https://www.youtube.com/channel/UCvJ2hbsJ1ieDgfePOoOhHDg

In addition to the videos information regarding adult support and protection is available on the Council website with both local public information and nationally produced publicity having being circulated to relevant public venues. There has also been information in the local press. However it is recognised that many people will remain unaware of adult protection. Identifying opportunities to raise awareness of adult support and protection within the community and with adults at risk is an ongoing priority. This particularly given our local statistics demonstrate that adults at risk are most at risk in their own home and from those closest to them.

3.1.4 Adult Support and Protection A&E

As can been seen from performance information and source of referral collectively health colleagues make the same number of referrals to those made by social work staff. Within Inverclyde it is recognised that there has been a stronger focus on ASP in the context of community health services given the move to becoming a CHCP and then a fully integrated HSCP.

The national working group developed bespoke A&E settings Adult Support and Protection training toolkit. NHS Greater Glasgow and Clyde supported this initiative. The adult support and protection agenda within A&E and acute sector will have a stronger focus in the business plan for 2016-18.

3.2 Policies and Procedures

3.2.1 Good Practice Guidance in joint working between Inverclyde Adult Protection Committee and Care Home Providers

As referred to previously has been developed (section 3.1.2).

3.2.2 A Good Practice Guidance in Joint Working between Inverclyde Adult Protection Committee and Social Housing Providers in Inverclyde

This has also been developed and agreed with all housing associations. The guidance covers both adult protection situations and those relating to adults in need.

3.2.3 Forced Marriage and Honour Based Violence: responding to those at risk. Multi-agency Guidance

The adult protection coordinator was part of a multi-agency group to develop local procedures in respect of forced marriage. This procedure has assisted staff but was promptly reviewed to include honour based violence following learning identified from case work undertaken under the auspices of adult protection. The aim is to use this experience to create a learning opportunity for identified staff with lead responsibilities.

3.2.4 Child Protection and Adult Protection

Child care and adult protection colleagues are working together to develop local procedure given that the protection of 16 and 17 year olds will potentially come under both the Children and Young Persons (Scotland) Act 2014 and the Adult Support and Protection (Scotland)

Act 2007. This procedure will be incorporated into both the local Child and Adult Protection Procedures.

3.2.5 West of Scotland Guidance for investigations involving allegations against staff in care settings

Experience across the west of Scotland indicated that such investigations had been challenging. The adult protection coordinator chaired a multi-agency working group. This guidance was developed outlining the roles and responsibilities of key agencies, prompts to need for well-coordinated investigations and provides guidance to Council Officers regarding interviewing staff.

3.2.6 Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures

It was planned that this document would be reviewed as part of the business plan for 2014 – 16. This has been delayed and will now be undertaken in 2016/17 given a number of factors. There has been a delay in finalising the refreshed West of Scotland Guidance. Over the period of this biennial report Inverclyde became an HSCP with all teams now integrated with no separate social or health premises. The review group will now include staff from both health and social work including business support staff. The legal responsibility remains with Council Officers however organisational and structural changes require to be reflected in the document. This is to ensure clarity for both health and social work staff including reception staff that will often be the first point of contact. Health professionals have regularly acted as second worker in investigations and this also requires to be reflected in the procedure. The finalised procedure for child and adult protection in respect of 16 and 17 year olds will also be incorporated.

3.3 Learning and Development

Improving the skills and knowledge of public bodies and officers holders has continued to be a priority. Since the majority of staff received core training there has been a wealth of experience gained from translating the theory into practice. Courses been developed utilising the learning from this experience and meeting identified gaps. Two examples of this already provided in this report are in respect of Financial Harm training and learning from Forced Marriage and Honour Based Violence concerns.

3.3.1 Procedures Training

During the period 2010 to 2012 there was an on-going programme of one day Procedures Training. All CHCP social work and health staff who would act as Council Officers or second worker for investigations and their managers attended this training. The view of Council Officers was that those involved in investigating concerns required to be trained to the same standard. This approach has been viewed as beneficial with frontline social work and health staff having a clearer understanding of the legislation and a greater clarity as to their roles and responsibilities. This course is currently under review and a new 2 day course is being piloted. Given the level of practice experience gained since the original training was delivered the content has been augmented to include being more relevant for health staff,

greater emphasis on engagement and person centred practice, risk assessment and enablement and outcomes. This course will be compulsory for both new and existing HSCP staff involved in investigations. The course is also being designed so that it complements assessment and care management training.

3.3.2 Recording and Defensible Decision Making

From previous audits it was viewed that staff from both Health and Social Work involved in adult support and protection cases would benefit from this training. The course was very well evaluated creating an opportunity for staff to further develop their skills and practice.

3.3.3 Multi Agency Initial Awareness Training

This course has now been running in Inverclyde for the last five years. It is open to any member of staff working for any agency or public body. This includes staff from the private and voluntary sector, and Registered Social Landlords. The course aims to help staff to become aware of signs that adults may be being harmed and to know how to respond and report. The course is run for multiagency groups of staff to support participants to work together across services in order to effectively support and protect adults. Those attending are also provided with a 'Quick Guide' to adult protection which details key information and local contact details.

3.3.4 Hate Crime Awareness and Third Party Reporting Training

This course is delivered by Police Scotland but organised via the adult protection support unit. The course is aimed at any agency that is in direct contact with the public and may require to offer advice or support in respect of Hate Crime, the making of a Third Party Report or signposting to appropriate assistance. A direct impact has been the increase in the number of Third Party Reporting Sites. Data regarding numbers of attendees from relevant organisations are made available to the Equalities Group.

3.3.5 ASP Training Course Statistics

This is available at appendix 2

3.4 Mental Health Services

The most complex adult support and protection cases have often required consideration and the use of more than one of the main pieces of legislation that can be used to protect adults at risk in Scotland and in particular the use of the Adults With Incapacity (Scotland)Act 2000.

3.4.1 Crisis Response Service.

A significant proportion of all adult protection referrals received are in respect of people who are known or believed to have mental health issues and who come to the attention of agencies when in crisis. In most instances a response under the auspices of adult support and protection is not appropriate. Inverclyde Community Mental Health Team has developed a Crisis Response Service to meet the needs of local people who experience mental health issues which dovetails with NHS GG&C Community Psychiatric Nurse Out of

Hours Service. The service has been operating since January 2015. The service works collaboratively with existing mental health and social services and the police as required and complements pre-existing services.

3.4.2 Actions under Adults with Incapacity legislation.

Services within Inverclyde are also increasingly being provided to an ageing population, who therefore require additional supports in relation to managing lost capacity around financial and welfare decisions. In terms of actions under this legislation there has been a significant increase in overall activity over the last two years. Actions have been taken to prevent risk of harm and in response to adult protection situations where harm to an adult has happened.

