Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 11 February 2022

PLEASE NOTE TIME OF MEETING

A meeting of the Health & Social Care Committee will be held on Thursday 24 February 2022 at 2pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to Members and relevant Officers. The joining details will be sent to Members and Officers prior to the meeting.

In the event of connectivity issues, Members joining remotely are asked to use the *join by phone* number in the Webex invitation and as noted above.

Information relating to the recording of meetings can be found at the end of this notice.

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

IAIN STRACHAN
Head of Legal & Democratic Services

BUSINESS
**** to follow**

		Page
1.	**Apologies, Substitutions and Declarations of Interest**	
PERFORMANCE MANAGEMENT		
2.	**Revenue & Capital Budget Report – Position as at 31 December 2021** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Head of Finance, Planning and Resources, Inverclyde Health & Social Care Partnership	**p**
NEW BUSINESS		
3. **	**Provision of Care at Home Services** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
ITEMS FOR NOTING		
4.	**Dementia Care Co-ordination Programme Update** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

5.	**The Implementation of the Age of Criminal Responsibility (Scotland) Act 2019** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
6.	**Chief Officer's Report** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		**p**
	The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading of each item.		
PERFORMANCE MANAGEMENT			
7. **	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	**6 & 9**	**p**
NEW BUSINESS			
8. **	**Direct Awards for Accommodation Based Services** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing further information on the award of contracts to a number of organisations.	**6, 8 & 9**	**p**

The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.

Please note that the meeting will be recorded for publishing on the Council's website. The Council is a Data Controller under UK GDPR and the Data Protection Act 2018 and data collected during any recording will be retained in accordance with the Council's Data Protection policy, including, but not limited to, for the purpose of keeping historical records and making those records available.

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Enquiries to – **Diane Sweeney** - Tel 01475 712147

Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Health & Social Care Committee**	**Date:**	**24 February 2022**
Report By:	**Allen Stevenson** **Interim Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership** **Craig Given** **Head of Finance, Planning & Resources** **Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/19/2022/CG**
Contact Officer:	**Samantha White**	**Contact No:**	**01475 712652**
Subject:	**Revenue & Capital Budget Report – Position as at 31 December 2021**		

1.0 Purpose

1.1 The purpose of this report is to advise the Committee of the projected outturn on revenue and capital budgets for 2021/22 as at 31 December 2021.

2.0 Summary

2.1 The projected Revenue Outturn for Social Work as at 31 December 2021 is a £44,000 underspend, which is a reduction in costs of £110,000 since Period 7.

Main areas of overspend are:

- A projected overspend of £962,000 in Children's Residential Placements, Foster, Adoption and Kinship, an increase of £373,000 of which £350,000 is because utilisation of the smoothing EMR is no longer planned in this financial year.
- Within Criminal Justice a £151,000 projected overspend as a result of shared client package costs with Learning Disabilities.
- A projected overspend of £331,000 across Learning and Physical Disabilities client commitments, an increase of £268,000 of which £350,000 is because utilisation of the smoothing EMR is no longer planned in this financial year. This is offset by the allocation of £261,000 additional Living Wage funding for which no additional spend is anticipated in 2021-22. The balance of the movement is due to additional service users from those reported at period 7 together with other minor package changes.
- A projected overspend of £116,000 on Agency staffing costs within Children and Family Social Work teams, the costs of which are being met by the additional service-wide turnover savings being achieved, as detailed below.
- A projected overspend of £189,000 within Physical Disabilities client commitments with the increase of £74,000 since period 7 reflecting the increases in 2 care packages

Main areas of underspend are:

- A £499,000 projected underspend within External Homecare based on the invoices received together with an anticipated reduction in hours to be delivered.
- Additional turnover savings being projected across services of £966,000.
- A £522,000 projected underspend against the Living Wage funding on the basis that there will be no new expenditure against this at this stage in the financial year.

- A projected underspend of £411,000 Residential and Nursing Care client commitments following the allocation of the new Interim Beds funding and additional Living Wage funding.

2.2 The Social Work 2021/22 capital revised estimate is £922,000, with spend to date of £381,000, equating to 37.28% of the revised estimate. Net slippage of £307,000 is anticipated with the advancement of the capital programme in 2021/22.

2.3 The balance on the Integration Joint Board (IJB) reserves at 31 March 2021 was £14.932 million. The reserves reported in this report are those delegated to the Council for spend in 2021/22. The opening balance on these is £2.393 million with an additional £0.498 million received for 2021/22, totalling £2.891 million at period 9. Projected spend for 2021/22 is £1.187 million, expenditure is currently 29% ahead of the phased budget.

2.4 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship
- Continuing Care
- Residential & Nursing Accommodation
- LD Client Commitments

3.0 Recommendations

3.1 That the Committee notes the projected current year revenue outturn of a £44,000 underspend at 31 December 2021.

3.2 That the Committee notes the current projected capital position.

3.3 That the Committee notes the current earmarked reserves position.

Allen Stevenson
Interim Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

Craig Given
Head of Finance, Planning & Resources
Inverclyde Health & Social Care Partnership

4.0 Background

4.1 The purpose of the report is to advise the Committee of the current position of the 2021/22 Social Work revenue and capital budgets and to highlight the main issues contributing to the projected £44,000 underspend.

5.0 2021/22 Current Revenue Position: Projected £44,000 underspend (0.08%)

The table below provides a summary of this position, including the impact on the earmarked reserves.

2020/21 Actual £000		Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected (Under) / Overspend £000	Variance to Budget %
57,584	**Delegated Social Work Budget**	**54,652**	**57,553**	**57,509**	**(44)**	**(0.08)**
(6,295)	Contribution from IJB	0	0	0	0	
518	Transfer to EMR	0	0	0	0	
51,807	**Social Work Net Expenditure**	**54,652**	**57,553**	**57,509**	**(44)**	**(0.08**
2020/21 Actual £000	**Earmarked Reserves**	**Approved Reserves £000**	**Revised Reserves £000**	**2021/22 Budget £000**	**Projected Spend £000**	**Projected Carry Forward £000**
14,932	Earmarked Reserves	14,932	17,797	1,000	1,187	8,777
0	CFCR	0	0	0	0	0
14,932	**Social Work Total**	**14,932**	**17,797**	**1,000**	**1,187**	**8,777**

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

5.1 Children & Families: Projected £1,053,000 (10.00%) overspend

The increase in the projected overspend of £341,000 primarily relates to:

- A projected overspend of £656,000 against external residential placements, an increase of £353,000 of which £350,000 is because utilisation of the smoothing EMR is no longer planned in this financial year. Included the projected outturn, there are currently 15 children being looked after in a mix of residential accommodation and at home to prevent residential placements.
- A projected overspend of £306,000 across fostering, adoption and kinship, with minor increases totalling £20,000 since period 7.
- A projected £93,000 underspend within employee costs, a reduction in costs of £59,000 from period 7, which relates to additional slippage in filling vacancies and a maternity leave.

Historically, where possible any over/underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred from/to the earmarked reserves at the end of the year. These costs are not included in the above figures.

Movement in Earmarked Reserves:

- The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £350,000. As at period 9, Officers are not showing any transfer of the adoption, fostering, kinship and children's external residential accommodation overspends to the earmarked reserve.
- The opening balance on the continuing care reserve is £425,000. At period 9 there is a projected net overspend of £131,000 which would be funded from the earmarked reserve at the end of the year.

5.2 **Criminal Justice: Projected £73,000 (3.63%) overspend**

The projected overspend is showing a reduction in costs of £118,000 since period 7. This is largely within payments to other bodies and is due to reductions in package costs.

5.3 **Older People: Projected £752,000 (3.09%) underspend**

The reduction in costs of £476,000 since period 7 mainly comprises:

- A projected underspend of £499,000 within External Homecare, a minor £8,000 reduction in costs since period 7. This underspend is partially offset by staffing costs overspend detailed below, required to maintain service delivery.
- A projected overspend of £160,000 on Employee Costs within Homecare, Community Alarms, Day Care & Respite, a minor increase in costs of £9,000 since period 7.
- A projected underspend of £597,000, from which Officers are showing a transfer of £186,000 to the earmarked reserve at the end of the year, leaving a £411,000 underspend against Core budgets. Overall this is a projected reduction in costs of £838,000 since period 7. £470,000 of the movement is due to the planned budget allocation from the new Social Care monies for Interim Beds, which reflects the placements being made during the year. A further £261,000 of the movement is due to the allocation of additional Living Wage funding for which no additional spend is anticipated in 2021-22. The balance of the movement is due to lower bed numbers than anticipated at period 7.
- A reduction of £124,000 in the projected overspend within Residential and Nursing Care other client commitments, which reflects a reduction in anticipated respite spend together with the ending of 1 care package ending and reductions in 2 care packages.
- A projected £74,000 under recovery of charging order income.

Any over / underspends on residential & nursing accommodation are transferred to the earmarked reserve at the end of the year. The opening balance on the residential & nursing accommodation reserve is £617,000. At period 9 Officers are showing a transfer of £186,000 to the earmarked reserve at the end of the year.

5.4 **Learning Disabilities: Projected £123,000 (1.38%) overspend**

The increase in costs of £255,000 since period 7 primarily relates to:

- A projected overspend of £331,000 against client commitments, an increase of £268,000 of which £350,000 is because utilisation of the smoothing EMR is no longer planned in this financial year. This is offset by the allocation of £261,000 additional Living Wage funding for which no additional spend is anticipated in 2021-22. The balance of the movement is due to an additional service users from those reported at period 7, with the costs for 2 totalling £100,000 for this financial year together with other minor package changes.
- A projected £36,000 under recovery of support services income.
- A projected underspend of £235,000 within employee costs, a further reduction in costs of £35,000 since period 7 due to minor movements across allowances, overtime, sessionals and travel.

The opening balance on the Learning Disability client commitments reserve is £350,000. As at period 9, Officers are not showing any transfer of the client commitments overspend to the earmarked reserve.

5.5 **Physical Disabilities: Projected £162,000 (6.51%) overspend**

The increase in the projected overspend of £93,000 since period 7 primarily relates to client commitments and is as a result of increases in 2 care packages.

5.6 **Assessment and Care Management: Projected £130,000 (5.60%) underspend**

The reduction in costs of £64,000 since period 7 primarily relates to client commitments and the reduction in the number of short breaks anticipated.

5.7 **Mental Health: Projected £108,000 (10.78%) underspend**

The projected underspend has reduced slightly by £3,000 since period 7.

5.8 **Alcohol & Drugs Recovery Service: Projected £283,000 (32.27%) underspend**

The reduction in costs of £99,000 since period 7 comprises:

- A projected £93,000 underspend within employee costs, a reduction in costs of £73,000 from period 7, which relates to due to additional slippage in filling 5 vacancies following the restructure.
- A projected underspend of £94,000, a reduction in costs of £20,000 since period 7, due to minor package changes.

5.9 **Planning, Health Improvement & Commissioning: Projected £65,000 (3.89%) underspend**

The projected underspend is showing a minor increase of £4,000 since period 7.

5.10 **Business Support: Projected £126,000 (3.01%) underspend**

The reduction in costs of £30,000 since period 7 mainly comprises

- A projected £125,000 underspend within employee costs, a reduction in costs of £40,000 from period 7 due to further slippage in filling vacancies together with reductions in allowances payable.

