

Notice of Meeting and Agenda

Social Work, Health & Well-being Policy Board

Date	Time	Venue
Tuesday, 13 January 2015	13:00	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM
Head of Legal & Democratic Services

Board Membership

Councillor Maria Brown: Councillor Lorraine Cameron: Councillor Andy Doig: Councillor Christopher Gilmour: Councillor Roy Glen: Councillor Jim Harte: Councillor Jacqueline Henry: Councillor John Hood: Councillor Eileen McCartin: Councillor Cathy McEwan: Councillor Stephen McGee: Councillor Jim Sharkey:

Councillor Iain McMillan (Convener): Councillor Derek Bibby (Depute Convener)

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Items of business

During consideration of the following items of business, the meeting will be open to the press and public.

To: Social Work, Health and Wellbeing Policy Board

On: 13 January 2015

Report by: Director of Finance and Corporate Services and Director of Social Work

Heading: Revenue Budget Monitoring to 7 November 2014

1. Summary

- 1.1 Gross expenditure is £188,000 higher than budgeted, and income is £83,000 under recovered resulting in an overspend of £271,000.

Division / Department	Current Reported Position	% variance	Previously Reported Position	% variance
Social Work	£271,000 overspend	0.6%	breakeven	n/a

- 1.2 In the revenue monitoring reports to board in August and November 2014 the Service set out a number of very significant budget pressures being experienced, and indicated that measures were being taken to work towards achieving a year end breakeven position, including, the use of non-recurring funding totalling £1.2m. This non recurring funding is reflected in the above reported position. Although mitigating action continues to progress within a number of key areas the pressures overall continue to be very significant and in some areas have increased. The report to board in November 2014 highlighted an increased level of risk to the achievement of a year-end breakeven position. Close monitoring of continuing pressures indicate that it is now prudent to forecast a potential year end overspend of around £400,000 (around 0.4% of the budget). Work will continue to focus over the remainder of the year on minimising the level of budget overspend. The key pressure areas are highlighted in paragraph 3 below.

2. **Recommendations**

- 2.1 Members are requested to note the budget position, and the forecast year end overspend of around £400,000 (0.4%).
- 2.2 Members are requested to note that flexibility funding used to help to mitigate the current budget position are available in the current year only.
- 2.3 Members are requested to note there have been net budget realignments of £18,412 processed since the last report comprising £65,706 in relation to Holiday Pay arrears partly offset by minor transfers to Finance and Corporate Services in relation to Business Support and minor adjustments related to Corporate Landlord Services.
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3. **Social Work**

Current Position:	Net overspend of £271,000
<i>Previously Reported:</i>	<i>Breakeven</i>

3.1 **Children and Families**

Current Position:	Net overspend of £284,000
<i>Previously Reported:</i>	<i>Net overspend of £46,000</i>

As previously highlighted, the overspend within children and families continues to reflect higher than anticipated payroll costs which are offset by an under spend within external placement budgets. However, there are ongoing pressures within childcare placement budgets reflecting the continuous requirement to respond to need. This includes the need to provide continued support for some young adults who have reached the age of 18.

3.2 **Older People**

Current Position:	Net overspend of £485,000
<i>Previously Reported:</i>	<i>Net overspend of £318,000</i>

As previously reported, the overspend within Older People services reflects pressures within the care at home service due to the shift in the balance of care to support people remaining safely at home for as long as possible, along with the Council's commitment to reducing bed days lost due to delayed discharges from hospital.

This pressure is being partially mitigated by one off in-year flexibility monies, reflected in the current reported position, and an underspend in the external care home placement budget.

In addition to pressures within the care at home service there is also a significant under recovery of income from the Council's residential Care Homes reflecting levels of under occupancy.

3.3 **Physical Disabilities**

Current Position:	Net overspend of £37,000
<i>Previously Reported:</i>	<i>Net overspend of £42,000</i>

This overspend is due to increases in the purchase of equipment to support service users to stay in their own homes reflecting the shift in the balance of care to the community and their associated needs.

3.4 **Learning Disabilities**

Current Position:	Net underspend of £543,000
<i>Previously Reported:</i>	<i>Net underspend of £415,000</i>

This under spend is mainly in relation to time taken to recruit to vacancies within the Learning Disability day services along with a degree of slippage in planned placements.

3.5 **Projected Year End Position**

As detailed in paragraph 1.2, the Social Work year end projection is currently an overspend of around £400,000; the increasing risk to the achievement of a breakeven position was reported to Board in November 2014. As detailed in the main body of the report, the current year position is being significantly supported by the application of in year non recurring balances.

Implications of the Report

1. **Financial** – The current net revenue projection is a year-end overspend of around £400k.
2. **HR & Organisational Development** – none
3. **Community Planning** – none

4. **Legal** – none
5. **Property/Assets** – none
6. **Information Technology** - none.
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
11. **Privacy Impact** - none

List of Background Papers

None

Author: Sarah Lavers, Social Work Finance Manager extension 6824

POLICY BOARD : Social Work, Health & Well Being : SOCIAL WORK

Bottom Line Position to 07 November 2014 is an overspend of	(271)	-0.6%
Anticipated Year End Budget Position is an overspend of	(400)	-0.4%
	£000's	

RENFREWSHIRE COUNCIL
REVENUE BUDGET MONITORING STATEMENT 2014/2015
1st April 2014 to 07 November 2014

POLICY BOARD : Social Work, Health & Well Being : SOCIAL WORK

Description (1)	£000's	Revised Annual Budget (2)	Revised Period Budget (3)	Actual (4)	Adjustments (5)	Revised Actual (6) = (4 + 5)	Budget Variance (7)		
		£000's	£000's	£000's	£000's	£000's	£000's	%	
Children & Families		26,621	15,249	15,533	0	15,533	(284)	-1.9%	overspend
Older People		33,232	21,376	21,861	0	21,861	(485)	-2.3%	overspend
Physical or Sensory Difficulties		5,838	3,489	3,526	0	3,526	(37)	-1.1%	overspend
Learning Difficulties		12,876	9,566	9,023	0	9,023	543	5.7%	underspend
Mental Health Needs		953	1,960	1,981	0	1,981	(21)	-1.1%	overspend
Offenders Services		2	2	5	0	5	(3)	-150.0%	overspend
Addiction Services		966	5	(11)	0	(11)	16	320.0%	underspend
Management & Support Services		11,482	(8,052)	(8,052)	0	(8,052)	0	0.0%	breakeven
Adults Change Fund		852	365	365	0	365	0	0.0%	breakeven
NET EXPENDITURE		92,822	43,960	44,231	0	44,231	(271)	-0.6%	overspend

£000's

Bottom Line Position to 07 November 2014 is an overspend of (271) **-0.6%**

Anticipated Year End Budget Position is an overspend of (400) **-0.4%**

To: SOCIAL WORK, HEALTH & WELL-BEING POLICY BOARD

On: 13 JANUARY 2015

Report by: Director of Finance and Corporate Services

Heading: Capital Budget Monitoring Report

1. Summary

- 1.1 Capital expenditure to 7th November totals £0.066m compared to anticipated expenditure of £0.066m for this time of year. This results in a breakeven position for those services reporting to this board, and is summarised in the table below:

Division	Current Reported Position	% Variance	Previously Reported Position	% Variance
Social Work	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend
Total	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend

- 1.2 The expenditure total of £0.066m represents 10% of the resources available to fund the projects being reported to this board. Appendix 1 provides further information on the budget monitoring position of the projects within the remit of this board.
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2. Recommendations

- 2.1 It is recommended that Members note this report.
- 2.2 Members approve the request to redirect budget to the projects outlined in paragraph 4.2.

3. **Background**

- 3.1 This report has been prepared by the Director of Finance and Corporate Services in conjunction with the Chief Executive and the Director of Social Work.
- 3.2 This capital budget monitoring report details the performance of the Capital Programme to 7th November 2014, and is based on the Capital Investment Programme which was approved by members on 13th February 2014, and adjusted for movements since its approval.
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4. **Budget Changes**

- 4.1 Since the last report there have been no budget changes.
- 4.2 As previously reported both children's residential units are complete and operational and an under-spend of £0.6m has now been realised. Approval is requested to redirect this funding to other priority Social Work capital projects.
- 4.3 Refurbishment works are required at the Charleston Centre and 10 St James Street, Paisley which were identified as part of the Council's master-planning review. Costs are estimated at £0.080m and £0.120m respectively
- 4.4 It is also proposed that further work is undertaken to explore the options for the replacement of the roof at the Anchor Centre, and that the balance of the under-spend be allocated for this purpose.

Implications of the Report

1. **Financial** – The programme will be continually monitored, in conjunction with other programmes, to ensure that the available resources are fully utilised and that approved limits are achieved.
2. **HR & Organisational Development** – none.
3. **Community Planning** –
Greener - Capital investment will make property assets more energy efficient.
4. **Legal** – none.
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers

- (a). Capital Investment Programme 2014/15 & 2015/16 – Council, 13th February 2014.

The contact officers within the service are:

- Claire Crosby (Finance & Corporate Services)
- Anne McMillan (Social Work)

Author: *Claire Crosby, Principal Accountant, 0141 618 7370, claire.crosby@renfrewshire.gov.uk.*

Appendix 1

CAPITAL PROGRAMME 2014/15 - BUDGET MONITORING REPORT TO 7 NOVEMBER 2014 (£000s)

POLICY BOARD Department	Council Approved Programme	Current Programme	Share of Available Resources	Year to Date Budget to 7-Nov-14	Spent to 7-Nov-14	Variance to 7-Nov-14	% variance	Unspent Cash Flow For Year	% Cash Spent
<i>Social Work, Health & Well-Being</i> Social Work TOTAL	0	675	675	66	66	0	0%	609	10%
	0	675	675	66	66	0	0%	609	10%

To: **Social Work, Health and Well-Being Policy Board**

On: **13 January 2015**

Report by: **Director of Social Work and Director of Education and Leisure**

Heading: **Education Outcomes and Destinations for Looked After Children**

1. Summary

- 1.1. The Policy Board considered a report on Education Outcomes for Looked After Children at its meeting on 4 November 2014. That report noted that Renfrewshire's looked after school leavers had achieved higher average tariff scores in 2012/13 compared to their peers across Scotland, had the same attendance level as their peers and had fewer exclusions than their peers.
 - 1.2. The report on 4 November 2014 identified a concern in relation to the positive destination performance for looked after school leavers. It was noted that Renfrewshire's looked after school leavers in positive destinations was significantly poorer than the Scottish level for their peers. The report also noted that work was being taken forward with education, economic development, social work and Skills Development Scotland to secure improvements in respect of positive destinations.
 - 1.3. At the meeting on 4 November 2014 the Convener indicated concern over the position on positive destinations and requested an update for this meeting. This report provides the Board with an update on the work undertaken to date on the improvement agenda and highlights the actions being taken forward over the next few months.
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2. Recommendations

- 2.1. The Social Work, Health and Well-being Policy Board is asked to note:
 - [a] the action taken to date in identifying the issues around positive destinations;
 - [b] the planned actions over the next six months to improve positive destinations; and

[c] that a further report on progress will be provided to a future meeting of this Board.

3. Background

- 3.1. The definition for looked after children is contained in the Children (Scotland) Act 1995. Children can be looked after at home or looked after away from home. Children looked after at home includes placements with kinship carers and those looked after away from home includes foster care, pre-adoptive placements and residential placements.
- 3.2. Research has shown that looked after children often experience poorer outcomes than those achieved by the general population. One of the areas where the outcomes for looked after children is significantly poorer than the general population is in relation to educational attainment.
- 3.3. The main reasons children become looked after relate to care and protection concerns. Care and protection concerns include children who have experienced neglect, emotional abuse, physical abuse or suffered negative impact as a consequence of their parent's substance misuse. A small number of children become looked after as a result of challenges they face including poor school attendance or their involvement in offending. Research has shown that looked after children often experience poorer outcomes, including educational attainment, than those achieved by the general population.
- 3.4. Services in Renfrewshire are committed to improving outcomes for looked after children and have developed a Corporate Parenting Action Plan. It is recognised that looked after children often have complex difficulties or challenges which have a negative impact on their education attainment and on them moving into positive destinations post school.
- 3.5. Members will be aware of the specific responsibilities local authorities have as corporate parents in respect of looked after children. The report presented to the Board on 4 November 2014 highlighted the work with Who Cares? Scotland to develop the corporate parenting approach in Renfrewshire. It should be noted that the work with Who Cares? Scotland is unique in Scotland.
- 3.6. Agencies in Renfrewshire continue to provide a range of additional services aimed at improving the education outcomes for looked after children. These services include specialist Looked After Children teachers, dedicated home support for looked after children, links to the children's houses and mentoring support for children who are looked after at home. Education and Leisure provides support and training for Renfrewshire's foster carers and staff in the children's houses to assist them to ensure the best education outcomes for the children they care for.
- 3.7. Since the last Board staff from social work have liaised with the Scottish Government's statistical section to assist in a deeper dive into the outcomes for Renfrewshire's looked after school leavers. During these discussions it became clear that the information published by the Scottish Government does not cover all looked after school leavers but only those for whom Skills Development Scotland manage to contact.

- 3.8. Skills Development Scotland is responsible for providing the information on positive destinations. The process for gathering and reporting the information is as follows:
- school leavers are identified by Skills Development Scotland
 - Skills Development Scotland then make contact with the school leavers 3 months and 9 months after they leave school
 - Skills Development Scotland report only on those school leavers for whom they manage to contact.
- 3.9. The Scottish Government publication presents information on positive destinations for looked after school leavers for all local authority areas in Scotland. When this is examined more closely it appears that this information relates only to those young people with whom Skills Development Scotland manage to make contact. The presentation of the information as percentages for use as a comparison across local authorities is therefore not sound.
- 3.10. An example of this is Glasgow City has the highest number of looked after children in Scotland (3674) but is only reporting 36 who are school leavers. This compares to the Renfrewshire number of 56. This suggests that Skills Development Scotland is more successful in contacting looked after school leavers in Renfrewshire than in Glasgow.
- 3.11. Whilst this makes the national average figure less robust it does not reduce the focus in Renfrewshire on attempting to improve the educational attainment and positive destinations of looked after school leavers.
- 3.12. Upon receipt of the data for the 56 Renfrewshire looked after school leavers reported to Board in November a drill down indicates the following;
- 7 were in foster care and all are in positive destinations (2 at university, 4 in further education and 1 on a training scheme);
 - 6 were in residential children's houses with 5 in positive destinations (2 in further education, 2 on a training scheme, 1 with an activity agreement and 1 actively seeking employment);
 - 39 looked after at home with 20 in positive destinations (1 at university, 12 in further education, 5 on a training scheme, 1 with an activity agreement, 14 actively seeking employment and 5 not actively seeking employment); and
 - 4 looked after in kinship placements with 1 in a positive destination (1 in an activity agreement and 3 actively seeking employment);
 - In total 59% of the 56 children are in a positive destination.
- 3.13. The drill down on the data confirmed that the area where poorest progress is being made is in respect of those who are looked after at home. An interagency working group has been established to develop the action plan to give additional impetus to attempts to improve outcomes.
- 3.14. Work is progressing in schools to identify and address the educational needs of children who are looked after at home and to ensure that they all have a clear support plan which will assist them achieve a positive destination in the future. Development and Housing staff are working closely with social work and education staff to improve access to positive destinations.
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Implications of this report

1. Financial Implications

None.

2. HR and Organisational Development Implications

None.

3. Community Plan/Council Plan Implications

Children and Young
People

- The focus on improving educational outcomes for looked after children contributes to the delivery of the community plan outcomes.

Jobs and the Economy

- Work on supporting looked after children into education, training or employment and achieving their long term success in the workforce contributes to the delivery of the community plan outcomes.

4. Legal Implications

None.

5. Property/Assets Implications

None.

6. Information Technology Implications

None.

7. Equality and Human Rights Implications

The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only.

8. Health and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

None.

11. Privacy Impact

None.

List of Background Papers: None

Author: Dorothy Hawthorn, Head of Child Care and Criminal Justice,
0141 618 6827

To: Social Work, Health and Well-Being Policy Board

On: 13 January 2015

Report by: Director of Social Work

Heading: Children and Young People (Scotland) Act 2014

1. Summary

- 1.1. This report provides information on the Children and Young People (Scotland) Act 2014 which received Royal Assent on 27 March 2014. The Children and Young People (Scotland) Act 2014 covers a number of issues including the rights of children and young people, getting it right for every child (including the requirement for a Named Person and a single planning process for children who require it), defining well being and increasing early learning and education provision. The 2014 Act also put in place significant new legislative duties in respect of looked after children.
- 1.2. The focus of this report is on three areas of the 2014 Act which impact directly on looked after children. The first area of focus is on Corporate Parenting, the second on aftercare and the third on continuing care.
- 1.3. A definition of Corporate Parenting and the identification of bodies considered to be corporate parents is contained in the 2014 Act. The 2014 Act sets out new duties for local authorities in relation to the provision of aftercare support for care leavers and introduced the concept of continuing care. The implications of the new duties and responsibilities for aftercare and continuing care on local authorities are considered in this report.
- 1.4. The Scottish Government published draft Orders relating to the regulations for Corporate Parenting, Aftercare and Continuing Care in November 2014. Copies of the draft Orders are attached at appendix 1, 2 and 3 respectively. The Scottish Government was seeking responses to the consultation on the draft secondary legislation on these Orders by 29 December 2014. The Board is asked to approve the draft response attached at appendix 4. It is noted that the financial impact of the draft Orders is not clear at this time.