4. Outcomes

As has been outlined in previous sections work is being been undertaken in identified key areas with the aim of improving outcomes and performance. These include better:

- partnership working with care homes to support better quality care in care homes and reduce likelihood of harm (section *3.1.1*)
- awareness of financial harm with those most vulnerable and staff from relevant agencies (section *3.1.2*)
- responses to people in distress and crisis (section 3.4)
- involvement of service users and carers in the work of the APC (section 3.1.3*)*
- community awareness of adult support and protection and of where to seek assistance (section 3.1.3)

4.1 Audit

Different audit types were undertaken to consider adult protection practice during 2014 -16. These were:

1. **Referrals which did not proceed to investigation -** This is the first audit focusing on referrals that did not result in formal adult protection investigation stage. The emphasis was therefore more on decision-making and early intervention. There were a number of individuals who had multiple referrals. It was agreed to identify single referral and all cases with the largest number of multiple referral would be considered. 46 referrals relating to 25 individuals were audited.

2. **Multi-agency case file audit -** The intention was to audit 9 case files but 3 files were read due to issues with consent. It was noted that some cases were highly complex.

3. **Audit of social work adult protection case files -** Eight adult protection cases were randomly selected ensuring there was a file chosen from each adult service team.

Whilst recognising there is room for improvement to ensure a consistently high level of support and protection is provided the identified key strengths in practice were:

- information was being shared appropriately
- good multi-agency working
- good user and carer involvement
- good recording
- evidence of positive personal outcomes
- service users are being protected when involved in the adult protection process

Specific areas identified for improvement:

- better recording and use of chronology
- better evidencing of supervision and line management support and oversight
- improved completion of management information systems
- ensuring adult protection procedures are followed consistently across all operational teams.
- ensuring there is appropriate conclusion and ending of the investigation.

- further clarification between adult and childcare services regarding referrals in respect of 16 to 18 year olds

In response to these identified areas work was undertaken to clarify procedures in relation to young people (section 3.2.4), the development and delivery of Recording and Defensible Decision Making (section 3.3.1) and a review undertaken of Procedures Training (section 3.3.1) with a new course being delivered. In addition refresher training has been provided to social work staff including admin staff in respect of completion of social work management information system (SWIFT).

4.1.1 Future Audits

Planned for 2016/18 is to undertake a further multi-agency case file audit. In addition a proposal for a rolling programme of qualitative monthly case file reading is under consideration. The aim is to audit 60+ cases annually with them being undertaken by Service Managers and Team Leads. Adult protection cases and referrals not leading to investigation would be included. Consideration is also being given to thematic reviews which could include;

- chronologies
- information sharing and communication
- multi-agency working
- case transfers

4.2 Evaluation of service users and carers experience of adult support and protection.

In 2012 and 2013 evaluations were undertaken in respect of the experience of adults who have been involved in the adult support and protection process. There have been no evaluations during the period of this report. Evaluation will be undertaken during 2016/17. For consideration will be the content of this evaluation and who undertakes. An aim would be to evaluate as to whether actions undertaken to date have impacted on service user and carer experience.

4.3 Citizens Panel and Your Voice Panel.

The business plan will include an action to repeat questions on adult support and protection in both the Citizen and Your Voice Panels. The aim is to evaluate the impact of information regarding adult support and protection that has been in the media and public domain. This will include local impact of national media campaigns and of local material including Understanding Harm videos.

5. Challenges

Issues in no particular order

1. Financial climate – cuts, reorganisation, loss of experienced staff.
2. Aging population and increasing numbers of vulnerable people living in our communities.
3. Increasing range and sophistication of financial scams.
4. Making the most vulnerable aware of the legislation and help available given statistics tell us that those most at risk live alone and are at risk from those who should protect them.
5. Those most at risk and having cognitive impairment accessing justice. Unreliable witness issues.
6. Being more proactive – use of routine sensitive enquiry with those people who may find it more difficult than others to initiate conversation/disclosure.

6. Business Plan

Aims	Objective	Output	Outcome	Timescale	Lead Officer
General					
To further improve identification of adults at risk of harm, to provide support to them when it is needed and to provide the means to protect them from preventable harm.	Improve content and completion of Adult Protection Module for SWIFT.	Review content of the Adult Protection Module. Keep under review and audit completion of the Adult Protection module.	Inverclyde HSCP/Council is meeting its duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	September 2016 and 6 monthly thereafter.	Adult Protection Coordinator and SWIFT Team Lead.
	Improve completion of NHS DATIX System in respect of adults at risk of harm.	Local review of implementation and interface of the DATIX system in respect of adults at risk of harm.	Inverclyde HSCP/Health is meeting its duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	March 2017 and annually thereafter.	Service Manager Quality and Development and Adult Protection Coordinator.
	Improve identification and referral of adults at risk of harm via Adult Concern Reports.	Undertake a review and analysis of concern reports received.	Inverclyde HSCP and Police Scotland are meeting their duties and responsibilities under the Adult Support and Protection (Scotland) Act 2007.	December 2016 and annually thereafter.	Police Scotland K Division and Adult Protection Coordinator.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
Quality Assurance					
▪ Safe outcomes for adults. ▪ Practice standards and guidance. ▪ Robust policies and procedures.	Continued use and framework for self and joint evaluation.	▪ Single agency monthly thematic audits. ▪ Annual audit of referrals not leading to investigation. ▪ Multi Agency case file audit. ▪ Service User and Carer evaluation / Audit of experience of Adult Support and Protection.	To have a robust quality assurance performance framework in operation providing regular reports to both the Adult Protection Committee and appropriate stakeholders.	Commence January 2017. July 2017 and 12 monthly thereafter. September 2017. June 2017 and annually thereafter.	Adult Protection Quality Assurance Working Group.
		▪ Audit of SWIFT AP Module	Completion and submission of National Dataset to Scottish Government	6 monthly till April 2017 and annually thereafter.	Adult Protection Coordinator
	Review interim inter-agency framework for Significant Case Reviews.	Establish an agreed criteria and procedure for such reviews.	Confirmed from last business plan as national inter-agency review not yet published. Aim to incorporate recommendations.	By March 2018.	Adult Protection Coordinator

Aims	Objective	Output	Outcome	Timescale	Lead Officer
Training					
To make, assist in or encourage the making of arrangements for improving the skills and knowledge of officers or employers of the public bodies and office holders to which this section applies.	Refreshed training strategy incorporating the different roles and responsibilities across statutory, voluntary and private organisations.	Implement training strategy. Provide ongoing training. This includes: ▪ Multiagency Initial Adult Support and Protection Awareness ▪ Financial Harm Training ▪ Review procedures ▪ Forced Marriage and Honour Based Violence learning opportunity ▪ Self-Harm Event and learning from Significant Case Reviews ▪ Learning from a specific ASP SCR event.	Staff at all levels across agencies have the necessary skills and knowledge required for their post.	Ongoing 2 x monthly until January 2017 thereafter monthly. January 2017 and monthly thereafter. November 2016 and quarterly thereafter. August 2016. April 2016. November 2016.	Adult Protection Training Working Group.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
		NHS Implementation of bespoke A&E Training.		2016/17	NHS GG&C ASP Liaison Group and Adult Protection Coordinator.
		Evaluation of Training.		Ongoing.	Adult Protection Training Working Group.
Ensure all levels of staff, service users, carers and the wider community have access to appropriate training.	To have events co-produced.	Seminars, inputs and presentations to local bodies, service users and carers and at public events.			Adult Protection Training Working Group.
		Provide places at APC organised events as appropriate to service users, carers and community representatives.	Financial Harm Training.	January 2017 and monthly thereafter.	
			Multi Agency Initial Awareness Training.	Ongoing 2 x monthly until January 2017 thereafter monthly.	
		Provide access to appropriate training to service users, carers and community representatives.			
			Adult Protection/Sexual Health Training for Adults with learning disabilities.		
			Safety Course – adults with learning disabilities.		