6.0 2021/22 Current Capital Position

6.1 The Social Work capital budget is £10,829,000 over the life of the projects with £922,000 projected to be spent in 2021/22. Net slippage of £307,000 is currently being reported in connection with the implementation of the Swift Upgrade and to reflect pre-contract design stage progress on the New Learning Disability Facility. This has been partially offset by the previously reported advancement in connection with the virement of Covid contingency from the Environment & Regeneration capital programme to address the completion works for the new Crosshill Children's Home. Expenditure on all capital projects to 31 December 2021 is £381,000 (31.00% of approved budget, 41.32% of revised estimate). Appendix 4 details capital budgets.

6.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the original Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018 and had been behind programme when the Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration.
- The COVID-19 situation impacted the progression of the completion works tender which was progressed in 1st Quarter 2021 as previously reported. The completion work recommenced on 4 May 2021 with a contractual completion date in early November 2021.
- The works are progressing on site as summarised below:
    - Internal wall linings/finishes complete except for link corridors which are in

progress.
- Electrical final fix on-going (switches & sockets) with plumbing works 90% complete.
- External drainage (foul & rainwater) complete, with Scottish Water connection complete.
- Plumbing works to underfloor heating ongoing.

The Contractor has intimated delays due to supply chain issues and revised the anticipated completion date to 30th March 2022.

6.3 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Heath & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th March 2020. The COVID-19 situation has impacted the progression of the project. The progress to date is summarised below:

- Site information and detailed survey work has been completed including engagement of specialist consultants.
- Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design.
- Property Services has procured the services of a Quantity Surveyor to progress the assessment of the estimated project cost at Architectural Stage 2 and comparison against the original project budget. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the development of net zero carbon building standards. The assessment of costs is on-going which will include the assessment of the lower carbon option and an updated position in respect of the developing design solutions for the site specific abnormals identified through the completed detailed site surveys.
- The Council is investigating the possibility of funding support for the project and the Committee is requested to note that a stage 1 application to the Vacant and Derelict Land Investment Programme (VDLIP) has been successful with the Council invited to submit a stage 2 application by 18th February. Whilst the type of information required at stage 2 is similar to stage 1, significantly more detail is required including estimated project costs and delivery timetable. The stage 2 submission will be informed by the Architectural Stage 2 cost report currently in progress.
- Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.

6.4 Swift Upgrade:

The project involves the replacement of the current Swift system. There has been a delay going back out to tender because of Covid and this is now happening in early 2022. Consequently slippage of £600,000 is now being reported for 2021/22.

7.0 Earmarked Reserves

7.1 The balance on the IJB reserves at 31 March 2021 was £14,932,000. The reserves reported in this report are those delegated to the Council for spend in 2021/22. The opening balance on these is £2.393 million with an additional £0.498 million received for 2021/22, totalling £2.891 million at period 9. Projected spend for 2021/22 is £1.200 million. There is spend to date of £685,000 which is 29% ahead of the phased budget. Appendix 5 details the reported Earmarked Reserves and Appendix 6 details the Smoothing Earmarked Reserves.

7.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care,
- LD Client Commitments

8.0 Implications

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

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

8.2

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO

Human Resources

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

Equalities

8.4 Has an Equality Impact Assessment been carried out?

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

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO

Repopulation

8.5 There are no repopulation issues within this report.

9.0 Consultations

9.1 This report has been jointly prepared by the Interim Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and the Head of Finance, Planning and Resources, Inverclyde Community Health & Care Partnership.

10.0 List of Background Papers

10.1 There are no background papers for this report.

Appendix 1

Social Work

Budget Movement - 2021/22

Period 9 1 April 2021 - 31 December 2021

Service	Approved Budget £000	Movements: Inflation £000	Virement £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000	Amended Budget £000	IJB Funding Income £000	Revised Budget £000
Children & Families	10,494	0	25	11	0	0	10,530	0	10,530
Criminal Justice	75	43	0	0	0	0	118	0	118
Older Persons	22,548	414	357	718	0	0	24,037	0	24,037
Learning Disabilities	8,435	0	0	146	0	0	8,581	0	8,581
Physical & Sensory	2,461	0	0	26	0	0	2,487	0	2,487
Assessment & Care Management	2,716	(454)	58	0	0	0	2,320	0	2,320
Mental Health	939	0	0	63	0	0	1,002	0	1,002
Alcohol & Drugs Recovery Service	960	0	(89)	5	0	0	876	0	876
Homelessness	1,218	0	0	2	0	0	1,220	0	1,220
Planning, Health Improvement & Commissioning	1,649	26	(4)	0	0	0	1,671	0	1,671
Business Support	3,157	372	(694)	1,876	0	0	4,711	0	4,711
Totals	**54,652**	**401**	**(347)**	**2,847**	**0**	**0**	**57,553**	**0**	**57,553**

Budget Movements Detail	**£000**
Inflation	
Care at Home	108
National Care Home Contract	293
	401
Virements	
ADRS to Community Learning & Development (CLD)	(89)
Corp Dir (SIMD Deprivation)	(250)
Training (Brightwave upgrade)	(8)
	(347)

Social Work

Revenue Budget Projected Outturn - 2021/22

Period 9 1 April 2021 - 31 December 2021

2020/21 Actual £000	Subjective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
29,314	Employee costs	29,677	32,028	31,033	(995)	(3.11)
1,437	Property costs	997	996	1,035	39	3.91
2,965	Supplies & services	805	905	953	48	5.30
254	Transport & plant	378	348	289	(59)	(16.84)
840	Administration costs	723	734	880	146	19.83
46,578	Payments to other bodies	42,904	45,800	46,554	754	1.64
(17,767)	Income	(20,832)	(23,257)	(23,234)	23	(0.10)
63,622		**54,652**	**57,554**	**57,510**	**(44)**	**(0.08)**
(6,295)	Contribution from IJB	0	0	0	0	0
518	Transfer to Earmarked Reserves	0	0	0	0	0
(6,038)	Scottish Government Covid Funding	0	0	0	0	0
51,807	**Social Work Net Expenditure**	**54,652**	**57,554**	**57,510**	**(44)**	**(0.08)**

2020/21 Actual £000	Objective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
11,124	Children & Families	10,494	10,529	11,582	1,053	10.00
166	Criminal Justice	75	118	191	73	3.63
26,402	Older Persons	22,548	24,298	23,546	(752)	(3.09)
8,173	Learning Disabilities	8,435	8,842	8,965	123	1.38
2,475	Physical & Sensory	2,461	2,487	2,649	162	6.51
1,812	Assessment & Care Management	2,716	2,320	2,190	(130)	(5.60)
1,538	Mental Health	939	1,002	894	(108)	(10.78)
706	Alcohol & Drugs Recovery Service	960	877	594	(283)	(32.27)
1,154	Homelessness	1,218	1,220	1,229	9	0.74
1,706	Planning, Health Improvement & Commissioning	1,649	1,671	1,606	(65)	(3.89)
2,328	Business Support	3,157	4,189	4,063	(126)	(3.01)
6,038	Covid-19	0	0		0	0.00
63,622		**54,652**	**57,553**	**57,509**	**(44)**	**(0.08)**
(6,295)	Contribution from IJB	0	0	0	0	0
518	Transfer to Earmarked Reserves	0	0	0	0	0
0	Use of Reserves	0	0	0	0	0
(6,038)	Scottish Government Covid Funding	0	0	0	0	0
51,807	**Social Work Net Expenditure**	**54,652**	**57,553**	**57,509**	**(44)**	**(0.08)**

Appendix 3

Social Work

DRAFT Material Variances - 2021/22

Period 9 1 April 2021 - 31 December 2021

2020/21 Actual £000	Budget Heading	Revised Budget £000	Proportion of budget £000	Actual to 31/12/2021 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
	Employee Costs						
6,243	Children & Families	6,346	3,408	4,356	6,253	(93)	(1.47)
1,708	Criminal Justice	1,772	952	1,084	1,679	(93)	(5.25)
10,101	Older Persons	10,666	5,727	7,447	10,812	146	1.37
2,445	Physical Disabilities	2,645	1,420	1,678	2,410	(235)	(8.88)
2,039	Assessment & Care Management	2,165	1,163	1,410	2,036	(129)	(5.96)
1,087	Mental Health	1,263	678	787	1,164	(99)	(7.84)
1,057	Alcohol & Drugs Recovery Service	1,220	655	699	1,031	(189)	(15.49)
896	Homelessness	1,059	569	673	988	(71)	(6.70)
1,642	Planning, Health Improvement & Commissioning	1,690	908	1,094	1,619	(71)	(4.20)
1,623	Business Support	2,220	1,192	1,442	2,077	(143)	(6.44)
29,742		31,046	16,671	20,670	30,069	(977)	(60.87)
2,079	Children & Families - Residential Childcare	1,982	1,485	1,846	2,638	656	33.10
1,922	Children & Families - Adoption, Fostering and Kinship	1,744	1,412	1,666	2,050	306	17.55
170	Children & Families - Respite	201	151	189	247	46	22.89
125	Children & Families - agency staffing costs	0	0	71	116	116	n/a
38	Children & Families - Section 22 payments	16	12	42	52	36	n/a
147	Criminal Justice package costs	0	0	0	151	151	n/a
13,876	Older People - Residential / Nursing	15,785	10,281	10,355	15,374	(411)	(2.60)
3,369	Older People - External Homecare Payments	4,375	2,665	2,230	3,876	(499)	(11.41)
298	Older People - Residential Nursing - other client commitments	613	460	311	489	(124)	(20.23)
(81)	Older People - Residential Nursing - charging order income	(229)	(172)	(154)	(154)	75	(32.75)
(41)	Older People - Homecare Charges Income	(107)	(80)	(32)	(49)	58	(54.21)
9,178	Learning Disabilities - Client Commitments	9,627	5,714	5,842	9,958	331	3.44
1	Learning Disabilities - External Transport	109	82	5	20	(89)	(81.65)
2	Learning Disabilities - Legal Fees	0	0	71	71	71	n/a
(15)	Learning Disabilities - Support Services Income	(73)	(55)	0	(36)	37	n/a
1,607	Physical Disabilities - Client Commitments	1,662	1,247	1,244	1,851	189	11.37
1,285	Mental Health - Client Commitments	1,349	1,012	789	1,292	(57)	(4.23)
389	ADRS - Client Commitments	477	358	202	383	(94)	(19.71)
73	Homelessness - Client Commitments	62	47	46	87	25	40.32
2	Homelessness - Additional System License Costs	6	5	36	36	30	500.00
34,386		37,599	24,622	24,759	38,452	853	401.88
64,128	**Total Material Variances**	**68,645**	**41,293**	**45,429**	**68,521**	**(124)**	**(0.18)**

Appendix 4

Social Work

Capital Budget 2021/22

Period 9 1 April 2021 - 31 December 2021

Project Name	Est Total Cost	Actual to 31/03/21	Approved Budget	Revised Estimate	Actual to 31/12/21	Estimate 2022/23	Estimate 2023/24	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
Social Work								
Crosshill Childrens Home Replacement	2,315	1,489	221	720	334	56	50	0
New Learning Disability Facility	7,400	67	406	200	47	750	5,248	1,135
Swift Upgrade	1,101	0	600	0		901	200	0
Complete on Site	13	0	2	2		11	0	0
Social Work Total	**10,829**	**1,556**	**1,229**	**922**	**381**	**1,718**	**5,498**	**1,135**

