

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 17 March 2020

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership      **Report No:** IJB/22/2020/SMcA

**Contact Officer:** Sharon McAlees  
Head of Service      **Contact No:** 01475 715282

**Subject:** Continuing Care

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update on the work being progressed to reduce the pressures associated with the provision of continuing care whilst ensuring corporate parenting duties are fulfilled in respect of young people's right to continuing care.

## **2.0 SUMMARY**

- 2.1 Over the course of the past ten years new policy initiatives and legislation have been implemented; this has not only influenced the philosophy of how we look after our young people, but has increased our corporate parenting responsibilities. A significant feature of this is continuing care, increasing young people's right to receive care and support including accommodation until the age of 21 years effectively extending the length of time that a young person can potentially remain in placement by five years.
- 2.2 A review of residential care was undertaken to enable a clear understanding of the demographic and demand-led changes affecting provision of in-house residential care including the impact of continuing care.
- 2.3 The review highlighted a number of pressures associated with continuing care and offers a proposal for an extension of our strategic approach to our corporate caring responsibilities to include a "staying close" hybrid model of care as a cost effective measure to enable us to meet both our statutory and demand pressures in conjunction with the need to increase bedroom capacity within each of our residential children's houses from six to seven.

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to approve the finance recommendations contained in the report at 6.1 and note and endorse the remaining recommendations being:
1. Adaptation to each of the children's houses to increase from 6 to 7 bedrooms.
  2. Development of hybrid core and cluster accommodation linked to residential services.

## 4.0 BACKGROUND

- 4.1 In 2008, Inverclyde's residential children's services commenced an ambitious programme of re-provisioning. It was a three stage programme that required significant financial investment from Children and Families Service via revenue budget savings, and included replacing three residential Children's Houses that provided accommodation for 24 young people, with three modern purpose-built homes for 18 young people.
- 4.2 In 2014/15, the percentage of children and young people looked after in Inverclyde was 1.4% of total numbers in Scotland. By 2017/18, this percentage had steadily increased to 1.7%. The numbers have remained the same within Inverclyde for 2018/19, however the Scottish figures for 2018/19 have not yet been published. Given the levels of deprivation, alcohol and drug dependency and the prevalence of other adverse childhood experiences, these figures are expected to remain static if no other action is taken.
- 4.3 The service continues to see that young people who become looked after and accommodated are not returning home. It could be argued that the roll-out of GIRFEC, effective early intervention and robust permanency planning are effective in ensuring only those who require to be looked after and accommodated do so and as a consequence, remain in long term care. Indeed we are seeing a notable reduction in short term admissions however those young people who are accommodated long term have complex needs. This pattern has been developing since 2013 and reinforced by the introduction of the continuing care legislation in 2015. Continuing care increases a young person's right to receive care and support including accommodation until 21years of age which in effect increases their right to stay in placement by five years.
- 4.4 The provision of continuing care undoubtedly provides a safety net for some of the most vulnerable young people in Inverclyde. However, should the trend in numbers of Inverclyde looked after children continue, this will present significant financial pressures with the challenge being twofold. Firstly, providing sustainable continuing care placements that are financially viable. Secondly, retaining capacity within our existing services to meet the needs of future children requiring to be accommodated. Failure to strike a balance in these competing demands is likely to result in the need to purchase placements externally resulting in significantly increased costs.
- 4.5 The service does not anticipate that all looked after young people will opt for continuing care however it is recognised that for the majority of young people who cannot return to their birth family the longer they remain in a supportive placement the better the long-term outcome. It is anticipated that the biggest financial pressure will be within our own children's houses and for young people with a disability in specialist placements. Fostering services are managed through the approval of foster carers' registration approval age range and placement numbers. Although continuing care placements are not counted by the Care Inspectorate as part of the number of children placed, carers are nevertheless restricted by the size of their accommodation. Kinship carers are specifically caring for family members and are more likely to reach mutually agreeable family decisions around when a young person moves on.
- 4.6 There are three main alternatives to continuing care.
  - If the young person is between 16years and 18years they can remain within their care placement on a statutory basis (looked after) as long as this placement is meeting their needs. Inverclyde currently has 10 young people in local residential provision in this category with a further four eligible in 2020. In external provision there are no young people in receipt of continuing care however one is eligible but remains looked after and in 2020 a further four will be eligible.
  - Development of a Core and Cluster model will provide the option for young people age 18years to transition to Cluster accommodation aligned to the Core Children's House.
  - Young people who cease to be looked after and do not opt for continuing care are entitled to after-care services; this can be within their own home or with parents/relatives.