Aims	Objective	Output	Outcome	Timescale	Lead Officer
The Adult Protection Committee has the skills and knowledge to fulfil as functions		Members have access to all relevant training as required. A minimum of two developmental sessions per year.		See training dates.	

Aims	Objective	Output	Outcome	Timescale	Lead Officer
Communication and Engagement					
To improve co-operative working in order to safeguard adults at risk in Inverclyde across statutory, non-statutory agencies and the public.	Update Communication Strategy.	▪ Review communications planner. ▪ Repeat Citizen and Your Voice Panels. ▪ Review impact of Understanding Harm DVDs – YouTube 'hits'. ▪ Support National campaigns. ▪ Update website. ▪ Consult on content of ASP website pages. ▪ Service user evaluation. ▪ Co-production of events.	To have an effective inter-agency communication strategy where everyone is aware of their role and responsibility to protect adults from harm.	September 2016. Winter / Spring 2017. February 2017. As arises. Ongoing. April 2017.	Adult Support and Protection Communication and Engagement Working Group.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	Work in partnership with users and carers to ensure safeguarding arrangements and interventions adhere to principles of the Act and actions and services are effective.		Create opportunities for adults at risk to contribute to practice development.		Adult Support and Protection Communication and Engagement Working Group.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
Policies and Procedures					
To keep under review the procedures and practices of the public bodies and office holders to which this section applies**.**	Review existing Inverclyde Adult Protection Policy and Practice Guidelines in line with 2016 West of Scotland Guidance review, reviewed Code of Practice, changes to Police Scotland process and context of a fully integrated HSCP.	Review procedures.	To have a robust process of reviewing policy and procedures to reflect current research, practice, policy drivers and legislative change.	April 2017.	Adult Protection Coordinator.
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review procedures.		June 2016.	Adult Protection Coordinator and Team Leader Quality Assurance.
	Review existing Child and Adult Protection Interface Multiagency guidance.	Review procedures.		January 2018.	Adult Protection Coordinator and Child Protection Coordinator

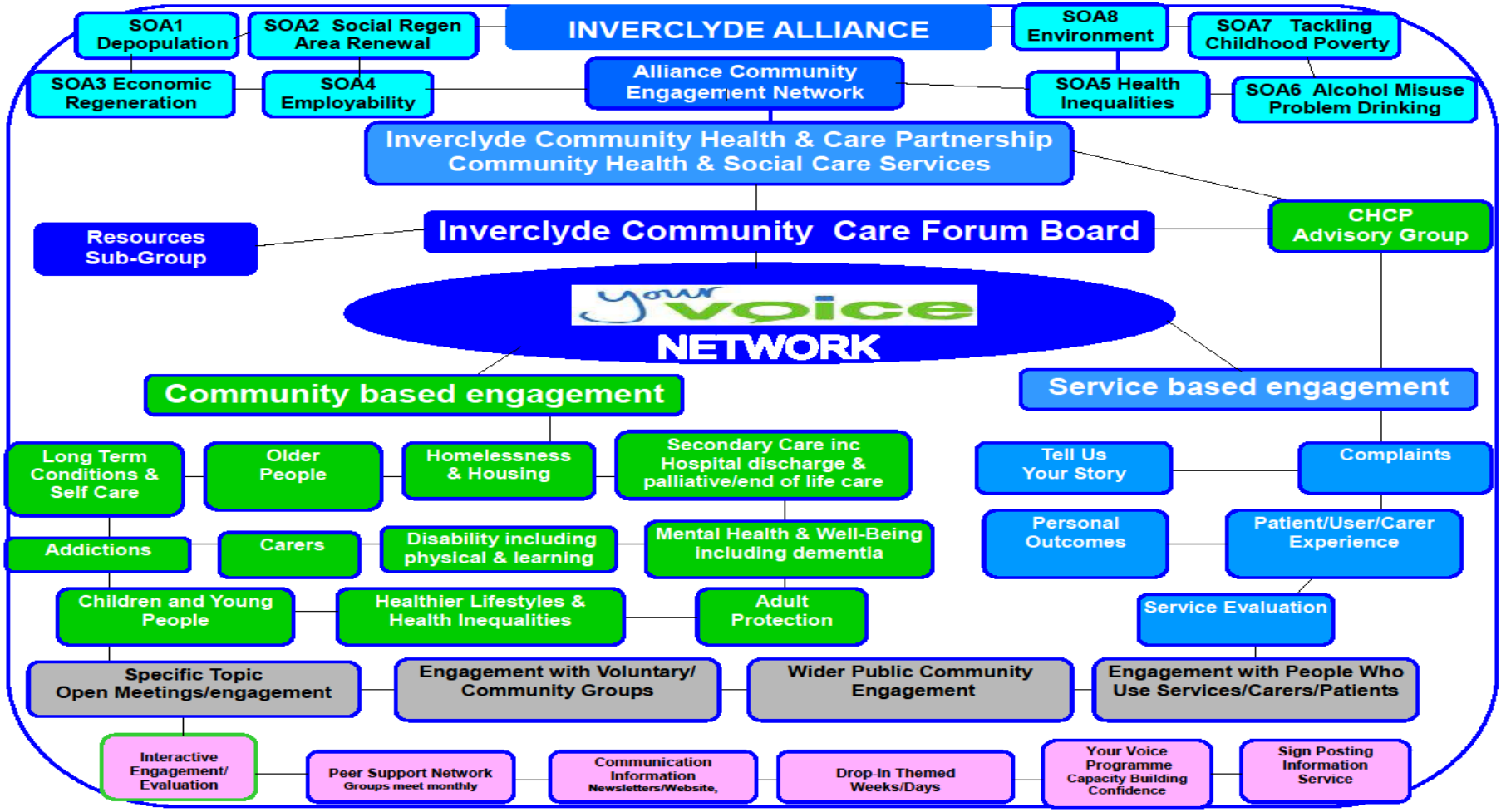
Aims	Objective	Output	Outcome	Timescale	Lead Officer
	Review existing Adult Protection Quick Guide.	Review document.		April 2017.	Adult Protection Coordinator.
	Extend Good Practice Guidance for use with 'other' service providers.	Adapt and develop existing guidance documents used with Registered Social Landlords and Care Home Providers.		October 2017.	Adult Protection Coordinator and Service Provider Representation.
Better coordination of Public Protection agenda where there is a shared or common purpose.	To develop an effective Network which supports the promotion of wellbeing; equality; diversity; effective collaboration; cooperation; communication; information sharing and joint partnership working across existing public protection fora.	When and where possible, share respective resources to deliver joint initiatives and items of mutual interest.	Establish and develop a Public Protection Network.	September 2017 and quarterly thereafter.	Chief Social Work Officer and officers with a lead or coordinating role.