Appendix 5

Social Work

Earmarked Reserves - 2021/22

Period 9 1 April 2021 - 31 December 2021

Project	Lead Officer / Responsible Manager	Total Funding 2021/22 £000	Phased Budget To Period 9 2021/22 £000	Actual To Period 9 2021/22 £000	Projected Spend 2021/22 £000	Amount to be Earmarked for 2022/23 & Beyond £000	Lead Officer Update
Community Justice	Sharon McAlees	88	0	0	0	88	Funding community justice Third sector work, £13k along with funding shortfall in prison income and shortfall of turnover savings against core grant in 21/22
Tier 2 School Counselling	Sharon McAlees	354	0	0	41	313	EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020. Projected spend in 2021-22 of £41k reflects shortfall in SG grant against contract.
C&YP Mental Health & Wellbeing	Sharon McAlees	223	0	7	202	21	Plan and implement a programme aimed at supporting children and young people whose life chances are negatively impact through community mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, two FTE staff from Barnardo's, one FTE research assistant based in Educational Psychology and 0.2 Educational Psychologist to act as development Officer with backfill.
C&YP Winter Planning	**Sharon McAlees**	**187**	**187**	**187**	**187**	**0**	**The Winter Pressure Fund funding has been allocated to a number of projects, direct awards to families and enhanced family support, additional staff to meet demands of additional workload associated with outstanding referrals, deferred children's hearing orders etc. As at period 9 this is now fully utilised.**
Refugees	Sharon McAlees	737	0	163	194	543	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.
Autism Friendly	Alan Best	164	0	0	0	164	Plans currently being developed.
Integrated Care Fund	Alan Best	109	0	0	0	109	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	**Alan Best**	**422**	**317**	**311**	**422**	**0**	**Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Full spend of £422k is expected for 2021-22.**

Appendix 5

Social Work

Earmarked Reserves - 2021/22

Period 9 1 April 2021 - 31 December 2021

Project	Lead Officer / Responsible Manager	Total Funding 2021/22 £000	Phased Budget To Period 9 2021/22 £000	Actual To Period 9 2021/22 £000	Projected Spend 2021/22 £000	Amount to be Earmarked for 2022/23 & Beyond £000	Lead Officer Update
Self Directed Support	Alan Brown	43	0	0	43	0	This supports the continuing promotion of SDS.
Wifi	Alan Best	7	0	0	7	0	Work has been carried out with balance looking to be fully spent this year.
Dementia Friendly	Anne Malarkey	100	5	1	30	70	Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group.
RRTP	Gail Kilbane	136	20	16	60	76	RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan
Growth Fund - Loan Default Write-off	Craig Given	24	0	0	1	23	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2020/21.
Welfare - IDEAS Projects	Craig Given	297	0	0	0	297	Plans currently being developed.
Total		**2,891**	**529**	**685**	**1,187**	**1,704**	

Social Work

Smoothing Earmarked Reserves - 2021/22

Period 9 1 April 2021 - 31 December 2021

Project	Lead Officer / Responsible Manager	Total Funding 2021/22 £000	Phased Budget To Period 9 2021/22 £000	Actual To Period 9 2021/22 £000	Projected Spend 2021/22 £000	Amount to be Earmarked for 2022/23 & Beyond £000	Lead Officer Update
Adoption/Fostering/Residential Childcare/ Kinship	Sharon McAlees	350	0	0	0	350	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. The period 9 projection assumes no use of the EMR in 2021/22.
Continuing Care	Sharon McAlees	425	68	79	131	294	To address continuing care legislation. Based on period 9 projections it is assumed that £131k of the EMR will be utilised in 2021/22.
Residential & Nursing	Alan Brown	617	0	0	(186)	803	This reserve is used to smooth the spend within Residential/Nursing Client Commitments. The period 9 projection assumes a transfer of £186k into the EMR in 2021/22.
LD Client Commitments	Alan Best	350	0	0	0	350	This reserve is used to smooth the spend within LD Client Commitments. The period 9 projection assumes no use of the EMR in 2021/22.
Total		**1,742**	**68**	**79**	**(55)**	**1,797**	

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Inverclyde Health & Social Care Committee**	**Date:**	**24 February 2022**
Report By:	**Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/18/2022/AM**
Contact Officer:	**Anne Malarkey Head of Mental Health, ADRS and Homelessness**	**Contact No:**	**715284**
Subject:	**Dementia Care Co-ordination Programme Update**		

1.0 PURPOSE

1.1 The purpose of this paper is to provide the Health and Social Care Committee with a progress report on the Inverclyde Dementia Care Co-ordination Programme.

2.0 SUMMARY

2.1 As part of Scotland's third National dementia strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve care co-ordination for people living with dementia and carers from diagnosis to end of life.

2.2 The Programme was due to end in March 2021, however during the first wave of the Covid 19 pandemic, the programme went into hibernation for 6 months. It was safely recommenced in September 2020 and, to mitigate impact from the pandemic, the Scottish Government agreed to fund the Programme for an additional year. Priorities and action plan were reviewed, taking account of what would be possible by March 2022. The Programme is now on its final 2 months and is due to end on the 31 March 2022.

2.3 Priority areas for improvement are: Ensuring a responsive and sustainable Post Diagnostic Support service; Integrated care co-ordination for people living in the moderate dementia, that is aligned to Alzheimer Scotland 8 Pillar Model of Community Support and 12 Critical Success Factors for effective care co-ordination; and, Integrated care co-ordination for people living with advanced dementia at a palliative and/or end of life stage by testing Alzheimer Scotland Advanced Dementia Practice Model.

In addition the following actions are being implemented: Creating a sustainable approach to dementia workforce development; Development and testing of a self-management leaflet and app; Local implementation of the Dementia and Housing Framework; Enhancement of the Allied Health Professional contribution to an integrated and co-ordinated approach; Improvement in the completion and consistency of Anticipatory Care Planning for individuals with dementia; and, Re-establishment of Dementia Friendly and Enabled community work.

2.4 A Programme measurement plan which will measure impact of the Programme and will continue to monitor dementia related performance after the Programme finishes has been developed and agreed. The Scottish Government are in the process of commissioning an external evaluation. Plans are in place to share Programme learning across NHS GGC, Scotland and further afield, with an online webinar planned for March, 2022. End of Programme events are being organised with Inverclyde Dementia Reference Group and the Programme Steering Group. Discussions

and planning are underway to ensure the sustainability of improvements generated by the Programme beyond March 2022.

3.0 RECOMMENDATIONS

3.1 The HSCP are asked to note the contents of this paper, Programme achievements, end of Programme planning in March 2022 and proposed sustainability plans beyond March 2022.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 As part of Scotland's third National dementia strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve the experience, safety and co-ordination of care, services and support for people living with dementia from diagnosis to end of life. The emphasis is to support people to stay well at home or in a homely setting for as long as possible. Taking a whole systems and pathway approach from diagnosis to end of life, by March 2022, the programme aims to:

- Improve care co-ordination for people with dementia and their carers
- Develop and evaluate a model of effective care coordination for people with dementia and their carers
- Share learning across NHSGGC, Scotland and further afield.

4.2 Healthcare Improvement Scotland (HIS) are the National lead for the Programme on behalf of the Scottish Government. Funding associated with the Programme has allowed Inverclyde HSCP to recruit an Improvement Advisor to lead and co-ordinate the Programme and work with national and local stakeholders.

4.3 The Programme has actively involved stakeholders throughout. 92 stakeholders attended the launch event in September 2019, including people living with dementia, carers and representatives from local and national organisations. Priority areas were identified at the event and informed the overall Programme action plan. Shared learning, progress updates, improvement ideas and action planning have been generated through five Learning Sessions.

Arrangements were agreed to involve Inverclyde Dementia Reference Group (DRG). The DRG have been instrumental in informing and supporting key areas of work, e.g. participated in local stakeholder engagement work commissioned by HIS; development of a self-management leaflet; a single quality question for the Post Diagnostic Support service; shared their experiences during the first wave of the pandemic, which was used to inform National policy and; supporting the Programme evaluation with DRG membership included on the Programme Evaluation Project Team. Members of the DRG and others with lived experience of dementia or caring for someone with dementia have informed the development of the Living Well with Dementia app.

4.4 The Programme was due to end in March 2021, however during the first wave of the Covid-19 pandemic, the programme went into hibernation for 6 months to ensure no additional pressure on frontline services. The programme was safely recommenced in September 2020 and to mitigate impact from the pandemic, the Scottish Government agreed to fund the Programme for an additional year until March 2022. The Programme priorities and action plan were reviewed following recommencement, taking account of what was achievable until March 2022. Agreed priorities are listed in table 1:

Table 1: Dementia Care Co-ordination Programme Priorities February 21 to March 22

Actions: Dementia Pathway	**Actions: Cross Pathway**
Care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post Diagnostic Support service.	- Workforce Development - Clearer roles and responsibilities - Clearer service pathways including GP practices - Self- management leaflet and app - Dementia and Housing - Enhance the Allied Health Professional contribution to an integrated and co-ordinated approach - Anticipatory Care Planning and dementia - Dementia Friendly and Enabled community (aligned to Programme) - Measurement plan and evaluation
Care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination.	
Care co-ordination for people living with advanced dementia at a palliative and or end of life stage by testing Alzheimer Scotland Advanced Dementia Practice Model.	

4.5 **Post diagnostic support (PDS) - a sustainable model**

Everyone newly diagnosed with dementia is entitled to receive a minimum of one year's post-diagnostic support, co-ordinated by a named Link Worker and have a person-centred support plan in place. This is centred on Alzheimer Scotland 5 Pillars Model of Post Diagnostic Support.

There is a PDS Local Delivery Plan (LDP) Standard which is reported in two parts:
1) The percentage of people estimated to be newly diagnosed with dementia who were referred for post diagnostic support – this is reported Scotland wide and by Health Board area.
2) The percentage of people referred who received a minimum of one year's support – this is reported Scotland wide, by Health Board and HSCP.

Data is exported to Public Health Scotland (PHS) from NHS GGC collectively. Management Information Reports detailing performance against the Dementia Post-Diagnostic Support LDP Standard are provided by PHS quarterly to each HSCP.

LDP Standard Performance: The percentage of people estimated to be newly diagnosed with dementia who were referred for post diagnostic support.

This part of the LDP standard requires the actual numbers diagnosed and referred for PDS as a percentage of the estimated incidence. Table 2 presents the proportion of people estimated to be newly diagnosed with dementia who were referred for PDS up to 31 March 2021. At the time of this report, 1 April 2016 to 31 March 2020, referral data is complete and 2020/21 is provisional. Less than half of the estimated projected numbers are diagnosed and referred to PDS across Scotland and NHS GGC. Data for 2020/21 has been impacted by the Covid-19 pandemic as there was a significant reduction in numbers diagnosed across Scotland.

Table 2: Proportion of people estimated to be newly diagnosed with dementia who were referred for PDS

Year	Scotland	NHS GGC
2016/17 (complete)	44.6%	42.7%
2017/18 (complete)	43.3%	43.1%
2018/19 (complete)	44.7%	47.6%
2019/20 (complete)	41.3%	43.1%
2020/21 (provisional)	32.2%	34.3%

LDP Standard Performance: The percentage of people referred who received a minimum of one year's PDS.

This section of the Standard is reported Scotland wide, by Health Board and by HSCP. There are two elements that are required to meet the Standard:

- PDS must commence, that is first direct intervention with a PDS Practitioner or team within one year from date of diagnosis and;
- A minimum of one year PDS is recorded from first direct intervention with a PDS Practitioner or team to PDS termination or transition date.

It can take up to two years from date of dementia diagnosis to complete PDS and LDP Standard requirements. Table 3 presents the proportion of people referred who received a minimum of one year's PDS up to 31 March 2021. Data for 2016/17, 2017/18 and 2018/19 are now complete, during this time Inverclyde HSCP compliance is 68.5%, 77.4% and 57% respectively. Remaining annual reports are provisional with PDS support ongoing. Work in underway within Inverclyde to improve LDP Standard compliance through increased investment in PDS Link Worker services.