- 1.5. The Scottish Government launched two consultation documents in December 2014, the first guidance on corporate parenting and the second guidance on aftercare and continuing care. The launch of the consultation means that the draft response is not available for the Board to consider in this cycle of meetings. The draft response will be presented to the next meeting of the Board on 3 March 2015.
 - 1.6. It has not been possible to identify fully the implications for local authorities on the new duties around aftercare and continuing care at this time. It is probable that the financial consequence in terms of the assessment of need and provision of aftercare services could result in significant new demands on Renfrewshire social work. It is also likely that the introduction of continuing care could also have significant financial implications for Renfrewshire from 2017/18.
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2. Recommendations

- 2.1. The Social Work, Health and Well-being Policy Board is asked to:
 - [a] note the publication of the draft Orders relating to the regulations for Corporate Parenting, Aftercare and Continuing Care attached at appendices 1, 2 and 3;
 - [b] approve the draft response to the consultation on the draft secondary legislation attached at appendix 4;
 - [c] note the launch of the consultation on the guidance on corporate parenting and the guidance on aftercare and continuing care; and
 - [d] note that a draft response to the two guidance documents will be presented to the Board on 3 March 2015 for consideration and approval.
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3. Background

- 3.1. The Children and Young People (Scotland) Act 2014 was passed by the Scottish Parliament on 19 February 2014 and received Royal Assent on 27 March 2014. The Act covers a range of issues including the rights of children and young people, the provision of early learning and child care, embedding the Getting it Right for Every Child approach and services and support for looked after children.
- 3.2. At the end of November 2014 the Scottish Government published draft Ministerial Orders for Corporate Parenting, Aftercare and Continuing Care in November 2014. The Ministerial Orders set out the parameters of the legislation in the three areas noted above. A consultation on the draft secondary legislation for parts 9, 10 and 11 of the Children and Young People Act has been open since 27 November and a draft response provided by the closing date of 29 December 2014. A copy of the response is attached at 4.

Corporate Parenting

- 3.3. Part 9 of the Children and Young People (Scotland) Act 2014 deals with the issue of Corporate Parenting. This part of the Act puts the concept and policy of corporate parenting onto a statutory basis. Part 9 of the Act sets out a

framework of the duties and responsibilities of a public body identified as a corporate parent and comes into force in April 2015.

- 3.4. Local government services have worked with the concept of corporate parent for some time however the 2014 Act extends the range of public bodies now considered to be corporate parents. The Scottish Government commissioned the Centre for Excellence for Looked After Children in Scotland to develop the statutory guidance. The 2014 Act requires the Scottish Government to consult corporate parents on the guidance before it is issued.
- 3.5. The Scottish Government launched a formal consultation on the draft statutory guidance in December 2014. The Scottish Government has indicated that responses should be submitted by 2 March 2015. Given the timescale of the launch it has not been possible to present a draft response to this cycle of the Board. It is proposed that a draft response will be submitted to the next meeting of the Board on 3 March 2015.
- 3.6. The responsibilities in relation to corporate parenting come into effect in April 2015. The 2014 Act requires public bodies to discharge their corporate parenting responsibilities to all looked after children. For young people who were looked after on their 16th birthday the corporate parenting responsibilities extend up to and including the age of 26.
- 3.7. Corporate parents are required to prepare, publish and review a corporate parenting plan. The 2014 Act encourages that corporate parents work in a collaborative manner to discharge this area of responsibility.
- 3.8. The duties of the corporate parent should be discharged in a manner which is consistent with the purpose and function of the individual public body. All corporate parents are expected to discharge the following duties:
 - be alert to matters which adversely affect the wellbeing of looked after children and care leavers;
 - assess the needs of those children and young people for the services and support they provide;
 - promote the interests of those children and young people;
 - seek to provide opportunities which will promote the wellbeing of looked after children and care leavers; and
 - take action to help children and young people access such opportunities and make use of the services and support provided.
- 3.9. A corporate parenting working group is in place in Renfrewshire. This group has developed an action plan to assist the range of partners in the area discharge their corporate parenting responsibilities.
- 3.10. The 2014 Act outlined the range of young people for whom corporate parents have duties and responsibilities towards. Following review the Scottish Government has decided to extend the range of young people to whom corporate parents have responsibility. The mechanism for doing this is via the draft Ministerial Order. The draft Order for corporate parents is attached at appendix 1.
- 3.11. The draft Order extends the responsibility of corporate parents to include young people between the ages of 16 to 26 who are no longer looked after but who were previously looked after between the ages of 11 and 16 for an

aggregated period of no less than two years. The Scottish Government has indicated that they are seeking views on this extension.

- 3.12. In terms of supporting young people previously looked after the proposed extension is appropriate. Given the principle contained in the Children (Scotland) Act 1995 that a young person is only placed on a statutory order when it is better to do so than not then the proposed extension appears appropriate. There is a lack of clarity over the financial impact of the draft Order. It will be important to highlight the potential financial impact in any response to the Scottish Government.

Aftercare

- 3.13. Part 10 of the 2014 Act included new rights for looked after children and care leavers and new duties and responsibilities for public bodies. The new rights, duties and responsibilities come into force in April 2015. Part 10 of the 2014 Act reflects the philosophy of care set out in the Scottish Government's "Staying Put Scotland" guidance of October 2013 which stresses the importance of positively delaying the age young people leave care. This guidance also places a duty on corporate parents to encourage young people to remain in a safe and supported environment for as long as they need to.
- 3.14. The present definition for "Aftercare" is contained in the Children (Scotland) Act 1995. Aftercare is defined as "advice, guidance and assistance". Aftercare can include helping a young person secure accommodation, access education or training, access employment and the provision of financial support.
- 3.15. The 2014 Act extends the age for eligibility for aftercare services from 21 to 26. This change is significant as it extends the population eligible for aftercare considerably. Eligible young people will have a right to have an assessment of their needs and if any assessed need cannot be met by other means the local authority must provide advice and guidance on how the needs can be met.
- 3.16. The implications locally are that young people who would previously ceased to be entitled to after care because they reached the age of 21 will continue to be entitled. In addition those young people aged between 21 and 26 who were previously looked after can reapply for aftercare support. It is not possible at this stage to quantify the number of young people in Renfrewshire who will wish to receive aftercare beyond the age of 21. The Scottish Government estimates a potential doubling of the population between the ages of 19 and 26 seeking aftercare services in 2015/16.
- 3.17. The entitlement to aftercare services (in relation to advice and guidance) is also extended to children and young people looked after at home or in kinship care. This could again have a significant impact on services locally if all of those entitled seek an assessment and have needs identified.
- 3.18. The draft Order extends the right to aftercare to young people who are no longer looked after but who were previously looked after between the ages of 11 and 16 for an aggregated period of no less than two years. The Scottish Government has indicated that they are seeking views on this extension. Again it is not possible to quantify the impact that this change will have in Renfrewshire but there is a potential for a substantial increase in the number

of young people seeking assessment of need under their right to aftercare. If the numbers are large then there will be an impact on social work services ability to respond.

- 3.19. A further change in the 2014 Act relates to the provision of financial support for care leavers. The previous legislation allowed local authorities to make financial payments to some care leavers up to their 21st birthday. This provision has now been extended to age 26. The provision of financial support is a discretionary power and the local authority isn't under a duty to make any such payments.
- 3.20. The 2014 Act places a new duty on local authorities to report the death of a care leaver in receipt of aftercare to Scottish Ministers and the Care Inspectorate.

Continuing Care

- 3.21. Part 11 of the 2014 Act introduced a new legal term and concept of "continuing care" which comes into force in April 2015. Part 11 of the 2014 Act also reflects the philosophy of care set out in the Scottish Government's "Staying Put Scotland" guidance of October 2013. As noted earlier this guidance stresses the importance of positively delaying the age young people leave care.
- 3.22. The 2014 Act places a new duty on local authorities in relation to young people who are looked after away from home under continuing care. The new duty requires local authorities to provide a care leaver whose final placement was away from home with the same support they received prior to being looked after including the provision of accommodation.
- 3.23. Whilst the new duty comes into force in April 2015 it will not be applied to care leavers retrospectively. The right to continuing care will only apply to those who leave care after April 2015, who were born after 1 April 1999 and whose final care placement was away from home. In the first year this right will only apply to those care leavers aged 16. In each of the following four years the Scottish Government will extend the right of continuing care to an older group i.e. those aged 17 in 2016/17, 18 in 2017/18 etc. This means that any young person who opted for continuing care in 2015/16 at the age of 16 will be able to remain in their accommodated placement (subject to some restrictions) up to their 22nd birthday.
- 3.24. Almost all looked after and accommodated young people in Renfrewshire remain in their looked after placement at present up until their 18th birthday. This is recognised as good practice and is important in supporting the young person to transfer gradually to independence. Renfrewshire supports young people who have reached the age of 18 via supported placements with their former foster carers or into supported accommodation.
- 3.25. The right of continuing care will be available for looked after children in kinship care. Work will be undertaken over the next three months to consider the financial impacts.

- 3.26. The right of continuing care does not apply in the following circumstances:
- the care leaver was in secure care immediately before they left care;
 - the care leaver was in a care placement (e.g. foster care) where the carer has indicated that they are unable or unwilling to continue with the placement; or
 - the local authority considers that continuing the placement would significantly adversely affect the welfare of the young person.
- 3.27. Local authorities will retain the duty of continuing care until:
- the young person leaves care of their own will;
 - the accommodation ceases to be available; or
 - the local authority decides that continuing to provide the placement would significantly adversely affect the welfare of the young person.
- 3.28. When a young person who has been receiving continuing care ends this they do not have a right to return to a continuing care placement if they feel independence isn't working out. In these circumstances the young person will have a right of aftercare and the local authority will be required to carry out a needs assessment. It should be noted that the Scottish Government has indicated that an expert group will be established to consider a proposal that a young person could either return to care or to a looked after situation. It is not clear when the group will be established or the timescale for it to report.
- 3.29. The 2014 Act places a new duty on local authorities to report the death of a care leaver in receipt of continuing care to Scottish Ministers and the Care Inspectorate.
- 3.30. The draft Ministerial Order outlines the responsibilities for local authorities and other corporate parents in relation to continuing care. Included in the draft Order is the requirement on a Local Authority to consider whether providing an eligible person with continuing care would significantly adversely affect the welfare of that person. The Ministerial Order sets out the matters to be considered in a welfare assessment. It also sets out who must be consulted and what information should be contained in a written record is maintained of any meeting held.

Implications of this report

1. Financial Implications

At present it is not clear of the level of financial impact on local authorities as a result of the new duties contained in the 2014 Act. Work is being progressed to identify the potential impact locally.

2. HR and Organisational Development Implications

None.

3. Community Plan/Council Plan Implications

Children and Young People

- The corporate parenting, aftercare and continuing care draft Ministerial Orders will support groups of vulnerable children and assist in delivering the outcomes contained in the Community Plan for children and

young people.

- | | |
|----------------------|---|
| Jobs and the Economy | - Additional responsibilities for corporate parents will result in additional support to looked after children and should assist in supporting them into further education, training or employment. The draft Ministerial Orders should result in practice contributing positively to the outcomes in the Community Plan in relation to Jobs and the Economy. |
|----------------------|---|

4. Legal Implications

The Children and Young People (Scotland) Act 2014 contains significant legal implications for local authorities. The draft Ministerial Orders also contain significant legal implications for local authorities as outlined in this report.

5. Property/Assets Implications

None.

6. Information Technology Implications

None.

7. Equality and Human Rights Implications

The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only.

8. Health and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

None.

11. Privacy Impact

None.

List of Background Papers: None

Author: Dorothy Hawthorn, Head of Child Care and Criminal Justice,
0141 618 6827

Draft Order laid before the Scottish Parliament under section 99(2) of the Children and Young People (Scotland) Act 2014 for approval by resolution of the Scottish Parliament.

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2015 No.

CHILDREN AND YOUNG PERSONS

**The Corporate Parenting (Specified Persons) (Scotland) Order
2015**

Made - - - - 2015

Coming into force - - 1st April 2015

The Scottish Ministers make the following Order in exercise of the powers conferred on them by section 57(2)(b) of the Children and Young People (Scotland) Act 2014⁽¹⁾ and all other powers enabling them to do so.

In accordance with section 99(2) of that Act, a draft of this instrument has been laid before and approved by resolution of the Scottish Parliament.

Citation and commencement

1. This Order may be cited as the Corporate Parenting (Specified Persons) (Scotland) Order 2015 and comes into force on 1st April 2015.

Application of Part 9 (Corporate Parenting): specified persons

2. Persons who between their 11th and 16th birthdays were, but are no longer, looked after by a local authority for periods of time which, when aggregated, total not less than 2 years are specified for the purposes of section 57(2)(b) of the Children and Young People (Scotland) Act 2014⁽²⁾.

St Andrew's House,
Edinburgh
Date

Name
Authorised to sign by the Scottish Ministers

(1) 2014 asp 8.
(2) Section 57 of the Act makes provision as to the children and young people to whom Part 9 of the Act applies. By virtue of section 97(2) of the Act, references to a child being or becoming "looked after" are to be construed in accordance with section 17(6) of the Children (Scotland) Act 1995 (c.36).

EXPLANATORY NOTE

(This note is not part of the Order)

Article 2 of this Order specifies an additional description of persons formerly but no longer looked after by a local authority to whom Part 9 of the Children and Young People (Scotland) Act 2014 applies. Those persons are those who between their 11th and 16th birthdays were, but are no longer, looked after by a local authority for periods of time which, when aggregated, total not less than 2 years.

Part 9 of that Act makes provision about corporate parenting. By virtue of section 57(2)(a) of the 2014 Act the persons specified in article 2 must also be at least the age of 16 but under the age of 26 for Part 9 to apply to them.

Draft Order laid before the Scottish Parliament under sections 29(1A) and (9) and 30(2A) of the Children (Scotland) Act 1995 for approval by resolution of the Scottish Parliament.

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2015 No.

CHILDREN AND YOUNG PERSONS

**The Aftercare (Specified Persons and Eligible Needs) (Scotland)
Order 2015**

Made - - - - - 2015

Coming into force - - - 1st April 2015

The Scottish Ministers make the following Order in exercise of the powers conferred on them by sections 29(1)(b) and (8) and 30(2)(b)(ii) of the Children (Scotland) Act 1995(3) and all other powers enabling them to do so.

In accordance with section 29(1A) and (9) and 30(2A) of that Act(4) a draft of this instrument has been laid before and approved by resolution of the Scottish Parliament.

Citation, commencement and interpretation

3.—(1) This Order may be cited as the Aftercare (Specified Persons and Eligible Needs) (Scotland) Order 2015 and comes into force on 1st April 2015.

(2) In this Order—

“the 1995 Act” means the Children (Scotland) Act 1995; and

[“wellbeing” of a person is to be construed in accordance with section 96(2) of the Children and Young People (Scotland) Act 2014].

Sections 29 and 30 of the 1995 Act: specified persons

4. Persons who between their eleventh and sixteenth birthdays were, but are no longer, looked after by a local authority for periods of time which, when aggregated, total not less than 2 years are specified for the purposes of sections 29(1)(b) (after-care) and 30(2)(b)(ii) (financial assistance towards expenses of education or training) of the 1995 Act(5).

After-care: eligible needs

5. The following types of care, attention and support are specified for [the purposes of section 29(8) of the 1995 Act(6)]/[for the purposes of section 29(5A)(a) of the 1995 Act]—

-
- (3) 1995 c.36. Sections 29(1)(b) and (8) and 30(2)(b)(ii) are inserted by section 66(2)(a) and (h) and (3)(a)(iii) of the Children and Young People (Scotland) Act 2014 (asp 8). Section 29 was previously amended by the Regulation of Care (Scotland) Act 2001 (asp 8), section 73(1).
 - (4) Sections 29(1A) and (9) and 30(2A) are inserted by section 66(2)(b) and (h) and (3)(a)(iii) of the Children and Young People (Scotland) Act 2014.
 - (5) Section 93(4)(b) of the 1995 Act provides that any reference in Part II of that Act to a child who is “looked after” by a local authority is to be construed in accordance with section 17(6) of that Act.
 - (6) Section 29(8) provides a definition of “eligible needs” for the purposes of section 29(5A)(a), which is inserted by section 66(2)(f) of the Children and Young People (Scotland) Act 2014.

- (a) financial support to meet essential accommodation and maintenance costs;
- (b) [[information, advice and support] in relation to accessing work and leisure opportunities;] and
- (c) [[insofar as not covered by (b),] advice [and support] [relating to the person's wellbeing]/[designed to promote, safeguard and support the person's [health and] wellbeing].

Name

Authorised to sign by the Scottish Ministers

St Andrew's House,
Edinburgh
Date

EXPLANATORY NOTE

(This note is not part of the Order)

This Order makes provision in relation to the provision of after-care to young people under section 29 of the Children (Scotland) Act 1995 (“the 1995 Act”) and in relation to financial assistance provided to them under section 30 of the 1995 Act. Section 66 of the Children and Young People (Scotland) Act 2014 amends both these sections and will come into force at the same time as this Order.