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	To coordinate an agreed model for public information; communication and engagement by way of annual community engagement initiatives; aimed at building community capacity and confidence. To identify, share and exchange learning; policy and practice developments in relation to protecting vulnerable people and keeping people safe.				

Aims	Objective	Output	Outcome	Timescale	Lead Officer
	To promote staff learning and development by delivering and contributing to wider Workforce Development opportunities. To provide a Network which promotes peer support; challenge and is focussed on continuous improvement; aimed at delivering better outcomes for vulnerable people across Inverclyde.				

7. Appendices

7.1 Your Voice Network, the HSCP and the Inverclyde Alliance



7.2 ASP Training Course Statistics

	Agency / Service										
Course Name	HSCP Social Work	HSCP NHS GG&C	Inverclyde Council	NHS GG&C Acute	Housing Association	Voluntary Sector	Private Sector	Police Scotland	Scottish Fire & Rescue	Member of Public / Other	**Total**
Awareness Training	397	61		19	46	68	224	2			**817**
Procedures Training	25	10									**35**
Recording & Defensible Decision Making	38	9									**47**
Financial Harm Event	35	4		1	4	17	10				**71**
Understanding Harm Event	19	4		3	3	16		2	1	8	**56**
Hate Crime Awareness & Third Party Reporting	49	3	23		19	23	4	2	2		**125**

Note; members of the public also chose to be included under ‘voluntary sector ‘.

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 January 2017**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/07/2017/BM**
Contact Officer:		**Contact No:**	**01475 712722**
Subject:	**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015/16**		

1.0 PURPOSE

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

2.0 SUMMARY

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

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

3.0 RECOMMENDATION

3.1 It is recommended that the Integration Joint Board members note the Inverclyde HSCP Chief Social Work Officer Report for 2015/16.

Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

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

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

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

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

5.0 PROPOSALS

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

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications from this report

Human Resources

6.3 There are no Human Resources implications from this report

Equalities

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes.

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

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

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

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

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

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

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

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

6.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.** 7

6.6.2 **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.** 7

6.6.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.** 7

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

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

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

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

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

7.0 LIST OF BACKGROUND PAPERS

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

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

8.0 CONSULTATIONS

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

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICERS

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

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

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

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

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

1.1 Integration and Values

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

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

1.2 Partnership and Collaborative Working.

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

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

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

1.3 Social Work and Social Care Practice

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

1.4 GIRFEC

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

1.5 Complaints

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

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

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

1.6 Community Justice Arrangements

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

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

1.7 Child Sexual Exploitation (CSE)

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

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

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

1.8 Mental Health Officer Arrangements

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

1.9 Refugee and Migrant Resettlement

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

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

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

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

1.10 Integrated Children and Young People's Services Plan

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

1.11 Review and Redesign

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

1.12 Conclusions

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

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

Brian Moore
Chief Social Work Officer
September 2016

2. Partnership Structures/ Governance Arrangements

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

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

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

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

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

The diagram below shows our partnership governance arrangements.

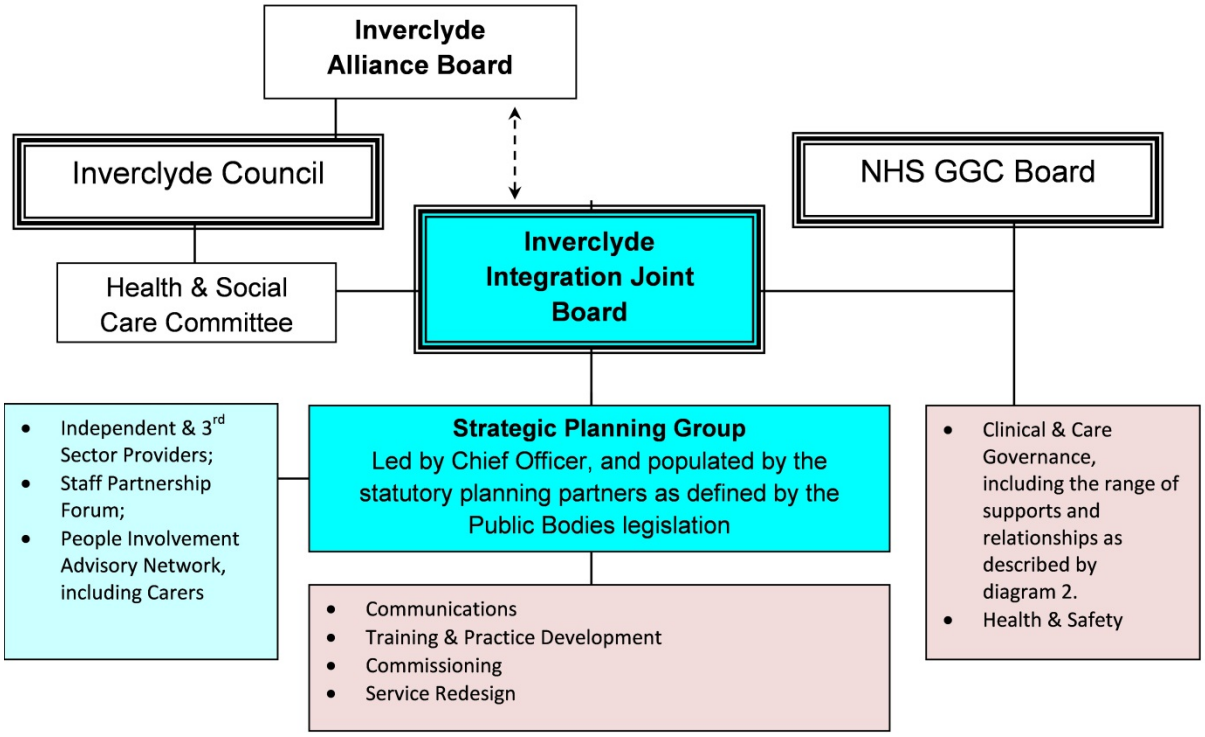


Diagram 1: Reporting and Accountability

3. Social Services Delivery Landscape

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

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

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

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

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

The 5 key Strategic Commissioning Themes are:

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

3.1 Children & Families and Criminal Justice

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

Table *2*

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

*One provider also delivers services within Inverclyde

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

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

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

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

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

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

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

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

3.1.1 Future Challenge for Children's Residential Services

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

3.2 Adult Learning Disabilities

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

Table *3*

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

*2 providers also deliver services within Inverclyde

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

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

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

3.2.3 Future challenges for Learning Disabilities Services

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

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

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

3.3 Older People

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

Table 4

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

*4 providers provide a service within and out with Inverclyde

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

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

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

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

The new contracts commenced on 1st of April 2015.