Table 3: Proportion people referred who received a minimum of one year's PDS

Year	Scotland	NHS GGC	Inverclyde
2016/17 (complete)	75.5%	66.5%	68.5%
2017/18 (complete)	73%	63.8 %	77.4%
2018/19 (complete)	74.7%	64%	57%
2019/20 (provisional)	80%	61.4%	55.5%
2020/21 (provisional)	68.7%	43.2%	35.3%**

*** at the time of this report, PDS was ongoing for 52 referrals in 2020/21*

As a result of the investment in an additional two PDS Link Worker posts there has been a significant reduction in service waiting list and waiting times. The additional Link Workers commenced in April and May, 2021. Figure 1 below demonstrates a reduction in waiting list numbers from 85 in April to 31 with 105 new referrals during this time in October and Figure 2 illustrations a reduction in waiting times from 15 to 3 months. This has been sustained.

Figure 1: Improvements in Waiting List

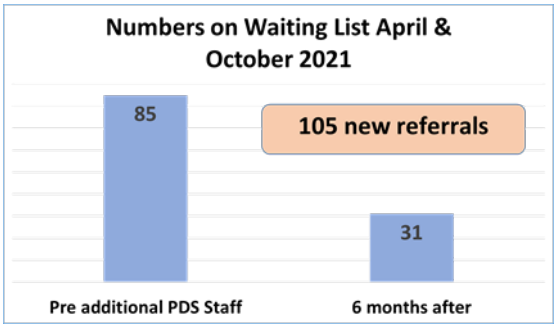
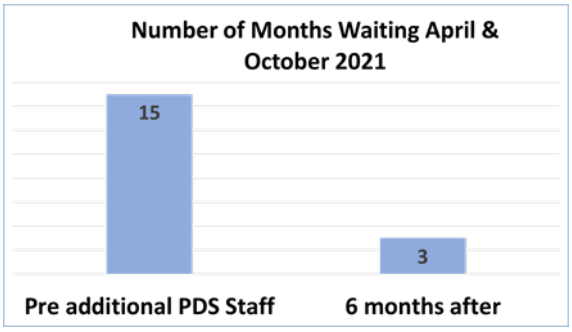


Figure 2: Improvements in Waiting Times



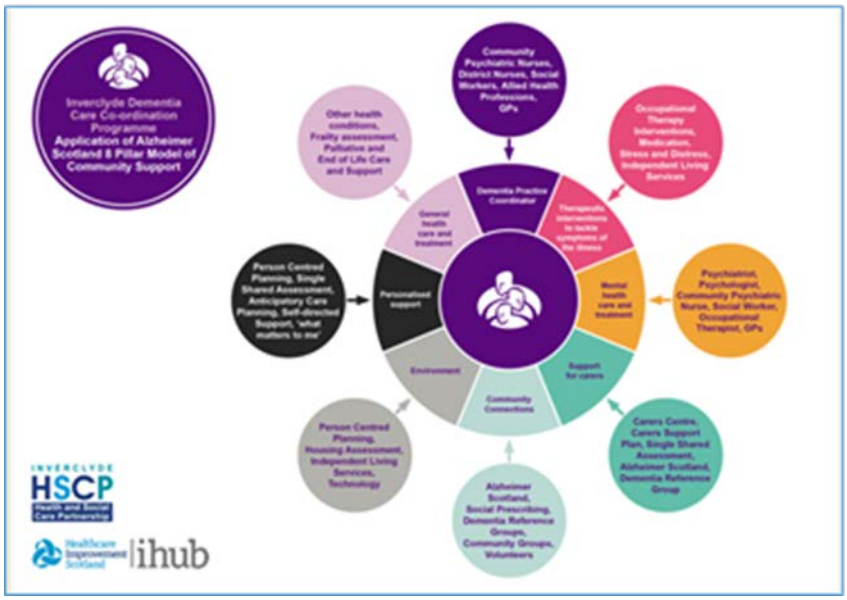
There are additional improvements ongoing including the development of a PDS service standard operating procedure; to incorporate a process of PDS service feedback and evaluation and to ensure equitable service provision that meets the requirements of the Equality Act, 2010.

4.6 **Care Co-ordination and 8 Pillar Model Community Support**

This applies to the stage of the dementia journey when people are living at home and are supported to live independently and remain connected to their community, for as long as possible, as dementia progresses. This is aligned to Alzheimer Scotland 8 Pillars Model of Community Support.

In October 2021 we hosted our 5th Programme learning session. The purpose of this was to increase awareness of services and supports for people living with dementia and carers. This was requested following feedback from participants who attended the 4th Learning Session. Plans are now underway to collate this information into a single services document that will be shared across Inverclyde. This will include a clear definition of the care co-ordination role in Inverclyde.

Figure 3: Application 8 Pillar in Inverclyde



We have also mapped existing services in Inverclyde to Alzheimer Scotland 8 Pillar Model of Community Support, (figure 3). The Model provides a coordinated and strategic framework for effective and integrated community support for people living with dementia and their carers. It addresses treatment of symptoms and aims to improve the resilience of people with dementia and their carers supporting them to live well and independently for as long as possible. It recognises that for people living with dementia to have optimal wellbeing both health and social needs required to be met.

12 Critical Success Factors for Effective Care co-ordination

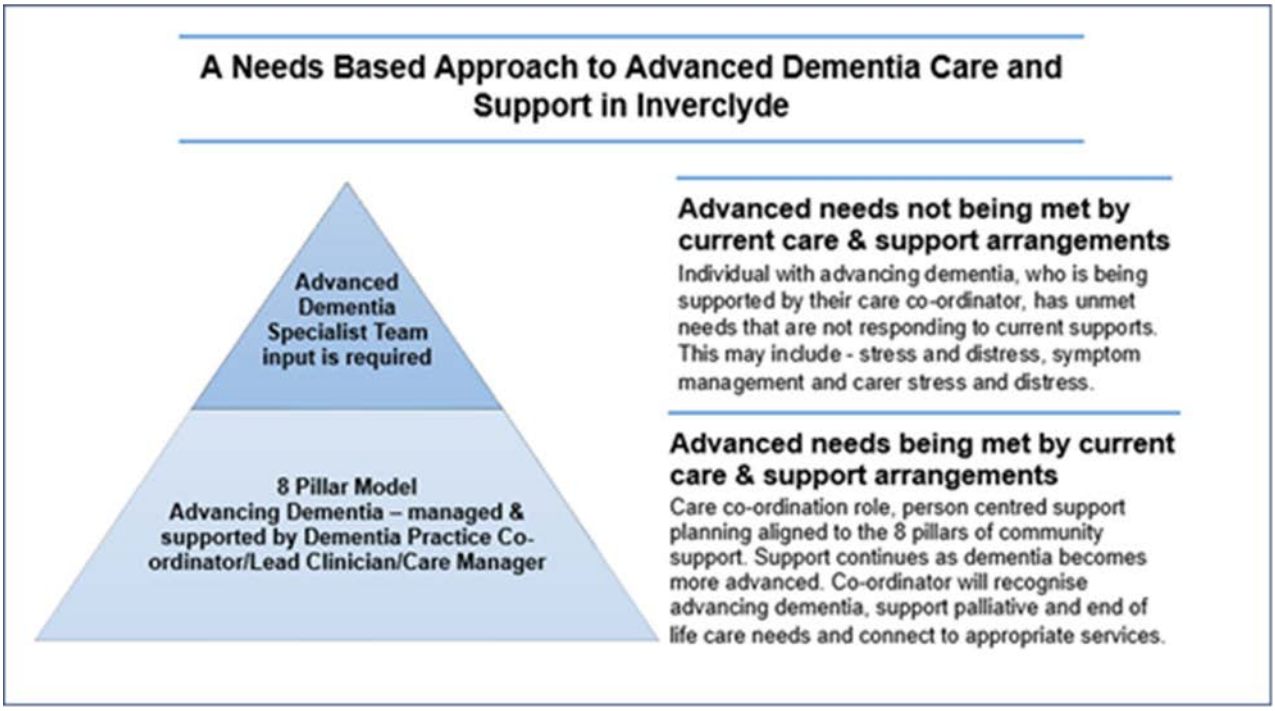
Work that was done elsewhere in Scotland identified 12 critical success factors that are required to ensure effective care co-ordination for people living with dementia and their carers. Inverclyde

is currently collating results from the 12 critical success factors self-assessment. This will further inform local areas for improvement and action planning beyond the end of the Programme.

4.7 **Alzheimer Scotland Advanced Dementia Practice Model (ADPM)**

Testing Alzheimer Scotland ADPM is a requirement of the Programme. This Model sets out to ensure palliative and end of life (PEOL) care and support needs for people living with advanced dementia are met, including the needs of their family and or carers. A working group was established to agree how the ADPM should be implemented and tested in Inverclyde. A Needs Based Approach was agreed as a Framework to test and implement the ADPM in Inverclyde, see figure 4 below. It is recognised that the majority people living with advancing dementia will have their advancing dementia needs supported by their care co-ordinator. In order to successfully achieve this, staff need to be able to recognise if dementia is becoming more advanced. This can be difficult as the progression of dementia can be very gradual. PEOL identification tools assist in recognising changes in the stage of the illness. Where it is identified that health and social care needs are not being met, the care co-ordinator can consider if input from the Advanced Dementia Specialist Forum (ADSF) is required. In testing the ADPM we explored PEOL identification tool/s that could be used in Inverclyde and tested an Advanced Dementia Specialist Forum (ADSF) that brings together an Advanced Dementia Specialist Team.

Figure 4: Needs Based Approach to Advanced Dementia Care and Support in Inverclyde



Advanced Dementia Specialist Forum (ADSF)

The purpose of the ADSF is to ensure the best possible experience of care and support for people with advancing dementia, including their family and or carers. The Forum brings together multi-disciplinary and multi-agency expertise, including health, social care and third sector partners. The Forum aims is to facilitate discussion that leads to recommendations which support the effective and co-ordinated delivery of appropriate care and supports that takes account of the preferences of individual and their carers.

The Forum was tested over a period of 6 months from June to November 2021 and has now been evaluated. Initial reflections are that the Forum was valued and does make a difference to people with dementia and their carers. It also supports staff in managing complex situations. The multi-agency discussion and recommendations provided practical solutions to address unmet need and changed the trajectory of care and support. The Forum was particularly valued as a learning and development opportunity. There was an improved understanding of roles and responsibilities of all health, social care and third sector services involved and the range of supports available for people living with dementia and their family or carers. Reflections from participants were that the Forum should continue, however a review of how this should be taken

forward requires further consideration, in particular identifying cases for the Forum and ensuring this does not duplicate existing MDT arrangement. The final report and recommendations will be available by March 2022.

Palliative and End of Life Identification Tools

It is recognised that dementia gradually deteriorates over a longer period of time and often PEOL care and support needs are not recognised until end of life stage. It is therefore important that advancing dementia is recognised to ensure appropriate PEOL care and support is in place. A short life working group was established identify and agree an identification tool or a basket of tools that can be used in Inverclyde. Conclusions are, at the moment, that it has not been possible to determine if one tool is preferable to others. Choice of tool depends on the practitioner group, the setting and the purpose for using the tool. For example prognostication, identification of symptoms and concerns, early warning, rate of change, phase of illness and/or function is required. At this stage, Inverclyde is awaiting recommendations from the forthcoming SIGN guidelines. The identification of PEOL care and support needs will form part of local dementia workforce development plans.