Article 2 specifies an additional description of person formerly but no longer looked after by a local authority who will be eligible for after-care support and financial assistance under sections 29 and 30 of the 1995 Act, if they also meet the other age criteria within those provisions. These are persons who between their eleventh and sixteenth birthdays were, but are no longer, looked after by a local authority for periods of time which, when aggregated, total not less than 2 years.

Article 3 specifies the types of care, attention and support which constitute “eligible needs” for the purposes of section 29(5A)(a) of the 1995 Act.

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2015 No.

CHILDREN AND YOUNG PERSONS

The Continuing Care (Scotland) Order 2015

Made - - - - 2015

Coming into force - - 1st April 2015

The Scottish Ministers make the following Order in exercise of the powers conferred on them by section 26A(2)(b), (6), (9)(a) [and (11)(a)] of the Children (Scotland) Act 1995⁽⁷⁾ and all other powers enabling them to do so.

In accordance with section 26A(11)(b) of that Act, a draft of this instrument has been laid before and approved by resolution of the Scottish Parliament.

In accordance with section 26A(12) of that Act they have consulted with each local authority and such other persons as they consider appropriate.

Citation, commencement and interpretation

6.—(1) This Order may be cited as the Continuing Care (Scotland) Order 2015 and comes into force on 1st April 2015.

(2) In this Order—

“the 1995 Act” means the Children (Scotland) Act 1995; and

“welfare assessment” means an assessment carried out by a local authority in accordance with articles 6 and 7 of this Order.

Eligible person: specified age

7. The higher age specified⁽⁸⁾ for the purposes of section 26A(2)(b) of the 1995 Act is seventeen years of age.

Duty to provide continuing care: specified period

8. The period specified for the purposes of section 26A(6) of the 1995 Act is the period from the date on which an eligible person ceases to be looked after by a local authority until the date of their twenty-first birthday.

Assessment of the welfare of an eligible person before ceasing to be looked after

9. For the purposes of section 26A(5)(c) of the 1995 Act, a local authority must consider whether providing an eligible person with continuing care would significantly adversely affect the welfare of that person-

⁽⁷⁾ 1995 c.36. Section 26A was inserted by section 67 of the Children and Young People (Scotland) Act 2014 (asp 8).

⁽⁸⁾ Section 26A(13) contains a definition of “specified” for the purposes of the section.

- (a) [as soon as reasonably practicable before] the person ceases to be looked after by them; and
- (b) by carrying out a welfare assessment of the person in accordance with articles 6 and 7.

Assessment of the welfare of an eligible person receiving continuing care

10. For the purposes of section 26A(7)(c) of the 1995 Act, a local authority must consider whether continuing to provide an eligible person with continuing care would significantly adversely affect the welfare of that person—

- (a) at intervals not exceeding twelve months (the first interval starting from the date on which the person ceases to be looked after by a local authority); and
- (b) by carrying out a welfare assessment of the person in accordance with articles 6 and 7.

Welfare assessment — general

11.—(1) The local authority shall prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed.

(2) Nothing in this Order shall prevent the carrying out of any welfare assessment under this Order at the same time as there is being carried out any assessment or other consideration under any other enactment.

Welfare assessment — individual cases

12.—(1) Unless it is not reasonably practicable to do so, the local authority shall not complete a welfare assessment without the views of the eligible person having been obtained and the written record of the views being available.

(2) The local authority shall take into account the written record of the views of the eligible person, which shall be recorded in the welfare assessment.

(3) In carrying out a welfare assessment, the local authority shall include each of the matters referred to in the Schedule.

(4) The local authority shall ensure that a written record is maintained of the—

- (a) information obtained in the course of completing a welfare assessment;
- (b) deliberations at any meeting held in connection with any aspect of a welfare assessment; and
- (c) results of a welfare assessment.

(5) In carrying out a welfare assessment, the local authority may seek the views of—

- (a) the parents of the eligible person;
- (b) any person who is not a parent but has parental responsibilities for an eligible person;
- (c) any person who on a day to day basis cares for, or provides accommodation for, the eligible person;
- (d) the head teacher or principal of any school or college attended by the eligible person or the education authority for the area in which the eligible person lives;
- (e) any person providing health care or treatment to the eligible person;
- (f) any welfare co-ordinator appointed for the eligible person;
- (g) [any young person's supporter appointed for the eligible person under regulation 5 of the Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003⁽⁹⁾]; and
- (h) any other person whose views the local authority, or the eligible person, consider may be relevant,

and the local authority shall take into account any such views that have been obtained.

Name

Authorised to sign by the Scottish Ministers

St Andrew's House,
Edinburgh
Date

⁽⁹⁾ S.S.I. 2003/608 as amended by

SCHEDULE

Regulation 7(3)

Matters to be included in the welfare assessment

1. The eligible person's emotional state, day to day activities, personal safety, influences on the eligible person and the eligible person's personal identity.
2. The eligible person's family relationships, their children, other caring responsibilities, life story, friends, and other significant people in their life.
3. The eligible person's general health (including any mental health needs), contact with health services, medical conditions and disabilities, activities that might affect the eligible person's health, and emotional and mental wellbeing.
4. The eligible person's future plans for study, training or work, schooling (including support needs), skills and experience, qualifications and certificates, and training and work.
5. The eligible person's accommodation arrangements, practical living skills, accommodation options for the future, and support required for living.
6. The eligible person's sources of income, outgoings, savings and debts, requirement for financial support, and budgeting skills.
7. The eligible person's knowledge of their rights and legal entitlements, involvements in legal proceedings, including criminal proceedings as a victim, witness, or alleged perpetrator.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order makes the provision in relation to the duty placed on local authorities by section 26A of the Children (Scotland) Act 1995 (“the 1995 Act”) to provide eligible persons with continuing care where they cease to be looked after by them. Section 26A was inserted by section 67 of the Children and Young People (Scotland) Act 2014 which will come into force at the same time as this Order.

Continuing care is defined in section 26A(4) of the 1995 Act as meaning the same accommodation and other assistance as was being provided for the eligible person by the local authority, immediately before the person ceased to be looked after.

Article 2 specifies that the higher age limit for “eligible persons” for the purposes of section 26A(2)(b) of the 1995 Act is seventeen years of age. This means that an “eligible person” for the purposes of the duty to provide continuing care is a person who is at least sixteen years of age and who has not yet reached the age of seventeen.

Article 3 specifies that the period the expiry of which ends the local authority’s duty to provide continuing care in terms of section 26A(6) of the 1995 Act is the period from the date on which an eligible person ceases to be looked after by a local authority until the date of their twenty-first birthday.

Article 4 makes provision as to when and how a local authority is to consider whether section 26A(5)(c) of the 1995 Act is the case. The local authority shall carry out an assessment (“welfare assessment”) of the eligible person as soon as reasonably practicable before the person ceases to be looked after by them in accordance with articles 6 and 7.

Article 5 makes provision as to when and how a local authority is to consider whether section 26A(7)(c) of the 1995 Act is the case. The local authority shall carry out a welfare assessment of the person receiving continuing care at intervals not exceeding twelve months (the first interval starting from the date the person ceases to be looked after) in accordance with articles 6 and 7.

Article 6 makes general provision about welfare assessments.

Article 7 sets out the issues to be taken into account by a local authority in completing a welfare assessment, which includes the matters listed in the Schedule, and lists the range of persons whose views they may seek in that connection.

Respondent Information Form

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation**Organisation Name**

Renfrewshire Council

Title Mr ☐ Ms ☒ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Hawthorn

Forename

Dorothy

2. Postal Address

Renfrewshire Council

Renfrewshire House

Cotton Street

Paisley

Postcode PA1 1TZ**Phone** 0141 618 6838**Email****3. Permissions - I am responding as...****Individual****/ Group/Organisation**☐*Please tick as appropriate*☒

- (a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate☐ **Yes** ☐ **No**

- (b)** Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available

☐

- (c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate☒ **Yes** ☐ **No**

<p>Yes, make my response available, but not my name and address <input type="checkbox"/></p> <p>or</p> <p>Yes, make my response and name available, but not my address <input type="checkbox"/></p>	
---	--

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ **Yes**

☐ **No**

4. Additional information – I am responding as:

Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority	<input checked="" type="checkbox"/>
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

Carolyn Younie
Looked After Children Unit
Scottish Government
Victoria Quay
Edinburgh
EH6 6QQ

Dear Ms Younie

Consultation on Draft Secondary Legislation for Parts 9, 10 and 11 of the Children and Young People (Scotland) Act 2014

This response has been submitted on behalf of Renfrewshire Council. The tight timescale of the consultation period means that this response could not be considered by the elected members and as such is a draft. A copy of this response will be submitted to the members of the Council's Social Work, Health and Wellbeing Policy Board on 13 January 2015.

Renfrewshire Council supports the policy initiative in relation to supporting vulnerable children and young people. We identify children and young people who are looked after as a particularly vulnerable group and therefore welcome the attention given to their needs within the Children and Young People (Scotland) Act 2014.

Renfrewshire Council has a history of promoting "corporate parenting" and our Children's Champions Board is an area of good practice. In our locality we have secured a commitment from a range of partners to accepting their role as corporate parents in advance of the legislation. As such we welcome and support the contents of the Corporate Parenting (Specified Persons) (Scotland) Order 2015.

The draft Ministerial Orders provide some clarity to the groups of young people who will be considered as looked after and those entitled to aftercare and continuing care. We believe that there is much to be commended in terms of the content of the draft Ministerial Orders on the Aftercare (Specified Persons and Eligible Needs) (Scotland) Order 2015 and the Continuing Care (Scotland) Order 2015.

As an authority we are however concerned that the full financial implications for local government is not clear in the consultation document. We note that the extension of rights to the vulnerable young people covered by the draft Orders is something that should be supported. The major area of concern is that the draft Orders extend by a significant margin the numbers of young people for whom local authorities will have a duty to provide services for.

As a local authority with a high number of looked after children we are concerned that the financial implications could be substantial. In addition the basis duties imposed on local authorities will result in increased demand on already stretched services, particularly in social work. As a consequence we offer qualified support to the draft Orders and seek a reassurance from the Scottish Government that additional funding will be allocated to support us to deliver the new responsibilities.

To: Social Work, Health and Well-being Policy Board

On: 13 January 2015

Report by: Director of Social Work

Heading: Fostering and Adoption Annual Report 2013/2014

1. Summary

- 1.1. This report refers to the 7th annual report of Renfrewshire Council's Fostering and Adoption Panel.
- 1.2. The annual report sets out the work that has been dealt with by the Panel over the year 1/10/13 to 31/9/14 and sets it in the context of the broader issues pertaining to Looked After and Accommodated children.
- 1.3. The report also makes reference to the progress being made regarding Renfrewshire's own foster carers. During 2013/14 8 new carer households have been registered. Four short term households have been approved as permanent carers for a child in their care and four households have been approved as adopters for a specific child in their care.
- 1.4. The report considers the work of the Fostering and Adoption Panel, and also considers the outcome of the inspection of the Fostering and Adoption services by the Care Inspectorate.
- 1.5. The Adoption Service has progressed the plans for 19 children during 2013/14 who have been linked and successfully placed with adoptive families. This area of work has been focused on through our collaboration with the Centre for Excellence for Looked After Children and the Permanence and Care Excellence Team, which recognises that undue delay in achieving adoptive families for children is detrimental to their well-being.
- 1.6. The Supported Carers Service transferred from the Throughcare Team to the Fostering and Adoption team this year. Over the past year 7 supported carer families have been approved who continue to care for the young person whom they have fostered, post 18. This outcome ensures continuity of care and the best outcomes for young people as they grow into adulthood.
- 1.7. Plans for Permanence in Care for 8 young people have been approved which links children and young people to their current carers and also removes them from the Children's Hearing System.

2. Recommendations

- 2.1. The Social Work, Health and Well-being Policy Board is asked to:
- a) Note the contents of the Fostering and Adoption Annual report 2013/2014.
-

3. Background

- 3.1. The Regulations supporting the Children (Scotland) Act 1995 require Social Work in its role as a Fostering and Adoption agency to operate a Fostering Panel and an Adoption Panel. These panels have the responsibility for putting forward recommendations to the agency decision maker (currently the Head of Child Care and Criminal Justice Services) regarding the suitability of people to adopt or foster children. Furthermore, the Adoption Panel considers and approves plans for children to be adopted or for the Council to apply for Parental Responsibilities Orders. The Panel also considers and approves the matching of a particular child with a particular family where the plan is for the child to live there permanently.
- 3.2. Renfrewshire operates a Fostering and an Adoption Panel; each with separate constitutions. The panels will often meet at the same time however each meeting separates out the Fostering Panel business from the Adoption Panel business to ensure that the appropriate regulations are met regarding a quorum, and for the attendance of the legal and medical adviser.
- 3.3. There are currently 25 panel members comprising elected members, social work and education staff, a legal adviser, a medical adviser, carers and an independent member from British Association of Fostering and Adoption. The panel is chaired by the Principal Officer for Child Care from Social Work and meets for a half day every two weeks. The vice chair of the panel is the independent representative from the British Association of Fostering and Adoption. There are typically 6 to 8 members sitting on the panel at each meeting. The combined panels met 24 times and considered 100 agenda items over the course of the year.
- 3.4. The panel has a unique overview of the work being undertaken to assess and approve foster carers and adopters alongside the work being undertaken by social workers to progress plans for children who cannot be cared for within their own family. The annual report has been produced as a means of sharing this work with a wider audience and to assist in the process of service planning.
- 3.5. The report notes the ongoing need to recruit Foster carers and Adopters for older children and those with additional support needs. The report acknowledges that the increased numbers of accommodated children along with the increased numbers of assessments has required additional Panels with an increased time commitment from panel members being a consequence of this.
- 3.6. Between 1/10/13 and 30/9/14 13 households were invited to attend preparation groups and 9 households have gone on to assessment.

Renfrewshire had 86 active households of foster carers at March 31st 2014 compared with 77 at the same time last year. In the period 1/10/13 and 30/9/14, an additional 8 households were registered however 1 foster carer passed away.

- 3.7. In the period 1/10/13 to 30/9/14, 7 Renfrewshire households were approved as adopters at the Renfrewshire panel.
- 3.8. The fostering and adoption services operated by Social Work are subject to regulation and were inspected by the Care Commission for the sixth time in March 2014. The Care Commission's reports were positive with gradings of 5's (very good) being applied to all domains inspected.

Implications of this report

1. Financial Implications

None.

2. HR and Organisational Development Implications

None.

3. Community Plan/Council Plan Implications

Children and Young People

- Fostering and Adoption services work with members of the Renfrewshire community who are interested in providing care and support to children in need of family based care. This work contributes to supporting vulnerable children in need to achieve their potential and to develop into productive citizens.

Safer and Stronger

- The work of the Fostering and Adoption Panels is central to the process of ensuring that the most vulnerable children in Renfrewshire are provided with an opportunity to be cared for in a safe and nurturing family for both short and longer term periods or on a permanent basis.

4. Legal Implications

None.

5. Property/Assets Implications

None.

6. Information Technology Implications

None.

7. Equality and Human Rights Implications

- (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. Health and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

None.

11. Privacy Impact

None.

List of Background Papers - None

The contact officer within the service is Dorothy Hawthorn, Head of Child Care and Criminal Justice, 0141 618 6827.

Author: *enter details - an appropriate name and telephone number/e-mail address should be included so that the officer specified will be able to be contacted in relation to the report and to receive a copy of the action note following the meeting*



**THE FOSTERING PANEL
AND
THE ADOPTION PANEL**

ANNUAL REPORT 2013/2014

Foreword

Introduction

Context

- Accommodated Children
- Carers Considered by the Fostering and Adoption Panel

Overall Service Developments

- Panel membership
- Commitment to permanency planning
- Training
- Consultation with Service Users

Report on the Fostering Service

- New Developments 2013 -2014
- Inspection
- Recruitment activity
- Preparation Groups
- New foster carers and carers deregistration
- Foster carers reviews
- Foster carers training
- Foster carers support group
- Carers consultation group
- Staff development day
- Foster carers recognition day
- Development of fostering service -2015

Report on the Supported Carers Service

- Supported carers
- Inspection
- Development of the supported carers service - 2015

Report on the Adoption Service

- Inspection
- Recruitment of adoptive parents
- Adopters
- Family finding
- Scotland's Adoption Register
- National Adoption Week
- Adoption Support Groups
- Development of adoption service - 2015

Foreword

Welcome to the annual report of The Fostering Panel and The Adoption Panel. This report has been compiled by the Chair of the Panel and takes both a retrospective look at the previous year as well as looking to the future.

As at the 31st March 2014 Renfrewshire Council had 715 'Looked After' Children. Of these 242 were looked after at home, 174 were looked after by friends/relatives and related carers and 299 were accommodated with foster carers or within different residential placements.

A significant number of these children will be unable to return home to live with birth parents or relatives. The work of the Fostering and Adoption service is vital in ensuring that children are placed appropriately and safely and that children who require permanent placements out with their families are moved to an appropriate household at the earliest opportunity.