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

The option chosen will include:

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

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

3.4 Physical Disability

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

Table 5

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

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

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

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

3.5 Mental Health, Addictions and Homelessness

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

Table 6

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

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

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

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

Table 7

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

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

Table 8

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

3.6 Conclusions and Future Challenges in relation to commissioned services

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

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

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

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

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

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

3.7 In-House Services

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

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

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

4. Finance

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

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

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

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

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

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

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

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

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

5. Service Quality and Performance

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

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

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

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

5.1. Health, Community Care and Primary Care

Table 1 Core activity

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

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

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

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

Table 2: Delayed Discharges

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

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

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

Table 3: Emergency Admissions

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

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

5.2 Children and Families & Criminal Justice

Table 4: Looked After and Accommodated Children (LAAC)

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

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

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

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

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

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

5.3 Criminal Justice Social Work (CJSW)

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

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

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

Table 7: Community Payback Orders (CPO)

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

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

5.4 Mental Health, Addictions and Homelessness

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

5.4.1 Addictions

Table 8: Drug and Alcohol Team Activity

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

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

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

5.4.2 Homelessness Service

Table 9: Homelessness

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

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

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

5.5 Planning, Health Improvement and Commissioning

5.5.1 Advice Services

Table 10: Advice First Triage Services

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

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

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

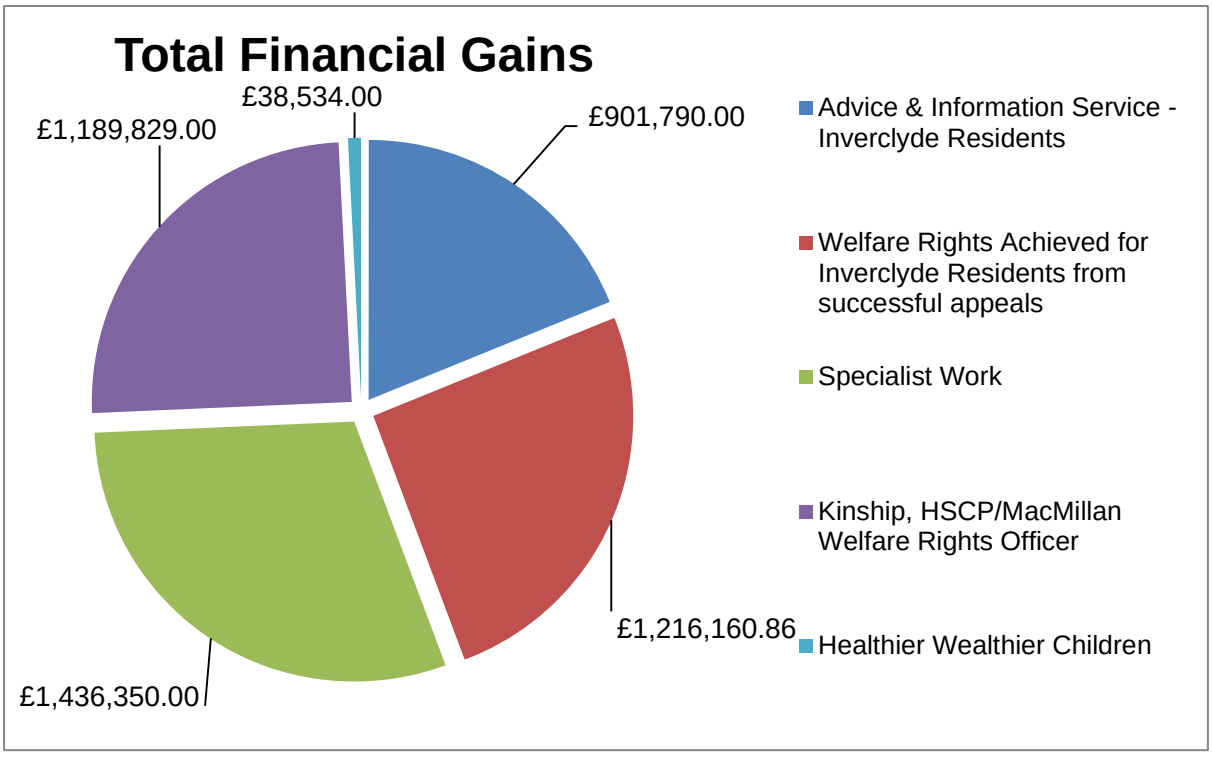


Table 11*:* Advice Services - Appeals

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

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

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

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

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

Table 12: Advice Services - Outreach Worker Vulnerable groups

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

5.5.2 The Inverclyde HSCP/Macmillan Welfare Rights Officer

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

Table 13: Debt Advice

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

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

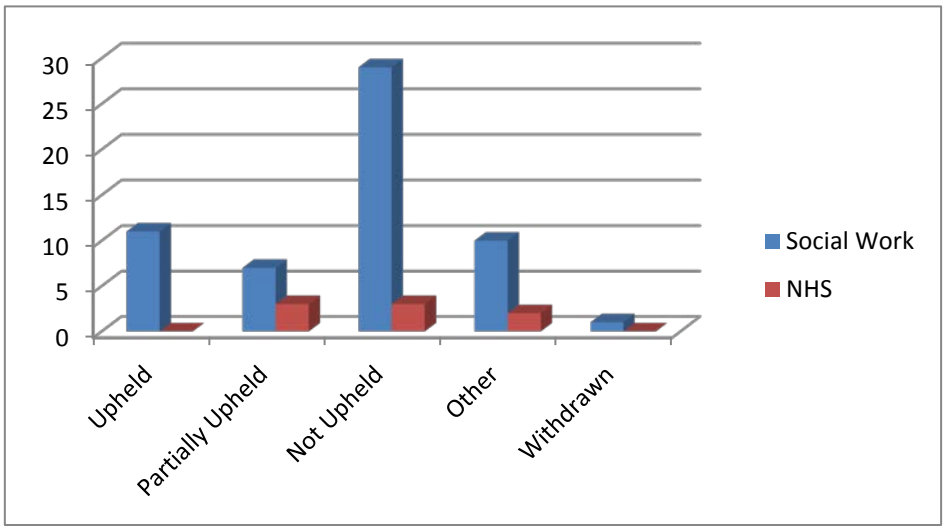
People in poverty pay more for goods and services. This is often termed the 'poverty premium'. Debt Advice seeks to address this by helping clients make informed decisions in relation to accessing financial services and making arrangements for best payment options in relation to utilities. Clients requiring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

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

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

Table 14: Complaints

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



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

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

Table 15: Freedom of Information (FOI) Requests

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

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

Table 16: Subject Access Requests (SARs)