Care Home Placement of Person with Learning Disability and Advanced Dementia

A need was identified by Inverclyde Community Learning Disability Team relating to the care home placement of an individual with a learning disability and advanced dementia. A short life working group was established involving local and national partners. The group has agreed to draft a guidance document for staff to support people with a learning disability and advancing dementia moving to move into a care home. It is anticipated the document will be completed by March 2022.

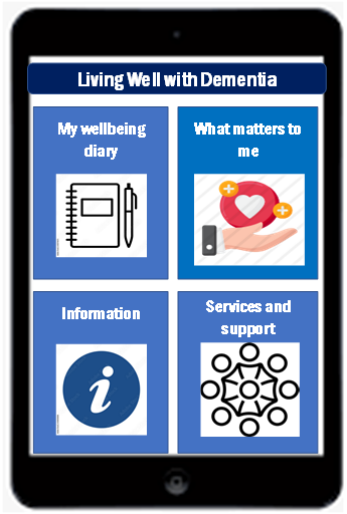
4.8 **Workforce Development**

The ambition for Inverclyde is to have a sustainable dementia workforce training and development plan in place. The Programme aims to ensure the workforce of Inverclyde, who support people living with dementia and their carers, have the appropriate knowledge and skills to support them to live well and live independently for as long as possible within their own community throughout their dementia journey. This plan will include health, social care, third sector, community groups, volunteers, housing and care home staff. A Dementia Training Co-ordinator has now been recruited and commences in January 2022. A dementia related workforce development plan will be agreed for Inverclyde.

4.9 **Dementia Friendly and Enabled Inverclyde**

Your Voice have been appointed to implement Dementia Friendly and Enabled Programme across Inverclyde. A dementia friendly community relates to relationships and inclusion within the community and a dementia enabled community is a physical environment that is adjusted to make life easier and places more accessible for people living with dementia. The Dementia Friendly and Enabled initiative commenced in October, 2021 for a period of 18 months. A progress report, will be presented to the Mental Health Programme Board in March 2022.

4.10 **Living Well With Dementia App**



A requirement of the Programme is to explore the use of digital solutions to transform services. This aims to support people living with dementia to live well and independently for as long as possible. A short life working group was established to develop the app and content. The app's development has been informed by people living with dementia and carers. Five sections have been agreed, they are:

- My wellbeing diary - to record how the user feels in a way that that can be measured over time, can be shared and links to support if required;
- What matters to me section, to record information about the user and their life story;
- A further information section;
- A services and support section;
- A section for carers will be included

We are now in the final stages of development and drafting content. It is anticipated the app will be ready for testing by the end of March 2022.

4.11 **Supports and Services Leaflet**

Plans are underway to evaluate the self-management leaflet with PDS Link Workers. The leaflet, provides information about services and supports for people living with dementia and carers and is now available. Paper copies can be obtained by calling Crown House on 01475 558000 or can be downloaded here [Dementia Friendly Inverclyde - Inverclyde Council]

4.12 **Dementia and Housing**

Discussions are underway to explore local implementation of the Housing and Dementia Framework. The Framework provides the tools for the housing sector to build on existing good practice and help people living with dementia, their families and carers to live in homes which have enabling environments and help them achieve the outcomes that matter most to them. Dementia awareness training, delivered by Alzheimer Scotland Dementia Advisor, is planned within local sheltered housing. Training is planned for PDS Link Workers to carry out early housing discussions.

4.13 **Allied Health Professional (AHP) contribution**

AHPs have a key role in supporting people living with dementia and their family and or carers. Progress has been made in exploring and enhancing the AHP contribution to an integrated and

co-ordinated approach as outlined in the Alzheimer Scotland AHP framework; Connecting People, Connecting Support. Occupational Therapy interventions such as Cognitive Stimulation Therapy, Journey Through Dementia and Home Based Memory Rehabilitation, are currently being delivered and evaluated in Inverclyde.

4.14 **Anticipatory Care Planning (ACP)**

There is currently improvement work in progress across Inverclyde relating to Anticipatory Care Planning. Part of this will ensure the completion and review of ACP for everyone with a dementia diagnosis. Planning is underway to train PDS Link Workers to complete and share elements of an ACP appropriate to their role.

4.15 **Measurement plan, Dementia Register and Evaluation**

A Programme measurement plan has been developed and agreed that will measure impact of the Programme, see section 8.1. This will become Inverclyde HSCP Dementia Measurement & Performance Framework after the Programme finishes. A recommendation of the Programme is to develop and test a Dementia Register for the population of Inverclyde. The aim of the register is understand Inverclyde's dementia population in terms of demographics and to inform planning that will meet local needs. Discussions are underway about how this will be collected and reported. The Scottish Government are in the process of commissioning an external evaluation of the whole Care Coordination Programme. An Evaluation Project Team has been established to oversee and steer the independent evaluation. It is anticipated that the evaluation will begin in March 2022 for a period of 6 months.

4.16 **Sharing Programme Learning**

A requirement of the Programme is to share learning across NHS Greater Glasgow and Clyde and more widely across Scotland. Programme updates have been provided at National events such as the National Post Diagnostic Support Leads meeting and shared through existing networks within NHS GGC. End of Programme events are being planned with Inverclyde Dementia Reference Group and the Programme Steering Group. An online webinar is being created to share learning from the Programme which will have a wider reach across Scotland and further afield.

4.17 **Sustainability**

The sustainability of improvements that have been generated by the Care Coordination Programme is a key focus of discussions within the closing months. As detailed in this report there are legacy pieces of work such as the training coordinator post and dementia friendly and enabled community initiative which will continue beyond the end of the Programme. Consideration is being given to reinstating the Inverclyde Dementia Strategy Group to continue work on the identified Programme priority areas and provide strategic direction and oversight to future developments.

5.0 PROPOSALS

5.1 The HSCP are asked to note the contents of this paper, Programme achievements and action planning until its conclusion in March 2022.

6.0 IMPLICATIONS

Finance

6.1

Financial Implications:

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
TBC – Dementia earmarked reserve					Dementia training co-ordinator - approximately £26,245.50 for salary and other costs for 18 months. Dementia Friendly and Enabled Community project - approximately £62,000 for salary and other costs for 18 months.

Legal

6.2 No implications

Human Resources

6.3 Job description and person specification for the dementia training co-ordinator position was complete, Grade agreed and position recruited.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO -

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES Children under ACR will not be stigmatised by being criminalised or disadvantaged by having convictions for the purposes of disclosure that can adversely affect them in later in life.
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –.
X	NO

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 Involving stakeholders has been central throughout the Programme. 92 stakeholders attended the Programme launch event in September 2019, including people living with dementia, carers and representatives from local and national organisations. Priority areas were identified and agreed and informed the overall Programme action plan. Shared learning, progress updates, improvement ideas and action planning were generated through 5 Learning Sessions.
Arrangements were agreed to involve Inverclyde Dementia Reference Group (DRG). The DRG have been instrumental in informing and supporting areas of work, e.g. participated in local stakeholder engagement work commissioned by HIS; development of a self-management leaflet; a single quality question for the Post Diagnostic Service; shared their experiences during the first wave of the pandemic, which was used to inform National policy and; supporting the Programme evaluation with DRG membership on the Programme Evaluation Project Team. Members of the DRG and others with lived experience of dementia or caring for someone with dementia have informed the development of the Living Well with Dementia app.

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Dementia Care Coordination Programme Measurement Framework. (see appendix 1)

Inverclyde HSCP Dementia Measurement & Performance

Reporting Schedule	Frequency
Focus on co-ordination project evaluation/appraisal	End of project
Quality and Performance reporting	Monthly reports Quarterly meetings
Commissioning data sets	Monthly reports
Annual benchmarking of 12 CSF	Annually
Annual summary & assessment report	Annually

Monthly Reporting - PDS

Name of measure	Concept being measured and why it's important to look at this	Operational definition	Data collection
The impact of Post Diagnostic Support for people with a confirmed Dementia diagnosis.	The LDP Standard is that all people newly diagnosed with dementia receive a minimum of one year of post-diagnostic support (PDS) and have a person-centred plan in place at the end of that support period.	Monthly PDS LDP Standard report (Appendix)	Collected in the PHS LDP Standard report (Appendix)
Number/percentage of people with a Learning Disability with a dementia diagnosis	Knowledge of demographics of people with a Learning Disability with confirmed diagnosis of dementia	Numbers/percentages of people with confirmed Dementia diagnosis and known Learning Disability	Data collected by HSCP Data Analyst from Micro strategy
Number/percentages of people with a Learning Disability and confirmed dementia diagnosis receiving PDS provision	The LDP Standard is that all people newly diagnosed with dementia receive a minimum of one year of post-diagnostic support (PDS) and have a person-centred plan in place at the end of that support period.	Monthly PDS LDP Standard report	Collected in the PHS LDP Standard report (Appendix)

Appendix 1

Quarterly Reporting – OPMH Services

Name of measure	Concept being measured and why it's important to look at this	Operational definition	Data collection
The amount of time people with a confirmed Dementia diagnosis are placed on waiting lists for services (O)	It is anticipated that effective care co-ordination will reduce waiting list numbers and times	Numbers/percentages of people with a confirmed Dementia diagnosis and length of time placed on waiting lists for care co-ordination services including OPCMHT, Memory Clinic, AHP, Psychology, Psychiatry out-patients	Data collected by HSCP Data Analyst. Displayed monthly
Number/percentage of people receiving care co-ordination (O)	The numbers/percentages of people receiving care co-ordination will have increased	Numbers/percentages of people with a confirmed Dementia diagnosis in receipt of care co-ordination, 2019/2020, 2020/2021 & 2021/2022. This includes care co-ordination across all services e.g. OPCMHT, Access First, GP, District Nursing, Reablement, home care.	Needs data to be collected and linked from SWIFT, MH Dashboard and other systems. Diagnosis information recorded on EMIS. Use of outcome measures
Impact of care co-ordination for people with confirmed Dementia diagnosis (P)	Effective care co-ordination is based on the needs and values of service users, carers and communities	Collection of qualitative data and information of person experience of care co-ordination. This includes care co-ordination across all services e.g. OPCMHT, Memory Clinic, AHP, Psychology, Psychiatry out-patients, primary care, Access First, Reablement, home care, community supports.	Healthcare Experience Survey PDS Single Quality Question Case studies Learning events Other survey examples
Number/percentage of people with confirmed diagnosis of dementia receiving End of life care input (O)	The numbers/percentages of people with confirmed diagnosis of dementia receiving a form of EOLC will have increased.	Numbers/percentages of people with a confirmed Dementia diagnosis in receipt of EOLC input, 2019/2020, 2020/2021 & 2021/2022. This includes EOLC across all services e.g. OPCMHT, GP, AHP, District Nursing, home care, hospice, acute care.	Needs data to be collected and linked from SWIFT, MH Dashboard and other systems.
Impact of EOLC for people with confirmed Dementia diagnosis (P)	Compassionate EOLC is based on the needs and values of service users, carers and communities	Collection of qualitative data and information of person experience of care co-ordination. This includes EOLC across all services e.g. OPCMHT, GP, AHP, District Nursing, home care, hospice, acute care.	Advancing Dementia Practice Forum Case studies Learning events Other survey examples
The impact of the Allied Health Professionals contribution aligned with Connecting People Connecting Support in Action (O)	To measure/evidence developments in line with the CPCS 4 ambitions; enhance access, partnership and integration, skilled workforce and innovation and improvement	Collection of data and qualitative information associated with Occupational Therapy interventions. Including measures; Outcomes of QOL-AD tool Findings from Single Quality Question Findings from Occupation Based Question	Collected in Occupational Therapy performance reporting