The Fostering and Adoption Panel provides an important quality assurance role in ensuring that the work undertaken to assess children's long term care needs and the assessment of their potential carers is carried out to the highest standards. Their role is to make recommendations to the agency decision maker who ultimately approves children's permanence plans or confirms that a household can adopt or become foster carers.

In recent years the fostering service has made great progress in recruiting foster carers and we have successfully shifted the balance of placements from external to internal. On 31.3.14 there were 129 children with Renfrewshire foster carers and 99 children in external fostering agency placements. These figures demonstrate the continuing upward trend of placing children with in house foster carers.

We have also forged strong collaborative working arrangements with the Centre for Excellence for Looked After Children in Scotland (CELCIS), and the Scottish Government Permanence and Care Excellence Team (PaCE) in embarking on a whole systems approach in managing plans for children who require permanence.

Peter Macleod
Director of Social Work

Introduction

This is the annual report of Renfrewshire Council's Fostering Panel and the Adoption Panel.

The purpose of the Panel is to consider applicants who wish to be foster carers, adopters or supported carers and to consider individual children's needs for alternative permanent carers (i.e. where the care plan for the child is that they do not return home to their birth family), this includes considering the most appropriate legal action to take to secure this. The Panel also consider the matching of a child with specific foster carers or adoptive carers and ensures that these are of a consistently high standard. The Panel make recommendations to the Agency Decision Maker who then makes final decisions on the recommendations made.

With increasing numbers of children unable to return to their birth families activity within the fostering and adoption team continues to be high and the recruitment of foster carers and adopters continues to be a prime objective. The number of children unable to return home to live with birth families continues to increase and this is reflected in the amount of permanence planning work within the social work area teams. For many of the children involved in the permanency planning process their journey will have started with child protection procedures which resulted in them becoming accommodated.

The fostering service and the adoption service continue to be inspected by the regulatory body, the Care Inspectorate.

Included in the annual report are some of the business aspects of the Panel and the types of cases considered by the Panel. It is intended that by producing an Annual report the work of the Fostering Panel and the Adoption Panel will be transparent and that this accountability will lead to improved services.

Context

The work of the Fostering Panel and the Adoption Panel needs to be viewed in the context of the numbers of Looked After and Accommodated children.

Accommodated Children

At the 30th September 2014, Renfrewshire had 715 Looked After children.

Independent Sector-Children - Foster Care	99
Local Authority-Children - Foster Care	129
Local Authority-Children - Houses	32
Independent Sector-Children - Residential Schools	13
Independent Sector-Children - Residential Special Needs	5
Pre-adoption	13
Independent Sector-Children - Secure School	2
Independent Sector-Children - Residential Unit	6
Children cared for by related carers	129
Children looked after by friends/relatives	45
Children looked after at home	242
Total	715

Cases Considered by the Fostering Panel and the Adoption Panel

Below is a breakdown of the items considered by the Panel between 1.10.13 – 30.9.14

Business Item	Number	Comments
Child adoption plans & links	19	1 sibling group of 2 17 solo children
Approval of Renfrewshire adopters (households)	7	2 couples – domestic adopters 1 couple – for a specific child 4 fostering families – adoption of child in their care
Withdrawal of link for adoption	1	Adopters withdrew during introductions
Review of Registration (adoption)	2	Domestic adopters
Permanent fostering plans - links and legal route		
Links	8	The 8 children/young people were linked through the Fostering and Adoption Panel to their current foster carers.
Legal routes	25	Of the 25 children/young people where the plan for permanent fostering was approved there were 4 sibling groups of 3 and 3 sibling groups of 2.
Approval of Renfrewshire foster carers (households)	8	This figure includes 1 respite foster carer and 1 respite foster carer for MDTFC
Approval of Renfrewshire Short-term foster carers to permanent foster carers	4	
Deregistration of foster carer	4	
Approval of supported carers (households)	7	
Initial review of foster carer after their 1 st year	13	
Appeal of foster carers registration for East Renfrewshire	1	

Overall Service Developments

Panel Membership

We are fortunate to have a consistent and committed panel membership over the past year. Panel membership continues to reflect a good range of experience and expertise, from social work, education and health. The Panel continues to be well supported by adopter and foster carer members and elected members. BAAF also continue to provide an independent panel member. A list of panel members can be found at the end of this report (Appendix 1)

We are currently actively recruiting new Panel Members due to the increase in Panel business and to allow us to spread the work load over a larger amount of Panel members. This is however a slow process due to statutory checks being completed and training for Panel members.

In the past year training for Panel members has included an input from CELCIS and from representatives from the Scottish Government to inform Panel Members of the work Renfrewshire Council has been involved in rolling out the PACE (Permanence and Care Excellence) programme.

Our medical advisers continue to offer a valuable service and support to the panel in respect of provision of information in relation to the children and adults being presented to panel.

We also have ongoing representation from Renfrewshire Councils Legal Service who provides written legal advice to the Panel in relation to adoption and permanence work, as well as attending the Panel to provide legal advice as required.

Commitment to Permanence Planning

Between 1.10.13 and 30.9.14 Renfrewshire has progressed adoption and permanence plans for 44 children. Renfrewshire Council recognises the importance in progressing plans for children within appropriate time scales. There are a number of initiatives being implemented by senior management to support and enable social work staff involved in permanence work to undertake both the direct work with the child and family and the necessary reports. These initiatives include training for social workers and carers on issues specifically relevant to permanence, working closely with fieldwork staff with regards to the needs of the child and planning for adoption or permanency.

The FACT (Family Assessment and Contact Team) assist with parenting assessments for families who have already experienced permanence with previous children. These assessments are completed within appropriate time scales and Form E's are completed by the team.

Making the decision to place a child permanently out with their birth family involves a high level of assessment and scrutiny. Throughout the process checks and balances are in place to ensure the best possible outcome for the child. Permanence planning work is complex, however it is also highly rewarding when children find new families to care for them for life.

Training

Internal joint training has taken place with foster carers and social workers covering a range of topics relevant to accommodated children. This included child protection, children affected by parental substance misuse, attachment and trauma, safer caring, therapy and permanence.

Social workers, foster carers and adopters have the opportunity to attend external training courses. The Fostering Network has provided training to new social workers within the Fostering and Adoption Team including such training as Skills to Foster and the Role of the Supervising Social Worker. Foster carers, adopters and supervising social workers have also attended external conferences run by The Fostering Network and Foster Plus

A number of our male foster carers have attended Men in Fostering through The Fostering Network.

The post of training and development officer has proved to be beneficial within the fostering and adoption team resulting in a comprehensive training programme being developed. This includes a rolling year's training programme for newly approved foster carers as well as more specialised training for experienced trainers which is directed at developing foster carers skills and appropriate to their age range of approval (appendix 2).

Consultation with Service Users

The services consult regularly with foster carers and adopters on a range of issues. Carers are invited to attend a Carers Consultation Meeting now on a four monthly basis as opposed to six monthly last year. All Foster Carers are invited to attend. Recent discussion included issues in relation to ongoing training for carers; carers support group, carer's newsletter, foster carers vacancies, proposed changes to respite and developments in the child care services. This was also an opportunity for foster carers to discuss any issue that has arisen for them or other carers.

The Carers Consultation Group was also used as a means to consult with foster carers on the Smoking Policy being developed by Renfrewshire Council.

The foster carers continue to have a monthly support group. This is an informal support group where foster carers can drop in as they wish; issues raised within the group are fed back to the fostering team via the carers supervising social worker or the foster carer's consultation group

The Principal Officer invites foster carers to meet with her twice a year. Again this is forum for foster carers to raises issues and for the Principal Officer to consult with foster carers.

Feedback from those attending Panel, social workers, prospective adopters and foster carers, is also sought via the use of questionnaires.

In June 2013 Who Cares? Scotland was asked to consult with children and young people placed within Renfrewshire's own fostering service. The consultation was conducted in order to understand how young people feel about their foster care placements and assist us to shape and improve the service. The consultation concluded in March 2014 and reported that that the majority of children and young people living within foster care feel loved, cared for and safe.

A leaving foster care questionnaire has been developed for children over 6 years leaving or moving on to another foster placement. This has been sent to social workers for children who have moved on from a foster placement.

Prospective adopters and others who attend the Fostering and Adoption are given questionnaires at the end of each Panel. These are sent to the Panel Advisor who collates this feedback.

FOSTERING SERVICE

As of the 30.9.14 we had 86 fostering households, this included permanent foster carers, short term foster carers and respite foster carers.

New Developments 2013/14

- The roll out of Viewpoint (an online consultation tool) to all children and young people, of the appropriate age, in foster care.
- Implementation of the Leaving Care Questionnaire – see above.
- Consult with foster carers with regards to their views on the support that should be offered to their own children.
- Introduction of the Welcome Pack for children/young people being accommodated with a Renfrewshire Council Foster Carers. The pack consists of an information leaflet about fostering, appropriate to the child/young people age and developmental stage, information about Who Cares? And how to contact Who Cares?
- Update of the format of the foster carers newsletter. (appendix 3)
- Continuing development of the foster carers training programme.
- Updating of the fostering and adoption procedures
- Appointment of a Service Manager

Inspection

The Fostering service was inspected by the Care Inspectorate in March 2014. The areas that were inspected were – Quality of Care and Support; Quality of Staffing; Quality of Management and Leadership. The Fostering service was awarded 5's (very good) for each of these areas.

Recruitment Activity 2013/14

We have continued recruitment activity over the last year mainly through newspaper advertisements, an article in Renfrewshire Council's magazine which is distributed to all households in Renfrewshire and radio advertising through Renfrewshire Leisure Services.

When an enquirer contacts the team interested in fostering or adoption, our business support team initially respond with a telephone discussion and send out an information pack to give more detailed information about the task.

All enquiries are followed up within 10 working days and those still interested after reading the pack will have an initial home visit from the team. During this visit fostering or adoption will be discussed in much greater depth. An enquiry initial visit pro forma will also be completed at this time and the information will also be entered on the Social Work Information System.

Discussion between the visiting social worker and the senior social worker takes place to consider whether the enquirers should be invited to preparation groups. Enquirers would then be advised of the date for next preparation group.

Where there are health issues, the enquirer has a criminal conviction or has had previous involvement with social work an early medical or PVG check may be requested. Advice is sought from the Renfrewshire Fostering Panel medical adviser in relation to health issues and where enquirers have disclosed criminal convictions a report is submitted to the Head of Childcare and Criminal Justice before deciding to take the enquiry further. In some cases the enquirer may be asked to take a further period of time to consider their enquiry.

Preparation Groups

Between 1.10.13 – 30.9.14 we have ran 2 preparation groups for fostering. 13 households attended and this resulted in 9 fostering assessments being allocated.

Preparation groups run for six sessions using the Fostering Network 'Skills to Foster' materials, the material used for the preparation groups is currently being reviewed in order to make use of up to date research and our own recently developed training materials. The social workers and social work assistant within the Fostering and Adoption team are skilled at leading these groups and there is also input by the senior social workers for the last session. Two workers lead all six sessions thus providing continuity for the participants.

The groups are the start of the assessment process and an opportunity to have more in depth information and discussion about the implications of fostering; as such it is important that all enquirers attend. Experienced foster carers come along to talk to the group about being foster carers.

The preparation group covers a range of topics including managing challenging behaviour, attachment issues, safer care and working with birth parents. Participants are asked to give written feedback on each of the sessions and any issues that the discussions may have raised for them. At the end of the six week period the workers leading the group will also complete written reports on each of the participants and their contributions over the previous weeks. They will also highlight areas of concern or where further consideration may be necessary regarding the participants suitability to proceed to the Form F assessment stage.

Following the group the senior social worker and the social workers meet to discuss the group participants and the senior makes a decision as to who will be invited to make an application to be assessed as a foster carer. The participants will be visited at home and given feedback on whether or not they are invited to make an application. Some reasons for withdrawal or counselling out during the assessment process include accommodation problems, health issues and family crisis.

Within this period of time we have been assessing 2 short term fostering households for permanent fostering for 3 young people.

New Foster Carers and Carer De-registrations

In the period 1.10.13 – 30.9.14 an additional 8 short term foster carer households were registered, this included 1 respite foster carers and 1 respite foster carer for MDTFC. Four short term fostering households were approved as permanent fostering households for a child in their care. Four short term fostering household were approved as adopters for a specific child in their care.

Four carer households were deregistered between 1.10.13 – 30.9.14 and 1 foster carer unfortunately died.

Over the last few years the increase in the number of Renfrewshire fostering households has allowed Renfrewshire to be less dependent on the Independent and Voluntary foster care sector. On 30.9.14 there were 129 children/young people with Renfrewshire foster carers and 99 children/young people in external fostering agency placements. These figures demonstrate the continuing upward trend of placing children with Renfrewshire Council foster carers.

Foster carers have their own allocated social worker but also have access to the wider team, including the senior social workers, in crisis situations. Social Workers from the fostering team visit carers on a regular basis to carry out supervision as well as performing a range of duties including ensuring health and safety checks are carried out annually, safer caring policies are in place for each fostering household, ensure a minimum of one unannounced visit is carried out annually, while also attending reviews, meetings and Children's Hearings with the carers.

Foster Carer Reviews

New Foster carers are reviewed by the Fostering Panel at the end of their first year as foster carers. Between 1.10.13 and 30.9.14 the Fostering and Adoption Panel reviewed 13 foster carers after their first year. This is an opportunity for carers to talk about their experience and whether their expectations of the fostering task had been met. The majority of new foster carers expressed satisfaction with their first year with most remaining enthusiastic and committed. They have found the support provided by their social worker to be beneficial and support is always at the end of a telephone if required as well as finding the training offered informative and beneficial to the fostering task.

Experienced foster carers are also reviewed on an annual basis, by the field work managers. The foster carers provide written as well as verbal contribution to the review process, as well as written reports by their birth children. Reports by their supervising social worker, child's social worker and child are also completed for the review process. In the year ending 30.9.14, 100% of foster carers requiring a review received one.

Foster Carer Training

As part of foster carers ongoing development and training an extensive training programme is offered throughout the year for both new and experienced carers. As previously stated a induction training programme is now in place. Training for more experienced foster carers has included Child Protection Training, Theraplay, Trauma and Attachment etc. Foster carers are now being directed to training related to their skills and development; they are also being encouraged to make use of a training record sheet.

Joint training for foster carers took place on 24.10.13 between Inverclyde, East Renfrewshire, West and East Dunbartonshire Councils and Renfrewshire Council on Internet Safety.

A practice discussion, for members of the Fostering and Adoption Team, has also taken place with the 5 local authorities on 17.9.14 to look at developing internet safety guidance for foster carers.

The social work training section continue to provide the opportunity and support for foster carers to complete an SVQ level 3 in Children's Care Learning and Development.

Carers Support Groups

The carers support group has been running for over two years. The group meets monthly and through the foster carers newsletter all foster carers are encouraged to attend. Any issues are fed back to the foster carer's social worker and the support group is part of the agenda for the Carers Consultation Group.

Foster Carers Consultation Group

This group now meets on a four monthly basis as opposed to a six monthly basis; this was at the request of the foster carers.

Children's Group

A group for the children of foster carers met on 3 occasions between 1.10.13 and 30.9.14. Each group has a different theme: - the first group got a tour around St Mirren Park; the second group had a visit to behind the scenes at Paisley Museum; and the third group had and art and crafts morning. The group allows the children of foster carers to met up, get to know each other and other members of the fostering and adoption team.

Staff Development Day

A staff development day took place in October at which time the team look at a service plan for the development of the service, both for fostering and adoption.

Foster Carers Recognition Day

A Recognition Day was held on 22.10.14, at the Lyndhurst Hotel, in order to thank all Renfrewshire Council's foster carers for their work and commitment to fostering. 16 foster carers received a presentation for over 10 years service to fostering with Renfrewshire Council.

Development of the Fostering Service – 2014/15

Over the next year we hope to –

- Develop a newsletter for children of foster carers
- Develop a newsletter for locality teams
- Promote the work of the fostering and adoption team within the locality teams by having a social worker based within the locality team once a week.
- Appointment of a graduate intern to develop recruitment for foster carers and adopters
- Review of foster carer review paper work for the child's social workers and the children/young people in foster care to make it more appropriate and user friendly.

SUPPORTED CARERS

The Supported Carers' service moved from the Throughcare service to be part of the Fostering and Adoption Service at the end of 2013.

Within the period 1.10.13 to 30.9.14 the Fostering and Adoption Panel has approved 7 fostering households as supported carers. Six of whom were foster carers from independent agencies and 1 was a foster carer for Renfrewshire Council. We now have 13 supported carers, 10 of whom are Renfrewshire Council supported carers, 2 supported carers placements provided by other local authorities and 1 supported carer provided by an independent fostering agency.

Inspection

The supported carers service was inspected by the Care Inspectorate in March 2014. The areas that were inspected were – Quality of Care and Support; Quality of Staffing; Quality of Management and Leadership. The supported carers service was awarded 5 for Quality of Care and Support and 4 for quality of staffing/management and leadership. The inspector recognised that this was a new service to the Fostering and Adoption Team and still in transition.