- 4.7 Taking account of young people currently in continuing care or eligible for continuing care and the projection of those in long term placements who will become eligible, it is evident that additional accommodation is required. Additional accommodation provision will provide the opportunity to retain young people in Inverclyde, which allows young people to maintain their networks of support and sense of belonging whilst at the same time being cost effective
- 4.8 The development of a Core and Cluster model of residential care would allow looked after children to be cared for within core accommodation at Crosshill, Kylemore and The View and over 18s who opt for continuing care and are assessed as being ready to make the transition would be placed within the cluster accommodation leased from RSLs. It is envisaged that the model would work on a similar basis to homelessness services whereby the RSL leases the accommodation to the HSCP and the service determines which young people move in.
- 4.9 The current programme of social housing expansion across Inverclyde has provided the opportunity for new build accommodation to be leased to the HSCP as cluster accommodation for young people. In effect, over the course of 2020 this will provide accommodation for up to 8 young people, and in turn provides future capacity to provide placements for new admissions, reduce the need for external residential placements or plan returns for young people from external placements to local provision if in the young person's interests.
- 4.10 The provision of cluster accommodation is viewed as a viable model of alternative accommodation. Cluster flats will enable young people to receive a tailored level of care and support that meets their needs. Whilst this model would be in keeping with the legislation it has the advantage of being aligned to a young person's developmental needs and at the same time considerably more cost effective than traditional residential care. The area of need that will require specific planning and resource will be linked to the individual young person's wellbeing needs but will also take account of their financial circumstances as this will influence capacity to contribute to managing living expenses.
- 4.11 The cluster accommodation potentially provides the capacity to reduce one external placement. This would release a saving of circa £200,000 FYE per annum. It would also enable the service in the longer term to offer internal placements rather than more costly external placements avoiding future costs rising.
- 4.12 To address the pressures associated with continuing care, the service was allocated recurring budget of £200,000 in conjunction with £500,000 earmarked reserves. This funding has contributed towards recruitment of one Care Planning and Improvement Officer and two support workers. The robust management of care planning processes is the most effective mechanism to manage placement demand and control costs, along with additional capacity of support workers to enable young people to make successful transition to cluster accommodation.
- 4.13 The provision of cluster accommodation alongside the increase in the number of bedrooms within each of the Inverclyde's children's houses is viewed as a viable model that will allow looked after children to stay put and have a sense of belonging within their own community. Whilst this model would be in keeping with the legislation, it has the advantage of being aligned to a young person's wellbeing needs and at the same time considerably more cost effective than funding external placements in the long term.

## **5.0 PROPOSALS**

- 5.1 It is proposed that the service continue to progress the workstream associated with continuing care, aiming to have the works associated with additional bedrooms completed early 2020, the first core and cluster houses will be ready for occupancy first quarter of 2020 and the final four flats on completion of the builds at a further site.

## 6.0 IMPLICATIONS

### Finance

#### 6.1 Financial Implications:

##### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Children Families &	Continuing Care	19/20	31	N/A	Continuing Care EMR – Start-up costs Cluster Flats (TBC)
Children Families &	Continuing Care	20/21	31	N/A	Continuing Care EMR – Start-up costs Cluster Flats
Children Families &	Property Costs	20/21	60	N/A	Estimated cost to convert 3 study rooms to bedrooms, Fund from children’s residential EMR (TBC)

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

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
Children Families &	Continuing Care	20/21	5	N/A	1 <sup>st</sup> Year running costs Cluster Flats. Funding from balance of continuing care recurring budget.
Children Families &	Continuing Care	21/22	13	N/A	Full year impact of cluster flats – funding from balance of continuing care recurring budget.

### Legal

6.2 N/A

### Human Resources

6.3 N/A

### Equalities

6.4 Has an Equality Impact Assessment been carried out?

X	YES
	NO

6.4.2 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Care experienced young people will have the opportunity of continued supportive relationships and provision of care
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	Care experienced young people have been and will continue to contribute to the development of services for care experienced young people
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

6.5 There are clinical or care governance implications arising from this report, in that the service will be safer.

## **6.6 NATIONAL WELLBEING OUTCOMES**

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The core and cluster proposal for continuing care will provide young people with a supported transition from care which will improve their wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This proposal provides opportunity for care experienced young people to have an enhanced and supportive transition from care.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	Care experienced young people are more likely to

	experience health inequalities this proposal provides opportunity to address this through ongoing care and support
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	This proposal offers an opportunity to address the resource pressures associated with residential childcare and the provision of continuing care.

## 7.0 DIRECTIONS

### 7.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

## 8.0 CONSULTATIONS

8.1 The work associated with continuing care has been undertaken in consultation with corporate parents/young people and RSLs.

## 9.0 BACKGROUND PAPERS

9.1 None.