Annual Reporting – Hospital Care

Name of measure	Concept being measured and why it's important to look at this	Operational definition	Data collection
Rate of unplanned acute inpatient admissions for patients with a dementia diagnosis. (O)	It is anticipated that effective care co-ordination would result in a reduction in unplanned admissions	The rate per 100,000 of unplanned acute inpatient admissions for patients with a dementia diagnosis, presented by month. Includes code 9 (AWI). Dementia diagnosis defined as documented in electronic patient records.	Data collected by HSCP Data Analyst and PHS LIST analyst. Displayed monthly
Rate of unplanned mental health inpatient admissions for patients with a dementia diagnosis. (O)	It is anticipated that effective care co-ordination would result in a reduction in unplanned admissions	The rate of unplanned mental health inpatient admissions, presented by month. Includes code 9 (AWI). Dementia diagnosis defined as documented in electronic patient records.	Data collected by HSCP Data Analyst and PHS LIST analyst. Displayed monthly
Rate of unplanned Geriatric Long Stay inpatient admissions for patients with a dementia diagnosis. (O)	It is anticipated that effective care co-ordination would result in a reduction in unplanned admissions	The rate of unplanned Geriatric Long Stay inpatient admissions, presented by month. Includes code 9 (AWI). Dementia diagnosis defined as documented in electronic patient records.	Data collected by HSCP Data Analyst and PHS LIST analyst. Displayed monthly
Rate of delayed discharges, and associate number of days (O)	It is anticipated that effective care co-ordination would lead to a reduction in the number of delayed discharges and the amount of time spent on delayed discharges	The rate of delayed discharges for patients with a dementia diagnosis per 100,000 population. Dementia diagnosis defined as documented in electronic patient records.	Data collected by HSCP Data Analyst and PHS LIST analyst. Displayed monthly
The numbers and length of time spent on delayed discharge for patients with a dementia diagnosis, as a % of all delayed discharges (O)	It is anticipated that effective care co-ordination would lead to a reduction in the number of delayed discharges and the amount of time spent on delayed discharges	Time spent as a delayed discharge for those with a dementia diagnosis as a percentage of total delayed discharge time (matches definition in Midlothian report)	Data collected by HSCP Data Analyst and PHS LIST analyst.
Unplanned admissions in last 3 months of life (O)	Effective care co-ordination should result in a reduction in unplanned admissions in the last 3 months of life	Numbers of people with a confirmed Dementia diagnosis admitted to in-patient facilities in last 3 months of life. Comparison with admissions without Dementia diagnosis.	PHS LIST analyst
Place of death (O)	Effective care co-ordination may result in an increase in the number of people die at home or in a homely setting	Numbers and percentages of the place of death of people with a confirmed Dementia diagnosis.	PHS LIST analyst

Dementia prevalence numbers and rates (B)	Knowledge of past trends can inform a trajectory of prevalence in the population for future service planning.	Source linkage files: persons aged 65+ with a dementia flag, derived from the diagnosis field in SMR hospital discharge data. Prescriptions: persons aged 65+ who received a drug associated with dementia (BNF 4.11) in the years 2012/13-2018/19. Source social care collection: persons aged 65+ flagged as having dementia in any of the quarterly submissions 2017/18 to 2018/19. Post diagnostic support (PDS): individuals aged 65+ diagnosed and referred for PDS in 2018/19. The dementia cohort was linked to death records to restrict membership to those who were alive at the end of 2018/19.	Data collected by HSCP Data Analyst and PHS LIST analyst.

Annual Reporting – Community Care & Care Homes

Name of measure	Concept being measured and why it's important to look at this	Operational definition	Data collection
Number of care home residents with a dementia diagnosis in calendar year	Percentage of care home residents with a confirmed diagnosis of dementia		
Number of people with dementia newly admitted to a care home within calendar year	Volume of admissions and prevalence of admissions with confirmed dementia diagnosis		
Reason for admission to care home	Common reasons/trends for need for admission to care home		
Age at care home admission with or without confirmed diagnosis of dementia	Average age of new admissions to care homes and comparison of confirmed dementia diagnosis and not		
Number of patients with a dementia diagnosis with a frailty score	Global analysis of population with confirmed dementia diagnosis and frailty scores. Links with service input.		

Number of patients with a dementia diagnosis with an Anticipatory Care Plan	Global analysis of population with confirmed dementia diagnosis and ACP. Links with service input.		
Number of patients with a dementia diagnosis with a Key Information Summary	Global analysis of population with confirmed dementia diagnosis and KIS. Links with service input.		
Number of patients with a dementia diagnosis in receipt of SDS	Global analysis of population with confirmed dementia diagnosis and SDS. Analysis of care provision and comparison with population without SDS.		
Number of patients prescribed drugs for dementia in the community, and total cost	Global analysis of population with confirmed dementia diagnosis and in receipt of pharmaceutical support. Analysis of cost and impact on service provision.		
Number of population with confirmed diagnosis of dementia in receipt of care from unpaid carer	Global analysis of population with confirmed dementia diagnosis and receiving unpaid care. Analysis of service input, impact on care co-ordination and supports.		

Appendix

Monthly Reporting - Post Diagnostic Support

Reference to Measurement plan	From PDS MicroStrategy Dashboard
Referrals to PDS	Number of referrals to PDS service
Discharges from PDS	Number of discharges from PDS service
PDS waiting list	Total numbers on PDS waiting list at end of each month
PDS waiting list	Waiting time: Median
PDS waiting list	Waiting time: 90th Percentile
PDS Caseload numbers and clients in receipt of 'model of care'	PDS Caseload total numbers
PDS Caseload numbers and clients in receipt of 'model of care'	PDS Caseload - Number receiving PDS 5 Pillars
PDS Caseload numbers and clients in receipt of 'model of care'	PDS Caseload - Number receiving PDS 8 Pillars
PDS Caseload numbers and clients in receipt of 'model of care'	PDS Caseload - Number receiving PDS ADPM
PDS Caseload numbers and clients in receipt of 'model of care'	PDS Caseload - Number PDS Not Appropriate
PDS Caseload numbers and clients in receipt of 'model of care'	PDS Caseload - Number receiving PDS - Model Yet to be determined

Inverclyde council

AGENDA ITEM NO: 5

Report To:	**Inverclyde Health & Social Care Committee**	**Date:**	**24 February 2022**
Report By:	**Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/15/2022/AG**
Contact Officer:	**Anne Glendinning Acting Head of Children & Families and Criminal Justice Services**	**Contact No:**	**01475 715368**
Subject:	**The Implementation of the Age of Criminal Responsibility (Scotland) Act 2019**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Health and Social Care Committee of the implementation of the Age of Criminal Responsibility (Scotland) Act 2019.

2.0 SUMMARY

2.1 The intention of the Act is to protect children from the harmful effects of early criminalisation while ensuring that incidents of harmful behaviour by children under 12 years can be investigated effectively, and responded to appropriately.

2.2 The Act was fully implemented, on 17th December 2021. The Act raises the age of criminal responsibility in Scotland from 8 to 12 years of age. This means that children younger than 12 will no longer be treated as criminal suspects.

3.0 RECOMMENDATIONS

3.1 For the Health and Social Care Committee to note the enactment of the Age of Criminal Responsibility (Scotland) Act 2019 on 17th December 2021.

4.0 BACKGROUND

4.1 The intention of the Act is to protect children from the harmful effects of early criminalisation, while ensuring that children and their families receive the right support. The child's wellbeing is a primary consideration. Interventions must aim to protect children, reduce stigma and ensure better future life chances. There is also a duty to protect the safety and meet the needs of those involved in an incident including any victim(s) and the community.

4.2 The ethos of the Act is rights respecting and reflects Scotland's commitment to international human rights standards:

- children under 12 will no longer be stigmatised by being criminalised at a young age, due to being labelled as an 'offender';
- children under 12 are not disadvantaged by having convictions for the purposes of disclosure, which can adversely affect them later in life;
- the position for care experienced children improves (since adverse childhood experiences leading to care proceedings may increase the likelihood of a child finding themselves in situations of risk)
- the new age of criminal responsibility aligns with longstanding presumptions around maturity, rights, and participation
- the Act also brings a trauma informed approach to the centre of child justice

4.3 The Act provides powers to Police to investigate incidents of serious harm. Children under investigation have access to independent advice, support and assistance. Things must be explained to them in an age appropriate way. Forensic samples and prints cannot be kept unnecessarily.

4.4 It is anticipated that numbers affected across Scotland will be very small, no more than 20 in an average year. Inverclyde has not experienced a child in this situation for well over a decade.

4.5 The Act limits the power of Police to question a child under 12 where a constable has reason to believe that the child: by behaving in a violent or dangerous way, has caused or risks causing serious physical harm to another person OR by behaving in a sexually violent or sexually coercive way has caused or risk causing harm (whether physical or not) to another person. The child can be interviewed (under strict conditions see below) but cannot be arrested, charged, or subject to processes via criminal justice.

4.6 Whilst the Act provides the police with the power to remove a child to a place of safety, the guidance is clear that police officers must consult with local authorities to identify an appropriate place of safety to best meet the needs of the child whilst taking the situation into account. Removal to a place of safety must only be used as a measure of last resort. The child can only be kept in a place of safety for as long as it is necessary to put in place arrangements for the care and protection of the child. The Act requires Scottish Ministers to compile, maintain and publish a list of places of safety across Scotland. The child's home may be designated the place of safety so long as this would not subject either the child or others to harm. A Police station should only be used as a last resort. A child can not be held in a place of safety for more than 24 hours.

4.7 In the pursuit of information relevant to situation, a child can be subject to interview. However an interview can only take place with the agreement of the child, the parents, or where a Sheriff grants a Child Interview Order, or where there is risk of loss of life. The purpose of the interview is to help the police establish what has happened, and to help identify any additional support or protection needs that the child may have. Police must liaise with the Local Authority regarding the conduct of interview(s). An Interagency Referral Discussion will take place prior to interview to enable services to share information. A child who is under 16, or who is 16-17 and on a Compulsory Supervision Order (via the Children's Hearing system) may be interviewed as long as the behaviour investigated relates to when they were under 12 years of age and after the act commences.

4.8 The Act establishes the role of the Child Interview Rights Practitioner (ChIRP), who must be a

solicitor registered with the Children's Legal Assistance Scheme. A child should not be interviewed without a ChIRP & they take part in the interview planning.

4.9 Responding proportionately to the needs of a child who has caused harm does not diminish the rights of victims. They will still be the victim of a crime and have the right to have that crime fully investigated by Police and offered the support that is available to all victims of crime.

5.0 PROPOSALS

5.1 For Health and Social Care Committee to accept the implications of the Act as detailed.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 N/A

Human Resources

6.3 N/A

Equalities

6.4 Equalities

(a) Has an Equality Impact Assessment been carried out?

x	YES EQIA completed by Scottish Government (attached as appendix 2)
	NO –

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

x	YES Children under ACR will not be stigmatised by being criminalised or disadvantaged by having convictions for the purposes of disclosure that can adversely affect them in later in life.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –.
x	NO

Repopulation

6.5 N/A

7.0 CONSULTATIONS

7.1 N/A

8.0 BACKGROUND PAPERS

8.1 See attached – Appendix 1 (briefing note)

Age of Criminal Responsibility (Scotland) Act 2019

1 Background

The intention of the Act is to protect children from the harmful effects of early criminalisation while ensuring that incidents of harmful behaviour by children under 12 can be investigated effectively, and responded to appropriately. Once fully implemented, on **17th December 2021**, the Act will raise the age of criminal responsibility in Scotland from 8 to 12 years of age, and children younger than 12 will no longer be treated as criminal suspects.