Development of the Supported Carer's service – 2014/15

Over the next year we hope to develop –

- A support group for supported carers
- Address the specific training needs of support carers

The Adoption and Permanence service

Inspection

The adoption service was inspected by the Care Inspectorate in March 2014. The areas that were inspected were – Quality of Care and Support; Quality of Staffing; Quality of

Management and Leadership. The Adoption service was awarded 5's (very good) for each of these areas.

Recruitment of adoptive parents

There continues to be a need for adoptive carers and permanent foster carers for children of all ages. Carers are also urgently required for sibling groups and older children.

From 1.10.13 to 30.9.14 there has been 1 adoption preparation group that was ran jointly with Inverclyde Council. Eleven participants attended (5 couples and 1 single person), this included 2 foster carers from Renfrewshire who wished to adopt.

Renfrewshire Council's adoption service has made good use of the Adoption Register and resulted in positive matches for our children.

Renfrew shire Council has presented 11 children at Adoption Exchange days since 1.10.13 to 30.9.14. From these events 6 children have been linked with families with 4 further links being planned.

Adopters

When an adoption order is granted the parental rights and responsibilities of birth parents are transferred to the adoptive parent who becomes the child's legal representative.

In the period 1.10.13 to 30.9.14 7 households were recommended for approval as adopters by the panel and subsequently approved by the agency decision maker. Also within this period 4 short term foster carers where approved as permanent foster carers for the children/young people in their care.

Family Finding

During the period 1.10.13 – 30.9.14 19 children (1 sibling group of 2 and 17 solo children) were presented to the panel for consideration of adoption plans and links. In all cases the Agency Decision Maker accepted the panel's recommendations to approve the plans and links.

Scotland's Adoption Register

Scotland's Adoption Register is a project funded by the Scottish Government and operated by BAAF Scotland. The Register is a computer database that collects and stores data on children who have a plan for adoption and approved adopters in Scotland. The purpose of the register gathering this information is to improve the chances of finding families for children. The Register became operational in 2011 and whilst not all local authorities in Scotland have yet signed up the aim is for all local authorities to use the Register. This will increase the potential to match adopters with children who need to be adopted.

National Adoption Week

National Adoption Week takes place in November and is organised by BAAF Scotland. Renfrewshire Council supports National Adoption Week and highlights the need for adoptive families in a variety of ways including publicity and advertising campaigns. It may not always be possible to link Renfrewshire children with Renfrewshire adopters because of geographical

considerations however through the Adoption Register the pool of possible adopters is expanded thus improving the prospect of appropriate links.

Renfrewshire Council works closely with Inverclyde Council and East Renfrewshire Council and meetings are held bimonthly to look at working together in sharing resources such as planning adoption preparation groups together, linking children with each other's adopters and recruitment.

Adoption Support Group

The adoption support group continues to meet four times a year. The attendance at the group varies depending on the topic being presented and what is going on in the adopter's lives at the time. A range of topics have been discussed and guest speakers have attended over the past year.

For the majority of people who attend the group the main benefits are; meeting other people in similar situations and hearing about strategies and tips for dealing with difficult situations. The group has also been the starting point for the development of friendships and informal supports.

Development of the Adoption Service – 2014/15

Over the next year we intend to strengthen our adoption service by looking at;

- Recruitment of new adopters
- Recruitment of new Fostering and Adoption Panel Members
- Develop work undertaken with PaCE and CELCIS to reduce length of time and ages of children whose permanence plans are presented to the Fostering and Adoption Panel
- Continued development work with our linking process using the Adoption register
- Support Adoption Exchange days and Scotland's first Adoption Activity Day in May 2015
- Development of Post Adoption Support Plans

Conclusion

This report has highlighted the work of the Fostering, Adoption and Supported Carers Services and the work of the Fostering Panel and the Adoption Panel. It is evident from the activity of the Fostering and Adoption Panel that the number of children unable to return to live with their birth families remains high.

The Fostering Service, the Adoption Service and the Supported Carers Service have all been inspected by the Care Inspectorate and again received positive reports. All three services continue to use self assessment methods to identify areas for improvement and development of the services. Recommendations made by the Care Inspectorate are also acted on. Renfrewshire continues to demonstrate a strong commitment to children who require alternative families because they are unable to live with their birth families.

This report forms part of the quality control system that monitors the practice of the Panel and the quality of the work being undertaken on behalf of Renfrewshire's most vulnerable children.

I would like to take this opportunity to thank Panel members for their hard work and commitment to Renfrewshire's most vulnerable children. The Panel look forward to the coming year and to continuing our work with all agencies to improve the outcomes and secure the future of Renfrewshire children who require substitute care and those families who provide homes for them.

Joyce Gartshore

Chairperson of the Adoption Panel and the Fostering Panel

Adoption & Fostering Panel Members

Name	Designation	Email	Address	Phone Number
Joyce Gartshore (Chair)	Principal Officer	joyce.gartshore@renfrewshire.gsx.gov.uk	Abbey House, 8 Seedhill Road, Paisley, PA1 1JT	0300 300 1199
Ian Beattie (Chair)	Adult Services Manager Social Work	ian.beattie@renfrewshire.gsx.gov.uk	Abbey House, 8 Seedhill Road, Paisley, PA1 1JT	0300 300 1199
Ravinder Kaur (Depute Chair)	Director of BAAF	ravinder.kaur@baaf.org.uk	Top Floor, 113 Rose Street, Edinburgh, EH2 3DT	0131 226 9270
Margaret Devine (Elected Member)	Councillor	margaret.devine@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7132
Derek Bibby (Elected Member)	Councillor	derek.bibby@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7122
Iain McMillan (Elected Member)	Councillor	iain.mcmillan@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7120
Maria Brown (Elected Member)	Councillor	maria.brown@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7141
Bill Perrie (Elected Member)	Councillor	bill.perrie@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7147
Eileen McCartin (Elected Member)	Councillor	eileen.mccartin@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7117
Dr Umesh (Medical Advisor)	Doctor	Shivanna.umesh@nhs.net	Panda Centre, Royal Alexandra Hospital, Corsebar Road, Paisley	0141 887 9111
Dr Routray (Medical Advisor)	Doctor	Rashmi.Routray@ggc.scot.nhs.uk	Foxbar Clinic, Morar Drive, Paisley, PA2 9QR	01505 324 337
Cathie O'Donnell (Senior Social Worker)	Panel Adviser	joyce.mcnaughton@renfrewshire.gsx.gov.uk	Abbey House, 8 Seedhill Road, Paisley, PA1 1JT	0300 300 1199
Patricia Pryce (Legal Advisor)	Senior Solicitor	patricia.pryce@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7159

Christine Adam (Legal Advisor)	Senior Solicitor	christine.adam@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7176
Susan Fallone (Legal Advisor)	Senior Solicitor	Susan.fallone@renfrewshire.gov.uk	Floor 1, Renfrewshire House, Cotton Street, Paisley	0141 618 7161
Zoey Hillman	Carer			
Sean Doyle	Carer			
David Denholm	Independent Panel Member			
Ruth Neil		Ruth.Neil@uws.ac.uk	Paisley University, High Street, Paisley, PA1 2BE	0141 848 3777
Belinda McEwan	Child Protection Co-Ordinator	Belinda.mcewan@renfrewshore.gsx.gov.uk	3 rd Floor, Renfrewshire House, Cotton Street, Paisley	0141 618 6837

**Renfrewshire Council
Adoption Criteria****Age**

All applicants must be over 21 years of age.

Status

Enquiries will be considered from couples who wish to make joint application to adopt a child.

A couple may be the same sex or unmarried. Same sex couples are not required to be in a Civil Partnership.

Joint applicants must be in an enduring family relationship.

Single applicants will also be considered.

Preparation Groups

Enquiries will be required to attend preparation groups, if groups are available, prior to making a formal application. The purpose of these groups is to provide enquiries with the opportunity to learn more about the children available for adoption, their backgrounds and the genetic factors adopters may have to consider when parenting adopted children.

If preparation groups are not available other means will be considered to provide and share information with enquiries.

Infertility

Prospective adopters should have completed infertility investigations at least 6 months prior to application.

Local Authority Health and Police Checks

All applicants will be subject to stringent local authority health and police checks. These will extend to any other resident in the household over 16 years of age and to anyone who will have care of the child.

To: **Social Work, Health and Well-being Policy Board**

On: **13 January 2015**

Report by: **Director of Social Work**

Heading: **Redesign of Drug Treatment and Testing Orders and the Enhanced Throughcare service within Criminal Justice Social Work.**

1. Summary

- 1.1. Annual reports to board on the Criminal justice S27 Grant position reflect that a number of shared criminal justice services exist across Renfrewshire, East Renfrewshire and Inverclyde.
- 1.2. The report to board in May 2014 informed that Renfrewshire, East Renfrewshire and Inverclyde have been affected by budget reductions in the grant over recent years and that work was underway to explore options in relation to shared services to ensure service delivery within available budgets in 2014/15. It was agreed that a report would be brought to a future board to inform on the outcome of this option appraisal.
- 1.3. Drug Treatment and Testing Orders (DTTO), currently provided by East Renfrewshire Council, and the enhanced Criminal Justice Throughcare service, provided by Inverclyde Council, have both suffered significant financial reductions over the last few years. This has resulted in the need for ongoing redesign and financial contribution provided by each authority to maintain the services. The grant awarded to DTTO is expected to further decrease in 2015/16 due to decreasing workload. Furthermore increasing expectations within core workload in particular Community Payback Orders, means that there are other pressures on the available resources.
- 1.4. A range of options were considered, however based on funding and priorities this report recommends the redesign of both services, with service provision for these two areas of service becoming the responsibility of individual local authorities. Thus Renfrewshire would commence provision of Enhanced Throughcare and DTTO for Renfrewshire service users, with a planned date of 1 April 2015.

- 1.5. This report recommends the ending of these shared service arrangements. Renfrewshire recognises the advantages of shared service arrangements and within criminal justice is involved in a range of these with local authority and 3rd sector partners. However since these particular services were established significant changes have occurred to practice, funding, workloads, prisoner location and technology which means that alternative ways of providing these services are required to maintain best value and the best service to the service user.
 - 1.6. It is recognised that such redesign provides additional opportunities for the development of criminal justice services in Renfrewshire, adding resilience and reducing duplication in service provision. DTTO and Enhanced Throughcare will be embedded with the appropriate existing criminal justice social work services which will maximise the use of resources and most importantly improve the service user experience.
 - 1.7. From 1 April 2015 the budgets for these services will be awarded to Renfrewshire Council on the basis of workload. Work is currently being undertaken with legal and human resources colleagues across the three authority areas to ensure the appropriate redeployment of existing staff across the services.
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2. Recommendations

- 2.1. The Social Work, Health and Well-being Policy Board is asked to approve:
 - (a) The recommended option of service redesign of Enhanced Throughcare and DTTO, with Renfrewshire Council commencing responsibility for the delivery of these services in 2015/16, which includes the transfer of some posts under TUPE.
 - (b) The recruitment of any additional staff through scheme of delegation based on service need and available criminal justice social work funding in 2015/16.
-

3. Background

- 3.1. Within Criminal Justice Social Work there are a number of shared services which exist across Renfrewshire, East Renfrewshire and Inverclyde including Drug Treatment and Testing Orders (DTTO) provided by East Renfrewshire and the Enhanced Throughcare service provided by Inverclyde. Grants are awarded to the authority providing the service.
- 3.2. The report to the board on 6 May entitled Criminal Justice Social Work Grant and Service Update informed that these three local authorities have been affected by budget reductions. The report sought authorisation for further exploration of service redesign options to ensure service delivery within available budget, which would then be brought back to board for approval. This report provides an update on the potential options and seeks authorisation for the recommended option.

- 3.3. Renfrewshire Council criminal justice service is involved in a range of shared services. Their advantages are clear, they enable the provision of services such as groupwork for sexual offenders which could not be provided in one local authority alone, they create an economy of scale in relation to staffing levels, costs of equipment and multiple visits to prisons some distance away as well as enabling the build up of specialist knowledge amongst staff. As such Renfrewshire continues to provide, be part of and develop shared service arrangements.
- 3.4. However since the establishment of DTTO and Enhanced Throughcare there have been significant changes to practice, funding, workloads, prisoner location, technology etc, as well as staff turnover. Regular service analysis has ensured that existing services are as financially efficient as possible and a more robust solution is now required to maintain best value, and ensure the quality of the service user journey is maximised. Any available funding saved could thus be committed to Renfrewshire's priority areas.
- 3.5. Following changes to national DTTO funding in 2011/12, DTTO has experienced reductions of £178,428, 27% of the DTTO budget for the 3 authorities. Ongoing redesign to date has meant that this shared service has been maintained, however Renfrewshire would have required to meet approximately 60% of the funding gap i.e. £73,998 to retain the service in 2013/14 in its present form. However caseloads in this service continue to decline and as such further grant reductions are expected in 2015/16.
- 3.6. The budget for the provision of the Enhanced Throughcare service by Inverclyde to Inverclyde, Renfrewshire and East Renfrewshire has been reduced by more than £268,000 since it was developed in 2008/9. Consequently Renfrewshire, which makes the greatest demands on the Throughcare services, has provided additional funding over the last few years to support the ongoing delivery of the services, and requires to provide additional funding of £73,998 in 2014/15 to maintain the service.
- 3.7. It is noted that contributions are required at the same time as significant increases to core business while the core funding available to Criminal Justice Social Work in Renfrewshire reduced by £7,278 from 2012/13.
- 3.8. Ongoing service analysis has resulted in all possible measures being undertaken to date to ensure greatest efficiency, including staffing reductions, and reductions of service provision, however no further reductions of the existing services are possible in their current form. It is also noted that in some cases there are additional costs to service provision as a result of the shared service i.e. crossover work between prison and community throughcare.
- 3.9. Criminal justice managers have undertaken an option appraisal, considering the benefits and risks of available options:
- Continue DTTO and Throughcare without change requiring additional financial contributions.
 - Redesign both services, with each local authority taking responsibility for its own provision.
 - Shared DTTO arrangements for Renfrewshire and East Renfrewshire.

- 3.10. Managers identified redesign as the preferred model in response to ongoing reductions in criminal justice funding. It was recognised that it also offered opportunities for wider service development locally to meet the needs of offenders and communities within Renfrewshire in line with the national redesign of community justice within Community Planning Partnerships.
- 3.11. Within Renfrewshire it is recommended that DTTO be combined with the Paisley Sheriff Court Social Work Unit, with staff co-located within criminal justice and addiction services in Renfrewshire. The combination of what would otherwise be two small teams will provide additional resilience to both services, and co-location will ensure that where a DTTO order ends, there will be smoother transition for service users to local addiction services.
- 3.12. It is recommended that the Throughcare service will be combined with the criminal justice fieldwork team, again ensuring better resilience as well as greater continuity of service provision through custody to community.
- 3.13. It is expected that Renfrewshire would commence responsibility for both services as of 1 April 2015. Funding for both services would be provided directly to Renfrewshire through S27 criminal justice funding as of 1 April based on workload.
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Implications of this report

1. Financial Implications

The proposed services are based on the anticipated grants which will be awarded to Renfrewshire in 2015/16.

2. HR and Organisational Development Implications

Human Resources are involved in discussions in relation to workforce issues.

3. Community Plan/Council Plan Implications

Safer and Stronger

- Criminal justice staff work with offenders to address offending behaviour, undertake reparative work to repay the community against which they have offended, and support rehabilitation, with the aim of reducing recidivism and thus promoting safer communities. The creation of the Womens' Community Justice Centre and developments in unpaid work are already actions within the Safer and Stronger action plan, and the roll of unpaid work service users in contributing to wider actions within the Safer and Stronger and Greener Community Plans is also under discussion.

4. Legal Implications

It is likely that the Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended will apply to the staff who are currently employed by Inverclyde and East Renfrewshire Councils to provide these

services to Renfrewshire Council. As these services transfer back to Renfrewshire Council, this may give rise to a Service Provision Change under the TUPE Regulations. It is necessary to consider how this will affect the transferring employees and it will be necessary that a period of consultation and information take place between the staff and their Union Representatives prior to the proposed transfer date.

5. Property/Assets Implications

None, staff will be accommodated within existing accommodation utilised by criminal justice social work services.

6. Information Technology Implications

Staff will require access to the appropriate range of IT equipment required for their role. Discussions will take place with IT regarding provision of equipment to Renfrewshire staff for 1.4.15.

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7. Equality and Human Rights Implications

- (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. Health and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

The financial risks associated with maintaining the current provision are substantial, redesign will reduce the costs of this service provision to ensure appropriate use of criminal justice funding.

11. Privacy Impact

None.