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

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

6. Delivery of Statutory Functions

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

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

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

6.1 Public Protection

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

6.1.1 Multi-Agency Public Protection Arrangements (MAPPA)

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

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

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

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

6.1.2 Child Protection

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

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

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

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

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

6.1.3 Adult Support and Protection

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

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

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

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

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

6.3 Mental Health Service and Mental Health Officer Activity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 Adoption and Family Placement

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

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

Kinship Carers at July 2016

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

6.5 Secure Accommodation and Emergency Transfers

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

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

6.6 Significant Case Reviews

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

7. User and Carer Empowerment

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

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

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

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

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

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

8. Workforce

8.1 Workforce Planning

8.1.1 Inverclyde HSCP People Plan

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

8.1.2 Promoting Attendance

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

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

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

8.1 Workforce Development

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

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

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

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

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

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

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

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

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

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

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

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

9.1 Special Needs In Pregnancy Service (SNIPS)

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

9.2 Complaints Handling and Investigation

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

9.3 Quality Framework

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

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

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

9.4. Getting It Right For Every Child (GIRFEC)

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

9.5 Support Planning

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

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

9.5 Community Connectors

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

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

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

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

9.6 Transitions

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

9.7 Inverclyde Integrated Women's Service

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

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

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

10. Conclusions

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

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

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

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 January 2017**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/02/2017/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**UPDATE ON WINTER PLANNING**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on activity in relation to preparation for winter and to provide an update on ongoing activity.

2.0 SUMMARY

2.1 Throughout the year, as an integral part of day-to-day working, there is collaboration between a range of partners, professionals, service users and carers to ensure effective sustainable support is in place. This is particularly the case at points of admission and discharge to hospital. 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 arrangements for responding to winter pressures on the Health and Social Care system in Inverclyde.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 There is recognition that, although there is a great pressure on services and resources throughout the year, there are additional challenges and pressures brought about by the onset of winter.

4.2 Winter can bring problems in terms of adverse weather which may cause disruption to utility services and transport. Weather conditions could lead to an increase in trips and falls and accidents in general.

4.3 Flu and other winter ailments can impact on people, particularly those with long term conditions and those who are older and frailer. In some cases this impacts on the fit as well leaving them unable to attend work or meet any caring role they may have.

4.4 These consequences can lead to greater demand on services but may also contribute to a corresponding reduction in resources as staff and colleagues can be equally affected.

4.5 The development of a winter plan is seen as an essential element of ensuring co-ordination of services across health and social care. The operational plan developed between the HSCP and partners in primary and secondary care builds on the successful ongoing partnership arrangements that exist within Inverclyde throughout the year.

5.0 PROPOSALS

5.1 Winter Planning

5.1.1. In common with previous years, we have developed a local operational winter plan which reflects lessons learned from previous years' winter activity.

5.1.2. The Winter Planning Operational Group has begun to meet on a weekly basis. There is representation from each relevant HSCP service (Community Nursing, Care at Home, Assessment & Care Management (including Discharge Team) and the Centre for Independent Living), alongside representatives from the Acute sector based in Inverclyde.

5.1.3. This provides the group with a weekly opportunity to examine local performance data, have a daily overview of pressures on the system, and to plan responses to these pressures as they arise.

5.1.4. The Winter Operational Plan is attached (Appendix 1) and covers a range of services and issues. This includes the practical arrangements to provide support and cover over the festive holidays as well as how to access essential services out of hours.

5.1.5. This will allow for appropriate planning and deployment of resources as a response to any increase in demand and impact on resources. It also allows for effective escalation of issues and pressures which may require consideration of implementing contingency plans.

5.1.6. 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 as well as the Pandemic Flu Plan.

5.1.7. 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 Financial Implications

None

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

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

6.4.1. How does this report address our Equality Outcomes?

6.4.1.1. People, including individuals from the above protected characteristic groups, can access HSCP services during the winter period.

6.4.1.2. People with protected characteristics feel safe within their communities at a time of pressure from the winter period.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

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

6.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer. The winter plan addresses people's ability to self-manage their health and social care needs. Public information around keeping warm in winter and accessing local health and social care services, as well as the influenza immunisation programme, all support self-management

6.6.2 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing. A range of public information is circulated widely, including by Inverclyde Carers Centre via their contact list and website. There is in place a good, effective system of referring carers for support from HSCP, as well as links with the duty social work team. The presence of carer support workers within Inverclyde Royal Hospital and the main Inverclyde Health Centres gives carers ready access to this service.

7.0 CONSULTATION

7.1 None.

8.0 BACKGROUND PAPERS

8.1 None.

Appendix 1

HSCP Winter Planning Work Plan 2016/17

Alan Brown, Service Manager
Updated 24/09/2016

Key Issues	Status & Issues	Task	Lead	Progress
Ensure community services are available when required	Clear Service Pathways are in Place Process of referral and response is timely	Established Direct Access Point for community Services in particular out of hours 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 • Office Hours (ACM 01475 715010) • Out with Office Hours (DN OOH) Information supplied to partners of community based services		5/10/2016 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) Include discussion of HC packages including restarts Agreed process require to update HC by Tue lunchtime Information around hospital admissions 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	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

	bank public holidays.			
Focussed recovery from periods of limited cover	HSCP Rotas over winter period to be confirmed	Based on previous years 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 Reablement RES District Nurses 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 Passed to communication teams
	Access to Joint Store	CIL Access Point in place 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
Planning GPs cover for 2 bank holiday periods	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 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.		
Service Capacity	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.	A Best	31/10/2016
	Care Homes have BCP in place	Identified at Governance Meetings AB email Care Homes requesting confirmation of BCP in place	AB	31 October 2016
Prioritising emergency patients	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 Plan to include A/E In progress for Wards J and Larkfield Unit	AB	Review by 31/10/2016
		Identify discharge of new Homecare 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 Mental Wellbeing Il health/elderly carer Complex cases	AB	Review 31/10/2016

		Development of Friday Allocation Meetings to identify capacity issues complex cases	AB	
		The Community Nursing teams introduce *Patient Status at a Glance. Team have daily meetings, update* details of vulnerable patients as well as patients with changing needs. To identify 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	A Best	In Place
		The Home Care/ Social Work team maintain a note of vulnerable people known to them living in the community. Link with OPMHT to ensure list is updated. Identification or flag on SWIFT	JA	31/10/2016
		Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned. Team leaders Homecare/ACM?DN speaking to managers about identifying critical cases Note local up to date information is vital and require facility to add to WPDP		31/10/2016
		Review role of Fast Track Assessment service Identify use, capacity and effectiveness of fast track clinic. Develop strategic approach to development of service alongside gerontology role Gerontology nurse is now seeing increased numbers of patients in community working as part of RES	EC	Review 31/10/2016
	Health Improvement	Link to GCC generic information and add local focus	AH	Review 31/10/2016