2 Powers and duties

The Act provides powers to Police to investigate incidents of Serious harm. Promotion and safeguarding of the child's Wellbeing is a primary consideration. Children under Investigation have access to independent advice, support And assistance. Things must be explained to them in an Age appropriate way. Forensic samples and prints Cannot be kept unnecessarily. Small numbers – estimate is around 20 cases a year across Scotland.

3 Scope

The Act limits the power of Police to question a child under 12 where a constable has reason to believe that the child: By behaving in a violent or dangerous way, has caused or risks causing serious physical harm to another person OR By behaving in a sexually violent or sexually coercive way has caused or risk causing harm (whether physical or not) to another person

4 Place of safety (1)

Whilst the Act provides the police with the power to remove a child to a place of safety, the guidance is clear that police officers must consult with local authorities to identify an appropriate place of safety to best meet the needs of the child whilst taking the situation into account. Removal to a place of safety must only be used as a measure of last resort. The child can only be kept in a place of safety for as long as it is necessary to put in place arrangements for the care and protection of the child.

5 Place of safety (2)

The Act requires Scottish Ministers to compile, maintain and publish a list of places of safety across Scotland. Inverclyde are working with WOS partners to identify a POS.

The child's home may be designated the place of safety so long as this would not subject either the child or others to harm. A Police station should only be used as a last resort. A child can not be held in a place of safety for more than 24 hours

6 Investigative interviews

An interview can only take place with the agreement of the child, the parents, or where a Sheriff grants a Child Interview order, or where there is risk of loss of life.

The purpose of the interview is to help the police establish what has happened, and to help identify any additional support or protection needs that the child may have. Police must liaise with the LA re the conduct of interview(s). An IRD will take place prior to interview and in Inverclyde the SCIM process will be utilised.

A child who is under 16, or who is 16-17 and on a CSO may be interviewed as long as the behaviour investigated relates

Appendix 1

7 Child interview rights practitioners

The Act establishes the role of the child interview rights practitioner (ChIRP), who must be a solicitor registered with the Children's Legal Assistance Scheme. A child should not be interviewed without a ChIRP.

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Appendix 2

EQUALITY IMPACT ASSESSMENT - RESULTS

Title of Policy	The Age of Criminal Responsibility (Scotland) Bill
Summary of aims and desired outcomes of Policy	The main purpose of the Bill is to raise the age of criminal responsibility (ACR) in Scotland from 8 to 12, to align it with the current age of prosecution, and reflect Scotland's progressive commitment to international human rights standards so that: • Children under the ACR are not stigmatised by being criminalised at a young age due to being labelled an "offender"; • Children under the ACR are not disadvantaged by having convictions for the purposes of disclosure, which can adversely affect them later in life; • The new ACR aligns with longstanding presumptions around maturity, rights, and participation and improves the lives of children with care experience (especially children looked after away from home) whose behaviours are more likely to have been reported to police - and therefore to attract a criminalising state response - than Scotland's child population in general. In consequence of the change to the ACR, the Bill also provides for a number of measures to ensure that action can still be taken by the police and other authorities when children under the age of 12 are involved in serious incidents of harmful behaviour, to protect the child's rights and best interests, and the interests and rights of anyone harmed. While these measures include specific investigatory powers for the police, the Bill also makes provision for the sharing of information with victims in respect of actions taken by the children's hearings system and a right for a child under the ACR thought to be responsible for a

	serious incident to have access to a supporter and to an advocacy worker during a formal police interview. The Bill also makes changes to the disclosure system, removing the automatic disclosure of convictions for the behaviour of under 12s and putting in place independent review of information to be included in response to a disclosure check, when that check may disclose non-conviction, but potentially adverse, information dating back to when the applicant was under the ACR.
Directorate: Division: team	Directorate for Children and Families: Care, Protection and Justice Division: Youth Justice and Children's Hearings Unit

Executive summary

An equality impact assessment (EQIA) was undertaken in connection with the Age of Criminal Responsibility (Scotland) Bill to consider potential impacts across the protected characteristics for the provisions included in the Bill.

The Bill will make provision to raise the age of criminal responsibility from 8 to 12. This means:

- Children aged 8 to 11 involved in harmful behaviour will no longer be referred to a children's hearing on the ground that they have committed an offence. The behaviour can still be dealt with one of the sixteen existing non-offence referral grounds.

- No child will receive a criminal record for harmful behaviour committed when under 12.

In designing provisions consequential to raising the ACR, a special set of measures have been developed for young people under 12 who display serious harmful behaviour. These have a strong emphasis on both public protection and a child centred approach reflecting the Getting It Right for Every Child (GIRFEC) imperatives.

The Bill will provide for a number of measures to ensure that action can still be taken by the police and other authorities when children under 12 are involved in serious incidents. These measures will ensure that the harmful behaviour of children under 12 can continue to be investigated, and that authorities respect, and respond to, the needs of victims. These measures will include:

- changes to the disclosure system to ensure that non-conviction information relating to harmful behaviour that occurred when children were under the new ACR can still be disclosed as Other Relevant Information (ORI) on two types of disclosure, namely the enhanced disclosure under the Police Act 1997 and

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the scheme record under the Protection of Vulnerable Groups (Scotland) Act 2007, but only following independent review;

- the ability for a victim of a serious incident to receive information about the children's hearing disposal in respect of that incident;

- police powers to investigate suspected seriously harmful behaviour on the part of a child under 12, generally authorised by a sheriff or by a senior police officer unconnected with the investigation (although some immediate powers will be available in circumstances of urgency, emergency or risk to life);

- local authority social work services' involvement in planning and conducting investigative interviews with children under 12; and

- measures when a child is being formally interviewed, including a right to information, a right not to answer questions, assistance from an advocacy worker and a right to have a supporter present (usually an adult known to the child).

While the reform is aimed at providing children under 12 involved in harmful behaviour with an opportunity to change unencumbered by early criminal stigma, it is also designed to protect the rights of children and others who may be victims of harmful behaviour. Proposals in the Bill are, therefore, designed to ensure the change of age will augment public safety and retain public confidence.

The Scope of the EQIA

A variety of sources was used to help understand the likely impact of the proposed policies, and to refine those policies. In addition to ongoing engagement with a wide range of stakeholders, the sources of information that informed the EQIA included:

- The report of the Advisory Group on the Minimum Age of Criminal Responsibility, published in March 2016, which examined the implications for children and young people of raising the age of criminal responsibility.

- A public consultation based on the recommendations of the Advisory Group on the Minimum Age of Criminal Responsibility. This ran from 18 March until 17 June 2016, and was complemented by a programme of engagement with key interest groups such as young people and victims.

- Targeted engagement with children and young people aged from 8 to 22, focussing on those affected by current legislation and those that have experienced negative life experiences from being connected with the criminal justice system from an early age. This included meeting children and young people from the Scottish Youth Parliament, Children's Parliament, Who Cares? Scotland, Youth Advantage Outreach, Up-2-Us, YOI Polmont, Good Shepherd Secure Unit and Sacro. The methods used to elicit and record

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views ranged from scenario storytelling to quizzes, timelines, discussion groups, voting cards and artwork.

- The data collected by the Scottish Children's Reporter Administration (SCRA) on the age of children referred to the children's reporter and the ground(s) on which referral is made.

- The research published by SCRA in March 2016 which looked at the circumstances and outcomes of 100 children aged 8 to 11 referred for offending in 2013-14.

During the EQIA process, the potential impact on each of the protected characteristics was considered. However, our assessment identified that the policy was only likely to have a direct impact in relation to age and sex. This impact is discussed in more detail below.

The other protected characteristics - maternity and pregnancy; gender reassignment; sexual orientation; disability; race; religion or belief; and marriage and civil partnership – do not have a direct bearing on the conduct of children's hearings proceedings, police investigations or disclosure checks, and we did not encounter evidence that suggested people in these groups would be disproportionately affected by the changes in the Bill. Indeed, some of these characteristics are unlikely to be relevant for children under 12.

Key findings

Age

By raising the age of criminal responsibility and removing the automatic disclosure of a "conviction" that occurred before the age of 12, the Bill will impact on children under 12 and on persons over 12 if they have been involved in certain types of behaviour when they were under 12 years of age at the time.

The changes to the disclosure regime will mean that the disclosure of ORI about harmful behaviour that occurred while under 12 will be treated differently from harmful behaviour that occurred when aged 12 or over. Individuals of all ages will benefit from this change as their age at the time of their enhanced disclosure, or PVG scheme record application will not affect how any pre-12 behaviour that the chief constable proposes to disclose as ORI will be treated. In all cases, that proposed ORI will be subject to independent review. The distinction in treatment is derived for disclosure purposes from the principal change in the Bill, namely the increasing of the age of criminal responsibility for 8 to 12 years of age. The only way information about a person's conduct when aged under 12 will be disclosed will be through the 'Other Relevant Information' (ORI) process and only then on the enhanced disclosure, or the PVG scheme record. Such information will only be disclosable as ORI following an independent review of the chief constable's proposed ORI disclosure. The Independent Reviewer's decision will be final. An

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appeal to a sheriff, but only on a point of law, will be available by the person or the chief constable.

There is the possibility of an impact for those individuals who committed harmful behaviour while under eight. Under the proposed amended disclosure regime there is a possibility that information about harmful behaviour while under eight could now be disclosed as ORI by the police. However, this impact is expected to be minimal: Police Scotland has stated they have not disclosed any information about conduct committed when under eight since at least 2011. As such, we believe the overall impact for disclosure of behaviour under the age of eight will be neutral.

Under existing powers the Principal Reporter can tell victims of offences committed by children certain limited information about how a case has been disposed of via the children's hearings system. As a result of raising the age of criminal responsibility, victims of harmful behaviour by children aged 8 to 11 would no longer be able to receive information. To ensure victims' rights are not diminished, the Bill provides powers which allow the Principal Reporter to disclose information to victims of offences by children aged 12 and over, and to victims of harmful behaviour by children under 12. The persons who can access information and the information that can be disclosed are the same regardless of the age of the child but the description of the behaviour of children aged under 12 (harmful behaviour) is different to that of children aged 12 and over (offending behaviour). This distinction in the treatment of children on the basis of age is derived from the principal change in the Bill, namely the increasing of the age of criminal responsibility from 8 to 12 years of age and whether a child can commit an offence.

As a result of raising the age of criminal responsibility to 12, the police will treat children under 12 in a different way to children 12 and over. The behaviour of children under 12 will not be criminal, and therefore the police will not be able to use their criminal justice powers to investigate. That is why the Bill creates a bespoke package of powers that the police can use to investigate children under 12 whom they suspect have carried out seriously harmful behaviour. These new powers are designed to be appropriate for the child's age and stage of development, and the fact that their behaviour is not criminal.

The police will still be able to refer a child to the reporter but, as a result of the Bill, children under 12 will now only be referred on non-offence grounds (at present, children eight and older can be referred on offence grounds.) If a children's hearing is held, the hearing will have the same options available to it as it does for children aged 12 and over (for example, to put in place compulsory supervision orders). The hearing will also have the same obligation to treat the child's welfare as the paramount consideration, regardless of the child's age.

It should be noted that the police do not currently have powers to investigate the behaviour of children under eight, because that behaviour is not criminal. Under the Bill, the new police powers to investigate non-criminal behaviour in children will apply to all children under 12. In other words, investigatory powers will apply to children under eight for the first time. This is felt to be appropriate, as:

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- The provisions have been designed to take into account the fact that the police powers could theoretically be used with children under eight. Carefully tailored measures have been built in to protect children's interests and wellbeing, even if they are too young to effectively advocate for their own interests.