List of Background Papers - None

Author: Dorothy Hawthorn, Head of Childcare and Criminal Justice, 0141 618 6839

To: Social Work, Health and Well-being Policy Board

On: 13 January 2015

Report by: Director of Social Work

Heading: Update on Multi-Agency Public Protection Arrangements

1. Summary

- 1.1 Multi-Agency Public Protection Arrangements (MAPPA) were introduced in 2006 for the management of sexual offenders, with local operational management on a local authority basis and strategic management across North Strathclyde Community Justice Authority. This report details the significant developments currently underway or planned, including a Thematic review of MAPPA, extension of the process to violent offenders, and updated national guidance.
- 1.2 The Care Inspectorate and HM Inspectorate of Constabulary in Scotland (HMICS) have given a commitment to work collaboratively with other scrutiny bodies to undertake a review of the Multi-agency Public Protection Arrangements (MAPPA) in Scotland, to assess the effectiveness of MAPPA regarding protecting communities from the potential risks presented by sexual offenders.
- 1.3 NSCJA MAPPA strategic Oversight Group requires to submit a position statement with reference to a range of quality indicators by 23rd January 2015. Between April and June 2015 fieldwork analysis will include access to files, and observations at MAPPA meetings. A joint national report with recommendations will be published in approximately Autumn 2015, and will be provided to the Cabinet Secretary for Justice and available on Care Inspectorate and HMIC websites. A further report will be provided to board upon publication of this report.
- 1.4 The national MAPPA guidance was updated in April 2014, including revised risk assessment paperwork, and a Scottish Government MAPPA extension group has

been provided with information to inform potential resource requirements of a roll out of MAPPA to include violent offenders. Further information is required as to when this would commence and whether additional resource would be made available to manage the arrangements.

2. Recommendations

The Social Work, Health and Well-being Policy Board is asked to note the content of this report.

3 Background

3.1 Multi-Agency Public Protection Arrangements (MAPPA) were established by the Management of Offenders (Scotland) Act 2005 and introduced in 2006. To date they have involved the management of sexual offenders. Whilst individual local authorities manage the operational arrangements for their service users, strategic oversight and management is undertaken across North Strathclyde Community Justice Authority (NSCJA), with one MAPPA co-ordination unit based in Inverclyde, and NSCJA operational and strategic groups.

3.2 This report details current and planned developments in relation to MAPPA nationally including:

- A Joint Thematic Review of MAPPA in Scotland
- Updated Scottish Government MAPPA Guidance June 2014.
- MAPPA extension to violent offenders.

3.3 A Joint Thematic Review of MAPPA in Scotland

The Care Inspectorate and HM Inspectorate of Constabulary in Scotland (HMICS) have given a commitment to work collaboratively with other scrutiny bodies to undertake a proportionate, risk-based and intelligence led review of the Multi-agency Public Protection Arrangements (MAPPA) in Scotland.

The joint review will focus on sexual offenders subject to the statutory notification process. A MAPPA Programme Board was established in March 2014 to provide strategic direction and to oversee the delivery of the joint thematic review. The MAPPA Strategic Oversight Group chairs will be the point of contact for information

The purpose of the joint thematic review will be to assess the state, efficiency and effectiveness of the MAPPA in Scotland, in terms of keeping people safe and reducing the potential risk of serious harm by registered sex offenders in our communities.

The review will consist of:

- Analysis of Significant Case Reviews and current research
- A quantitative analysis of the Violent and Sex Offender Register (ViSOR)
- Submission of a Position Statement from Strategic Oversight Groups
- Fieldwork activity which will commence in April 2015.

The Position Statement has been designed around the current Quality Indicator Framework used by the Care Inspectorate for the inspection of children's services and adapted for use on the LS/CMI self-evaluation which concluded earlier this year. This requires to be provided to the review team by 23 January 2015.

The fieldwork stage is scheduled for April - June 2015, this will be informed by the outcome of the above activities. Fieldwork will include observations at MAPPA meetings, interviews with key staff including focus groups and a review of case records in each Local Authority area. Further details of the fieldwork stage will be provided by the review team to the Strategic Oversight Group chairs in January 2015.

A multi-agency group has also been established to complete the Quality Indicator Template. Work is underway to ensure appropriate communications with criminal justice staff and wider social work staff involved in MAPPA.

A joint national report with recommendations will be published in approximately Autumn 2015, and will be provided to the Cabinet Secretary for Justice and available on Care Inspectorate and HMIC websites. A report will be provided to board to update on the outcome of the review and recommendations made.

3.4 MAPPA National Guidance June 2014

On 20 June 2014 The Scottish Government published updated MAPPA guidance. The most significant change is the new minute and risk management planning template, which is likely to require a further multi-agency meeting prior to the MAPPA meeting itself. A subgroup of the MAPPA implementation group has been established to plan the process, with a six month period allowed for implementation. Staff have also been trained in the GRASP risk assessment model [**G**athering of Information, **R**isk **A**nalysis, **S**cenario **P**lanning to manage the Risk Management Plans] to prepare them for this process.

3.5 MAPPA Extension to Violent Offenders:

A Scottish Government MAPPA Extension Advisory Group is currently considering extending MAPPA to violent offenders who present a risk of serious harm, under the heading of Potentially Dangerous Persons (PDPs). The writer has provided a report to the Social Work Scotland representative which recognises the benefits to the multi-agency management of some of the higher risk violent offenders however seeks information as to resourcing of the increased expectations. Local authorities have also recently provided an estimate of potential numbers to advise on the implications of this extension and await further information as to implementation processes and timescales.

3.6 A MAPPA annual report is published on the NSCJA website and the Renfrewshire criminal justice social work website providing the public with details of

the operation of MAPPA, statistics for the previous year, and developments undertaken within the year and planned for the next year. The most recent report, published in October 2014 relates to activity in 2013/14.

Implications of the Report

1. **Financial** – potential financial implications of MAPPA extension to violent offenders is currently being considered by the Scottish Government MAPPA extension group.
2. **HR & Organisational Development** - none
3. **Community Planning** –
Safer and Stronger – Multi-Agency Public Protection Arrangements ensure multi-agency management of sexual offenders who have the potential to cause serious harm to the public.
4. **Legal** - none
5. **Property/Assets** – none
6. **Information Technology** - none
7. **Equality & Human Rights**

(a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - none
9. **Procurement** - none
10. **Risk** - none
11. **Privacy Impact** – none

List of Background Papers - None

Author: Dorothy Hawthorn, Head of Childcare and Criminal Justice, 0141 618 6839

To: Social Work, Health and Well-being Board

On: 13 January 2015

Report by: Director of Social Work

Heading: The Introduction of Integrated Care Fund 2015/2016

1 Summary

This report presents a draft Integrated Care Fund Plan for adult services in Renfrewshire which has been submitted in draft to the Scottish Government pending approval by the new Integrated Authority in April 2015.

Attached at appendix 1 is the Scottish Government guidance on the Integrated Care Fund and at appendices 2 and 3 are the draft projects and the outline community capacity building plan recommended for inclusion in the Renfrewshire Integrated Care Fund Plan.

2 Recommendations

- 2.1 It is recommended that the Board homologate the decision to submit the Integrated Care Fund Plan for Renfrewshire, in draft, to the Scottish Government by its deadline date of 12 December 2014.

3 Background

The Integrated Care Fund 2015/2016

- 3.1 The new Integrated Health and Social Care Authority will be established in April 2015, integrating health and social care services for adults.
- 3.2 The Scottish Government has allocated £100m across Scotland in 2015/2016, the Integrated Care Fund, to support investment in integrated services for adults with a focus on prevention, early intervention and support for people with complex and multiple conditions.

- 3.3 The Scottish Government is keen to support the shift towards prevention and reducing future demand on services and envisages the Integrated Care Fund activity demonstrating a high degree of partnership working with the Third Sector in local communities.
- 3.4 The Integrated Care Fund has been committed for one year, 2015/2016, and the allocation to Renfrewshire is £3.49m
- 3.5 Scottish Government guidance on the Integrated Care Fund is attached (Appendix 1).
- 3.6 The Renfrewshire Partnership's draft plan for the use of the Integrated Care Fund had to be lodged with the Scottish Government by 12 December 2014.

The Integrated Care Fund planning process, Renfrewshire

- 3.7 In preparing this draft Integrated Care Fund Plan for Renfrewshire, the Partners have considered the lessons learned from the implementation of the Four Year Change Fund Programme (Reshaping Care for Older People) which will end in March 2015.
- 3.8 The Partnership has noted and acted upon lessons learned from the processes involved in implementing and monitoring the delivery of a complex programme of change. Key approaches have been to develop and change working practices in:
- Person-centred health and care service provision and patients' and carers' pathways
 - Capacity building at key pathways and interfaces between Acute, Community Health and Social Care services
 - Multi-agency work, particularly in relation to planning and developing preventative services and to area-based planning with community-based partners
- 3.9 The Partnership's draft plan was founded on the evidence produced through the joint commissioning process and the findings of consultation and planning events with a range of stakeholders.

Strategic Priorities

- 3.10 The draft Integrated Care Fund Plan has been developed taking full cognisance of local work on the delivery of national outcomes and action plans.
- 3.11 Of particular note in terms of supporting people with multi-morbidities are the linkages between Change Fund, supported technology-enabled care and the European projects, SmartCare and United4Health.
- 3.12 The Partnership is actively participating in United4Health and SmartCare European projects. These three-year projects commenced in March 2013

and are jointly funded by the European Commission and the Scottish Government. These projects are part of the Digital Health and Care Innovation Partnership (DHCIP) which promotes technology initiatives to support people with disabilities and/or health conditions in their own homes and communities. Match funding is provided by the Partnership through the Change Fund and will carry forward to the Integration Fund.

- 3.13 The list of projects recommended for inclusion in the Integrated Care Fund Plan 2015/2016 is attached at Appendix 2.

Community Capacity Building and the Integrated Care Fund Plan

- 3.14 Community capacity-building is a common and strong theme emerging from consultations and planning sessions and the outputs from these sessions, along with earlier findings of consultation and joint planning events, underpin the draft community capacity-building plan attached at appendix 3. It has been noted that the key elements of capacity-building are common across all adult care groups, being strongly oriented towards preventative action on health and on supporting people with multi-morbidities in the community.
- 3.15 Most recently, the draft capacity-building plan was considered at a meeting of the third sector-led Community Health and Well-being event on 6 November 2014 where it was agreed to recommend the plan as the basis for further joint development sessions in the first quarter of 2015.

The draft Integrated Care Fund Plan for Renfrewshire

- 3.16 The draft Integrated Care Fund Plan attached has two main themes:
1. The roll-out of successful rehabilitation, reablement and technology-enabled models of service to all adult care groups, building on the successful application of such models through the four year Change Fund Programme (Reshaping Care for Older People) (see appendix 2)
 2. The delivery of a community capacity building plan, engaging a wide range of stakeholders in its development and delivery, with a view to third sector organisations or partnerships leading on a number of the work areas (see appendix 3)

Implications of the Report

Financial

The Integrated Care Fund allocation to Renfrewshire is £3.49m and all projects will be delivered within this envelope.

HR and organisational development

None

Community Planning

Community Care, Health and Well-being:

The draft Integrated Care Fund Plan has been developed in consultation with Community Planning Partners and with community-based stakeholders who will continue to be involved in the development and delivery of the Plan. It is anticipated that some elements of work will be led by third sector organisations or partnerships.

Property/Assets

None

Information Technology

None

Equality and Human Rights

Integral to the draft Integrated Care Fund Plan is assessment of the impact on health inequalities of action taken on prevention and supporting people with multi-morbidities; impact on equality issues is a key criterion for assessment proposed developments under the Integrated Care Fund Plan

Health and Safety

None

Procurement

Risk

Privacy Impact

None

List of Background Papers

10 Year Joint Commissioning Plan for Older People's Plan
Board Report on the Joint Commissioning Plan process

Author: Teresa Lavery, Project Manager, Change Fund (Reshaping Care for Older People), 0141 618 7049.

INTEGRATED CARE FUND

Guidance for Local Partnerships

1. The Scottish Government announced that additional resources of £100m will be made available to health and social care partnerships in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen our approach to tackling inequalities.
2. The £100m resource builds upon the Reshaping Care of Older People (RCOP) Change Fund (which will continue as planned until April 2015). The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.
3. This paper provides guidance to local partnerships on how the fund should be used. **It is not intended to create additional bureaucratic burden on local partnerships so Integrated Care Plans should be developed within the current strategic commissioning process. However, it is important to be able to account for the spend of this resource and to measure the performance improvements achieved by it.**

Background

4. The RCOP Change Fund has been a powerful lever to support the third sector, NHS, local authority, housing and independent sectors to work more effectively together and to share ownership of local change plans and delivery. The governance arrangements and improvement support for Change Plans have accelerated a change in attitudes, cultures and behaviours and have resulted in a greater focus on preventative and anticipatory care.
5. We recognise that the full ambitions of the RCOP ten year programme of reforms have yet to be fulfilled. As evidenced by the recent Audit Scotland report,¹ we have not yet been able to achieve a shift in resources away from institutional care. It is also true to say that there is scope to make further progress on the duty in the Public Bodies (Joint Working) (Scotland) Act 2014 to include key stakeholders, particularly the third sector, within the decision making processes to take advantage of their advice, experience and delivery. It is important, therefore, that partnerships continue to make progress with Reshaping Care for Older People within the context of emerging integrated health and social care arrangements and this more equal and co-productive form of partnership working. Strategic Commissioning will be critical to achieving this. As part of the Reshaping Care for

¹ http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_resaping_care.pdf

Older People Programme, Evaluation Support Scotland was commissioned to facilitate 'A Stitch in Time'. This programme supported the third sector in Lothian to collect and present evidence to explain, measure and prove how the third sector (i) prevents avoidable future use of health and social care services; and (ii) how it optimises older people's independence and well-being.

6. The Public Bodies (Joint Working) (Scotland) Act² speaks to a more ambitious agenda that needs to be more squarely focused on the alleviation of health inequalities. The Route Map to the 2020 Vision for Health and Social Care³ identifies prevention and preventative spend as a priority to improve care for people with multi-morbidities. We need now to move to a more targeted but transformational redesign focused on the complex and high cost service models that are in many cases not delivering the outcomes that people need, especially in less affluent areas. The principles and learning from "A Stich in Time" programme are equally applicable to working with adults with co-morbidity / multi-morbidity through the Integrated Care Fund. Further information and support for partnerships to understand the contribution of the third sector can be found on Evaluation Support Scotland's website at <http://www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/>
7. It is therefore important that the Integrated Care Fund should be used to test and drive a wider set of innovative and preventative approaches in order to reduce future demand, support adults with multi-morbidity and address issues around the inverse care law, where people who most need care are least likely to receive it. Given that the funding is available for one year, it is important that these approaches are built in to and sustained through the longer term strategic commissioning approach.
8. Central to these approaches must be the shift to support the assets of individuals and communities so that they have greater control over their own lives and capacity for self-management, particularly of multiple conditions. The **third sector** has a particularly crucial role to play in supporting such an approach.

Principles

9. Through the Ministerial Strategic Group for Health and Community Care, the Scottish Government, COSLA, NHS Scotland and third and independent sector partners have agreed that six principles should underpin the use of the Fund:
 - **Co-production** – the use of the Fund must be developed in partnership, primarily between health, social care, housing, third sector, independent sector, people who use support and services and unpaid carers. It should take an inclusive and collaborative local approach that seeks out and **fully supports the participation of the full range of stakeholders, particularly the third sector**, in the assessment of priorities and delivery of innovative ways to deliver better outcomes

² <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

³ [Route Map to the 2020 Vision for Health and Social Care](#)

- **Sustainability** – the Fund needs to lead to change that can be evidenced as making a difference that is **sustainable and can be embedded through mainstream integrated funding sources** in the future.
- **Locality** – the locality aspects must include input from professionals, staff, users and carers and the public. Partnerships should develop **plans with the people who best know the needs and wishes of the local population**. Such a bottom-up approach should maximise the contribution of local assets including the third sector, volunteers and existing community networks. Partners will be expected to weight the use of their funding to areas of greatest need.
- **Leverage** – the funding represents around 1% of the total spend on adult health and social care so must be able to support, unlock and improve the use of the total resource envelope. Our approach to strategic commissioning will be key to this so it is important that plans for the use of this resource are embedded in the strategic commissioning process.
- **Involvement** – Partnerships should take a co-production, co-operative, participatory approach, ensuring the **rights of people who use support and services and unpaid carers are central to the design and delivery of new ways of working** – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities. These relationships should be evidenced within each partnership's plans.
- **Outcomes** – partnerships will be expected to **link the use of the funds to the delivery of integrated health and wellbeing outcomes for adult health and social care** which will be the responsibility of the new Integration Joint Boards or lead agencies following enactment of the legislation for integration.

Integrated Care Fund - Plans

10. As we enter into the 2014/15 shadow year for health and social care integration, health and social care partnerships will already be developing strategic commissioning plans for adults. The Joint Improvement Team issued practical advice on joint strategic commissioning⁴ in February 2014 and this guidance should be read in conjunction with that advice note. Effective use of the Integrated Care Fund will only be achieved by adopting the principles of strategic commissioning.

What should be the focus of Integrated Care Plans?

11. Integrated Care Plans should focus on tackling the challenges associated with multiple and chronic illnesses for both adults and older people. Over two million people in Scotland have long term conditions and they are the principal driver for both chronic and urgent care and support. Multi-morbidity (two or more conditions) is the norm in Scottish patients over 50 and the prevalence is rising. Although

⁴ <http://www.jitscotland.org.uk/news-and-events/newsletters/?id=154>

multi-morbidity is particularly common in older people, most people affected are under 65, particularly in deprived areas where the most common co-morbidity is a mental health problem. The combination of physical and mental health conditions has a strong association with health inequalities and negative outcomes for individuals and families.