Reducing Numbers	Early identification of patients requiring supported discharge	Home First Action Plan is moving towards achieving 72 hour target Recorded as part of performance	AB	Review 31/10/2016
Reduce Admissions	Step Up Beds –	In place continue pilot over winter period	EC	Review at 31/10/2016
	Through the Night care teams in place and functioning	Link with OOH DN service	EC	
Single Point of Access	Discharge Team/CACM now have single point of access based at GHC	Ensure contact information is circulated Generic email to be created for CACM Ensure telephone contact is available	AB	Review resource requirement 31/10/2016
Care Home support	HSCP Governance arrangements with Care Homes established. Care Home Providers Forum in place Enablement input to Nursing Homes	Liaison Nurses/ AHP peer group agreed to support work with care homes identification of residents at risk of admission Explore fast track discharge for existing residents liaison between ward and home	TB	Review 31/10/2016
Anticipatory Care	ACP in place for residents in care homes	Access to ACP	A Best	Review 31/10/2016
Capacity for AWI Patients	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
Equipment	Fast Track in place for discharge Joint Store single access in place	Access to equipment out with working hours. 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. The district nursing service also holds moving and handling equipment, mattresses, commodes etc. 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 and the Larkfield Unit. This is a long-standing arrangement between services.	DM	Review 31/10/2016

		The Joint Equipment store staff ensures that equipment is always stocked at these venues. This allows for 24 hour access to equipment if required. 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.		
In reach to Hospitals	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
Rehabilitation	Home First Action Plan	Establish the principle of assessment at home Use of OPDG to develop this Discharge Performance is good		
		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.		
Develop agreed indicators to monitor performance	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	
Develop local communications plan	Communication to staff & Primary Care Colleagues To ensure that staff and Primary Care colleagues and partner agencies are kept informed, the HSCP will: Ensure information and key messages are available to staff through communication briefs, team meetings	Winter Planning to be on agenda at HSCP communication group Circulate information on available community services and clinics during the festive period, including pharmacy open times, GP practices Collate a range of information regarding staff rotas, service operating hours and lead contact details, and	AB	HSCP communications group in place to coordinate communication Review 31/10/2016

	and electronic links	make available to staff throughout HSCP. Primary Care colleagues and NHSGG&C Board. Information regarding GP availability throughout the festive period will be provided through the NHSGG&C Winter Booklet. Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices. The Clinical Director will reinforce these messages to GP Practices.		
	Advice to Patients with chronic conditions on source of help	Public Health information to be circulated Local Contacts to be included Link to Communication Plan Link to CR Plan on preparing for Winter Link to GCC generic information and add local	AH	Review 31/10/2016
	Twice daily huddle established in IRH	Identify how HSCP can input to Huddle during this time as well as ODM	AH	Discharge Team Lead attend Huddle daily
	Advice to Patients with chronic conditions on source of help	Public Health information to be circulated Link to communication Plan Link to CR Plan on Preparing for Winter Local Contacts to be included Communication Plan to be refreshed	focus on winter issues	AB/AH Review 31/10/2016

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 24th January 2017**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/08/2017/HW**
Contact Officer:	**Helen Watson Head of Service Strategy & Support Services**	**Contact No: 01475 715285**
Subject:	**Planning with Acute Sector**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Inverclyde Integration Joint Board members on developing our planning arrangements with the Acute Sector.

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

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

1.3 This requirement is challenging because:

- Integration Authorities are set up to deliver the nine national wellbeing indicators, and will have their performance judged against the 23 national wellbeing indicators, whereas hospital performance is still judged using the old HEAT targets. Additionally, the Scottish Government has commissioned Sir Harry Burns to develop indicators that will measure the implementation of the recommendations of the Christie Commission Report (2011). This means that both sectors (hospitals and HSCPs) will potentially be working to different drivers and priorities.
- Another challenging aspect is that the acute sector in NHS Greater Glasgow & Clyde spans the geographies of six Integration Authorities, each of which might have different priorities depending on the socio-economic structure of their communities, and the resultant manifestation of health needs and inequalities.
- Finally, the current financial constraints across all parts of the public sector mean that we are attempting to make transformational changes whilst at the same time, working to deliver significant cost savings.

2.0 SUMMARY

2.1 This report sets out the information that will be used to develop our acute sector planning, and the general direction that planning should lead to. The detail will be further developed at the scheduled IJB development session on 15th February 2017, with a view to bringing a more detailed paper to 14th March 2017 IJB meeting. That paper will also describe how we intend to meet the unscheduled care targets for 2017/18.

3.0 RECOMMENDATION

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

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

4.0 BACKGROUND

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

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

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

4.3 How we approach this is shaped by a number of policy statements including:

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

4.4 Although the policy context might seem complicated, it is important to recognise common themes amongst these drivers. Notable among these are that:

- The current configurations of community-based and hospital-based services are not financially sustainable, and
- The current configurations of community-based and hospital-based services are not always conducive to the best possible care or outcomes.

4.5 Transforming our current provision into a more effective and patient-centred system will be at the heart of our planning with the acute sector – particularly with regard to unscheduled care.

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

4.6 It is proposed that the HSCP develops a strategic commissioning plan for the delivery of the acute services that are within the scope of the IJB, covering the three-year timeframe of 2017/20, in line with other HSCPs within the NHSGGC area, and also within the timeframe of the NHS Greater Glasgow and Clyde Clinical Services Strategy.

5.0 BASIS OF THE COMMISSIONING STRATEGY AND KEY INFORMATION SOURCES

5.1 The Inverclyde HSCP Strategic Plan

Our own Strategic Plan outlines the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, our progress on these requirements by way of existing plans and strategies, and highlights new workstreams required of the HSCP, overseen by the IJB. A key dimension of that is our commitment to develop a framework that enables us to jointly plan the relevant hospital services along with acute sector colleagues. We acknowledged the challenges around this undertaking, in particular the financial challenge, but also the need to plan for local people within an acute sector that spans six Integration Authorities and need to think strategically across its entirety.

Notwithstanding these challenges, we have recognised that the Clinical Services Strategy needs to apply across the whole system, and our own Strategic Needs Assessment demonstrates that moving forward, all health and social care services will have to work together in a co-ordinated way if we are to achieve the best possible outcomes for the people most in need of these services.

5.2 The Scottish Government Unscheduled Care Improvement Programme

This programme seeks to share best practice and engage partners across Scotland, focusing on six Essential Actions to deliver unscheduled care.

Essential Action 1 – Clinically Focused and Empowered Hospital Management**.** This action is about the Clinical Leadership and operational management of hospitals, for example, determining appropriate staffing levels linked to hospital activity.

Essential Action 2 – Hospital Capacity Patient Flow Realignment. This will establish appropriate trend data to ensure that the correct resources are applied at the right time, right place and in the right format.

Essential Action 3 – Patient, Rather than Bed Management. This will examine processes that follow and facilitate the patient journey (flow) rather than about bed management. A key focus will be coordinated planning and implementation of appropriate discharge without delay.

This workstream is basically all about effective patient-tracking through the pathway and is about operational management, from an unscheduled and scheduled care point of view, and from a patient-centred point of view. These aspects should be coordinated to ensure optimum focus on effective discharge.