- A key focus of the investigative process is to identify and understand the child's needs, so that appropriate support or child protection measures can be identified. The aim is ultimately to promote the wellbeing of children rather than punish them – and that can benefit children under eight just as it can children aged 8 to 11.

- In some cases, the fact that current powers do not apply to children under eight arguably creates gaps that could jeopardise the safety of children or the wider public. For example, currently the police do not have the power to search a child under eight who they believe is in possession of a knife (even though an older person might choose to conceal a knife on a young child to evade search). The Bill will create a consistent position by applying powers equally to all children under 12.

- It was not felt justifiable to create a tiered system, in which children ages 8 to 11 were treated differently to children aged under eight, even though all were under the age of criminal responsibility.

Sex

The evidence suggests that boys are more likely than girls to be affected by the fact that it will no longer be possible for children under 12 to be referred to a children's hearing on offence grounds. In 2016-17, 177 boys and 28 girls aged between 8 and 11 were referred to the reporter on offence grounds. Under the Bill, these children would all be referred on non-offence grounds. 24 boys and 6 girls aged 8 to 11 were referred to the reporter for behaviour that would potentially be considered of sufficient seriousness to engage the police powers in the Bill. This suggests that boys are more likely than girls to be affected by the new police powers for this age group.

Under the Bill, children under 12 will no longer receive criminal convictions which would appear on a higher level disclosure should they apply for one later in life. In 2016-17, 224,483 applications for higher level disclosures came from females (this accounted for 68% of the applications received) and 104,159 applications came from males (this accounted for 32% of the applications received). Taking account of the incidence of convictions held by female and males in Scotland, we believe the benefit from the change in ACR will have a slightly bigger positive impact on males.

However, while it is important to understand how males and females may be affected by the legislation in different ways, a person's sex has no direct bearing on children's hearings proceedings, police investigations or disclosure.

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APS Group Scotland
PPDAS381786 (03/18)

Recommendations and Conclusion

The policy focuses on the behaviour of 8 to 11 year olds, but has potential consequences for children and young people beyond the age of 18. By removing the disclosure of “criminal history” that occurred before the age of 12 the Bill will enable children and adults to put any harmful behaviour behind them, to get on with their lives and to contribute to society.

The current system of disclosure of information relating to harmful behaviour by children in the 8 to 11 age group is not considered justified since a young child could not have reasonably foreseen the impact the disclosure system could have on their lives at the time, and the child may no longer pose a risk by the time they reach adulthood.

It is acknowledged that police powers have the potential to interfere with civil liberties. However, the new powers in the Bill to enable the police to investigate concerns about harmful behaviour by children under 12 have been designed with many procedural safeguards to ensure that they will be used only in the most serious cases, in a way that is justifiable and proportionate to the circumstances, and is welfarist in focus. This is appropriate given that children under 12 will not be criminally responsible or subject to the criminal justice system.

The Bill only makes those powers available to the police where it is believed that a child’s behaviour has caused (or is reasonably likely to cause) death or serious injury, or that the child has been sexually violent or sexually coercive. The most recent statistics available show that, broadly speaking, 33 children per year in Scotland aged 8 to 11 are referred to the Children’s Reporter for an incident of that nature.

The EQIA process has not identified any issues which would have a detrimental impact on any of the protected groups. In the circumstances, the Scottish Government has concluded that no changes to the Bill are necessary.

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Inverclyde council

AGENDA ITEM NO: 6

Report:	**Health & Social Care Committee**	**Date**	**24 February 2022**
Report By:	**Allen Stevenson** **Interim Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/20/2022/AS**
Contact Officer:	**Alan Best** **Interim Head of Health & Community Care**	**Contact No:**	**01475 715282**
Subject:	**Chief Officer's Report**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Health & Social Care Committee on service developments which are not subject to the Health & Social Care Committee agenda of 24th February 2022 but will be future papers on the Health & Social Care Committee agenda.

2.0 SUMMARY

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- Early Action System Change – Women involved in the Criminal Justice system
- Inverclyde ADRS – Benefits of Service Redesign
- Inverclyde Alcohol and Drug Partnership Update
- Additional Winter 2021-22 Funding
- Learning Disability redesign – LD Community Hub Update

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to note the HSCP service updates and that future papers will be brought to the Health & Social Care Committee as substantive agenda items.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 There are a number of issues or business items that the Health & Social Care Committee will want to be aware of and updated on. Health & Social Care Committee members can request that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Early Action System Change – Women involved in the Criminal Justice System.

Phase One of the Women's Project; the Discovery phase, has been concluded with a Test of Change proposal and we are now moving into Phase Two; Preparatory Work for Test of Change. The Test of Change was co-produced with women with lived experience as well as input from front-line staff and focuses on two main themes; supporting women at their earliest interactions with the Criminal Justice System and providing opportunities for accessing suitable community activities and networks as well as volunteering or employment opportunities. There was also recognition that there was a need for cultural change to the way women are communicated and engaged with and for their anxieties to be acknowledged and better supported.

In order to achieve this, it has been identified that staff from a range of HSCP services and third sector organisations will receive trauma informed training and implement this into their practice. They will take part in regular group supervision to provide a structure for ongoing support and reflection on their practice, support for implementing trauma informed approaches and reinforcing associated general principles.

The Test of Change is to adopt a trauma-informed approach to support women as close to their entry to the Criminal Justice System as possible and will involve staff across three separate Services within HSCP as well as colleagues from the Third sector. In order to develop a trauma informed organisation and Services across Inverclyde, it was agreed that Managers and Leaders from relevant organisations be invited to attend Scottish Trauma Informed Leadership Training (STILT). STILT is designed to support Managers and Leaders to take a trauma-informed lens to their organisation and in doing so support a top down as well as bottom up approach. Managers and Leaders from Inverclyde HSCP, Your Voice Inverclyde and CVS attended STILT training on 3 December 2021; an event which was run by National Education Scotland (NES) and attended by approximately 80 leaders from across Scotland. Following on from the STILT training, there will be a Trauma Informed Learning Training Workshop (February/March 2022) which will consider the organisation context in which the Test of Change will be delivered and what shifts may be needed to support this. This is viewed as vital as Managers and Leaders have been identified as instrumental to the success of delivering trauma informed systems and approaches.

Although Phase Two of the Project is to enable a trauma informed approach for women involved in the Criminal Justice System, there is the potential for the learning to be scaled up across organisations, including the HSCP. There is also the opportunity to engage and work collaboratively with the Inverclyde Alcohol and Drug Partnership (ADP) and their funded project on early help in Police custody and the likely shared outcomes between both programmes.

It is envisaged that the second phase of the Project will focus on developing an action plan following local STILT workshops, identifying a training pathway for frontline staff and implementing this training into practice. Co-production activities with the women with lived experience will remain a consistent thread throughout to ensure that their voice continues to inform the Test of Change.

5.2 **Inverclyde ADRS – Benefits of Service Redesign**

Two distinct community alcohol and drug teams have co-located to provide an integrated model of care, with streamlined assessment, risk assessment, support plans and recording systems. There is a clear, visible single service model which includes a single point of access (SPOA); a single pathway through the service; a single, responsive duty system for all service users with regard to their alcohol and/or drug issues, joint clinical reviews and discharge planning to support consistent practice across the two teams coming together.

ADRS staff with other community partners have undertaken Recovery Orientated Systems of Care training to support recovery pathways between organisations. A tiered approach enables people with drug and/or alcohol issues and their families more choice and control to engage with a wider range of community supports being developed through the ADP. This has enabled Inverclyde ADRS to target care and support to those with the most complex needs requiring Tier 3 / Tier 4 support.

The range of treatments has been extended offering physical and mental health checks for all service uses; development and roll out of Buvidal clinic; alcohol Home Detoxification and improved response to those with more complex needs and difficult to engage via Assertive Outreach Liaison to primary care. Response times currently within 24 hours of referral from Monday – Friday. Staff recruitment will enable increased opening hours.

Development work has taken place across adult services to improve the interface across justice, mental health and homeless to create better pathways across different service areas.

The service has self-evaluated current practice against the MAT Standards, and though there are still some outstanding actions and challenges to address, ADRS is in a good position to evidence how we are working towards the standards.

5.3 **Inverclyde Alcohol and Drug Partnership Update**

Inverclyde ADP successfully secured funding from the Drugs Death Taskforce to develop a specific Naloxone post. A Naloxone Link Worker was appointed in October 2021 for a six month period to implement a local Naloxone Action Plan, including delivering Naloxone training and supporting local organisations in emergency supply of Naloxone and for those who fit the criteria to be registered for distribution of Naloxone. As part of this plan we have also ordered 500 take home Naloxone kits.

A further development relating to Naloxone is a pilot being led by a senior pharmacist with ADP funding that is testing the role of co-prescribing Naloxone to patient's prescribed long-term opioids for chronic non-malignant pain.

A key priority of the National Drugs mission is to support access to residential rehabilitation. Inverclyde ADP is developing a residential rehabilitation pathway and has submitted a bid to the Corra Improvement Fund to support the implementation of this over the next five year period. We are currently waiting for confirmation if this bid has been successful.

5.4 **Additional Winter 2021-22 Funding**

As a response to the pressures on Health and Social Care Services the Scottish government has allocated recurring funding to immediately address the pressures and ensure a sustainable long term response.

Inverclyde's allocation for Winter 2021/2022 is £2,044,000 and is required to be used in line with key priority areas:

- Interim Beds
- Multi-Disciplinary Working
- Care at Home Capacity

There is separate but linked funding around Staff Wellbeing and Social Care Pay Uplift which are referred to in this report but not part of the ongoing Implementation Plan.

The allocation of funding for 2022/23 is expected to be confirmed when the details of the Scottish Budget settlement are released and confirmed.

It should be noted that the 6 HSCPs across NHSGCC have worked together to develop the implementation plans to ensure a consistent approach, but the specific plans are designed to meet those local needs and address gaps in service in Inverclyde.

5.5 **Learning Disability redesign – LD Community Hub Update**

Work is progressing through the design team led by Property Services to assess specific site development risks and to develop the design proposals. Specialist consultants were engaged to assess the flood risk of the site and surrounding area ahead of formal engagement with the Scottish Environment Protection Agency (SEPA) as part of the formal planning approval process. Surveys of the culvert and retaining wall on the site were delayed until October 2021 due to the ongoing supply chain issues being experienced in the construction sector but have been completed. Additional surveys were undertaken to determine the exact location of the culverted burn due to the close proximity to the proposed building. The culvert line has now been established and plotted. From the site investigation information it is known that bedrock is close to the surface of the site and will impact the design of the drainage attenuation and the drainage runs. An assessment is currently underway to determine the relative cost implications of cutting into the rock or raising the ground level by importing material.

Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. In mid-July the Head of Health & Community Care met with representatives of the service and the project design team to conclude and sign off the design element of the building from HSCP's position to allow for the design process to move to the next development step. The approach to the structural solution for the building has been developed by the consultant engineers with the mechanical ventilation and heating system options currently under development.

Property Services are progressing the procurement of a Quantity Surveyor to allow the cost of the developing design at Architectural Stage 2 to be checked against the original project budget. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the development of net zero carbon building standards.

Consultation with service users, families, carers and learning disability staff continues supported by The Advisory Group (TAG).

6.0 PROPOSALS

6.1 Chief Officer Updates for noting and for future papers for the Health & Social Care Committee.

7.0 IMPLICATIONS

Finance

7.1 None

Financial Implications:

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 No implications

Human Resources

7.3 No implications

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO -

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO

Repopulation

7.5 No implications

8.0 CONSULTATIONS

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

9.0 LIST OF BACKGROUND PAPERS

9.1 None