12. The focus on multi-morbidity is intimately tied to wider work undertaken in respect of inequalities and deprivation. The current evidence suggests⁵ that deprivation influences not just the amount but also the type of multi-morbidity that people experience. A greater mix of mental and physical problems is seen as deprivation increases, which means increased clinical complexity and the need for holistic person centred care.
13. The Integrated Care Fund should therefore be used to test and deliver a matrix of supports and interventions to improve health and wellbeing outcomes through, for example: deepening our focus on improving personal outcomes, supporting health literacy and adopting a co-production approach; using technology to enable greater choice and control; and adopting an assets-based societal model to improve population health and wellbeing. Plans should build on learning from Reshaping Care for Older People and extend the reach of successful approaches to the priority actions for partnerships set out in the National Action Plan for Multi-morbidity, which will be published shortly.
14. The use of the Integrated Care Fund should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions. Investment in existing institutional bed capacity such as long stay beds, should not form part of the plans for the use of the Integrated Care Fund.

How should Integrated Care Plans be developed?

15. It will be for local partnerships to decide how best to develop their Plan for the use of their share of the £100m. The Integration Joint Board, through the interim Chief Officer, or Chief Executive in a lead agency, should take responsibility to work with all partners to develop the Plan. The Plan should clearly outline the role of the **non-statutory partners** and should describe the level of support to carers. Plans should be agreed and signed off by representatives from the NHS, local authority, the third sector, and independent sectors.

When should the plans be completed?

16. In order to commence full implementation of Plans from 1 April 2015, and therefore be able to utilise the full resource over that financial year, partnerships should aim to have Plans signed off by December 2014.

⁵ BMJ 2012;344:e4152

What details should the plans cover?

17. Plans should adopt and support delivery of the aim for 2020 that all adults with multiple conditions are supported to live well and experience seamless care from the right person when they need it and, where possible, where they want it.
18. Partnerships are asked to develop Plans which describe:
 - the activities that will support the delivery of integrated health and wellbeing outcomes for adult health and social care – and the contribution to wider work designed to tackle health inequalities within Community Planning Partnerships;
 - the extent to which activity will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning;
 - relationships with localities, including how input from the third sector, users and carers will be achieved. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks.
 - the long term sustainability of investments and the extent to which the use of the fund will leverage resources from elsewhere.
 - how resources will be focused on the areas of greatest need.
 - how the principles of co-production will be embedded in the design and delivery of new ways of working.
 - progress in implementing priority actions for partnerships as described in the forthcoming National Action Plan for Multi-morbidity.
 - how it will enable the partnership to produce a progress report based on the above for local publication in autumn 2016.

How should the Plans be used?

19. The Plans are primarily intended to drive service innovation, development, and improvement, and to communicate priorities. The Integrated Care Plan should therefore be published by each partnership. Partnerships will wish to monitor their own performance and will be expected to **submit two progress reports at six monthly intervals to the Ministerial Strategic Group on Health and Community Care. A template based on the bullet points in paragraph 18 will be used for these reports so partnerships should develop plans that will allow for progress and performance to be measured.**
20. In addition, Joint Improvement Team will coordinate support from national partners through the Improvement Network collaboration, support shared learning across Scotland and provide or broker support for local improvement.

How will the £100m be distributed?

21. The allocations to Health Boards will use a composite of the following two distributions on a 1:1 ratio:
 - The NHS National Resource Allocation Committee (NRAC) distributions for adults in the Acute, Care of the Elderly, Mental Health and Learning Difficulties, and Community care programmes;

- Local Authority Grant Aided Expenditure (GAE) distributions for People aged 16+ derived using a population weighted composite indicator based on a number of factors. (For more information on the methodology contact Brian Slater)

22. The individual allocations to each partnership is profiled at Annex A.

Will the Integrated Care Fund continue after 2016?

23. A £100m Integrated Care Fund has been identified for 2015-16. The availability of resources after 2016 will depend on the progress made and the outcome of the next Comprehensive Spending Review. However, as stated in paragraph 7, and echoed in the principles in paragraph 9, the change must be sustainable and maintained within the strategic commissioning plans.

Can the Fund be used to support previous Older People's Change Fund activity?

24. The Integrated Care Fund builds on the RCOP Change Fund and should not simply be used to support existing initiatives previously funded through their RCOP Change Fund. Guidance on the 2014/15 Change Fund clearly stated that partners should be planning for **the range of activities that will or will not be sustained after 2015, through their Strategic Commissioning Plans**. Kathleen Bessos' letter of 10 April 2014 refers.

25. At the same time, it is recognised there may be some applicable programmes and support that currently focus on older people, and are equally transferable to adults with multi-morbidity at a younger age. There will be some limited scope to extend such interventions to the under 65 population.

Contact

26. For further information please contact the following:

Queries regarding the development of plans should be directed to Kelly Martin:

Tel: 0131 244 3744 e-mail: Kelly.Martin@scotland.gsi.gov.uk

Queries regarding improvement and support requirements should be directed to David

Heaney: Tel: (0131) 244 5317 e-mail: david.heaney@scotland.gsi.gov.uk

Annex A

NHS Board	Partnership	£m
Ayrshire & Arran	<i>East Ayrshire</i>	2.47
	<i>North Ayrshire</i>	2.89
	<i>South Ayrshire</i>	2.34
		7.70
Borders	<i>Scottish Borders</i>	2.13
Dumfries & Galloway	<i>Dumfries & Galloway</i>	3.04
Fife	<i>Fife</i>	6.73
Forth Valley	<i>Clackmannanshire</i>	0.96
	<i>Falkirk</i>	2.88
	<i>Stirling</i>	1.52
		5.36
Grampian	<i>Aberdeen City</i>	3.75
	<i>Aberdeenshire</i>	3.78
	<i>Moray</i>	1.59
		9.12
Greater Glasgow & Clyde	<i>West Dunbartonshire</i>	1.99
	<i>East Dunbartonshire</i>	1.70
	<i>East Renfrewshire</i>	1.43
	<i>Glasgow City</i>	13.29
	<i>Inverclyde</i>	1.76
	<i>Renfrewshire</i>	3.49
		23.66
Highland	<i>Argyll & Bute</i>	1.84
	<i>Highland</i>	4.31
		6.15
Lanarkshire	<i>North Lanarkshire</i>	6.51
	<i>South Lanarkshire</i>	6.04
		12.55
Lothian	<i>East Lothian</i>	1.76
	<i>Edinburgh, City of</i>	8.19
	<i>Midlothian</i>	1.44
	<i>West Lothian</i>	2.85
		14.24
Orkney	<i>Orkney Islands</i>	0.41
Shetland	<i>Shetland Islands</i>	0.41
Tayside	<i>Angus</i>	2.13
	<i>Dundee City</i>	3.10
	<i>Perth & Kinross</i>	2.63
		7.86
Western Isles	<i>Eilean Siar</i>	0.64
Scotland		100.00

Integrated Care Fund Plan Template

PARTNERSHIP DETAILS

Partnership name:	
Contact name(s): See note 1	
Contact telephone	
Email:	
Date of Completion:	

The plan meets the six principles described on pages 2 and 3 (Please tick ✓):

Co-production		Leverage	
Sustainability		Involvement	
Locality		Outcomes	

Please describe how the plan will deliver the key points outlined in paragraph 18:

--

The content of this template has been agreed as accurate by:

.....

(name) for the Shadow Joint Board, or for a lead agency,

.....

or

.....

(name) for the NHS Board

(name) for the Council

.....

.....

(name) for the third sector

(name) for the independent sector

When completed and signed, please return to:

Kelly Martin
2ER, St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Kelly.Martin@Scotland.gsi.gov.uk

Templates should be returned by **12th December 2014**.

PROPOSED PROJECTS INTEGRATED CARE FUND 2015/2016

RENFREWSHIRE

Projects	Activities	All Care Groups?	ICF Outcomes and Approaches to Service Development	Considerations	Recommendations
Social Work Assessment & Care at Home					
Further development of reablement	Expand and develop reablement services which allow people to live independently in own homes with no or with low levels of support required from statutory services. OTs and adult services coordinator posts.	Y	<u>outcomes:</u> reducing future demand; supporting people with multi-morbidities <u>service dev:</u> personalised services, asset-based model	The reablement model of service can be extended to meet the needs of people in all adult care groups, contributing to early intervention and support for people in the community living with multi-morbidity and long term conditions, enabling people to recover or develop life skills to maintain as much independence as possible.	recommended for inclusion in Integrated Care Fund plan 2015/2016
reablement rapid response	increase capacity to support discharge and pathways. Home care staff posts	Y	As above	As above; note the focus of this project on development of discharge pathways at the RAH	recommended for inclusion in Integrated Care Fund plan 2015/2016
extra care home care staff	home care staff posts working in extra care housing complexes, providing enhanced levels of care for older people with dementia; post holders provide standard home care but capacity is provided to allow additional time to deal with socialisation activities for older people e.g. digital therapy, group activities	Y	<u>outcomes:</u> supporting people with multi-morbidities <u>service dev:</u> personalised services; increasing use of technology	extra care home care is a means of delivering support for people with dementia and other long term conditions, contributing to support for people in the community with long term conditions and multi-morbidity	recommended for inclusion in Integrated Care Fund plan 2015/2016
dementia and palliative care	delivering care packages at home or in care homes which provide support for people with dementia or palliative care needs; ensuring staff capacity to release staff for training	Y	<u>outcomes:</u> reducing future demand; supporting people with multi-morbidities <u>service dev:</u> personalised services,	dementia and palliative skills are essential for care at home staff delivering support for people with dementia and conditions which need end-of-life care. Care at home staff are equipped to work in multi-disciplinary teams with other health and care colleagues in providing services to meet the needs of individuals and their families. This service can be rolled out to all adult care groups.	recommended for inclusion in Integrated Care Fund plan 2015/2016
telecare and telehealth	Provision of telecare safety packages and a team of installers to respond flexibly to non emergency calls. Includes Community Alarm service	Y	<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities <u>service dev:</u> personalised services, increasing use of technology	this initiative is a key component and match fund for the European projects SmartCare and United4Health, projects concerned with developing digital technology to support people in the community with early intervention care options and supports for people with long	recommended for inclusion in Integrated Care Fund plan 2015/2016

					term conditions and multi-morbidity; note also proposed Renfrewshire RCOP bid for national funding		recommended for inclusion in Integrated Care Fund plan 2015/2016
Increased MHO capacity	Increase the number of MHOs for assessments at RAH based SW team to deal with increasing numbers of adults presenting with incapacity issues at a point when long term care decisions require to be made	Y		<u>outcomes:</u> reducing future demand <u>service dev:</u> personalised service	demand on this service has increased and is expected to increase amongst the adult population, dealing with issues of capacity and long term planning for people's care		recommended for inclusion in Integrated Care Fund plan 2015/2016
RES/DN							
RES Equipment	provision of equipment for health care at home from EQUIPU	Y		<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities <u>service dev:</u> personalised services, increasing use of technology	demand on this service has increased and is expected to continue to grow as the shift in the balance of care provides more community-based care for people with long term conditions and multi-morbidity		recommended for inclusion in Integrated Care Fund plan 2015/2016
RES staffing	Rehabilitation and Enablement services to support older people at home, coming out of hospital, avoiding hospital admissions; AHP and nursing staff	Y		as above	demand on this service has increased and is expected to continue to grow as the shift in the balance of care provides more community-based care for people with long term conditions and multi-morbidity.		recommended for inclusion in Integrated Care Fund plan 2015/2016
Hospital-based services							
In Reach Nurses	district nurses in acute wards to work towards patients' discharge and post-discharge care and support	Y		<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities <u>service dev:</u> personalised services,	these posts have contributed to reductions in the levels of delayed discharge from hospital and make a contribution to the Renfrewshire CSR Development programme. The posts are part of multi-disciplinary approaches to reducing levels of bed-based care by providing appropriate and sufficient care in the community for people with long term conditions and multi-morbidity; these posts function across hospital based and community services		recommended for inclusion in Integrated Care Fund plan 2015/2016
additional AHP staff to Acute, orthopaedics, stroke outreach and unscheduled care services	increased staff capacity to deliver AHP services for people preparing for hospital discharge	Y		<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities	these posts have contributed to reductions in the levels of delayed discharge from hospital and make a contribution to the Renfrewshire CSR Development programme. The posts are part of multi-disciplinary approaches to improving patients' pathways in hospital and their safe discharge		recommended for inclusion in Integrated Care Fund plan 2015/2016
out of hours physio and OT at RAH	provision of out of hours staff			As above	these posts have contributed to		recommended for inclusion in

	capacity to provide AHP services at the weekend for patients preparing for hospital discharge	Y		reductions in the levels of delayed discharge from hospital and make a contribution to the Renfrewshire CSR Development programme. The posts are part of multi-disciplinary approaches to improving patients' pathways in hospital and facilitating discharge from hospital with support from RES and Care at Home services	Integrated 2015/2016	Care Fund plan
community geriatrician	Geriatrician input to RES, Care Homes and liaison with AHPs; early assessment at rapid access clinics and day hospitals; complement work of Single Point of access and gerontology nurse		<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities <u>service dev:</u> personalised services	this post is integral to the development of services at the interface of hospital and community health and care services, developing patient pathways, including the CSR Older People's Assessment Unit at the RAH and rapid access clinics taking referrals from GPs; the Change Fund allocation is a contribution to costs and does not meet the full costs of the post	recommended for inclusion in Integrated Care Fund plan 2015/2016	
Care Homes						
increase CPN input to care homes	CPN responsible for working with clusters of care homes and be named link for care homes		<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities <u>service dev:</u> asset-based model	this service has supported developments in community health and care for older people through supporting skills development and capacity-building in care home staff. The project contributes to the reduction in levels of unnecessary admissions to hospital for people living in care homes	recommended for inclusion in Integrated Care Fund plan 2015/2016	
Scottish Care development worker	to engage care homes in RCOP programme		<u>service dev:</u> co-production	this post provides ongoing support for partnership links with care homes in the independent sector and to the development of the Renfrewshire Ten Year Joint Commissioning Plan and its implementation planning; this will be of significance in the development of new services and/or pilot projects as part of the future locality-based planning processes.	recommended for inclusion in Integrated Care Fund plan 2015/2016	
GP input into palliative care	GPs working with care home staff to support ACP and palliative care		<u>outcomes:</u> reducing future demand, supporting people with multi-morbidities <u>service dev:</u> personalised services; increasing use of technology, co-production	this project contributes to the further development of Anticipatory Care Planning (the subject of current CSR activity in Renfrewshire) and to the work of the McMillan palliative care team; note that this is match-funded by	recommended for inclusion in Integrated Care Fund plan 2015/2016	

					MacMillan	
Housing Support	handyperson services	doing house maintenance and repair tasks for older people	Y	<p><u>outcomes:</u> reducing future demand</p> <p><u>service dev:</u> asset-based model</p>	<p>While the evaluation of this project demonstrates good performance and high levels of satisfaction amongst service users, it is not possible to recommend full year funding from the one - year Integrated Care Fund to maintain this service. The Integrated Care Fund guidance requires funding to be allocated to short term investments in innovation or pilot development work and/or as leverage for income generation from other sources.</p> <p>it may be that the Integrated Care Fund could be a source of seedcorn money to contribute to a funding package for a new model of delivery designed to enhance the sustainability of the service.</p> <p>The Sub Group recommends that the Change Fund Project Manager and Engage Renfrewshire facilitate discussions between this project and other potential partners to consider future development options</p>	<p>Funding committed to 1 Nov 2015</p> <p>future option of support from ICF to business plan regarding adapting model of service to enhance long term sustainability of the service – will require approval of proposed business plan</p>
Carers' Support	home based respite service	short respite breaks for carers of older people - "free breaks for carers".	Y	<p><u>outcomes:</u> reducing future demand, supporting people with multi-morbidities</p> <p><u>service dev:</u> personalised services, co-production, asset-based model</p>	<p>The evaluation of this service indicates good performance and high levels of satisfaction from service users. Demand on the service is increasing. It is anticipated that this service will be reviewed as part of a wider review of respite services scheduled for 2015/16.</p> <p>The Sub Group recommends continued funding for this service in 2015/2016 pending the outcome of the wider review of respite services, on the grounds that it</p>	<p>recommended for inclusion in Integrated Care Fund plan 2015/2016</p>

				was established as a four-year pilot due to terminate in March 2016	
Community support					
ROAR	Development of community activity hubs for older people in the community, promoting social and well being activities		outcomes: reducing future demand service dev: co-production	<p>The evaluation of this service indicates good performance and high levels of satisfaction from service users.</p> <p>The Sub Group may wish to note that the service is labour-intensive and requires significant financial resources to maintain the services in their current form.</p> <p>The Sub Group recommends that the services funded via the Change Fund be reviewed with a view to sharpening the focus on key target groups in line with ICF criteria, with particular reference to developing sustainable services for older age groups at risk of frailty and/or long term conditions</p>	recommended for inclusion in Integrated Care Fund plan 2015/2016, pending agreement on revised service specification to re-focus on key target groups and review models of service to support long term sustainability
The Food Train	Third sector organisation organising and supporting volunteers doing shopping for people over 65 years of age who cannot manage their own supermarket shopping		outcomes: reducing future demand, supporting people with multi-morbidities, addressing health inequalities service dev: personalised services, co-production	<p>The evaluation of this service indicates good performance and high levels of satisfaction from service users.</p> <p>The Sub Group recommends that the Food Train explores opportunities for accessing external funding for 2016/17 and beyond to attract match funding for future service development</p>	recommended for inclusion in Integrated Care Fund plan 2015/2016, subject to the Food Train identifying matching external funding to support long term sustainability of the service
community capacity building fund	Funds to support community capacity building; previous small grants for activities, including support for feasibility study Linstone Housing (consultants' report submitted), Active Communities initiative with Glasgow Caledonian (evaluation report submitted) and in 2014 support for the development of local network	Y	outcomes: reducing future demand, addressing health inequalities, supporting people with multi-morbidities service dev: personalised services, co-production, asset-based model	The Sub Group considered the report on the proposed community capacity-building action plan and its relevance to prevention, early intervention and long term conditions and multi-morbidity and the scope for recommending ICF funding on the basis of: piloting new initiatives; seedcorn funding for funding packages for initiatives; and for feasibility work on community based action on prevention, early intervention and long term conditions and multi-	recommended for inclusion in Integrated Care Fund plan 2015/2016

					morbidity The sub group recommends ringfencing a budget allocation from the Integrated Care Fund to support the delivery of the capacity-building action outlined in the draft capacity-building plan attached on the basis that capacity-building action will support development across all care groups.	
Alzheimer - Community Connections	Coordination and support for people with Alzheimer's and their families, information, advice, social activities, support for self help and peer group activities	Y	<u>outcomes</u> : reducing future demand <u>service dev</u> : personalised services, co-production, asset-based model		The evaluation of this service indicates good performance and high levels of satisfaction from service users. The Sub Group recommends that this project be the base for future service development pilots to be agreed with the local dementia strategy planning group in line with ICF guidelines	recommended for inclusion in Integrated Care Fund plan 2015/2016
Enablers						
Project Management	project manager post & admin costs: coordinating RCOP Change Fund project management and transition to Integrated Care Fund; linking Change Fund programme to Joint Commissioning work; coordinating partnership work on capacity-building and area-based planning on older people's services	Y	<u>service dev</u> : co-production		The Sub Group recommends that the post of project manager be continued to coordinate and support the implementation of the Integrated Care Fund and other appropriate Change management initiatives in 2015/2016.	recommended for inclusion in Integrated Care Fund plan 2015/2016