Essential Action 4 – Medical and Surgical Processes Arranged to Improve Patient Flow through the Unscheduled Care Pathway. This will ensure that internal hospital departments are geared with appropriate links to pull patients from the Emergency Department (for example, assessment units and acute receiving wards). This action should ensure that there is prompt access to appropriate assessment and clinical intervention from specialists in the appropriate environment to enhance patient experience and establish care management plans promptly, minimising unnecessary waits and delays.

Essential Action 5 - Seven Day Services Appropriately Targeted to Reduce Variation in Weekend and Out of Hours Working. The priority will be to reduce evening, weekday and weekend variation in access to assessment, diagnostics and support services.

Essential Action 6 – Ensuring Patients are Optimally Cared for in their Own Homes or in a Homely Setting. This action will consider how someone who has an unscheduled care episode can be optimally cared for, or discharged to their own home, as soon as possible.

5.3 **The National Clinical Services Strategy and The NHS Greater Glasgow & Clyde Clinical Services Strategy** – These documents both focus on the need to be clear about what is (and what is not) appropriate use of acute hospital services. Essentially they propose that the functions of all clinical services need to be clearly defined and rigorously applied, reinforcing the need for the right care to be delivered at the right time, in the right place, and by the right professional. In defining the appropriate uses of all services, both strategies acknowledge that some gaps in provision might become visible. These gaps should be addressed through developing 'intermediate' services at the interface between hospitals and communities.

5.4 **The emerging NHSGGC Strategy for Acute Services – Transforming the Delivery of Acute Services**

In line with the Scottish Government's Health and Social Care Delivery Plan (see 5.6 below), the emerging NHSGGC Strategy outlines a vision for focusing 'hyper-acute' activity within three centres of excellence. The system of care NHSGGC wants to move to will entail a significant change – focusing on providing care where it is most appropriate for the patient. In practice, this will mean strengthened 24/7 community services, with hospital services focused on assessment and management of acute episodes. The strategy proposes that there will be a range of services developed at the interface, including shared management of high risk patients so that they can remain in the community if at all possible. This new approach will be supported by focusing on patient pathway and needs at each stage; changing the provision and accessibility of community services, and creating different ways of working at the interface. Co-ordinated care at crisis and transition points will be essential, so that individuals can move smoothly from acute care to community-based services at the right point in their own particular journey.

Once finalised, the Strategy will help local people to understand what care and expertise they should expect to receive from the whole acute system, as well as what will be provided locally and what they might need to travel for, but in the knowledge that they will be travelling for the best possible care, and will be repatriated to their own communities to continue with recovery as soon as it is clinically safe to do so.

5.5 **The NHSGGC Unscheduled Care Performance Improvement Programme**

This report has been developed by the Deputy Medical Director of NHS GGC, and provides data on emergency activity, demand and capacity, and analysis about what this means for the sustainability of hospital emergency services going forward. It also highlights the governance and programme management arrangements for the Unscheduled Care Collaborative, a group chaired by the NHS Chief Executive, and charged with ensuring leadership, guidance, engagement and communication at local levels and across the whole NHS Greater Glasgow & Clyde System.

It will be important for Inverclyde HSCP to interface effectively with this work, to ensure that local issues and priorities are represented. The work done so far offers a real opportunity to get some further depth to our understanding of how hospitals are currently used, and what needs to happen to support more appropriate usage in the future. Our local commissioning plans for acute services will be informed by a number of sources, but importantly these will include the information contained within the Programme Report.

5.6 **New Ways of Working in Primary Care**

The New Ways of Working in Primary Care Programme considers the current balance between available GP hours and the demand on General Practice. The programme is testing changes that aim to support the whole primary care team to be working to the extent of their qualifications for as much of the time as possible. This will mean that patients should only see a GP when that is what is needed, otherwise they might see a nurse, AHP or other professional, appropriate to the circumstances. This could have an impact on the transformation of the balance of care across the whole of patient pathways, as work diverted from acute into primary care might then need to be

redirected to the appropriate professional within primary care.

5.7 **IRH Weekly A & E Attendance Data**
The HSCP receives a weekly report from the IRH, showing A & E attendances; the number of these attendances that lead to hospital admission; the average length of stay for these admissions, etc. From this information it will become possible to track how A & E is being used, so that we can then begin to target efforts to help people to see the right professional, in the right place, and at the right time.

5.8 **The Scottish Government's Health and Social Care Delivery Plan**
This report outlines the key public health challenges and makes mention of the work currently underway, led by Sir Harry Burns, to develop performance measures that gauge improved outcomes for individuals and communities. It also refers to the need to plan and deliver some services on a regional basis, so that specialist expertise can be brought together and sustained through applying such expertise to as many people who need it as possible.

The direction proposed by this report is clear in that most care should be able to be delivered within communities, and that in cases where hospital care is required, this should only be for the acute phase of the disease, trauma or illness, and to be affordable and clinically sustainable, should be delivered out of a specialist, regionalised centre of excellence.

5.9 **The Chief Medical Officer for Scotland's Report, Realistic Medicine**
This report highlights the risks of 'over-medicalising', and how this can have adverse impacts on quality of life, particularly for those nearing the end of their lives. It highlights that doctors sometimes apply interventions on the basis of trying to prolong life, but if patients are supported to make informed choices, some will decide that the impact of side-effects of the intervention mean that they would prefer to have a shorter but better-quality time left, and be more in control of their own death. It is important to note that the report does not advocate denying treatment if that is the choice of the patient, but also notes that most doctors would not chose for themselves what they often choose for their patients.

The principles of the report are important for us moving forward, as they emphasise the need to support patients to be equal partners in their own care, if we are to develop truly person-centred approaches that deliver the wellbeing outcomes that underpin our strategic plan.

5.10 Informed by all of the above, our initial planning with acute sector colleagues will focus on a few high-impact areas:

- Unscheduled care;
- Complex care beds;
- Admissions to hospital from care homes, and
- End of life/ palliative care.

By focusing on these key areas, we will aim to shift some care out of hospital and into community settings. This is in line with best practice, but importantly also reflects the preferences of most people who need care. The longer term ambition will be to reduce reliance on hospital services to an extent whereby some beds can either close or be reassigned into community pathway uses, with their costs then being transferred to HSCP budgets to further develop community infrastructure.

6.0 PROPOSAL

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

7.0 IMPLICATIONS

7.1 **Finance**

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

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

7.2 **Legal**

There are no legal implications in respect of this report.

Human Resources

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

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

7.4.1 **How does this report address our Equality Outcomes?**

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

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

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

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

Not applicable.

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

Not applicable

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

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

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

Not applicable.

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

Not applicable.

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

Not applicable.

7.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

7.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

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

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

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

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

7.6.4 **Health and social care services are centred on helping to maintain or improve**

the quality of life of people who use those services.

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

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

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

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

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

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

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

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

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

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, and colleagues in the Acute Sector.

9.0 LIST OF BACKGROUND PAPERS

9.1 As detailed at 4.3 – available on request.