Draft Integrated Care Fund Plan, Renfrewshire

Proposed projects 2015/2016

Capacity building initiative	Proposed contents	Targeted on:	Lead agency	Engagement partners	resources	considerations
Information Access pilots	<p>a) develop local access to single points of access to information via IT, located in community spaces with high footfall, supported by local organisations and/or provision of space for volunteer activity to promote access to information about local services and activities - start with pilots in areas to be identified;</p> <p>b) develop a volunteer programme of people who would be able to assist older people access the IT-based information systems, either as mentors and/or "buddies" to help people learn to be comfortable accessing IT routes to information or to access community information for people on their behalf;</p> <p>c) roll out training to community-based organisations in using myrenfrewshire.org to promote their aims, objectives and activities and attract users of their services and new volunteers</p>	<p>areas and communities where evidence shows low levels of services in easy reach of residents - identifying community facilities that are well used by the public that could be used as a base for information points with support from local organisations, groups and individual volunteers e.g. Housing Association offices</p>		<p>all interested stakeholders in community health and well-being:</p> <p>possible input from GIS re accessibility of information to the public;</p> <p>local businesses may be willing to be engaged as info points or as sponsors of local info initiatives</p>	<p>planning and negotiation skills to identify and develop local info point pilots;</p> <p>possibly some capital required to install equipment;</p> <p>resources to recruit and train local volunteers - existing local community based organisations may be willing to contribute to this</p>	<p>Link closely with CPP development work around accessible information in local communities</p>
Community Health Champions Programme	<p>volunteers recruited from local communities trained as role models, mentors and local organisers;</p> <p>targeting "hard to reach" people in the community to engage in health and</p>	<p>individuals in communities who are interested in contributing to health and well being activities in their neighbourhoods and communities</p>		<p>all interested stakeholders in community health and well-being</p>	<p>resources, cash and/or in kind, to:</p> <p>recruit and train volunteers;</p> <p>provide ongoing support for volunteer</p>	<p>Active Communities has recommended this course of action on the basis of its on-the-ground experiences in promoting community health and well-being activities;</p>

	well-being activities; link champions to local networks of agencies engaged in health and well being activity				engagement; facilitate access for local community volunteers to accredited training opportunities; provide a mentor(s) for local volunteers	outcomes delivered from this initiative would contribute to preventative action in promoting health and well-being and would be integral to the capacity building action within new locality-based plans, with local input to shaping and delivering services and activities
Falls Prevention in the Community – volunteer action	coordinate and publicise a calendar of learn and share events to be delivered by stakeholders in health and care in communities; include access opportunities for third sector organisations to statutory training provision; encourage and support stakeholder groups to deliver their own learn and share events or materials on issues relevant to RCOP priorities and capacity-building ; support stakeholder groups to use digital technology to share information; invite other potential partners to participate e.g. local colleges and schools	older people, particularly those who report restricting their activities due to fear of falls; people in younger age groups, to promote changes in behaviours at early stages to avoid, minimise or delay health issues arising as a result of falls in older age	intergenerational activity groups	resources to recruit and train local volunteers - existing local community based organisations may be willing to contribute to this; access to statutory training opportunities that would contribute to comprehensive falls prevention training for volunteers	this initiative has potential for major impact on health and well-being; there is a great deal of hard evidence about the detrimental impact of falls on individuals' health and well-being and on the demand on statutory services as a result of falls; improvements in falls reduction can be measured over time, particularly if initiatives are set up with baselines in place for ongoing monitoring and evaluation	
Learn and share calendar 2015/2016	coordinate and publicise a calendar of learn and share events to be delivered by stakeholders in health and care in communities; include access opportunities for third sector organisations to statutory training provision; encourage and support stakeholder groups to deliver their own learn and	local community-based organisations and groups that wish to engage, or further develop their engagement, with health and care action in their communities	CPP CSR Development Projects Engage Renfrewshire	access to free or subsidised formal training places for volunteers in community-based organisations; contributions to costs of venues, publishing materials, IT technology to promote information dissemination in a variety of formats e.g. Print, DVDs, Youtube materials;resources for a	this could be a significant contribution to outcomes-focused networking, around health and care action in the community would benefit from a promotions campaign with a popular figurehead	

	<p>share events or materials on issues relevant to RCOP priorities and capacity-building ;</p> <p>support stakeholder groups to use digital technology to share information; invite other potential partners to participate e.g. local colleges and schools</p>				<p>coordinating point for the calendar to be kept up to date and be access point for information and contacts</p>	
Transport studies	<p>develop a comprehensive plan to address the various transport barriers that are raised in consultation and planning events, with particular reference to older people's needs;</p> <p>establish up to date evidence base on older people's current use of transport, uses of existing transport services used by older people and their expressed preferences for travel for various purposes (e.g. shopping, getting to services and social activities, day time travel, evening travel);</p> <p>test common perceptions against evidence to identify potential solutions in local areas (ref area-based planning sessions' outline development proposals)recommend pilot schemes on initiatives to address identified transport needs, based on current and accurate data</p>	<p>local community representative groups with an interest in promoting access to local services and facilities;</p> <p>local transport providers, formal and informal, to support future service planning;</p> <p>statutory services involved in planning and transport - provision of local research findings to support future service planning</p>	<p>local community councils and LACs</p> <p>local consumer groups</p> <p>local service user and carers groups</p>	<p>research skills</p> <p>local survey skills in areas targeted for research;</p> <p>specialist skills in e.g. Use of digital technology in research activity</p>	<p>can be assisted through some digital research on actual travel patterns and use of public sector and local taxi services;</p> <p>GIS service can assist in identifying transport routes, accessibility of various services and facilities via public transport routes etc.</p> <p>findings of research to be published in user-friendly formats for the public and for service users' and carers' info;</p> <p>evidence may assist in future discussions about planning the local dial-a-bus services</p>	

To: Social Work, Health and Well-being Policy Board

On: 13 January 2015

Report by: Director of Finance and Corporate Services

Heading: Update on the Regulations to accompany the Public Bodies (Joint Working) (Scotland) Act 2014

1. Summary

- 1.1 At its meeting on 19 August 2014, the Social Work, Health and Well-being Policy Board approved the Council's response to the Scottish Government's consultation on draft Regulations and Orders to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act").
- 1.2 This report provides members with an update on the Regulations and Orders.
-

2. Recommendations

- 2.1 Members are asked to note that:-
- a. The Regulations and Orders came in to force in November and December 2014. Together with the Act, these set out the legislative requirements for the integration of health and social care services.
 - b. The deadline for submission of the Integration Scheme to the Scottish Ministers for approval is 1 April 2015.
 - c. The Integration Joint Board will be established by Order of the Scottish Ministers, once they have approved the Integration Scheme.

- d. The Chair of the Integration Joint Board will not now have a casting vote. Instead, the dispute mechanism in the Standing Orders for the conduct of meetings of the Integration Joint Board will require to state what happens in the event that a vote is tied.
 - e. The Regulations prescribe 1 April 2016 as the latest date by which the prescribed Council and Health Board functions must be delegated to the Integration Joint Board.
-

3. Background

- 3.1 At its meeting on 19 August 2014, the Social Work, Health and Well-being Policy Board approved the Council's response to the Scottish Government's consultation on draft Regulations and Orders to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act").
 - 3.2 Following the consultation, a number of changes have been made to the Regulations and Orders in response to comments made by the Council and other consultees.
 - 3.3 The Regulations and Orders came into force in November and December 2014 and a Supporting Note has also been issued by the Scottish Government to provide further information on the scope of the health and social care functions to be included in integration. Further statutory guidance is expected to follow.
 - 3.4 Together with the Act, the Regulations and Orders set out the legislative requirements for the integration of health and social care services.
-

4. Overview of the Regulations and Orders Made Under the Act

4.1 The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

These regulations prescribe matters which must be included in an Integration Scheme. They have not changed significantly following the public consultation but there is now a greater requirement to include in the Scheme timescales for tasks such as the preparation of plans and targets. Also, arrangements for the provision of support services must be set out in the Scheme (which was suggested in the Council's response) and there is no longer a requirement to include details of staff transfers (which requirement was queried in the Council's response.)

4.2 The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014

These prescribe the National Health and Wellbeing Outcomes which are intended to provide a strategic framework for the delivery of health and social care services. Although the Council had raised concerns that a number of the outcomes were very broadly stated and, as such, open to interpretation, only minor changes to the wording of some of the outcomes have been made as a result of the consultation.

4.3 The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

These prescribe the functions that may and must be delegated by Health Boards. The layout and content have changed from the earlier draft as the Scottish Government has recognised that existing health legislation generally describes the functions of Health Boards in very broad terms. Consequently, it has been necessary to include further description of the extent to which a particular function must be delegated. A Supporting Note has also been issued by the Scottish Government to provide further information on the scope of the functions to be included in integration.

The prescribed functions include health care services provided by health professionals within a hospital such as accident and emergency services, inpatient services, and mental health services; and health care services provided outwith a hospital such as primary medical services, district nursing, dental services, and ophthalmic services, whether or not these are provided by health professionals.

4.4 The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014

These prescribe the functions that must be delegated by Local Authorities and, following the consultation, several important changes have been made. For example, the requirement to delegate certain housing support services is now confined to aids and adaptations, and wider housing services such as homelessness and those relating to children's services have not been included. Further, certain statutory functions relating to local authority charges have been removed from the list and will remain Council functions.

The social care services included in the prescribed functions are:-

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams

- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

4.5 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

These detail the requirements for membership, powers and proceedings of Integration Joint Boards. Several changes have been made since the consultation, perhaps the most significant one being that the Chair will not now have the casting vote. Instead, the dispute mechanism in the Standing Orders for the conduct of meetings of the Integration Joint Board will require to state what happens in the event that a vote is tied.

Another important change is that where a Council voting member ceases, for any reason, to be a Renfrewshire Councillor, they are immediately removed from office. This change was requested in the Council's response.

4.6 The Public Bodies (Prescribed Consultees) (Scotland) Regulations 2014

These prescribe that the following persons or bodies as the standard consultees who must be consulted when the Integration Scheme is being prepared or revised or the Strategic Plan is being prepared.

- i) Health professionals;
- ii) Users of health care;
- iii) Carers of users of health care;
- iv) Commercial providers of health care;
- v) Non-commercial providers of health care;
- vi) Social Care professionals;
- vii) Users of social care;
- viii) Carers of users of social care;
- ix) Commercial providers of social care;
- x) Non-commercial providers of social care;
- xi) Staff of the Health Board and local authority who are not health professionals or social care professionals;
- xii) Non-commercial providers of social housing;
- xiii) Third sector bodies carrying out activities related to health or social care; and
- xiv) Other local authorities operating in the Health Board area.

Where a decision is to be taken which might significantly affect service

provision in a locality, the standard consultees and the residents of the locality must be consulted but only insofar as they are likely to have an interest in the decision.

4.7 The Public Bodies (Joint Working) (Local Authority Officers) (Scotland) Regulations 2014

These prescribe that certain functions conferred on a council officer by the Adult Support and Protection (Scotland) Act 2007 are deemed to have been conferred also on an officer of the Health Board provided that officer meets certain requirements.

The functions relate to investigations under sections 7 to 10 of the Act; assessment orders under section 11 of the Act; removal orders under section 14 of the Act; the right to remove adults at risk conferred by section 16 of the Act; and the requirement under section 18 of the Act to protect a moved person's property.

4.8 The Public Bodies (Joint Working) (Prescribed Days) (Scotland) Regulations 2014

These prescribe 1 April 2015 as the day by which the Integration Scheme must be submitted to the Scottish Ministers for approval. This means the Scheme must be negotiated, agreed and consulted upon prior to that date.

Once the Integration Scheme is approved, the Integration Joint Board will be established by order of the Scottish Ministers. Thereafter, the Integration Joint Board must prepare a Strategic Plan setting out the detailed arrangements for the carrying out of the integration functions and specifying the date that functions are to be delegated to it. The Regulations prescribe 1 April 2016 as the latest date for functions to be delegated.

If the Council and the Health Board fail to submit the Scheme by 1 April 2015, the Scottish Ministers are given certain default powers under section 51 of the Act to impose a Scheme and establish an Integration Joint Board and to require the Council and the Health Board to delegate, before 1 April 2016, such functions as the Scottish Ministers specify.

4.9 The Public Bodies (Joint Working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014

These provide descriptions of persons who are defined as health professionals and social care professionals for the purposes of the Act. The Council had agreed that the proposed descriptions were appropriate and no significant changes have been made since the consultation.

4.10 The Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014

The Act requires each Integration Joint Board to establish a strategic planning group and these regulations prescribe the groups of persons who must be represented on that. Although the layout of these regulations has been amended, no changes have been made to the prescribed groups.

4.11 The Public Bodies (Joint Working) (Content of Performance Monitoring Reports) (Scotland) Regulations 2014

Several changes have been made to the content and layout of these regulations. They are more prescriptive about which performance reports are required and what must be included in these.

In its response to consultation, the Council had queried the relevance of the requirement for performance reports to include a comparison for the preceding 5 years, as the scope of changes that will have been made to services would not allow for a meaningful comparison. This point has been acknowledged, in part, and the regulations now require that where reports are available for the preceding 5 reporting years, these must be compared but, where there have been fewer than 5 reporting years, all available like reports must be compared.

Implications of the Report

1. **Financial** - The proposed model of integration through integrated budgets will have significant implications for the social work and Council budget.
2. **HR & Organisational Development** – Integrated service arrangements may have an impact on the staffing structure of the social work service and associated responsibilities and management arrangements as these are developed.
3. **Community Planning - Community Care, Health & Well-being** – The aim of integration of health and care services is to improve services for local people.
4. **Legal** – The legislative requirements in relation to the integration of health and social care services are set out in the Act and Regulations and Orders.
5. **Property/Assets** – Opportunities for further consolidation of the existing asset base may arise through integrated service arrangements.

6. **Information Technology** – Further integration of existing IT systems may be required under new integrated arrangements as these are developed.
 7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health & Safety** - none.
 9. **Procurement** - Integrated service arrangements will need to be supported by flexible, yet robust, procurement.
 10. **Risk** – Risk management arrangements will require to be developed on an integrated basis.
 11. **Privacy Impact** – none.
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List of Background Papers

1. The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
2. The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014
3. The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014
4. The Public Bodies (Joint Working) (Prescribed Local Authority Functions) Regulations 2014
5. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
6. The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
7. The Public Bodies (Joint Working) (Local Authority Officers) (Scotland) Regulations 2014
8. The Public Bodies (Joint Working) (Prescribed Days) (Scotland) Regulations 2014
9. The Public Bodies (Joint Working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014

10. The Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014
11. The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

The foregoing background papers will be retained within Finance and Corporate Services for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer within the service is Lynn Mitchell, Managing Solicitor tel: 0141 618 7163 email: lynn.mitchell@renfrewshire.gcsx.gov.uk

Author Lynn Mitchell, Managing Solicitor tel: 0141 618 7163
email: lynn.mitchell@renfrewshire.gcsx.gov.uk